Texas Department of Transportation
Occupational Safety Division
Workers Compensation

OCC_WC
837
Companion Guide

Version: 10032007

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1 Design Plan

1.1 Overview

The Texas Department of Transportation, Occupational Safety Division, Workers' Compensation section (TxDOT-OCC) has worked with Adjacent Technologies to design and implement a solution to process electronic medical billing claims. In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the federal government has set standards to simplify Electronic Data Interchange (EDI). To comply with the standard, TxDOT-OCC Workers Compensation section has updated the data sets for EDI files to be in accordance with HIPAA and is utilizing the ANSI ASC X12 nomenclature. This system design guide is intended for use in conjunction with the ANSI ASC X12N National Implementation Guide. The ANSI ASC X12N Implementation Guides can be accessed at http://www.wpc-edi.com/Insurance_40.asp.

1.2 Security and Privacy Statement

Covered entities were required to implement HIPAA Privacy Regulations. A covered entity is defined as a health plan, a Healthcare clearinghouse, or a Healthcare provider who transmits any health information in electronic form in connection with a HIPAA transaction. Providers that conduct certain electronic transmissions are responsible for ensuring these privacy regulations are implemented in their business practices.

The privacy regulation has three major purposes:

1. To protect and enhance the rights of consumers by providing them access to their health information and controlling the appropriate use of that information
2. To improve the quality of Healthcare in the United States by restoring trust in the Healthcare system among consumers, Healthcare professionals and the many organizations and individuals committed to the delivery of Healthcare
3. To improve the efficiency and effectiveness of Healthcare delivery by creating a national framework for health privacy and protection.

1.3 Business Requirements

- Create a service that has the Ability to Process all incoming 837P Files
- Create an acknowledgement for all accepted/rejected bills within 24 hours of receive date/time
- Parse all required data from the accepted 837 file and write specific elements into sql server tables
- Write transaction logs for each incoming request to sql server for tracking purposes
- Create an electronic CMS 1500 paper bill for each accepted 837P Medical Bill
- Send Email to report any issues processing the files
- Maintain compliancy

2 eBill Service

2.1 eBill Assumptions

- ANSI x12 837 file must have an extension of ‘837’. Txdot will not process files with a different extension.
- Each incoming file will have an outgoing acknowledgement file regardless if it is rejected or accepted
    - If rejected, the locations of the errors will be displayed with the rejected acknowledgement 997
    - Acknowledgements will be created within the 24 hour period.
    - Acknowlegements will have the same file name as submitted but with a different extension
        - .ta1, .997, 824
- Rejected transactions will not go any further in the processing
- Interchange rejections will reject the entire batch
    - Only a ta1 file will be returned
- Basic X12N validation will create a 997 acknowledgement
    - ST and SE level segments and the data content within these segments. Any X12N syntax error that occurs at this level will result in the entire transaction set being rejected.
- eBill service may reject Clean Bill Validation
    - Unable to find a valid Claim # using SSN and DOI
    - No Claim exists
    - Duplicate Bill
    - No attachments received within 5 business days when PWK segment refers to attachments
    - Provider not associated with Submitter ID
- The subscriber will always be TxDot
- Characters specified in the Interchange header as Data Element Separator, Sub Element Separator and Segment Terminator can not be used as part of a element string value
- Files must follow the wpc implementation delimiter Recommendations – Appendix A.1.2.7
    - Character * (asterisk) Data Element Seperator
    - Character : (colon) Subelement Seperator
    - Character ~ (tilde) Segment Terminator
- Limit the size of CLM segments to 5000
- HIPAA implementation guide has CLM 2300 loop, clm19 as not used. Workers Compensation will require a value for reconsiderations. Otherwise, it will treat the bill as an Original
- Replace Typos in submitters file with Workers Compensation dealing with Claim #, Date of Injury, Claimant Name
- The use of the Federal Employer Identification Number(FEIN) is required to identifier the submitter and reciever.

2.2 Usage

Texas workers' compensation implementation of the national standard formats aligns with HIPAA usage and requirements in most circumstances. When the usage designation (Required/Situational) is different from the HIPAA implementation but the function of the Loop, Segment, or Field is the same, the workers' compensation usage column in the spreadsheet tool in this companion guide will reflect the usage for Texas workers' compensation.

Loop	Segment / Element	ANSI R/S	Workers' Comp	Occurrence	Length	Data Type	Value	2007 CMS-1500 Paper Field	Description

When the usage is different, and the defined workers' compensation conditions are different than the defined HIPAA conditions, the workers' compensation usage is defined as Jurisdiction Situational (J). Each jurisdiction using the standard implementation and companion guides defines the specific jurisdiction conditions for the Loop, Segment, or Field. The specific conditions for Texas workers' compensation are defined in this chapter.

Electronic Medical Billing and Payment Companion Guides
The Loop, Segment, and Field requirements are defined by usage designators. Elements are Required (R), Situational (S), or Not Used (N) in the HIPAA implementation guides. Required elements are mandatory without exception. Situational elements are conditional and the national standard implementation guides define the conditions that make the element mandatory. Not used elements are omitted. Usage is applied in a hierarchal manner based on Loop (primary), Segment (secondary), and Field (tertiary). When a Loop is required, all required Segments must be present and all Situational Segments must be present if the defined condition is met. If a Loop is situational and the defined condition is not met, the Segments within the Loop are omitted. If a situational Loop is submitted, all required Segments must be present and all Situational Segments must be present if the defined condition is met. The same logic applies to Field level requirements for required and situational Segments. When the workers' compensation implementation uses an element in a manner that is different than the standard implementation, the usage designator is Jurisdictional (J). The jurisdiction defines the use of the element for the implementation of eBill in that specific jurisdiction. When an element is Jurisdictional, the Division defines the conditions for the use of the element in this companion guide.
Standard Elements
The workers' compensation companion guide includes, and addresses, Loops, Segments, and Fields that are required on paper forms in the medical billing process. Some elements in the electronic formats do not map directly to paper form fields. To the extent possible, electronic requirements align with paper billing requirements. The national standard formats also include elements that do not relate directly to workers' compensation processes, for example, coordination of benefits. When workers' compensation industry use, or future Texas workers' compensation requirements, are identified related Loops, Segments, and Fields usage are addressed in the companion guide. Only those elements in the workers' compensation companion guide are required for this implementation. Usage designation of elements not identified in this companion guide is assumed to be Not Used (N). Txdot may choose to accept this element by mutual agreement, or without agreements. Txdot that choose to reject transmissions or

transactions that include elements not identified in this companion guide are compliant with the implementation of this companion guide.

HIPAA Not Used
Elements identified as Not Used (N) in HIPAA implementation guides are not used in this implementation unless designated as Jurisdictional (J) element. TxDot may reject transmissions or transactions that include Not Used (N) elements.

Workers' Compensation Not Used
Specific elements are identified as Not Used (N) for the workers' compensation implementation. Txdot may choose to accept these elements by mutual agreement, or without agreements. Txdot that reject transmissions or transactions that include elements with usage designations of Not Used (N) for workers' compensation are compliant with the implementation of this companion guide.

2.4 Identification Numbers

Sender/Receiver Identification
Workers' compensation standards require the use of the Federal Employer Identification Number (FEIN) to identify the Sender or Receiver in electronic billing and reimbursement transmissions.

Insurance Carrier Identification
Insurance Carriers, and their agents, are also identified through the use of the FEIN. Insurance carrier information is available through direct contact with the Insurance Carrier. The Division also provides Insurance Carrier information by contacting the Division directly or through the TXCOMP Claims and Coverage System, https://txcomp.tdi.state.tx.us/TXCOMPWeb/common/home.jsp. Providers or system participants may search for an Insurance Carrier by Name or search for coverage/policy information by Employer.

Provider Identification
Provider roles and identification numbers are addressed in Health Care Provider section below.

Injured Employee/Claim Identification
The Injured Employee is identified by Social Security Number (SSN), date of birth, and date of injury. SSN fields are required in electronic billing and reimbursement formats. If an Injured Employee does not have a SSN, alternate identifications numbers are accepted. The Division has also established a default format for the SSN value when a SSN or alternate identification number are not available to submit to the Division in Claims EDI and Medical EDI reporting. When a SSN or other identification number is not available, the Provider may report 999MMDDYY in the SSN field. 999 and the Injured Employees date of birth are populated in the SSN field. If the date of birth is not known, 999 and the Injured Employees date of injury are populated. The Division Claim Number and the Insurance Carrier Claim Number are not required elements on an electronic billing transaction. The Provider may submit these identification numbers if they are known.

3 837P Health Care Claim – Professional

3.1 Overview

This section is used to describe the *required* data sets for Texas Workers Compensation claim processing by TxDot Workers Compensation Division. The 837P format is used for submission of Electronic Claims for healthcare professionals. This is an example of a file that is sent to TxDot for processing.

**Sample uses line feeds in place of ~ for readability*

TxDot Sample 837P File

```
ISA*00*          *00*          *30*999999999      *30*746000170  *070904*1521*U*00401*000000001*1*P*:
GS*HC*999999999*999999999TXDOT *20070904*1521*1*X*004010X098A1
ST*837*1
BHT*0019*00*000000001*20070904*1521*CH
REF*87*004010X098A1
NM1*41*2*OrganizationName Sender  Loop*****46*999999999
PER*IC*Contact Name*TE*5129999999
NM1*40*2*Texas Department of Transportation*****46*746000170
HL*1**20*1
PRV*BI*ZZ*123456789
NM1*85*2*BILLING PROVIDER MEDICAL PRACTICE *****XX*999999999
N3*Provider Mailing Address
N4*AUSTIN*TX*78758
REF*EI*999999999
HL*2*1*22*1
SBR*P********WC
NM1*IL*2*Texas Department of Transportation
N3* 200 E Riverside
N4*AUSTIN*TX*78704
NM1*PR*2* Texas Department of Transportation *****PI*746000170
HL*3*2*23*0
PAT*20
NM1*QC*1*EmployeeLast*EmployeeFirst****MI*123456789
N3* Street Address
N4*AUSTIN*TX*78704
DMG*D8*19760425*F
REF*Y4*WC12345678
CLM*000001abc*178.56***11::1*Y*A*N*I**EM
DTP*439*D8*20011218
LX*1
SV1*HC:99211:TF*223.56*UN*15.6***1
DTP*472*RD8*20071021-20071021
SE*31*1
GE*1*1
IEA*1*000000001
```

3.2 Mappings

Loop	Segment / Element	ANSI R/S	Workers' Comp	Occurrence	Length	Data Type	Value	2007 CMS-1500 Paper Field	Description
	ISA	**R**			**Interchange Control Header**				
	ISA01	R			2	ID	00		Authorization Information Qualifier
	ISA02	R			10	AN			Authorization Information
	ISA03	R			2	ID			Security Information Qualifier
							00		No Security Information Present
							01		Password
	ISA04	R			10	AN			Security Information
	ISA05	R			2	ID	**30**		Interchange ID Qualifier
	ISA06	R			15	AN	**123456789**		Interchange Sender ID
	ISA07	R			2	ID	**30**		Interchange ID Qualifier
	ISA08	R			15	AN	**746000170**		Interchange Receiver ID
	ISA09	R			6	DT			Interchange Date (YYMMDD)
	ISA10	R			4	TM			Interchange Time (HHMM)
	ISA11	R			1	ID	U		Interchange Control Standards Ident/ U.S. EDI Community of ASC X12, TDCC, and UCS
	ISA12	R			5	ID	00401		Interchange Control Version Number
	ISA13	R			9	N0			Interchange Control Number
	ISA14	R			1	ID	1		Acknowledgment Requested/ 0 = No AcknowlegeMent, 1 = Acknowlegement
	ISA15	R			1	ID	P		Usage Indicator/ P = Production Data, T = Test Data
	ISA16	R			1	AN	:		Component Element Separator
	GS	**R**			**Functional Group Header**				
	GS01	R			2	ID	HC		Functional Identifier Code
	GS02	R			2/15	AN	**123456789**		Application Sender's Code
	GS03	R			2/15	AN	**746000170**		Application Receiver's Code
	GS04	R			8	DT			Functional group creation date (CCYYMMDD)
	GS05	R			4/8	TM			Functional group creation time (HHMM)
	GS06	R			1/9	N0			Group Control Number
	GS07	R			1	ID	X		Responsible Agency Code
	GS08	R			1/12	AN	**004010X098A1**		Version / Release / Industry Identifier Code (value varies by content)
TS	**Transaction Set**								
TS	**ST**	**R**	**R**	**1**	**Transaction Set Header**				
	ST01	R	R		3	ID	837		Transaction Set Identifier Code
	ST02	R	R		4/9	AN			Transaction Set Control Number / SE02 must have same value - needs to be unique
TS	**BHT**	**R**	**R**	**1**	**Beginning of Hierarchical Transaction**				
	BHT01	R	R		4	ID	0019		Hierarchical Structure Code
	BHT02	R	R		2	ID	00		Transaction Set Purpose Code
	BHT03	R	R		1/30	AN			Originator Transaction Identifier
	BHT04	R	R		8	DT			Transaction Set Creation Date
	BHT05	R	R		4/8	TM			Transaction Set Creation Time
	BHT06	R	R		2	ID	CH		Claim or Encounter Indicator

TS	**REF**	**R**	**R**	**1**	**Transmission Type Identification**				
	REF01	R	R		2/3	ID	87		Reference Identification Qualifier
	REF02	R	R		1/30	AN	**004010X098A1**		Type Code 004010X098A1 or 004010X098DA1 for Pilot
1000A	**Sender Information**				**Billing Provider or Clearing House …**				
1000A	**NM1**	**R**	**R**	**1**	**Submitter Name**				
	NM101	R	R		2/3	ID	41		Entity Identifier Code
	NM102	R	R		1	ID			Entity Type Qualifier
							2		Non Person Entity- (Company Name)
	NM103	R	R		1/35	AN			Organization Name (Company Name)
	NM108	R	R		2	ID	46		Identification Code Qualifier (ETIN)
	NM109	R	R		2/80	AN	**123456789**		Identification Code
1000A	**PER**	**R**	**R**	**2**	**Contact Information**				
	PER01	R	R		2	ID	IC		Contact Function Code
	PER02	R	R		1/60	AN			Contact Name
	PER03	R	R		2	ID	TE		Communication Number Qualifier
	PER04	R	R		1/80	AN			Telephone Number
	PER05	S	S		2	ID			Communication Number Qualifier
									Use at the discretion of the submitter
	PER06	S	S		1/80	AN			Communication Number
	PER07	S	S		2	ID			Communication Number Qualifier
									Use at the discretion of the submitter
	PER08	S	S		1/80	AN			Communication Number
1000B	**Receiver Information**								
1000B	**NM1**	**R**	**R**	**1**	**Receiver Name**				
	NM101	R	R		2/3	ID	40		Entity Identifier Code
	NM102	R	R		1	ID	2		Entity Type Qualifier
	NM103	R	R		1/35	AN	Texas Department of Transportation		Organization Name (Company)
	NM108	R	R		2	ID	46		Identification Code Qualifier (ETIN)
	NM109	R	R		2/80	AN	**746000170**		Identification Code
2000A	**Billing/Pay-to Provider Hierarchical Level (Repeat >1)**								
2000A	**HL**	**R**	**R**	**1**	**Hierarchical Level**				
	HL01	R	R		12	AN	1		Hierarchical ID Number
	HL03	R	R		2	ID	20		Hierarchical Level Code
	HL04	R	R		1	ID	1		Hierarchical Child Code
2000A	**PRV**	**S**	**J**	**1**	**Provider Taxonomy Code**				
					Required for California and Texas				
	PRV01	R	R		2	ID	BI		Provider Code BI=Billing
	PRV02	R	R		2/3	ID	ZZ		Reference Identification Code
	PRV03	R	R		1/30	AN		10d	Provider Specialty Code / Billing Provider Taxonomy Code
2010AA	**Billing Provider Information ***Billing Entity / May not be the Billing Provider**								
2010AA	**NM1**	**R**	**R**	**1**	**Billing Provider Name**				
	NM101	R	R		2	ID	85		Entity Identifier Code (Billing Provider)
	NM102	R	R		1	ID			Entity Type Qualifier 1= Person, 2 = Non-Person entity
	NM103	R	R		1/35	AN		33	Last Name or Organization Name
	NM104	S	S		1/25	AN		33	First
	NM105	S	S		1/25	AN		33	Middle
	NM107	S	S		1/10	AN		33	Suffix
	NM108	R	R		2	ID			Identification Code Qualifier/ XX = NPI, 24 = (FEIN), 34 = SSN
	NM109	R	R		2/80	AN		25 or 33a	Identification Code/ if NM108 = 24 or 35 then 25. If XX then 33a 25 - Employer's Identification Number (FEIN) 33a - National Provider Identifier (NPI)
2010AA	**N3**	**R**	**R**	**1**	**Address**				
	N301	R	R		1/55	AN		33	Address Line

	N302	S	S		1/55	AN		33	Address Line 2
2010AA	**N4**	**R**	**R**	**1**	**City State Zip**				
	N401	R	R		2/30	AN		33	City
	N402	R	R		2	ID		33	State
	N403	R	R		3/15	ID		33	Zip
	N404	S	S		2/3	ID			Country Code
2010AA	**REF**	**S**	**S**	**1**	**Tax ID**				
					Required segment when NPI Identifier Code XX is present in NM109				
	REF01	R	R		2/3	ID			Reference Identification Qualifier/ EI = Federal Tax ID, SY = Social Security Number
	REF02	R	R		1/30	AN		25	TAX ID or SSN
2010AA	**REF**	**S**	**J**	**1**	**State License**				
					California and Texas required field when billing entity is a health care provider.				
	REF01	R	R		2/3	ID	0B		Reference Identification Qualifier
	REF02	R	R		1/30	AN		33b	State License Number
2010AA	**PER**	**S**	**S**	**2**	**Contact Information**				
					Required if this information is different than that contained in Loop 1000A Submitter PER segment				
	PER01	R	R		2	ID	IC		Contact Function Code
	PER02	R	R		1/60	AN		33	Contact Name
	PER03	R	R		2	ID	TE		Communication Number Qualifier
	PER04	R	R		1/80	AN		33	Telephone Number
	PER05	S	S		2	ID			Communication Number Qualifier
									Use at the discretion of the billing provider
	PER06	S	S		1/80	AN			Communication Number
	PER07	S	S		2	ID			Communication Number Qualifier
									Use at the discretion of the billing provider
	PER08	S	S		1/80	AN			Communication Number
2010AB	**Pay-to Provider Information (Use if pay-to is different from billing) ***May contain secondary information pg 101 of imp guide**								
2010AB	**NM1**	**S**	**S**	**1**	**Pay-to Provider Name**				
					Required if the Pay-to Provider is a different entity than the Billing Provider				
	NM101	R	R		2	ID	87		Entity Identifier Code (Pay-to Provider)
	NM102	R	R		1	ID			Entity Type Qualifier 1= Person, 2 = Non-Person entity
	NM103	R	R		1/35	AN			Last Name or Organization Name
	NM104	S	S		1/25	AN			First
	NM105	S	S		1/25	AN			Middle
	NM108	R	R		2	ID			Identification Code Qualifier/ XX = NPI, 24 = (FEIN), 34 = SSN
	NM109	R	R		2/80	AN		25 or 33a	Identification Code/ if NM108 = 24 or 35 then 25. If XX then 33a 25 - Employer's Identification Number (FEIN) 33a - National Provider Identifier (NPI)
2010AB	**N3**	**R**	**R**	**1**	**Address**				
	N301	R	R		1/55	AN			Address Line
	N302	S	S		1/55	AN			Address Line
2010AB	**N4**	**R**	**R**	**1**	**City State Zip**				
	N401	R	R		2/30	AN			City
	N402	R	R		2	ID			State
	N403	R	R		3/15	ID			Zip
	N404	S	S		2/3	ID			Country Code
2010AB	**REF**	**S**	**S**	**1**	**Tax ID**				
					Required segment when NPI Identifier Code XX is present in NM109				
	REF01	R	R		2/3	ID			Reference Identification Qualifier/ EI = Federal Tax ID, SY = Social Security Number
	REF02	R	R		1/30	AN			TAX ID or SSN
2010AB	**REF**	**S**	**J**	**1**	**State License**				
					California and Texas Required Field when billing entity is a health care provider.				

	REF01	R	R		2/3	ID	0B		Reference Identification Qualifier
	REF02	R	R		1/30	AN			State License Number
2000B	**Subscriber Detail (Repeat > 1) Workers' Compensation Subscriber is Employer**								
2000B	**HL**	**R**	**R**	**1**	**Subscriber (Employer) Hierarchical Level**				
	HL01	R	R		1/12	AN			Hierarchical ID Number
	HL02	R	R		1/12	AN			Hierarchical Parent ID Number
	HL03	R	R		2	ID	22		Hierarchical Level Code
	HL04	R	R		1	ID	1		Hierarchical Child Code
2000B	**SBR**	**R**	**R**	**1**	**Subscriber (Employer) Information**				
	SBR01	R	R		1	ID	P		P for Primary Payer
	SBR03	S	S		1/30	AN			WC Policy Number, If Available
	SBR04	S	S		1/60	AN		11b	Employer Name / Department / Division
	SBR09	S	J		1/2	ID	WC	1	Claim Filing Indicator Code: California and Texas Requirement
2010BA	**Subscriber Information (Insured) Workers' Compensation Insured is Employer**								
2010BA	**NM1**	**R**	**R**	**1**	**Subscriber Name**				
	NM101	R	R		2	ID	IL		Entity Identifier Code
	NM102	R	R		1	ID	2		Entity Type Qualifier 1= Person, 2 = Non-Person entity
	NM103	R	R		1/35	AN	Texas Department of Transportation	4	Organization Name (Employer Name)
2010BA	**N3**	**S**	**J**	**1**	**Address**				
					California and Texas Required Field				
	N301	R	R		1/55	AN		7	Address
	N302	S	S		1/55	AN		7	Address
2010BA	**N4**	**S**	**J**	**1**	**City State Zip**				
					California and Texas Required Field				
	N401	R	R		2/30	AN		7	City
	N402	R	R		2	ID		7	State
	N403	R	R		3/15	ID		7	Zip
	N404	S	S		2/3	ID			Country Code
2010BB	**Payer Information Repeat 1**								
2010BB	**NM1**	**R**	**R**	**1**	**Payer Name**				
	NM101	R	R		2/3	ID	PR		Entity Identifier Code
	NM102	R	R		1	ID	2		Entity Type Qualifier 1= Person, 2 = Non-Person entity
	NM103	R	R		1/35	AN	Texas Department of Transportation	11c	The Payer Name
	NM108	R	R		2	ID	PI		Identification Code Qualifier
	NM109	R	R		2/80	AN	**746000170**		Payer Identification Code
2010BB	**N3**	**S**	**S**	**1**	**Address**				
					Payer Address is required when the submitter intends for the bill to be printed on paper at the next EDI location, e.g., a clearinghouse				
	N301	R	R		1/55	AN			Address
	N302	S	S		1/55	AN			Address
2010BB	**N4**	**S**	**S**	**1**	**City State Zip**				
					Payer Address is required when the submitter intends for the bill to be printed on paper at the next EDI location)e.g., a clearinghouse				
	N401	R	R		2/30	AN			City
	N402	R	R		2	ID			State
	N403	R	R		3/15	ID			Zip
	N404	S	S		2/3	ID			Country Code
2000C	**Patient Hierarchical Level (Repeat >1)**								
2000C	**HL**	**S**	**J**		**Patient Hierarchical Level**				
					This HL is required when the patient is different person than the subscriber. The Employer is the Subscriber in Workers' Compensation				
	HL01	R	R		12	AN			Hierarchical ID Number
	HL02	R	R		12	AN			Hierarchical Parent ID Number
	HL03	R	R		2	ID	23		Hierarchical Level Code
	HL04	R	R		1	ID	0		Hierarchical Child Code

2000C	**PAT**	**R**	**R**	**1**	**Patient Information**				
	PAT01	R	R		2	ID	20	6	Patients Relationship to Insured
2010CA	**Patient Information**								
2010CA	**NM1**	**R**	**R**	**1**	**Patient Name**				
	NM101	R	R		2	ID	QC		Entity Identifier Code
	NM102	R	R		1	ID	1		Entity Type Qualifier 1= Person, 2 = Non-Person entity
	NM103	R	R		1/35	AN		2	Last Name
	NM104	R	R		1/25	AN		2	First Name
	NM105	S	S		1/25	AN		2	Middle Name
	NM107	S	S		1/10	AN			Name Suffix
	NM108	R	R		2	ID	MI		Identification Code Qualifier
	NM109	R	R		2/80	AN		1a	Social Security Number
2010CA	**N3**	**R**	**R**	**1**	**Address**				
	N301	R	R		1/55	AN		5	Address
	N302	S	S		1/55	AN		5	Address
2010CA	**N4**	**R**	**R**	**1**	**City State Zip**				
	N401	R	R		2/30	AN		5	City
	N402	R	R		2	ID		5	State
	N403	R	R		3/15	ID		5	Zip
	N404	S	S		2/3	ID			Country Code
2010CA	**DMG**	**R**	**R**	**1**	**Demographic Information**				
	DMG01	R	R		2/3	ID	D8		Date Time Period Format Qualifier
	DMG02	R	R		1/35	AN		3	Birth Date
	DMG03	R	R		1	ID		3b	Gender Code
2010CA	**REF**	**S**	**S**	**1**	**Property & Casualty Claim Number**				
					Required if Claim Number is Known				
	REF01	R	R		2/3	ID	Y4		Reference Identification Qualifier
	REF02	R	R		1/30	AN		11	Workers' Compensation Claim Number
2300	**Claim Information (Repeat 100)**								
2300	**CLM**	**R**	**R**	**1**	**Claim Information**				
	CLM01	R	R		1/38	AN		26	Claim Submitter Identifier (Provider Unique Bill Identification Number)
	CLM02	R	R		1/18	R		28	Monetary Amount (Total Claim Charge Amount)
	CLM05-1	R	R		1/2	ID		24b	Facility Code Value (Facility Type Code)
	CLM05-3	R	R		1	ID		22	Bill Resubmission Code
	CLM06	R	R		1	ID	Y/N	31	Provider Signature on File
	CLM07	R	R		1	ID	A	27	Enter value "A" to indicate provider acceptance of assignment
	CLM08	R	R		1	ID	N	13	Benefit Assignment Indicator
	CLM09	R	R		1	ID	I	12	Release of Information Code
	CLM10	S	S		1	ID			Patient Signature Source Code
	CLM11	S	S			ID			Related Causes Information
	CLM11-1	R	R		2/3	ID	EM	10a	Related Causes Code 1 EM= Employment
	CLM11-2	S	S		2/3	ID		10b	Related Causes Code 2
	CLM11-3	S	S		2/3	ID		10c	Related Causes Code 3
	CLM11-4	S	S		2/2	ID		10b	State or Province Code
	CLM11-5	S	S		2/3	ID			Country Code
	CLM19	N	J		2/2	AN		22	Claims Submission Reason Codes 7=Duplicate, 15=Revised, 30=Appeal/Reconsideration
2300	**DTP**	**S**	**J**	**1**	**Date of Accident (Date of Injury or Illness)**				
					California and Texas Requirement				
	DTP01	R	R		3	ID	439		Date/Time Qualifier
	DTP02	R	R		2/3	ID	D8		Date Time Period Format Qualifier
	DTP03	R	R		1/35	AN		14	Accident Date
2300	**PWK**	**S**	**S**	**10**	**Paper Work (Attachment Reference)**				
	PWK01	R	R		2/2	ID		19	Report Type Code
	PWK02	R	R		1/2	ID		19	Deliver type code
	PWK05	S	R		2	ID	AC		Identification Code Qualifier

	PWK06	S	R		2/80	AN		19	Attachment Control Number
2300	**CN1**	**S**	**S**	**1**	**Contract Information**				
					Required if billing capitated services or contractually obligated to provide contract information on this bill				
	CN101	R	R		2	ID			Contract Type Code
	CN102	R	R		1/18	R			Contract Amount
2300	**AMT**	**S**	**S**	**1**	**Patient Amount Paid**				
	AMT01	R	R		2	ID	F5		Amount Qualifier Code
	AMT02	R	R		1/18	R		29	Patient Amount Paid
2300	**REF**	**S**	**S**	**2**	**Prior Authorization or Referral Number**				
	REF01	R	R		2/3	ID	G1		Reference Identification Qualifier
	REF02	R	R		1/30	AN		23	Prior Authorization Number
2300	**REF**	**S**	**S**	**1**	**Original Reference Number (ICN/DCN)**				
	REF01	R	R		2/3	ID	F8		Reference Identification Qualifier
	REF02	R	R		1/30	AN			Original Reference Number
2300	**REF**	**S**	**S**	**1**	**Clearing House Generated Tracking Number**				
	REF01	R	R		2/3	ID	D9		Reference Identification Qualifier
	REF02	R	R		1/30	AN			Number assigned by ch/van/etc.
2300	**NTE**	**S**	**S**	**1**	**Note/ Specific Instructions (Remarks)**				
	NTE01	R	R		3	ID			Note Reference Code
	NTE02	R	R		1/80	AN		24	Note Text
2300	**HI**	**S**	**S**	**1**	**Health Care Information Codes**				
	HI01	R	R					21.1	Principal Diagnosis 1
	HI01-1	R	R		1/3	ID	BK		Code List Qualifier Code
	HI01-2	R	R		1/30	AN			Code
	HI02	S	S					21.2	Diagnosis 2
	HI02-1	R	R		1/3	ID	BF		Code List Qualifier Code
	HI02-2	R	R		1/30	AN			Code
	HI03	S	S					21.3	Diagnosis 3
	HI03-1	R	R		1/3	ID	BF		Code List Qualifier Code
	HI03-2	R	R		1/30	AN			Code
	HI04	S	S					21.4	Diagnosis 4
	HI04-1	R	R		1/3	ID	BF		Code List Qualifier Code
	HI04-2	R	R		1/30	AN			Code
2310A	**Referring Provider**								
2310A	**NM1**	**S**	**S**	**1**	**Referring Physician Name**				
					Required if claim involved a referral				
	NM101	R	R		2	ID	DN		Entity Identifier Code
	NM102	R	R		1	ID			Entity Type Qualifier 1= Person, 2 = Non-Person entity
	NM103	R	R		1/35	AN		17	Last Name or Organization Name
	NM104	S	S		1/25	AN		17	First Name
	NM105	S	S		1/25	AN		17	Middle Name
	NM108	R	R		2	ID	XX		Identification Code Qualifier
	NM109	R	R		2/80	AN		17b	National Provider Identifier
2310A	**PRV**	**S**	**S**	**1**	**Provider Specialty Code**				
	PRV01	R	R		2	ID	RF		Provider Code (Referring)
	PRV02	R	R		2/3	ID	ZZ		Reference Identification Qualifier
	PRV03	R	R		1/30	AN			Taxonomy code
2310A	**REF**	**S**	**J**	**1**	**State License Number**				
					Required Field for California				
	REF01	R	R		2/3	ID	0B		Reference Identification Qualifier
	REF02	R	R		1/30	AN		17a	State License
2310B	**Rendering Provider**								
2310B	**NM1**	**S**	**S**	**1**	**Rendering Physician Name**				
					Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops respectively				
	NM101	R	R		2	ID	82		Entity Identifier Code
	NM102	R	R		1	ID			Entity Type Qualifier 1= Person, 2 = Non-Person entity
	NM103	R	R		1/35	AN		31	Last Name or Organization Name
	NM104	S	S		1/25	AN		31	First Name

	NM105	S	S		1/25	AN		31	Middle Name
	NM107	S	S		1/10	AN		31	Name Suffix
	NM108	R	R		2	ID	XX		Identification Code Qualifier
	NM109	R	R		2/80	AN		33a	National Provider Identifier (Non Shaded Area)
2310B	**PRV**	**S**	**S**	**1**	**Provider Specialty Code**				
					Required Field for California and Texas				
	PRV01	R	R		2	ID	PE		Provider Code (performing)
	PRV02	R	R		2/3	ID	ZZ		Reference Identification Qualifier
	PRV03	R	R		1/30	AN			Taxonomy Code
2310B	**REF**	**S**	**J**	**1**	**State License Number**				
					Required Field for California				
	REF01	R	R		2/3	ID	0B		Reference Identification Qualifier
	REF02	R	R		1/30	AN		33b	State License Number (Shaded Area)
									Jurisdiction specific requirement; California requires State License Number
2310D	**Facility / Service location**								
2310D	**NM1**	**S**	**S**	**1**	**Name**				
					This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) or 2010AB (Pay to Provider) loops				
	NM101	R	R		2/3	ID	QB		Entity Identifier Code
	NM102	R	R		1	ID	2		Entity Type Qualifier Non-Person Entity (Laboratory/Facility Name)
	NM103	S	R		1/35	AN		32	Organization Name
	NM108	R	R		2	ID	XX		Identification Code Qualifier
	NM109	R	R		2/80	AN		32a	National Provider Identifier
2310D	**N3**	**R**	**R**	**1**	**Address**				
	N301	R	R		1/55	AN		32	Address
	N302	S	S		1/55	AN		32	Address
2310D	**N4**	**R**	**R**	**1**	**City State Zip**				
	N401	R	R		2/30	AN		32	City
	N402	R	R		2	ID		32	State
	N403	R	R		3/15	ID		32	Zip
	N404	S	S		2/3	ID			Country Code
2310D	**REF**	**S**	**J**	**1**	**State License Number**				
	REF01	R	R		2/3	ID	0B		Reference Identification Qualifier
	REF02	R	R		1/30	AN		32b	Service Facility State License Number
									Jurisdiction specific requirement; California requires State License Number when Service Facility is a health care provider.
2320	**Other Subscriber Information (repeat max 10)**								
	The 2320 and 2330 loops are required if there has been a prior payment by a payer other than the employer's insurer								
2320	**SBR**	**S**	**S**	**1**	**Other Subscriber Information**				
	SBR01	R	R		1	ID	S		Payer Responsibility Sequence Code P= Primary, S=Secondary, T=Tertiary
	SBR02	R	R		2/2	ID	18		Individual Relationship Code
	SBR03	S	S		1/30	AN			Group or Policy Number
	SBR04	S	S		1/60	AN			Group or Plan Name
	SBR05	R	R		1/3	ID			Insurance Type Code
	SBR09	S	S		1/2	ID			Claim Filing Indicator Code
2320	**CAS**	**S**	**S**	**5**	**Claim Level Adjustments**				
					Use if claim level adjustments have been made by the prior payer				
	CAS01	R	R		1/2	ID			Group code
	CAS02	R	R		1/5	ID			Claim Adjustment Reason Code 1
	CAS03	R	R		1/18	R			Adjustment Amount 1
	CAS04	S	S		1/15	R			Adjustment Quantity 1
	CAS05	S	S		1/5	ID			Claim Adjustment Reason Code 2
	CAS06	S	S		1/18	R			Adjustment Amount 2
	CAS07	S	S		1/15	R			Adjustment Quantity 2

	CAS08	S	S		1/5	ID			Claim Adjustment Reason Code 3
	CAS09	S	S		1/18	R			Adjustment Amount 3
	CAS10	S	S		1/15	R			Adjustment Quantity 3
	CAS11	S	S		1/5	ID			Claim Adjustment Reason Code 4
	CAS12	S	S		1/18	R			Adjustment Amount 4
	CAS13	S	S		1/15	R			Adjustment Quantity 4
	CAS14	S	S		1/5	ID			Claim Adjustment Reason Code 5
	CAS15	S	S		1/18	R			Adjustment Amount 5
	CAS16	S	S		1/15	R			Adjustment Quantity 5
	CAS17	S	S		1/5	ID			Claim Adjustment Reason Code 6
	CAS18	S	S		1/18	R			Adjustment Amount 6
	CAS19	S	S		1/15	R			Adjustment Quantity 6
2320	**AMT**	**S**	**S**	**1**	**Coordination of Benefits (COB) Payer Paid Amount**				
	AMT01	R	R		2	ID	D		Amount Qualifier Code
	AMT02	R	R		1/18	R			Patient Amount Paid
2320	**AMT**	**S**	**S**	**1**	**Coordination of Benefits (COB) Patient Paid Amount**				
	AMT01	R	R		2	ID	F5		Amount Qualifier Code
	AMT02	R	R		1/18	R			Patient Amount Paid
2330A	**Other Subscriber Name**								
2330A	**NM1**	**R**	**R**	**1**	**Other Subscriber Name**				
					Required when Loop ID 2320-Other Subscriber Information is used. Otherwise, this loop is not used				
	NM101	R	R		2	ID	IL		Entity Identifier Code (Insured or Subscriber)
	NM102	R	R		1	ID			Entity Type Qualifier
							1		Person
							2		Non- Person Entity (Company)
	NM103	R	R		1/35	AN			Last Name or Organization Name
	NM104	S	S		1/25	AN			First
	NM105	S	S		1/25	AN			Middle
	NM108	R	R		2	ID	MI		Member Identification Number
	NM109	R	R		2/80	AN			Other Subscriber Primary Identification
2330A	**N3**	**S**	**S**	**1**	**Address**				
					Required when available				
	N301	R	R		1/55	AN			Address Line
	N302	S	S		1/55	AN			Address Line
2330A	**N4**	**S**	**S**	**1**	**City State Zip**				
					Required when available				
	N401	R	R		2/30	AN			City
	N402	R	R		2	ID			State
	N403	R	R		3/15	ID			Zip
	N404	S	S		2/3	ID			Country Code
2330A	**REF**	**S**	**S**	**3**	**Other Subscriber Secondary Identification Number**				
	REF01	R	R		2/3	ID			Reference Identification Qualifier
	REF02	R	R		1/30	AN			Reference Identification
2330B	**Other Payer Name**								
2330B	**NM1**	**R**	**R**	**1**	**Other Payer Name**				
					Required when Loop ID 2320-Other Subscriber Information is used. Otherwise, this loop is not used				
	NM101	R	R		2	ID	PR		Entity Identifier Code (Payer)
	NM102	R	R		1	ID			Entity Type Qualifier
							2		Non- Person Entity (Company)
	NM103	R	R		1/35	AN			Organization Name (Company)
	NM108	R	R		2	ID	PI		Payer Identification Code Qualifier
	NM109	R	R		2/80	AN			Other Payer Primary Identification
2330B	**PER**	**S**	**S**	**2**	**Contact Information**				
	PER01	R	R		2	ID	IC		Contact Function Code
	PER02	R	R		1/60	AN			Contact Name
	PER03	R	R		2	ID	TE		Communication Number Qualifier
	PER04	R	R		1/80	AN			Telephone Number
	PER05	S	S		2	ID			Communication Number Qualifier
									Use at the discretion of the billing

									provider
	PER06	S	S		1/80	AN			Communication Number
	PER07	S	S		2	ID			Communication Number Qualifier
									Use at the discretion of the billing provider
	PER08	S	S		1/80	AN			Communication Number
2330B	**DTP**	**S**	**S**	**1**	**Claim Adjudication Date**				
					Required if available, this is the date of the prior payment				
	DTP01	R	R		3	ID	573		Date/Time Qualifier
	DTP02	R	R		2/3	ID	D8		Date Time Period Format Qualifier
	DTP03	R	R		1/35	AN			Date Claim Paid
2330B	**REF**	**S**	**S**	**2**	**Other Payer Secondary Identification**				
	REF01	R	R		2/3	ID			Reference Identification Qualifier
							2U		Payer Identification Number
							F8		Payer's Claim Number
							FY		Claim Office Number
							NF		National Association of Insurance Commissioners (NAIC) Code
							TJ		Federal Taxpayer's Identification Number
	REF02	R	R		1/30	AN			Other Payer Secondary Identifier
2400	**Service Lines (Repeat Max 50)**								
2400	**LX**	**R**	**R**	**1**	**Service Line Number**				
	LX01	R	R		1/6	N0			Line Number
2400	**SV1**	**R**	**R**	**1**	**Professional Service**				
	SV101	R	R						Product or Service
	SV101-1	R	R		2	ID			Product or Service ID Qualifier
							HC		CPT/HCPCS Codes
							IV		Home Infusion EDI Coalition Product Service Code
							ZZ		OMFS Codes (California Only)
	SV101-2	R	R		1/48	AN		24d	CPT/HCPCS/OMFS Procedure Code
	SV101-3	S	S		2	AN		24dm1	Modifier 1
	SV101-4	S	S		2	AN		24dm2	Modifier 2
	SV101-5	S	S		2	AN		24dm3	Modifier 3
	SV101-6	S	S		2	AN		24dm4	Modifier 4
	SV102	R	R		1/18	R		24f	Line Item Charge
	SV103	R	R		2	ID			Unit or Basis for Measurement Code
							UN		Units
							MJ		Minutes
							F2		International Unit (pharmaceutical dispensed by gram)
	SV104	R	R		1/15	R		24g	Service Unit
	SV105	S	S		2	AN		24b	Place of Service
	SV107	S	S						Composite Diagnosis Code Pointer
	SV107-1	R	R		1/2	N0		24e	Diagnosis Code Pointer 1
	SV107-2	S	S		1/2	N0			Diagnosis Code Pointer 2
	SV107-3	S	S		1/2	N0			Diagnosis Code Pointer 3
	SV107-4	S	S		1/2	N0			Diagnosis Code Pointer 4
2400	**SV5**	**S**	**N**	**1**	**Durable Medical Equipment Service**				
					Data field not used for Workers' Compensation. Report DME products using the SV1 segment				
	SV501-1	R	N		2	ID	HC		Product or Service ID Qualifier
	SV501-2	R	N		1/48	ID			HCPCS Procedure Code
	SV502	R	N		2	ID	UN		Unit or Basis for Measurement Code
	SV503	R	N		1/15	R			Unit Count
	SV504	R	N		1/18	R			DME Rental Amount
	SV505	R	N		1/18	R			DME Purchase Amount
	SV506	R	N		1	ID			Rental Payment Frequency Code
2400	**DTP**	**R**	**R**	**1**	**Service Date**				
	DTP01	R	R		3	ID	472		Date/Time Qualifier
	DTP02	R	R		2/3	ID			Date Time Period Format Qualifier
							RD8		Date Expressed in Format (Indicate

									Begin and End Dates)
	DTP03	R	R		1/35	AN		24a	Service Date
2410	**Drug Identification (repeat max 25)**								
	For Workers' Compensation (repeat 1) New 5010 version is limited to 1 repeat								
2410	**LIN**	**S**	**S**	**1**	**Drug Identification**				
					Required to specify billing/reporting for drugs provided that are referenced as part of the service(s) described in SV1				
	LIN02	R	R		2	ID	N4		Drug Information
	LIN03	R	R		1/48	ID		24d_1	NDC Code (w/o the dash)
2410	**CTP**	**S**	**S**	**1**	**Drug Pricing**				
	CTP03	R	S		1/17	R			Unit Price (required if different from SV102)
	CTP04	R	S		1/15	R			Quantity (required if different from SV104)
	CTP05-1	R	S		2/2	ID			Unit of Measure (required if CTP04 populated)
							F2		International Unit
							GR		Gram
							ML		Milliliter
							UN		Unit
2410	**REF**	**S**	**S**	**1**	**Prescription Number**				
					Required if dispensing of the drug has been done with an assigned RX number				
	REF01	R	R		2	ID	XZ		Reference Identification Qualifier
	REF02	R	R		1/30	AN			Prescription Number
2420A	**Rendering Line Provider**								
2420A	**NM1**	**S**	**S**	**1**	**Provider Name**				
					Required if the Rendering Provider NM1 information is different than that carried in the 2310B loop, or if the Rendering provider information is carried at the Billing/ Pay -to Provider loop level 2010AA/AB and this particular service line has a different				
	NM101	R	R		2	ID	82		Entity Identifier Code
	NM102	R	R		1	ID			Entity Type Qualifier 1= Person, 2 = Non-Person entity
	NM103	R	R		1/35	AN			Last Name or Organization Name
	NM104	S	S		1/25	AN			First Name
	NM108	R	R		1/2	ID	XX	24Ia	Identification Code Qualifier
	NM109	R	R		2/80	AN		24j_2	National Provider Identifier (Non Shaded Area)
2420A	**PRV**	**S**	**S**	**1**	**Rendering Line Provider Taxonomy Code**				
	PRV01	R	R		1/3	ID	PE		Provider Code (Rendering Line)
	PRV02	R	R		2/3	AN	ZZ		Reference Identification Qualifier
	PRV03	R	R		1/30	AN			Taxonomy code
2420A	**REF**	**S**	**J**	**1**	**State License**				
					Required Field for California				
	REF01	R	R		2/3	ID	0B	24i_1	ID Qualifier
	REF02	R	R		1/30	AN		24j_1	State License
2420A	**REF**	**S**	**S**	**1**	**Federal Tax ID**				
	REF01	R	R		2/3	ID	SY		Reference Identification Qualifier
	REF02	R	R		1/30	AN		25	Federal Tax ID
TS	**SE**	**R**	**R**	**1**	**Transaction Set Trailer**				
	SE01	R	R		1/10	N			Number of Included Segments
	SE02	R	R		4/9	AN			Transaction Set Control Number (ST02)
	GE	**R**				**Functional Group Trailer**			
	GE01	R			97	1/6	N0		Number of Transaction Sets Included
	GE02	R			28	1/9	N0		Group Control Number
	IEA	**R**				**Interchange Control Trailer**			
	IEA01	R			I16	1/5	N0		Number of Included Functional Groups
	IEA02	R			I12	9	N0		Interchange Control Number

4 837D Health Care Claim – Dental

4.1 Overview

This section is used to describe the *required* data sets for Texas Workers Compensation claim processing by TxDot Workers Compensation Division. The 837D format is used for submission of Electronic Claims for healthcare professionals. This is an example of a file that is sent to TxDot for processing.

**Sample uses line feeds in place of ~ for readability*

TxDot Sample 837D File

```
ISA*00*          *00*          *30*999999999      *30*746000170  *070904*1521*U*00401*000000001*1*P*:
GS*HC*999999999*999999999TXDOT *20070904*1521*1*X*004010X098A1
ST*837*1
BHT*0019*00*000000001*20040512*1303*CH
REF*87*004010X097A1
NM1*41*2*SUBMITTER NAME*****46*999999999
PER*IC*JOHN DOE*TE*5129999999
NM1*40*2*TMHP TEXAS MEDICAID*****46*617591011C21P
HL*1**20*1
PRV*BI*ZZ*123456789
NM1*85*2*BILLING PROVIDER MEDICAL PRACTICE *****XX*999999999
N3*Provider Mailing Address
N4*AUSTIN*TX*78758
REF*EI*999999999
HL*2*1*22*0
SBR*P***12*****WC
NM1*IL*2*Texas Department of Transportation
N3* 200 E Riverside
N4*AUSTIN*TX*78704
NM1*PR*2* Texas Department of Transportation *****PI*746000170
N3* 200 E Riverside
N4*AUSTIN*TX*78704
HL*3*2*23*0
PAT*20
NM1*QC*1*EmployeeLast*EmployeeFirst****MI*123456789
N3* Street Address
N4*AUSTIN*TX*78704
DMG*D8*19760425*F
REF*Y4*WC12345678
CLM*123456789*18.04***11::1*Y*A*N*I**EM
DTP*439*D8*20041130
DTP*472*D8*20071108
LX*1
SV3*AD:D0150*18.02**00**100
DTP*472*D8*20071108
LX*2
SV3*AD:D0272*23.01**01**100
DTP*472*D8*20071108
SE*37*1
GE*1*1
IEA*1*000000001
```

4.2 Mappings

Loop	Segment / Element	ANSI R/S	Workers' Comp	Occurrence	Length	Data Type	Value	2007 CMS-1500 Paper Field	Description
	ISA	**R**			**Interchange Control Header**				
	ISA01	R			2	ID	0		Authorization Information Qualifier
	ISA02	R			10	AN			Authorization Information
	ISA03	R			2	ID			Security Information Qualifier
							0		No Security Information Present
							1		Password
	ISA04	R			10	AN			Security Information
	ISA05	R			2	ID	**30**		Interchange ID Qualifier
	ISA06	R			15	AN	**123456789**		Interchange Sender ID
	ISA07	R			2	ID	**30**		Interchange ID Qualifier
	ISA08	R			15	AN	**746000170**		Interchange Receiver ID
	ISA09	R			6	DT			Interchange Date (YYMMDD)
	ISA10	R			4	TM			Interchange Time (HHMM)
	ISA11	R			1	ID	U		Interchange Control Standards Ident/ U.S. EDI Community of ASC X12, TDCC, and UCS
	ISA12	R			5	ID	401		Interchange Control Version Number
	ISA13	R			9	N0			Interchange Control Number
	ISA14	R			1	ID	1		Acknowledgment Requested/ 0 = No AcknowlegeMent, 1 = Acknowlegement
	ISA15	R			1	ID	P		Usage Indicator/ P = Production Data, T = Test Data
	ISA16	R			1	AN	:		Component Element Separator
	GS	**R**			**Functional Group Header**				
	GS01	R			2	ID	HC		Functional Identifier Code
	GS02	R			15-Feb	AN	**123456789**		Application Sender's Code
	GS03	R			15-Feb	AN	**746000170**		Application Receiver's Code
	GS04	R			8	DT			Functional group creation date (CCYYMMDD)
	GS05	R			8-Apr	TM			Functional group creation time (HHMM)
	GS06	R			9-Jan	N0			Group Control Number
	GS07	R			1	ID	X		Responsible Agency Code
	GS08	R			12-Jan	AN	**004010X097A1**		Version / Release / Industry Identifier Code (value varies by content)
TS	**Transaction Set**								
TS	**ST**	**R**	**R**	**1**	**Transaction Set Header**				
	ST01	R	R		3	ID	837		Transaction Set Identifier Code
	ST02	R	R		4/9	AN			Transaction Set Control Number
TS	**BHT**	**R**	**R**	**1**	**Beginning of Hierarchical Transaction**				
	BHT01	R	R		4	ID	0019		Hierarchical Structure Code
	BHT02	R	R		2	ID	00		Transaction Set Purpose Code
	BHT03	R	R		1/30	AN			Originator Transaction Identifier
	BHT04	R	R		8	DT			Transaction Set Creation Date
	BHT05	R	R		4/8	TM			Transaction Set Creation Time
	BHT06	R	R		2	ID	CH		Claim or Encounter Indicator
TS	**REF**	**R**	**R**	**1**	**Transmission Type Identification**				

	REF01	R	R		2	ID	87		Reference Identification Qualifier
	REF02	R	R		1/30	AN			Type Code 004010X097A1
1000A	**Sender Information**								
1000A	**NM1**	**R**	**R**	**1**	**Submitter Name**				
	NM101	R	R		2	ID	41		Entity Identifier Code
	NM102	R	R		1	ID	2		Entity Type Qualifier
	NM103	R	R		1/35				Name of Sender
	NM108	R	R		2	ID	46		Identification Code Qualifier
	NM109	R	R		2/80	AN			EIN Electronic Identification Number
1000A	**PER**	**R**	**R**	**1**	**Contact Information**				
	PER01	R	R		2	ID	IC		Contact Function Code
	PER02	R	R		1/60	AN			Contact Name
	PER03	R	R		2	ID	TE		Communication Number Qualifier
	PER04	R	R		1/80	AN			Telephone Number
	PER05	S	S		2	ID			Communication Number Qualifier
									Use at the discretion of the submitter
	PER06	S	S		1/80	AN			Communication Number
	PER07	S	S		2	ID			Communication Number Qualifier
									Use at the discretion of the submitter
	PER08	S	S		1/80	AN			Communication Number
1000B	**Receiver Information**								
1000B	**NM1**	**R**	**R**	**1**	**Receiver Name**				
	NM101	R	R		2	ID	40		Entity Identifier Code
	NM102	R	R		1	ID	2		Entity Type Qualifier (Non- Person Entity)
	NM103	R	R		1/35				Name of Receiver
	NM108	R	R		2	ID	46		Identification Code Qualifier (ETIN)
	NM109	R	R		2/80	AN			Identification Code
2000A	**Billing/Pay-to Provider Hierarchical Level**								
2000A	**HL**	**R**	**R**	**1**					
	HL01	R	R		12	N			Hierarchical ID Number
	HL03	R	R		2	ID	20		Hierarchical Level Code
	HL04	R	R		1	ID	1		Hierarchical Child Code
2000A	**PRV**	**S**	**J**	**1**	**Provider Taxonomy Code**				
					Required for California and Texas				
	PRV01	R	R		2	ID	BI		BI=Billing
	PRV02	R	R		2/3	ID	46		Reference Identification Code
	PRV03	R	R		1/30	AN		52a	Provider Specialty Code
2010AA	**Billing Provider Information**								
2010AA	**NM1**	**R**	**R**	**1**	**Billing Provider Name**				
	NM101	R	R		2	ID	85		Entity Identifier Code
	NM102	R	R		1	ID			Entity Type Qualifier
							1		Person
							2		Non- Person Entity (Company)
	NM103	R	R		1/35	AN		48	Last
	NM104	S	S		1/25	AN		48	First
	NM105	S	S		1/25	AN		48	Middle
	NM108	R	R		2	ID	XX		Identification Code Qualifier
								49	National Provider Identifier (NPI) =XX
									If billing entity is a non health care provider (non NPI number) then NM108 Code Qualifier 24 or 34 is required
									TAX ID Code Qualifiers

							24	51	Employer's Identification Number
							34	51	Social Security Number
	NM109	R	R		2/80	AN			Identification Code
2010AA	**N3**	**R**	**R**	**1**	**Address**				
	N301	R	R		1/55	AN		48	Address Line
	N302	S	S		1/55	AN		48	Address Line
2010AA	**N4**	**R**	**R**	**1**	**City State Zip**				
	N401	R	R		2/30	AN		48	City
	N402	R	R		2	ID		48	State
	N403	R	R		3/15	ID		48	Zip
	N404	S	S		2/3	ID			Country Code
2010AA	**REF**	**S**	**S**		**Tax ID**				
					Required segment when NPI Identifier Code XX is present in NM108				
	REF01	R	R		2/3	ID	EI or SY		Reference Identification Qualifier
	REF02	R	R		1/30	AN		51	TAX ID (EI for TIN, SY for SSN)
2010AA	**REF**	**S**	**J**	**1**	**State License**				
					California and Texas required segment when billing entity is a health care provider.				
	REF01	R	R		2/3	ID	0B		Reference Identification Qualifier
	REF02	R	R		1/30	AN		50	State License Number
2010AA	**REF**	**S**	**J**	**1**	**Dentist License Number**				
					Required segment when the dentist license number is different than the state license number. California and Texas Requirement				
	REF01	R	R		2/3	ID	1E		Reference Identification Qualifier
	REF02	R	R		1/30	AN			Dentist License Number
2010AA	**PER**	**N**	**J**	**1**	**Contact Information**				
					California and Texas required segment if this information is different than that contained in Loop 1000A Submitter PER segment				
	PER01	N	R		2	ID	IC		Contact Function Code
	PER02	N	R		1/60	AN		48	Contact Name
	PER03	N	R		2	ID	TE		Communication Number Qualifier
	PER04	N	R		1/80	AN		48	Telephone Number
	PER05	N	R		2	ID			Communication Number Qualifier
	PER06	N	S		1/80	AN			Communication Number
	PER07	N	S		2	ID			Communication Number Qualifier
									Use at the discretion of the billing provider
	PER08	N	S		1/80	AN			Communication Number
2010AB	**Pay-to Provider Information (Use if pay-to is different from billing)**								
2010AB	**NM1**	**S**	**S**	**1**	**Pay-to Provider Name**				
	NM101	R	R		2	ID	87		Entity Identifier Code (Pay-to Provider)
	NM102	R	R		1	ID			Entity Type Code (Pay-to Provider)
							1		Person
							2		Non-Entity Person (Company)
	NM103	R	R		1/35	AN			Last Name or Organization Name
	NM104	S	S		1/25	AN			First
	NM105	S	S		1/25	AN			Middle
	NM108	R	R		2	ID	XX		Identification Code Qualifier
								49	National Provider Identifier (NPI) =XX
									If billing entity is a non health care provider (non NPI number) then NM108 Code Qualifier 24 or 34 is required
									TAX ID Code Qualifiers
							24	51	Employer's Identification Number
							34	51	Social Security Number

	NM109	R	R		2/80	AN			Identification Code
2010AB	**N3**	**R**	**R**	**1**	**Address**				
	N301	R	R		1/55	AN			Address Line
	N302	S	S		1/55	AN			Address Line
2010AB	**N4**	**R**	**R**	**1**	**City State Zip**				
	N401	R	R		2/30	AN			City
	N402	R	R		2	ID			State
	N403	R	R		3/15	ID			Zip
	N404	S	S		2/3	ID			Country Code
2010AB	**REF**	**S**	**S**	**1**	**Tax ID**				
	REF01	R	R		2/3	ID	EI or SY		Reference Identification Qualifier
	REF02	R	R		1/30	AN			TAX ID (EI for TIN, SY for SSN)
2010AB	**REF**	**S**	**J**	**1**	**State License**				
					California and Texas required segment when billing entity is a health care provider.				
	REF02	R	R		1/30	AN			State License Number
2010AB	**PER**	**N**	**J**	**1**	**Contact Information**				
					California and Texas required segment if the information is different than that contained in Loop 1000A Submitter PER segment				
	PER01	N	R		2	ID	IC		Contact Function Code
	PER02	N	R		1/60	AN			Contact Name
	PER03	N	R		2	ID	TE		Communication Number Qualifier
	PER04	N	R		1/80	AN			Telephone Number
	PER05	N	R		2	ID			Communication Number Qualifier
	PER06	N	S		1/80	AN			Communication Number
	PER07	N	S		2	ID			Communication Number Qualifier
									Use at the discretion of the billing provider
	PER08	N	S		1/80	AN			Communication Number
2000B	**Subscriber Detail (Repeat > 1) Workers' Compensation Subscriber is Employer**								
2000B	**HL**	**R**	**R**		**Subscriber (Employer) Hierarchical Level**				
	HL01	R	R		1/12	AN			Hierarchical ID Number
	HL02	R	R		1/12	AN			Hierarchical Parent ID Number
	HL03	R	R		2	ID	22		Hierarchical Level Code
	HL04	R	R		1	ID	1		Hierarchical Child Code
2000B	**SBR**	**R**	**R**	**1**	**Subscriber (Employer) Information**				
	SBR01	R	R		1	ID	P		P for Primary Payer
	SBR03	S	S		1/30	AN			WC Policy Number, If Available
	SBR04	S	S		1/60	AN		12	Employer Name
	SBR09	S	J		1/2	ID	WC		Claim Filing Indicator Code
2010BA	**Subscriber Information (Insured) Workers' Compensation Insured is Employer**								
2010BA	**NM1**	**R**	**R**	**1**	**Subscriber (Employer) Name**				
	NM101	R	R		2	ID	IL		Entity Identifier Code
	NM102	R	R		1	ID			Entity Type Qualifier
							2		Non Person Entity
	NM103	R	R		1/35	AN		12	Employer Name
2010BA	**N3**	**S**	**J**	**1**	**Address**				
					California and Texas Required Segment				
	N301	R	R		1/55	AN		7	Address
	N302	S	S		1/55	AN		7	Address
2010BA	**N4**	**S**	**J**	**1**	**City State Zip**				
					California and Texas Required Segment				
	N401	R	R		2/30	AN		12	City

	N402	R	R		2	ID		12	State
	N403	R	R		3/15	ID		12	Zip
	N404	S	S		2/3	ID			Country Code
2010BB	**Payer Information**								
2010BB	**NM1**	**R**	**R**	**1**	**Payer Name**				
	NM101	R	R		2/3	ID	PR		Entity Identifier Code
	NM102	R	R		1	ID	2		Entity Type Qualifier (Non-Person Entity)
	NM103	R	R		1/35	AN		3	Payer Name
	NM108	R	R		2	ID	PI		Identification Code Qualifier
									Payer Identification Code is defined in the ISA Segment as well as specified in the Trading Partner Agreement
	NM109	R	R		2/80	AN			Payer Identification Code
2010BB	**N3**	**S**	**S**	**1**	**Address**				
					Payer Address is required when the submitter intends for the bill to be printed on paper at the next EDI location)e.g., a clearinghouse				
	N301	R	R		1/55	AN			Address
	N302	S	S		1/55	AN			Address
2010BB	**N4**	**S**	**S**	**1**	**City State Zip**				
					Payer Address is required when the submitter intends for the bill to be printed on paper at the next EDI location)e.g., a clearinghouse				
	N401	R	R		2/30	AN			City Name
	N402	R	R		2	ID			State
	N403	R	R		3/15	ID			Zip
	N404	S	S		2/3	ID			Country Code
2000C	**Patient Hierarchical Level (Repeat >1)**								
2000C	**HL**	**S**	**J**		**Patient Hierarchical Level**				
					This HL is required when the patient is different person than the subscriber. The Employer is the Subscriber in Workers' Compensation				
	HL01	R	R		12	N			Hierarchical ID Number
	HL02	R	R		12	N			Hierarchical Parent ID Number
	HL03	R	R		2	ID	23		Hierarchical Level Code
	HL04	R	R		1	ID	0		Hierarchical Child Code
2000C	**PAT**	**R**	**R**		**Patient Information**				
	PAT01	R	R		2	ID	20	18	Patients Relationship to Insured
2010CA	**Patient Information**								
2010CA	**NM1**	**R**	**R**		**Patient Name**				
	NM101	R	R		2	ID	QC		Entity Identifier Code
	NM102	R	R		1	ID	1		Entity Type Qualifier (Person)
	NM103	R	R		1/35	AN		20	Last Name
	NM104	R	R		1/25	AN		20	First Name
	NM105	S	S		1/25	AN		20	Middle Name
	NM107	S	S		1/10	AN			Name Suffix
	NM108	R	R		2	ID	MI	23	Identification Code Qualifier
	NM109	R	R		2/80	AN		8	Social Security Number
2010CA	**N3**	**R**	**R**		**Address**				
	N301	R	R		1/55	AN			Address
	N302	S	S		1/55	AN			Address
2010CA	**N4**	**R**	**R**		**City State Zip**				
	N401	R	R		2/30	AN		20	City
	N402	R	R		2	ID		20	State
	N403	R	R		3/15	ID		20	Zip
	N404	S	S		2/3	ID			Country Code

2010CA	**DMG**	**R**	**R**		**Demographic Information**				
	DMG01	R	R		2/3	ID	D8		Date Time Period Format Qualifier
	DMG02	R	R		1/35	AN		21	Birth Date
	DMG03	R	R		1	ID		22	Gender Code
2010CA	**REF**	**S**	**S**		**Property & Casualty Claim Number**				
	REF01	R	R		2/3	ID	Y4		Reference Identification Qualifier
	REF02	R	R		1/30	AN		15	Enter Workers' Compensation Claim Number if Known
2300	**Claim Information**								
2300	**CLM**	**R**	**R**		**Claim Information**				
	CLM01	R	R		1/38	AN			Claim Submitter Identifier (Provider Unique Bill Identification Number)
	CLM02	R	R		1/18	R		33	Total Submitted Charges
	CLM05-1	R	R		1/2	ID		38	Facility Type Code (place of service)
	CLM05-3	R	R		1	ID			Claim Frequency Type Code
	CLM06	R	R		1	ID	Y/N	53	Provider Signature Indicator
	CLM07	R	R		1	ID	A		Enter value "A" to indicate provider acceptance of assignment
	CLM08	R	R		1	ID	N		Benefit Assignment Indicator
	CLM09	R	R		1	ID	I		Release of Information Code
	CLM10	S	S		1	ID			Patient Signature Source Code
	CLM11	S	S			ID			Related Causes Information
	CLM11-1	R	R		2/3	ID	EM	45	Related Causes Code 1 EM= Employment
	CLM11-2	S	S		2/3	ID			Related Causes Code 2
	CLM11-3	S	S		2/3	ID			Related Causes Code 3
	CLM11-4	S	S		2/2	ID			State or Province Code
	CLM11-5	S	S		2/3	ID			Country Code
	CLM19	N	J		2/2	AN			Claims Submission Reason Codes
							7		Duplicate Bill
							15		Revised Bill
							30		Appeal/Reconsideration
2300	**DTP**	**S**	**S**	**1**	**Date of Admission**				
	DTP01	R	R		3	ID	435		Date/Time Qualifier
	DTP02	R	R		2/3	ID	D8		Date Time Period Format Qualifier
	DTP03	R	R		1/35	AN			Admission Date
2300	**DTP**	**S**	**S**	**1**	**Date of Discharge**				
	DTP01	R	R		3	ID	096		Date/Time Qualifier
	DTP02	R	R		2/3	ID	D8		Date Time Period Format Qualifier
	DTP03	R	R		1/35	AN			Discharge Date
2300	**DTP**	**S**	**J**	**1**	**Date of Accident**				
					California and Texas Required Segment				
	DTP01	R	R		3	ID	439		Date/Time Qualifier
	DTP02	R	R		2/3	ID	D8		Date Time Period Format Qualifier
	DTP03	R	R		1/35	AN			Accident Date
2300	**DTP**	**S**	**S**	**1**	**Date of Appliance Placement**				
	DTP01	R	R		3	ID	452	41	Date/Time Qualifier
	DTP02	R	R		2/3	ID	D8		Date Time Period Format Qualifier
	DTP03	R	R		1/35	AN		41	Appliance Placement
2300	**DTP**	**S**	**J**	**1**	**Date of Service**				
					California and Texas Required Segment				
	DTP01	R	R		3	ID	472	41	Date/Time Qualifier
	DTP02	R	R		2/3	ID	D8		Date Time Period Format Qualifier

	DTP03	R	R		1/35	AN		41	Date of Service
2300	**DN1**	**S**	**S**	**1**	**Orthodontic Information**				
	DN101	S	S		1/15	N			Orthodontic Total Months of Treatment
	DN102	S	S		1/15	N		42	Orthodontic Treatment Months Remaining
	DN103	S	S		1	ID	Y or N	40	Services in this claim are part of DN101/DN102
2300	**DN2**	**S**	**S**	**1**	**Tooth Summary**				
	DN201	R	R		1/30	AN			Tooth Number
	DN202	R	R		1/2	ID			Tooth Status Code
2300	**PWK**	**S**	**S**	**10**	**Attachment Reference**				
	PWK01	R	R		2/2	ID			Report Type Code
	PWK02	R	R		1/2	ID			Deliver type code
	PWK05	S	R		2	ID	AC		Identification Code Qualifier
	PWK06	S	R		2/80	AN		35	Attachment Control Number
2300	**AMT**	**S**	**N**		**Patient Amount Paid**				
	AMT01	R	R		2	ID	F5		Amount Qualifier Code
	AMT02	R	R		1/18	R			Patient Amount Paid
2300	**REF**	**S**	**S**	**1**	**Prior Authorization**				
	REF01	R	R		2/3	ID	G3		Reference Identification Qualifier
	REF02	R	R		1/30	AN		2	Prior Authorization Number
2300	**REF**	**S**	**S**	**1**	**Original Reference Number (ICN/DCN)**				
	REF01	R	R		2/3	ID	F8		Reference Identification Qualifier
	REF02	R	R		1/30	AN			Original Reference Number
2300	**REF**	**S**	**S**	**1**	**Clearing House Generated Tracking Number**				
	REF01	R	R		2/3	ID	D9		Reference Identification Qualifier
	REF02	R	R		1/30	AN			Number assigned by ch/van/etc.
2300	**NTE**	**S**	**S**	**1**	**Remarks**				
	NTE01	R	R		3	ID	ADD		Note Reference Code
	NTE02	R	R		1/80	AN			Note Text
2310A	**Referring Provider**								
	Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops respectively								
2310A	**NM1**	**S**	**S**	**1**	**Referring Physician Name**				
	NM101	R	R		2	ID	DN		Entity Identifier Code
	NM102	R	R		1	ID	1		1=person, 2=company
	NM103	R	R		1/35	AN			Last Name
	NM104	S	R		1/25	AN			First Name
	NM105	S	S		1/25	AN			Middle Name
	NM108	R	R		2	ID	XX		Identification Code Qualifier
	NM109	R	R		2/80	AN			National Provider Identifier
2310A	**PRV**	**S**	**S**	**1**	**Provider Specialty Code**				
	PRV01	R	R		2	ID	RF		Provider Code (Referring)
	PRV02	R	R		2/3	ID	ZZ		Reference Identification Qualifier
	PRV03	R	R		1/30	AN			Taxonomy code
2310A	**REF**	**S**	**J**	**1**	**State License Number**				
					Required Field for California				
	REF01	R	R		2/3	ID	0B		Reference Identification Qualifier
	REF02	R	R		1/30	AN			State License
2310B	**Rendering Provider**								
2310B	**NM1**	**S**	**S**	**1**	**Rendering Physician Name**				
					Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops respectively				

	NM101	R	R		1/3	ID	82		Entity Identifier Code
	NM102	R	R		1	ID	1		Entity Type Qualifier (Person)
	NM103	R	R		1/35	AN		53	Last Name
	NM104	S	S		1/25	AN		53	First Name
	NM105	S	S		1/25	AN		53	Middle Name
	NM107	S	S		1/10	AN		53	Name Suffix
	NM108	R	R		2	ID	XX		Identification Code Qualifier
	NM109	R	R		2/80	AN		54	National Provider Identifier (Non Shaded Area)
2310B	**PRV**	**R**	**R**	**1**	**Provider Specialty Code**				
					Required Field for California and Texas				
	PRV01	R	R		1/3	ID	PE		Provider Code (performing)
	PRV02	R	R		2/3	ID	ZZ		Reference Identification Qualifier
	PRV03	R	R		1/30	AN		56A	Taxonomy Code
2310B	**REF**	**S**	**J**	**1**	**State License Number**				
					Required Field for California				
	REF01	R	R		2/3	ID	0B		Reference Identification Qualifier
	REF02	R	R		1/30	AN		55	State License Number (Shaded Area)
2310C	**Facility / Service location**								
	This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) or 2010AB (Pay to Provider) loops								
2310C	**NM1**	**S**	**S**	**1**	**Name**				
	NM101	R	R		2	ID	FA		Entity Identifier Code
	NM102	R	R		1	ID	2		Entity Type Identifier (Non-Person Entity)
	NM103	S	R		1/35	AN		56	Organization Name
	NM108	R	R		2	ID	XX		Identification Code Qualifier
	NM109	R	R		2/80	AN			National Provider Identifier
2310C	**N3**	**R**	**R**	**1**	**Address**				
	N301	R	R		1/55	AN		56	Address
	N302	S	S		1/55	AN		56	Address
2310C	**N4**	**R**	**R**	**1**	**City State Zip**				
	N401	R	R		2/30	AN		56	City
	N402	R	R		2	ID		56	State
	N403	R	R		3/15	ID		56	Zip
2310C	**REF**	**S**	**J**	**1**	**State License Number**				
	REF01	R	R		2/3	ID	0B		Reference Identification Qualifier
	REF02	R	R		1/30	AN		32b	Service Facility State License Number
									Jurisdiction specific requirement; California requires State License Number when Service Facility is a health care provider.
	N404	S	S		2/3	ID			Country Code
2310D	**Assisting Surgeon Name**								
2310D	**NM1**	**S**	**S**	**1**	**Assisting Surgeon Name**				
	NM101	R	R		1/3	ID	DD		Entity Identifier Code
	NM102	R	R		1	ID	1		Entity Type Qualifier (Person)
	NM103	R	R		1/35	AN			Last Name
	NM104	S	S		1/25	AN			First Name
	NM105	S	S		1/25	AN			Middle Name
	NM107	S	S		1/10	AN			Name Suffix
	NM108	R	R		2	ID	XX		Identification Code Qualifier
	NM109	R	R		2/80	AN			National Provider Identifier
2310D	**PRV**	**S**	**S**	**1**	**Provider Specialty Code**				
					Required Field for California and Texas				

	PRV01	R	R		1/3	ID	AS		Provider Code (performing)
	PRV02	R	R		2/3	ID	ZZ		Reference Identification Qualifier
	PRV03	R	R		1/30	AN			Taxonomy Code
2310D	**REF**	**S**	**J**	**1**	**State License Number**				
					Required Field for California				
	REF01	R	R		2/3	ID	0B		Reference Identification Qualifier
	REF02	R	R		1/30	AN			State License Number (Shaded Area)
2320	**Other Subscriber Information (repeat max 10)**								
	The 2320 and 2330 loops are required if there has been a prior payment by a payer other than the employer's insurer								
2320	**SBR**	**S**	**S**	**1**	**Other Subscriber Information**				
	SBR01	R	R		1	ID			Payer Responsibility Sequence Code
							P		Primary
							S		Secondary
							T		Tertiary
	SBR02	R	R		2/2	ID			Individual Relationship Code
	SBR03	S	S		1/30	AN			Group or Policy Number
	SBR04	S	S		1/60	AN			Group or Plan Name
	SBR05	R	R		1/3	ID			Insurance Type Code
	SBR09	S	J		1/2	ID	WC		Claim Filing Indicator Code: California and Texas Requirement
2320	**CAS**	**S**	**S**	**5**	**Claim Level Adjustments**				
					Use if claim level adjustments have been made by the prior payer				
	CAS01	R	R		1/2	ID			Group code
	CAS02	R	R		1/5	ID			Claim Adjustment Reason Code
	CAS03	R	R		1/18	R			Adjustment Amount
	CAS04	S	S		1/15	R			Adjustment Quantity
	CAS05	S	S		1/5	ID			Claim Adjustment Reason Code
	CAS06	S	S		1/18	R			Adjustment Amount
	CAS07	S	S		1/15	R			Adjustment Quantity
	CAS08	S	S		1/5	ID			Claim Adjustment Reason Code
	CAS09	S	S		1/18	R			Adjustment Amount
	CAS10	S	S		1/15	R			Adjustment Quantity
	CAS11	S	S		1/5	ID			Claim Adjustment Reason Code
	CAS12	S	S		1/18	R			Adjustment Amount
	CAS13	S	S		1/15	R			Adjustment Quantity
	CAS14	S	S		1/5	ID			Claim Adjustment Reason Code
	CAS15	S	S		1/18	R			Adjustment Amount
	CAS16	S	S		1/15	R			Adjustment Quantity
	CAS17	S	S		1/5	ID			Claim Adjustment Reason Code
	CAS18	S	S		1/18	R			Adjustment Amount
	CAS19	S	S		1/15	R			Adjustment Quantity
2320	**AMT**	**S**	**S**		**Coordination of Benefits (COB) Payer Paid Amount**				
	AMT01	R	R		2	ID	D		Amount Qualifier Code
	AMT02	R	R		1/18	R			Patient Amount Paid
2320	**AMT**	**S**	**S**		**Coordination of Benefits (COB) Patient Paid Amount**				
	AMT01	R	R		2	ID	F5		Amount Qualifier Code
	AMT02	R	R		1/18	R			Patient Amount Paid
2330A	**Other Subscriber Name**								
2330A	**NM1**	**R**	**R**	**1**	**Other Subscriber Name**				
					Required when Loop ID 2320-Other Subscriber Information is used. Otherwise, this loop is not used				
	NM101	R	R		2	ID	IL		Entity Identifier Code (Insured or Subscriber)

	NM102	R	R		1	ID			Entity Type Qualifier
							1		Person
							2		Non- Person Entity (Company)
	NM103	R	R		1/35	AN			Last
	NM104	S	S		1/25	AN			First
	NM105	S	S		1/25	AN			Middle
	NM108	R	R		2	ID	MI		Member Identification Number
	NM109	R	R		2/80	AN			Other Subscriber Primary Identification
2330A	**N3**	**S**	**S**		**Address**				
					Required if available				
	N301	R	R		1/55	AN			Address Line
	N302	S	S		1/55	AN			Address Line
2330A	**N4**	**S**	**S**		**City State Zip**				
					Required if available				
	N401	R	R		2/30	AN			City
	N402	R	R		2	ID			State
	N403	R	R		3/15	ID			Zip
	N404	S	S		2/3	ID			Country Code
2330A	**REF**	**S**	**S**		**Tax ID**				
	REF01	R	R		2/3	ID			Reference Identification Qualifier
							EI		Federal Tax ID
							SY		Social Security Number
	REF02	R	R		1/30	AN			Tax ID
2330B	**Other Payer Name**								
2330B	**NM1**	**R**	**R**	**1**	**Other Payer Name**				
					Required when Loop ID 2320-Other Subscriber Information is used. Otherwise, this loop is not used				
	NM101	R	R		2	ID	PR		Entity Identifier Code (Payer)
	NM102	R	R		1	ID			Entity Type Qualifier (Non-Person Entity)
							2		Non- Person Entity (Company)
	NM103	R	R		1/35	AN			Organization Name (Company)
	NM108	R	R		2	ID	PI		Payer Identification
	NM109	R	R		2/80	AN			Other Payer Primary Identification
2330B	**PER**	**S**	**S**	**1**	**Contact Information**				
					Required if available				
	PER01	R	R		2	ID	IC		Contact Function Code
	PER02	R	R		1/60	AN			Contact Name
	PER03	R	R		2	ID	TE		Communication Number Qualifier
	PER04	R	R		1/80	AN			Telephone Number
	PER05	S	S		2	ID			Communication Number Qualifier
									Use at the discretion of the billing provider
	PER06	S	S		1/80	AN			Communication Number
	PER07	S	S		2	ID			Communication Number Qualifier
									Use at the discretion of the billing provider
	PER08	S	S		1/80	AN			Communication Number
2330B	**DTP**	**S**	**S**	**1**	**Claim Adjudication Date**				
					Required if available, this is the date of the prior payment				
	DTP01	R	R		3	ID	573		Date/Time Qualifier
	DTP02	R	R		2/3	ID	D8		Date Time Period Format Qualifier
	DTP03	R	R		1/35	AN			Date Claim Paid
2330B	**REF**	**S**	**S**		**Other Payer Secondary Identification**				

	REF01	R	R		2/3	ID			Reference Identification Qualifier
							2U		Payer Identification Number
							F8		payer's claim number
							FY		Claim Office Number
							NF		National Association of Insurance Commissioners (NAIC) Code
							TJ		Federal Taxpayer's Identification Number
	REF02	R	R		1/30	AN			Other Payer Secondary Identifier
2400	**Service Lines (repeat max 50)**								
2400	**LX**	**R**	**R**		**Service Line Number**				
	LX01	R	R		1/6	N0			Line Number
2400	**SV3**	**R**	**R**		**Dental Service**				
	SV301	R	R						Product or Service
	SV301-1	R	R		2	ID	AD		Product or Service ID Qualifier
	SV301-2	R	R		1/48	AN		29	Procedure Code
	SV301-3	S	S		2	AN			Modifier 1
	SV301-4	S	S		2	AN			Modifier 2
	SV301-5	S	S		2	AN			Modifier 3
	SV301-6	S	S		2	AN			Modifier 4
	SV302	R	R		1/18	R		31	Line Item Charge
	SV303	S	S		2	AN		38	Facility Code Value
	SV304	S	S						Oral Cavity Designation Code
	SV304-1	R	R		1/3	ID		25	Oral Cavity Designation Code 1
	SV304-2	S	S		1/3	ID			Oral Cavity Designation Code 2
	SV304-3	S	S		1/3	ID			Oral Cavity Designation Code 3
	SV304-4	S	S		1/3	ID			Oral Cavity Designation Code 4
	SV304-5	S	S		1/3	ID			Oral Cavity Designation Code 5
	SV305	S	S		1	AN			Prosthesis, Crown or Inlay Code
	SV306	R	R		1/15	R			Procedure Count
2400	**TOO**	**S**	**S**		**Tooth Information**				
	TOO01	R	R		1/3	ID	JP		Code List Qualifier (NSTNS)
	TOO02	S	S		1/30	AN		27	Tooth Number
	TOO03	S	S						Tooth Surface
	TOO03-1	R	R		1/2	ID		28	Tooth Surface Code
	TOO03-2	S	S		1/2	ID		28	Tooth Surface Code
	TOO03-3	S	S		1/2	ID		28	Tooth Surface Code
	TOO03-4	S	S		1/2	ID		28	Tooth Surface Code
	TOO03-5	S	S		1/2	ID		28	Tooth Surface Code
2400	**DTP**	**S**	**R**		**Service Date**				
					Required for workers' compensation.				
	DTP01	R	R		3	ID	472		Date/Time Qualifier
	DTP02	R	R		2/3	ID	RD8		Date Time Period Format Qualifier
	DTP03	R	R		1/35	AN		24	Service Date
2420A	**Rendering Line Provider**								
2420A	**NM1**	**S**	**S**		**Provider Name**				
	NM101	R	R		2/3	ID	82		Entity Identifier Code
	NM102	R	R		1	ID			Entity Type Qualifier
							1		Person
	NM103	R	R		1/35	AN			Last Name
	NM104	S	S		1/25	AN			First Name
	NM105	S	S		1/25	AN			Middle Name

	NM107	S	S		1/10	AN			Suffix
	NM108	R	R		1/2	ID	XX		Identification Code Qualifier
	NM109	R	R		2/80	AN			National Provider Identifier
2420A	**PRV**	**S**	**S**	**1**	**Rendering Line Provider Taxonomy Code**				
	PRV01	R	R		1/3	ID	PE		Provider Code (Rendering Line)
	PRV02	R	R		2/3	AN	ZZ		Reference Identification Qualifier
	PRV03	R	R		1/30	AN			Taxonomy code
2420A	**REF**	**S**	**S**		**Federal Tax ID**				
	REF01	R	R		2/3	ID	SY		Reference Identification Qualifier
	REF02	R	R		1/30	AN			Federal Tax ID
2420C	**Assistant Surgeon**								
2420C	**NM1**	**S**	**S**		**Assistant Surgeon Name**				
	NM101	R	R		2	ID	DD		Entity Identifier Code (Assistant Surgeon)
	NM102	R	R		1	ID	1		Entity Type Qualifier (Person)
	NM103	R	R		1/35	AN			Last Name
	NM104	S	R		1/25	AN			First Name
	NM105	S	S		1/25	AN			Middle Name
	NM107	S	S		1/10	AN			Suffix
	NM108	S	R		1/2	ID	XX		Identification Code Qualifier
	NM109	S	R		2/80	AN			National Provider Identifier
2420C	**REF**	**S**	**S**		**Federal Tax ID**				
	REF01	R	R		2/3	ID	SY		Reference Identification Qualifier
	REF02	R	R		1/30	AN			Federal Tax ID
TS	**SE**	**R**	**R**		**Transaction Set Trailer**				
	SE01	R	R		1/10	N			Number of Included Segments
	SE02	R	R		4/9	AN			Transaction Set Control Number (ST02)
	GE	**R**				**Functional Group Trailer**			
	GE01	R			97	1 /6	N0		Number of Transaction Sets Included
	GE02	R			28	1 /9	N0		Group Control Number
	IEA	**R**				**Interchange Control Trailer**			
	IEA01	R			I16	1 /5	N0		Number of Included Functional Groups
	IEA02	R			I12	9	N0		Interchange Control Number

5 837I Health Care Claim – Institutional

5.1 Overview

This section is used to describe the *required* data sets for Texas Workers Compensation claim processing by TxDot Workers Compensation Division. The 837I format is used for submission of Electronic Claims for healthcare professionals. This is an example of a file that is sent to TxDot for processing.

**Sample uses line feeds in place of ~ for readability*

TxDot Sample 837I File

```
ISA*00*          *00*          *30*999999999      *30*746000170  *070904*1521*U*00401*000000001*1*P*:
GS*HC*999999999*999999999TXDOT *20070904*1521*1*X*004010X098A1
ST*837*1
BHT*0019*00*000000001*20040512*1521*CH
REF*87*004010X096A1
NM1*41*2* OrganizationName Sender  Loop*****46*999999999
PER*IC*Contact Name*TE*5129999999
NM1*40*2*Texas Department of Transportation*****46*746000170
HL*1**20*1
PRV*BI*ZZ*123456789
NM1*85*2*BILLING PROVIDER MEDICAL PRACTICE *****XX*999999999
N3*Provider Mailing Address
N4*AUSTIN*TX*78758
REF*EI*999999999
HL*2*1*22*1
SBR*P***Texas Department of Transportation*****WC
NM1*IL*2*Texas Department of Transportation
N3* 200 E Riverside
N4*AUSTIN*TX*78704
NM1*PR*2* Texas Department of Transportation *****PI*746000170
N3* 200 E Riverside
N4*AUSTIN*TX*78704
HL*3*2*23*0
PAT*20
NM1*QC*1*EmployeeLast*EmployeeFirst****MI*123456789
N3* Street Address
N4*AUSTIN*TX*78704
DMG*D8*19760425*F
REF*Y4*WC12345678
CLM*000001abc*178.56***73:A:1*Y*A*N*I********N
DTP*434*RD8*20071016-20071016
HI*DR:V705
HI*BH:04:D8:20071110
NM1*71*1*JONES*JOHN*V***XX*999999999
PRV*AT*ZZ*123456789
NM1*PR*2*OTHER PAYER NAME* * ***PI*999999999
LX*1
SV2*0520*HC:T1015:AM*64.37*UN*1
DTP*472*RD8*20071110-20071112
SE*38*1
GE*1*1
IEA*1*000000001
```

5.2 Mappings

Loop	Segment / Element	ANSI R/S	Workers' Comp	Occurrence	Length	Data Type	Value	2007 CMS-1500 Paper Field	Description
	ISA	**R**			**Interchange Control Header**				
	ISA01	R			2	ID	0		Authorization Information Qualifier
	ISA02	R			10	AN			Authorization Information
	ISA03	R			2	ID			Security Information Qualifier
							0		No Security Information Present
							1		Password
	ISA04	R			10	AN			Security Information
	ISA05	R			2	ID	**30**		Interchange ID Qualifier
	ISA06	R			15	AN	**123456789**		Interchange Sender ID
	ISA07	R			2	ID	**30**		Interchange ID Qualifier
	ISA08	R			15	AN	**746000170**		Interchange Receiver ID
	ISA09	R			6	DT			Interchange Date (YYMMDD)
	ISA10	R			4	TM			Interchange Time (HHMM)
	ISA11	R			1	ID	U		Interchange Control Standards Ident/ U.S. EDI Community of ASC X12, TDCC, and UCS
	ISA12	R			5	ID	401		Interchange Control Version Number
	ISA13	R			9	N0			Interchange Control Number
	ISA14	R			1	ID	1		Acknowledgment Requested/ 0 = No AcknowlegeMent, 1 = Acknowlegement
	ISA15	R			1	ID	P		Usage Indicator/ P = Production Data, T = Test Data
	ISA16	R			1	AN	:		Component Element Separator
	GS	**R**			**Functional Group Header**				
	GS01	R			2	ID	HC		Functional Identifier Code
	GS02	R			15-Feb	AN	**123456789**		Application Sender's Code
	GS03	R			15-Feb	AN	**746000170**		Application Receiver's Code
	GS04	R			8	DT			Functional group creation date (CCYYMMDD)
	GS05	R			8-Apr	TM			Functional group creation time (HHMM)
	GS06	R			9-Jan	N0			Group Control Number
	GS07	R			1	ID	X		Responsible Agency Code
	GS08	R			12-Jan	AN	**004010X096A1**		Version / Release / Industry Identifier Code (value varies by content)
TS	**Transaction Set**								
TS	**ST**	**R**	**R**	**1**	**Transaction Set Header**				
	ST01	R	R		3	ID	837		Transaction Set Identifier Code
	ST02	R	R		4/9	AN			Transaction Set Control Number
TS	**BHT**	**R**	**R**	**1**	**Beginning of Hierarchical Transaction**				
	BHT01	R	R		4	ID	0019		Hierarchical Structure Code
	BHT02	R	R		2	ID	00		Transaction Set Purpose Code
	BHT03	R	R		1/30	AN			Originator Transaction Identifier
	BHT04	R	R		8	DT			Transaction Set Creation Date
	BHT05	R	R		4/8	TM			Transaction Set Creation Time
	BHT06	R	R		2	ID	CH		Claim or Encounter Indicator
TS	**REF**	**R**	**R**	**1**	**Transmission Type Identification**				

	REF01	R	R		2	ID	87		Reference Identification Qualifier
	REF02	R	R		1/30	AN			Type Code 004010X096A1
1000A	**Sender Information**								
1000A	**NM1**	**R**	**R**	**1**	**Submitter Name**				
	NM101	R	R		2	ID	41		Entity Identifier Code
	NM102	R	R		1	ID			Entity Type Qualifier
							2		Non-Person Entity
	NM103	R	R		1/35				Organization Name (Company Name)
	NM108	R	R		2	ID	46		Identification Code Qualifier
	NM109	R	R		2/80	AN			Identification Code
1000A	**PER**	**R**	**R**	**1**	**Contact Information**				
	PER01	R	R		2	ID	IC		Information Contact
	PER02	R	R		1/60	AN			Contact Name
	PER03	R	R		2	ID	TE		Communication Number Qualifier
	PER04	R	R		1/80	AN			Telephone number
	PER05	S	S		2	ID			Communication Number Qualifier
	PER06	S	S		1/80	AN			Communication Number
	PER07	S	S		2	ID			Communication Number Qualifier
	PER08	S	S		1/80	AN			Communication Number
1000B	**Receiver Information**								
1000B	**NM1**	**R**	**R**	**1**	**Receiver Name**				
	NM101	R	R		2	ID	40		Entity Identifier Code
	NM102	R	R		1	ID	2		Entity Type Qualifier
	NM103	R	R		1/35	AN			Organization Name
	NM108	R	R		2	ID	46		Identification Code Qualifier (ETIN)
	NM109	R	R		2/80	AN			Identification Code
2000A	**Billing/Pay-to Provider Hierarchical Level (Repeat >1)**								
2000A	**HL**	**R**	**R**	**1**					
	HL01	R	R		12	N			Hierarchical ID Number
	HL03	R	R		2	ID	20		Hierarchical Level Code
	HL04	R	R		1	ID	1		Hierarchical Child Code
2000A	**PRV**	**S**	**J**	**1**	**Provider Taxonomy Code**				
					Required for California and Texas				
	PRV01	R	R		2	ID	BI		Provider Code
							BI		BI=Billing
	PRV02	R	R		2/3	ID	ZZ		Reference Identification Code
	PRV03	R	R		1/30	AN			Provider Taxonomy Code
2010AA	**Billing Provider Information**								
2010AA	**NM1**	**R**	**R**	**1**	**Billing Provider Name**				
	NM101	R	R		2	ID	85		Entity Identifier Code
	NM102	R	R		1	ID	2		Entity Type Qualifier (Non-Person Entity)
	NM103	R	R		1/35	AN		1	Organization Name
	NM108	R	R		2	ID			Identification Code Qualifier
							XX	56	National Provider Identifier (NPI) =XX
									If billing entity is a non health care provider (non NPI number) then NM108 Code Qualifier 24 or 34 is required
									TAX ID Code Qualifiers
							24		Employer's Identification Number
							34		Social Security Number
	NM109	R	R		2/80	AN		5	Identification Code

2010AA	**N3**	**R**	**R**	**1**	**Address**				
	N301	R	R		1/55	AN		1	Address Line
	N302	S	S		1/55	AN		1	Address Line
2010AA	**N4**	**R**	**R**	**1**	**City State Zip**				
	N401	R	R		2/30	AN		1	City
	N402	R	R		2	ID		1	State
	N403	R	R		3/15	ID		1	Zip
	N404	S	S		2/3	ID			Country Code
2010AA	**REF**	**S**	**S**	**1**	**Tax ID**				
					Required field when NPI Identifier Code XX is present in NM108				
	REF01	R	R		2/3	ID			Reference Identification Qualifier
							EI		Federal Tax ID
							SY		Social Security Number
	REF02	R	R		1/30	AN		5	Identification Code
2010AA	**REF**	**S**	**J**	**1**	**Provider Identification**				
					California requires either State License Number conditional of Inpatient or Outpatient Qualifiers				
	REF01	R	R		2/3	ID			Reference Identification Qualifier
							0B		State License Number
							1C		Medicare Provider Number
	REF02	R	R		1/30	AN		57	Identification Code
2010AA	**PER**	**S**	**S**	**2**	**Contact Information**				
					Required if this information is different than that contained in Loop 1000A Submitter PER segment				
	PER01	R	R		2	ID	IC		Information Contact
	PER02	R	R		1/60	AN		1	Contact Name
	PER03	R	R		2	ID	TE		Communication Number Qualifier
	PER04	R	R		1/80	AN		1	Telephone number
	PER05	S	S		2	ID			Communication Number Qualifier
	PER06	S	S		1/80	AN		1	Communication Number
	PER07	S	S		2	ID			Communication Number Qualifier
	PER08	S	S		1/80	AN		1	Communication Number
2010AB	**Pay-to Provider Information**				**(Use if pay-to is different from billing)**				
2010AB	**NM1**	**S**	**S**	**1**	**Pay-to Provider Name**				
					Required if the Pay-to Provider is a different entity than the Billing Provider				
	NM101	R	R		2	ID	87		Entity Identifier Code (Pay-to Provider)
	NM102	R	R		1	ID	2		Entity Type Qualifier (Non-Person Entity)
	NM103	R	R		1/35	AN		2	Organization Name
	NM108	R	R		2	ID			Identification Code Qualifier
							XX		National Provider Identifier (NPI) =XX
									If billing entity is a non health care provider (non NPI number) then NM108 Code Qualifier 24 or 34 is required
									TAX ID Code Qualifiers
							24		Employer's Identification Number
							34		Social Security Number
	NM109	R	R		2/80	AN			Identification Code
2010AB	**N3**	**R**	**R**	**1**	**Address**				
	N301	R	R		1/55	AN		2	Address Line
	N302	S	S		1/55	AN		2	Address Line
2010AB	**N4**	**R**	**R**	**1**	**City State Zip**				
	N401	R	R		2/30	AN		2	City
	N402	R	R		2	ID		2	State

	N403	R	R		3/15	ID		2	Zip
	N404	S	S		2/3	ID			Country Code
2010AB	**REF**	**S**	**S**	**1**	**Tax ID**				
					Required field when NPI Identifier Code XX is present in NM108				
	REF01	R	R		2/3	ID			Reference Identification Qualifier
							EI		Federal Tax ID
							SY		Social Security Number
	REF02	R	R		1/30	AN		5	Identification Code
2010AB	**REF**	**S**	**J**	**1**	**Provider Identification**				
					California requires either State License Number conditional of Inpatient or Outpatient Qualifiers				
					Texas requires State License Number				
	REF01	R	R		2/3	ID			Reference Identification Qualifier
							0B		State License Number
							1C		Medicare Number
	REF02	R	R		1/30	AN			ID Number
2000B	**Subscriber Detail (Repeat >1) Workers' Compensation Subscriber is Employer**								
2000B	**HL**	**R**	**R**	**1**					
	HL01	R	R		12	N			Hierarchical ID Number
	HL02	R	R		12	N			Hierarchical Parent ID Number
	HL03	R	R		2	ID	22		Hierarchical Level Code
	HL04	R	R		1	ID	1		Hierarchical Child Code
2000B	**SBR**	**R**	**R**	**1**					
	SBR01	R	R		1	ID	P		P for Primary Payer
	SBR04	S	J		1/60	AN		58	Employer Name: Required for California and Texas
	SBR09	S	J		1/2	ID	WC		Claim Filing Indicator Code : California and Texas Requirement
2010BA	**Subscriber Information (Insured / Patient) Workers' Compensation Insured is Employer**								
2010BA	**NM1**	**R**	**R**	**1**	**Subscriber Name**				
	NM101	R	R		2	ID	IL		Entity Identifier Code
	NM102	R	R		1	ID	2		Entity Type Qualifier (Non- Person Entity)
	NM103	R	R		1/35	AN		65a	Employer Name
2010BA	**N3**	**S**	**J**	**1**	**Address**				
					Address California and Texas Required Field				
	N301	R	R		1/55	AN		65b	Employer Address
	N302	S	S		1/55	AN			Address Line 2
2010BA	**N4**	**S**	**J**	**1**	**City State Zip**				
					City State Zip California and Texas Required Field				
	N401	R	R		2/30	AN		65c	City
	N402	R	R		2	ID		65c	State
	N403	R	R		3/15	ID		65c	Zip
	N404	S	S		2/3	ID			Country Code
2010BC	**Payer Information**								
2010BC	**NM1**	**R**	**R**	**1**	**Payer Name**				
	NM101	R	R		2	ID	PR		Entity Identifier Code
	NM102	R	R		1	ID	2		Entity Type Qualifier
	NM103	R	R		1/35			38	Payer Name
	NM108	R	R		2	ID	PI		Identification Code Qualifier
									Payer Identification Code is defined in the ISA Segment as well as specified in the

									Trading Partner Agreement
	NM109	R	R		2/80	AN			Payer Identification Code
2010BC	**N3**	**S**	**S**	**1**	**Address**				
					Payer Address is required when the submitter intends for the bill to be printed on paper at the next EDI location)e.g., a clearinghouse				
	N301	R	R		1/55	AN		38	Payer Address
	N302	S	S		1/55	AN		38	Address Line 2
2010BC	**N4**	**S**	**S**	**1**	**City State Zip**				
					Payer Address is required when the submitter intends for the bill to be printed on paper at the next EDI location)e.g., a clearinghouse				
	N401	R	R		2/30	AN		38	City
	N402	R	R		2	ID		38	State
	N403	R	R		3/15	ID		38	Zip
	N404	S	S		2/3	ID			Country Code
2000C	**Patient Hierarchical Level**								
2000C	**HL**	**S**	**J**	**1**	**Patient Hierarchical Level**				
					This HL is required when the patient is different person than the subscriber . The Employer is the Subscriber in Workers' Compensation. California and Texas Required Field				
	HL01	R	R		12	N			Hierarchical ID Number
	HL02	R	R		12	N			Hierarchical Parent ID Number
	HL03	R	R		2	ID	23		Hierarchical Level Code
	HL04	R	R		1	ID	0		Hierarchical Child Code
2000C	**PAT**	**R**	**R**	**1**	**Patient Information**				
	PAT01	R	R		2	ID	20	59a	Patients Relationship to Insured
2010CA	**Patient Information**								
2010CA	**NM1**	**R**	**R**	**1**	**Patient Name**				
	NM101	R	R		2	ID	QC		Entity Identifier Code
	NM102	R	R		1	ID	1		Entity Type Qualifier (person)
	NM103	R	R		1/35	AN		8b	Last Name
	NM104	R	R		1/25	AN		8a	First Name
	NM105	S	S		1/25	AN		8a	Middle Name
	NM108	R	R		2	ID	MI		Reference Identification Qualifier
	NM109	R	R		2/80	AN		60a	Social Security Number
2010CA	**N3**	**R**	**R**	**1**	**Address**				
	N301	R	R		1/55	AN		9a	Address
	N302	S	S		1/55	AN		9a	Address
2010CA	**N4**	**R**	**R**	**1**	**City State Zip**				
	N401	R	R		2/30	AN		9b	City
	N402	R	R		2	ID		9c	State
	N403	R	R		3/15	ID		9d	Zip
	N403	S	S		2/3	ID		9e	Country Code
2010CA	**DMG**	**R**	**R**	**1**	**Demographic Information**				
	DMG01	R	R		2	ID	D8		Date Time Period Format Qualifier
	DMG02	R	R		1/35	AN		10	Birth Date
	DMG03	R	R		1	ID		11	Gender Code
2010CA	**REF**	**S**	**S**	**1**	**Property & Casualty Claim Number**				
					Required if Claim Number is Known				
	REF01	R	R		2/3	ID	Y4		Reference Identification Qualifier
	REF02	R	R		1/30	AN		62a	Workers' Compensation Claim Number
2300	**Claim Information (100)**								
2300	**CLM**	**R**	**R**	**1**	**Claim Information**				

	CLM01	R	R		1/38	AN			Claim Submitter Identifier (Provider Unique Bill Identification Number)
	CLM02	R	R		1/18	R		47	Total Charges Per Bill
	CLM05-1	R	R		1/2	ID		4 pos 1-2	Facility Type Code (place of service)
	CLM05-2	R	R		1/2	ID			Facility Code Qualifier
	CLM05-3	R	R		1	ID		4 pos 3	Claim Frequency Code
	CLM06	R	R		1	ID	Y/N	NA	Provider Signature on File
	CLM07	S	S		1	ID	A		Medicare Assignment Code
								53	Enter value "A" to indicate provider acceptance of assignment
	CLM08	R	R		1	ID	N	53	Benefit Assignment Indicator
	CLM09	R	R		1	ID	I	52	Release of Information Code
	CLM18	R	R		1	ID	N		Explanation of Benefits Indicator
	CLM19	N	J		2/2	AN			Claims Submission Reason Codes
							7		Duplicate Bill
							15		Revised Bill
							30		Appeal/Reconsideration
2300	**DTP**	**S**	**S**	**1**	**Discharge Hour**				
	DTP01	R	R		3	ID	096		Date/Time Qualifier
	DTP02	R	R		2/3	ID	TM		Date Time Period Format Qualifier
	DTP03	R	R		1/35	AN		16	Discharge Hour
2300	**DTP**	**R**	**R**	**1**	**Statement From - Thru Dates**				
	DTP01	R	R		3	ID	434		Date/Time Qualifier
	DTP02	R	R		2/3	ID	RD8		Date Time Period Format Qualifier
	DTP03	R	R		1/35	AN		6	Statement From - Thru
2300	**DTP**	**S**	**S**	**1**	**Admission Date / Hour**				
	DTP01	R	R		3	ID	435		Date/Time Qualifier
	DTP02	R	R		2/3	ID	DT		Date Time Period Format Qualifier
	DTP03	R	R		1/35	AN		12-13	Admission Date and Hour
2300	**CL1**	**S**	**S**	**1**	**Claim Codes**				
	CL101	S	S		1	ID		14	Admit Type Code
	CL102	S	S		1	ID		15	Admit Source Code
	CL103	S	S		1/2	ID		17	Discharge Status
2300	**PWK**	**S**	**S**	**10**	**Paper Work (Attachments)**				
	PWK01	R	R		2/2	ID			Report Type Code
	PWK02	R	R		1/2	ID			Deliver type code
	PWK05	S	R		2	ID	AC		Identification Code Qualifier
	PWK06	S	R		2/80	AN		64b	Attachment Control Number
2300	**CN1**	**S**	**S**		**Contract Information**				
					Required if billing capitated services or contractually obligated to provide contract information on this bill				
	CN101	R	R		2	ID			Contract Type Code
	CN102	R	R		1/18	R			Contract Amount
2300	**REF**	**S**	**S**	**1**	**Clearing House Generated Tracking Number**				
	REF01	R	R		2/3	ID	D9		Reference Identification Qualifier
	REF02	R	R		1/30	AN			CH assigned tracking number
2300	**REF**	**S**	**S**	**1**	**Document Control Number**				
	REF01	R	R		2/3	ID			Reference Identification Qualifier
							DD		Document Identification Code
	REF02	R	R		1/30	AN		64a	Document Control Number
2300	**REF**	**S**	**S**	**1**	**Original Reference Number (ICN/DCN)**				
	REF01	R	R		2/3	ID			Reference Identification Qualifier

							F8		Original Reference Number
	REF02	R	R		1/30	AN		64c	Original Reference Number
2300	**REF**	**S**	**S**	**2**	**Prior Authorization or Referral Number**				
	REF01	R	R		2/3	ID			Reference Identification Qualifier
							G1		Prior Authorization Number
	REF02	R	R		1/30	AN		63	Prior Authorization Number
2300	**REF**	**S**	**S**	**1**	**Medical Record Number**				
	REF01	R	R		2/3	ID			Reference Identification Qualifier
							EA		Medical Record Identification Number
	REF02	R	R		1/30	AN		3b	Medical Record Number
2300	**NTE**	**S**	**S**	**10**	**Notes/ Special Instructions**				
	NTE01	R	R		3	ID			Note Reference Code
	NTE02	R	R		1/80	AN		80	Note Text
2300	**HI**	**S**	**S**	**1**	**Principal, Admitting, E-Code Diagnosis Information**				
	HI01	R	R						Health Care Code Information
	HI01-1	R	R		1/2	ID	BK		Code List Qualifier Code
	HI01-2	R	R		1/30	AN		67	Principal Diagnosis
	HI02	S	S						Health Care Code Information
	HI02-1	R	R		1/2	ID			Code List Qualifier Code
							BJ		Admitting Diagnosis
							ZZ		Patient Reason For Visit
	HI02-2	R	R		1/30	AN		69/70	Admitting Diagnosis Required for Inpatient 69/ Outpatient Visit 70
	HI03	S	S						Health Care Code Information
	HI03-1	R	R		1/2	ID	BN		Code List Qualifier Code
	HI03-2	R	R		1/30	AN		72	E-code
2300	**HI**	**S**	**J**	**1**	**DRG**				
	HI01	R	R						Health Care Code Information
	HI01-1	R	R		1/2	ID	DR		Code List Qualifier Code
	HI01-2	R	R		1/30	AN			Diagnosis Related Group (DRG) Field is required for Inpatient Billing
2300	**HI**	**S**	**S**	**2**	**Other Diagnosis**				
	HI01	R	R						Health Care Code Information
	HI01-1	R	R		1/2	ID	BF		Code List Qualifier Code
	HI01-2	R	R		1/30	AN		67a	Diagnosis
	HI02	S	S						Health Care Code Information
	HI02-1	R	R		1/2	ID	BF		Code List Qualifier Code
	HI02-2	R	R		1/30	AN		67b	Diagnosis
	HI03	S	S						Health Care Code Information
	HI03-1	R	R		1/2	ID	BF		Code List Qualifier Code
	HI03-2	R	R		1/30	AN		67c	Diagnosis
	HI04	S	S						Health Care Code Information
	HI04-1	R	R		1/2	ID	BF		Code List Qualifier Code
	HI04-2	R	R		1/30	AN		67d	Diagnosis
	HI05	S	S						Health Care Code Information
	HI05-1	R	R		1/2	ID	BF		Code List Qualifier Code
	HI05-2	R	R		1/30	AN		67e	Diagnosis
	HI06	S	S						Health Care Code Information
	HI06-1	R	R		1/2	ID	BF		Code List Qualifier Code
	HI06-2	R	R		1/30	AN		67f	Diagnosis
	HI07	S	S						Health Care Code Information
	HI07-1	R	R		1/2	ID	BF		Code List Qualifier Code

	HI07-2	R	R		1/30	AN		67g	Diagnosis
	HI08	S	S						Health Care Code Information
	HI08-1	R	R		1/2	ID	BF		Code List Qualifier Code
	HI08-2	R	R		1/30	AN		67h	Diagnosis
	HI09	S	S						Health Care Code Information
	HI09-1	R	R		1/2	ID	BF		Code List Qualifier Code
	HI09-2	R	R		1/30	AN		67i	Diagnosis
	HI010	S	S						Health Care Code Information
	HI010-1	R	R		1/2	ID	BF		Code List Qualifier Code
	HI010-2	R	R		1/30	AN		67j	Diagnosis
	HI011	S	S						Health Care Code Information
	HI011-1	R	R		1/2	ID	BF		Code List Qualifier Code
	HI011-2	R	R		1/30	AN		67k	Diagnosis
	HI012	S	S						Health Care Code Information
	HI012-1	R	R		1/2	ID	BF		Code List Qualifier Code
	HI012-2	R	R		1/30	AN		67l	Diagnosis
2300	**HI**	**S**	**S**	**1**	**Principal Procedure**				
	HI01	R	R						Health Care Code Information
	HI01-1	R	R		1/2	ID			Code List Qualifier Code
							BP		HCPCS Code
							BR		ICD-9-CM Code
	HI01-2	R	R		1/30	AN		74	Procedure Code
	HI01-3	S	S		1/2	ID	D8		Date Time Period Format Qualifier
	HI01-4	S	S		1/35	AN		74	Date
2300	**HI**	**S**	**S**	**2**	**Other Procedures**				
	HI01	R	R						Health Care Code Information
	HI01-1	R	R		1/2	ID			Code List Qualifier Code
							BO		HCPCS Code
							BQ		ICD-9-CM Code
	HI01-2	R	R		1/30	AN		74a	Procedure Code
	HI01-3	S	S		1/2	ID	D8		Date Time Period Format Qualifier
	HI01-4	S	S		1/35	AN		74a	Date
	HI02	S	S						Health Care Code Information
	HI02-1	R	R		1/2	ID			Code List Qualifier Code
							BO		HCPCS Code
							BQ		ICD-9-CM Code
	HI02-2	R	R		1/30	AN		74b	Procedure Code
	HI02-3	S	S		1/2	ID	D8		Date Time Period Format Qualifier
	HI02-4	S	S		1/35	AN		74b	Date
	HI03	S	S						Health Care Code Information
	HI03-1	R	R		1/2	ID			Code List Qualifier Code
							BO		HCPCS Code
							BQ		ICD-9-CM Code
	HI03-2	R	R		1/30	AN		74c	Procedure Code
	HI03-3	S	S		1/2	ID	D8		Date Time Period Format Qualifier
	HI03-4	S	S		1/35	AN		74c	Date
	HI04	S	S						Health Care Code Information
	HI04-1	R	R		1/2	ID			Code List Qualifier Code
							BO		HCPCS Code
							BQ		ICD-9-CM Code
	HI04-2	R	R		1/30	AN		74d	Procedure Code

	HI04-3	S	S		1/2	ID	D8		Date Time Period Format Qualifier
	HI04-4	S	S		1/35	AN		74d	Date
	HI05	S	S						Health Care Code Information
	HI05-1	R	R		1/2	ID			Code List Qualifier Code
							BO		HCPCS Code
							BQ		ICD-9-CM Code
	HI05-2	R	R		1/30	AN		74e	Procedure Code
	HI05-3	S	S		1/2	ID	D8		Date Time Period Format Qualifier
	HI05-4	S	S		1/35	AN		74E	Date
2300	**HI**	**S**	**S**	**2**	**Occurrence Span Codes and Dates**				
	HI01	R	R						Health Care Code Information
	HI01-1	R	R		1/3	ID	BI		Code List Qualifier Code
	HI01-2	R	R		1/30	AN		35a	Occurrence Span Code
	HI01-3	R	R		2/3	ID	RD8		Date Time Period Format Qualifier
	HI01-4	R	R		1/35	AN		35a	From Thru Dates
	HI02	S	S						Health Care Code Information
	HI02-1	R	R		1/3	ID	BI		Code List Qualifier Code
	HI02-2	R	R		1/30	AN		36a	Occurrence Span Code
	HI02-3	R	R		2/3	ID	RD8		Date Time Period Format Qualifier
	HI02-4	R	R		1/35	AN		36a	From Thru Dates
	HI03	S	S						Health Care Code Information
	HI03-1	R	R		1/3	ID	BI		Code List Qualifier Code
	HI03-2	R	R		1/30	AN		35b	Occurrence Span Code
	HI03-3	R	R		2/3	ID	RD8		Date Time Period Format Qualifier
	HI03-4	R	R		1/35	AN		35b	From Thru Dates
	HI04	S	S						Health Care Code Information
	HI04-1	R	R		1/3	ID	BI		Code List Qualifier Code
	HI04-2	R	R		1/30	AN		36b	Occurrence Span Code
	HI04-3	R	R		2/3	ID	RD8		Date Time Period Format Qualifier
	HI04-4	R	R		1/35	AN		36b	From Thru Dates
2300	**HI**	**S**	**J**	**2**	**Occurrence Codes and Dates**				
					Use first occurrence code for the Date of Injury/Accident				
	HI01	R	R						Health Care Code Information
	HI01-1	R	R		2	ID	BH		Code List Qualifier Code
	HI01-2	R	R		2	AN	04	31a	Occurrence Code
									Accident/Employment Related
	HI01-3	R	R		2	ID	D8		Date Time Period Format Qualifier
	HI01-4	R	R		8	D		31a	Date of accident
	HI02	S	S						Health Care Code Information
	HI02-1	R	R		2	ID	BH		Code List Qualifier Code
	HI02-2	R	R		2	AN		32a	Occurrence Code
	HI02-3	R	R		2	ID	D8		Date Time Period Format Qualifier
	HI02-4	R	R		8	D		32a	Date
	HI03	S	S						Health Care Code Information
	HI03-1	R	R		2	ID	BH		Code List Qualifier Code
	HI03-2	R	R		2	AN		33a	Occurrence Code
	HI03-3	R	R		2	ID	D8		Date Time Period Format Qualifier
	HI03-4	R	R		8	D		33a	Date
	HI04	S	S						Health Care Code Information
	HI04-1	R	R		2	ID	BH		Code List Qualifier Code
	HI04-2	R	R		2	AN		34a	Occurrence Code

	HI04-3	R	R		2	ID	D8		Date Time Period Format Qualifier
	HI04-4	R	R		8	D		34a	Date
	HI05	S	S						Health Care Code Information
	HI05-1	R	R		2	ID	BH		Code List Qualifier Code
	HI05-2	R	R		2	AN		31b	Occurrence Code
	HI05-3	R	R		2	ID	D8		Date Time Period Format Qualifier
	HI05-4	R	R		8	D		31b	Date
	HI06	S	S						Health Care Code Information
	HI06-1	R	R		2	ID	BH		Code List Qualifier Code
	HI06-2	R	R		2	AN		32b	Occurrence Code
	HI06-3	R	R		2	ID	D8		Date Time Period Format Qualifier
	HI06-4	R	R		8	D		32b	Date
	HI07	S	S						Health Care Code Information
	HI07-1	R	R		2	ID	BH		Code List Qualifier Code
	HI07-2	R	R		2	AN		33b	Occurrence Code
	HI07-3	R	R		2	ID	D8		Date Time Period Format Qualifier
	HI07-4	R	R		8	D		33b	Date
	HI08	S	S						Health Care Code Information
	HI08-1	R	R		2	ID	BH		Code List Qualifier Code
	HI08-2	R	R		2	AN		34b	Occurrence Code
	HI08-3	R	R		2	ID	D8		Date Time Period Format Qualifier
	HI08-4	R	R		8	D		34b	Date
2300	**HI**	**S**	**S**	**2**	**Value Information Codes and Amounts**				
	HI01	R	R						Health Care Code Information
	HI01-1	R	R		2	ID	BE		Code List Qualifier Code
	HI01-2	R	R		2	AN		39a	Value Code
	HI01-5	R	R		1/18	R		39a	Monetary Amount
	HI02	S	S						Health Care Code Information
	HI02-1	R	R		2	ID	BE		Code List Qualifier Code
	HI02-2	R	R		2	AN		40a	Value Code
	HI02-5	R	R		1/18	R		40a	Monetary Amount
	HI03	S	S						Health Care Code Information
	HI03-1	R	R		2	ID	BE		Code List Qualifier Code
	HI03-2	R	R		2	AN		41a	Value Code
	HI03-5	R	R		1/18	R		41a	Monetary Amount
	HI04	S	S						Health Care Code Information
	HI04-1	R	R		2	ID	BE		Code List Qualifier Code
	HI04-2	R	R		2	AN		39b	Value Code
	HI04-5	R	R		1/18	R		39b	Monetary Amount
	HI05	S	S						Health Care Code Information
	HI05-1	R	R		2	ID	BE		Code List Qualifier Code
	HI05-2	R	R		2	AN		40b	Value Code
	HI05-5	R	R		1/18	R		40b	Monetary Amount
	HI06	S	S						Health Care Code Information
	HI06-1	R	R		2	ID	BE		Code List Qualifier Code
	HI06-2	R	R		2	AN		41b	Value Code
	HI06-5	R	R		1/18	R		41b	Monetary Amount
	HI07	S	S						Health Care Code Information
	HI07-1	R	R		2	ID	BE		Code List Qualifier Code
	HI07-2	R	R		2	AN		39c	Value Code
	HI07-5	R	R		1/18	R		39c	Monetary Amount

	HI08	S	S						Health Care Code Information
	HI08-1	R	R		2	ID	BE		Code List Qualifier Code
	HI08-2	R	R		2	AN		40c	Value Code
	HI08-5	R	R		1/18	R		40c	Monetary Amount
	HI09	S	S						Health Care Code Information
	HI09-1	R	R		2	ID	BE		Code List Qualifier Code
	HI09-2	R	R		2	AN		41c	Value Code
	HI09-5	R	R		1/18	R		41c	Monetary Amount
	HI10	S	S						Health Care Code Information
	HI10-1	R	R		2	ID	BE		Code List Qualifier Code
	HI10-2	R	R		2	AN		39d	Value Code
	HI10-5	R	R		1/18	R		39d	Monetary Amount
	HI11	S	S						Health Care Code Information
	HI11-1	R	R		2	ID	BE		Code List Qualifier Code
	HI11-2	R	R		2	AN		40d	Value Code
	HI11-5	R	R		1/18	R		40d	Monetary Amount
	HI12	S	S						Health Care Code Information
	HI12-1	R	R		2	ID	BE		Code List Qualifier Code
	HI12-2	R	R		2	AN		41d	Value Code
	HI12-5	R	R		1/18	R		41d	Monetary Amount
2300	**HI**	**S**	**S**	**2**	**Condition Codes**				
	HI01	R	R						Health Care Code Information
	HI01-1	R	R		2	ID	BG		Code List Qualifier Code
	HI01-2	R	R		2	AN		18	Condition Code
	HI02	S	S						Health Care Code Information
	HI02-1	R	R		2	ID	BG		Code List Qualifier Code
	HI02-2	R	R		2	AN		19	Condition Code
	HI03	S	S						Health Care Code Information
	HI03-1	R	R		2	ID	BG		Code List Qualifier Code
	HI03-2	R	R		2	AN		20	Condition Code
	HI04	S	S						Health Care Code Information
	HI04-1	R	R		2	ID	BG		Code List Qualifier Code
	HI04-2	R	R		2	AN		21	Condition Code
	HI05	S	S						Health Care Code Information
	HI05-1	R	R		2	ID	BG		Code List Qualifier Code
	HI05-2	R	R		2	AN		22	Condition Code
	HI06	S	S						Health Care Code Information
	HI06-1	R	R		2	ID	BG		Code List Qualifier Code
	HI06-2	R	R		2	AN		23	Condition Code
	HI07	S	S						Health Care Code Information
	HI07-1	R	R		2	ID	BG		Code List Qualifier Code
	HI07-2	R	R		2	AN		24	Condition Code
	HI08	S	S						Health Care Code Information
	HI08-1	R	R		2	ID	BG		Code List Qualifier Code
	HI08-2	R	R		2	AN		25	Condition Code
	HI09	S	S						Health Care Code Information
	HI09-1	R	R		2	ID	BG		Code List Qualifier Code
	HI09-2	R	R		2	AN		26	Condition Code
	HI10	S	S						Health Care Code Information
	HI10-1	R	R		2	ID	BG		Code List Qualifier Code
	HI10-2	R	R		2	AN		27	Condition Code

	HI11	S	S						Health Care Code Information
	HI11-1	R	R		2	ID	BG		Code List Qualifier Code
	HI11-2	R	R		2	AN		28	Condition Code
2300	**QTY**	**S**	**N**	**1**	**Covered Days**				
	QTY01	R	N		2	ID	CA		Quantity Qualifier
	QTY02	R	N		1/15	N		NA	Covered Days Count
	QTY03-1	R	N		2	ID	DA		Unit or Basis for Measurement Code
2300	**QTY**	**S**	**N**	**1**	**Non-Covered Days**				
	QTY01	R	N		2	ID	NA		Quantity Qualifier
	QTY02	R	N		1/15	N		NA	Non-covered Days
	QTY03-1	R	N		2	ID	DA		Unit or Basis for Measurement Code
2300	**QTY**	**S**	**N**	**1**	**Co-insured Days**				
	QTY01	R	N		2	ID	CD		Quantity Qualifier
	QTY02	R	N		1/15	N		NA	Co-insured Days
	QTY03-1	R	N		2	ID	DA		Unit or Basis for Measurement Code
2300	**QTY**	**S**	**N**	**1**	**Life-time Reserve Days**				
	QTY01	R	N		2	ID	LA		Quantity Qualifier
	QTY02	R	N		1/15	N		NA	Life-time Reserve Days
	QTY03-1	R	N		2	ID	DA		Unit or Basis for Measurement Code
2310A	**Attending Provider**								
	Attending Provider is the licensed health care provider that performed the service (other than Operating Provider) or the licensed health care provider supervising a non-licensed health care provider.								
2310A	**NM1**	**S**	**J**	**1**	**Attending Physician Name**				
	NM101	R	R		2	ID	71		Entity Identifier Code
	NM102	R	R		1	ID	1		Entity Type Qualifier (Person)
	NM103	R	R		1/35	AN		76	Last Name
	NM104	R	R		1/25	AN		76	First Name
	NM105	S	S		1/25	AN		76	Middle Name
	NM107	S	S		1/10	AN		76	Title
	NM108	R	R		2	ID	XX		Identification Code Qualifier
	NM109	R	R		2/80	AN		76	National Provider Number
2310A	**PRV**	**S**	**S**	**1**	**Provider Specialty Code**				
	PRV01	R	R		2	ID	AT/SU		Provider Code (Attending or Supervising)
	PRV02	R	R		2/3	ID	ZZ		Reference Identification Qualifier
	PRV03	R	R		1/30	AN		81a	Taxonomy code ; Required for California and Texas on UB04
2310A	**REF**	**S**	**J**	**1**	**State License Number**				
					California requires State License Number				
	REF01	R	R		2/3	ID	0B		Reference Identification Qualifier
	REF02	R	R		1/30	AN		76	State License Number
2310B	**Operating Provider Name**								
	Populate when a surgical procedure is listed.								
2310B	**NM1**	**S**	**S**	**1**	**Other Provider Name**				
	NM101	R	R		2	ID	72		Entity Identifier Code
	NM102	R	R		1	ID	1		Entity Type Qualifier (Person)
	NM103	R	R		1/35	AN		77	Last Name
	NM104	R	R		1/25	AN		77	First Name
	NM105	S	S		1/25	AN		77	Middle Name
	NM107	S	S		1/10	AN			Title Name
	NM108	R	R		2	ID	XX		Identification Code Qualifier
	NM109	R	R		2/80	AN		77	National Provider Identifier (NPI)
2310B	**PRV**	**S**	**S**	**1**	**Provider Specialty Code**				

	PRV01	R	R		2	ID	OP		Provider Code (Operating Provider)
	PRV02	R	R		2/3	ID	ZZ		Reference Identification Qualifier
	PRV03	R	R		1/30	AN		81b	Taxonomy code ; Required for California and Texas on UB04
2310B	**REF**	**S**	**J**	**1**	**State License Number**				
					California requires State License Number				
	REF01	R	R		2/3	ID	0B		Reference Identification Qualifier
	REF02	R	R		1/30	AN		77	State License Number
2310C	**Other Provider Name (5010 Other Operating Physician Name)**								
2310C	**NM1**	**S**	**S**	**1**	**Name**				
	NM101	R	R		2	ID	73		Entity Identifier Code
							ZZ	78 or 79	Other Operating Physician
	NM102	R	R		1	ID	1		Entity Type Qualifier (1=Person)
	NM103	R	R		1/35	AN		78 or 79	Last Name
	NM104	R	R		1/25	AN		78 or 79	First Name
	NM105	S	S		1/25	AN		78 or 79	Middle Name
	NM107	S	S		1/10	AN			Name Suffix
	NM108	R	R		2	ID	XX		Identification Code Qualifier
	NM109	R	R		2/80	AN		78 or 79	National Provider Identifier (NPI)
2310C	**PRV**	**S**	**S**	**1**	**Provider Specialty Code**				
	PRV01	R	R		2	ID	OT/ PE		Provider Code (Other Provider/ Performing Provider)
	PRV02	R	R		2/3	ID	ZZ		Reference Identification Qualifier
	PRV03	R	R		1/30	AN		81c	Taxonomy code ; Required for California and Texas on UB04
2310C	**REF**	**S**	**J**	**1**	**State License Number**				
					California requires State License Number				
	REF01	R	R		2/3	ID	0B		Reference Identification Qualifier
	REF02	R	R		1/30	AN		78 or 79	State License Number
2310E	**Facility / Service location**								
2310E	**NM1**	**S**	**S**	**1**	**Name**				
					This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) or 2010AB (Pay to Provider) loops				
	NM101	R	R		2	ID	FA		Entity Identifier Code
	NM102	R	R		1	ID			Entity Type Qualifier
							2		Non- Person Entity
	NM103	R	R		1/35	AN			Organization Name
	NM108	S	R		2	ID	XX		Identification Code Qualifier
	NM109	S	R		2/80	AN			National Provider Identifier
2310E	**N3**	**R**	**R**	**1**	**Address**				
	N301	R	R		1/55	AN			Address
	N302	S	S		1/55	AN			Address
2310E	**N4**	**R**	**R**	**1**	**City State Zip**				
	N401	R	R		2/30	AN			City
	N402	R	R		2	ID			State
	N403	R	R		3/15	ID			Zip
	N404	S	S		2/3	ID			Country Code
2310E	**REF**	**S**	**J**	**1**	**State License Number**				
	REF01	R	R		2/3	ID	0B		Reference Identification Qualifier
	REF02	R	R		1/30	AN			Service Facility State License Number

									Jurisdiction specific requirement; California requires State License Number when Service Facility is a health care provider.
2320	**Other Subscriber Information (repeat max 10)**								
	The 2320 and 2330 loops are required if there has been a prior payment by a payer other than the employer's insurer								
2320	**SBR**	**S**	**S**	**1**	**Other Subscriber Information**				
	SBR01	R	R		1	ID			Payer Responsibility Sequence Code
							P		Primary
							S		Secondary
							T		Tertiary
	SBR02	R	R		2/2	ID			Individual Relationship Code
	SBR03	S	S		1/30	AN			Group or Policy Number
	SBR04	S	S		1/60	AN			Group or Plan Name
	SBR08	N	J						Employment Status Code
	SBR09	S	J		1/2	ID	WC		Claim Filing Indicator Code: California and Texas Requirement
2320	**CAS**	**S**	**S**	**5**	**Claim Level Adjustments**				
					Use if claim level adjustments have been made by the prior payer				
	CAS01	R	R		1/2	ID			Group code
	CAS02	R	R		1/5	ID			Claim Adjustment Reason Code 1
	CAS03	R	R		1/18	R			Adjustment Amount 1
	CAS04	S	S		1/15	R			Adjustment Quantity 1
	CAS05	S	S		1/5	ID			Claim Adjustment Reason Code 2
	CAS06	S	S		1/18	R			Adjustment Amount 2
	CAS07	S	S		1/15	R			Adjustment Quantity 2
	CAS08	S	S		1/5	ID			Claim Adjustment Reason Code 3
	CAS09	S	S		1/18	R			Adjustment Amount 3
	CAS10	S	S		1/15	R			Adjustment Quantity 3
	CAS11	S	S		1/5	ID			Claim Adjustment Reason Code 4
	CAS12	S	S		1/18	R			Adjustment Amount 4
	CAS13	S	S		1/15	R			Adjustment Quantity 4
	CAS14	S	S		1/5	ID			Claim Adjustment Reason Code 5
	CAS15	S	S		1/18	R			Adjustment Amount 5
	CAS16	S	S		1/15	R			Adjustment Quantity 5
	CAS17	S	S		1/5	ID			Claim Adjustment Reason Code 6
	CAS18	S	S		1/18	R			Adjustment Amount 6
	CAS19	S	S		1/15	R			Adjustment Quantity 6
2320	**AMT**	**S**	**S**	**1**	**Coordination of Benefits (COB) Payer Paid Amount**				
	AMT01	R	R		2	ID	D		Amount Qualifier Code
	AMT02	R	R		1/18	R			Patient Amount Paid
2320	**AMT**	**S**	**S**	**1**	**Coordination of Benefits (COB) Patient Paid Amount**				
	AMT01	R	R		2	ID	F5		Amount Qualifier Code
	AMT02	R	R		1/18	R			Patient Amount Paid
2330A	**Other Subscriber Name**								
2330A	**NM1**	**R**	**R**	**1**	**Other Subscriber Name**				
					Required when Loop ID 2320-Other Subscriber Information is used. Otherwise, this loop is not used				
	NM101	R	R		2	ID	IL		Entity Identifier Code (Insured or Subscriber)
	NM102	R	R		1	ID			Entity Type Qualifier
							1		person
							2		company

	NM103	R	R		1/35	AN			Last
	NM104	S	S		1/25	AN			First
	NM105	S	S		1/25	AN			Middle
	NM108	R	R		2	ID	MI		Member Identification Number
	NM109	R	R		2/80	AN			Other Subscriber Primary Identification
2330A	**N3**	**S**	**S**	**1**	**Address**				
	N301	R	R		1/55	AN			Address Line
	N302	S	S		1/55	AN			Address Line
2330A	**N4**	**S**	**S**	**1**	**City State Zip**				
	N401	R	R		2/30	AN			City
	N402	R	R		2	ID			State
	N403	R	R		3/15	ID			Zip
	N404	S	S		2/3	ID			Country Code
2330A	**REF**	**S**	**S**	**3**	**Tax ID**				
	REF01	R	R		2/3	ID	SY		Reference Identification Qualifier
	REF02	R	R		1/30	AN			Social Security Number
2330B	**Other Payer Name**								
2330B	**NM1**	**R**	**R**	**1**	**Other Payer Name**				
	NM101	R	R		2	ID	PR		Entity Identifier Code (Payer)
	NM102	R	R		1	ID			Entity Type Qualifier
							2		Non- Person Entity
	NM103	R	R		1/35	AN			Organization Name
	NM108	R	R		2	ID	PI		Payer Identification
	NM109	R	R		2/80	AN			Other Payer Primary Identification
2330B	**N3**	**S**	**S**	**1**	**Address**				
					Required if available				
	N301	R	R		1/55	AN			Address Line
	N302	S	S		1/55	AN			Address Line
2330B	**N4**	**S**	**S**	**1**	**City State Zip**				
					Required if available				
	N401	R	R		2/30	AN			City
	N402	R	R		2	ID			State
	N403	R	R		3/15	ID			Zip
	N404	S	S		2/3	ID			Country Code
2330B	**DTP**	**S**	**S**	**1**	**Claim Adjudication Date**				
					Required if available, this is the date of the prior payment				
	DTP01	R	R		3	ID	573		Date/Time Qualifier
	DTP02	R	R		2/3	ID	D8		Date Time Period Format Qualifier
	DTP03	R	R		8	D			Date Claim Paid
2330B	**REF**	**S**	**S**	**1**	**Other Payer Secondary Identification**				
	REF01	R	R		2/3	ID			Reference Identification Qualifier
							2U		Payer Identification Number
							F8		Payer's claim number
							FY		Claim Office Number
							NF		National Association of Insurance Commissioners (NAIC) Code
							TJ		Federal Taxpayer's Identification Number
	REF02	R	R		1/30	AN			Other Payer Secondary Identifier
2400	**Service Line Number (Repeat >1)**								
2400	**LX**	**R**	**R**	**1**	**Service Line Number**				
	LX01	R	R		1/6	N0			Line Number

2400	**SV2**	**R**	**R**		**Service Line**				
	SV201	R	R		4	ID		42	Revenue Code
	SV202	S	S						Composite Medical Procedure Identifier
									Required if service line billed with a HCPCS or jurisdictional code.
	SV202-1	R	R		2	ID			Product or Service ID Qualifier
							HC		HCPCS
							IV		Home Infusion EDI Coalition (HIEC) Product/Service
							ZZ		Mutually Defined
	SV202-2	R	R		1/48	ID		44	HCPCS Procedure Code
	SV202-3	S	S		2	ID		44	Modifier 1
	SV202-4	S	S		2	ID		44	Modifier 2
	SV202-5	S	S		2	ID		44	Modifier 3
	SV202-6	S	S		2	ID		44	Modifier 4
	SV203	R	R		1/18	R		47	Total Charge Amount Per Line
	SV204	R	R		2	ID			Unit or Basis for Measurement Code
							DA		Days
							F2		Dosage amount when variable within a single NDC
							UN		Unit
	SV205	R	R		1/15	R		46	Unit Count
2400	**DTP**	**S**	**J**	**1**	**Service Date**				
	DTP01	R	R		3	ID	472		
	DTP02	R	R		2/3	ID			Date Time Period Format Qualifier
							D8		single date
							RD8		date range
	DTP03	R	R		1/35	AN		46	Service Date
2410	**Drug Identification (Repeat 25)**								
2410	**LIN**	**S**	**S**	**1**	**Drug Identification**				
	LIN02	R	R		2	ID	N4		Drug Information
	LIN03	R	R		1/48	ID		43	NDC code in 5-4-2 format (w/o the dash)
2410	**CTP**	**S**	**S**	**1**	**Drug Pricing**				
	CTP03	R	S		1/17	R			Unit Price (required if different from SV102)
	CTP04	R	S		1/15	R			Quantity (required if different from SV104)
	CTP05-1	R	S		2/2	ID			Unit of Measure (required if CTP04 populated)
							F2		International Unit
							GR		Gram
							ML		Milliliter
							UN		Unit
2410	**REF**	**S**	**S**	**1**	**Prescription Number**				
	REF01	R	R		2	ID	XZ		Reference Identification Qualifier
	REF02	R	R		1/30	AN		43	Prescription Number
TS	**SE**	**R**	**R**		**Transaction Set Trailer**				
	SE01	R	R		1/10	N			Number of Included Segments
	SE02	R	R		4/9	AN			Transaction Set Control Number (ST02)
	GE	**R**				**Functional Group Trailer**			
	GE01	R			97	1 /6	N0		Number of Transaction Sets Included
	GE02	R			28	1 /9	N0		Group Control Number
	IEA	**R**				**Interchange Control Trailer**			

	IEA01	R			I16	1 /5	N0		Number of Included Functional Groups
	IEA02	R			I12	9	N0		Interchange Control Number

6 Acknowledgements

6.1 Overview

TXDOT, OCC department has requested Adjacent Technologies to design and implement a solution to process electronic claims. In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the federal government has set standards to simplify Electronic Data Interchange (EDI). To comply with the standard, TxDOT OCC Workers Compensation Division has updated the data sets for EDI files to be in accordance with HIPAA and is utilizing the ANSI ASC X12 nomenclature. This system design guide is intended for use in conjunction with the ANSI ASC X12N National Implementation Guide. The ANSI ASC X12N Implementation Guides can be accessed at http://www.wpc-edi.com/Insurance_40.asp.

6.2 Security and Privacy Statement

Covered entities were required to implement HIPAA Privacy Regulations. A covered entity is defined as a health plan, a Healthcare clearinghouse, or a Healthcare provider who transmits any health information in electronic form in connection with a HIPAA transaction. Providers that conduct certain electronic transmissions are responsible for ensuring these privacy regulations are implemented in their business practices.

The privacy regulation has three major purposes:

1. To protect and enhance the rights of consumers by providing them access to their health information and controlling the appropriate use of that information
2. To improve the quality of Healthcare in the United States by restoring trust in the Healthcare system among consumers, Healthcare professionals and the many organizations and individuals committed to the delivery of Healthcare
3. To improve the efficiency and effectiveness of Healthcare delivery by creating a national framework for health privacy and protection.

6.3 Business Requirements

- Create a TA1 acknowledgement for all accepted/rejected bills within 24 hours of receive date/time
- Parse all required data from the accepted 837 file and write specific elements into sql server tables
- Write transaction logs for each incoming request to sql server for tracking purposes
- Maintain compliancy

7 TA1

7.1 Assumptions

- Always created for each 837 file received
- ISA, GS, TA1, GE and IEA will be included in the TA1 acknowledgement
- Log as much data possible in t_eBILL_TRANSACTION_LOG
- Up to 20 TA1 segments may be returned to notify end user of all rejection or accepted with rejection reasons
- If TA104, Acknowledgement code = ‘R’, rejected
    - no further acknowledgements will follow
    - potential Bills in rejected file will not be processed
    - no paper claim is created

- Created within 24 hours of receiving 837
- Segment terminator will be ~
- Element separator will be *
- Sub Element separator will be :
- File will have same name as 837 with the exception of the extension which will be .ta1

7.2 Overview

This segment acknowledges the reception of an X12 interchange header and trailer from a previous interchange. If the header/trailer pair was received correctly, the TA1 reflects a valid interchange, regardless of the validity of the contents of the data included inside the header/trailer envelope.

TA101 – Contains the Interchange control number, ISA13
TA102 – Contains the Date from ISA09
TA103 – Contains the Time from ISA10
TA104 – Contains the Acknowledgement code
A = Accepted
E = Accepted with errors noted
R = Rejected, will not process
TA105 – Contains the Note Code
000 = No error
001 = The Interchange Control Number in the Header and Trailer Do Not Match. The Value From the Header is Used in the Acknowledgment.
002 = This Standard as Noted in the Control Standards Identifier is Not Supported.
003 = This Version of the Controls is Not Supported
004 = The Segment Terminator is Invalid
005 = Invalid Interchange ID Qualifier for Sender
006 = Invalid Interchange Sender ID
007 = Invalid Interchange ID Qualifier for Receiver
008 = Invalid Interchange Receiver ID
009 = Unknown Interchange Receiver ID
010 = Invalid Authorization Information Qualifier Value
011 = Invalid Authorization Information Value
012 = Invalid Security Information Qualifier Value
013 = Invalid Security Information Value
014 = Invalid Interchange Date Value
015 = Invalid Interchange Time Value
016 = Invalid Interchange Standards Identifier Value
017 = Invalid Interchange Version ID Value
018 = Invalid Interchange Control Number Value
019 = Invalid Acknowledgment Requested Value
020 = Invalid Test Indicator Value
021 = Invalid Number of Included Groups Value
022 = Invalid Control Structure
023 = Improper (Premature) End-of-File (Transmission)
024 = Invalid Interchange Content (e.g., Invalid GS Segment)
025 = Duplicate Interchange Control Number
026 = Invalid Data Element Separator
027 = Invalid Component Element Separator
028 = Invalid Delivery Date in Deferred Delivery Request
029 = Invalid Delivery Time in Deferred Delivery Request
030 = Invalid Delivery Time Code in Deferred Delivery Request
031 = Invalid Grade of Service Code

**Sample uses line feeds in place of ~ for readability purposes only*
TxDot Sample TA1 File

837 Transaction
ISA*00* *00* *ZZ*123456789 *ZZ*746000170 *071003*0721*U*00401*000000001*0*P*:
GS*HC*123456789*746000170*20010521*1615*154321*X*004010X098
DETAIL SEGMENTS NOT SHOWN…….
GE*1*154321
IEA*1*000000001

TA1 Transaction
ISA*00* *00* *ZZ*746000170 *ZZ*123456789 *071003*1349*U*00401*000000001*0*P*:
GS*HC*837*746000170*123456789 *20071003*1349*154321*X*004010X098A1
TA1*000000001*071003*0721*A*000
GE*1*154321
IEA*1*000000001

7.2 MAPPINGS

Loop	Segment / Element	ANSI R/S	Workers' Comp	Occurrence	Length	Data Type	Value	2007 CMS-1500 Paper Field	Description
	ISA	**R**			**Interchange Control Header**				
	ISA01	R			2	ID	0		Authorization Information Qualifier
	ISA02	R			10	AN			Authorization Information
	ISA03	R			2	ID			Security Information Qualifier
							0		No Security Information Present
							1		Password
	ISA04	R			10	AN			Security Information
	ISA05	R			2	ID	**30**		Interchange ID Qualifier
	ISA06	R			15	AN	**123456789**		Interchange Sender ID
	ISA07	R			2	ID	**30**		Interchange ID Qualifier
	ISA08	R			15	AN	**746000170**		Interchange Receiver ID
	ISA09	R			6	DT			Interchange Date (YYMMDD)
	ISA10	R			4	TM			Interchange Time (HHMM)
	ISA11	R			1	ID	U		Interchange Control Standards Ident/ U.S. EDI Community of ASC X12, TDCC, and UCS

	ISA12	R			5	ID	401		Interchange Control Version Number
	ISA13	R			9	N0			Interchange Control Number
	ISA14	R			1	ID	1		Acknowledgment Requested/ 0 = No AcknowlegeMent, 1 = Acknowlegement
	ISA15	R			1	ID	P		Usage Indicator/ P = Production Data, T = Test Data
	ISA16	R			1	AN	:		Component Element Separator
	GS	**R**			**Functional Group Header**				
	GS01	R			2	ID	HC		Functional Identifier Code
	GS02	R			15-Feb	AN	**123456789**		Application Sender's Code
	GS03	R			15-Feb	AN	**746000170**		Application Receiver's Code
	GS04	R			8	DT			Functional group creation date (CCYYMMDD)
	GS05	R			8-Apr	TM			Functional group creation time (HHMM)
	GS06	R			9-Jan	N0			Group Control Number
	GS07	R			1	ID	X		Responsible Agency Code
	GS08	R			12-Jan	AN	**004010X096A1**		Version / Release / Industry Identifier Code (value varies by content)
	Interchange Acknowledgement								
	TA1			**20**	**Interchange Acknowledgement**				
	TA101	R	R		9	ID			Interchange Control Number
	TA102	R	R		6	DT			Interchange Date (YYMMDD)
	TA103	R	R		4	DT			Interchange Time (HHMM)
	TA104	R	R		1	AN			Interchange Acknowlege code
									A = Accepted
									E = Accepted with Errors
									R = Rejected, no other responses will follow
	TA105	R	R		3	AN			Interchange Note Code
TS	**SE**			**1**	**Transaction Set Trailer**				
	SE01	96	R		10-Jan	N0			Number of Included Segments
	SE02	##	R		9-Apr	AN			Transaction Set Control Number
	GE	**R**				**Functional Group Trailer**			
	GE01	R			97	6-Jan	N0		Number of Transaction Sets Included
	GE02	R			28	9-Jan	N0		Group Control Number
	IEA	**R**				**Interchange Control Trailer**			
	IEA01	R			I16	5-Jan	N0		Number of Included Functional Groups
	IEA02	R			I12	9	N0		Interchange Control Number

8 997

8.1 Assumptions

- Only created when the 837 ISA and GS Header Trailer segments are not rejected
- 997 Should not be Acknowledged
- The 997 validates the X12 Standard and NOT the 4010 Implementation Guide
- The X12 997 specification can be found in section A 1.5 of the 837 Version 4010 (004010X098A1)
- There is one functional acknowledgement transaction set per acknowledged functional group
- AK1 is used to respond to the functional group header and to start the acknowledgement for a functional group.
- There shall be one AK1 segment for the functional group that is being acknowledged.
- AK2 is used to start the acknowledgement of a transaction set within the received functional group. The
- AK2 segments shall appear in the same order as the transaction sets in the functional group that has been received and is being acknowledged.
- 997 will be created within 24 hours of receiving 837
- Segment terminator will be ~
- Element separator will be *
- Sub Element separator will be :
- File will have same name as 837 with the exception of the extension which will be .997

8.2 Overview

The X12 997 Functional Acknowledgement is an X12 transaction. While not mandated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), an X12 997 Functional Acknowledgement will be created for each claim functional group that passes the first level of validation (ISA Edits).

The 997 contains multiple AK segments. These segments contain the results of the translator review of the functional group (GS through GE). They indicate if an 837 transaction is accepted, accepted with errors noted, or rejected. Rejections will identify any errors received.

AK1 - This segment starts the acknowledgment of a functional group. AK102 contains the group control number from the 837, GS06 of the functional group being acknowledged.

AK2 - This segment starts the acknowledgment of a single 837 transaction (ST through SE). AK202 contains the transaction set control number from the 837 ST02. There will be one AK2 for each transaction set (ST through SE) within the functional group (GS through GE) in the claim transmission.

AK3 - This segment is used to report errors in a data segment and identify the location of the data segment. This segment is situational and is present in the 997 only when there are errors on a segment within the 837. It contains the segment ID in error and an error code. The following are Error Codes:

1 - Unrecognized segment ID
2 - Unexpected segment
3 - Mandatory segment missing
4 - Loop Occurs Over Maximum Times
5 - Segment Exceeds Maximum Use
6 - Segment Not in Defined Transaction Set
7 - Segment Not in Proper Sequence
8 - Segment Has Data Element Errors

AK4 - This segment is situational and is present in the 997 only when there are errors in a data element within the 837. It contains the element position and an error code. This segment is dependent on the AK3 segment to define the segment that contains the data element error. This segment may occur multiple times. The following are Error Codes:

1 - Mandatory data element missing
2 - Conditional required data element missing.
3 - Too many data elements.
4 - Data element too short.
5 - Data element too long.
6 - Invalid character in data element.
7 - Invalid code value.
8 - Invalid Date
9 - Invalid Time
10 - Exclusion Condition Violated

AK5 - This segment ends the acknowledgment of a single 837 transaction (ST through SE). It contains The acknowledgment code that indicates if the transaction set was Accepted or Rejected. AK501 will contain one of the following code values:

A - Accepted (Accepted transaction sets will not have AK3 and AK4)
E - Accepted with Errors
R - Rejected

AK9 - This segment ends the acknowledgment of the 837 functional group (GS through GE). It contains The acknowledgment code that shows if the functional group was Accepted, Partially Accepted or Rejected. AK901 will contain one of the following code values:
A - Accepted
P- Partially Accepted
R - Rejected

**Sample uses line feeds in place of ~ for readability purposes only*
TxDot Sample 997 File

837 Transaction
ISA*00* *00* *ZZ*123456789 *ZZ*746000170 *071003*0721*U*00401*000000001*0*P*:
GS*HC*123456789*746000170*20010521*1615*1*X*004010X098
ST*837*1234
DETAIL SEGMENTS NOT SHOWN…….
*SE*42*1234*
GE*1*1
IEA*1*000000001

997 Transaction
ISA*00* *00* *ZZ*746000170 *ZZ*123456789 *071003*1349*U*00401*000000001*0*P*:
GS*HC*837*746000170*123456789 *20071003*1349*1*X*004010X098A1
ST*997*1234
AK1*HC*1349
AK2*837*1234
AK3*SBR*21
AK4*9**3**P
AK3*SBR*304
AK4*5**5*ENTITYVALUE
AK5*R
AK9*R*1*1*0
SE*10*1234
GE*1*1
IEA*1*000000001

8.3 Mappings

Loop	Segment / Element	ANSI R/S	Workers' Comp	Occurrence	Length	Data Type	Value	2007 CMS-1500 Paper Field	Description
	ISA	**R**			**Interchange Control Header**				
	ISA01	R			2	ID	0		Authorization Information Qualifier
	ISA02	R			10	AN			Authorization Information
	ISA03	R			2	ID			Security Information Qualifier
							0		No Security Information Present
							1		Password
	ISA04	R			10	AN			Security Information
	ISA05	R			2	ID	**30**		Interchange ID Qualifier
	ISA06	R			15	AN	**123456789**		Interchange Sender ID
	ISA07	R			2	ID	**30**		Interchange ID Qualifier
	ISA08	R			15	AN	**746000170**		Interchange Receiver ID
	ISA09	R			6	DT			Interchange Date (YYMMDD)
	ISA10	R			4	TM			Interchange Time (HHMM)
	ISA11	R			1	ID	U		Interchange Control Standards Ident/ U.S. EDI Community of ASC X12, TDCC, and UCS
	ISA12	R			5	ID	401		Interchange Control Version Number
	ISA13	R			9	N0			Interchange Control Number
	ISA14	R			1	ID	1		Acknowledgment Requested/ 0 = No AcknowlegeMent, 1 = Acknowlegement
	ISA15	R			1	ID	P		Usage Indicator/ P = Production Data, T = Test Data
	ISA16	R			1	AN	:		Component Element Separator
	GS	**R**			**Functional Group Header**				
	GS01	R			2	ID	HC		Functional Identifier Code
	GS02	R			15-Feb	AN	**123456789**		Application Sender's Code
	GS03	R			15-Feb	AN	**746000170**		Application Receiver's Code
	GS04	R			8	DT			Functional group creation date (CCYYMMDD)
	GS05	R			8-Apr	TM			Functional group creation time (HHMM)
	GS06	R			9-Jan	N0			Group Control Number
	GS07	R			1	ID	X		Responsible Agency Code
	GS08	R			12-Jan	AN	**004010X096A1**		Version / Release / Industry Identifier Code (value varies by content)
TS	**Transaction Set**								
TS	**ST**			**1**	**Transaction Set Header**				
	ST	##	R		3	ID	997		Transaction Set Identifier Code

	ST	##	R		4/9	AN			Transaction Set Control Number
TS	**AK1**			**1**	**Functional Group Response Header**				
	AK101	##	R		2	ID	HC		Functional Identifier Code
	AK102	28	R		1/9	N0			Group Control Number
AK2	**Transaction Set Response Loop**								
AK2	**AK2**			**##**	**Transaction Set Response Header**				
	AK201	##	R		3	ID	837		Transaction Set Identifier Code
	AK202	##	R		4/9	AN			Transaction Set Control Number
AK2/AK3	**Data Segment Loop**								
AK2/AK3	**AK3**			**##**	**Data Segment Note**				
	AK301	##	R		2/3	ID			Segment ID Code
	AK302	##	R		1/6	N0			Segment Position in Transaction Set
	AK303	##	S		1/6	AN			Loop Identifier Code
	AK304	##	S		1/3	ID			Segment Syntax Error Code
							1		Unrecognized segment ID
							2		Unexpected segment
							3		Mandatory segment missing
							4		Loop Occurs Over Maximum Times
							5		Segment Exceeds Maximum Use
							6		Segment Not in Defined Transaction Set
							7		Segment Not in Proper Sequence
							8		Segment Has Data Element Errors
AK2/AK3	**AK4**			**99**	**Data Element Note**				
	AK401	C030	R						Position in Segment
	AK401-1	##	R		1/2	N0			Element Position in Segment
	AK401-2	##	S		1/2	N0			Component Data Element Position in Composite
	AK402	##	S		1/4	N0			Data Element Reference Number
	AK403	##	R		1/3	ID			Data Element Syntax Error Code
							1		Mandatory data element missing
							2		Conditional required data element missing.
							3		Too many data elements.
							4		Data element too short.
							5		Data element too long.
							6		Invalid character in data element.
							7		Invalid code value.
							8		Invalid Date
							9		Invalid Time
							10		Exclusion Condition Violated
	AK404	##	S		1/99	AN			Copy of Bad Data Element Value
AK2	**AK5**			**1**	**Transaction Set Response Trailer**				
	AK501	##	R		1	ID			Transaction Set Acknowledgment Code
							A		Accepted
							E		Accepted But Errors Were Noted

							R		Rejected
	AK502	##	S		1/3	ID			Transaction Set Syntax Error Code
							1		Transaction Set Not Supported
							2		Transaction Set Trailer Missing
							3		Transaction Set Control Number in Header and Trailer Do Not Match
							4		Number of Included Segments Does Not Match Actual Count
							5		One or More Segments in Error
							6		6 Missing or Invalid Transaction Set Identifier
							7		Missing or Invalid Transaction Set Control Number
							23		Transaction Set Control Number Not Unique within the Functional Group
	AK503	##	S		1/3	ID			Transaction Set Syntax Error Code
	AK504	##	S		1/3	ID			Transaction Set Syntax Error Code
	AK505	##	S		1/3	ID			Transaction Set Syntax Error Code
	AK506	##	S		1/3	ID			Transaction Set Syntax Error Code
TS	**AK9**			**1**	**Transaction Set Response Trailer**				
	AK901	##	R		1	ID			Functional Group Acknowledge Code
							A		Accepted
							E		Accepted, But Errors Were Noted.
							P		Partially Accepted, At Least One Transaction Set Was Rejected
							R		Rejected
	AK902	97	R		1/6	N0			Number of Transaction Sets Included
	AK903	##	R		1/6	N0			Number of Received Transaction Sets
	AK904	2	R		1/6	N0			Number of Accepted Transaction Sets
	AK905	##	S		1/3	ID			Functional Group Syntax Error Code
							1		Functional Group Not Supported
							2		Functional Group Version Not Supported
							3		Functional Group Trailer Missing
							4		Group Control Number in the Functional Group Header and Trailer Do Not Agree
							5		Number of Included Transaction Sets Does Not Match Actual Count
							6		Group Control Number Violates Syntax
	AK906	##	S		1/3	ID			Functional Group Syntax Error Code
	AK907	##	S		1/3	ID			Functional Group Syntax Error Code
	AK908	##	S		1/3	ID			Functional Group Syntax Error Code
	AK909	##	S		1/3	ID			Functional Group Syntax Error Code

TS	**SE**			**1**	**Transaction Set Trailer**				
	SE01	96	R		1/10	N0			Number of Included Segments
	SE02	##	R		4/9	AN			Transaction Set Control Number
	GE	**R**				**Functional Group Trailer**			
	GE01	R			97	6-Jan	N0		Number of Transaction Sets Included
	GE02	R			28	9-Jan	N0		Group Control Number
	IEA	**R**				**Interchange Control Trailer**			
	IEA01	R			I16	5-Jan	N0		Number of Included Functional Groups
	IEA02	R			I12	9	N0		Interchange Control Number

9 824

9.1 Assumptions

- Only created when the 837 ISA and GS Header Trailer segments are not rejected
- The following will create a Reject status:
    - Payee is not active
    - Can not match Patient
    - Attachments never transmitted/received
- 824 Should not be Acknowledged
- report errors that are outside of the scope of 997 transaction set error reporting, or to report the results of an application system's data content edits of transaction sets.
- The 824 validates the X12 Standard at the item or transaction level
- There is one functional acknowledgement transaction set per acknowledged functional group
- Will return either Accept or Reject status
- 824 will be created within 24 hours of receiving 837 unless bill has passed preliminary edits but is waiting on attachments to be submitted separately.
- based on version 004010 of the ASC X12 family of standards
- Segment terminator will be ~
- Element separator will be *
- Sub Element separator will be :
- File will have same name as 837 with the exception of the extension which will be .824

9.2 Overview

Segment RED06 may contain the following error codes:

Code	Description
E001	Missing/Invalid submitter identifier
W001	Missing/Invalid submitter identifier
E002	Missing/Invalid receiver identifier
W002	Missing/Invalid receiver identifier
E003	Missing/Invalid member identifier
W003	Missing/Invalid member identifier
E004	Missing/Invalid subscriber identifier
W004	Missing/Invalid subscriber identifier
E005	Missing/Invalid patient identifier
W005	Missing/Invalid patient identifier
E006	Missing/Invalid plan sponsor identifier
W006	Missing/Invalid plan sponsor identifier
E007	Missing/invalid payee identifier
W007	Missing/invalid payee identifier
E008	Missing/Invalid TPA/broker identifier
W008	Missing/Invalid TPA/broker identifier
E009	Missing/Invalid premium receiver identifier
W009	Missing/Invalid premium receiver identifier
E010	Missing/Invalid premium payer identifier
W010	Missing/Invalid premium payer identifier
E011	Missing/Invalid payer identifier
W011	Missing/Invalid payer identifier
E012	Missing/Invalid billing provider identifier
W012	Missing/Invalid billing provider identifier
E013	Missing/Invalid pay to provider identifier
W013	Missing/Invalid pay to provider identifier
E014	Missing/Invalid rendering provider identifier
W014	Missing/Invalid rendering provider identifier
E015	Missing/Invalid supervising provider identifier
W015	Missing/Invalid supervising provider identifier
E016	Missing/Invalid attending provider identifier
W016	Missing/Invalid attending provider identifier
E017	Missing/Invalid other provider identifier
W017	Missing/Invalid other provider identifier
E018	Missing/Invalid operating provider identifier
W018	Missing/Invalid operating provider identifier
E019	Missing/Invalid referring provider identifier
W019	Missing/Invalid referring provider identifier
E020	Missing/Invalid purchased service provider identifier
W020	Missing/Invalid purchased service provider identifier
E021	Missing/Invalid service facility identifier
W021	Missing/Invalid service facility identifier
E022	Missing/Invalid ordering provider identifier
W022	Missing/Invalid ordering provider identifier
E023	Missing/Invalid assistant surgeon identifier

W023	Missing/Invalid assistant surgeon identifier
E024	Amount/Quantity out of balance
W024	Amount/Quantity out of balance
E025	Duplicate
W025	Duplicate
E026	Billing date predates service date
W026	Billing date predates service date
E027	Business application currently not available
W027	Business application currently not available
E028	Sender not authorized for this transaction
W028	Sender not authorized for this transaction
E029	Number of errors exceeds permitted threshold
W029	Number of errors exceeds permitted threshold
E030	Required loop missing
W030	Required loop missing
E031	Required segment missing
W031	Required segment missing
E032	Required element missing
W032	Required element missing
E033	Situational loop missing
W033	Situational loop missing
E034	Situational segment missing
W034	Situational segment missing
E035	Situational element missing
W035	Situational element missing
E036	Data too long
W036	Data too long
E037	Data too short
W037	Data too short
E038	Invalid external code value
W038	Invalid external code value
E039	Data value out of sequence
W039	Data value out of sequence
E040	Not Used data element present
W040	Not Used data element present
E041	Too many sub-elements in composite
W041	Too many sub-elements in composite
E042	Unexpected segment
W042	Unexpected segment
E043	Missing data
W043	Missing data
E044	Out of range
W044	Out of range
E045	Invalid date
W045	Invalid date
E046	Not matching
W046	Not matching
E047	Invalid combination
W047	Invalid combination
E048	Customer identification number does not exist
W048	Customer identification number does not exist

E049	Duplicate batch
W049	Duplicate batch
E050	Incorrect data
W050	Incorrect data
E051	Incorrect date
W051	Incorrect date
E052	Duplicate transmission
W052	Duplicate transmission
E053	Invalid claim amount
W053	Invalid claim amount
E054	Invalid identification code
W054	Invalid identification code
E055	Missing or invalid issuer identification
W055	Missing or invalid issuer identification
E056	Missing or invalid item quantity
W056	Missing or invalid item quantity
E057	Missing or invalid item identification
W057	Missing or invalid item identification
E058	Missing or unauthorized transaction type code
W058	Missing or unauthorized transaction type code
E059	Unknown claim number
W059	Unknown claim number
E060	Bin segment contents not in MIME format
W060	Bin segment contents not in MIME format
E061	Missing/invalid MIME header
W060	Missing/Invalid MIME header
E062	Missing/Invalid MIME boundary
W062	Missing/Invalid MIME boundary
E063	Missing/Invalid MIME transfer encoding
W063	Missing/Invalid MIME transfer encoding
E064	Missing/Invalid MIME content type
W064	Missing/Invalid MIME content type
E065	Missing/Invalid MIME content disposition (filename)
W065	Missing/Invalid MIME content disposition (filename)
E066	Missing/Invalid file name extension
W066	Missing/Invalid file name extension
E067	Invalid MIME base64 encoding
W067	Invalid MIME base64 encoding
E068	Invalid MIME quoted-printable encoding
W068	Invalid MIME quoted-printable encoding
E069	Missing/Invalid MIME line terminator (should be CR+LF)
W069	Missing/Invalid MIME line terminator (should be CR+LF)
E070	Missing/Invalid "end of MIME" headers
W070	Missing/Invalid "end of MIME" headers
E071	Missing/Invalid CDA in first MIME body parts
W071	Missing/Invalid CDA in first MIME body parts
E072	Missing/Invalid XML tag
W072	Missing/Invalid XML tag
E073	Unrecoverable XML error
W073	Unrecoverable XML error
E074	Invalid Data format for HL7 data type

W074	Invalid Data format for HL7 data type
E075	Missing/Invalid required LOINC answer part(s) in the CDA
W075	Missing/Invalid required LOINC answer part(s) in the CDA
E076	Missing/Invalid Provider information in the CDA
W076	Missing/Invalid Provider information in the CDA
E077	Missing/Invalid Patient information in the CDA
W077	Missing/Invalid Patient information in the CDA
E078	Missing/Invalid Attachment Control information in the CDA
W078	Missing/Invalid Attachment Control information in the CDA
E079	Missing/Invalid LOINC
W079	Missing/Invalid LOINC
E080	Missing/Invalid LOINC Modifier
W080	Missing/Invalid LOINC Modifier
E081	Missing/Invalid LOINC code for this attachment type
W081	Missing/Invalid LOINC code for this attachment type
E082	Missing/Invalid LOINC Modifier for this attachment type
W082	Missing/Invalid LOINC Modifier for this attachment type
E083	Data element should not be used for this transaction based on situational requirements
W083	Data element should not be used for this transaction based on situational requirements

**Sample uses line feeds in place of ~ for readability purposes only*

TxDot Sample 824 File

837 Transaction

ISA*00* *00* *ZZ*123456789 *ZZ*746000170 *071003*0721*U*00401*000000001*0*P*:
GS*HC*123456789*746000170*20071003*1615*1*X*004010X098
ST*837*1234
DETAIL SEGMENTS NOT SHOWN…….
*SE*42*1234*
GE*1*1
IEA*1*000000001

824 Transaction

ISA*00* *00* *ZZ*746000170 *ZZ*123456789 *071003*1349*U*00401*000000001*0*P*:
GS*HC*837*746000170*123456789 *20071003*1349*1*X*004010X098A1
ST*997*1234
BGN*11*1234*20071003*1349**000000001
N1*41*Texas Department of Transportation*FI*746000170
N1*41**FI*123456789
OTI*IR*TN*1234
NM1*1*PatientLastName*First*I****34*000000
TED*024**NM1*2010CA*9**000000
RED*Missing/Invalid Patient information in the CDA**94**ZZ*E077
SE*10*1234
GE*1*1
IEA*1*000000001

9.3 Mappings

Loop	Segment / Element	ANSI R/S	Workers' Comp	Occurrence	Length	Data Type	Value	2007 CMS-1500 Paper Field	Description
	ISA	**R**	**R**		**Interchange Control Header**				
	ISA01	R	R		2	ID	0		Authorization Information Qualifier
	ISA02	R	R		10	AN			Authorization Information
	ISA03	R	R		2	ID			Security Information Qualifier
							0		No Security Information Present
							1		Password
	ISA04	R	R		10	AN			Security Information
	ISA05	R	R		2	ID	**30**		Interchange ID Qualifier
	ISA06	R	R		15	AN	**123456789**		Interchange Sender ID
	ISA07	R	R		2	ID	**30**		Interchange ID Qualifier
	ISA08	R	R		15	AN	**746000170**		Interchange Receiver ID
	ISA09	R	R		6	DT			Interchange Date (YYMMDD)
	ISA10	R	R		4	TM			Interchange Time (HHMM)
	ISA11	R	R		1	ID	U		Interchange Control Standards Ident/ U.S. EDI Community of ASC X12, TDCC, and UCS
	ISA12	R	R		5	ID	401		Interchange Control Version Number
	ISA13	R	R		9	N0			Interchange Control Number
	ISA14	R	R		1	ID	1		Acknowledgment Requested/ 0 = No AcknowlegeMent, 1 = Acknowlegement
	ISA15	R	R		1	ID	P		Usage Indicator/ P = Production Data, T = Test Data
	ISA16	R	R		1	AN	:		Component Element Separator
	GS	**R**	**R**		**Functional Group Header**				
	GS01	R	R		2	ID	HC		Functional Identifier Code
	GS02	R	R		15-Feb	AN	**123456789**		Application Sender's Code
	GS03	R	R		15-Feb	AN	**746000170**		Application Receiver's Code
	GS04	R	R		8	DT			Functional group creation date (CCYYMMDD)
	GS05	R	R		8-Apr	TM			Functional group creation time (HHMM)
	GS06	R	R		9-Jan	N0			Group Control Number
	GS07	R	R		1	ID	X		Responsible Agency Code
	GS08	R	R		12-Jan	AN	**004010X161**		Version / Release / Industry Identifier Code (value varies by content)
TS	**Transaction Set**								
TS	**ST**			**1**	**Transaction Set Header**				
	ST01	##	R		3	ID	824		Transaction Set Identifier Code
	ST02	##	R		4/9	N			Transaction Set Control Number
TS	**BGN**			**1**	**Beginning Segment**				
	BGN01	##	R		2	ID	11		Transaction Set Purpose Code (Response)
	BGN02	##	R		1/30	AN			Transaction Set Identifier Code
	BGN03	##	R		8	DT			Date Transmission Sent

	BGN04	##	R		4/8	TM			Time Transmission Sent
	BGN06	##	S		1/30	AN			Referenced Interchange Control Number
1000A	**Submitter Information**								
1000A	**N1**			**1**	**Submitter Name**				
	N101	98	R		2/3	ID	41		Entity Identifier Code (Submitter)
	N102	93	R		1/60	AN			Name
	N103	66	R		2	ID	FI		Identification Code
	N104	67	R		2/80	AN			Submitter ID (FEIN)
1000A	**REF**		**S**	**1**	**Submitter Secondary Identifier**				
	REF01	##	R		3	ID	3L		Reference ID Qualifier (Branch Identifier)
	REF02	##	R		1/30	AN			Submitter Branch Identifier Code
1000A	**PER**		**S**	**1**	**Submitter EDI Contact Information**				
	PER01	##	R		2	ID	IC		Contact Function Code
	PER02	93	S		1/60	AN			Payer Contact Name
	PER03	##	S		2	ID	TE		Communication Number Qualifier
	PER04	##	S		1/80	AN			Telephone Number
	PER05	##	S		2	ID			Communication Number Qualifier
	PER06	##	S		1/80	AN			Communication Number
	PER07	##	S		2	ID			Communication Number Qualifier
	PER08	##	S		1/80	AN			Communication Number
1000B	**Receiver Information**								
1000B	**N1**			**1**	**Receiver name**				
	N101	98	R		2/3	ID	40		Entity Identifier Code (Receiver)
	N103	66	R		2	ID	FI		Identification Code
	N104	67	R		2/80	AN			Receiver ID (FEIN)
2000	**Original Identification Transaction (Repeat > 1)**								
2000	**OTI**			**1**	**Original Transaction Identifier**				
	OTI01	##	R		2	ID			Application Acknowledgment Code
							First character		
							T		Transaction Set.
							B		Batch
							I		Item (a single 837 transaction)
							Second character		
							A		Accept
							C		Accept with Data Content Change
							E		Accept with Errors
							P		Partial Accept/Reject
							R		Reject
	OTI02	##	R		2/3	ID			Reference Number Qualifier
							BT		Batch Number
							IX		Item number
							TN		Transaction Set Reference Number
	OTI03	##	R		1/30	AN			Reference Number
	OTI06	##	S		8	DT			Original Transmission Date (GS04)
	OTI07	##	S		4/8	TM			Original Transmission Time (GS05)

	OTI08	28	S		1/9	N			Original Group Control Number (GS06)
	OTI09	##	S		4/9	AN			Original Transaction Set Control Number (ST02)
	OTI10	##	S		3	ID	837		Original Transaction Set Type
	OTI11	##	S		1/12	AN			Original Version/Release/Industry ID Code (GS08)
2100C	**NM1**		**R**	**1**	**Reference Name**				
	NM101	98	R		2/3	ID			Entity Identifier Code
	NM102	##	R		1	ID			Entity Type Qualifier (1=person, 2=company)
	NM103	##	R		1/35	AN			Name Last or Organization Name
	NM104	##	S		1/35	AN			Name First
	NM105	##	S		1/25	AN			Name Middle
	NM108	66	S		2	ID		34	Identification Code Qualifier
	NM109	67	S		2/80	AN			SSN
2100	**Error or Informational Message Location (Repeat > 1)**								
2100	**TED**		**R**	**1**	**Technical Error Description**				
	TED01	##	R		1/3	ID	024		Application Error Condition Code
	TED03	##	S		2/3	ID			Original Segment ID Code
	TED04	##	S		1/6	N			Original Segment Position in Transaction Set
	TED05	##	S		1/2	N			Original Element Position in Segment
	TED07	##	S		1/99	AN			Copy of Bad Data Element
	TED08	##	S		1/99	AN			Data Element New Content
2100	**NTE**		**S**	**1**	**Situational Context Location**				
	NTE01	##	R		3	ID	ZZZ		Note Reference Code
	NTE02	##	R		1/80	AN			Used to clarify the data elements and their content
2100	**RED**		**R**	**1**	**Related Data**				
	RED01	##	R		1/80	AN			Error Description
	RED03	##	R		2	ID	94		Agency Qualifier Code
	RED05	##	R		2	ID			Code identifying a specific error code list
							ZZ		Mutually Defined
	RED06	##	R		1/30	AN			Error Code
TS	**SE**		**R**	**1**	**Transaction Set Trailer**				
	SE01	96	R		1/10	N			Transaction Segment Count
	SE02	##	R		4/9	AN			Transaction Set Control Number (same as ST02)
	GE	**R**				**Functional Group Trailer**			
	GE01	R			97	6-Jan	N0		Number of Transaction Sets Included
	GE02	R			28	9-Jan	N0		Group Control Number
	IEA	**R**				**Interchange Control Trailer**			
	IEA01	R			I16	5-Jan	N0		Number of Included Functional Groups
	IEA02	R			I12	9	N0		Interchange Control Number