



# WellSky 837P Companion Guide

## Health Care Claim: Professional

### Arizona DDD Edition

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# Table of Contents

|   |    |   |    |
|---|----|---|----|
| Table of Contents .....                                       | 1  | Segment – Submitter Name.....                             | 14 |
| Version Control.....  | 6  | Segment – Submitter EDI Contact Information .....         | 14 |
| Introduction.....   | 7  | Loop – Receiver Name .....                                | 15 |
| Implementation of v5010.....                                  | 8  | Segment – Receiver Name.....                              | 15 |
| Related Response Files .....                                  | 8  | Billing Provider Detail.....                              | 15 |
| TR3 Guides .....  | 8  | Loop – Billing Provider Hierarchical Level.....           | 15 |
| Pre-Production Certification .....                            | 8  | Segment – Billing Provider Hierarchical Level .....       | 15 |
| File Size Limits .....  | 9  | Segment – Billing Provider Specialty Information .....    | 15 |
| File Formatting.....  | 9  | Segment – Foreign Currency Information.....               | 16 |
| File Naming .....   | 9  | Loop – Billing Provider Name.....                         | 16 |
| Transaction Sets.....   | 10 | Segment – Billing Provider Name .....                     | 16 |
| Conventions Used.....   | 10 | Segment - Billing Provider Address.....                   | 17 |
| 837P – Interchange Control and Functional Group Headers ..... | 10 | Segment – Billing Provider City, State, Zip Code.....     | 17 |
| Interchange Control Header .....                              | 10 | Segment – Billing Provider Tax Identification .....       | 17 |
| Segment – Interchange Control Header .....                    | 10 | Segment – Billing Provider UPIN/License Information ..... | 18 |
| Functional Group Header .....                                 | 12 | Segment – Billing Provider Contact Information .....      | 18 |
| Segment – Functional Group Header .....                       | 12 | Loop – Pay-To Address Name .....                          | 18 |
| 837P – Transaction Set.....                                   | 13 | Loop – Pay-To Plan Name.....                              | 18 |
| Header.....   | 13 | Loop – Subscriber Hierarchical Level .....                | 18 |
| Transaction Set Header .....                                  | 13 | Segment – Subscriber Hierarchical Level.....              | 18 |
| Beginning of Hierarchical Transaction .....                   | 13 | Segment – Subscriber Information.....                     | 19 |
| Loop – Submitter Name .....                                   | 14 | Segment –Patient Hierarchical Level .....                 | 19 |
|   |    | Loop – Subscriber Name .....                              | 19 |
|   |    | Segment – Subscriber Name.....                            | 19 |
|   |    | Segment – Subscriber Address .....                        | 20 |
|   |    | Segment – Subscriber City, State, Zip Code .....          | 20 |

|  |    |   |    |
|--|----|---|----|
| Segment – Subscriber Demographic Information.....                    | 21 | Segment – Ambulance Transport Information .....             | 28 |
| Segment – Subscriber Secondary Identification.....                   | 21 | Segment – Spinal Manipulation Service Information.....      | 28 |
| Segment – Property and Casualty Claim Number.....                    | 22 | Segment – Ambulance Certification .....                     | 28 |
| Segment – Property and Casualty Subscriber Contact Information ..... | 22 | Segment – Patient Condition Information: Vision.....        | 28 |
| Loop – Payer Name .....  | 22 | Segment – Homebound Indicator.....                          | 28 |
| Segment – Payer Name.....  | 22 | Segment – EPSDT Referral.....                               | 28 |
| Segment – Payer Address .....  | 23 | Segment – Health Care Diagnosis Code.....                   | 28 |
| Segment – Payer City/State/Zip .....                                 | 23 | Segment – Anesthesia Related Procedure.....                 | 29 |
| Segment – Payer Secondary Identification .....                       | 23 | Segment – Condition Information.....                        | 29 |
| Segment – Billing Provider Secondary Identification .....            | 23 | Segment – Claim Pricing/Repricing Information .....         | 29 |
| Loop – Responsible Party Name .....                                  | 23 | Loop – Referring Provider Name.....                         | 29 |
| Loop – Credit/Debit Card Holder Name .....                           | 23 | Segment – Referring Provider Name .....                     | 29 |
| Patient Detail.....  | 23 | Segment – Referring Provider Secondary Identification.....  | 30 |
| Loop – Patient Hierarchical Level .....                              | 23 | Loop – Rendering Provider Name .....                        | 30 |
| Loop – Patient Name .....  | 23 | Segment – Rendering Provider Name.....                      | 30 |
| Claim Detail.....  | 24 | Segment – Rendering Provider Specialty Information.....     | 31 |
| Loop – Claim Information .....                                       | 24 | Segment – Rendering Provider Secondary Identification ..... | 31 |
| Segment – Claim Information .....                                    | 24 | Loop - Service Facility Location.....                       | 32 |
| Segment – Date – (all DTP segments) .....                            | 25 | Loop – Supervising Provider Name .....                      | 32 |
| Segment – Claim Supplemental Information.....                        | 25 | Loop – Ambulance Pick-Up Location.....                      | 32 |
| Segment – Contract Information.....                                  | 25 | Loop – Ambulance Drop-Off Location .....                    | 32 |
| Segment – Patient Amount Paid.....                                   | 26 | Loop – Other Subscriber Information.....                    | 32 |
| Segment – Prior Authorization.....                                   | 26 | Segment – Other Subscriber Information .....                | 32 |
| Segment – Payer Claim Control Number.....                            | 26 | Segment – Claim Level Adjustments.....                      | 34 |
| Segment – Medical Record Number.....                                 | 27 | Segment – COB Payer Paid Amount .....                       | 34 |
| Segment – (all other REF segments).....                              | 27 | Segment – COB Non-Covered Amount.....                       | 34 |
| Segment – File Information .....                                     | 27 | Segment – Remaining Patient Liability .....                 | 34 |
| Segment – Claim Note.....  | 27 | Segment – Other Insurance Coverage Information.....         | 34 |

|  |    |   |    |
|--|----|---|----|
| Segment – Outpatient Adjudication Information.....                                   | 34 | Segment – Ambulance Transport Information .....                 | 38 |
| Loop – Other Subscriber Name .....   | 34 | Segment – Durable Medical Equipment Certification .....         | 39 |
| Segment – Other Subscriber Name.....   | 35 | Segment – Ambulance Certification .....                         | 39 |
| Segment – Other Subscriber Address .....   | 35 | Segment – Hospice Employee Indicator.....                       | 39 |
| Segment – Other Subscriber City, State, Zip Code .....                               | 35 | Segment – Condition Indicator / Durable Medical Equipment ..... | 39 |
| Segment – Other Subscriber Secondary Identification .....                            | 35 | Segment – Date – Service Date.....                              | 39 |
| Loop – Other Payer Name.....   | 35 | Segment – Date – (all dates other than Service Date) .....      | 39 |
| Segment – Other Payer Name .....   | 35 | Segment – Ambulance Patient Count .....                         | 39 |
| Segment – Other Payer Address.....   | 36 | Segment – Obstetric Anesthesia Additional Units.....            | 39 |
| Segment – Other Payer City, State, Zip Code.....                                     | 36 | Segment – Test Result .....                                     | 40 |
| Segment – Claim Check or Remittance Date.....  | 36 | Segment – Contract Information .....                            | 40 |
| Segment – Other Payer Secondary Identifier.....                                      | 36 | Segment – Line Item Control Number .....                        | 40 |
| Segment – Other Payer Prior Authorization Number.....                                | 36 | Segment – Prior Authorization .....                             | 40 |
| Segment – Other Payer Referral Number.....   | 36 | Segment – (all REF segments other than listed above) .....      | 40 |
| Segment – Other Payer Claim Adjustment Indicator .....                               | 36 | Segment – Sales Tax Amount .....                                | 40 |
| Segment – Other Payer Claim Control Number .....                                     | 36 | Segment – Postage Claimed Amount .....                          | 40 |
| Loop – Other Payer Referring Provider.....   | 36 | Segment – File Information.....                                 | 40 |
| Loop – Other Payer Rendering Provider.....   | 36 | Segment – Line Note.....  | 40 |
| Loop – Other Payer Service Facility Location.....                                    | 37 | Segment – Purchased Service Information .....                   | 40 |
| Loop – Other Payer Supervising Provider.....   | 37 | Segment – Line Pricing / Repricing Information.....             | 40 |
| Loop – Other Payer Billing Provider.....   | 37 | Loop – Drug Identification .....                                | 41 |
| Loop – Service Line Number .....   | 37 | Loop – Rendering Provider Name .....                            | 41 |
| Segment – Service Line Number.....   | 37 | Loop – Purchased Service Provider Name .....                    | 41 |
| Segment – Service Line Number.....   | 37 | Loop – Service Facility Location Name.....                      | 41 |
| Segment – Service Line Number.....   | 38 | Loop – Supervising Provider Name .....                          | 41 |
| Segment – Line Supplemental Information .....  | 38 | Loop – Ordering Provider Name.....                              | 41 |
| Segment – Durable Medical Equipment Certificate of Medical Necessity Indicator ..... | 38 | Segment – Ordering Provider Name .....                          | 41 |
|  |    | Segment – Ordering Provider Address.....                        | 42 |

|   |    |   |    |
|---|----|---|----|
| Segment – Ordering Provider City, State, Zip Code.....    | 42 | 837P – Functional Group and Interchange Control Trailers.....                                 | 47 |
| Segment – Ordering Provider Secondary Identification..... | 42 | Functional Group Trailer .....  | 47 |
| Segment – Ordering Provider Contact Information.....      | 42 | Segment – Functional Group Trailer .....  | 47 |
| Loop – Referring Provider Name .....                      | 42 | Interchange Control Trailer .....   | 47 |
| Loop – Ambulance Pick-Up Location.....                    | 42 | Segment – Interchange Control Trailer.....  | 47 |
| Loop – Ambulance Drop-Off Location.....                   | 42 | Sample Files .....  | 48 |
| Loop – Line Adjudication Information.....                 | 42 | Unannotated File .....  | 48 |
| Segment – Line Adjudication Information .....             | 42 | File Broken by Loops .....  | 50 |
| Segment – Line Adjustment .....                           | 43 | Annotated File: Values used to Confirm Valid Submitter, Rendering Provider, and Consumer..... | 52 |
| Segment – Line Check or Remittance Date.....              | 45 | Appendix A. Standard Place of Service Codes.....  | 55 |
| Segment – Remaining Patient Liability .....               | 46 | Appendix B. WellSky Custom TA1 Codes .....  | 56 |
| Loop – Form Identification Code.....                      | 46 |   |    |
| Trailer .....   | 47 |   |    |
| Transaction Set Trailer .....                             | 47 |   |    |

## Version Control

| Version | Date       | Effective Date | Description  |
|---------|------------|----------------|--|
| 1       | 05/17/2021 | 05/17/2021     | <ul style="list-style-type: none"> <li>Finalized AZ DDD edition based on Standard Edition version 7</li> </ul>   |
| 2       | 06/29/2021 | 08/01/2021     | <ul style="list-style-type: none"> <li>Updated ISA14 allowable options to include 1 or 0</li> <li>Corrected formatting of GS04 to match TR3.</li> <li>Clarified NPI field requirements for Ordering and Referring provider.</li> <li>Corrected 2310B REF02 to specify Provider AHCCCS ID, not just Provider Identifier.</li> <li>Removed comments for 2400 NTE as it does not apply to AZ DDD.</li> <li>Added Loop 2430, SVD and CAS segments for TPL</li> <li>Removed requirement for WellSky CaseNo, added Assist ID as an alternate when member does not have an AHCCCS ID</li> </ul> |
| 3       | 08/23/2021 | 08/23/2021     | <ul style="list-style-type: none"> <li>2010BB NM103 changed to "AZDESDDD"</li> <li>Corrected 2310B to indicate Rendering Provider is only required when different from Billing provider.</li> <li>Added missing header for loop 2310C</li> <li>Added loop 2430 DTP</li> <li>Corrected spacing and 1000A PER loop in sample 837's</li> </ul>  |
| 4       | 12/21/2021 | 12/23/2021     | <ul style="list-style-type: none"> <li>Appendix A – corrected Other Place of Service code to "99"</li> <li>Expanded use of Loop 2430 CAS segment</li> </ul>  |
| 5       | 01/31/2022 | 01/31/2022     | <ul style="list-style-type: none"> <li>Corrected 2300 loop, HI segment for codes 9-12</li> <li>Added 2320, 2330A and 2330B loops</li> <li>Added missing segment 2430 AMT</li> </ul>  |
| 6       | 02/08/2022 | 01/31/2022     | <ul style="list-style-type: none"> <li>Corrected segment name for 2010BA N4</li> <li>Added 2010BB REF to indicate the billing provider's AHCCCS ID can be sent in this segment using "G2" in REF01</li> <li>Added missing 2310A REF segment</li> <li>Added missing segments (N3, N4, REF) to 2420E</li> <li>Changed instances of "Consumer" (WellSky term) to "Member" (DDD term)</li> </ul>   |
| 7       | 03/30/2022 | 03/30/2022     | <ul style="list-style-type: none"> <li>Added note to 1000A PER to explain this loop must be formatted exactly as specified.</li> <li>Updated 2010AA N302 to indicate this is now supported, but not required.</li> <li>Added note to 2300 REF segment to explain auth must be sent in 2300 loop not 2400 loop.</li> <li>Listed 2400 REF for Prior Authorization as not supported, rather than grouping it with all other non-supported REF segments</li> <li>Added additional supported codes to 2430 CAS01</li> <li>Specified the supported codes in 2430 CAS02</li> </ul>              |

| Version | Date       | Effective Date | Description   |
|---------|------------|----------------|---|
| 8       | 03/31/2022 | 03/30/2022     | <ul style="list-style-type: none"> <li>Updated branding</li> <li>Corrected grammatical error in Introduction</li> <li>Changed Pre-Production Testing to Pre-Production Certification</li> <li>Updated Pre-Production Certification content</li> </ul>   |
| 9       | 06/10/2022 | 06/10/2022     | <ul style="list-style-type: none"> <li>Related Response files – added footnote that 835's are not produced for rejected claims</li> <li>Added to File Formatting: do not include additional * beyond the last populated element</li> <li>Added File Naming section</li> <li>Added that ISA13 must be unique per file</li> <li>Added max limits to 2300 CLM loop</li> </ul>  |
| 10      | 04/07/2023 | 04/10/2023     | <ul style="list-style-type: none"> <li>Added maximum accepted size and TA1 error codes to File Size Limit section</li> <li>Added file name length restriction and TA1 error code to File Naming section</li> <li>Corrected the notes on 2010AA NM108 and NM109 to say “billing” instead of “rendering”</li> <li>Added note to 2010AA NM109 to instead send the provider identifier in 2010BB REF segment</li> <li>Added note to 2300 CLM01 that blank and zero values are not accepted in this field.</li> <li>Added note to 2300 CLM02 and 2400 SV102 that the value must not be negative</li> <li>Added Appendix B. WellSky Custom TA1 Codes</li> </ul> |

## Introduction

When 2 systems wish to exchange data, they must agree on the file format, syntax, and content that will be used. The file format, syntax, and content for exchanging healthcare data in a HIPAA-compliant manner is defined and governed by the ANSI ASC X12 Committee. The document the Committee publishes which contains this information is called a Technical Report Type 3 (TR3) guide and contains all possible loops, segments, and elements that can be included in a file. Most systems use only a subset of the available options and most receiving systems specify specific qualifiers and/or values that must be used when the TR3 allows for multiple options.

The 005010X222 TR3 (837P Health Care Claim: Professional Technical Report Type 3) is the specific TR3 guide that is used when exchanging professional healthcare claim information; this is also commonly referred to as the 837P TR3. The 837P TR3 guide contains all possible loops, segments, and elements that can be included in an 837P file. This companion guide details the loops, segments, elements that are supported or necessary for successful claim submission to WellSky. It also specifies required WellSky-specific qualifiers and/or values.

Providers that wish to upload 837P files to WellSky in lieu of or in addition to keying in claims through the main application must generate 837P files that conform to this companion guide. Files and/or claims that do not conform to this guide will be rejected or denied depending on the error.

This companion guide contains proprietary information, is solely for the use by Trading Partners exchanging EDI files with WellSky and should not be redistributed or copied.

## Implementation of v5010

WellSky began accepting 5010 files on January 1, 2012. Files submitted using the 4010-transaction set will be rejected via TA1. Files submitted using the 5010-transaction set, but which fail to meet the requirements in the TR3 and/or in this guide will be rejected by TA1 or 999, as appropriate.

## Related Response Files

WellSky generates the following response files upon receipt of an 837P file:

- TA1 – Interchange Acknowledgement
- 999 – Implementation Acknowledgement
- 835 – Health Care Claim Payment/Advice<sup>1</sup>

## TR3 Guides

Enhanced copyright laws for the TR3 guides prevent WellSky from distributing copies to its Trading Partners. The guides are published exclusively by Washington Publishing Company. Guides can be purchased and downloaded from their web site: <http://www.wpc-edi.com/>. WellSky recommends the following TR3 documents and their associated errata and addenda:

- ASC x12C/005010X231 TR3 “Implementation Acknowledgement for Health Care Insurance (999)”
- ASC X12N/005010X222 TR3 “Health Care Claim: Professional (837)”
- ASC x12N/005010X221 TR3 “Health Care Claim Payment/Advice (835)”

## Pre-Production Certification

Each provider is required to be certified prior to submitting 837 files to the production site. In order to be certified, each provider will need to submit 837 files to a non-production site and receive a 999 acceptance. It is common for small data and format issues to occur the first few times systems exchange data, regardless of the systems and/or level of user experience. Submitting files to a non-production site allows providers to identify and resolve formatting and syntax issues prior to beginning to submit files to the production site.

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<sup>1</sup> 835 files are not produced for claims that are rejected through either a TA1 or a 999.



## File Size Limits

- As per the standards set in the 837P TR3 guide, WellSky supports a maximum of 5000 CLM segments per transaction (ST – SE). Files containing more than the limit will be rejected by TA1 using custom error code 502.
- WellSky also recommends that the overall size of the submitted file be no larger than 1 MB but will accept up to 3.5 MB. Files larger than the limit will be rejected by TA1 using custom error code 501.

## File Formatting

- Please note that any submitted files should contain either no carriage return's (CR) and line feed's (LF), or a carriage return (CR) and line feed (LF) at the end of every line, including the last line of text.
- Terminate each line with “~” and do not include additional asterisk's (\*) beyond the last populated element in the line.
  - Acceptable: NM1\*85\*2\*Provider Name\*\*\*\*\*XX\*1234567890~
  - Not Acceptable: NM1\*85\*2\*Provider Name\*\*\*\*\*XX\*1234567890\*\*\*~

## File Naming

- Only files with .txt or .edi extension are allowed to be uploaded
- Maximum file name length is 150 characters, including the file extension (4 characters) and the date time stamp that WellSky appends to each filename (14 characters). This means that the maximum length of the file name of the 837 submitted by providers, not including the extension (e.g., “.txt”) must be no more than 132 characters. If the file name length is exceeded, the file will be rejected by TA1 using custom code 503.
- WellSky recommends that all submitted files be prefixed with Sender ID and Date in the below format. Note that Sender ID is the unique ID assigned to the provider by WellSky which is placed in ISA06. A consistent file naming structure will make troubleshooting and locating files easier.
  - **Sender ID\_YYYYMMDD\_**
  - Examples:
    - 12345\_Provi\_20220519\_October PT Billing.txt
    - 12345\_Provi\_20220519\_OctoberPT Billing.edi
    - 12345\_Provi\_20220519.txt
    - 12345\_Provi\_20220519\_001.edi
- Please note that to ensure unique file names, WellSky Human Services will automatically append a date time stamp to each file as it is uploaded which will be visible as the batch name. Example:
  - Original file name: 12345\_Provi\_20220519\_October PT Billing.txt
  - Uploaded file name: 12345\_Provi\_20220519\_October PT Billing\_20220519-110501.txt

## Transaction Sets

### Conventions Used

- “ ” Text with “ ” around a value represents the value to be submitted. This may be either a TR3 value or a value specific to WellSky.
- ( ) The description of the value in quotes (described above)

Each line in the file must terminate with a “~”

### 837P – Interchange Control and Functional Group Headers

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name                   | Usage <sup>2</sup> | Companion Guide Rule   |
|---------|------------|-----------------|---|--------------------|--|
|         |            |                 | <b>Interchange Control Header</b>           | <b>Required</b>    |  |
|         | <b>ISA</b> |                 | <b>Segment – Interchange Control Header</b> | <b>Required</b>    |  |
|         | ISA        | ISA01           | Authorization Information Qualifier         | Required           | <ul style="list-style-type: none"> <li>• “00” (No Authorization Information Present (No Meaningful Information in ISA02))</li> </ul> |
|         | ISA        | ISA02           | Authorization Information                   | Required           | <ul style="list-style-type: none"> <li>• 10 spaces</li> </ul>  |
|         | ISA        | ISA03           | Security Information Qualifier              | Required           | <ul style="list-style-type: none"> <li>• “00” (No Security Information Present (No Meaningful Information in ISA04))</li> </ul>      |
|         | ISA        | ISA04           | Security Information                        | Required           | <ul style="list-style-type: none"> <li>• 10 spaces</li> </ul>  |
|         | ISA        | ISA05           | Interchange ID Qualifier                    | Required           | <ul style="list-style-type: none"> <li>• “ZZ” (Mutually Defined)</li> </ul>  |

<sup>2</sup> Required = loop, segment, and/or element is required, either per the TR3 guide or specific to submission to WellSky. It is possible for a loop to be required but to contain some segments that are not required. It is also possible for a segment to be required but to contain some elements that are not required.

Situational = Loop, segment, and/or element that may normally not be required may become required based on the presence/absence or content of data in another loop, segment, or element.

Optional = Loop, segment, and/or element may be included at the sender’s discretion. If included, data may be used during adjudication.

Not Used = Loop, segment, and/or element is excluded from use as per the TR3 guide

Not Supported = Loop, segment, and/or element is not supported by WellSky

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name          | Usage <sup>2</sup> | Companion Guide Rule  |
|---------|------------|-----------------|------------------------------------|--------------------|---|
|         | ISA        | ISA06           | Interchange Sender ID              | Required           | <ul style="list-style-type: none"> <li>• Use Sender ID found in Providers → Provider ID Numbers</li> <li>• Left justify and then follow with spaces until total character count is 15</li> <li>• Examples:               <ul style="list-style-type: none"> <li>○ 14167_Shoal</li> <li>○ 92343_Helping</li> </ul> </li> </ul> |
|         | ISA        | ISA07           | Interchange ID Qualifier           | Required           | <ul style="list-style-type: none"> <li>• “ZZ” (Mutually Defined)</li> </ul>   |
|         | ISA        | ISA08           | Interchange Receiver ID            | Required           | <ul style="list-style-type: none"> <li>• “HAR_837_Upload”</li> <li>• Left justify and then follow with spaces until total character count is 15</li> </ul>  |
|         | ISA        | ISA09           | Interchange Date                   | Required           | <ul style="list-style-type: none"> <li>• Interchange date</li> <li>• YYMMDD</li> </ul>  |
|         |            | ISA10           | Interchange Time                   | Required           | <ul style="list-style-type: none"> <li>• Interchange time</li> <li>• HHMM</li> </ul>  |
|         | ISA        | ISA11           | Repetition Separator               | Required           | <ul style="list-style-type: none"> <li>• “A”</li> </ul>   |
|         | ISA        | ISA12           | Interchange Control Version Number | Required           | <ul style="list-style-type: none"> <li>• “00501”</li> </ul>   |
|         | ISA        | ISA13           | Interchange Control Number         | Required           | <ul style="list-style-type: none"> <li>• Defined by sender</li> <li>• Must be the same as IEA02</li> <li>• Must be unique per file</li> </ul>   |
|         | ISA        | ISA14           | Acknowledgement Requests           | Required           | <ul style="list-style-type: none"> <li>• “0” (No Interchange Acknowledgement Requested)</li> <li>• or</li> <li>• “1” (Interchange Acknowledgment Requested (TA1))</li> </ul>  |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name                    | Usage <sup>2</sup> | Companion Guide Rule  |
|---------|------------|-----------------|--|--------------------|---|
|         | ISA        | ISA15           | Usage Indicator                              | Required           | <ul style="list-style-type: none"> <li>• “P” (Production)</li> </ul>  |
|         | ISA        | ISA16           | Component Element Separator                  | Required           | <ul style="list-style-type: none"> <li>• “:” (colon)</li> </ul>   |
|         |            |                 | <b>Functional Group Header</b>               | <b>Required</b>    |   |
|         | <b>GS</b>  |                 | <b>Segment – Functional Group Header</b>     | <b>Required</b>    |   |
|         | GS         | GS01            | Functional ID Code                           | Required           | <ul style="list-style-type: none"> <li>• “HC” (Health Care Claim (837))</li> </ul>  |
|         | GS         | GS02            | Application Sender’s Code                    | Required           | <ul style="list-style-type: none"> <li>• <b>Use Sender ID found in Providers → Provider ID Numbers</b></li> <li>• This should match the value in ISA06, but additional spaces at the end are not needed</li> </ul>    |
|         | GS         | GS03            | Application Receiver’s Code                  | Required           | <ul style="list-style-type: none"> <li>• “HAR_837_Upload”</li> <li>• This should match the value in ISA08, but no additional space is needed at the end</li> </ul>  |
|         | GS         | GS04            | Date   | Required           | <ul style="list-style-type: none"> <li>• Functional group creation date</li> <li>• CCYYMMDD</li> </ul>  |
|         | GS         | GS05            | Time   | Required           | <ul style="list-style-type: none"> <li>• Functional group creation time</li> <li>• HHMM</li> </ul>  |
|         | GS         | GS06            | Group Control Number                         | Required           | <ul style="list-style-type: none"> <li>• Defined by sender</li> <li>• Must be unique for each ISA-IEA (recommended that it is unique to all transmissions/files)</li> <li>• Must be between 1 and 9 digits</li> </ul> |
|         | GS         | GS07            | Responsible Agency Code                      | Required           | <ul style="list-style-type: none"> <li>• “X” (Accredited Standards Committee X12)</li> </ul>  |
|         | GS         | GS08            | Version / Release / Industry Identifier Code | Required           | <ul style="list-style-type: none"> <li>• “005010X222A1”</li> <li>• This should match the value in ST03</li> </ul>   |

## 837P – Transaction Set

### Header

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name                    | Usage           | Companion Guide Rule  |
|---------|------------|-----------------|--|-----------------|---|
|         |            |                 | <b>Transaction Set Header</b>                | <b>Required</b> |   |
|         | ST         | ST01            | Transaction Set Identifier Code              | Required        | <ul style="list-style-type: none"> <li>“837”</li> </ul>   |
|         | ST         | ST02            | Transaction Set Control Number               | Required        | <ul style="list-style-type: none"> <li>Defined by sender</li> <li>Must be between 4 and 9 characters in length</li> <li>Must be unique for a given ISA-IEA loop</li> <li>Must be the same as the value in SE02</li> </ul>   |
|         | ST         | ST03            | Implementation Convention Reference          | Required        | <ul style="list-style-type: none"> <li>“005010X222A1”</li> <li>This should match the value in GS08</li> </ul>   |
|         |            |                 | <b>Beginning of Hierarchical Transaction</b> | <b>Required</b> |   |
|         | BHT        | BHT01           | Hierarchical Structure Code                  | Required        | <ul style="list-style-type: none"> <li>“0019” (Information Source, Subscriber, Dependent)</li> </ul>  |
|         | BHT        | BHT02           | Transaction Set Purpose Code                 | Required        | <ul style="list-style-type: none"> <li>“00” (Original)</li> </ul>   |
|         | BHT        | BHT03           | Reference Identification                     | Required        | <ul style="list-style-type: none"> <li>Defined by sender</li> <li>Must be between 1 and 30 characters</li> </ul>  |
|         | BHT        | BHT04           | Date   | Required        | <ul style="list-style-type: none"> <li>Date transaction (file) was created</li> <li>CCYYMMDD (e.g., March 5, 2017 = 20170305)</li> </ul>  |
|         | BHT        | BHT05           | Time   | Required        | <ul style="list-style-type: none"> <li>Time transaction (file) was created</li> <li>HHMM, HHMMSS, HHMMSSD, or HHMMSSDD where H = hours (00-23), M = minutes (0-59), S = seconds (00-59), D = decimal seconds in tenths (0-9), DD = decimal seconds in hundredths (00-99)</li> </ul> |

| Loop ID      | Segment ID | Data Element ID | Loop/Segment/Element Name                          | Usage           | Companion Guide Rule   |
|--------------|------------|-----------------|--|-----------------|--|
|              | BHT        | BHT06           | Transaction Type Code                              | Required        | <ul style="list-style-type: none"> <li>“CH” (Chargeable)</li> </ul>  |
| <b>1000A</b> |            |                 | <b>Loop – Submitter Name</b>                       | <b>Required</b> |  |
| <b>1000A</b> | <b>NM1</b> |                 | <b>Segment – Submitter Name</b>                    | <b>Required</b> |  |
| 1000A        | NM1        | NM101           | Entity Identifier Code                             | Required        | <ul style="list-style-type: none"> <li>“41” (Submitter)</li> </ul>   |
| 1000A        | NM1        | NM102           | Entity Type Qualifier                              | Required        | <ul style="list-style-type: none"> <li>“2” (Non-Person Entity)</li> </ul>  |
| 1000A        | NM1        | NM103           | Organization Name                                  | Required        | <ul style="list-style-type: none"> <li>Providers &gt; Provider Name</li> </ul>   |
| 1000A        | NM1        | NM104-107       | First/Middle Name; Name Prefix/Suffix              | Not Used        | <ul style="list-style-type: none"> <li>Not Used – Do not send</li> </ul>   |
| 1000A        | NM1        | NM108           | Identification Code Qualifier                      | Required        | <ul style="list-style-type: none"> <li>“46” (Electronic Transmitter Identification Number – ETIN)</li> </ul>   |
| 1000A        | NM1        | NM109           | Identification Code                                | Required        | <ul style="list-style-type: none"> <li><b>Use Sender ID found in Providers → Provider ID Numbers</b></li> <li>This should match the value in ISA06, but additional spaces at the end are not needed</li> </ul> |
| <b>1000A</b> | <b>PER</b> |                 | <b>Segment – Submitter EDI Contact Information</b> | <b>Required</b> | <b>Note: the formatting specified below for this loop must be followed exactly. For example, telephone must be sent in PER07 and PER08 only.</b>   |
| 1000         | PER        | PER01           | Contact Function Code                              | Required        | <ul style="list-style-type: none"> <li>“IC” (Information Contact)</li> </ul>   |
| 1000A        | PER        | PER02           | Information Contact                                | Optional        | <ul style="list-style-type: none"> <li>Information Contact Name</li> <li>Avoid special characters if possible (e.g., O’Shea should be sent as OShea).</li> </ul>   |
| 1000A        | PER        | PER03           | Communication Number Qualifier                     | Required        | <ul style="list-style-type: none"> <li>“EM” (Electronic Mail)</li> </ul>   |
| 1000A        | PER        | PER04           | Communication Number                               | Required        | <ul style="list-style-type: none"> <li>Email address</li> </ul>  |
| 1000A        | PER        | PER05-06        | Additional Communication Qualifiers/Numbers        | Not Used        | <ul style="list-style-type: none"> <li>Not Used – Do not send</li> </ul>   |
| 1000A        | PER        | PER07           | Communication Number Qualifier                     | Required        | <ul style="list-style-type: none"> <li>“TE” (Telephone)</li> </ul>   |

| Loop ID      | Segment ID | Data Element ID | Loop/Segment/Element Name             | Usage           | Companion Guide Rule   |
|--------------|------------|-----------------|---------------------------------------|-----------------|--|
| 1000A        | PER        | PER08           | Communication Number                  | Required        | • Phone number (no dashes or other punctuation)              |
| <b>1000B</b> |            |                 | <b>Loop – Receiver Name</b>           | <b>Required</b> |  |
| <b>1000B</b> | <b>NM1</b> |                 | <b>Segment – Receiver Name</b>        | <b>Required</b> |  |
| 1000B        | NM1        | NM101           | Entity Identifier Code                | Required        | • “40” (Receiver)  |
| 1000B        | NM1        | NM102           | Entity Type Qualifier                 | Required        | • “2” (Non-Person Entity)                                    |
| 1000B        | NM1        | NM103           | Organization Name                     | Required        | • “HAR_837_Upload”   |
| 1000B        | NM1        | NM104-107       | First/Middle Name; Name Prefix/Suffix | Not Used        | • Not Used – Do not send                                     |
| 1000B        | NM1        | NM108           | Identification Code Qualifier         | Required        | • “46” (Electronic Transmitter Identification Number – ETIN) |
| 1000B        | NM1        | NM109           | Identification Code                   | Required        | • “HAR_837_Upload”   |

### Billing Provider Detail

| Loop ID      | Segment ID | Data Element ID | Loop/Segment/Element Name                               | Usage              | Companion Guide Rule   |
|--------------|------------|-----------------|---|--------------------|--|
| <b>2000A</b> | <b>HL</b>  |                 | <b>Loop – Billing Provider Hierarchical Level</b>       | <b>Required</b>    |  |
| <b>2000A</b> | <b>HL</b>  |                 | <b>Segment – Billing Provider Hierarchical Level</b>    | <b>Required</b>    |  |
| 2000A        | HL         | HL01            | Hierarchical ID Number                                  | Required           | • Standard use – see TR3 guide for information on how to assign appropriate values |
| 2000A        | HL         | HL02            | Hierarchical Parent Number                              | Not Used           | • Not Used – Do not send   |
| 2000A        | HL         | HL03            | Hierarchical Level Code                                 | Required           | • “20” (Information Source)  |
| 2000A        | HL         | HL04            | Hierarchical Child Code                                 | Required           | • “1” (Additional Subordinate HL Data Segment in this Hierarchical Structure)      |
| <b>2000A</b> | <b>PRV</b> |                 | <b>Segment – Billing Provider Specialty Information</b> | <b>Situational</b> | • <b>Currently not available</b>   |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name              | Usage         | Companion Guide Rule  |
|---------|------------|-----------------|--|---------------|---|
| 2000A   | CUR        |                 | Segment – Foreign Currency Information | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>   |
| 2010AA  |            |                 | Loop – Billing Provider Name           | Required      |   |
| 2010AA  | NM1        |                 | Segment – Billing Provider Name        | Required      |   |
| 2010AA  | NM1        | NM101           | Entity Identifier Code                 | Required      | <ul style="list-style-type: none"> <li>“85” (Billing Provider)</li> </ul>   |
| 2010AA  | NM1        | NM102           | Entity Type Qualifier                  | Required      | <ul style="list-style-type: none"> <li>“1” (Person) <ul style="list-style-type: none"> <li>Use if billing provider is an individual AND is billing under their personal SSN (have not been issued an EIN by the IRS)</li> <li>2010AA, REF01 must be “SY”</li> </ul> </li> <li>“2” (Non-Person Entity) <ul style="list-style-type: none"> <li>Use if billing provider is an organization or entity OR is an individual billing under an EIN issued by the IRS</li> <li>2010AA, REF01 must be “EI”</li> </ul> </li> </ul> |
| 2010AA  | NM1        | NM103           | Name Last / Org Name                   | Required      | <ul style="list-style-type: none"> <li>Provider Name</li> </ul>   |
| 2010AA  | NM1        | NM104 - 107     | First/Middle Name; Name Prefix/Suffix; | Not Used      | <ul style="list-style-type: none"> <li>Not Used – Do not send</li> </ul>  |
| 2010AA  | NM1        | NM108           | Identification Code Qualifier          | Situational   | <ul style="list-style-type: none"> <li>“XX” (NPI) <ul style="list-style-type: none"> <li>If the billing provider has an NPI number, populate this element with “XX”</li> </ul> </li> <li>If the billing provider does not have an NPI number, do not send this element</li> </ul>   |



| Loop ID       | Segment ID | Data Element ID | Loop/Segment/Element Name                               | Usage           | Companion Guide Rule   |
|---------------|------------|-----------------|---|-----------------|--|
| 2010AA        | NM1        | NM109           | Identification Code                                     | Situational     | <ul style="list-style-type: none"> <li>Provider NPI               <ul style="list-style-type: none"> <li>If the billing provider has an NPI number, populate this element with their NPI number</li> <li>If the billing provider does not have an NPI number, do not send this element, instead send Provider AHCCCS ID in 2010BB, REF segment.</li> </ul> </li> </ul> |
| <b>2010AA</b> | <b>N3</b>  |                 | <b>Segment - Billing Provider Address</b>               | <b>Required</b> |  |
| 2010AA        | N3         | N301            | Address Information                                     | Required        | <ul style="list-style-type: none"> <li>A street address is required.</li> <li><b>IMPORTANT NOTE:</b> PO boxes are not valid and will be denied.</li> </ul>   |
| 2010AA        | N3         | N302            | Address Information (second line)                       | Optional        |  |
| <b>2010AA</b> | <b>N4</b>  |                 | <b>Segment - Billing Provider City, State, Zip Code</b> | <b>Required</b> |  |
| 2010AA        | N4         | N401            | City Name   | Required        | <ul style="list-style-type: none"> <li>City associated with the address in 2010AA, N301</li> </ul>   |
| 2010AA        | N4         | N402            | State or Province Code                                  | Required        | <ul style="list-style-type: none"> <li>Required for all addresses in the United States, its territories, or Canada</li> <li>Must use 2-letter USPS state codes (e.g., Virginia = VA) or standard Canadian province codes</li> </ul>  |
| 2010AA        | N4         | N403            | Postal Code   | Required        | <ul style="list-style-type: none"> <li>Required for all addresses in the United States, its territories, or Canada</li> <li>A full 9-digit zip code is required (no dashes or spaces) for addresses in the United States</li> </ul>  |
| 2010AA        | N4         | N404            | Country Code  | Not Supported   | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>  |
| <b>2010AA</b> | <b>REF</b> |                 | <b>Segment - Billing Provider Tax Identification</b>    | <b>Required</b> |  |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name                           | Usage         | Companion Guide Rule   |
|---------|------------|-----------------|---|---------------|--|
| 2010AA  | REF        | REF01           | Reference Identification Qualifier                  | Required      | <ul style="list-style-type: none"> <li>“EI” (Employer’s Identification Number (EIN))</li> <li>“SY” (Social Security Number)</li> </ul>   |
| 2010AA  | REF        | REF02           | Reference Identification                            | Required      | <ul style="list-style-type: none"> <li>Use/must match value in the Providers &gt; Edit Provider &gt; EIN/SSN field in WellSky Human Services</li> </ul>  |
| 2010AA  | REF        |                 | Segment – Billing Provider UPIN/License Information | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>  |
| 2010AA  | PER        |                 | Segment – Billing Provider Contact Information      | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>  |
| 2010AB  |            |                 | Loop – Pay-To Address Name                          | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>  |
| 2010AC  |            |                 | Loop – Pay-To Plan Name                             | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>  |
| 2000B   |            |                 | Loop – Subscriber Hierarchical Level                | Required      |  |
| 2000B   | HL         |                 | Segment – Subscriber Hierarchical Level             | Required      |  |
| 2000B   | HL         | HL01            | Hierarchical ID Number                              | Required      | <ul style="list-style-type: none"> <li>Standard use – see TR3 guide for information on how to assign appropriate values</li> </ul>   |
| 2000B   | HL         | HL02            | Hierarchical Parent Number                          | Required      | <ul style="list-style-type: none"> <li>Standard use – see TR3 guide for information on how to assign appropriate values</li> </ul>   |
| 2000B   | HL         | HL03            | Hierarchical Level Code                             | Required      | <ul style="list-style-type: none"> <li>“22” (Subscriber)</li> </ul>  |
| 2000B   | HL         | HL04            | Hierarchical Child Code                             | Required      | <ul style="list-style-type: none"> <li>“0” (No Subordinate HL Segment in this Hierarchical Structure) <ul style="list-style-type: none"> <li>Always use this (in WellSky Human Services, the subscriber must always be the same as the patient)</li> </ul> </li> <li>“1” (Additional Subordinate HL Data Segment in this Hierarchical Structure) is not supported (used when subscriber is not the same as the patient)</li> </ul> |

| Loop ID       | Segment ID | Data Element ID | Loop/Segment/Element Name   | Usage                | Companion Guide Rule  |
|---------------|------------|-----------------|---|----------------------|---|
| <b>2000B</b>  | <b>SBR</b> |                 | <b>Segment – Subscriber Information</b>   | <b>Required</b>      |   |
| 2000B         | SBR        | SBR01           | Payer Responsibility Sequence Number Code   | Required             | <ul style="list-style-type: none"> <li>• “P” (Primary)               <ul style="list-style-type: none"> <li>○ No other codes are supported</li> </ul> </li> </ul> |
| 2000B         | SBR        | SBR02           | Individual Relationship Code  | Required             | <ul style="list-style-type: none"> <li>• “18” (Self)</li> </ul>   |
| 2000B         | SBR        | SBR03 – SBR05   | Reference Identifier, Name, Insurance Type Code                                       | Not Supported        | <ul style="list-style-type: none"> <li>• Not Supported – Do not send</li> </ul>   |
| 2000B         | SBR        | SBR06 – SBR08   | Benefits Coordination Code, Yes/No Condition or Response Code, Employment Status Code | Not Used             | <ul style="list-style-type: none"> <li>• Not Used – Do not send</li> </ul>  |
| 2000B         | SBR        | SBR09           | Claim Filing Indicator Code   | Required             | <ul style="list-style-type: none"> <li>• “ZZ” (Mutually Defined)</li> </ul>   |
| <b>2000B</b>  | <b>PAT</b> |                 | <b>Segment –Patient Hierarchical Level</b>  | <b>Not Supported</b> | <ul style="list-style-type: none"> <li>• <b>Not Supported – Do not send</b></li> </ul>  |
| <b>2010BA</b> |            |                 | <b>Loop – Subscriber Name</b>   | <b>Required</b>      |   |
| <b>2010BA</b> | <b>NM1</b> |                 | <b>Segment – Subscriber Name</b>  | <b>Required</b>      |   |
| 2010BA        | NM1        | NM101           | Entity ID Code  | Required             | <ul style="list-style-type: none"> <li>• “IL” (Insured or Subscriber)</li> </ul>  |
| 2010BA        | NM1        | NM102           | Entity Type Identifier  | Required             | <ul style="list-style-type: none"> <li>• “1” (Person)</li> </ul>  |
| 2010BA        | NM1        | NM103           | Name Last or Organization Name  | Required             | <ul style="list-style-type: none"> <li>• Member’s last name</li> </ul>  |
| 2010BA        | NM1        | NM104           | Name First  | Required             | <ul style="list-style-type: none"> <li>• Member’s first name</li> </ul>   |
| 2010BA        | NM1        | NM105, NM107    | Name Middle, Name Suffix  | Not Supported        | <ul style="list-style-type: none"> <li>• Not Supported – Do not send</li> </ul>   |
| 2010BA        | NM1        | NM106           | Name Prefix   | Not Used             | <ul style="list-style-type: none"> <li>• Not Used – Do not send</li> </ul>  |

| Loop ID       | Segment ID | Data Element ID | Loop/Segment/Element Name  | Usage           | Companion Guide Rule   |
|---------------|------------|-----------------|--|-----------------|--|
| 2010BA        | NM1        | NM108           | Identification Code Qualifier  | Situational     | <ul style="list-style-type: none"> <li>• “MI” (Member Identification Number)               <ul style="list-style-type: none"> <li>○ If the member has a Medicaid ID (AHCCCS ID), populate this element with “MI”</li> <li>○ If the member does not have a Medicaid ID (AHCCCS ID), do not populate this element but include 2300 loop, segment REF, where REF01='EA' and REF02 = Member's Assist ID</li> </ul> </li> </ul> |
| 2010BA        | NM1        | NM109           | Identification Code  | Situational     | <ul style="list-style-type: none"> <li>• Member <b>AHCCCS ID</b> <ul style="list-style-type: none"> <li>○ If the member has a Medicaid ID (AHCCCS ID), populate this element with their Medicaid ID number</li> <li>○ If the member does not have a Medicaid ID (AHCCCS ID), do not populate this element but include 2300 loop, segment REF, where REF01='EA' and REF02 = Member's Assist ID</li> </ul> </li> </ul>       |
| 2010BA        | NM1        | NM110 – 112     | Entity Relationship Code, Entity Identifier Code, Name Last or Organization Name | Not Used        | <ul style="list-style-type: none"> <li>• Not Used – Do not send</li> </ul>   |
| <b>2010BA</b> | <b>N3</b>  |                 | <b>Segment – Subscriber Address</b>  | <b>Required</b> |  |
| 2010BA        | N3         | N301            | Address Information  | Required        | <ul style="list-style-type: none"> <li>• Subscriber Address</li> </ul>   |
| 2010BA        | N3         | N302            | Address Information (second line)  | Not Supported   | <ul style="list-style-type: none"> <li>• Not Supported – Do not send</li> </ul>  |
| <b>2010BA</b> | <b>N4</b>  |                 | <b>Segment – Subscriber City, State, Zip Code</b>                                | <b>Required</b> |  |
| 2010BA        | N4         | N401            | City Name  | Required        | <ul style="list-style-type: none"> <li>• City associated with the address in 2010AB, N301</li> </ul>   |

| Loop ID       | Segment ID | Data Element ID | Loop/Segment/Element Name                            | Usage           | Companion Guide Rule  |
|---------------|------------|-----------------|--|-----------------|---|
| 2010BA        | N4         | N402            | State or Province Code                               | Required        | <ul style="list-style-type: none"> <li>Required for all addresses in the United States, its territories, or Canada</li> <li>Must use 2-letter USPS state codes (e.g., Virginia = VA) or standard Canadian province codes</li> </ul> |
| 2010BA        | N4         | N403            | Postal Code  | Required        | <ul style="list-style-type: none"> <li>Required for all addresses in the United States, its territories, or Canada</li> <li>5- or 9-digit zip codes are both permitted</li> </ul>   |
| 2010BA        | N4         | N404, N407      | Country Code, Country Subdivision Code               | Not Supported   | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>   |
| 2010BA        | N4         | N405, N406      | Location Qualifier, Location Identifier              | Not Used        | <ul style="list-style-type: none"> <li>Not Used – Do not send</li> </ul>  |
| <b>2010BA</b> | <b>DMG</b> |                 | <b>Segment – Subscriber Demographic Information</b>  | <b>Required</b> |   |
| 2010BA        | DMG        | DMG01           | Date Time Period Format Qualifier                    | Required        | <ul style="list-style-type: none"> <li>“D8” (Date expressed in format CCYYMMD)</li> </ul>   |
| 2010BA        | DMG        | DMG02           | Date Time Period                                     | Required        | <ul style="list-style-type: none"> <li>Member Date of Birth formatted as CCYYMMDD (e.g., April 5, 1960 = 19600405)</li> </ul>   |
| 2010BA        | DMG        | DMG03           | Gender Code  | Required        | <ul style="list-style-type: none"> <li>Must use one of the following values: <ul style="list-style-type: none"> <li>“F” (Female)</li> <li>“M” (Male)</li> <li>“U” (Unknown)</li> </ul> </li> </ul>                                  |
| 2010BA        | DMG        | DMG04 – DMG11   | Misc. Codes  | Not Used        | <ul style="list-style-type: none"> <li>Not Used – Do not send</li> </ul>  |
| <b>2010BA</b> | <b>REF</b> |                 | <b>Segment – Subscriber Secondary Identification</b> | <b>Optional</b> |   |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name                                      | Usage         | Companion Guide Rule  |
|---------|------------|-----------------|--|---------------|---|
| 2010BA  | REF        | REF01           | Reference Identification Qualifier                             | Optional      | <ul style="list-style-type: none"> <li>• “SY” (Social Security Number) <ul style="list-style-type: none"> <li>○ If the member Social Security Number (SSN) is known, populate this element with “SY”</li> <li>○ If the member SSN is not known, do not populate this element</li> </ul> </li> </ul>   |
| 2010BA  | REF        | REF02           | Reference Identification                                       | Optional      | <ul style="list-style-type: none"> <li>• Member SSN <ul style="list-style-type: none"> <li>○ If the member SSN is known, populate this element with their SSN <ul style="list-style-type: none"> <li>▪ Do not include spaces or dashes (e.g., if SSN = 123-45-6789, send as 123456789)</li> </ul> </li> <li>○ If the member SSN is not known, do not populate this element</li> </ul> </li> </ul> |
| 2010BA  | REF        |                 | Segment – Property and Casualty Claim Number                   | Not Supported | Not Supported – Do not send   |
| 2010BA  | REF        |                 | Segment – Property and Casualty Subscriber Contact Information | Not Supported | Not Supported – Do not send   |
| 2010BB  |            |                 | Loop – Payer Name  |               |   |
| 2010BB  | NM1        |                 | Segment – Payer Name   | Required      |   |
| 2010BB  | NM1        | NM101           | Entity Identifier Code   | Required      | <ul style="list-style-type: none"> <li>• “PR” (Payer)</li> </ul>  |
| 2010BB  | NM1        | NM102           | Entity Type Qualifier  | Required      | <ul style="list-style-type: none"> <li>• “2” (Non-Person Entity)</li> </ul>   |
| 2010BB  | NM1        | NM103           | Last Name/Organization Name                                    | Required      | <ul style="list-style-type: none"> <li>• “AZDESDDD”</li> </ul>  |
| 2010BB  | NM1        | NM104 – NM107   | First/Middle Name; Name Prefix/Suffix;                         | Not Used      | <ul style="list-style-type: none"> <li>• Not Used – Do not send</li> </ul>  |
| 2010BB  | NM1        | NM108           | Identification Code Qualifier                                  | Required      | <ul style="list-style-type: none"> <li>• “PI” (Payor Identification)</li> </ul>   |
| 2010BB  | NM1        | NM109           | Identification Code  | Required      | <ul style="list-style-type: none"> <li>• “866004791”</li> </ul>   |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name                           | Usage         | Companion Guide Rule  |
|---------|------------|-----------------|---|---------------|---|
| 2010BB  | NM1        | NM110 – NM112   | Misc. Codes/Names                                   | Not Used      | <ul style="list-style-type: none"> <li>Not Used – Do not send</li> </ul>            |
| 2010BB  | N3         |                 | Segment – Payer Address                             | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>       |
| 2010BB  | N4         |                 | Segment – Payer City/State/Zip                      | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>       |
| 2010BB  | REF        |                 | Segment – Payer Secondary Identification            | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>       |
| 2010BB  | REF        |                 | Segment – Billing Provider Secondary Identification | Situational   |   |
| 2010BB  | REF        | REF01           | Reference Identification Qualifier                  | Required      | <ul style="list-style-type: none"> <li>“G2” (Provider Commercial Number)</li> </ul> |
| 2010BB  | REF        | REF02           | Reference Identification                            | Required      | <ul style="list-style-type: none"> <li>Provider AHCCCS ID</li> </ul>                |
| 2010BC  |            |                 | Loop – Responsible Party Name                       | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>       |
| 2010BD  |            |                 | Loop – Credit/Debit Card Holder Name                | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>       |

### Patient Detail

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name         | Usage         | Companion Guide Rule  |
|---------|------------|-----------------|-----------------------------------|---------------|---|
| 2000C   |            |                 | Loop – Patient Hierarchical Level | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> <li>WellSky assumes that the subscriber is the patient; there is currently no support for dependents</li> </ul> |
| 2000CA  |            |                 | Loop – Patient Name               | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> <li>WellSky assumes that the subscriber is the patient; there is currently no support for dependents</li> </ul> |

## Claim Detail

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name                                      | Usage    | Companion Guide Rule   |
|---------|------------|-----------------|--|----------|--|
| 2300    |            |                 | Loop – Claim Information                                       | Required | <ul style="list-style-type: none"> <li>Loop 2300 (and its child loops) can “float” depending on whether or not the subscriber is the same as the patient.</li> <li>Since WellSky assumes that the subscriber is the patient, loop 2300 (and its child loops) follow loop 2010BB and loops 2000C and 2000CA are Not Used</li> </ul> |
| 2300    | CLM        |                 | Segment – Claim Information                                    | Required | <ul style="list-style-type: none"> <li>WellSky supports a maximum of 5000 CLM segments per transaction (ST – SE loop).</li> <li>May repeat up to 100 times (within one HL loop)</li> </ul>   |
| 2300    | CLM        | CLM01           | Claim Submitter Identifier                                     | Required | <ul style="list-style-type: none"> <li>Defined by sender. Blank and zero (0) value not accepted.</li> </ul>  |
| 2300    | CLM        | CLM02           | Monetary Amount (Claim Amount; Claim Charge Amount)            | Required | <ul style="list-style-type: none"> <li>Amount being billed for the claim <ul style="list-style-type: none"> <li>Amount must be equal to the sum of all associated SV1 segments and must not be negative</li> </ul> </li> </ul>   |
| 2300    | CLM        | CLM03, CLM04    | Claim Filing Indicator Code, Non-Institutional Claim Type Code | Not Used | <ul style="list-style-type: none"> <li>Not Used – Do not send</li> </ul>   |
| 2300    | CLM        | CLM05           | Health Care Service Location Information                       |          | <ul style="list-style-type: none"> <li>CLM05 is a composite element</li> </ul>   |
| 2300    | CLM        | CLM05-01        | Facility Code Value (Place of Service Code)                    | Required | <ul style="list-style-type: none"> <li>See <a href="#">Appendix A. Standard Place of Service Codes</a> for allowable codes</li> </ul>  |
| 2300    | CLM        | CLM05-02        | Facility Code Qualifier  | Required | <ul style="list-style-type: none"> <li>“B” (Place of Service Codes for Professional or Dental Services)</li> </ul>   |



| Loop ID     | Segment ID | Data Element ID | Loop/Segment/Element Name   | Usage                | Companion Guide Rule  |
|-------------|------------|-----------------|---|----------------------|---|
| 2300        | CLM        | CLM05-03        | Claim Frequency Type Code   | Required             | <ul style="list-style-type: none"> <li>Allowable values                             <ul style="list-style-type: none"> <li>“1” (Original Claim Submissions)</li> <li>“7” (Void and Replace Claim)</li> <li>“8” (Void Claim)</li> </ul> </li> <li>When using “7” or “8”, the ICN number must be included in loop 2300, REF*F8 (Payer Claim Control Number).</li> </ul> |
| 2300        | CLM        | CLM06           | Yes/No Condition or Response Code (Provider Signature on File)        | Required             | <ul style="list-style-type: none"> <li>Allowable values                             <ul style="list-style-type: none"> <li>“Y” (Yes)</li> <li>“N” (No)</li> </ul> </li> </ul>   |
| 2300        | CLM        | CLM07           | Provider Accept Assignment Code                                       | Required             | <ul style="list-style-type: none"> <li>“A” (Assigned)</li> </ul>  |
| 2300        | CLM        | CLM08           | Yes/No Condition or Response Code (Benefits Assignment Certification) | Required             | <ul style="list-style-type: none"> <li>“Y” (Yes)</li> </ul>   |
| 2300        | CLM        | CLM09           | Release of Information Code   | Required             | <ul style="list-style-type: none"> <li>“Y” (Yes, provider has a signed statement from the member permitting release of medical billing data related to a claim)</li> </ul>  |
| 2300        | CLM        | CLM10 – CLM12   | Misc Codes  | Not Supported        | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>   |
| 2300        | CLM        | CLM13 – CLM19   | Misc Codes and Conditions   | Not Used             | <ul style="list-style-type: none"> <li>Not Used – Do not send</li> </ul>  |
| 2300        | CLM        | CLM20           | Delay Reason Code   | Situational          | <ul style="list-style-type: none"> <li>Not Used in AZ DDD Implementation – Do not send</li> </ul>   |
| <b>2300</b> | <b>DTP</b> |                 | <b>Segment – Date – (all DTP segments)</b>                            | <b>Not Supported</b> | <ul style="list-style-type: none"> <li><b>Not Supported – Do not send</b></li> </ul>  |
| <b>2300</b> | <b>PWK</b> |                 | <b>Segment – Claim Supplemental Information</b>                       | <b>Not Supported</b> | <ul style="list-style-type: none"> <li><b>Not Supported – Do not send</b></li> </ul>  |
| <b>2300</b> | <b>CN1</b> |                 | <b>Segment – Contract Information</b>                                 | <b>Not Supported</b> | <ul style="list-style-type: none"> <li><b>Not Supported – Do not send</b></li> </ul>  |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name                             | Usage         | Companion Guide Rule  |
|---------|------------|-----------------|---|---------------|---|
| 2300    | AMT        |                 | Segment – Patient Amount Paid                         | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>   |
| 2300    | REF        |                 | Segment – Prior Authorization                         | Situational   | <p><b>Required for services with an authorization (all FOCUS services)</b></p>  |
| 2300    | REF        | REF01           | Reference Identification Qualifier                    | Situational   | <ul style="list-style-type: none"> <li>“G1” (Prior Authorization Number) <ul style="list-style-type: none"> <li>If an authorization for this service exists in WellSky Human Services, populate this element with “G1”</li> <li>If an authorization does not exist in WellSky Human Services for this service, do not send this segment</li> </ul> </li> <li>Authorization number must be sent in the 2300 loop, do not send authorization number in the 2400 loop. This means each CLM segment will have only one Authorization number.</li> </ul>                           |
| 2300    | REF        | REF02           | Reference Identification (Prior Authorization Number) | Situational   | <ul style="list-style-type: none"> <li>WellSky Authorization ID (Auth ID) <ul style="list-style-type: none"> <li>If an authorization for this service exists in WellSky Human Services, populate this element with the WellSky authorization ID.</li> <li>If an authorization does not exist in WellSky Human Services for this service, do not send this segment</li> </ul> </li> <li>Authorization number must be sent in the 2300 loop, do not send authorization number in the 2400 loop. This means each CLM segment will have only one Authorization number.</li> </ul> |
| 2300    | REF        |                 | Segment – Payer Claim Control Number                  | Situational   |   |
| 2300    | REF        | REF01           | Reference Identification Qualifier                    | Situational   | <ul style="list-style-type: none"> <li>“F8” (Original Reference Number or ICN) <ul style="list-style-type: none"> <li>If CLM05-3 = “7” or “8”, populate this element with “F8”</li> <li>If CLM05-3 = “1”, do not send this segment</li> </ul> </li> </ul>   |

| Loop ID     | Segment ID | Data Element ID | Loop/Segment/Element Name                                  | Usage                | Companion Guide Rule  |
|-------------|------------|-----------------|--|----------------------|---|
| 2300        | REF        | REF02           | Reference Identification (Payer Claim Control Number; ICN) | Situational          | <ul style="list-style-type: none"> <li>• Payer Control Number/ICN               <ul style="list-style-type: none"> <li>○ If CLM05-3 = “7” or “8”, populate this element with payer control number/ICN                   <ul style="list-style-type: none"> <li>▪ This number is visible in WellSky Human Services and in the 835-file generated by WellSky in response to the original paid claim (see TR3 005010X221 – Health Care Claim Payment/Advice, loop 2100 – Claim Payment Information, CLP segment, CLP07)</li> </ul> </li> <li>○ If CLM05-3 = “1”, do not send this segment</li> </ul> </li> </ul> |
| 2300        | REF        | REF03           | Description  | Not Used             | <ul style="list-style-type: none"> <li>• Not Used – Do not send</li> </ul>  |
| 2300        | REF        | REF04           | Reference Identifier                                       | Not Used             | <ul style="list-style-type: none"> <li>• Not Used – Do not send</li> </ul>  |
| <b>2300</b> | <b>REF</b> |                 | <b>Segment – Medical Record Number</b>                     | <b>Situational</b>   |   |
| 2300        | REF        | REF01           | Reference Identification Qualifier                         | Situational          | <ul style="list-style-type: none"> <li>• “EA” (Medical Record Identification Number)</li> </ul>   |
| 2300        | REF        | REF02           | Reference Identification                                   | Situational          | <ul style="list-style-type: none"> <li>• Member’s <b>Assist ID</b> <ul style="list-style-type: none"> <li>○ Required if member does not have a Medicaid ID (AHCCCS ID) populated in 2010BA, NM109.</li> </ul> </li> </ul>   |
| 2300        | REF        | REF03           | Description  | Not Used             | <ul style="list-style-type: none"> <li>• Not Used – Do not send</li> </ul>  |
| 2300        | REF        | REF04           | Reference Identifier                                       | Not Used             | <ul style="list-style-type: none"> <li>• Not Used – Do not send</li> </ul>  |
| <b>2300</b> | <b>REF</b> |                 | <b>Segment – (all other REF segments)</b>                  | <b>Not Supported</b> | <ul style="list-style-type: none"> <li>• <b>Not Supported – Do not send</b></li> </ul>  |
| <b>2300</b> | <b>K3</b>  |                 | <b>Segment – File Information</b>                          | <b>Not Supported</b> | <ul style="list-style-type: none"> <li>• <b>Not Supported – Do not send</b></li> </ul>  |
| <b>2300</b> | <b>NTE</b> |                 | <b>Segment – Claim Note</b>                                | <b>Not Supported</b> | <ul style="list-style-type: none"> <li>• <b>Not Supported – Do not send</b></li> </ul>  |

| Loop ID | Segment ID | Data Element ID   | Loop/Segment/Element Name   | Usage         | Companion Guide Rule   |
|---------|------------|-------------------|---|---------------|--|
| 2300    | CR1, CR2   |                   | Segment – Ambulance Transport Information<br>Segment – Spinal Manipulation Service Information  | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>  |
| 2300    | CRC        |                   | Segment – Ambulance Certification<br>Segment – Patient Condition Information: Vision<br>Segment – Homebound Indicator<br>Segment – EPSDT Referral | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>  |
| 2300    | HI         |                   | Segment – Health Care Diagnosis Code  | Required      |  |
| 2300    | HI         | HI01              | Health Care Code Information  |               | <ul style="list-style-type: none"> <li>HI01 is a composite element</li> </ul>  |
| 2300    | HI         | HI01-01           | Code List Qualifier Code  | Required      | <ul style="list-style-type: none"> <li>Diagnosis Type Code               <ul style="list-style-type: none"> <li>“ABK” (ICD-10-CM Principal Diagnosis)                   <ul style="list-style-type: none"> <li>Use for claims with dates of service on or after 10/1/15</li> </ul> </li> <li>“BK” (ICD-9-CM Principal Diagnosis)                   <ul style="list-style-type: none"> <li>Use for claims with dates of service on or before 9/30/15</li> </ul> </li> </ul> </li> </ul> |
| 2300    | HI         | HI01-02           | Industry Code   | Required      | <ul style="list-style-type: none"> <li>Diagnosis Code               <ul style="list-style-type: none"> <li>Remove decimals and all other formatting (e.g., F03.91 should be formatted as F0391)</li> </ul> </li> </ul>   |
| 2300    | HI         | HI01-03 – HI01-09 | Misc. Dates and IDs   | Not Used      | <ul style="list-style-type: none"> <li>Not Used – Do not send</li> </ul>   |

| Loop ID | Segment ID | Data Element ID                           | Loop/Segment/Element Name                     | Usage         | Companion Guide Rule   |
|---------|------------|---|---|---------------|--|
| 2300    | HI         | HI02-01 – HI08-01                         | Code List Qualifier Code                      | Situational   | <ul style="list-style-type: none"> <li>• Diagnosis Type Code <ul style="list-style-type: none"> <li>○ “ABF” (ICD-10-CM Diagnosis) <ul style="list-style-type: none"> <li>▪ Use for claims with dates of service on or after 10/1/15</li> </ul> </li> <li>○ “BF” (ICD-9-CM Diagnosis) <ul style="list-style-type: none"> <li>▪ Use for claims with dates of service on or before 9/30/15</li> </ul> </li> </ul> </li> </ul> |
| 2300    | HI         | HI02-02 – HI08-02                         | Industry Code                                 | Situational   | <ul style="list-style-type: none"> <li>• Diagnosis Code <ul style="list-style-type: none"> <li>○ Remove decimals and all other formatting (e.g., F03.91 should be formatted as F0391)</li> </ul> </li> </ul>   |
| 2300    | HI         | HI09-01 – HI12-01                         | Code List Qualifier Code                      | Not Supported | <ul style="list-style-type: none"> <li>• Not Supported – Do not send</li> </ul>  |
| 2300    | HI         | HI09-02 – HI12-02                         | Industry Code                                 | Not Supported | <ul style="list-style-type: none"> <li>• Not Supported – Do not send</li> </ul>  |
| 2300    | HI         | (HI02-03 – HI02-09) – (HI12-03 – HI12-09) | Misc. Dates and IDs                           | Not Used      | <ul style="list-style-type: none"> <li>• Not Used – Do not send</li> </ul>   |
| 2300    | HI         |   | Segment – Anesthesia Related Procedure        | Not Supported | <ul style="list-style-type: none"> <li>• Not Supported – Do not send</li> </ul>  |
| 2300    | HI         |   | Segment – Condition Information               | Not Supported | <ul style="list-style-type: none"> <li>• Not Supported – Do not send</li> </ul>  |
| 2300    | HCP        |   | Segment – Claim Pricing/Repricing Information | Not Supported | <ul style="list-style-type: none"> <li>• Not Supported – Do not send</li> </ul>  |
| 2310A   |            |   | Loop – Referring Provider Name                | Situational   |  |
| 2310A   | NM1        |   | Segment – Referring Provider Name             | Situational   |  |

| Loop ID      | Segment ID | Data Element ID | Loop/Segment/Element Name                                    | Usage              | Companion Guide Rule   |
|--------------|------------|-----------------|--|--------------------|--|
| 2310A        | NM1        | NM101           | Entity Identifier Code                                       | Required           | <ul style="list-style-type: none"> <li>• “DN” (Referring Provider)</li> </ul>  |
| 2310A        | NM1        | NM102           | Entity Type Qualifier  | Required           | <ul style="list-style-type: none"> <li>• “1” (Person)</li> </ul>   |
| 2310A        | NM1        | NM103           | Name Last / Org Name   | Required           | <ul style="list-style-type: none"> <li>• Last Name or Provider Name</li> </ul>   |
| 2310A        | NM1        | NM104           | Name First   | Situational        | <ul style="list-style-type: none"> <li>• First Name</li> </ul>   |
| 2310A        | NM1        | NM105-107       | Name Middle; Name Prefix; Name Suffix                        | Not Supported      | <ul style="list-style-type: none"> <li>• Not Supported – Do not send</li> </ul>  |
| 2310A        | NM1        | NM108           | ID Code Qualifier  | Situational        | <ul style="list-style-type: none"> <li>• “XX” (NPI) <ul style="list-style-type: none"> <li>○ If the referring provider has an NPI number, populate this element with “XX”</li> <li>○ If the referring provider does not have an NPI number, do not send this element</li> </ul> </li> </ul>  |
| 2310A        | NM1        | NM109           | ID Code  | Situational        | <ul style="list-style-type: none"> <li>• Provider NPI <ul style="list-style-type: none"> <li>○ If the referring provider has an NPI number, populate this element with their NPI number</li> <li>○ If the referring provider does not have an NPI number, do not send this element. Instead send 2310A REF segment with the Provider’s AHCCCS ID.</li> </ul> </li> </ul> |
| <b>2310A</b> | <b>REF</b> |                 | <b>Segment – Referring Provider Secondary Identification</b> | <b>Situational</b> |  |
| 2310A        | REF        | REF01           | Reference Identification Qualifier                           | Required           | <ul style="list-style-type: none"> <li>• “G2” (Provider Commercial Number)</li> </ul>  |
| 2310A        | REF        | REF02           | Reference Identification                                     | Required           | <ul style="list-style-type: none"> <li>• Provider AHCCCS ID</li> </ul>   |
| <b>2310B</b> |            |                 | <b>Loop – Rendering Provider Name</b>                        | <b>Situational</b> | <b>Required if different from Billing Provider</b>   |
| <b>2310B</b> | <b>NM1</b> |                 | <b>Segment – Rendering Provider Name</b>                     | <b>Situational</b> | <b>Required if different from Billing Provider</b>   |
| 2310B        | NM1        | NM101           | Entity Identifier Code                                       | Required           | <ul style="list-style-type: none"> <li>• “82” (Rendering Provider)</li> </ul>  |

| Loop ID      | Segment ID | Data Element ID      | Loop/Segment/Element Name                                    | Usage                | Companion Guide Rule   |
|--------------|------------|----------------------|--|----------------------|--|
| 2310B        | NM1        | NM102                | Entity Type Qualifier  | Required             | <ul style="list-style-type: none"> <li>• “1” (Person)</li> <li>• “2” (Non-Person Entity)</li> </ul>  |
| 2310B        | NM1        | NM103                | Name Last / Org Name   | Required             | <ul style="list-style-type: none"> <li>• Provider Name</li> </ul>  |
| 2310B        | NM1        | NM104 – 105, NM107   | First/Middle Name; Name Suffix                               | Not Supported        | <ul style="list-style-type: none"> <li>• Not Supported – Do not send</li> </ul>  |
| 2310B        | NM1        | NM106, NM110 – NM112 | Name Prefix; Entity Codes                                    | Not Used             | <ul style="list-style-type: none"> <li>• Not Used – Do not send</li> </ul>   |
| 2310B        | NM1        | NM108                | ID Code Qualifier  | Situational          | <ul style="list-style-type: none"> <li>• “XX” (NPI) <ul style="list-style-type: none"> <li>○ If the rendering provider has an NPI number, populate this element with “XX”</li> <li>○ If the rendering provider does not have an NPI number, do not send this element</li> </ul> </li> </ul>  |
| 2310B        | NM1        | NM109                | ID Code  | Situational          | <ul style="list-style-type: none"> <li>• Provider NPI <ul style="list-style-type: none"> <li>○ If the rendering provider has an NPI number, populate this element with their NPI number</li> <li>○ If the rendering provider does not have an NPI number, do not send this element. Instead send 2310B REF segment with the Provider’s AHCCCS ID.</li> </ul> </li> </ul> |
| <b>2310B</b> | <b>PRV</b> |                      | <b>Segment – Rendering Provider Specialty Information</b>    | <b>Not Supported</b> | <ul style="list-style-type: none"> <li>• <b>Not Supported – Do not send</b></li> </ul>   |
| <b>2310B</b> | <b>REF</b> |                      | <b>Segment – Rendering Provider Secondary Identification</b> | <b>Situational</b>   |  |
| 2310B        | REF        | REF01                | Reference Identification Qualifier                           | Required             | <ul style="list-style-type: none"> <li>• “G2” (Provider Commercial Number)</li> </ul>  |
| 2310B        | REF        | REF02                | Reference Identification                                     | Required             | <ul style="list-style-type: none"> <li>• Provider AHCCCS ID</li> </ul>   |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name              | Usage         | Companion Guide Rule                                    |
|---------|------------|-----------------|--|---------------|---|
| 2310C   |            |                 | Loop - Service Facility Location       | Not Supported | • Not Supported – Do not send                           |
| 2310D   |            |                 | Loop – Supervising Provider Name       | Not Supported | • Not Supported – Do not send                           |
| 2310E   |            |                 | Loop – Ambulance Pick-Up Location      | Not Supported | • Not Supported – Do not send                           |
| 2310F   |            |                 | Loop – Ambulance Drop-Off Location     | Not Supported | • Not Supported – Do not send                           |
| 2320    |            |                 | Loop – Other Subscriber Information    | Situational   | • Required when loop 2430 (TPL information) is included |
| 2320    | SBR        |                 | Segment – Other Subscriber Information | Required      |   |



| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name                 | Usage    | Companion Guide Rule   |
|---------|------------|-----------------|---|----------|--|
| 2320    | SBR        | SBR01           | Payer Responsibility Sequence Number Code | Required | <ul style="list-style-type: none"> <li>• If multiple payers, repeat 2320, 2330A and 2330B loops as needed <b>in responsibility order</b> <ul style="list-style-type: none"> <li>○ “P” (Primary)</li> <li>○ “S” (Secondary)</li> <li>○ “T” (Tertiary)</li> <li>○ “A” (Payer Responsibility Four)</li> <li>○ “B” (Payer Responsibility Five)</li> <li>○ “C” (Payer Responsibility Six)</li> <li>○ “D” (Payer Responsibility Seven)</li> <li>○ “E” (Payer Responsibility Eight)</li> <li>○ “F” (Payer Responsibility Nine)</li> <li>○ “G” (Payer Responsibility Ten)</li> <li>○ “H” (Payer Responsibility Eleven)</li> <li>○ “U” (Unknown)</li> </ul> </li> </ul> |
| 2320    | SBR        | SBR02           | Individual Relationship Code              | Required | <ul style="list-style-type: none"> <li>• “01” (Spouse)</li> <li>• “18” (Self)</li> <li>• “19” (Child)</li> <li>• “20” (Employee)</li> <li>• “21” (Unknown)</li> <li>• “39” (Organ Donor)</li> <li>• “40” (Cadaver Donor)</li> <li>• “53” (Life Partner)</li> <li>• “G8” (Other Relationship)</li> </ul>  |

| Loop ID | Segment ID | Data Element ID  | Loop/Segment/Element Name                                  | Usage         | Companion Guide Rule  |
|---------|------------|------------------|--|---------------|---|
| 2320    | SBR        | SBR03-05, SBR09  | Identifier, Name, Insurance Type Code, Claim File Ind Code | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>                                     |
| 2320    | SBR        | SBR06-SBR08      | Misc. Codes  | Not Used      | <ul style="list-style-type: none"> <li>Not Used – Do not send</li> </ul>  |
| 2320    | CAS        |                  | Segment – Claim Level Adjustments                          | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send (Send any adjustments in Loop 2430)</li> </ul> |
| 2320    | AMT        |                  | Segment – COB Payer Paid Amount                            | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>                                     |
| 2320    | AMT        |                  | Segment – COB Non-Covered Amount                           | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>                                     |
| 2320    | AMT        |                  | Segment – Remaining Patient Liability                      | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>                                     |
| 2320    | OI         |                  | Segment – Other Insurance Coverage Information             | Required      |   |
| 2320    | OI         | OI01, OI02, OI05 | Misc. Codes  | Not Used      | <ul style="list-style-type: none"> <li>Not Used – Do not send</li> </ul>  |
| 2320    | OI         | OI03             | Benefits Assignment Certification Indicator                | Required      | <ul style="list-style-type: none"> <li>“N” (No)</li> <li>“W” (N/A)</li> <li>“Y” (Yes)</li> </ul>                  |
| 2320    | OI         | OI04             | Patient Signature Source Code                              | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>                                     |
| 2320    | OI         | OI06             | Release of Information Code                                | Required      | <ul style="list-style-type: none"> <li>“I” (Informed Consent)</li> <li>“Y” (Yes)</li> </ul>                       |
| 2320    | MOA        |                  | Segment – Outpatient Adjudication Information              | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>                                     |
| 2330A   |            |                  | Loop – Other Subscriber Name                               | Situational   | <ul style="list-style-type: none"> <li>Required when loop 2320 is included</li> </ul>                             |

| Loop ID      | Segment ID | Data Element ID      | Loop/Segment/Element Name                                  | Usage                | Companion Guide Rule  |
|--------------|------------|----------------------|--|----------------------|---|
| <b>2330A</b> | <b>NM1</b> |                      | <b>Segment – Other Subscriber Name</b>                     | <b>Required</b>      |   |
| 2330A        | NM1        | NM101                | Entity Identifier Code                                     | Required             | <ul style="list-style-type: none"> <li>“IL” (Insured or Subscriber)</li> </ul>                  |
| 2330A        | NM1        | NM102                | Entity Type Qualifier                                      | Required             | <ul style="list-style-type: none"> <li>“1” (Person)</li> <li>“2” (Non-Person Entity)</li> </ul> |
| 2330A        | NM1        | NM103                | Name Last / Org Name                                       | Required             | <ul style="list-style-type: none"> <li>Last Name</li> </ul>                                     |
| 2330A        | NM1        | NM104                | First Name   | Situational          | <ul style="list-style-type: none"> <li>First Name</li> </ul>                                    |
| 2330A        | NM1        | NM105, NM107         | Middle Name; Name Suffix                                   | Not Supported        | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>                   |
| 2330A        | NM1        | NM106, NM110 – NM112 | Name Prefix; Entity Codes                                  | Not Used             | <ul style="list-style-type: none"> <li>Not Used – Do not send</li> </ul>                        |
| 2330A        | NM1        | NM108                | ID Code Qualifier  | Required             | <ul style="list-style-type: none"> <li>“MI” (Member Identification Number)</li> </ul>           |
| 2330A        | NM1        | NM109                | ID Code  | Required             | <ul style="list-style-type: none"> <li>Other Insured Identifier</li> </ul>                      |
| <b>2330A</b> | <b>N3</b>  |                      | <b>Segment – Other Subscriber Address</b>                  | <b>Not Supported</b> | <ul style="list-style-type: none"> <li><b>Not Supported – Do not send</b></li> </ul>            |
| <b>2330A</b> | <b>N4</b>  |                      | <b>Segment – Other Subscriber City, State, Zip Code</b>    | <b>Not Supported</b> | <ul style="list-style-type: none"> <li><b>Not Supported – Do not send</b></li> </ul>            |
| <b>2330A</b> | <b>REF</b> |                      | <b>Segment – Other Subscriber Secondary Identification</b> | <b>Not Supported</b> | <ul style="list-style-type: none"> <li><b>Not Supported – Do not send</b></li> </ul>            |
| <b>2330B</b> |            |                      | <b>Loop – Other Payer Name</b>                             | <b>Situational</b>   | <ul style="list-style-type: none"> <li><b>Required when loop 2320 is included</b></li> </ul>    |
| <b>2330B</b> | <b>NM1</b> |                      | <b>Segment – Other Payer Name</b>                          | <b>Required</b>      |   |
| 2330B        | NM1        | NM101                | Entity Identifier Code                                     | Required             | <ul style="list-style-type: none"> <li>“PR” (Payer)</li> </ul>                                  |
| 2330B        | NM1        | NM102                | Entity Type Qualifier                                      | Required             | <ul style="list-style-type: none"> <li>“2” (Non-Person Entity)</li> </ul>                       |
| 2330B        | NM1        | NM103                | Name Last / Org Name                                       | Required             | <ul style="list-style-type: none"> <li>Other Payer Organization Name</li> </ul>                 |

| Loop ID | Segment ID | Data Element ID                       | Loop/Segment/Element Name                        | Usage         | Companion Guide Rule   |
|---------|------------|---------------------------------------|--|---------------|--|
| 2330B   | NM1        | NM104 –<br>NM107,<br>NM110 –<br>NM112 | Name Prefix; Entity Codes                        | Not Used      | <ul style="list-style-type: none"> <li>Not Used – Do not send</li> </ul>         |
| 2330B   | NM1        | NM108                                 | ID Code Qualifier                                | Required      | <ul style="list-style-type: none"> <li>“PI” (Payor Identification)</li> </ul>    |
| 2330B   | NM1        | NM109                                 | ID Code  | Required      | <ul style="list-style-type: none"> <li>Other Payer Primary Identifier</li> </ul> |
| 2330B   | N3         |                                       | Segment – Other Payer Address                    | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>    |
| 2330B   | N4         |                                       | Segment – Other Payer City, State, Zip Code      | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>    |
| 2330B   | DTP        |                                       | Segment – Claim Check or Remittance Date         | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>    |
| 2330B   | REF        |                                       | Segment – Other Payer Secondary Identifier       | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>    |
| 2330B   | REF        |                                       | Segment – Other Payer Prior Authorization Number | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>    |
| 2330B   | REF        |                                       | Segment – Other Payer Referral Number            | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>    |
| 2330B   | REF        |                                       | Segment – Other Payer Claim Adjustment Indicator | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>    |
| 2330B   | REF        |                                       | Segment – Other Payer Claim Control Number       | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>    |
| 2330C   |            |                                       | Loop – Other Payer Referring Provider            | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>    |
| 2330D   |            |                                       | Loop – Other Payer Rendering Provider            | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>    |

| Loop ID | Segment ID | Data Element ID     | Loop/Segment/Element Name                               | Usage         | Companion Guide Rule   |
|---------|------------|---------------------|---|---------------|--|
| 2330E   |            |                     | Loop – Other Payer Service Facility Location            | Not Supported | • Not Supported – Do not send  |
| 2330F   |            |                     | Loop – Other Payer Supervising Provider                 | Not Supported | • Not Supported – Do not send  |
| 2330G   |            |                     | Loop – Other Payer Billing Provider                     | Not Supported | • Not Supported – Do not send  |
| 2400    |            |                     | Loop – Service Line Number                              | Required      |  |
| 2400    | LX         |                     | Segment – Service Line Number                           | Required      |  |
| 2400    | LX         | LX1                 | Assigned Number   | Required      | • Assigned number should start with “1” and increment by one for each additional service associated with the claim |
| 2400    | SV1        |                     | Segment – Service Line Number                           | Required      |  |
| 2400    | SV1        | SV101               | Composite Medical Procedure Identifier                  | Required      | • SV101 is a composite element   |
| 2400    | SV1        | SV101-01            | Product/Service ID Qualifier                            | Required      | • “HC” (HCPCS Codes)   |
| 2400    | SV1        | SV101-02            | Product/Service ID                                      | Required      | • Procedure code   |
| 2400    | SV1        | SV101-03 – SV101-06 | Procedure Modifier                                      | Situational   | • Modifier code  |
| 2400    | SV1        | SV101-07            | Description   | Not Supported | • Not Supported – Do not send  |
| 2400    | SV1        | SV101-08            | Product/Service ID                                      | Not Used      | • Not Used – Do not send   |
| 2400    | SV1        | SV102               | Monetary Amount (Service Amount, Service Charge Amount) | Required      | • Amount being billed for the service line, must not be negative.  |
| 2400    | SV1        | SV103               | Unit or Basis for Measurement Code                      | Required      | • “UN” (Unit)  |
| 2400    | SV1        | SV104               | Quantity  | Required      | • Number of units being billed   |

| Loop ID | Segment ID | Data Element ID                           | Loop/Segment/Element Name   | Usage                | Companion Guide Rule  |
|---------|------------|---|---|----------------------|---|
| 2400    | SV1        | SV105                                     | Facility Code Value (Place of Service)  | Situational          | <ul style="list-style-type: none"> <li>Populate only if the place of service for this service line is different than the place of service in CLM05-1</li> </ul>   |
| 2400    | SV1        | SV106                                     | Service Type Code   | Not Used             | <ul style="list-style-type: none"> <li>Not Used – Do not send</li> </ul>  |
| 2400    | SV1        | SV107                                     | Composite Diagnosis Code Pointer  | Required             | <ul style="list-style-type: none"> <li>SV107 is a composite element</li> </ul>  |
| 2400    | SV1        | SV107-01                                  | Diagnosis Code Pointer  | Required             | <ul style="list-style-type: none"> <li>Pointer to the diagnosis code(s) specified in loop 2300, HI</li> <li>Allowable values are 1-8, where the values correspond to the composite data elements in 2300, HI</li> </ul> |
| 2400    | SV1        | SV107-02 – SV107-04                       | Diagnosis Code Pointer  | Situational          | <ul style="list-style-type: none"> <li>Use to point to additional diagnoses in 2300, HI if appropriate</li> </ul>   |
| 2400    | SV1        | SV108, SV110, SV113, SV114, SV116 – SV121 | Misc. Codes   | Not Used             | <ul style="list-style-type: none"> <li>Not Used – Do not send</li> </ul>  |
| 2400    | SV1        | SV109, SV111, SV112, SV115                | Misc. Codes   | Not Supported        | <ul style="list-style-type: none"> <li>Not Supported - Do not send</li> </ul>   |
| 2400    | SV5        |   | <b>Segment – Service Line Number</b>  | <b>Not Supported</b> | <ul style="list-style-type: none"> <li><b>Not Supported – Do not send</b></li> </ul>  |
| 2400    | PWK        |   | <b>Segment – Line Supplemental Information</b>  | <b>Not Supported</b> | <ul style="list-style-type: none"> <li><b>Not Supported – Do not send</b></li> </ul>  |
| 2400    | PWK        |   | <b>Segment – Durable Medical Equipment Certificate of Medical Necessity Indicator</b> | <b>Not Supported</b> | <ul style="list-style-type: none"> <li><b>Not Supported – Do not send</b></li> </ul>  |
| 2400    | CR1        |   | <b>Segment – Ambulance Transport Information</b>                                      | <b>Not Supported</b> | <ul style="list-style-type: none"> <li><b>Not Supported – Do not send</b></li> </ul>  |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name  | Usage         | Companion Guide Rule  |
|---------|------------|-----------------|--|---------------|---|
| 2400    | CR3        |                 | Segment – Durable Medical Equipment Certification  | Not Supported | • Not Supported – Do not send   |
| 2400    | CRC        |                 | Segment – Ambulance Certification<br>Segment – Hospice Employee Indicator<br>Segment – Condition Indicator / Durable Medical Equipment | Not Supported | • Not Supported – Do not send   |
| 2400    | DTP        |                 | Segment – Date – Service Date  | Required      |   |
| 2400    | DTP        | DTP01           | Date/Time Qualifier  | Required      | • “472” (Service)   |
| 2400    | DTP        | DTP02           | Date Time Period Format Qualifier  | Required      | <ul style="list-style-type: none"> <li>• “D8” (Date expressed in format CCYYMMDD) <ul style="list-style-type: none"> <li>○ Use if start and end dates are the same (e.g., service was provided on a single day)</li> </ul> </li> <li>• “RD8” (Range of date expressed in format CCYYMMDD-CCYYMMDD) <ul style="list-style-type: none"> <li>○ Use if start and end dates are different (e.g., service was provided over multiple days)</li> </ul> </li> </ul> |
| 2400    | DTP        | DTP03           | Date Time Period   | Required      | <ul style="list-style-type: none"> <li>• Date or date range <ul style="list-style-type: none"> <li>○ If a range is used, start date must precede end date (e.g., if date range is Jan 1, 2016 – Jan 31, 2016, then format as 20160101-20160131, not 20160131-20150101)</li> </ul> </li> </ul>   |
| 2400    | DTP        |                 | Segment – Date – (all dates other than Service Date)   | Not Supported | • Not Supported – Do not send   |
| 2400    | QTY        |                 | Segment – Ambulance Patient Count<br>Segment – Obstetric Anesthesia Additional Units   | Not Supported | • Not Supported – Do not send   |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name                                      | Usage         | Companion Guide Rule   |
|---------|------------|-----------------|--|---------------|--|
| 2400    | MEA        |                 | Segment – Test Result  | Not Supported | • Not Supported – Do not send  |
| 2400    | CN1        |                 | Segment – Contract Information                                 | Not Supported | • Not Supported – Do not send  |
| 2400    | REF        |                 | Segment – Line Item Control Number                             | Optional      |  |
| 2400    | REF        | REF01           | Reference Identification Qualifier                             | Required      | • “6R” (Provider Control Number)   |
| 2400    | REF        | REF02           | Reference Identification                                       | Required      | <ul style="list-style-type: none"> <li>• Defined by sender               <ul style="list-style-type: none"> <li>○ Note that the TR3 defines the field length as 50 but indicates that HIPAA requires support for no more than a 30-character value. WellSky reserves the right to support no more than 30 characters.</li> </ul> </li> </ul> |
| 2400    | REF        |                 | Segment – Prior Authorization                                  | Not Supported | • Not Supported – Do not send (Send authorization number in Loop 2300)   |
| 2400    | REF        |                 | Segment – (all REF segments other than listed above)           | Not Supported | • Not Supported – Do not send  |
| 2400    | AMT        |                 | Segment – Sales Tax Amount<br>Segment – Postage Claimed Amount | Not Supported | • Not Supported – Do not send  |
| 2400    | K3         |                 | Segment – File Information                                     | Not Supported | • Not Supported – Do not send  |
| 2400    | NTE        |                 | Segment – Line Note  | Optional      | • Not used in AZ DDD implementation  |
| 2400    | PS1        |                 | Segment – Purchased Service Information                        | Not Supported | • Not Supported – Do not send  |
| 2400    | HCP        |                 | Segment – Line Pricing / Repricing Information                 | Not Supported | • Not Supported – Do not send  |



| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name              | Usage         | Companion Guide Rule   |
|---------|------------|-----------------|--|---------------|--|
| 2410    |            |                 | Loop – Drug Identification             | Not Supported | • Not Supported – Do not send  |
| 2420A   |            |                 | Loop – Rendering Provider Name         | Not Supported | • Not Supported – Do not send  |
| 2420B   |            |                 | Loop – Purchased Service Provider Name | Not Supported | • Not Supported – Do not send  |
| 2420C   |            |                 | Loop – Service Facility Location Name  | Not Supported | • Not Supported – Do not send  |
| 2420D   |            |                 | Loop – Supervising Provider Name       | Not Supported | • Not Supported – Do not send  |
| 2420E   |            |                 | Loop – Ordering Provider Name          | Situational   |  |
| 2420E   | NM1        |                 | Segment – Ordering Provider Name       | Situational   |  |
| 2420E   | NM1        | NM101           | Entity Identifier Code                 | Required      | • “DK” (Ordering Physician)  |
| 2420E   | NM1        | NM102           | Entity Type Qualifier                  | Required      | • “1” (Person)   |
| 2420E   | NM1        | NM103           | Name Last / Org Name                   | Required      | • Last Name or Provider Name   |
| 2420E   | NM1        | NM104           | Name First                             | Situational   | • First Name   |
| 2420E   | NM1        | NM105-107       | Name Middle; Name Prefix; Name Suffix  | Not Supported | • Not Supported – Do not send  |
| 2420E   | NM1        | NM108           | ID Code Qualifier                      | Situational   | <ul style="list-style-type: none"> <li>• “XX” (NPI) <ul style="list-style-type: none"> <li>○ If the ordering provider has an NPI number, populate this element with “XX”</li> <li>○ If the referring provider does not have an NPI number, do not send this element</li> </ul> </li> </ul> |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name                            | Usage         | Companion Guide Rule  |
|---------|------------|-----------------|--|---------------|---|
| 2420E   | NM1        | NM109           | ID Code  | Situational   | <ul style="list-style-type: none"> <li>Provider NPI               <ul style="list-style-type: none"> <li>If the ordering provider has an NPI number, populate this element with their NPI number</li> <li>If the referring provider does not have an NPI number, do not send this element. Instead send 2420E REF segment with the Provider's AHCCCS ID.</li> </ul> </li> </ul> |
| 2420E   | N3         |                 | Segment – Ordering Provider Address                  | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>   |
| 2420E   | N4         |                 | Segment – Ordering Provider City, State, Zip Code    | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>   |
| 2420E   | REF        |                 | Segment – Ordering Provider Secondary Identification | Situational   |   |
| 2420E   | REF        | REF01           | Reference Identification Qualifier                   | Required      | <ul style="list-style-type: none"> <li>“G2” (Provider Commercial Number)</li> </ul>   |
| 2420E   | REF        | REF02           | Reference Identification                             | Required      | <ul style="list-style-type: none"> <li>Provider AHCCCS ID</li> </ul>  |
| 2420E   | REF        |                 | Segment – Ordering Provider Contact Information      | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>   |
| 2420F   |            |                 | Loop – Referring Provider Name                       | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>   |
| 2420G   |            |                 | Loop – Ambulance Pick-Up Location                    | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>   |
| 2420H   |            |                 | Loop – Ambulance Drop-Off Location                   | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>   |
| 2430    |            |                 | Loop – Line Adjudication Information                 | Situational   | <ul style="list-style-type: none"> <li><b>NOTE: Maximum number of repeats for Loop 2430 is 9 due to limitations in the FOCUS billing system</b></li> </ul>  |
| 2430    | SVD        |                 | Segment – Line Adjudication Information              | Situational   |   |
| 2430    | SVD        | SVD01           | Identification Code                                  | Required      | <ul style="list-style-type: none"> <li>Master Carrier ID (MCID)</li> </ul>  |

| Loop ID | Segment ID | Data Element ID     | Loop/Segment/Element Name              | Usage         | Companion Guide Rule   |
|---------|------------|---------------------|--|---------------|--|
| 2430    | SVD        | SVD02               | Monetary Amount                        | Required      | <ul style="list-style-type: none"> <li>Payer paid amount</li> <li>Amount paid for the service line</li> <li>NOTE: Monetary amounts should be positive values only. Due to technical limitations in the FOCUS billing system, negative values are not currently supported.</li> </ul> |
| 2430    | SVD        | SVD03               | Composite Medical Procedure Identifier | Required      | <ul style="list-style-type: none"> <li>SVD03 is a composite element</li> </ul>   |
| 2430    | SVD        | SVD03-01            | Product/Service ID Qualifier           | Required      | <ul style="list-style-type: none"> <li>“HC” (HCPCS Codes)</li> <li>Note: CPT codes are level 1 HCPCS codes and are reported under “HC”</li> </ul>  |
| 2430    | SVD        | SVD03-02            | Product/Service ID                     | Required      | <ul style="list-style-type: none"> <li>Procedure code</li> </ul>   |
| 2430    | SVD        | SVD03-03 – SVD03-06 | Procedure Modifier                     | Situational   | <ul style="list-style-type: none"> <li>Modifier code(s)</li> </ul>   |
| 2430    | SVD        | SVD03-07            | Description                            | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>  |
| 2430    | SVD        | SVD03-08            | Product/Service ID                     | Not Used      | <ul style="list-style-type: none"> <li>Not Used – Do not send</li> </ul>   |
| 2430    | SVD        | SVD04               | Product/Service ID                     | Not Used      | <ul style="list-style-type: none"> <li>Not Used – Do not send</li> </ul>   |
| 2430    | SVD        | SVD05               | Quantity                               | Required      | <ul style="list-style-type: none"> <li>Number of units paid</li> </ul>   |
| 2430    | SVD        | SVD06               | Assigned Number                        | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>  |
| 2430    | CAS        |                     | Segment – Line Adjustment              | Situational   | <ul style="list-style-type: none"> <li>NOTE: The FOCUS billing system supports only 1 CAS per SVD <ul style="list-style-type: none"> <li>When submitting via 837, providers can include multiple CAS, but only the first will be transmitted to FOCUS</li> </ul> </li> </ul>         |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name    | Usage       | Companion Guide Rule  |
|---------|------------|-----------------|------------------------------|-------------|---|
| 2430    | CAS        | CAS01           | Claim Adjustment Group Code  | Required    | <ul style="list-style-type: none"> <li>• “CO” (Contractual Obligations)</li> <li>• “CR” (Correction and Reversals)</li> <li>• “OA” (Other adjustments)</li> <li>• “PI” (Payor Initiated Reductions)</li> <li>• “PR” (Patient Responsibility)</li> </ul>   |
| 2430    | CAS        | CAS02           | Claim Adjustment Reason Code | Required    | <ul style="list-style-type: none"> <li>• “01” (Deductible Amount)</li> <li>• “02” (Coinsurance Amount)</li> <li>• “03” (Co-payment Amount)</li> <li>• “35” (Lifetime benefit maximum has been reached)</li> <li>• “50” (These are non-covered services because this is not deemed a 'medical necessity' by the payer)</li> <li>• “51” (These are non-covered services because this is a pre-existing condition)</li> <li>• “56” (Procedure/treatment has not been deemed 'proven to be effective' by the payer)</li> <li>• “119” (Benefit maximum for this time period or occurrence has been reached)</li> <li>• “149” (Lifetime benefit maximum has been reached for this service/benefit category)</li> <li>• “242” (Services not provided by network/primary care providers)</li> </ul> |
| 2430    | CAS        | CAS03           | Monetary Amount              | Required    | <ul style="list-style-type: none"> <li>• Adjusted Amount (Line Item Charge Amount [2400 SV102] - Payer Paid Amount [2430 SVD02])</li> </ul>   |
| 2430    | CAS        | CAS04           | Quantity                     | Situational |   |

| Loop ID     | Segment ID | Data Element ID | Loop/Segment/Element Name                      | Usage           | Companion Guide Rule  |
|-------------|------------|-----------------|--|-----------------|---|
| 2430        | CAS        | CAS05           | Claim Adjustment Reason Code                   | Situational     | <ul style="list-style-type: none"> <li>Use standard X12 Claim Adjustment Reason Codes</li> </ul>  |
| 2430        | CAS        | CAS06           | Monetary Amount                                | Situational     | <ul style="list-style-type: none"> <li>Adjusted Amount (Line Item Charge Amount [2400 SV102] - Payer Paid Amount [2430 SVD02])</li> </ul> |
| 2430        | CAS        | CAS07           | Quantity                                       | Situational     |   |
| 2430        | CAS        | CAS08           | Claim Adjustment Reason Code                   | Situational     | <ul style="list-style-type: none"> <li>Use standard X12 Claim Adjustment Reason Codes</li> </ul>  |
| 2430        | CAS        | CAS09           | Monetary Amount                                | Situational     | <ul style="list-style-type: none"> <li>Adjusted Amount (Line Item Charge Amount [2400 SV102] - Payer Paid Amount [2430 SVD02])</li> </ul> |
| 2430        | CAS        | CAS10           | Quantity                                       | Situational     |   |
| 2430        | CAS        | CAS11           | Claim Adjustment Reason Code                   | Situational     | <ul style="list-style-type: none"> <li>Use standard X12 Claim Adjustment Reason Codes</li> </ul>  |
| 2430        | CAS        | CAS12           | Monetary Amount                                | Situational     | <ul style="list-style-type: none"> <li>Adjusted Amount (Line Item Charge Amount [2400 SV102] - Payer Paid Amount [2430 SVD02])</li> </ul> |
| 2430        | CAS        | CAS13           | Quantity                                       | Situational     |   |
| 2430        | CAS        | CAS14           | Claim Adjustment Reason Code                   | Situational     | <ul style="list-style-type: none"> <li>Use standard X12 Claim Adjustment Reason Codes</li> </ul>  |
| 2430        | CAS        | CAS15           | Monetary Amount                                | Situational     | <ul style="list-style-type: none"> <li>Adjusted Amount (Line Item Charge Amount [2400 SV102] - Payer Paid Amount [2430 SVD02])</li> </ul> |
| 2430        | CAS        | CAS16           | Quantity                                       | Situational     |   |
| 2430        | CAS        | CAS17           | Claim Adjustment Reason Code                   | Situational     | <ul style="list-style-type: none"> <li>Use standard X12 Claim Adjustment Reason Codes</li> </ul>  |
| 2430        | CAS        | CAS18           | Monetary Amount                                | Situational     | <ul style="list-style-type: none"> <li>Adjusted Amount (Line Item Charge Amount [2400 SV102] - Payer Paid Amount [2430 SVD02])</li> </ul> |
| 2430        | CAS        | CAS19           | Quantity                                       | Situational     |   |
| <b>2430</b> | <b>DTP</b> |                 | <b>Segment – Line Check or Remittance Date</b> | <b>Required</b> | <ul style="list-style-type: none"> <li><b>Required if loop 2430 is included</b></li> </ul>  |
| 2430        | DTP        | DTP01           | Date Time Qualifier                            | Required        | <ul style="list-style-type: none"> <li>“573” (Date Claim Paid)</li> </ul>   |
| 2430        | DTP        | DTP02           | Date Time Period Format Qualifier              | Required        | <ul style="list-style-type: none"> <li>“D8” (Date Expressed in Format CCYYMMDD)</li> </ul>  |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name             | Usage         | Companion Guide Rule  |
|---------|------------|-----------------|---------------------------------------|---------------|---|
| 2430    | DTP        | DTP03           | Date Time Period                      | Required      | <ul style="list-style-type: none"> <li>Adjudication or Payment Date in Format CCYYMMDD</li> </ul> |
| 2430    | AMT        |                 | Segment – Remaining Patient Liability | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>                     |
| 2440    |            |                 | Loop – Form Identification Code       | Not Supported | <ul style="list-style-type: none"> <li>Not Supported – Do not send</li> </ul>                     |

## Trailer

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name      | Usage           | Companion Guide Rule  |
|---------|------------|-----------------|--------------------------------|-----------------|---|
|         |            |                 | <b>Transaction Set Trailer</b> | <b>Required</b> |   |
|         | SE         | SE01            | Number of Included Segments    | Required        | <ul style="list-style-type: none"> <li>Total number of segments in transaction set, including ST and SE segments</li> </ul> |
|         | SE         | SE02            | Transaction Set Control Number | Required        | <ul style="list-style-type: none"> <li>Must be the same as ST02</li> </ul>  |

## 837P – Functional Group and Interchange Control Trailers

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name                    | Usage           | Companion Guide Rule  |
|---------|------------|-----------------|--|-----------------|---|
|         |            |                 | <b>Functional Group Trailer</b>              | <b>Required</b> |   |
|         | <b>GE</b>  |                 | <b>Segment – Functional Group Trailer</b>    | <b>Required</b> |   |
|         | GE         | GE01            | Number of Included Segments                  | Required        | <ul style="list-style-type: none"> <li>Total number of segments in functional group</li> </ul>            |
|         | GE         | GE02            | Group Control Number                         | Required        | <ul style="list-style-type: none"> <li>Must be the same as GS06</li> </ul>                                |
|         |            |                 | <b>Interchange Control Trailer</b>           | <b>Required</b> |   |
|         | <b>IEA</b> |                 | <b>Segment – Interchange Control Trailer</b> | <b>Required</b> |   |
|         | IEA        | IEA01           | Number of Included Segments                  | Required        | <ul style="list-style-type: none"> <li>Count of number of functional groups in the interchange</li> </ul> |
|         | IEA        | IEA02           | Interchange Control Number                   | Required        | <ul style="list-style-type: none"> <li>Must be the same as ISA13</li> </ul>                               |

## Sample Files

### Unannotated File

```

ISA*00*          *00*          *ZZ*12345_Helpi    *ZZ*HAR_837_Upload *160123*2215**^*00501*000001234*0*P*:~
GS*HC*12345_Helpi*HAR_837_Upload*160123*2215*1357*X*005010X222A1~
ST*837*987654*005010X222A1~
BHT*0019*00*0001*20160123*2215*CH~
NM1*41*2*Helping Hands, Inc*****46*12345_Helpi~
PER*IC*Ann Jones*EM*AnnJones@helpinghands.com***TE*5555551234~
NM*40*2*HAR_837_Upload*****46*HAR_837_Upload~
HL*1**20*1~
NM1*85*2*Helping Hands, Inc*****XX*22222222~
N3*123 Main Street~
N4*Anytown*VA*220031234~
REF*EI*14681012~
HL*2*1*22*1~
SBR*P*18*****ZZ~
NM1*IL*1*Smith*John***MI*777777~
N3*864 Elm Street~
N4*Herndon*VA*201718532~
DMG*D8*19600405*M~
REF*SY*123456789~
NM1*PR*2*AZDESDDD*****PI*866004791~
CLM*44444*138.77***99:B:1*Y*A*Y*Y~
REF*G1*42315~

```



REF\*EA\*93857~

HI\*ABK:F0391~

NM1\*82\*2\*Helping Hands, Inc\*\*\*\*\*XX\*33333333~

REF\*G2\*12345~

LX\*1~

SV1\*HC:90801:U1:R3\*138.77\*UN\*4\*11\*\*1~

DTP\*472\*D8\*20160412~

SE\*28\*987654~

GE\*30\*1357~

IEA\*1\*000001234~

## File Broken by Loops

### [Interchange Control and Functional Group Header]

ISA\*00\*                    \*00\*                    \*ZZ\*12345\_Helpi        \*ZZ\*HAR\_837\_Upload \*160123\*2215\*^^\*00501\*000001234\*0\*P\*:~  
 GS\*HC\*12345\_Helpi\*HAR\_837\_Upload\*160123\*2215\*1357\*X\*005010X222A1~

### [Transaction Header]

ST\*837\*987654\*005010X222A1~  
 BHT\*0019\*00\*0001\*20160123\*2215\*CH~

### [1000A - Submitter EDI Contact Information Loop]

NM1\*41\*2\*Helping Hands, Inc\*\*\*\*\*46\*12345\_Helpi~  
 PER\*IC\*Ann Jones\*EM\*AnnJones@helpinghands.com\*\*\*TE\*5555551234~

### [1000B - Receiver Name Loop]

NM\*40\*2\*HAR\_837\_Upload\*\*\*\*\*46\*HAR\_837\_Upload~

### [2000A - Billing Provider Hierarchical Level Loop]

HL\*1\*\*20\*1~

### [2010AA - Billing Provider Name Loop]

NM1\*85\*2\*Helping Hands, Inc\*\*\*\*\*XX\*222222222~  
 N3\*123 Main Street~  
 N4\*Anytown\*VA\*220031234~  
 REF\*EI\*14681012~

### [2000B - Subscriber Hierarchical Level]

HL\*2\*1\*22\*1~  
 SBR\*P\*18\*\*\*\*\*ZZ~

### [2010BA - Subscriber Name Loop]

NM1\*IL\*1\*Smith\*John\*\*\*\*MI\*777777~  
 N3\*864 Elm Street~

N4\*Herndon\*VA\*201718532~

DMG\*D8\*19600405\*M~

REF\*SY\*123456789~

**[2010BB - Payer Name Loop - Name will vary with implementation]**

NM1\*PR\*2\*AZDESDDD\*\*\*\*\*PI\*866004791~

**[2300 - Claim Information Loop]**

CLM\*44444\*138.77\*\*\*99:B:1\*Y\*A\*Y\*Y~ (with delay reason code: CLM\*44444\*138.77\*\*\*99:B:1\*Y\*A\*Y\*Y\*\*\*\*\*4~)

REF\*G1\*42315~

REF\*EA\*93857~

HI\*ABK:F0391~

**[2310B - Rendering Provider Name Loop]**

NM1\*82\*2\*Helping Hands, Inc\*\*\*\*\*XX\*33333333~

REF\*G2\*12345~

**[2400 Service Line Number Loop]**

LX\*1~

SV1\*HC:90801:U1:R3\*138.77\*UN\*4\*11\*\*1~

DTP\*472\*D8\*20160412~

**[Transaction Trailer]**

SE\*28\*987654~

**[Functional Group and Interchange Control Trailer]**

GE\*30\*1357~

IEA\*1\*000001234~

## Annotated File: Values used to Confirm Valid Submitter, Rendering Provider, and Consumer

When a user creates a claim from within the WellSky Human Services application, they system automatically presents only valid providers and consumers. When a claim is submitted via 837, WellSky must confirm that the submitter, rendering provider, and consumer are known entities so that claims can be properly processed. The images below show the elements used in validating the entities and the location of the data in WellSky to which each element is compared.

```

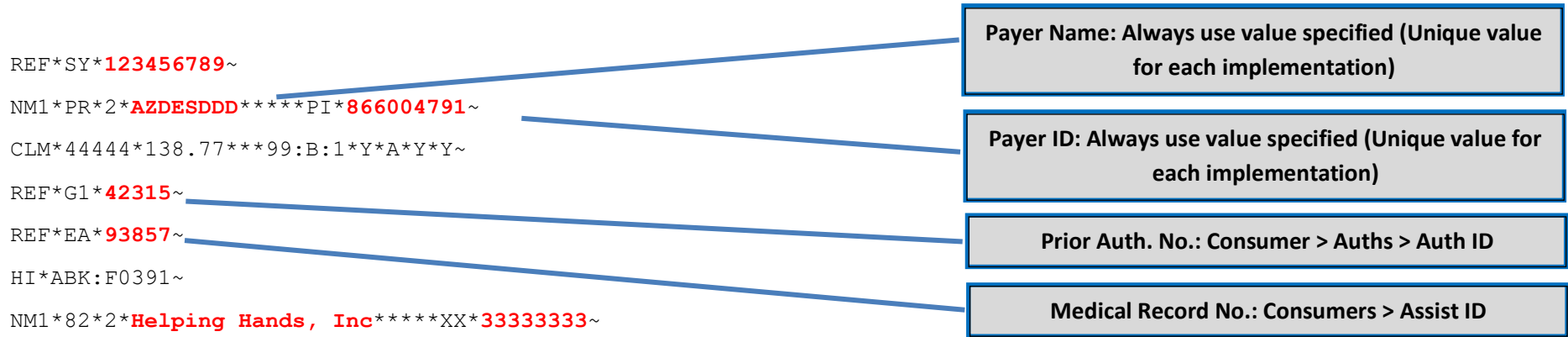
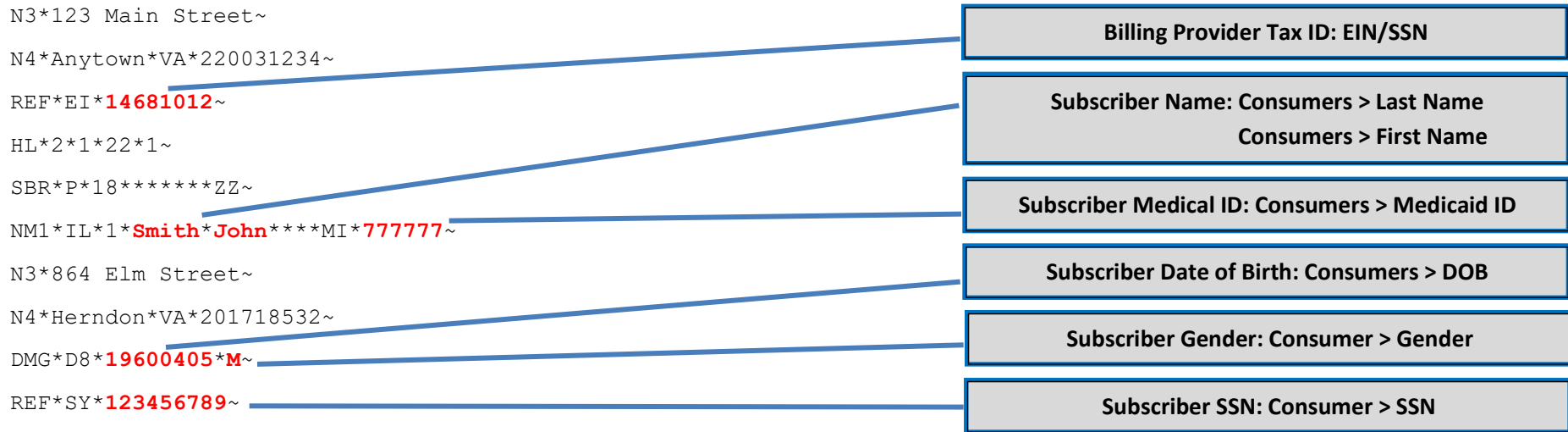
ISA*00*          *00*          *ZZ*12345_Helpi   *ZZ*HAR_837_Upload *160123*2215**^*00501*000001234*0*P*:~
GS*HC*12345_Helpi*HAR_837_Upload*160123*2215*1357*X*005010X222A1~
ST*837*987654*005010X222A1~
BHT*0019*00*0001*20160123*2215*CH~
NM1*41*2*Helping Hands, Inc*****46*12345_helpi~
PER*IC*Ann Jones*EM*AnnJones@helpinghands.com***TE*5555551234~
NM*40*2*HAR_837_Upload*****46*HAR_837_Upload~
HL*1**20*1~
  
```

- Receiver ID: Always use "HAR\_837\_Upload"
- Sender ID: Providers > Provider ID
- Receiver ID: Always use "HAR\_837\_Upload"
- Sender ID: Providers > Provider ID

```

BHT*0019*00*0001*20160123*2215*CH~
NM1*41*2*Helping Hands, Inc*****46*12345_helpi~
PER*IC*Ann Jones*EM*AnnJones@helpinghands.com***TE*5555551234~
NM*40*2*HAR_837_Upload*****46*HAR_837_Upload~
HL*1**20*1~
NM1*85*2*Helping Hands, Inc*****XX*22222222~
N3*123 Main Street~
N4*Anytown*VA*220031234~
  
```

- Submitter ID: Providers > Provider ID
- Submitter Name: Providers > Provider Name
- Receiver ID: Always use "HAR\_837\_Upload"
- Receiver Name: Always use "HAR\_837\_Upload"
- Billing Provider Name: Providers > Provider Name



HI\*ABK:F0391~

NM1\*82\*2\***Helping Hands, Inc**\*\*\*\*\*XX\*33333333~

REF\*G2\***12345**~

LX\*1~

SV1\*HC:90801:U1:R3\*138.77\*UN\*4\*11\*\*1~

DTP\*472\*D8\*20160412~

SE\*28\*987654~

GE\*30\*1357~

IEA\*1\*000001234~

Rendering Provider Name: Providers > Provider Name

Rendering Provider NPI: Providers > NPI

Rendering Provider Secondary ID: Providers > Provider ID

## Appendix A. Standard Place of Service Codes

Source: [https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place\\_of\\_Service\\_Code\\_Set.html](https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html)

| Place of Service Code(s) | Place of Service Name                           |
|--------------------------|---|
| 01                       | Pharmacy  |
| 03                       | School  |
| 04                       | Homeless Shelter                                |
| 05                       | Indian Health Service - Free-standing Facility  |
| 06                       | Indian Health Service - Provider-based Facility |
| 07                       | Tribal 638 - Free-standing - Facility           |
| 08                       | Tribal 638 - Provider-based-Facility            |
| 09                       | Prison/Correctional Facility                    |
| 11                       | Office  |
| 12                       | Home  |
| 13                       | Assisted Living Facility                        |
| 14                       | Group Home                                      |
| 15                       | Mobile Unit                                     |
| 16                       | Temporary Lodging                               |
| 17                       | Walk-in Retail Health Clinic                    |
| 18                       | Place of Employment - Worksite                  |
| 19                       | Off Campus-Outpatient Hospital                  |
| 20                       | Urgent Care Facility -                          |
| 21                       | Inpatient Hospital                              |
| 22                       | On Campus-Outpatient Hospital                   |
| 23                       | Emergency Room – Hospital                       |
| 24                       | Ambulatory Surgical Center                      |
| 25                       | Birthing Center                                 |
| 26                       | Military Treatment Facility                     |
| 31                       | Skilled Nursing Facility                        |

| Place of Service Code(s) | Place of Service Name  |
|--------------------------|--|
| 32                       | Nursing Facility   |
| 33                       | Custodial Care Facility  |
| 34                       | Hospice  |
| 41                       | Ambulance - Land   |
| 42                       | Ambulance – Air or Water   |
| 49                       | Independent Clinic   |
| 50                       | Federally Qualified Health Center                                      |
| 51                       | Inpatient Psychiatric Facility   |
| 52                       | Psychiatric Facility-Partial Hospitalization                           |
| 53                       | Community Mental Health Center   |
| 54                       | Intermediate Care Facility/ Individuals with Intellectual Disabilities |
| 55                       | Residential Substance Abuse Treatment Facility                         |
| 56                       | Psychiatric Residential Treatment Center                               |
| 57                       | Non-residential Substance Abuse Treatment Facility                     |
| 60                       | Mass Immunization Center   |
| 61                       | Comprehensive Inpatient Rehabilitation Facility                        |
| 62                       | Comprehensive Outpatient Rehabilitation Facility                       |
| 65                       | End-Stage Renal Disease Treatment Facility                             |
| 71                       | Public Health Clinic   |
| 72                       | Rural Health Clinic  |
| 73-80                    | Unassigned / Not Used  |
| 81                       | Independent Laboratory   |
| 99                       | Other Place of Service   |

## Appendix B. WellSky Custom TA1 Codes

In addition to the standard TA1 error codes, the following custom codes are used in situations where the 837 file does not comply with WellSky's 837P Companion Guide.

| TA1 Error Code | TA1 Error Code Description   | Notes   |
|----------------|--|---|
| 501            | File size limit exceeded, 837 file size is more than 3670016 Bytes (3.5 MB). | If 837 file size exceeds 3.5 MB, then 501 error code will be given on TA1.  |
| 502            | Claim segment limit exceeded, CLM count is more than 5000.                   | If 837 file contains single ST-SE segments with more than 5000 CLM lines, then 502 error code will be given on TA1.   |
| 503            | File name exceeds length limit.  | If the file name of the 837, not including the extension (e.g., ".txt"), is greater than 132 characters, then 503 error code will be given on TA1.  |
| 504            | Invalid patient loop.  | Patient loop (2000C PAT loop) is not supported per the WellSky 837P Companion guide. 837's submitted with patient loop will be rejected by TA1 with 504 error code. No claims in the rejected file will be processed. |