# UNITED STATES DEPARTMENT OF LABOR (DOL) WORKERS' COMPENSATION MEDICAL BILL PROCESS (WCMBP)

## 837 Healthcare Claim

## Companion Guide

## ANSI ASC X12N (Version 5010)

## PROFESSIONAL, INSTITUTIONAL, AND DENTAL

**VERSION 1.3**

**-**

**MAY 01, 2022**

CNSI

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Companion Guide

# ANSI ASC X12N (Version 5010)

Professional, Institutional, and Dental | Version 1

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Companion Guide

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Professional, Institutional, and Dental | Version 1

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# 1 INTRODUCTION

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. This requires Department of Labor – Office of Workers' Compensation Program (OWCP) to adopt standards to support the electronic exchange of administrative and financial health care transactions between covered entities (health care providers, health plans, and healthcare clearinghouses).

The intent of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of electronic data interchange standards in health care. The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were not imposed arbitrarily but were developed by processes that included significant public and private sector input.

## 1.1 Document Purpose

Companion Guides are used to clarify the exchange of information on HIPAA transactions between the OWCP's Workers' Compensation Medical Bill Processing (WCMBP) system and its trading partners. OWCP defines trading partners as covered entities that either submit or retrieve HIPAA batch transactions to and from WCMBP system.

This Companion Guide provides information related to electronic submission of 837 Claims Transactions to the WCMBP System by approved trading partners. The three distinct claim transaction formats documented are:

- 837 Professional
- 837 Institutional
- 837 Dental

This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guides listed below. The ANSI ASC X12N Implementation Guides can be accessed at http://www.wpc-edi.com.

The Standard Implementation Guides for Claim Transactions are:

- 837 Healthcare Claim: Professional (005010X222)
- 837 Healthcare Claim: Institutional (005010X223)
- 837 Healthcare Claim: Dental (005010X224)

OWCP has also incorporated all of the approved 837 Addenda listed below.

- ASC X12N 837 Professional (005010X222A1)
- ASC X12N 837 Institutional (005010X223A2)
- ASC X12N 837 Dental (005010X224A2)

### 1.1.1 Intended Users

Companion Guides are intended to be used by members/technical staff of trading partners who are responsible for electronic transaction/file exchanges.

### 1.1.2 Relationship to HIPAA Implementation Guides

Companion Guides are intended to supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for format, content, and field values can be found in the Implementation Guides. This Companion Guide describes the technical interface environment with WCMBP, including connectivity requirements and protocols, and electronic interchange procedures. This guide also provides specific information on data elements and the values required for transactions sent to or received from the WCMBP System.

Companion Guides are intended to supplement rather than replace the standard Implementation Guide for each transaction set. The information in these documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

## 1.2 Transmission Schedule

N/A

# 2 TECHNICAL INFRASTRUCTURE AND PROCEDURES

## 2.1 Technical Environment

### 2.1.1 Communication Requirements

This section will describe how trading partners can send 837 Transactions to the WCMBP System using macros in word by two methods:

- Secure File Transfer Protocol (SFTP)
- WCMBP Web Portal

To submit supporting document with EDI files, please use the SFTP method. Uploading supporting document to Web Portal with EDI file is currently not supported in the WCMBP System.

### 2.1.2 Testing Process

Completion of the testing process is not mandatory prior to submitting electronic transactions in production to the WCMBP System. It is, however, strongly recommended to ensure proper billing and prompt medical bill processing and payment. Testing is conducted to ensure the following levels of HIPAA compliance.

1. Level 1 – Syntactical integrity: Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 syntax, and compliance with X12 rules.
2. Level 2 – Syntactical requirements: Testing for HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. It will also include testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via an X12 code list or table.
3. Level 3 – HIPAA Balance Testing: Validate that claim line items amounts are equal to the total claim amount.
4. Level 7 – WCMBP defined custom rules. All transactions will be validated against WCMBP defined custom rules as specified in the Transaction Specification section.

Additional testing may be required in the future to verify any changes made to the WCMBP System. Changes to the ANSI formats may also require additional testing.

### 2.1.3 Trading Partner Testing Procedures

The WCMBP Companion Guides are available for download via the web at https://owcpmed.dol.gov/portal/provider/bill-submissions .

1. The trading partner submits all HIPAA test files through the WCMBP System Web Portal or Secure File Transfer Protocol (SFTP).
   - Web Portal URL:

     Open https://owcpmed.dol.gov/portal/provider/bill-submissions, expand the "Web Batch – Upload EDI files online" section, and click the **Provider Login for EDI Testing** button.
   - SFTP URL: sftp://mft.wcmbp.com
2. The trading partner downloads acknowledgements for the test file from the WCMBP Web Portal or SFTP.
3. If WCMBP System generates a positive TA1 and positive 999 acknowledgement, the file is successfully accepted. The trading partner is then ready to send 837 HIPAA files in production.
4. If the test file generates a negative TA1 or negative 999 acknowledgment, then the submission is unsuccessful and the file is rejected. The trading partner should resolve all the errors that are reported on the negative TA1 or negative 999 and resubmit the file for test. Trading partners can continue to test in the testing environment until they receive a positive TA1 and positive 999.

### 2.1.4 Production Environment

The trading partner submits all HIPAA production files through the WCMBP Web Portal or Secure File Transfer Protocol (SFTP).

- Web Portal URL:
  Open https://owcpmed.dol.gov/portal/provider/bill-submissions, expand the "Web Batch – Upload EDI files online" section, and click the **Provider Login** button.
- SFTP URL (same as Test Environment): sftp://mft.wcmbp.com

### 2.1.5 Who to Contact for Assistance

- WCMBP EDI Help Desk Telephone Number: 1-800-987-6717
- Hours: 8:00 AM – 8:00 PM EST, Monday through Friday
- Information below is required when calling the helpdesk:
  - Topic of Call (setup, procedures, etc.)

- Name of caller
- Submitter's OWCP Provider ID
- Organization of caller
- Telephone number of caller
- Nature of problem (connection, receipt status, etc.)

## 2.2 Upload Batches via Web Interface

Once logged into the WCMBP Portal, the user can Upload file and Retrieve Acknowledgement/Response in the Provider Portal screen following the steps below:

1. Click the **Submit HIPAA Batch Transaction** hyperlink in the Provider Portal screen to open the File Upload screen.

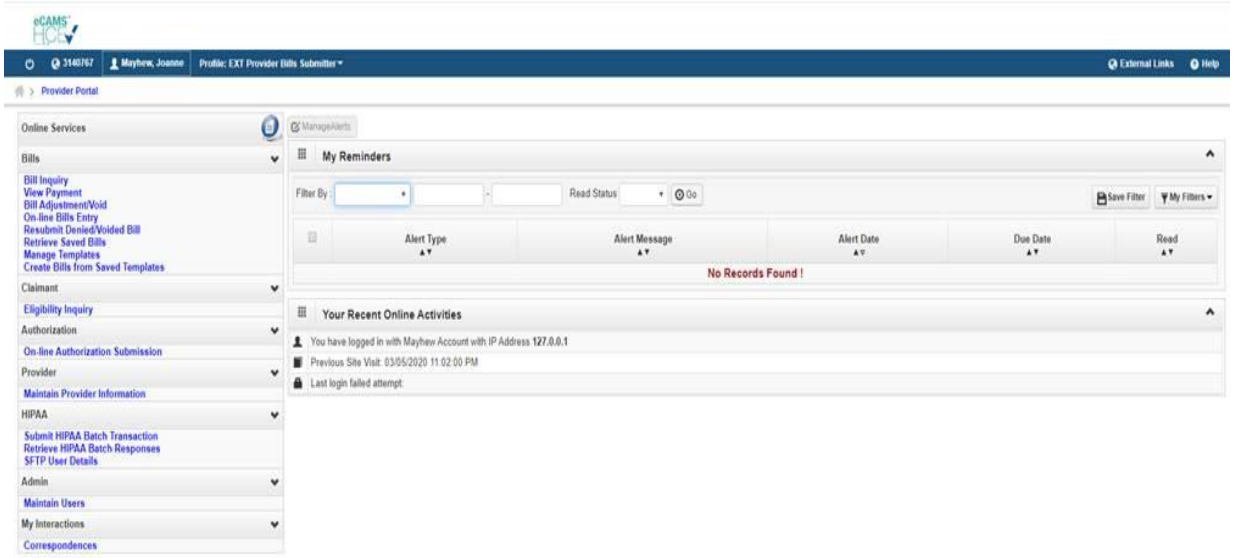


*Figure 1. Provider Portal Screen*

2. Click the **Upload** button on the *File Upload* screen to open the File Upload dialog

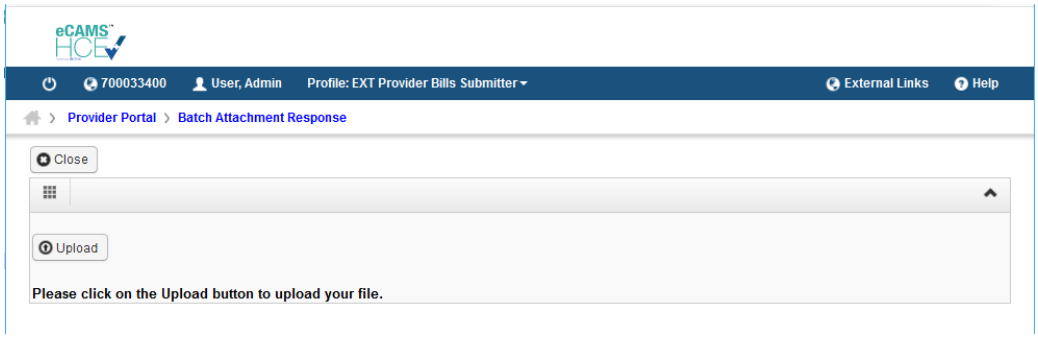


*Figure 2. File Upload Screen*

3. Click the **Browse** button on the File Upload Dialog to select EDI file for upload

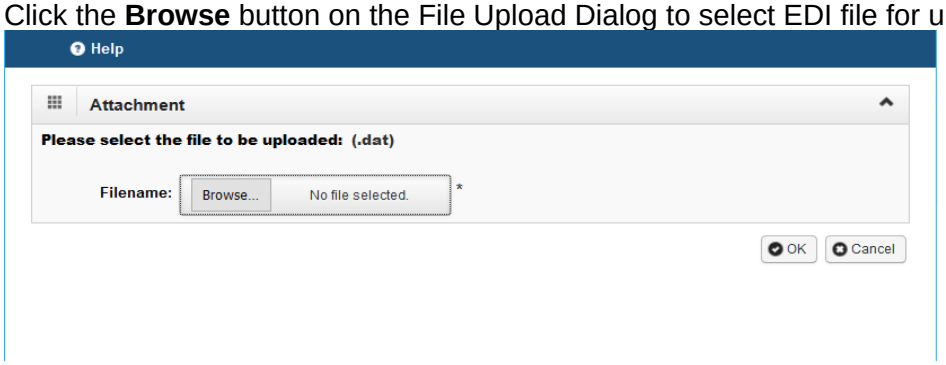


*Figure 3. File Upload Dialog Screen (before EDI file selection)*

4. Select the EDI file from your local file system. The selected file must meet the following criteria.

    a. File Size – The file cannot be empty, i.e. 0 kb

    b. File Name Extension – The file name extension must be ***.dat*** with all lower case. For example: My_Hipaa_File.dat

    c. File Name Length – The file name length (including the file name extension) cannot be greater than 50 characters

    d. File Name Special Characters – The file name should not contain special characters

5. After the EDI file is selected, press **OK** button on the File Upload Dialog to start the upload.

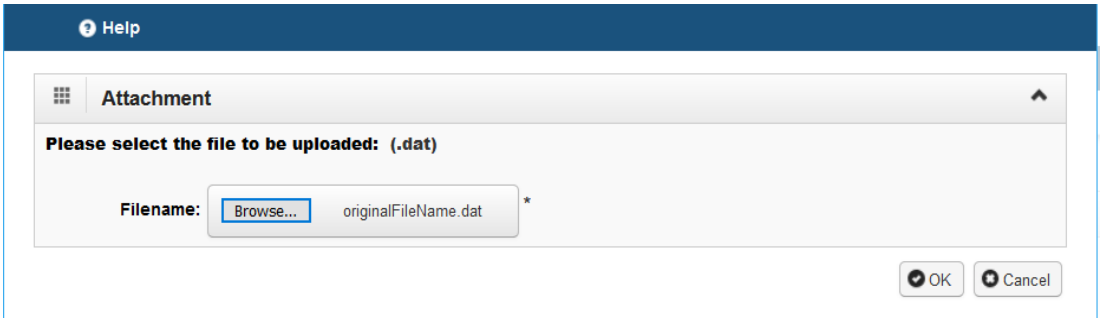


*Figure 4. File Upload Dialog Screen (after EDI file selection)*

6. Once the file is uploaded to WCMBP, the system renames the file following the specified naming convention. The success/failure message is displayed on the screen along with transmission details.

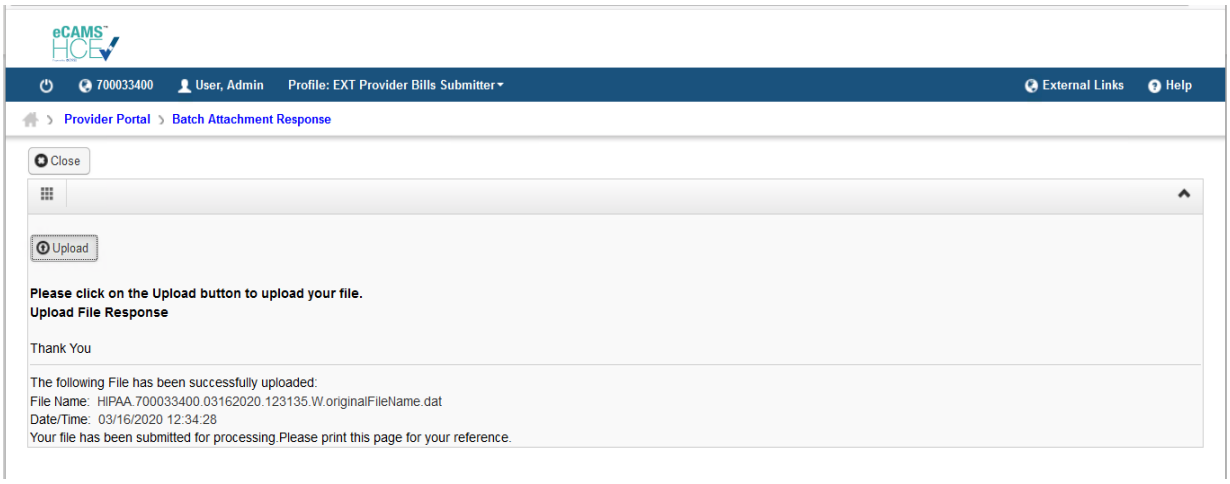


*Figure 5. File Upload screen with Success/Failure Message after the file is uploaded*

7. Click the **Retrieve HIPAA Batch Responses** hyperlink from the Provider Portal screen to retrieve Acknowledgements/Responses (TA1, 999 and 835) as shown below. Using filter options such as Transaction Type, Upload/Sent Date or File Name to search for the EDI files of interest.

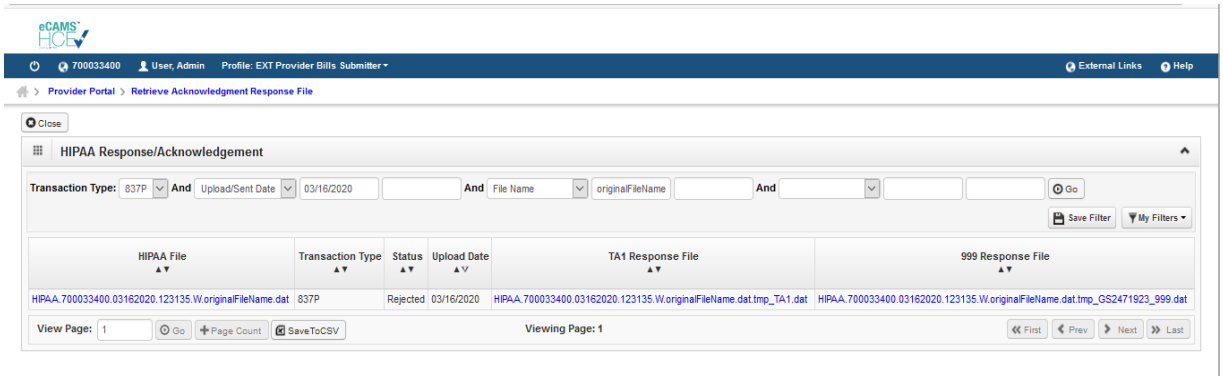


*Figure 6. HIPAA Response/Acknowledgements Screen*

## 2.3 SFTP Setup, Directory, and File Naming Convention

### 2.3.1 SFTP User Setup

The following steps should be followed to set up the SFTP:

1. Click the SFTP User Details hyperlink on Provider Portal screen under Online Services menu HIPAA Section to open the SFTP User Details screen

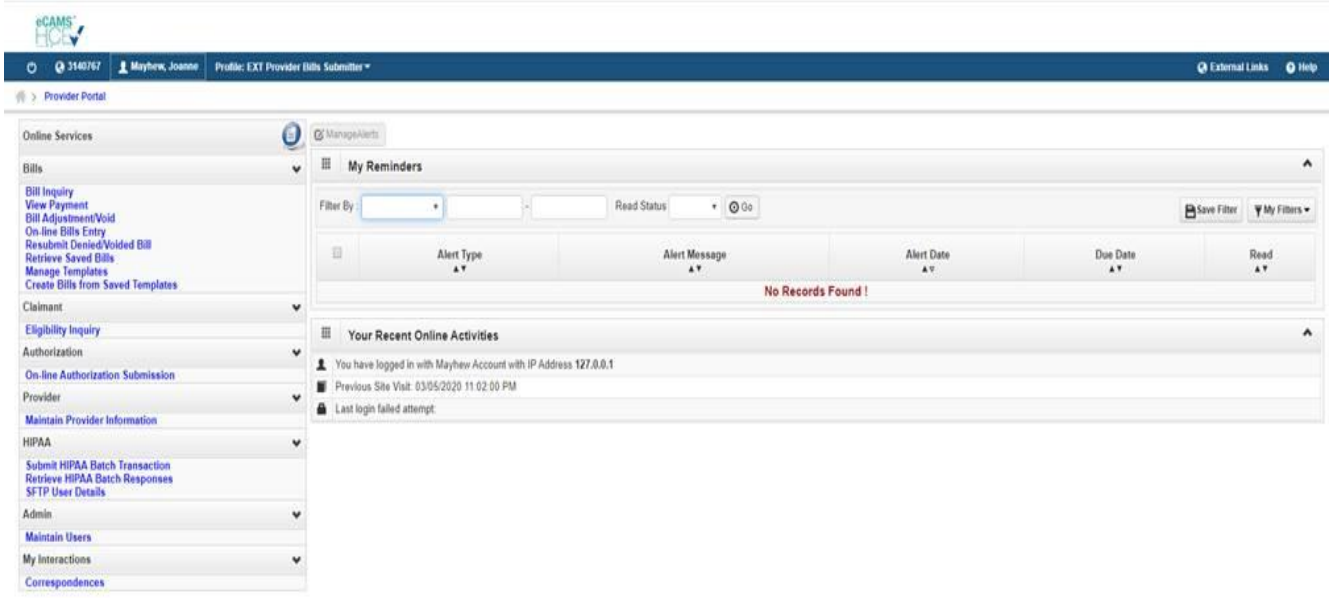


*Figure 7. Opening the SFTP User Details Screen*

2. Click the Create SFTP User button to open the EDI SFTP User Info Dialog

**Note**: If the SFTP user has been created already, the **Create SFTP User** button will be displayed as disabled, and the **Reset SFTP Password** button will be enabled.

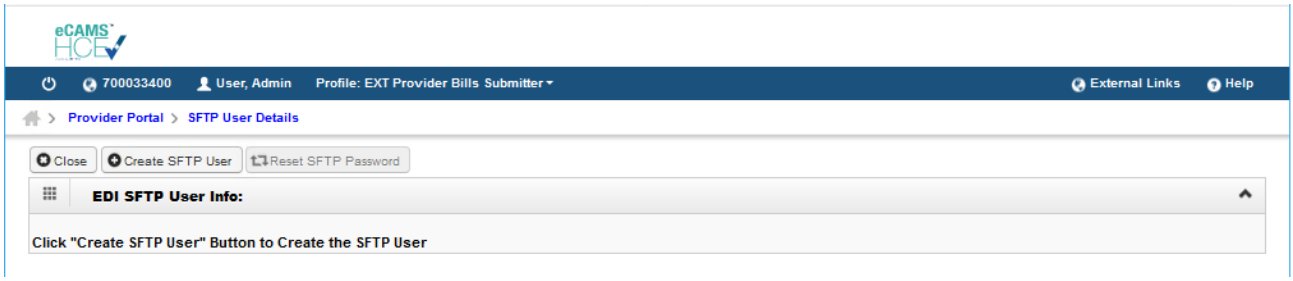


*Figure 8. SFTP User Login Screen*

3. Your SFTP User Login ID will be automatically assigned by WCMBP using your OWCP Provider ID with "OWCP" prefix. For example, if your OWCP Provider ID is 123456789, your SFTP User Login ID will be OWCP123456789.

4. Enter a secured password following the password policy as shown on screen, confirm it, and then click the **OK** button to create your new SFTP user.

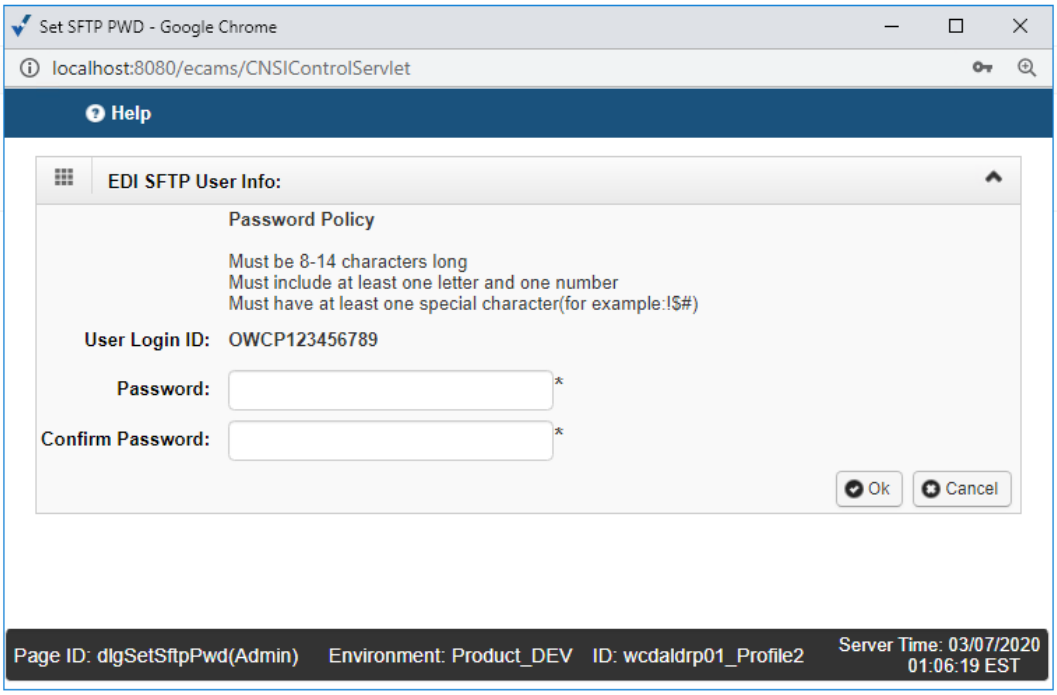


*Figure 9. Creating New SFTP User*

5. You can now access the SFTP using an SFTP client such as WinSCP

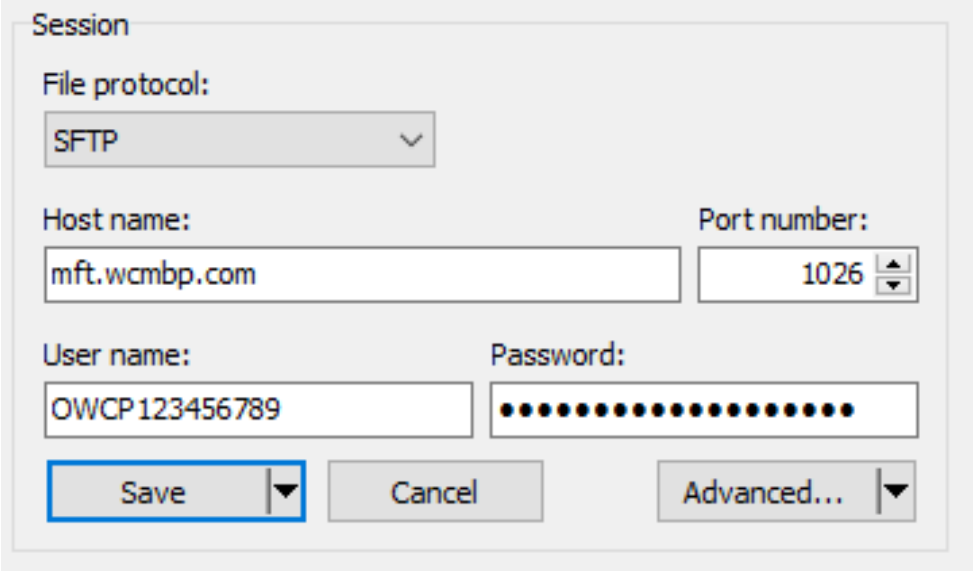


*Figure 10. Accessing the SFTP Client*

### 2.3.2 Resetting SFTP User Password

Perform the following steps to reset your SFTP password:

To open the SFTP User Details screen,click the **SFTP User Details** hyperlink on the Provider Portal page under the Online Services menu HIPAA Section.

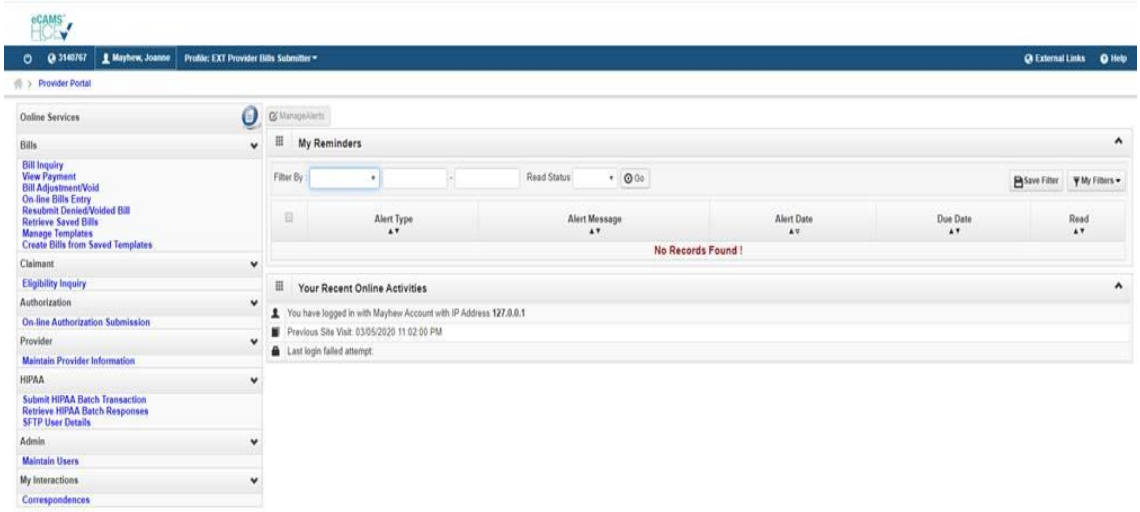


*Figure 11. SFTP User Details Screen*

1. Click the **Reset SFTP Password** button to open the EDI SFTP User Info Dialog

   **Note**: If the SFTP user has not been created already, the **Create SFTP User** button will be displayed as enabled, and the **Reset SFTP Password** button will be disabled.

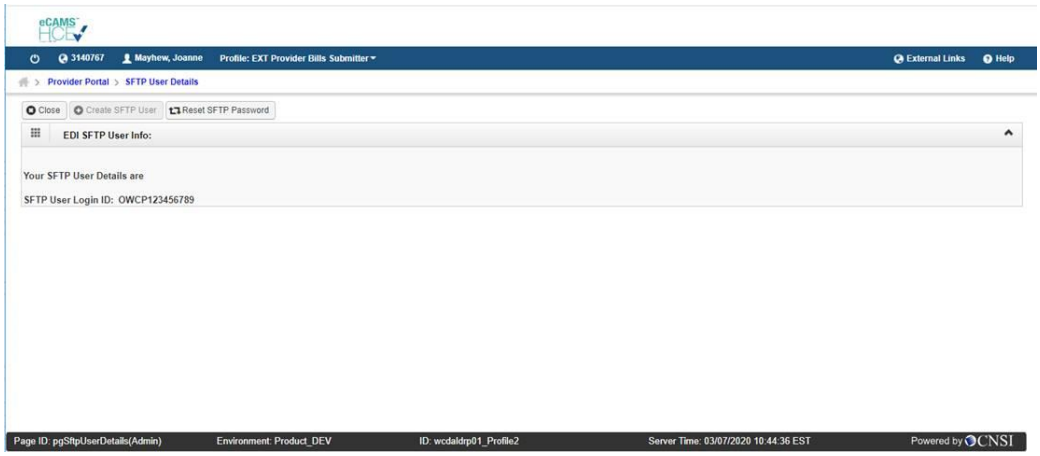


*Figure 12. EDI SFTP User Info*

2. Enter a new password following the password policy as shown on screen, confirm it, and then click the **OK** button to reset your SFTP password.

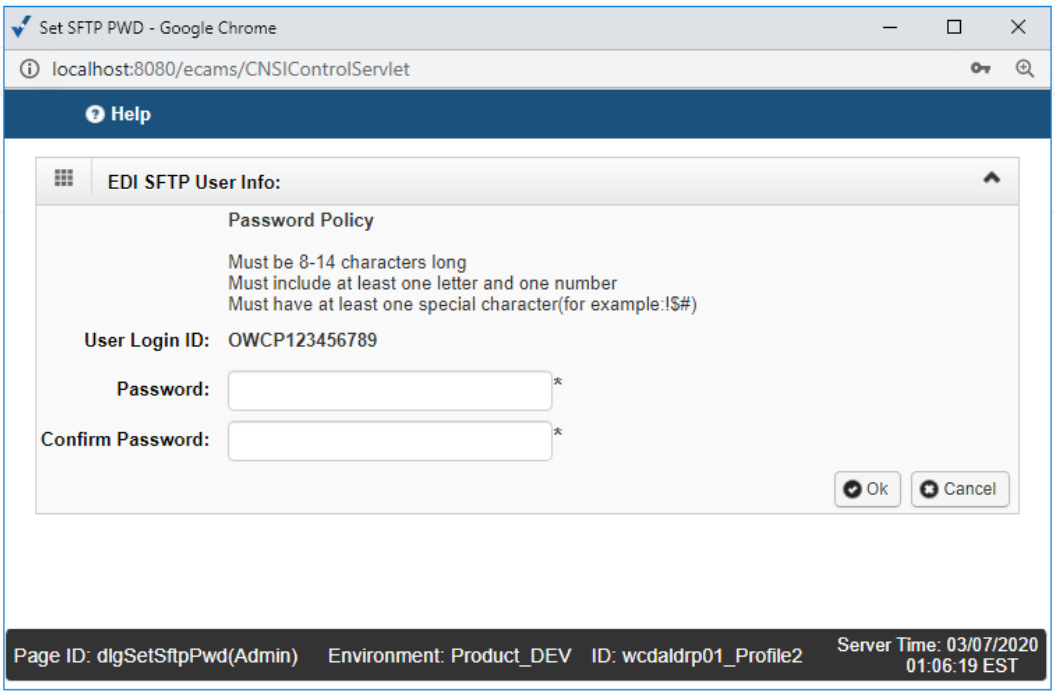


*Figure 13. Resetting the SFTP User Password*

### 2.3.3 SFTP Directory Naming Convention

The Folder structure will appear as follows:

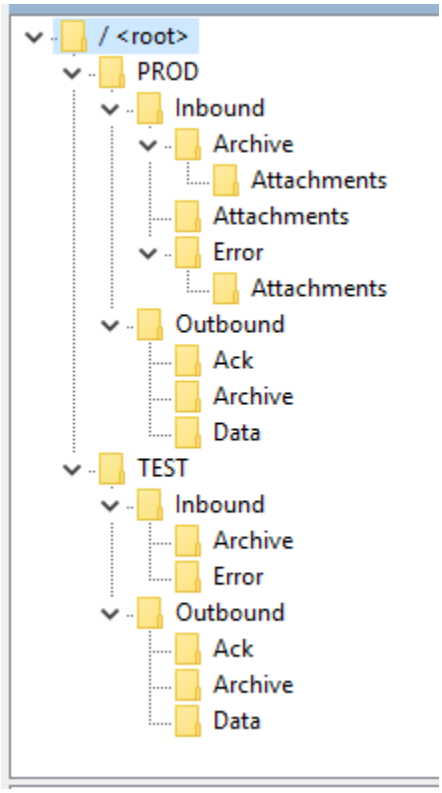


*Figure 14. SFTP Folder Structure*

There will be two categories of folders under the Trading Partner's SFTP folders:

1. TEST – Trading Partners should submit and receive their test files under this folder
2. **PROD** – Trading Partners should submit and receive their production files under this folder

The following folders will be available under the TEST/PROD folder within the SFTP root of the Trading Partner:

- 'Inbound' - This folder should be used to drop the Inbound files that needs to be submitted to WCMBP
- After the inbound 837 file is dropped to the ***Inbound*** folder, WCMBP will rename the file following inbound file naming convention in Section 2.3.4, and perform the following file level validation before processing.
    - File Size – The file cannot be empty, i.e. 0 kb

- File Name Extension – The file name extension must be ***.dat*** with all lower case. For example: My_Hipaa_File.dat
- File Name Length – The file name length (including the file name extension) cannot be greater than 50 characters
- File Name Special Characters – The file name should not contain special characters

- The file that failed the validation will be renamed with *.error* extension. After the user logs out from the SFTP account, the error file will be move to the ***Inbound/Error*** folder.
- The file that passed the validation will be ready for processing. After being processed, the file will be renamed with *.processed* extension. After the user logs out from the SFTP account, the processed file will be moved to ***Inbound/Archive*** folder.
- The files in both ***Inbound/Archive*** and ***Inbound/Error*** folders will be retained for 30 days before they are purged by the system automatically.

'Outbound' – X12 outbound transactions generated by WCMBP will be available in this folder

- The trading partner should look for acknowledgements to the files submitted in the ***Outbound/Ack*** folder. TA1 and 999 will be available for all the files submitted by the Trading Partner that passed file level validation.
- The trading partner should look for 835 file in the ***PROD/Outbound/Data*** folder. The 835 file will not be generated for the test file uploaded in TEST.
  Note: If the trading partner (submitter) is a billing agent/clearinghouse, the 835 file will be available in the ***PROD/Outbound/Data*** folder only if the billing agent/clearinghouse and the billing provider are associated within WCMBP. Refer to Section 2.3.5 on how the billing provider set up the billing provider/billing agent association within WCMBP.
- It's recommended that the trading partner delete the acknowledge and 835 files after they are downloaded. The files in both ***Outbound/Ack*** and ***Outbound/Data*** folders will be retained for 10 days before they are moved to the ***Outbound/Archive*** folder by the system automatically. The files in ***Outbound/Archive*** folder will be retained for 30 days before they are purged by the system automatically.

### 2.3.4 File Naming Convention

When a HIPAA file is uploaded via Web Portal or SFTP, WCMBP will rename the file following the Inbound Transaction naming convention below and generate the Acknowledgement/Response files following the Outbound naming convention below.

#### 2.3.4.1 For Inbound Transactions Uploaded Via Web Portal:

Hipaa.<TPId>.<date>.<timestamp>.<uploadmethod>.<originalfilename>

- <TPId> is the Trading Partner Id, which is also the OWCP Provider ID
- <date> is the Date in format yyyyMMdd
- <timestamp> is the timestamp in format HHmmss
- <uploadmethod> is the method how the HIPAA file is uploaded. F-FTP, W-Web.
- <originalfilename> is the original file name which is submitted by the trading partner.

#### 2.3.4.2 For Inbound Transactions Uploaded Via SFTP:

Hipaa.<TPId>.<date>.<timestamp>.<uploadmethod>.<originalfilename>.pgp

- <TPId> is the Trading Partner Id, which is also the OWCP Provider ID
- <date> is the Date in format yyyyMMdd
- <timestamp> is the timestamp in format HHmmss
- <uploadmethod> is the method how the HIPAA file is uploaded. F-FTP, W-Web.
- <originalfilename> is the original file name which is submitted by the trading partner.

#### 2.3.4.3 For Outbound TA1 Acknowledgement File:

Hipaa.<TPId>.<date>.<timestamp>.<uploadmethod>.<originalfilename>.<ta1extension>.dat

- <TPId> is the Trading Partner Id, which is also the OWCP Provider ID
- <date> is the Date in format yyyyMMdd
- <timestamp> is the timestamp in format HHmmss
- <uploadmethod> is the method how the HIPAA file is uploaded. F-FTP, W-Web.
- <originalfilename> is the original file name which is submitted by the trading partner.
- <ta1extension> is the system generate TA1 file extension

#### 2.3.4.4 For Outbound 999 Acknowledgement File:

Hipaa.<TPId>.<date>.<timestamp>.<uploadmethod>.<originalfilename>.<999extension>.dat

- <TPId> is the Trading Partner Id, which is also the OWCP Provider ID
- <date> is the Date in format yyyyMMdd
- <timestamp> is the timestamp in format HHmmss
- <uploadmethod> is the method how the HIPAA file is uploaded. F-FTP, W-Web.
- <originalfilename> is the original file name which is submitted by the trading partner.
- <999extension> is the system generate 999 file extension. If there are multiple GS/GE envelopes submitted in an 837 file, WCMBP will generate multiple 999 Acknowledgement files with different 999 file extensions.

### 2.3.4.5 For Outbound 835 Transaction File:

Hipaa.<TPId>.<date>.<timestamp>.835.dat

- <TPId> is the Trading Partner Id, which is also the OWCP Provider ID
- <date> is the Date in format yyyyMMdd
- <timestamp> is the timestamp in format HHmmss

**Example:**

- OWCP Provider ID: 123456789
- Original 837 File Name: OriginalFileName.dat
- 837 File Upload Date/Time: February 25, 2020 03:16:36PM

- TA1 File Generation Date/Time: February 25, 2020 03:17:45PM
- 999 File Generation Date/Time: February 25, 2020 03:20:18PM
- 835 File Generation Date/Time: March 01, 2020 01:00:43AM

**Renamed Inbound File Names for the example:**

- Inbound File (Web): Hipaa.123456789.20200225.151636.W.OriginalFileName.dat
- Inbound File (SFTP): Hipaa.123456789.20200225.151636.F.OriginalFileName.dat.pgp

- Inbound SFTP File passed validation:
  - Hipaa.123456789.20200225.151636.F.OriginalFileName.dat.pgp.processce d
- Inbound SFTP File failed validation:
  - Hipaa.123456789.20200225.151636.F.OriginalFileName.dat.pgp.error

**Outbound File Names for the SFTP example:**

- TA1: Hipaa.123456789.20200225.151745.F.OriginalFileName.dat.tmp_TA1.dat
- 999: Hipaa.123456789.20200225.152018.F.OriginalFileName.dat.tmp_GS3031980_999.dat
- 835: Hipaa.123456789.20200301.010043.835.dat

### 2.3.5 Billing Provider and Billing Agent/Clearinghouse Association

To set up the billing provider and billing agent/clearinghouse association within WCMBP, the following steps should be performed by the billing provider.

1. Obtain the billing agent/clearinghouse' OWCP Provider ID from the billing agent/clearinghouse

2. Enter the billing agent/clearinghouse's OWCP Provider ID in the EDI Submitter Details step in the enrollment/maintenance wizard

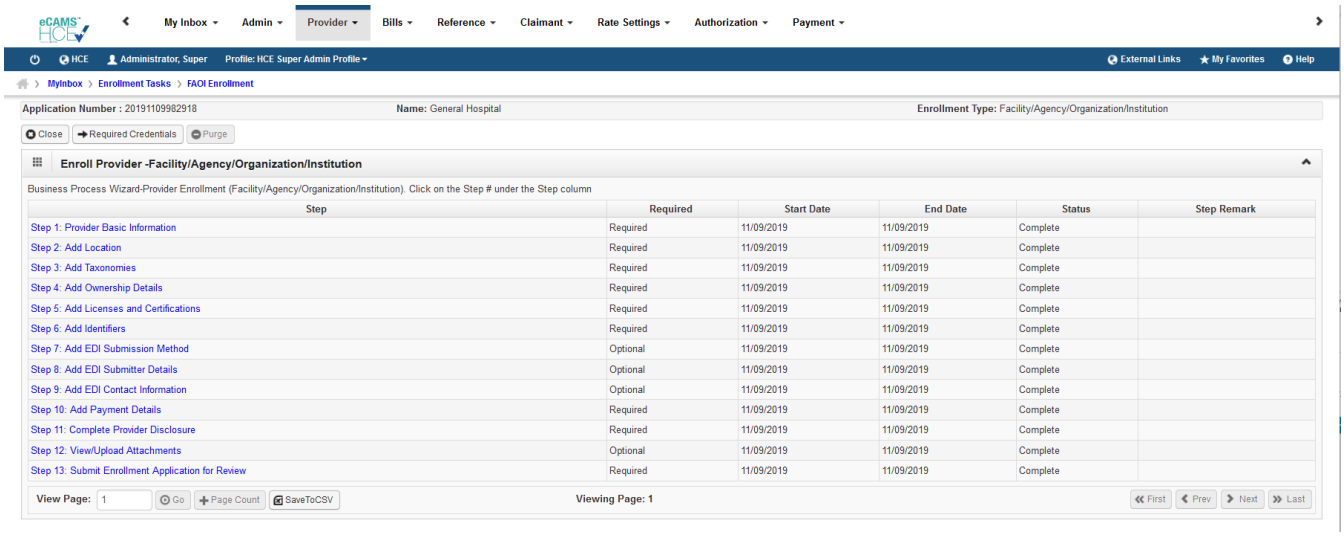


*Figure 15. Billing Provider Enrollment/Maintenance Wizard Screen*

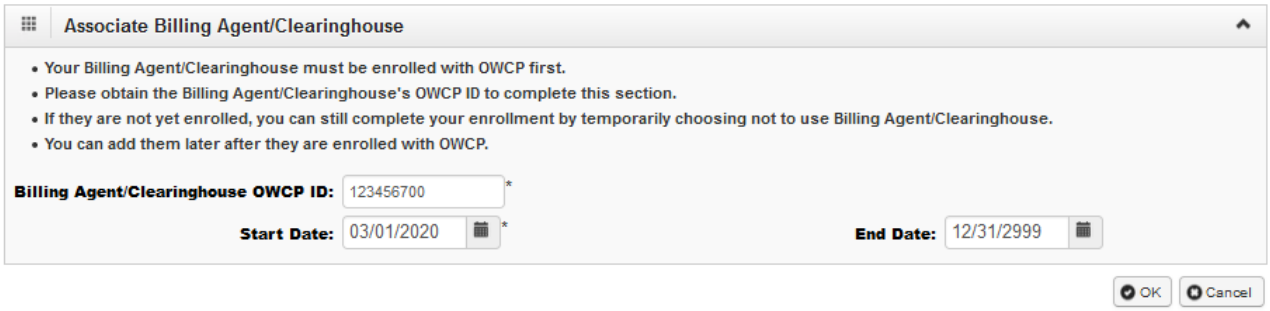


*Figure 16. Add Billing Agent/Clearinghouse Dialog Screen*

Note:

- After a billing agent uploads an 837 file via SFTP and the bill is loaded/processed by WCBMP, the 835 file will be available in the ***PROD/Outbound/Data*** folder to the billing agent only if the billing agent and the billing provider are associated within WCMBP
- The 835 file is always available for download from the billing provider's Provider Portal page
- If the association has not been set up by the billing provider yet, the billing provider can create a provider portal user account for the billing agent, so that the billing agent can log into the billing provider's provider portal and download the 835 file.
- The billing agent should contact the billing provider's security administrator if they need the provider portal access under the billing provider.

## 2.4 Transaction Standards

### 2.4.1 General Information

HIPAA standards are specified in the Implementation Guide for each mandated transaction and modified by authorized Addenda. Currently, the 837 transaction has one Addendum. This Addendum has been adopted as final and is incorporated into WCMBP requirements.

An overview of requirements specific to the transaction can be found in the 837 Implementation Guide. Implementation Guides contain information related to:

- Format and content of interchanges and functional groups
- Format and content of the header, detailer and trailer segments specific to the transaction
- Code sets and values authorized for use in the transaction
- Allowed exceptions to specific transaction requirements

Transmission sizes are limited based on two factors:

- Number of Segments/Records allowed by the WCMBP System
- The WCMBP System file size limitations

It is recommended to limit the size of the transaction (ST-SE envelope) to a maximum of 5,000 CLM segments.

WCMBP limits a file size to 50 MB while uploading HIPAA files through the WCMBP web portal. It is recommended to limit the file size to 100 MB while uploading HIPAA file through SFTP.

### 2.4.2 Data Format

#### 2.4.2.1 Delimiters

The WCMBP will use the following delimiters on outbound transactions:

- Data element separator - Asterisk ( * )
- Sub-element Separator - colon ( : )
- Segment Terminator - Tilde ( ~ )

#### 2.4.2.2 Dates

The following rules apply to any dates in the 837 transaction:

- For the 837 Professional and Dental all dates will be formatted according to Year 2000 compliance, CCYYMMDD, except for the ISA09 element where the date format is YYMMDD.
- For the 837 Institutional all dates will be formatted according to Year 2000 compliance, CCYYMMDD, except for the ISA09 element where the date format is YYMMDD and the Admission Date/Hour where the date format is CCYYMMDDHHMM.
- The only value acceptable for "CC" (century) is 20. The exception to this rule is for any of the Date of Birth values.
- Time is in military time format, 1 to 24 to indicate hours and 00 to 59 to indicate minutes and/or seconds. ISA10 and GS05 elements are formatted HHMM (i.e. 2115 defines the time of 9:15 p.m.). BGN04 element is HHMMSS (i.e. 211515 defines the time of 9:15:15 p.m.).
- No spaces or character delimiters should be used in presenting dates or times.
- Dates that are logically invalid (e.g. 20191301) are rejected.

#### 2.4.2.3 Field Length

HIPAA regulations specify field lengths for all of the data elements of the 837 Healthcare Claim transaction. For some of these data elements, WCMBP processes fewer characters than the maximum allowed. The Transaction Specifications in section 3 display the WCMBP field lengths.

#### 2.4.2.4 Phone Numbers

Phone numbers are presented as contiguous number strings, without dashes or parenthesis markers. For example, the phone number (800) 555-1212 should be presented as 8005551212. Area codes should always be included.

### 2.4.3 Data Interchange Conventions

When accepting 837 Healthcare Claim transactions from trading partners, WCMBP follows standards developed by the Accredited Standards Committee (ASC) of the American National Standards Institute (ANSI). These standards involve Interchange (ISA/IEA) and Functional Group (GS/GE) Segments or "outer envelopes". All 837 Transactions should follow the HIPAA guideline. Please refer to the 837 Implementation Guide for ISA/IEA envelop, GS/GE functional group and ST/SE transaction specifications. Specific information on how individual data elements are populated by uploading the supporting document file to folder \PROD\Inbound\Attachment the WCMBP System on ISA/IEA and GS/GE envelopes are shown in the table beginning later in this section.

The ISA/IEA Interchange Envelope, unlike most ASC X12 data structures has fixed field length. The entire data length of the data element should be considered and padded with spaces if the data element length is less than the field length.

Example of ISA with the entire data length with padded spaces:

ISA*00*  *00*  *ZZ*123456789  *ZZ*100000
*040303*1300*^*00501*000001001*1*T*:~

The WCMBP System accepts 837 transaction files with single ISA/IEA envelope and allows multiple GS/GE envelopes. 837 transactions (with recommended limit of 5,000 CLM segments within an ST/SE envelop), can have multiple ST/SE envelops within the same GS/GE envelope.

### 2.4.4 Acknowledgement Procedures

Once the file is submitted by the trading partner and is successfully received by the WCMBP system, a response in the form of TA1 and 999 acknowledgment transactions will be placed in appropriate folder (on the FTP server) of the trading partner. The WCMBP system generates positive TA1 and positive 999 acknowledgement, if the submitted HIPAA file meets HIPAA standards related to syntax and data integrity. For files, which do not meet the HIPAA standards a negative TA1 and/or negative 999 are generated and sent to the trading partner.

### 2.4.5 Rejected Transmissions and Transactions

837 Healthcare Claims will be rejected if the file does not meet HIPAA standards for syntax, data integrity and structure (Strategic National Implementation Process (SNIP) type 1, 2 and 3). Additionally, the transactions will be validated against WCMBP defined custom rules (SNIP type 7) as specified in the Transaction Specification section. Non-compliance of the custom rules will result in rejection of the transaction.

### 2.4.6 Upload Supporting Document

Perform the following steps to upload supporting document via SFTP with the EDI files:

1. The supporting document must be in TIFF or PDF format.
2. For each supporting document, assign a unique *Attachment Control Number* (ACN) and use it in 2300 Loop PWK segment following the Transaction Specifications in Section 3 below.
3. Rename the supporting document by adding the ACN. For example, if the original file name is "Document_837.tiff", and the ACN is "12345", rename the file to "Document_837.12345.tiff"
4. Upload the supporting document file to folder \PROD\Inbound\Attachments
5. The system will rename the file automatically using the format <OWCPProviderID>.<date>.<timestamp>.<uploadedfilename>
6. After the EDI file and supporting document file is processed, the system will rename the file using the format <OWCPProviderID>.<date>.<timestamp>.<uploadedfilename>.processed, and move it to folder \PROD\Inbound\Archive\Attachments
7. The processed supporting document file will be retained for 7 days before it's purged by the system automatically.
8. Supporting document can be uploaded for an existing bill that is already in the system but in suspended status due to missing documents.

   Perform the following steps to upload supporting document via SFTP:

   a. Rename the supporting document by adding the TCN of the bill. For example, if the original file name is "Document_Existing_Bill.pdf", and the TCN of the bill is "110019038000046000", rename the file to "Document_Existing_Bill.110019038000046000.pdf"
   b. Upload the supporting document file to the \PROD\Inbound\Attachments folder

### 2.4.7 Submit Medicare Number for Institutional bills

1. Medicare Number is required for institutional bills with Type of Bill 11X, 13X or 14X
2. Use loop 2300 Billing Note (NTE) segment to submit the 6-digit Medicare Number
   a. Submit NTE*01 element with code "ADD" [ADD: Additional Information]

b. Submit NTE*02 element with description as "Medicare Number#123456#"

The system will parse the note and treat 123456 as a Medicare Number

### 2.4.8 National Drug Code (NDC) is required for unlisted J-codes.

a. Enter NDC in LIN under 2410 for any of the J codes mentioned below. J3490, J3590, J7999, J8499, J8999, and J9999

# TRANSACTION SPECIFICATIONS

## 2.5 837 PROFESSIONAL

*Table 1. 837 PROFESSIONAL Envelope Header*

| ENVELOPE HEADER | | | | | | | |
|---|---|---|---|---|---|---|---|
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| | **ENVELOPE** | | | | | | **INTERCHANGE CONTROL HEADER** |
| Appendix B.3 | | ISA | | | R | R | |
| | | | ISA01 | | R | R | Value is **'00'**. |
| | | | ISA02 | | R | R | Please use 10 spaces. |
| | | | ISA03 | | R | R | Value is **'00'**. |
| | | | ISA04 | | R | R | Please use 10 spaces. |
| | | | ISA05 | | R | R | Value is '**ZZ**'. |
| | | | ISA06 | | R | R | Value is the 9-digit OWCP Provider ID provided during the enrollment process. Please make sure this ID is left justified with trailing spaces to complete the 15-digit element. |

# ANSI ASC X12N (Version 5010)

## Professional, Institutional, and Dental | Version 1

| ENVELOPE HEADER | | | | | | |
|---|---|---|---|---|---|---|
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| | | | ISA07 | R | R | Value is '**ZZ**'. |
| | | | ISA08 | R | R | Value is '**100000**'. Please make sure this element is left justified with trailing spaces to complete the 15-digit element. |
| | | | ISA15 | R | R | Value is '**T**' when submitting a test file. Value is '**P**' when submitting a production file. |
| | **HEADER** | | | | | **FUNCTIONAL GROUP HEADER** |
| Appendix B | | GS | | | | |
| | | | GS02 | R | R | Please use the 9-digit OWCP Provider ID provided during the enrollment process. |
| | | | GS03 | R | R | Value is '**77044**' |
| | | | GS08 | R | R | Use this value '005010X222A1' |

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## Professional, Institutional, and Dental | Version 1

*Table 2. Header*

| HEADER | | | | | | |
|---|---|---|---|---|---|---|
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| 62 | **HEADER** | ST | | R | R | **TRANSACTION SET HEADER** |
| 63 | | BHT | | R | R | |
| | **1000A** | | | | | **SUBMITTER NAME** |
| 67 | | NM1 | | R | R | |
| | | NM1 | 09 | R | R | Value is the 9-digit OWCP Provider ID provided during the enrollment process.<br><br>Note: If the submitter is a billing agent/clearinghouse, send the billing agent/clearinghouse' OWCP Provider ID. |
| 76 | | PER | | R | R | |
| | **1000B** | | | | | **RECEIVER NAME** |
| 74 | | NM1 | | R | R | |
| 75 | | NM1 | 03 | R | R | Value is '**Department of Labor**' |
| 75 | | NM1 | 09 | R | R | Value is '**77044**' for DFEC, '**77103'** for DEEOIC, and '**77104'** for DCMWC |

*Table 3. Detail, Billing/Pay-to Provider Heretical Level*

| DETAIL, BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL | | | | | | |
|---|---|---|---|---|---|---|
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| | **2000A** | | | | | **BILLING/PAY-TO-PROVIDER HIERARCHAL LEVEL** |
| 77 | | HL | | R | R | |
| | | PRV | | | | |
| | **2010AA** | | | | | **BILLING PROVIDER NAME.** |
| 84 | | NM1 | | R | R | **If the provider type is 95 (Third Party Carrier Providers) Enter the details for Servicing provider for the DEEOIC and DCMWC programs** in loop 2310C |
| 88 | | N3 | | R | R | |
| 89 | | N4 | | R | R | |
| 91 | | REF | | S | R | **<u>Clarification</u>**<br><br>The REF segment must be used to identify the billing provider. |
| | | | REF01 | | R | See the Implementation Guide for a list of valid values. |
| | | | REF02 | | R | Use the applicable provider identifier. |

| | | | | | | |
|---|---|---|---|---|---|---|
| | **2010AB** | | | | | **PAY-TO PROVIDER**<br><br>**<u>Clarification</u>**<br><br>The Pay-to-Provider should be same as Billing Provider. Do not use the 2010AB loop. |

*Table 4. Detail, Subscriber Hierarchical Level*

| DETAIL, SUBSCRIBER HIERARCHICAL LEVEL | | | | | | |
|---|---|---|---|---|---|---|
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| | **2000B** | | | | | **SUBSCRIBER HIERARCHAL LEVEL** |
| 108 | | HL | | R | R | |
| 110 | | SBR | | R | R | |
| | **2010BA** | | | | | **SUBSCRIBER NAME** |
| | | | | | | |
| 117 | | NM1 | | R | R | |
| | | | NM101 | R | R | Value is "IL". |
| | | | NM102 | R | R | Value is "1". |
| | | | NM103 | R | R | Value is the Subscriber last name. |
| | | | NM104 | S | R | Value is the Subscriber first name. |
| | | | NM105 | S | S | Value is the Subscriber middle initial if known. |
| | | | NM107 | S | S | Value is the Subscriber name suffix if known. |
| | | | NM108 | S | R | Value is "MI". |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | NM109 | S | R | Please use the alpha/numeric OWCP Case Number for each program's claimant.<br>For example:<br>DFEC – 123456789<br>DEEOIC – 1234567890<br>DCMWC – BNXYZ-1973001 |
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| 121 | | N3 | | S | R | |
| 122 | | N4 | | S | R | |
| 124 | | DMG | | S | R | |
| | **2010BB** | | | | | **PAYER NAME** |
| 130 | | NM1 | | R | R | |
| | | | | | | |
| 134 | | N3 | | S | R | |
| 135 | | N4 | | S | R | |
| 137 | | REF | | S | R | **Clarification**<br><br>The REF segment must be used to identify the billing provider within WCMBP. |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | R | Value is "G2" |
| | | | | | R | Value is the billing provider's OWCP Provider ID. |
| | **2010BC** | | | | **Not Used** | **RESPONSIBLE PARTY NAME** |
| 139 | | NM1 | | S | | |
| 143 | | N3 | | S | | |
| 144 | | N4 | | S | | |
| **DETAIL, PATIENT HIERARCHICAL LEVEL** | | | | | | |
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| | **2000C** | | | | **Not Used** | **PATIENT HIERARCHAL LEVEL** |
| 152 | | HL | | R | | **Clarification** The patient is always the same as the subscriber for DOL claims. |
| 154 | | PAT | | S | | |
| | **2010CA** | | | | **Not Used** | **PATIENT NAME** |
| | **2300** | | | | | **CLAIM INFORMATION** |
| 170 | | CLM | | R | R | |
| 182 | | DTP | | S | S | |
| 186 | | DTP | | S | S | |
| 188 | | DTP | | S | S | |
| 190 | | DTP | | S | S | |
| 192 | | DTP | | S | S | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 194 | | DTP | | S | S | |
| 196 | | DTP | | S | S | |
| 197 | | DTP | | S | S | |
| 200 | | DTP | | S | S | |
| 201 | | DTP | | S | S | |
| 203 | | DTP | | S | S | |
| 205 | | DTP | | S | S | |
| 206 | | DTP | | S | S | |
| 208 | | DTP | | S | S | |

*Table 5. Detail, Patient Hierarchical Level*

| DETAIL, PATIENT HIERARCHICAL LEVEL | | | | | | |
|---|---|---|---|---|---|---|
| X12 IG PAGE REF | LOOP | SEGMENT | REF. DES. | IG USAGE | DOL USAGE | COMMENTS |
| 210 | | DTP | | S | S | |
| 212 | | DTP | | S | S | |
| 214 | | PWK | | S | S | |
| | | PWK01 | 01 | R | R | See the Implementation Guide for a list of valid values. |
| | | PWK02 | 02 | R | R | Value is 'FT' – File Transfer. |
| | | PWK05 | 05 | R | R | Value is 'AC' – Attachment Control Number.<br>. |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | PWK06 | 06 | R | R | A unique Attachment Control Number of up to 50-characters must be used and must match the number in the file name of the supporting document uploaded. This number is used to link the bill with the supporting document and must be unique per billing provider or billing agent across all bills.<br><br>Refer to Section 2.4.6 on how to upload the attachment using this Attachment Control Number. |
| 217 | | CN1 | | S | S | |
| 219 | | AMT | | S | R | |
| 220 | | AMT | | S | R | |
| 221 | | AMT | | S | R | |
| 222 | | REF | | S | S | |
| 224 | | REF | | S | S | |
| 226 | | REF | | S | S | |
| 227 | | REF | | S | S | |
| 229 | | REF | | S | S | |
| 230 | | REF | | S | S | |
| 231 | | REF | 02 | S | S | |
| 233 | | REF | | S | S | |
| 235 | | REF | | S | S | |
| 236 | | REF | | S | S | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 238 | | REF | | S | S | |
| 240 | | REF | | S | S | |
| 241 | | REF | | S | S | |
| 242 | | REF | | S | S | |
| 244 | | K3 | | S | Not Used | |
| 246 | | NTE | | S | S | |
| 248 | | CR1 | | S | S | |
| 251 | | CR2 | | S | S | |
| 257 | | CRC | | S | S | |
| 260 | | CRC | | S | S | |
| 263 | | CRC | | S | Not Used | |
| 36 – A1 | | CRC | | S | S | |
| 265 | | HI | | S | S | |
| 271 | | HCP | | S | S | |
| | **2310A** | | | | | **REFERRING PROVIDER NAME** |
| 282 | | NM1 | | S | S | |
| 40 A1 | | PRV | | S | S | |
| 288 | | REF | | S | S | |
| | | REF01 | 01 | S | R | Value is 'G2' |
| | | REF02 | 02 | | R | Please use the Provider Commercial Number. |
| | **2310B** | | | | | **RENDERING PROVIDER NAME** |
| 290 | | NM1 | | S | S | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 41 A1 | | PRV | | S | S | |
| 296 | | REF | | S | S | |
| | | | REF01 | S | R | Value is 'G2' |
| | | | REF02 | | R | Please use the Provider Commercial Number. |
| | **2310C** | | | | | **SERVICE FACILITY LOCATION NAME** |
| 298 | | NM1 | | S | S | **If the provider type is 95 (Third Party Carrier Providers) Enter the details for Servicing provider for the DEEOIC and DCMWC programs** |
| | | NM109 | | R | R | NPI of the Servicing Provider |
| | | N3 | | R | R | **SERVICE FACILITY LOCATION ADDRESS** |
| | | N4 | | R | R | **SERVICE FACILITY LOCATION CITY, STATE, ZIP CODE** |
| 301 | | REF | | S | S | |
| | | | REF01 | | R | Value is 'G2' |
| | | | REF02 | | R | Please use the Provider Commercial Number. |
| | **2310D** | | | | | **SUPERVISING PROVIDER NAME** |
| 303 | | NM1 | | S | S | |
| 307 | | N3 | | R | R | |
| 308 | | N4 | | R | R | |
| 310 | | REF | | S | S | |
| | **2310E** | | | | | **AMBULANCE PICK-UP LOCATION** |
| 312 | | NM1 | | S | S | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 316 | | REF | | S | S | |
| | **2320** | | | | | **OTHER SUBSCRIBER INFORMATION** |
| 318 | | SBR | | S | | DOL only allows one occurrence of this loop. |
| | **2400** | | | | | **SERVICE LINE** |
| | | LX | | R | R | **Clarification**<br>The maximum is 50 service lines |
| 56 - A1 | | SV1 | | R | R | **Clarification**<br>In SV101-1, for DOL use value 'HC' for HCPCS codes. Note that CPT codes are included in this coding structure. |
| 58 - A1 | | SV5 | | S | S | |
| 410 | | PWK | | S | S | |
| 412 | | CR1 | | S | S | |
| 61 - A1 | | CR2 | | S | Not used | |
| 421 | | CR3 | | S | Not used | |
| 423 | | CR5 | | S | S | |
| 427 | | CRC | | S | S | |
| 430 | | CRC | | S | S | |
| 432 | | CRC | | S | S | |
| 64 - A1 | | DTP | | S | S | |
| 437 | | DTP | | S | S | |
| 440 | | DTP | | S | S | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 442 | | DTP | | S | S | |
| 64 - A1 | | DTP | | S | S | |
| 65 - A1 | | DTP | | S | S | |
| 449 | | DTP | | S | S | |
| 451 | | DTP | | S | S | |
| 452 | | DTP | | S | S | |
| 454 | | DTP | | S | S | |
| 456 | | DTP | | S | S | |
| 66 - A1 | | DTP | | S | S | |
| 460 | | DTP | | S | S | |
| 67 - A1 | | MEA | | S | S | |
| 466 | | CN1 | | S | S | |
| 468 | | REF | | S | S | |
| 469 | | REF | | S | S | |
| 472 | | REF | | S | S | |
| 69 - A1 | | REF | | S | S | |
| 475 | | REF | | S | S | |
| 477 | | REF | | S | S | |
| 478 | | REF | | S | S | |
| 479 | | REF | | S | S | |
| 480 | | REF | | S | S | |
| 482 | | REF | | S | S | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 484 | | AMT | | S | S | |
| 485 | | AMT | | S | S | |
| 486 | | AMT | | S | S | |
| 487 | | K3 | | S | S | |
| 488 | | NTE | | S | S | |
| 70 A1 | | PS1 | | S | S | |
| 491 | | HSD | | S | S | |
| 495 | | HCP | | S | S | |
| | **2410** | | | | | **DRUG IDENTIFICATION** |
| 71 - A1 | | LIN | | S | S | Report National Drug Code (NDC) when available and National Drug code is required for unlisted J-codes. |
| 74 - A1 | | CTP | | S | S | |
| 77 - A1 | | REF | | S | S | |
| | **2420A** | | | | | **RENDERING PROVIDER NAME** |
| 501 | | NM1 | | S | S | |
| 79 - A1 | | PRV | | S | S | |
| 507 | | REF | | S | S | |
| | | | REF01 | | R | Value is G2 |
| | | | REF02 | | R | Please use the Provider Commercial Number. |
| | **2420B** | | | | | **PURCHASED SERVICE PROVIDER** |

| | | | | | | |
|---|---|---|---|---|---|---|
| 509 | | NM1 | | S | S | |
| | | REF | | S | S | |
| | **2420C** | | | | | **SERVICE FACILITY LOCATION** |
| 514 | | NM1 | | S | S | |
| 518 | | N3 | | R | R | |
| 519 | | N4 | | R | R | |
| 521 | | REF | | S | S | |
| | **2420D** | | | | | **SUPERVISING PROVIDER NAME** |
| 523 | | NM1 | | S | S | |
| 527 | | REF | | S | S | |
| | | | REF01 | | R | Value is G2 |
| | | | REF02 | | R | Please use the Provider Commercial Number. |
| | **2420E** | | | | | **ORDERING PROVIDER NAME** |
| 529 | | NM1 | | S | S | |
| 533 | | N3 | | S | S | |
| 534 | | N4 | | S | S | |
| 536 | | REF | | S | S | |
| 538 | | PER | | S | S | |
| | **2420F** | | | | | **REFERRING PROVIDER NAME** |
| 541 | | NM1 | | S | S | |
| 544 | | PRV | | S | S | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 547 | | REF | | S | S | |
| | | | REF01 | | R | Value is G2 |
| | | | REF02 | | R | Please use the Provider Commercial Number. |
| | **2420G** | | | | | **OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER** |
| 549 | | NM1 | | S | S | |
| 552 | | REF | | R | R | |
| | | | REF01 | Not Used | Not Used | |
| | | | REF02 | | | |
| | **2430** | | | | | **LINE ADJUDICATION INFORMATION** |
| 554 | | SVD | | S | S | |
| 558 | | CAS | | S | S | |
| 566 | | DTP | | R | R | |
| | **2440** | | | **S** | **S** | **FORM IDENTIFICATION CODE** |
| 567 | | LQ | | S | S | |
| 569 | | FRM | | R | R | |
| 572 | **TRAILER** | SE | | | | **TRANSACTION SET TRAILER** |
| Appendix B | **ENVELOPE** | GE | | R | R | **FUNCTIONAL GROUP TRAILER** |
| Appendix B | **ENVELOPE** | IEA | | R | R | **INTERCHANGE CONTROL TRAILER** |
| | | | IEA02 | R | R | Must be identical to ISA13. |

# ANSI ASC X12N (Version 5010)

## Professional, Institutional, and Dental | Version 1

## 2.6 837 INSTITUTIONAL

*Table 6. 837 Institutional Envelope Header*

| ENVELOPE HEADER | | | | | | |
|---|---|---|---|---|---|---|
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| | **ENVELOPE** | | | | | **INTERCHANGE CONTROL HEADER** |
| Appendix B.3 | | ISA | | | | |
| | | | ISA01 | R | R | Value is **'00'**. |
| | | | ISA02 | R | R | Please use 10 spaces. |
| | | | ISA03 | R | R | Value is **'00'**. |
| | | | ISA04 | R | R | Please use 10 spaces. |
| | | | ISA05 | R | R | Value is **'ZZ'**. |
| | | | ISA06 | R | R | Value is the 9-digit OWCP Provider ID provided during the enrollment process. Please make sure ID is left justified with trailing spaces to complete the 15-digit element. |
| | | | ISA07 | R | R | Value is **'ZZ'**. |
| | | | ISA08 | R | R | Value is **'100000'**. Please make sure this element is left justified with trailing spaces to complete the 15-digit element. |
| | | | ISA15 | R | R | Value is **'T'** when submitting a test file. Value is **'P'** when |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | submitting a production file. |
| | **ENVELOPE** | | | | | **FUNCTIONAL GROUP HEADER** |
| Appendix B.8 | | GS | | | | |
| | | | GS02 | R | R | Please use the 9-digit OWCP Provider ID provided during the enrollment process |
| | | | GS03 | R | R | Value is **'77044'** |
| | | | GS08 | R | R | Use this value '005010X223A2' |

*Table 7. Header*

| **HEADER** | | | | | | |
|---|---|---|---|---|---|---|
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| 56 | | ST | | R | R | |
| 57 | | BHT | | R | R | |
| | **1000A** | | | | | **SUBMITTER NAME** |
| 61 | | NM1 | | R | R | |
| | | NM1 | 09 | R | R | Value is the 9-digit OWCP Provider ID provided during the enrollment process. |
| 64 | | PER | | R | R | |
| | **1000B** | | | | | **RECEIVER NAME** |
| 67 | | NM1 | | R | R | |
| 68 | | NM1 | 03 | R | R | Value is '**Department of Labor**' |

| | | | | | | |
|---|---|---|---|---|---|---|
| 68 | | NM1 | 09 | R | R | Value is **'77044'** for DFEC, '**77103'** for DEEOIC, and '**77104'** for DCMWC |

*Table 8. Detail, Billing/Pay-To-Provider Hierarchical Level*

| DETAIL, BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL | | | | | | |
|---|---|---|---|---|---|---|
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| | **2000A** | | | | | **BILLING/PAY-TO-PROVIDER HIERARCHAL LEVEL** |
| 69 | | HL | | R | R | |
| 71 | | PRV | | S | S | |
| | **2010AA** | | | | | **BILLING PROVIDER NAME** |
| 76 | | NM1 | | R | R | **If the provider type is 95 (Third Party Carrier Providers) Enter the details for Servicing provider for the DEEOIC and DCMWC programs in** loop 2310E |
| 79 | | N3 | | R | R | |
| 80 | | N4 | | R | R | |
| 82 | | REF | | S | R | **Clarification**<br><br>The REF segment must be used to identify the billing provider. |
| 82 | | RER | 01 | | R | See the Implementation Guide for a list of valid values. |
| 83 | | REF | 02 | | R | Use the applicable provider identifier. |
| 87 | | PER | | S | S | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | **2010AB** | | | | | **PAY-TO PROVIDER**<br><br>**Clarification**<br>The Pay-to-Provider should be same as the Billing Provider. Do not use the 2010AB loop. |

*Table 9. Detail, Subscriber Hierarchical Level*

| **DETAIL, SUBSCRIBER HIERARCHICAL LEVEL** | | | | | | |
|---|---|---|---|---|---|---|
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| | **2000B** | | | | | **SUBSCRIBER HIERARCHAL LEVEL** |
| 99 | | HL | | R | R | |
| 101 | | SBR | | R | R | |
| | **2010BA** | | | | | **SUBSCRIBER NAME** |
| 108 | | NM1 | | R | R | |
| | | | NM101 | R | R | Value is "IL". |
| | | | NM102 | R | R | Value is "1". |
| | | | NM103 | R | R | Value is the Subscriber last name. |
| | | | NM104 | S | R | Value is the Subscriber first name. |
| | | | NM105 | S | S | Value is the Subscriber middle initial if known. |
| | | | NM107 | S | S | Value is the Subscriber name suffix if known. |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | NM1 | 08 | S | R | Value is 'MI'. |
| | | NM1 | 09 | S | R | Please use the alpha/numeric OWCP Case Number for each program's claimant.<br>For example:<br>DFEC – 123456789<br>DEEOIC – 1234567890<br>DCMWC – BNXYZ-1973001 |
| 112 | | N3 | | S | R | |
| 113 | | N4 | | S | R | |
| 115 | | DMG | | S | R | |
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| | **2010BB** | | | | | **PAYER NAME** |
| 126 | | NM1 | | R | R | |
| 129 | | N3 | | S | S | |
| | | N4 | | S | S | |
| 132 | | REF | | S | R | **Clarification**<br><br>The REF segment must be used to identify the billing provider within WCMBP. |
| | | | | | R | Value is "G2" |
| | | | | | R | Value is the billing provider's OWCP Provider ID. |

*Table 10. Detail, Patient Hierarchical Level*

| DETAIL, PATIENT HIERARCHICAL LEVEL |
|---|

| X12 IG PAGE REF | LOOP | SEGMENT | REF. DES. | IG USAGE | DOL USAGE | COMMENTS |
|---|---|---|---|---|---|---|
| | **2000C** | | | S | **Not Used** | **PATIENT HIERCHICAL LEVEL** |
| 139 | | HL | | R | | **Clarification**<br>The patient is always the same as the subscriber for DOL claims. |
| 141 | | PAT | | R | | |
| | **2010CA** | | | | **Not Used** | **PATIENT NAME** |
| | **2300** | | | | | **CLAIM INFORMATION** |
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| 157 | | CLM | | R | R | |
| 165 | | DTP | | S | S | |
| 167 | | DTP | | R | R | |
| 169 | | DTP | | S | S | |
| 171 | | CL1 | | S | S | |
| 173 | | PWK | | S | S | |
| | | PWK01 | 01 | R | R | See the Implementation Guide for a list of valid values. |
| | | PWK02 | 02 | R | R | Value is 'FT' – File Transfer. |
| | | PWK05 | 05 | R | R | Value is 'AC' – Attachment Control Number. |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | PWK06 | 06 | R | R | A unique *Attachment Control Number* of up to 50-characters must be used and must match the number in the file name of the supporting document uploaded. This number is used to link the bill with the supporting document and must be unique per billing provider or billing agent across all bills.<br><br>Refer to Section 2.4.6 on how to upload the attachment using this *Attachment Control Number*. |
| 176 | | CN1 | | S | S | |
| 178 | | AMT | | S | S | |
| 180 | | AMT | | S | S | |
| 182 | | AMT | | S | S | |
| 184 | | AMT | | S | S | |
| 185 | | REF | | S | S | |
| 186 | | REF | | S | S | |
| 187 | | REF | | S | S | |
| 17 - A1 | | REF | | S | S | |
| 191 | | REF | | S | S | |
| 192 | | REF | 02 | S | S | |
| 193 | | REF | | S | S | |
| 195 | | REF | | S | S | |
| 197 | | REF | | S | S | |
| 198 | | REF | | S | S | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 200 | | REF | | S | S | |
| 202 | | REF | | S | S | |
| 204 | | K3 | | S | S | |
| 205 | | NTE | | S | S | |
| 208 | | NTE | | S | S | Use this segment to submit Medicare Number. |
| | | NTE01 | 01 | R | R | Value is 'ADD' |
| | | NTE02 | 02 | R | R | Please use the following format to submit Medicare number: Medicare Number#123456#. Where 123456 is the Medicare Number |
| 19 - A1 | | HI | | S | S | |
| 230 | | HI | | S | S | |
| 232 | | HI | | S | S | |
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| 242 | | HI | | S | S | |
| 244 | | HI | | S | S | |
| 256 | | HI | | S | S | |
| 267 | | HI | | S | S | |
| 280 | | HI | | S | S | |
| 290 | | HI | | S | S | |
| 299 | | HI | | S | S | |
| 306 | | QTY | | S | S | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 308 | | HCP | | S | S | |
| | **2310A** | | | | | **ATTENDING PROVIDER NAME** |
| 321 | | NM1 | | S | S | |
| | | PRV | | S | S | |
| 326 | | REF | | S | S | |
| 326 | | REF | 01 | R | R | Value is 'G2' |
| 327 | | REF | 02 | R | R | Please use Provider Commercial Number. |
| | **2310B** | | | | | OPERATING PHYSICIAN NAME |
| 328 | | NM1 | | R | R | |
| 333 | | REF | | S | S | |
| 333 | | REF | 01 | R | R | Value is 'G2' |
| 334 | | REF | 02 | R | R | Please use Provider Commercial Number. |
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| | **2310C** | | | | | **OTHER OPERATING PHYSICIAN NAME** |
| 335 | | NM1 | | S | S | |
| 340 | | REF | | S | S | |
| 340 | | REF | 01 | R | R | Value is 'G2' |
| 341 | | REF | 02 | R | R | Please use Provider Commercial Number. |
| | **2310D** | | | | | **RENDERING PROVIDER NAME** |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | NM1 | | S | S | |
| | | PRV | | S | S | |
| | | REF | | S | S | |
| | | REF | 01 | R | R | Value is 'G2' |
| | | REF | 02 | R | R | Please use Provider Commercial Number. |
| | **2310E** | | | | | **SERVICE FACILITY LOCATION NAME** |
| 349 | | NM1 | | S | S | **If the provider type is 95 (Third Party Carrier Providers) Enter the details for Servicing provider for the DEEOIC and DCMWC programs** |
| | | NM109 | | R | R | NPI of the Servicing provider |
| 354 | | N3 | | R | R | **SERVICE FACILITY LOCATION ADDRESS** |
| 355 | | N4 | | R | R | **SERVICE FACILITY LOCATION CITY, STATE, ZIP CODE** |
| 357 | | REF | | S | S | |
| | | REF | 01 | R | R | Value is 'G2' |
| | | REF | 02 | R | R | Please use Provider Commercial Number. |
| | **2320** | | | | | **OTHER SUBSCRIBER INFORMATION** |
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| 359 | | SBR | | S | | DOL only allows one occurrence of this loop. |
| | **2400** | | | | | **SERVICE LINE NUMBER** |

| | | | | | | |
|---|---|---|---|---|---|---|
| 444 | | LX | | R | R | **Clarification**<br>The maximum is 999 service lines |
| 445 | | SV2 | | R | R | **Clarification**<br>In SV202-1, for DOL use value 'HC' for HCPCS codes. Note that CPT codes are included in this coding structure. |
| 452 | | PWK | | S | S | |
| 26 - A1 | | DTP | | S | S | |
| 28 A1 | | DTP | | S | S | |
| 460 | | AMT | | S | Not used | |
| 461 | | AMT | | S | Not used | |
| 29 - A1 | | HCP | | S | S | |
| | | | | | | **DRUG IDENTIFICATION** |
| | **2410** | | | S | **Not used** | |
| 35 - A1 | | LIN | | S | S | Report National Drug Code (NDC) when available and National Drug code is required for unlisted J-codes. |
| 38 - A1 | | CTP | | S | S | |
| 40 - A1 | | REF | | S | S | |
| | **2420A** | | | | | **ATTENDING PHYSICIAN NAME** |
| 462 | | NM1 | | S | S | |
| 467 | | REF | | S | S | |
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| 467 | | REF | 01 | R | R | Value is 'G2' |

| | | | | | | |
|---|---|---|---|---|---|---|
| 468 | | REF | 02 | R | R | Please use Provider Commercial Number. |
| | **2420B** | | | | | **OPERATING PHYSICIAN NAME** |
| 469 | | NM1 | | S | S | |
| 474 | | REF | | S | S | |
| 474 | | REF | 01 | R | R | Value is 'G2' |
| 475 | | REF | 02 | R | R | Please use Provider Commercial Number. |
| | **2420C** | | | | | **OTHER PROVIDER NAME** |
| 476 | | NM1 | | S | S | |
| 481 | | REF | | S | S | |
| 481 | | REF | 01 | R | R | Value is 'G2' |
| 482 | | REF | 02 | R | R | Please use Provider Commercial Number. |
| | **2430** | | | | | **SERVICE LINE ADJUDICATION INFORMATION** |
| 490 | | SVD | | S | S | |
| 494 | | CAS | | S | S | |
| 502 | | DTP | | S | S | |
| 503 | | SE | | R | R | **TRANSACTION SET TRAILER** |

*Table 11. Envelope Trailer*

| **ENVELOPE TRAILER** | | | | |
|---|---|---|---|---|

| X12 IG PAGE REF | LOOP | SEGMENT | REF. DES. | IG USAGE | DOL USAGE | COMMENTS |
|---|---|---|---|---|---|---|
| | **ENVELOPE** | | | | | **FUNCTIONAL GROUP** |
| Appendix B | | GE | | R | R | |
| | **ENVELOPE** | | | | | **INTERCHANGE CONTROL TRAILER** |
| Appendix B | | IEA | | R | R | |
| | | | IEA02 | R | R | Must be identical to ISA13. |

## 2.7 837 DENTAL

*Table 12. 837 DENTAL Envelope Header Figure.*

| ENVELOPE HEADER | | | | | | |
|---|---|---|---|---|---|---|
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| | **ENVELOPE** | | | | | **INTERCHANGE CONTROL HEADER** |
| Appendix B.3 | | ISA | | R | R | |
| | | | ISA01 | R | R | Value is **'00'**. |
| | | | ISA02 | R | R | Please use 10 spaces. |
| | | | ISA03 | R | R | Value is **'00'**. |
| | | | ISA04 | R | R | Please use 10 spaces. |
| | | | ISA05 | R | R | Value is **'ZZ'**. |
| | | | ISA06 | R | R | Value is the 9-digit OWCP Provider ID provided during the enrollment process. Please make sure this ID is left justified with trailing spaces to complete the 15-digit element. |
| | | | ISA07 | R | R | Value is '**ZZ**'. |
| | | | ISA08 | R | R | Value is **'100000'.** Please make sure this element is left justified with trailing spaces to complete the 15-digit element. |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | ISA15 | R | R | Value is **'T'** when submitting a test file. Value is **'P'** when submitting a production file. |
| | **HEADER** | | | | | **FUNCTIONAL GROUP HEADER** |
| Appendix B.8 | | GS | | | | |
| | | | GS02 | R | R | Value is the 9-digit OWCP Provider ID provided during the enrollment process. |
| | | | GS03 | R | R | Value is **'77044'** |
| | | | GS08 | R | R | Use this value '005010X224A2' |

*Table 13. Header*

| HEADER | | | | | | |
|---|---|---|---|---|---|---|
| X12 IG PAGE REF | LOOP | SEGMENT | REF. DES. | IG USAGE | DOL USAGE | COMMENTS |
| 53 | **HEADER** | ST | | R | R | **TRANSACTION SET HEADER** |
| 54 | | BHT | | R | R | |
| | **1000A** | | | | | **SUBMITTER NAME** |
| 59 | | NM1 | | R | R | |
| | | NM1 | 09 | R | R | Value is the 9-digit OWCP Provider ID provided during the enrollment process |
| 63 | | PER | | R | R | |
| | **1000B** | | | | | **RECEIVER NAME** |
| 66 | | NM1 | | R | R | |
| 67 | | NM1 | 03 | R | R | Value is '**Department of Labor**' |
| 67 | | NM1 | 09 | R | R | Value is **'77044'** for DFEC, '**77103'** for DEEOIC, and '**77104'** for DCMWC |

*Table 14. Detail, Billing/Pay-To Provider Hierarchical Level*

| DETAIL, BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL | | | | | | |
|---|---|---|---|---|---|---|
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| | **2000A** | | | | | **BILLING/PAY-TO-PROVIDER HIERARCHAL LEVEL** |
| 69 | | HL | | R | R | |
| 71 | | PRV | | S | S | |
| | **2010AA** | | | | | **BILLING PROVIDER NAME** |
| 76 | | NM1 | | R | R | |
| 80 | | N3 | | R | R | |
| 81 | | N4 | | R | R | |
| 83 | | REF | | S | R | **Clarification**<br><br>The REF segment must be used to identify the billing provider. |
| | | REF | 01 | | R | See the Implementation Guide for a list of valid values. |
| | | REF | 02 | | R | Use the applicable provider identifier. |
| | **2010AB** | | | | | **PAY-TO PROVIDER**<br><br>**Clarification**<br>The Pay-to-Provider should be same as Billing Provider. Do not use the 2010AB loop. |
| | **2000B** | | | | | **SUBSCRIBER HIERARCHAL LEVEL** |

| | | | | | | |
|---|---|---|---|---|---|---|
| 96 | | HL | | R | R | |
| 99 | | SBR | | R | R | |
| | **2010BA** | | | | | **SUBSCRIBER NAME** |
| 103 | | NM1 | | R | R | |

*Table 15. Detail, Subscriber Hierarchical Level*

| DETAIL, SUBSCRIBER HIERARCHICAL LEVEL | | | | | | |
|---|---|---|---|---|---|---|
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| | | | NM101 | R | R | Value is "IL". |
| | | | NM102 | R | R | Value is "1". |
| | | | NM103 | R | R | Value is the Subscriber last name. |
| | | | NM104 | S | R | Value is the Subscriber first name. |
| | | | NM105 | S | S | Value is the Subscriber middle initial if known. |
| | | | NM107 | S | S | Value is the Subscriber name suffix if known. |
| | | NM1 | 08 | S | R | Value is 'MI'. |
| | | NM1 | 09 | S | R | Please use the alpha/numeric OWCP Case Number for each program's claimant.<br>For example:<br>DFEC – 123456789<br>DEEOIC – 1234567890<br>DCMWC – BNXYZ-1973001 |
| 108 | | N3 | | S | R | |
| 109 | | N4 | | S | R | |
| 111 | | DMG | | S | R | |
| | **2010BB** | | | | | **PAYER NAME** |
| 117 | | NM1 | | R | R | |
| 121 | | N3 | | S | R | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 122 | | N4 | | S | R | |
| 124 | | REF | | S | R | **Clarification**<br><br>The REF segment must be used to identify the billing provider within WCMBP. |
| | | | | | R | Value is "G2" |
| | | | | | R | Value is the billing provider's OWCP Provider ID. |

*Table 16. Detail, Patient Hierarchical Level*

| DETAIL, PATIENT HIERARCHICAL LEVEL | | | | | | |
|---|---|---|---|---|---|---|
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| | **2000C** | | | | **Not Used** | **PATIENT HIERARCHAL LEVEL** |
| 132 | | HL | | S | | **Clarification**<br>The patient is always the same as the subscriber for DOL claims. |
| 134 | | PAT | | R | | |
| | **2010CA** | | | | **Not Used** | **PATIENT NAME** |
| | **2300** | | | | | **CLAIM INFORMATION** |
| 149 | | CLM | | R | R | |
| 157 | | DTP | | S | S | |
| 158 | | DTP | | S | S | |
| 160 | | DTP | | S | S | |
| 161 | | DTP | | S | S | |
| 162 | | DTP | | S | S | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 164 | | DTP | | S | S | |
| 166 | | DN1 | | S | S | |
| 168 | | DN2 | | S | S | |
| 170 | | PWK | | S | S | |
| | | PWK01 | 01 | R | R | See the Implementation Guide for a list of valid values. |
| | | PWK02 | 02 | R | R | Value is 'FT' – File Transfer |
| | | PWK05 | 05 | R | R | Value is 'AC' – Attachment Control Number. |
| | | PWK06 | 06 | R | R | A unique Attachment Control Number of up to 50-characters must be used and must match the number in the file name of the supporting document uploaded. This number is used to link the bill with the supporting document and must be unique per billing provider or billing agent across all bills.<br><br>Refer to Section 2.4.6 on how to upload the attachment using this Attachment Control Number. |
| 173 | | AMT | | S | S | |
| 174 | | AMT | | S | **Not Used** | |
| 175 | | REF | | S | **Not used** | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 16 A1 | | REF | | S | S | |
| 179 | | REF | | S | S | |
| 180 | | REF | 02 | S | S | |
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| 181 | | REF | | S | S | |
| 183 | | REF | | S | S | |
| 185 | | NTE | | S | S | |
| | **2310A** | | | | | **REFERRING PROVIDER NAME** |
| 187 | | NM1 | | S | S | |
| 190 | | PRV | | S | S | |
| 193 | | REF | | S | S | |
| | | REF | 01 | R | R | Value is 'G2' |
| | | REF | 02 | R | R | Please use Provider Commercial Number. |
| | **2310B** | | | | | **RENDERING PROVIDER NAME** |
| 195 | | NM1 | | S | S | |
| 19 A1 | | PRV | | S | S | |
| 201 | | REF | | S | S | |
| | | REF | 01 | | R | Value is 'G2' |
| | | REF | 02 | | R | Please use Provider Commercial Number. |
| | **2310C** | | | | | **SERVICE FACILITY LOCATION** |

| | | | | | | |
|---|---|---|---|---|---|---|
| 203 | | NM1 | | S | S | **If the provider type is 95 (Third Party Carrier Providers) Enter the details for Servicing provider for the DEEOIC and DCMWC programs** |
| | | NM109 | | R | R | NPI of the Servicing provider |
| | | N3 | | R | R | **SERVICE FACILITY LOCATION ADDRESS** |
| | | N4 | | R | **R** | **SERVICE FACILITY LOCATION CITY, STATE, ZIP CODE** |
| 207 | | REF | | S | S | |
| | | REF | 01 | | R | Value is 'G2' |
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| | | REF | 02 | | R | Please use Provider Commercial Number. |
| | **2310D** | | | | | **ASSISTANT SURGEON NAME** |
| 20 A1 | | NM1 | | S | S | |
| 23 A1 | | PRV | | S | S | |
| 25 A1 | | REF | | S | R | |
| | | REF | 01 | S | S | Value is 'G2' |
| | | REF | 02 | S | S | Please use Provider Commercial Number. |
| | **2320** | | | | | **OTHER SUBSCRIBER INFORMATION** |
| | **2330A** | | | R | | **OTHER SUBSCRIBER NAME** |
| | | | | | | DOL only allows one occurrence of this loop. |

| | | | | | | |
|---|---|---|---|---|---|---|
| | **2400** | | | | | **LINE COUNTER** |
| 265 | | LX | | R | R | **Clarification**<br>The maximum is 50 service lines |
| 266 | | SV3 | | R | R | |
| 271 | | TOO | | S | S | |
| 32 A1 | | DTP | | S | S | |
| 275 | | DTP | | S | S | |
| 277 | | DTP | | S | S | |
| 279 | | DTP | | S | S | |
| 281 | | QTY | | S | S | |
| 283 | | REF | | S | S | |
| 33 A1 | | REF | | S | S | |
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| 285 | | REF | | S | S | |
| 287 | | AMT | | S | S | |
| 34 A1 | | AMT | | S | N/A | |
| 288 | | NTE | | S | S | |
| | **2420A** | | | | | **RENDERING PROVIDER NAME** |
| 289 | | NM1 | | S | S | |
| 35 A1 | | PRV | | S | S | |
| 295 | | REF | | S | S | |
| | | REF | 01 | R | R | Value is 'G2' |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | REF | 02 | R | R | Please use Provider Commercial Number. |
| | **2420B** | | | | | **OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL** |
| 297 | | | NM1 | S | S | |
| 36 A1 | | | REF | S | S | |
| | **2420C** | | | | | **ASSISTANT SURGEON NAME** |
| 37 A1 | | | NM1 | S | S | |
| 40 A1 | | | PRV | S | S | |
| 42 A1 | | | REF | S | S | |
| | | REF | 01 | | R | Value is 'G2' |
| | | REF | 02 | | R | Please use Provider Commercial Number. |
| | **2430** | | | | | **LINE ADJUDICATION INFORMATION** |
| 301 | | | SVD | S | S | |
| 305 | | | CAS | S | S | |
| 312 | | | DTP | R | R | |
| 313 | | | | | | **TRANSACTION SET TRAILER** |

*Table 17. Envelope Trailer*

| **ENVELOPE TRAILER** | | | | | | |
|---|---|---|---|---|---|---|
| **X12 IG PAGE REF** | **LOOP** | **SEGMENT** | **REF. DES.** | **IG USAGE** | **DOL USAGE** | **COMMENTS** |
| | **ENVELOPE** | | | | | **FUNCTIONAL GROUP TRAILER** |

| | | | | | | |
|---|---|---|---|---|---|---|
| Appendix B | | GE | | R | R | |
| | **ENVELOPE** | | | | | **INTERCHANGE CONTROL TRAILER** |
| Appendix B | | IEA | | R | R | |
| | | | IEA02 | R | R | Must be identical to ISA13. |