



837P Companion Guide: Health Care Claim: Professional FL Agency for Persons with Disabilities Edition

Last Revised: July 7, 2020

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Version Control

Version	Date	Effective Date	Description
1	9/29/2016	10/1/2016	<ul style="list-style-type: none"> Initial Core Document - 5010 companion guide; includes information from the following errata and addenda: 005010X222E1, 005010X22A1
2	07/06/20	07/06/20	<ul style="list-style-type: none"> Updated document to incorporate FL APD specifics

Introduction

When 2 systems exchange 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

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 Testing

During implementation, WellSky works with the customer project team to ensure that uploaded 837 files process (or reject/deny) correctly when the files do/don't follow this companion guide. However, it is the customer's responsibility to ensure that files created by individual providers conform to the companion guide prior to submitting files to the production site. 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. WellSky recommends that customers ask their providers to submit test files to a non-production site so that any issues can be identified and resolved prior to beginning to submit files to the production site. Implementation of this varies from customer to customer ranging from an informal discussion/review of submitted files by the provider and agency staff to a formal provider submitter certification process by the agency.

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).
- WellSky also recommends that the overall size of the submitted file be no larger than 1 MB.

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 ¹	Companion Guide Rule
			Interchange Control Header	Required	
	ISA		Segment – Interchange Control Header	Required	
	ISA	ISA01	Authorization Information Qualifier	Required	<ul style="list-style-type: none"> • “00” (No Authorization Information Present (No Meaningful Information in ISA02))
	ISA	ISA02	Authorization Information	Required	<ul style="list-style-type: none"> • 10 spaces
	ISA	ISA03	Security Information Qualifier	Required	<ul style="list-style-type: none"> • “00” (No Security Information Present (No Meaningful Information in ISA04))
	ISA	ISA04	Security Information	Required	<ul style="list-style-type: none"> • 10 spaces
	ISA	ISA05	Interchange ID Qualifier	Required	<ul style="list-style-type: none"> • “ZZ” (Mutually Defined)

¹ 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 ¹	Companion Guide Rule
	ISA	ISA06	Interchange Sender ID	Required	<ul style="list-style-type: none"> • Use Sender ID found in Providers → Provider ID Numbers • Left justify and then follow with spaces until total character count is 15 • Examples: <ul style="list-style-type: none"> ○ 14167_Shoal ○ 92343_Helping
	ISA	ISA07	Interchange ID Qualifier	Required	<ul style="list-style-type: none"> • “ZZ” (Mutually Defined)
	ISA	ISA08	Interchange Receiver ID	Required	<ul style="list-style-type: none"> • “HAR_837_Upload” • Left justify and then follow with spaces until total character count is 15
	ISA	ISA09	Interchange Date	Required	<ul style="list-style-type: none"> • Interchange date • YYMMDD
		ISA10	Interchange Time	Required	<ul style="list-style-type: none"> • Interchange time • HHMM
	ISA	ISA11	Repetition Separator	Required	<ul style="list-style-type: none"> • “A”
	ISA	ISA12	Interchange Control Version Number	Required	<ul style="list-style-type: none"> • “00501”
	ISA	ISA13	Interchange Control Number	Required	<ul style="list-style-type: none"> • Defined by sender • Must be the same as IEA02
	ISA	ISA14	Acknowledgement Requests	Required	<ul style="list-style-type: none"> • “0” (No Interchange Acknowledgement Requested) • WellSky does not issue TA1 responses, but does issue 999 responses.
	ISA	ISA15	Usage Indicator	Required	<ul style="list-style-type: none"> • “P” (Production)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage ¹	Companion Guide Rule
	ISA	ISA16	Component Element Separator	Required	<ul style="list-style-type: none"> • “:” (colon)
			Functional Group Header	Required	
	GS		Segment – Functional Group Header	Required	
	GS	GS01	Functional ID Code	Required	<ul style="list-style-type: none"> • “HC” (Health Care Claim (837))
	GS	GS02	Application Sender’s Code	Required	<ul style="list-style-type: none"> • Use Sender ID found in Providers → Provider ID Numbers • This should match the value in ISA06
	GS	GS03	Application Receiver’s Code	Required	<ul style="list-style-type: none"> • “HAR_837_Upload” • This should match the value in ISA08
	GS	GS04	Date	Required	<ul style="list-style-type: none"> • Functional group creation date • YYMMDD
	GS	GS05	Time	Required	<ul style="list-style-type: none"> • Functional group creation time • HHMM
	GS	GS06	Group Control Number	Required	<ul style="list-style-type: none"> • Defined by sender • Must be unique for each ISA-IEA (recommended that it is unique to all transmissions/files) • Must be between 1 and 9 digits
	GS	GS07	Responsible Agency Code	Required	<ul style="list-style-type: none"> • “X” (Accredited Standards Committee X12)
	GS	GS08	Version / Release / Industry Identifier Code	Required	<ul style="list-style-type: none"> • “005010X222A1” • This should match the value in ST03

837P – Transaction Set

Header

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

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"> “CH” (Chargeable)
1000A			Loop – Submitter Name	Required	
1000A	NM1		Segment-Submitter Name	Required	
1000A	NM1	NM101	Entity Identifier Code	Required	<ul style="list-style-type: none"> “41” (Submitter)
1000A	NM1	NM102	Entity Type Qualifier	Required	<ul style="list-style-type: none"> “2” (Non-Person Entity)
1000A	NM1	NM103	Organization Name	Required	<ul style="list-style-type: none"> Providers > Provider Name
1000A	NM1	NM104-107	First/Middle Name; Name Prefix/Suffix	Not Used	<ul style="list-style-type: none"> Not Used – Do not send
1000A	NM1	NM108	Identification Code Qualifier	Required	<ul style="list-style-type: none"> “46”
1000A	NM1	NM109	Identification Code	Required	<ul style="list-style-type: none"> Use Sender ID found in Providers → Provider ID Numbers This should match the value in ISA06
1000A	PER		Segment – Submitter EDI Contact Information	Required	
1000	PER	PER01	Contact Function Code	Required	<ul style="list-style-type: none"> “IC”
1000A	PER	PER02	Information Contact	Optional	<ul style="list-style-type: none"> Information Contact Name Avoid special characters if possible (e.g., O’Shea should be sent as OShea).
1000A	PER	PER03	Communication Number Qualifier	Required	<ul style="list-style-type: none"> “EM” – Electronic Mail “FX” – Facsimile “TE” – Telephone
1000A	PER	PER04	Communication Number	Required	<ul style="list-style-type: none"> Email, fax, or phone number
1000A	PER	PER05-08	Additional Communication Qualifiers/Numbers	Not Used	<ul style="list-style-type: none"> Not supported (support only a single contact email, fax, or phone number)
1000B			Loop – Receiver Name	Required	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
1000B	NM1		Segment – Receiver Name	Required	
1000B	NM1	NM101	Entity Identifier Code	Required	<ul style="list-style-type: none"> • “40” (Receiver)
1000B	NM1	NM102	Entity Type Qualifier	Required	<ul style="list-style-type: none"> • “2” (Non-Person Entity)
1000B	NM1	NM103	Organization Name	Required	<ul style="list-style-type: none"> • “HAR_837_Upload”
1000B	NM1	NM104-107	First/Middle Name; Name Prefix/Suffix	Not Used	<ul style="list-style-type: none"> • Not Used – Do not send
1000B	NM1	NM108	Identification Code Qualifier	Required	<ul style="list-style-type: none"> • “46” (Electronic Transmitter Identification Number – ETIN)
1000B	NM1	NM109	Identification Code	Required	<ul style="list-style-type: none"> • “HAR_837_Upload”

Billing Provider Detail

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
2000A	HL		Loop – Billing Provider Hierarchical Level	Required	
2000A	HL		Segment – Billing Provider Hierarchical Level		
2000A	HL	HL01	Hierarchical ID Number	Required	<ul style="list-style-type: none"> • Standard use – see TR3 guide for information on how to assign appropriate values
2000A	HL	HL02	Hierarchical Parent Number	Not Used	<ul style="list-style-type: none"> • Not Used – Do not send
2000A	HL	HL03	Hierarchical Level Code	Required	<ul style="list-style-type: none"> • “20” (Information Source)
2000A	HL	HL04	Hierarchical Child Code	Required	<ul style="list-style-type: none"> • “1” (Additional Subordinate HL Data Segment in this Hierarchical Structure)
2000A	PRV		Segment – Billing Provider Specialty Information	Situational	<ul style="list-style-type: none"> • Currently not available • Please contact WellSky Product Management if needed

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"> Not Supported – Do not send
2010AA			Loop – Billing Provider Name	Required	
2010AA	NM1		Segment – Billing Provider Name		
2010AA	NM1	NM101	Entity Identifier Code	Required	<ul style="list-style-type: none"> “85” (Billing Provider)
2010AA	NM1	NM102	Entity Type Qualifier	Required	<ul style="list-style-type: none"> “1” (Person) <ul style="list-style-type: none"> Use if billing provider is an individual AND is billing under their personal SSN (have not been issued an EIN by the IRS) 2010AA, REF01 must be “SY” “2” (Non-Person Entity) <ul style="list-style-type: none"> Use if billing provider is an organization or entity OR is an individual billing under an EIN issued by the IRS 2010AA, REF01 must be “EI”
2010AA	NM1	NM103	Name Last / Org Name	Required	<ul style="list-style-type: none"> Provider Name
2010AA	NM1	NM104 - 109	First/Middle Name; Name Prefix/Suffix; ID Code Qualifier/Code	Not Used	<ul style="list-style-type: none"> Not Used – Do not send
2010AA	N3		Segment – Billing Provider Address	Required	
2010AA	N3	N301	Address Information	Required	<ul style="list-style-type: none"> A street address is required. IMPORTANT NOTE: PO boxes are not valid and will be denied.
2010AA	N3	N302	Address Information (second line)	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
2010AA	N4		Segment – Billing Provider City, State, Zip Code	Required	
2010AA	N4	N401	City Name	Required	<ul style="list-style-type: none"> City associated with the address in 2010AA, N301
2010AA	N4	N402	State or Province Code	Required	<ul style="list-style-type: none"> Required for all addresses in the United States, it's territories, or Canada Must use 2-letter USPS state codes (e.g., Virginia = VA) or standard Canadian province codes
2010AA	N4	N403	Postal Code	Required	<ul style="list-style-type: none"> Required for all addresses in the United States, it's territories, or Canada A full 9 digit zip code is required (no dashes or spaces) for addresses in the United States
2010AA	N4	N404	Country Code	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2010AA	REF		Segment – Billing Provider Tax Identification		
2010AA	REF	REF01	Reference Identification Qualifier		<ul style="list-style-type: none"> “EI” (Employer’s Identification Number (EIN)) “SY” (Social Security Number)
2010AA	REF	REF02	Reference Identification		<ul style="list-style-type: none"> Use/must match value in the Providers > Edit Provider > EIN/SSN field in WellSky Human Services
2010AA	REF		Segment – Billing Provider UPIN/License Information	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2010AA	PER		Segment – Billing Provider Contact Information	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2010AB			Loop – Pay-To Address Name	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
2010AC			Loop – Pay-To Plan Name	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
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"> Standard use – see TR3 guide for information on how to assign appropriate values
2000B	HL	HL02	Hierarchical Parent Number	Required	<ul style="list-style-type: none"> Standard use – see TR3 guide for information on how to assign appropriate values
2000B	HL	HL03	Hierarchical Level Code	Required	<ul style="list-style-type: none"> “22” (Subscriber)
2000B	HL	HL04	Hierarchical Child Code	Required	<ul style="list-style-type: none"> “0” (No Subordinate HL Segment in this Hierarchical Structure) <ul style="list-style-type: none"> Always use this (in WellSky Human Services, the subscriber must always be the same as the patient) “1” (Additional Subordinate HL Data Segment in this Hierarchical Structure) is not supported (used when subscriber is not the same as the patient)
2000B	SBR		Segment – Subscriber Information	Required	
2000B	SBR	SBR01	Payer Responsibility Sequence Number Code	Required	<ul style="list-style-type: none"> “P” (Primary) <ul style="list-style-type: none"> No other codes are supported
2000B	SBR	SBR02	Individual Relationship Code	Required	<ul style="list-style-type: none"> “18” (Self)
2000B	SBR	SBR03 – SBR05	Reference Identifier, Name, Insurance Type Code	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2000B	SBR	SBR06 – SBR08	Benefits Coordination Code, Yes/No Condition or Response Code, Employment Status Code	Not Used	<ul style="list-style-type: none"> Not Used – Do not send

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
2000B	SBR	SBR09	Claim Filing Indicator Code	Required	<ul style="list-style-type: none"> “ZZ” (Mutually Defined)
2000B	PAT		Segment – Patient Hierarchical Level	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2010BA			Loop – Subscriber Name		
2010BA	NM1		Segment – Subscriber Name		
2010BA	NM1	NM101	Entity ID Code	Required	<ul style="list-style-type: none"> “IL” (Insured or Subscriber)
2010BA	NM1	NM102	Entity Type Identifier	Required	<ul style="list-style-type: none"> “1” (Person)
2010BA	NM1	NM103	Name Last or Organization Name	Required	<ul style="list-style-type: none"> Consumer’s last name
2010BA	NM1	NM104	Name First	Required	<ul style="list-style-type: none"> Consumer’s first name
2010BA	NM1	NM105, NM107	Name Middle, Name Suffix	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2010BA	NM1	NM106	Name Prefix	Not Used	<ul style="list-style-type: none"> Not Used – Do not send
2010BA	NM1	NM108	Identification Code Qualifier	Situational	<ul style="list-style-type: none"> “MI” (Member Identification Number) <ul style="list-style-type: none"> If the consumer has a Medicaid ID, populate this element with “MI” If the consumer does not have a Medicaid ID, do not populate this element
2010BA	NM1	NM109	Identification Code	Situational	<ul style="list-style-type: none"> Consumer Medicaid ID <ul style="list-style-type: none"> If the consumer has a Medicaid ID, populate this element with their Medicaid ID number If the consumer does not have a Medicaid ID, do not populate this element
2010BA	N3		Segment – Subscriber Address		
2010BA	N3	N301	Address Information	Required	<ul style="list-style-type: none"> Consumer Address

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
2010BA	N3	N302	Address Information (second line)	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2010BA	N4		Segment – Billing Provider City, State, Zip Code	Required	
2010BA	N4	N401	City Name	Required	<ul style="list-style-type: none"> City associated with the address in 2010AB, N301
2010BA	N4	N402	State or Province Code	Required	<ul style="list-style-type: none"> Required for all addresses in the United States, it's territories, or Canada Must use 2-letter USPS state codes (e.g., Virginia = VA) or standard Canadian province codes
2010BA	N4	N403	Postal Code	Required	<ul style="list-style-type: none"> Required for all addresses in the United States, it's territories, or Canada 5 or 9 digit zip codes are both permitted
2010BA	N4	N404, N407	Country Code, Country Subdivision Code	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2010BA	N4	N405, N406	Location Qualifier, Location Identifier	Not Used	<ul style="list-style-type: none"> Not Used – Do not send
2010BA	DMG		Segment – Subscriber Demographic Information	Required	
2010BA	DMG	DMG01	Date Time Period Format Qualifier	Required	<ul style="list-style-type: none"> “D8” (Date expressed in format CCYYMMD)
2010BA	DMG	DMG02	Date Time Period	Required	<ul style="list-style-type: none"> Consumer Date of Birth formatted as CCYYMMDD (e.g., April 5, 1960 = 19600405)
2010BA	DMG	DMG03	Gender Code	Required	<ul style="list-style-type: none"> Must use one of the following values <ul style="list-style-type: none"> “F” (Female) “M” (Male) “U” (Unknown)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
2010BA	DMG	DMG04 – DMG11	Misc Codes	Not Used	<ul style="list-style-type: none"> Not Used – Do not send
2010BA	REF		Segment – Subscriber Secondary Identification	Optional	
2010BA	REF	REF01	Reference Identification Qualifier	Optional	<ul style="list-style-type: none"> “SY” (Social Security Number) <ul style="list-style-type: none"> If the consumer Social Security Number (SSN) is known, populate this element with “SY” If the consumer SSN is not known, do not populate this element
2010BA	REF	REF02	Reference Identification	Optional	<ul style="list-style-type: none"> Consumer SSN <ul style="list-style-type: none"> If the consumer SSN is known, populate this element with their SSN <ul style="list-style-type: none"> Do not include spaces or dashes (e.g., if SSN = 123-45-6789, send as 123456789) If the consumer SSN is not known, do not populate this element
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"> “PR” (Payer)
2010BB	NM1	NM102	Entity Type Qualifier	Required	<ul style="list-style-type: none"> “2” (Non-Person Entity)
2010BB	NM1	NM103	Last Name/Organization Name	Required	<ul style="list-style-type: none"> STATE OF FLORIDA MEDICAID

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
		NM104 – NM107	First/Middle Name; Name Prefix/Suffix;	Not Used	<ul style="list-style-type: none"> Not Used – Do not send
2010BB	NM1	NM108	Identification Code Qualifier	Required	<ul style="list-style-type: none"> “PI”
2010BB	NM1	NM109	Identification Code	Required	<ul style="list-style-type: none"> 77027
		NM110 – NM112	Misc Codes/Names	Not Used	<ul style="list-style-type: none"> Not Used – Do not send
2010BB	N3		Segment – Payer Address	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2010BB	N4		Segment – Payer City/State/Zip	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2010BB	REF		Segment – Payer Secondary Identification	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2010BB	REF		Segment – Billing Provider Secondary Identification	Situational	<ul style="list-style-type: none"> Currently not available Please contact WellSky Product Management if needed
2010BC			Loop – Responsible Party Name	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2010BD			Loop – Credit/Debit Card Holder Name	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send

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"> Not Supported – Do not send WellSky assumes that the subscriber is the patient; there is currently no support for dependents

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

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"> Loop 2300 (and its child loops) can “float” depending on whether or not the subscriber is the same as the patient. 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
2300	CLM		Segment – Claim Information	Required	
2300	CLM	CLM01	Claim Submitter Identifier	Required	<ul style="list-style-type: none"> Defined by sender
2300	CLM	CLM02	Monetary Amount (Claim Amount; Claim Charge Amount)	Required	<ul style="list-style-type: none"> Amount being billed for the claim <ul style="list-style-type: none"> Amount must be equal to the sum of all associated SV1 segments
2300	CLM	CLM03, CLM04	Claim Filing Indicator Code, Non-Institutional Claim Type Code	Not Used	<ul style="list-style-type: none"> Not Used – Do not send
2300	CLM	CLM05	Health Care Service Location Information		<ul style="list-style-type: none"> CLM05 is a composite element
2300	CLM	CLM05-01	Facility Code Value (Place of Service Code)	Required	<ul style="list-style-type: none"> See Appendix A. Standard Place of Service Codes for allowable codes
2300	CLM	CLM05-02	Facility Code Qualifier	Required	<ul style="list-style-type: none"> “B” (Place of Service Codes for Professional or Dental Services)

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"> Allowable values <ul style="list-style-type: none"> “1” (Original Claim Submissions) “7” (Void and Replace Claim) “8” (Void Claim) When using “7” or “8”, the ICN number must be included in loop 2300, REF*F8 (Payer Claim Control Number).
		CLM06	Yes/No Condition or Response Code (Provider Signature on File)	Required	<ul style="list-style-type: none"> Allowable values <ul style="list-style-type: none"> “Y” (Yes) “N” (No)
		CLM07	Provider Accept Assignment Code	Required	<ul style="list-style-type: none"> “A” (Assigned)
		CLM08	Yes/No Condition or Response Code (Benefits Assignment Certification)	Required	<ul style="list-style-type: none"> “Y” (Yes)
		CLM09	Release of Information Code	Required	<ul style="list-style-type: none"> “Y” (Yes, provider has a signed statement permitting release of medical billing data related to a claim)
		CLM10 – CLM12	Misc Codes	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
		CLM13 – CLM19	Misc Codes and Conditions	Not Used	<ul style="list-style-type: none"> Not Used – Do not send
2300	CLM	CLM20	Delay Reason Code	Optional	<ul style="list-style-type: none"> [This segment is Not Used in all implementations – remove from customer-specific companion guide as needed] See Appendix B. Delay Reason Codes for a list of standard codes
2300	DTP		Segment – Date – (all DTP segments)	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
2300	PWK		Segment – Claim Supplemental Information	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2300	CN1		Segment – Contract Information	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2300	AMT		Segment – Patient Amount Paid	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2300	REF		Segment – Prior Authorization	Situational	
2300	REF	REF01	Reference Identification Qualifier	Situational	<ul style="list-style-type: none"> “G1” (Prior Authorization Number) <ul style="list-style-type: none"> If an authorization for this service exists in WellSky Human Services, populate this element with “G1” If an authorization does not exist in WellSky Human Services for this service, do not send this segment
2300	REF	REF02	Reference Identification (Prior Authorization Number)	Situational	<ul style="list-style-type: none"> WellSky Authorization ID (Auth ID) <ul style="list-style-type: none"> If an authorization for this service exists in WellSky Human Services, populate this element with the WellSky authorization ID. If an authorization does not exist in WellSky Human Services for this service, do not send this segment
2300	REF		Segment – Payer Claim Control Number	Situational	
2300	REF	REF01	Reference Identification Qualifier	Situational	<ul style="list-style-type: none"> “F8” (Original Reference Number or ICN) <ul style="list-style-type: none"> If CLM05-3 = “7” or “8”, populate this element with “F8” If CLM05-3 = “1”, do not send this segment

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"> • Payer Control Number/ICN <ul style="list-style-type: none"> ○ If CLM05-3 = “7” or “8”, populate this element with payer control number/ICN <ul style="list-style-type: none"> ▪ 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) ○ If CLM05-3 = “1”, do not send this segment
2300	REF		Segment – Medical Record Number	Required	
2300	REF	REF01	Reference Identification Qualifier	Required	<ul style="list-style-type: none"> • “EA” (Medical Record Identification Number)
2300	REF	REF02	Reference Identification	Required	<ul style="list-style-type: none"> • Consumer’s WellSky Human Services Case No. <ul style="list-style-type: none"> ○ This is how WellSky identifies the consumer and is a required segment when submitting files to WellSky.
2300	REF		Segment – (all other REF segments)	Not Supported	<ul style="list-style-type: none"> • Not Supported – Do not send
2300	K3		Segment – File Information	Not Supported	<ul style="list-style-type: none"> • Not Supported – Do not send
2300	NTE		Segment – Claim Note	Not Supported	<ul style="list-style-type: none"> • Not Supported – Do not send
2300	CR1, CR2		Segment – Ambulance Transport Information Segment – Spinal Manipulation Service Information	Not Supported	<ul style="list-style-type: none"> • Not Supported – Do not send

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
2300	CRC		Segment – Ambulance Certification Segment – Patient Condition Information: Vision Segment – Homebound Indicator Segment – EPSDT Referral	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2300	HI		Segment – Health Care Diagnosis Code	Required	
2300	HI	HI01-01	Code List Qualifier Code	Required	<ul style="list-style-type: none"> Diagnosis Type Code <ul style="list-style-type: none"> “ABK” (ICD-10-CM Principal Diagnosis) <ul style="list-style-type: none"> Use for claims with dates of service on or after 10/1/15 “BK” (ICD-9-CM Principal Diagnosis) <ul style="list-style-type: none"> Use for claims with dates of service on or before 9/30/15

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
2300	HI	HI01-02	Industry Code	Required	<ul style="list-style-type: none"> • Diagnosis Code <ul style="list-style-type: none"> ○ Remove decimals and all other formatting (e.g., F03.91 should be formatted as F0391)
2300	HI	HI01-03 – HI01-09	Misc Dates and IDs	Not Used	<ul style="list-style-type: none"> • Not Used – Do not send

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
2300	HI	HI02-01 – HI12-01	Code List Qualifier Code	Situational	<ul style="list-style-type: none"> • Diagnosis Type Code <ul style="list-style-type: none"> ○ “ABF” (ICD-10-CM Diagnosis) <ul style="list-style-type: none"> ▪ Use for claims with dates of service on or after 10/1/15 ○ “BF” (ICD-9-CM Diagnosis) <ul style="list-style-type: none"> ▪ Use for claims with dates of service on or before 9/30/15
2300	HI	HI02-02 – HI2-02	Industry Code	Situational	<ul style="list-style-type: none"> • Diagnosis Code <ul style="list-style-type: none"> ○ Remove decimals and all other formatting (e.g., F03.91 should be formatted as F0391)
2300	HI	(HI02-03 – HI02-09) – (HI12-03 – HI12-09)	Misc Dates and IDs	Not Used	<ul style="list-style-type: none"> • Not Used – Do not send
2300	HI		Segment – Anesthesia Related Procedure	Not Supported	<ul style="list-style-type: none"> • Not Supported – Do not send
2300	HI		Segment – Condition Information	Not Supported	<ul style="list-style-type: none"> • Not Supported – Do not send
2300	HCP		Segment – Claim Pricing/Repricing Information	Not Supported	<ul style="list-style-type: none"> • Not Supported – Do not send
2310A			Loop – Referring Provider Name	Not Supported	<ul style="list-style-type: none"> • Not Supported – Do not send
2310B			Loop – Rendering Provider Name	Required	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
2310B	NM1		Segment – Rendering Provider Name		
2310B	NM1	NM101	Entity Identifier Code	Required	<ul style="list-style-type: none"> • “82” (Rendering Provider)
2310B	NM1	NM102	Entity Type Qualifier	Required	<ul style="list-style-type: none"> • “1” (Person) • “2” (Non-Person Entity)
2310B	NM1	NM103	Name Last / Org Name	Required	<ul style="list-style-type: none"> • Provider Name
2310B	NM1	NM104 – 105, NM107	First/Middle Name; Name Suffix	Not Supported	<ul style="list-style-type: none"> • Not Supported – Do not send
2310B	NM1	NM106, NM110 – NM112	Name Prefix; Entity Codes	Not Used	<ul style="list-style-type: none"> • Not Used – Do not send
2310B	NM1	NM108	ID Code Qualifier	Situational	<ul style="list-style-type: none"> • “XX” <ul style="list-style-type: none"> ○ If the rendering provider has an NPI number, populate this element with “XX” ○ If the rendering provider does not have an NPI number, do not send this element
2310B	NM1	NM109	ID Code	Situational	<ul style="list-style-type: none"> • Provider NPI <ul style="list-style-type: none"> ○ If the rendering provider has an NPI number, populate this element with their NPI number ○ If the rendering provider does not have an NPI number, do not send this element • SPECIAL NOTE: When submitting a claim, WellSky will compare the value in this field, if populated, to Providers > NPI. If NPI numbers need to be stored in the Providers > Provider ID tab, which can happen if a provider has more than one NPI, then please contact WellSky Product Management about a variance.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
2310B	PRV		Segment – Rendering Provider Specialty Information	Situational	<ul style="list-style-type: none"> Currently not available Please contact WellSky Product Management if needed
2310B	REF		Segment – Rendering Provider Secondary Identification	Required	
2310B	REF	REF01	Reference Identification Qualifier	Required	<ul style="list-style-type: none"> “G2” (Provider Commercial Number)
2310B	REF	REF02	Reference Identification	Required	<ul style="list-style-type: none"> Provider ID number
2310D			Loop – Supervising Provider Name	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2310E			Loop – Ambulance Pick-Up Location	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2310F			Loop – Ambulance Drop-Off Location	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2320			Loop – Other Subscriber Information	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2400			Loop – Service Line Number	Required	
2400	LX		Segment – Service Line Number	Required	
2400	LX	LX1	Assigned Number	Required	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> SV101 is a composite element
2400	SV1	SV101-01	Product/Service ID Qualifier	Required	<ul style="list-style-type: none"> “HC” (HCPCS Codes) <ul style="list-style-type: none"> CPT codes are level 1 HCPCS codes and are reported under “HC”
2400	SV1	SV101-02	Product/Service ID	Required	<ul style="list-style-type: none"> Procedure code

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
2400	SV1	SV101-03 – SV101-06	Procedure Modifier	Situational	<ul style="list-style-type: none"> Modifier code
2400	SV1	SV101-07	Description	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2400	SV1	SV101-08	Product/Service ID	Not Used	<ul style="list-style-type: none"> Not Used – Do not send
2400	SV1	SV102	Monetary Amount (Service Amount, Service Charge Amount)	Required	<ul style="list-style-type: none"> Amount being billed for the service line
2400	SV1	SV103	Unit or Basis for Measurement Code	Required	<ul style="list-style-type: none"> “UN” (Unit)
2400	SV1	SV104	Quantity	Required	<ul style="list-style-type: none"> Number of units being billed
2400	SV1	SV105	Facility Code Value (Place of Service)	Situational	<ul style="list-style-type: none"> Populate only if the place of service for this service line is different than the place of service in CLM05-1
2400	SV1	SV106	Service Type Code	Not Used	<ul style="list-style-type: none"> Not Used – Do not send
2400	SV1	SV107	Composite Diagnosis Code Pointer	Required	<ul style="list-style-type: none"> SV107 is a composite element
2400	SV1	SV107-01	Diagnosis Code Pointer	Required	<ul style="list-style-type: none"> Pointer to the diagnosis code(s) specified in loop 2300, HI Allowable values are 1-12, where the values correspond to the composite data elements in 2300, HI
2400	SV1	SV107-02 – SV107-04	Diagnosis Code Pointer	Situational	<ul style="list-style-type: none"> Use to point to additional diagnoses in 2300, HI if appropriate
2400	SV1	SV108, SV110, SV113, SV114, SV116 – SV121	Misc Codes	Not Used	<ul style="list-style-type: none"> Not Used – Do not send
2400	SV1	SV109, SV111, SV112, SV115	Misc Codes	Not Supported	<ul style="list-style-type: none"> Not Supported - Do not send

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
2400	SV5		Segment – Service Line Number	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2400	PWK		Segment – Line Supplemental Information	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2400	PWK		Segment – Durable Medical Equipment Certificate of Medical Necessity Indicator	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2400	CR1		Segment – Ambulance Transport Information	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2400	CR3		Segment – Durable Medical Equipment Certification	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2400	CRC		Segment – Ambulance Certification Segment – Hospice Employee Indicator Segment – Condition Indicator / Durable Medical Equipment	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2400	DTP		Segment – Date – Service Date	Required	
2400	DTP	DTP01	Date/Time Qualifier	Required	<ul style="list-style-type: none"> “472” (Service)
2400	DTP	DTP02	Date Time Period Format Qualifier	Required	<ul style="list-style-type: none"> “D8” (Date expressed in format CCYYMMDD) <ul style="list-style-type: none"> Use if start and end dates are the same (e.g., service was provided on a single day) “RD8” (Range of date expressed in format CCYYMMDD-CCYYMMDD) <ul style="list-style-type: none"> Use if start and end dates are different (e.g., service was provided over multiple days)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
2400	DTP	DTP03	Date Time Period	Required	<ul style="list-style-type: none"> Date or date range <ul style="list-style-type: none"> 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)
2400	DTP		Segment – Date – (all dates other than Service Date)	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2400	QTY		Segment – Ambulance Patient Count Segment – Obstetric Anesthesia Additional Units	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2400	MEA		Segment – Test Result	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2400	CN1		Segment – Contract Information	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2400	REF		Segment – Line Item Control Number	Optional	
2400	REF	REF01	Reference Identification Qualifier	Required	<ul style="list-style-type: none"> “6R” (Provider Control Number)
2400	REF	REF02	Reference Identification	Required	<ul style="list-style-type: none"> Defined by sender <ul style="list-style-type: none"> 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.
2400	REF		Segment – (all REF segments other than Line Item Control Number)	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send
2400	AMT		Segment – Sales Tax Amount Segment – Postage Claimed Amount	Not Supported	<ul style="list-style-type: none"> Not Supported – Do not send

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
2400	K3		Segment – File Information	Not Supported	• Not Supported – Do not send
2400	NTE		Segment – Line Note	Optional	• Use ONLY in conjunction with enforcing worker credentials
2400	NTE	NTE01	Note Reference Code	Required	• “ADD”
2400	NTE	NTE02	Description	Required	<ul style="list-style-type: none"> • Credential_[Member ID]_[Worker First Name]_[Worker Last Name] WHERE <ul style="list-style-type: none"> ○ [Member ID] = member ID assigned by WellSky Human Services to the worker ○ [Worker First Name] = first name of worker as it appears in WellSky Human Services ○ [Worker Last Name] = last name of worker as it appears in WellSky Human Services • Example: NTE*ADD*Credential_1234_Chitoka_Green~
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
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

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
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	Not Supported	• Not Supported – Do not send
2420F			Loop – Referring Provider Name	Not Supported	• Not Supported – Do not send
2420G			Loop – Ambulance Pick-Up Location	Not Supported	• Not Supported – Do not send
2420H			Loop – Ambulance Drop-Off Location	Not Supported	• Not Supported – Do not send
2430			Loop – Line Adjudication Information	Not Supported	• Not Supported – Do not send
2440			Loop – Form Identification Code	Not Supported	• Not Supported – Do not send

Trailer

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Usage	Companion Guide Rule
			Transaction Set Trailer	Required	
	SE	SE01	Number of Included Segments	Required	• Total number of segments in transaction set, including ST and SE segments
	SE	SE02	Transaction Set Control Number	Required	• Must be the same as ST02

837P – Functional Group and Interchange Control Trailers

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

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*TE*5555551234~
NM*40*2* HAR_837_Upload*****46*HAR_837_Upload~
HL*1**20*1~
NM1*85*2*Helping Hands, Inc~
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*State Agency for DD*****PI*9845~
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**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*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~
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 (Consumer) 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]

NM1*PR*2*State Agency for DD*****PI*9845~

[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**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*005010X222A~
ST*837*987654*005010X222A1~
BHT*0019*00*0001*20160123*2215*CH~
NM1*41*2*Helping Hands, Inc*****46*12345_Helpi~
PER*IC*Ann Jones*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*TE*5555551234~
NM*40*2* HAR_837_Upload*****46*HAR_837_Upload~
HL*1**20*1~
NM1*85*2*Helping Hands, Inc~
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

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~

Billing Provider Tax ID: Providers > EIN/SSN

Subscriber Name: Consumers > Last Name
 Consumers > First Name

Subscriber Medicaid ID: Consumers > Medicaid ID

Subscriber Date of Birth: Consumers > DOB

Subscriber Gender: Consumers > Gender

Subscriber SSN: Consumers > SSN

REF*SY*123456789~
 NM1*PR*2*State Agency for DD*****PI*9845~
 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~

Payer Name: Always use value specified (unique value for each implementation)

Payer ID: Always use value specified (unique value for each implementation)

Prior Auth. No.: Consumers > Auths > Auth ID

Medical Record No.: Consumers > Case No

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**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

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

Place of Service Code(s)	Place of Service Name
31	Skilled Nursing Facility
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. Delay Reason Codes

Standard codes are listed below. It is possible to add custom codes for the purposes of submitting to WellSky – your program administrator will tell you if additional values are available.

Delay Reason Code	Delay Reason Description
1	Proof of Eligibility Unknown or Unavailable
2	Litigation
3	Authorization Delays
4	Delay in Certifying Provider
5	Delay in Supplying Billing Forms
6	Delay in Delivery of Custom-made Appliances
7	Third Party Processing Delay
8	Delay in Eligibility Determination
9	Claim Subject to TPL Edit
10	Administration Delay in the Prior Approval Process
11	Other