King County BHO
Provider Trading Partner Agreement
837 HEALTH CARE CLAIM PROFESSIONAL TRANSACTION

Revisions Effective: June 15, 2017

Segment ID	Loop/Seg. Name	Usage	Loop/Segment Repeat	Element Name	Usage	Example	Recomm. Values	Comments
ISA	**INTERCHANGE CONTROL HEADER**		1	Authorization Information Qualifier	Req	ISA*00*0123456789*00*9876543210*ZZ*	00	
				Authorization Information	Req	022	022	
				Security Information Qualifier	Req	*ZZ*411	00	
				Security Information	Req	*		
				Interchange ID Qualifier	Req	020920*1930*U***00501***900000001*0*P*.~	ZZ	
				Interchange Sender ID	Req		<RUID>	3 digit Reporting Unit ID (019, 022, etc)
				Interchange ID Qualifier	Req		ZZ	
				Interchange Receiver ID	Req		411	Reporting Unit ID for KCMHCADSD
				Interchange Date	Req			
				Interchange Time	Req			
				Interchange Control Standards Identifier	Req			
				Interchange Control Version Number	Req		00501	
				Interchange Control Number	Req			
				Acknowledgment Requested	Req			
				Usage Indicator	Req		P	Use P in production and test
				Component Element Separator	Req		:	
GS	**FUNCTIONAL GROUP HEADER**	R	1	Functional Identifier Code	Req	GS*HC*022*411*20020920*1930*700000001*	<RUID>	3 digit Reporting Unit ID (019, 022, etc)
				Application Sender's Code	Req	X***005010X222A1**~	411	Reporting Unit ID for KCMHCADSD
				Application Receiver's Code	Req			
				Date	Req			
				Time	Req			The recommended format is HHMM
				Group Control Number	Req			
				Responsible Agency Code	Req		0	
				Version / Release / Industry Identifier Code	Req		005010X222A1	
ST	**Transaction Set Header**	R	1	Transaction Set Identifier Code	Req	ST*837*000001*005010X222A1~	005010X222A1	
				Transaction Set Control Number	Req			
				Implementation Convention Reference	Req		005010X222A1	
BHT	Beginning of Hierarchical Transaction	R	1	Hierarchical Structure Code	Req	BHT*0019*00*0221674920020920*0932*RP~		
				Transaction Set Purpose Code	Req			
				Reference Identification	Req			The value will be used as a Batch Number
				Date	Req			
				Time	Req			The recommended format is HHMM
				Transaction Type Code	Req		RP	Use RP since ST-SE envelope only contains encounters.
NM1	**1000A - SUBMITTER NAME** R	R	1	Entity Identifier Code	Req	NM1*41*2*COMMUNITY PSYCHIATRIC CLINIC*****46*022 ~		
	Submitter Name			Entity Type Qualifier	Req			
				Name Last / Organization Name	Req			
				Name First	Sit			
				Name Middle	Sit			
				Identification code Qualifier	Req		46	
				Identification code	Req		<RUID>	3 digit Reporting Unit ID (019, 022, etc)

Segment ID	Loop/Seg. Name	Usage	Loop/Segment Repeat	Element Name	Usage	Example	Recomm. Values	Comments
PER	Submitter EDI Contact Information	R	2	Contact Function Code	Req	PER*IC*LISA*TE*2065452384~		
				Name	Req			
				Communication Number Qualifier	Req		TE	
				Communication Number	Req			
				Communication Number Qualifier	Sit			
				Communication Number	Sit			
				Communication Number Qualifier	Sit			
				Communication Number	Sit			
NM1	**1000B - RECEIVER NAME**	**R**	**1**					
	Receiver Name	R	1	Entity Identifier Code	Req	NM1*40*2*KC MHCADSD IS*****46*411~		
				Entity Type Qualifier	Req			
				Name Last / Organization Name	Req			
				Identification code Qualifier	Req			
				Identification code	Req		411	Reporting Unit ID for KCMHCADSD
	2000A - BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	**R**	**>1**					
HL	Billing/Pay-to Provider Hierarchical Level	R	1	Hierarchical Id Number	Req	HL*1***20*1~		
				Hierarchical Level Code	Req			Required when adjudication is known to be impacted by the provider taxonomy code, and the Rendering Provider is the same entity as the
				Hierarchical Child Code	Req			
PRV	Billing/Pay-To Provider Specialty Information	S	1	PRV Provider Code	Req	PRV***BI*****PXC***251400000X ~	BI	Billing and/or Pay-to Provider.
				Reference Identification Qualifier	Req		PXC	
				Reference Identification	Req			Provider Taxonomy Code
	2010AA — BILLING PROVIDER NAME	**R**	**1**					
NM1	Billing Provider Name	R	1	Entity Identifier Code	Req	NM1*85*2*COMMUNITY PSYCHIATRIC CLINIC*****XX*1112223444 ~		
				Entity Type Qualifier	Req			If "code XX - NPI" is used in the NM108/09 of this loop, then either the Employer's identification Number or the Social Security Number of the provider must be carried in this REF
				Name Last / Organization Name	Req			
				Name First	Sit			
				Name Middle	Sit			
				Name Suffix	Sit			
				Identification code Qualifier	Req		XX	
				Identification code	Req			National Provider Identifier
N3	Billing Provider Address	R	1	Address Information	Req	N3*4319 STONE WAY NORTH~		
				Address Information	Sit			
N4	Billing Provider City/State/Zip Code	R	1	City Name	Req	N4*SEATTLE*WA*98103~		
				State or Providence Code	Req			
				Postal Code	Req			
				Country Code	Sit			
REF	Billing Provider Secondary Identification	R	1	Reference Identification Qualifier	Req	REF*EI*91-2223456	EI	
				Reference Identification	Req			Employer's Identification Number

Segment ID	Loop/Seg. Name	Usage	Loop/Seg ment Repeat	Element Name	Usage	Example	Recomm. Values	Comments
	2000B - SUBSCRIBER HIERARCHICAL LEVEL	R	>1					
HL	Subscriber Hierarchical Level	R	1	Hierarchical Id Number	Req			
				Hierarchical Parent ID Number	Req	HL*2*1*22*0~		
				Hierarchical Level Code	Req		0	Use 0 since patient is always a subscriber
				Hierarchical Child Code	Req			
SBR	Subscriber Information	R	1	Payer Responsibility Sequence # Code	Req	SBR*P*18*******MC~	P	Required when the subscriber is the same person as the patient.
				Individual Relationship Code	Sit			
				Reference Identification	Sit			
				Name	Sit			
				Claim Filing Indicator Code	Sit(R)		MC, ZZ	Required prior to managed use or PIHP. Use MC for Medicaid clients, ZZ for others.
	2010BA - SUBSCRIBER NAME		1					
NM1	Subscriber Name	R	1	Claim Filing Indicator Code				
				Entity Identifier Code	Req			
				Entity Type Qualifier	Req			Required if NM102=1 (person).
				Name Last / Organization Name	Req			
				Name First	Sit	NM1*IL*1*DOE*JOHN*T*SR*MI*23097~		
				Name Middle	Sit			
				Name suffix	Sit			
				Identification Code Qualifier	Req		MI	Required if NM102=1 (person).
				Identification code	**Req**		<KCID>	Required if NM102=1 (person). Use KCID as a Member Identification Number
N3	Subscriber Address	S(R)	1	Address Information	Req	N3*UNKNOWN~		Required if the patient is the same person as the subscriber.
				Address Information	Sit			Required if a second address line exists.
N4	Subscriber City/State/Zip code	S(R)	1	City Name	Req	N4*SEATTLE*WA*98101~		Required if the patient is the same person as the subscriber.
				State or Province Code	Req			
				Postal Code	Req			
				County Code	Sit			
DMG	Subscriber Demographic Information	S(R)	1	Date Time Period format Qualifier	Req	DMG*D8*19430501*M~		Required if the patient is the same person as the subscriber.
				Date Time Period (DOB)	Req			(Required when Loop ID-2000B, SBR02=18 (self)).
				Gender Code	Req		F, M	
	2010BB - PAYER NAME	R	1					
NM1	Payer Name	R	1	Entity Identifier Code	Req		PR	
				Entity Type Qualifier	Req		2	
				Name Last / Organization Name	Req	NM1*PR*2*KC MHCADSD IS*****PI*411~	KC MHCADSD IS	
				Identification code Qualifier	Req		PI	
				Identification code	Req		411	Reporting Unit ID for KCMHCADSD

Segment ID	Loop/Seg. Name	Usage	Loop/Seg ment Repeat	Element Name	Usage	Example	Recomm. Values	Comments
CLM	**2300 - CLAIM INFORMATION**	R	100					
	Claim Information	R	1	Claim Submitter's Identifier	Req	CLM*3*0**56:**B**:1*Y*A*Y*P~		
				Monetary Amount	Req			
				Not Used				
				Not Used				
				Health Care Service Location Information	Req			
				Facility Code Value	Req			
				Facility Code Qualifier	**Req**			
				Claim Frequency Type Code	Req			1 = Add; 6 = Change; 7 = Change; 8 = Delete
				Yes/No Condition or Response Code	Req		Y	
				Provider Accept Assignment Code	Req		A	
				Yes/No Condition or Response Code	Req		Y	
				Release of Information Code	Req		Y	
				Patient Signature Source Code	Req			
REF	**Prior Authorization**		1	Reference Identification Qualifier	Req	REF*G1*422813~		
				Prior Authorization	Req		<Authoriz. # >	Use Authorization Number
HI	Health Care Diagnosis Code	S(R)	1	Health Care Code Information	Req	HI*BK:29530~		Required on all claims/encounters except claims for which there are no diagnoses (e.g., taxi claims).
				Code List Qualifier Code (Diagnosis Ty	Req		BK	Health CareCode Information data element can be repeated 8 times
				Industry Code (Diagnosis Code)	Req			Only primary diagnosis is required.
	2310C SERVICE FACILITY LOCATION	S	1		Req			Must submit 2310C or 2420C.
NM1	Service Facility Location	S	1	Entity Identifier Code	Req	NM1***77***2*EL REY TREATMENT FACILITY*****XX*1112223444~		If "code XX - NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in this REF
				Entity Type Qualifier	Req			
				Name Last / Organization Name	Req			
				Identification code Qualifier	Req			
				Identification Code	Req			National Provider Identifier
N3	Service Facility Location Address	R	1	Address Information	Req	N3*2119 2ND AVENUE ~		
				Address Information	Sit			
N4	Service Facility Location City/State/Zip code	R	1	City Name	Req	N4*SEATTLE *WA*98121~		
				State or Province Code	Sit			
				Postal Code	Sit			
				County Code	Sit			
REF	Service Facility Location Secondary Identification	R	1	Reference Identification Qualifier	Req	REF*G2*123456~	G2	DBHR licensing system site specific agency ID. Please submit the Agency ID for the rendering provider's main location. Note that this may or may not be where the service took place -- it's the location associated with the practitioner's home site. A spreadsheet with valid Agency ID's is located in the ISAC Notebook.
				Reference Identification	Req			

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Segment ID	Loop/Seg; Name	Usage	Loop/Seg ment Repeat	Element Name	Usage	Example	Recomm. Values	Comments
LX	**2400 - SERVICE LINE**	R	50					
	Service Line	R	1	Assigned Number	Req	LX*1*~		
SV1	Professional Service			Composite Medical Procedure Identifier	Req			
				Product/Service ID Qualifier	Req		HC	Any valid CPT/HCPCS code
				Product/Service ID	Req			
				Procedure Modifier	Sit	SV1*HC:90804:UC*0*MJ*90****1****Y~	HE, HH, HK, UA, UC	Use this modifier for the first procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the procedure code.
				Procedure Modifier	Sit			Use this modifier for the second procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.
				Procedure Modifier	Sit			Use this modifier for the third procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.
				Procedure Modifier	Sit			Use this modifier for the fourth procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.
				Description	Sit	SV1*HC:90804:UC:::016|118*0*MJ*90****1****Y		Use this to report Evidence Based Practices that were employed in delivery of this service. Multiple codes should be delimited with a pipe ('|') symbol. See the DBHR Service Encounter Reporting Instructions (SERI) "Evidence Based Practice - Children's Mental Health" section for instructions and valid codes.
				Monetary Amount	Req		0	
				Unit or Basis for Measurement Code	Req		MJ	
				Quantity	Req			
				Facility Code Value	Sit			Required if value is different than value carried in CLM05-1 in Loop ID-2300.
				Composite Diagnosis Code Pointer	Req			Required if HI segment in Loop ID-2300 is used. Only one pointer (for primary diagnosis) is required
				Yes/No Condition or Resp. Code (Emergency)	Sit		Y, NULL	Required if Medicaid services are the result of emergency services
				Yes/No Condition or Resp. Code	Sit		Y, NULL	Required if Medicaid services are the result of a screening referral.
DTP	Date - Service Date	R	1	Date/Time Qualifier	Req	DTP*472*D8*2002091~		
				Date Time Period Format Qualifier	Req		D8	
				Date Time Period	Req			
REF	Line Item Control Number	R	1	Reference Identification Qualifier	Req	REF*6R*683741	6R	
				Reference Identification	Req			The Reference Identification element contains the Service Transaction ID which is a unique reference number generated by your system for each service line.
REF	Referral Number	S	1	Reference Identification Qualifier	Req	REF*9F*683740	9F	
				Reference Identification	Req			Systems that submit multiple encounters per claim must use this segment to associate add-on codes with the primary service. The Reference Identification represents the Service Transaction ID of the primary service.
NM1	**2420A - RENDERING PROVIDER NAME**	S(R)	1	Reference Identification	Req			The loop is used to identify the staff person providing the service
	Rendering Provider Name	R	1	Entity Identifier Code	Req		82	
				Entity Type Qualifier	Req		2	
				Name Last or Organization Name	Req	NM1*82*2*COMMUNITY PSYCHIATRIC CLINIC*****XX*1112223444~		
				Identification Code Qualifier	Req		XX	
				Identification Code	Req			National Provider Identifier

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PRV	Rendering Provider Specialty Information	S	1	Provider Code	Req	PRV*PE***PXC**261QM08001X	PXC	The segment became Situational accordind to Adenda
				Reference Identification Qualifier	Req			
				Reference Identification	Req			
REF	Rendering Provider Secondary Identification	R	5	Reference Identification Qualifier	Req	REF***G2**159570 ~	**G2**	Provider Commercial Number
				Secondary Identifier	Req			Staff Person KCID
	2420C SERVICE FACILITY LOCATION	**S**	**1**					Required when the location of health care service for this service line is different than that carried in the 2310C loop.
NM1	Service Facility Location Name Information	S	:1	Entity Identifier Code	Req	NM1***77**2*EL REY TREATMENT FACILITY*****XX*1112223444~	77	Either the Employer's Identification Number or the National Provider Identifier must be carried in this REF
				Entity Type Qualifier	Req			
				Name Last / Organization Name	Req			
				Identification code Qualifier	Req		XX	National Provider Identifier
				Identification code	Req			
N3	Service Facility Location Address	R	1	Address Information	Req	N3*2119 2ND AVENUE ~		
				Address Information	Sit			
N4	Service Facility Location City/State/Zip code	R	1	City Name	Req	N4*SEATTLE *WA*98121~		
				State or Province Code	Req			
				Postal Code	**Req**			
				County code	**Req**			
REF	Service Facility Location Secondary Identification	S	1	Reference Identification Qualifier	Req	REF*G2*123456~	G2	DBHR licensing system site specific agency ID. Required if different than what is reported in 2310C. For more information see the comments for 2310C.
				Reference Identification	Req			
SE	Transaction Set Trailer	R	1	Number of Included Segments	Req	SE*74*000001~		
				Transaction Set Control Number	Req			
GE	**FUNCTIONAL GROUP TRAILER**	R	**1**	Number of Included Functional Groups	Req	GE*76*700000001~		
				Group Control Number	Req			
IEA	**INTERCHANGE CONTROL TRAILER**	R	1	Interchange Control Number	Req	IEA*1*900000001~		