



**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 3.2**

**MAY 13, 2025**

**Acentra**

**H E A L T H**

**1600 TYSONS BOULEVARD, SUITE 1000**

**MCLEAN, VA 22102**

**CONTRACT NO. DOL-OPS-16-022**



## TABLE OF CONTENTS

---

1	Introduction .....	1
1.1	Document Purpose .....	1
1.1.1	Intended Users.....	2
1.1.2	Relationship to HIPAA Implementation Guides .....	2
1.2	Transmission Schedule .....	2
2	Technical Infrastructure and Procedures .....	3
2.1	Technical Environment.....	3
2.1.1	Communication Requirements .....	3
2.1.2	Testing Process .....	3
2.1.3	Trading Partner Testing Procedures.....	3
2.1.4	Production Environment .....	4
2.1.5	Who to Contact for Assistance .....	4
2.2	Upload Batches via Web Interface .....	5
2.3	SFTP Setup, Directory, and File Naming Convention .....	8
2.3.1	Secure File Transfer Protocol User Setup .....	8
2.3.2	Resetting Secure File Transfer Protocol User Password .....	9
2.3.3	Secure File Transfer Protocol Directory Naming Convention.....	11
2.3.4	File Naming Convention .....	13
2.3.5	Billing Provider and Billing Agent or Clearinghouse Association.....	15
2.4	Transaction Standards .....	17
2.4.1	General Information .....	17
2.4.2	Data Format .....	17
2.4.3	National Provider Identifier and Taxonomy.....	18
2.4.4	Data Interchange Conventions .....	19
2.4.5	Acknowledgement Procedures.....	19
2.4.6	Rejected Transmissions and Transactions .....	19



2.4.7	Upload Supporting Document .....	19
2.4.8	DFEC Professional Bill Submission using Claimant SSN and Date of Injury 20	
2.4.9	Medicare Number for Institutional Bills .....	21
2.4.10	National Drug Code (NDC) for Unlisted J-codes.....	21
Appendix A – Transaction Specifications – 837 Professional .....		22
Appendix B – 837 Institutional .....		41
Appendix C – 837 Dental .....		56



## FIGURES

---

Figure 1. Provider Portal Screen .....	5
Figure 2. File Upload Screen.....	5
Figure 3. File Upload Dialog Screen (before EDI file selection) .....	6
Figure 4. File Upload Dialog Screen (after EDI file selection) .....	6
Figure 5. File Upload Screen with Success/Failure Message after the File is Uploaded.....	7
Figure 6. HIPAA Response/Acknowledgements Screen .....	7
Figure 7. Opening the SFTP User Details Screen .....	8
Figure 8. SFTP User Login Screen .....	8
Figure 9. Creating New SFTP User.....	9
Figure 10. Accessing the SFTP Client.....	9
Figure 11. SFTP User Details Screen .....	10
Figure 12. EDI SFTP User Info .....	10
Figure 13. Resetting the SFTP User Password .....	11
Figure 14. SFTP Folder Structure .....	12
Figure 15. Billing Provider Enrollment/Maintenance Wizard Screen .....	16
Figure 16. Add Billing Agent/Clearinghouse Dialog Screen .....	16

## TABLES

---

Table 1. 837 Professional Envelope Header .....	22
Table 2. Header .....	24
Table 3. Detail- Billing/Pay-to Provider Hierarchical Level.....	26
Table 4. Detail- Subscriber Hierarchical Level.....	28
Table 5. Detail- Patient Hierarchical Level.....	31
Table 6. 837 Institutional Envelope Header.....	41
Table 7. Header .....	42
Table 8. Detail- Billing/Pay-To-Provider Hierarchical Level.....	44



Table 9. Detail- Subscriber Hierarchical Level.....	45
Table 10. Detail- Patient Hierarchical Level.....	47
Table 11. Envelope Trailer .....	55
Table 12. 837 Dental Envelope Header Figure .....	56
Table 13. Header .....	58
Table 14. Detail- Billing/Pay-To Provider Hierarchical Level.....	59
Table 15. Detail- Subscriber Hierarchical Level.....	61
Table 16. Detail- Patient Hierarchical Level.....	62
Table 17. Envelope Trailer .....	68



# 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.

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.

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 are located 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 and technical staff of trading partners who are responsible for electronic transaction and 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. The Implementation Guides contain rules for format, content, and field values. 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 describes how trading partners can send 837 Transactions to the WCMBP System using two methods:

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

To submit supporting documentation with EDI files, use the SFTP method. The WCMBP Web Portal does not currently support uploading supporting documents with the EDI file.

#### 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 also includes 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 are 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

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





5. The trading partner submits all HIPAA test 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 select **Provider Login for EDI Testing**.
  - SFTP URL: <sftp://mft.wcmbp.com>
6. The trading partner downloads acknowledgements for the test file from the WCMBP Web Portal or SFTP.
  - 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.
  - 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 needs to resolve all the errors that are reported on the negative TA1 or negative 999 and resubmit the file for testing. 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: <https://owcpmed.dol.gov/portal/> Open <https://owcpmed.dol.gov/portal/provider/billing> expand the “Web Batch – Upload EDI files online” section and select **Provider Login**.

- 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
- The following information is required when calling the helpdesk:
  - Topic of Call (such as setup or procedures)
  - Name of Caller
  - Submitter's OWCP Provider ID
  - Organization of Caller



- Telephone Number of Caller
- Nature of Problem (such as connection or receipt status)

## 2.2 Upload Batches via Web Interface

Once logged into the WCMBP Portal, the user can upload a file and retrieve an acknowledgement or response in the Provider Portal screen following the steps below:

1. To open the File Upload screen, select the **Submit HIPAA Batch Transaction** link from the Provider Portal screen.

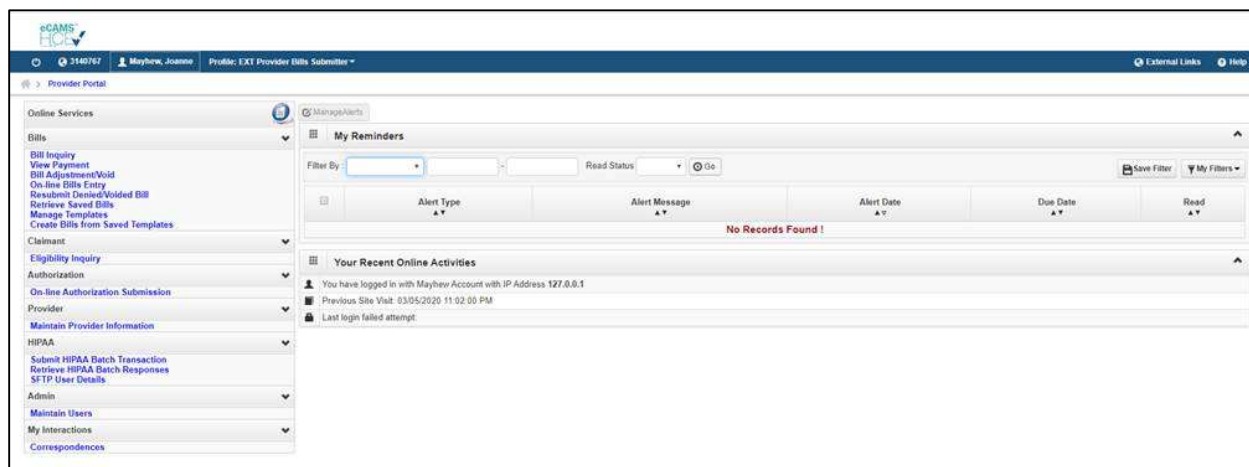


Figure 1. Provider Portal Screen

7. To open the File Upload dialog, select **Upload** on the File Upload screen.

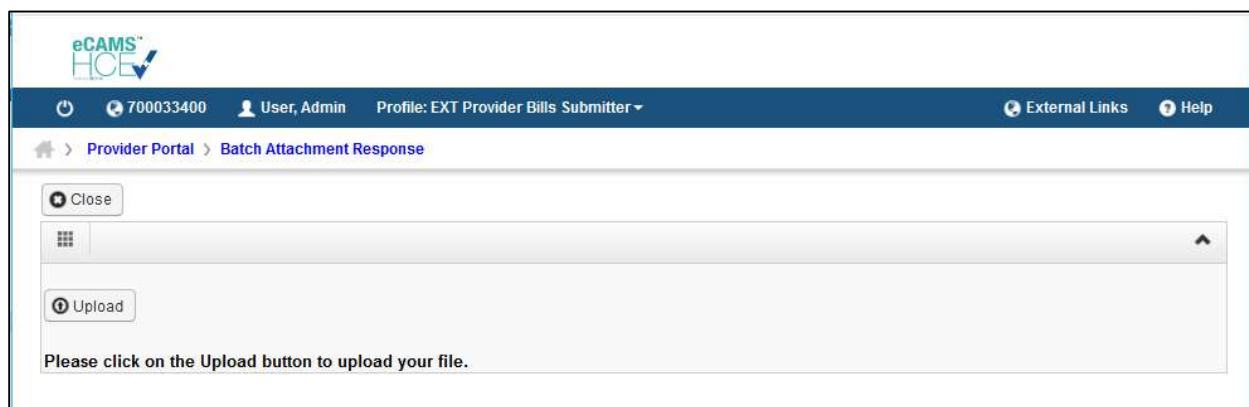


Figure 2. File Upload Screen



- a. To select an EDI file for upload, select **Browse** on the File Upload Dialog.

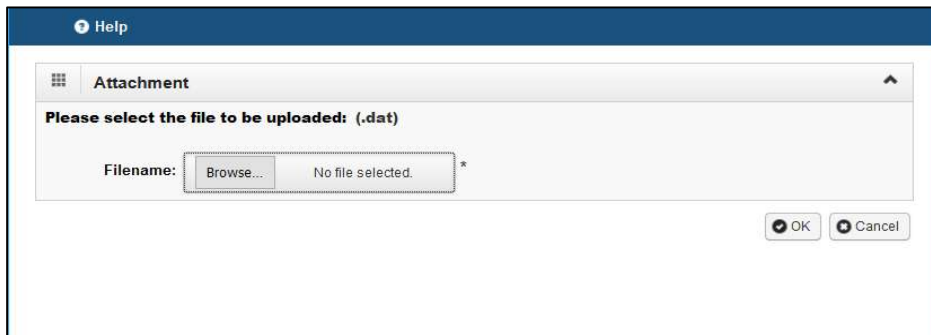


Figure 3. File Upload Dialog Screen (before EDI file selection)

8. Select the EDI file from your local file system. The selected file must meet the following criteria.
- **File Size:** The file cannot be empty (such as 0 kb)
  - **Filename Extension:** The filename extension must be **.dat** all in lowercase. For example: My\_Hipaa\_File.**dat**
  - **Filename Length:** The filename length (including the filename extension) cannot be greater than 50 characters
  - **Filename Special Characters:** The filename cannot contain special characters
9. After you select the EDI file, select **OK** on the File Upload Dialog to start the upload.



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

**Note:** Once the file uploads to WCMBP, the system renames the file following the specified naming convention. The success or failure message displays on the screen along with transmission details.



The screenshot shows the eCAMS HCEV interface. The top navigation bar includes the eCAMS HCEV logo, a user ID (700033400), and a profile dropdown (User, Admin). The main header indicates the user is logged in as 'EXT Provider Bills Submitter'. The breadcrumb trail shows 'Provider Portal > Batch Attachment Response'. The main content area has a 'Close' button and an 'Upload' button. Below the 'Upload' button, a message states: 'Please click on the Upload button to upload your file. Upload File Response'. A 'Thank You' message follows, stating: 'The following File has been successfully uploaded: File Name: HIPAA.700033400.03162020.123135.W.originalFileName.dat Date/Time: 03/16/2020 12:34:28 Your file has been submitted for processing. Please print this page for your reference.'

Figure 5. File Upload Screen with Success/Failure Message after the File is Uploaded

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

The screenshot shows the eCAMS HCEV interface for the 'Retrieve Acknowledgment Response File' screen. The top navigation bar is the same as in Figure 5. The breadcrumb trail shows 'Provider Portal > Retrieve Acknowledgment Response File'. The main content area has a 'Close' button and a 'HIPAA Response/Acknowledgement' title. Below the title, there are filter options for 'Transaction Type' (837P), 'Upload/Sent Date' (03/16/2020), and 'File Name' (originalFileName). A 'Go' button is next to the filters. Below the filters, there is a table with columns: 'HIPAA File', 'Transaction Type', 'Status', 'Upload Date', 'TA1 Response File', and '999 Response File'. The table contains one row of data: 'HIPAA.700033400.03162020.123135.W.originalFileName.dat', '837P', 'Rejected', '03/16/2020', 'HIPAA.700033400.03162020.123135.W.originalFileName.dat.tmp\_TA1.dat', and 'HIPAA.700033400.03162020.123135.W.originalFileName.dat.tmp\_QS2471923\_999.dat'. At the bottom, there are pagination controls: 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons (First, Prev, Next, Last).

Figure 6. HIPAA Response/Acknowledgements Screen



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

### 2.3.1 Secure File Transfer Protocol User Setup

Follow these steps to set up the SFTP:

1. To open the SFTP User Details screen, select the **SFTP User Details** link on Provider Portal screen under the Online Services menu HIPAA section.

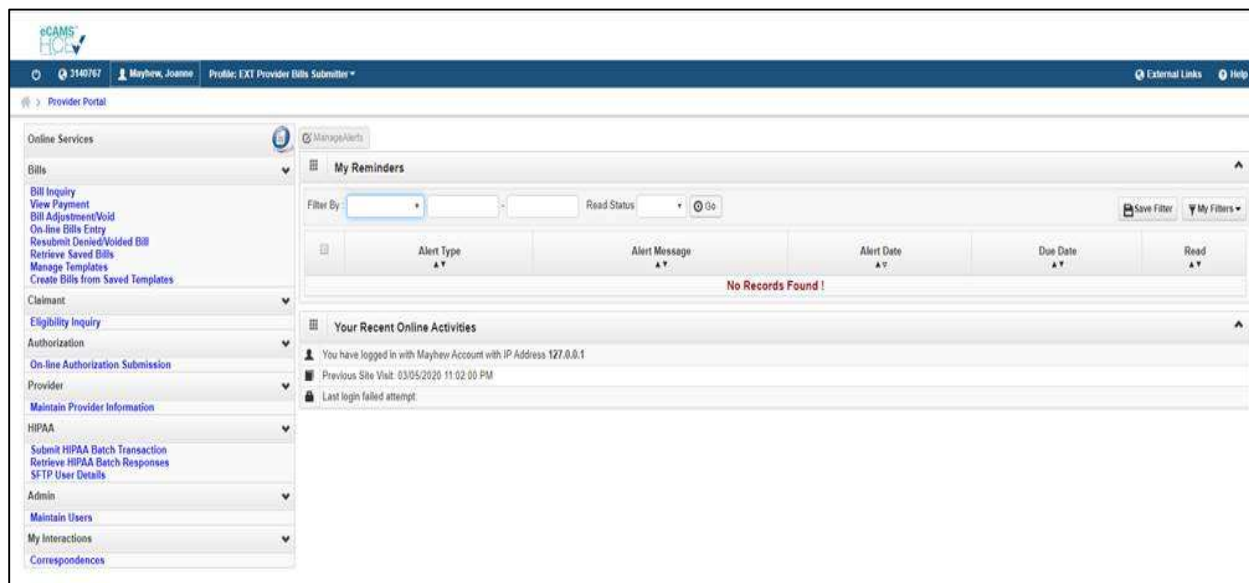


Figure 7. Opening the SFTP User Details Screen

11. To open the EDI SFTP User Info Dialog, select **Create SFTP User**.

**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

**Note:** Your SFTP User Login ID is 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.



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

The screenshot shows a web browser window titled 'Set SFTP PWD - Google Chrome' with the address bar showing 'localhost:8080/ecams/CNSIControlServlet'. The page has a dark blue header with a 'Help' icon. Below the header is a section titled 'EDI SFTP User Info:' with a 'Password Policy' box. The policy states: 'Must be 8-14 characters long', 'Must include at least one letter and one number', and 'Must have at least one special character(for example: !\$#)'. Below the policy, the 'User Login ID:' is 'OWCP123456789'. There are two password fields: 'Password:' and 'Confirm Password:', both with asterisks indicating they are required. At the bottom right of the form are 'Ok' and 'Cancel' buttons. A footer bar at the bottom of the browser window displays: 'Page ID: dlgSetSftpPwd(Admin) Environment: Product\_DEV ID: wcdaldrp01\_Profile2 Server Time: 03/07/2020 01:06:19 EST'.

Figure 9. Creating New SFTP User

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

The screenshot shows the 'Session' dialog box in WinSCP. It has the following fields: 'File protocol:' set to 'SFTP', 'Host name:' set to 'mft.wcmbp.com', 'Port number:' set to '1026', 'User name:' set to 'OWCP123456789', and 'Password:' field filled with dots. At the bottom are 'Save', 'Cancel', and 'Advanced...' buttons.

Figure 10. Accessing the SFTP Client

## 2.3.2 Resetting Secure File Transfer Protocol User Password

Follow these steps to reset your SFTP password:



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

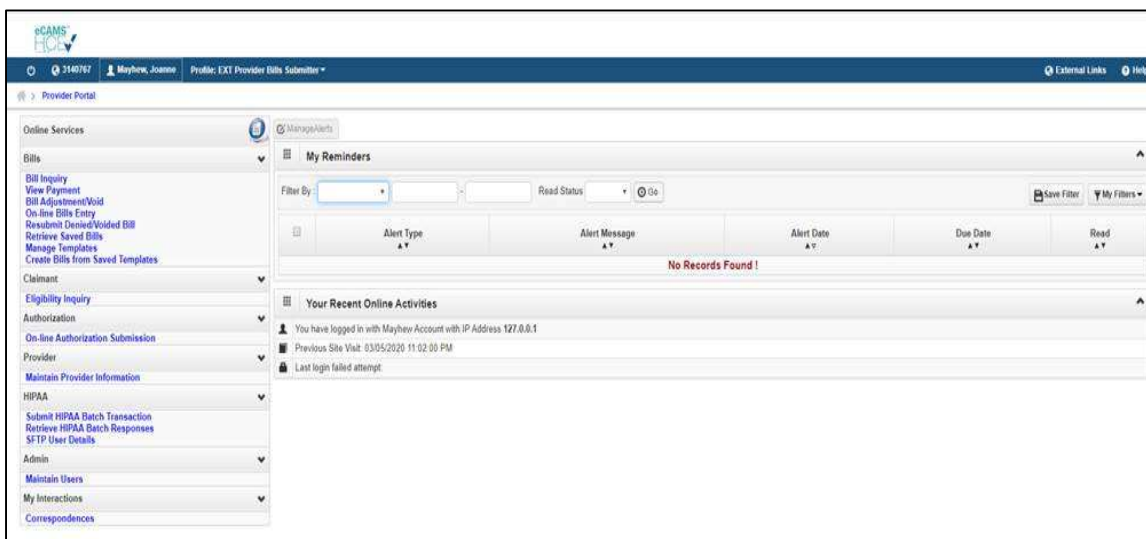


Figure 11. SFTP User Details Screen

14. Select **Reset SFTP Password** to open the **EDI SFTP User Info Dialog**.

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

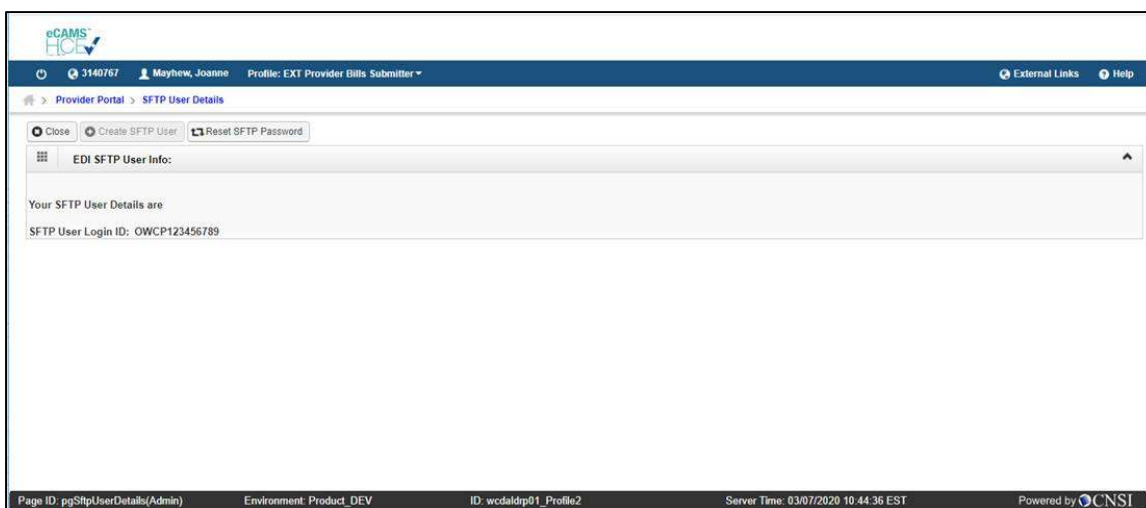


Figure 12. EDI SFTP User Info





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

The screenshot shows a web browser window titled 'Set SFTP PWD - Google Chrome' with the address bar displaying 'localhost:8080/ecams/CNSIControlServlet'. The application interface has a dark blue header with a 'Help' icon. Below the header is a section titled 'EDI SFTP User Info:' with a sub-section 'Password Policy'. The policy text states: 'Must be 8-14 characters long', 'Must include at least one letter and one number', and 'Must have at least one special character(for example:!\$#)'. Below the policy, the 'User Login ID:' is displayed as 'OWCP123456789'. There are two input fields: 'Password:' and 'Confirm Password:', both with asterisks indicating they are required. At the bottom right of the form are 'Ok' and 'Cancel' buttons. A footer bar at the bottom of the application displays the following information: 'Page ID: dlgSetSftpPwd(Admin)', 'Environment: Product\_DEV', 'ID: wcdaldrp01\_Profile2', and 'Server Time: 03/07/2020 01:06:19 EST'.

Figure 13. Resetting the SFTP User Password

### 2.3.3 Secure File Transfer Protocol Directory Naming Convention

The folder structure will appear as follows:



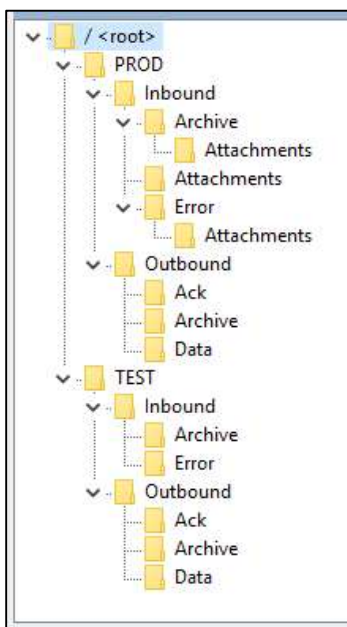


Figure 14. SFTP Folder Structure

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

1. **TEST:** Trading Partners need to submit and receive their test files under this folder
2. **PROD:** Trading Partners need to 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 is used to drop the Inbound files that need 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 File Naming Convention, and perform the following file level validation before processing.
    - **File Size:** The file cannot be empty (such as 0 kb)
    - **Filename Extension:** The filename extension must be **.dat**, all in lowercase. For example: My\_Hipaa\_File.dat
    - **Filename Length:** The filename length (including the filename extension) cannot be greater than 50 characters
    - **Filename Special Characters:** The filename cannot 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 moved 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 the **Inbound/Archive** folder.
- The files in both **Inbound/Archive** and **Inbound/Error** folders will be retained for 30 days before they are automatically purged by the system.
- **Outbound:** X12 outbound transactions generated by WCMBP will be available in this folder
  - The trading partner looks 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 looks for the 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 or clearinghouse, the 835 file will be available in the **PROD/Outbound/Data** folder only if the billing agent or clearinghouse and the billing provider are associated within WCMBP. Refer to Section 2.3.5 Billing Provider and Billing Agent or Clearinghouse Association on how the billing provider sets up the billing provider or billing agent association within WCMBP.

- It is 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 the system automatically moves them to the **Outbound/Archive** folder. The files in **Outbound/Archive** folder will be retained for 30 days before they are automatically purged by the system.

### 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 and 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.processcd
- 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 or Clearinghouse Association

To set up the billing provider and billing agent or clearinghouse association within WCMBP, the billing provider must follow these steps:

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



15. Enter the billing agent or clearinghouse's OWCP Provider ID in the Add EDI Submitter Details step in the enrollment and maintenance wizard.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/09/2019	11/09/2019	Complete	
Step 2: Add Location	Required	11/09/2019	11/09/2019	Complete	
Step 3: Add Taxonomies	Required	11/09/2019	11/09/2019	Complete	
Step 4: Add Ownership Details	Required	11/09/2019	11/09/2019	Complete	
Step 5: Add Licenses and Certifications	Required	11/09/2019	11/09/2019	Complete	
Step 6: Add Identifiers	Required	11/09/2019	11/09/2019	Complete	
Step 7: Add EDI Submission Method	Optional	11/09/2019	11/09/2019	Complete	
Step 8: Add EDI Submitter Details	Optional	11/09/2019	11/09/2019	Complete	
Step 9: Add EDI Contact Information	Optional	11/09/2019	11/09/2019	Complete	
Step 10: Add Payment Details	Required	11/09/2019	11/09/2019	Complete	
Step 11: Complete Provider Disclosure	Required	11/09/2019	11/09/2019	Complete	
Step 12: View/Upload Attachments	Optional	11/09/2019	11/09/2019	Complete	
Step 13: Submit Enrollment Application for Review	Required	11/09/2019	11/09/2019	Complete	

Figure 15. Billing Provider Enrollment/Maintenance Wizard Screen

**Associate Billing Agent/Clearinghouse**

- Your Billing Agent/Clearinghouse must be enrolled with OWCP first.
- Please obtain the Billing Agent/Clearinghouse's OWCP ID to complete this section.
- If they are not yet enrolled, you can still complete your enrollment by temporarily choosing not to use Billing Agent/Clearinghouse.
- You can add them later after they are enrolled with OWCP.

**Billing Agent/Clearinghouse OWCP ID:** 123456700 \*

**Start Date:** 03/01/2020 \*

**End Date:** 12/31/2999 \*

OK Cancel

Figure 16. Add Billing Agent/Clearinghouse Dialog Screen

#### Notes:

- After a billing agent uploads an 837 file via SFTP and the bill is loaded and processed by WCMBP, 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 needs to 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 and 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 indicates hours and 00 to 59 to indicates minutes or seconds. ISA10 and GS05 elements are formatted HHMM (for example, 2115 defines the time of 9:15 PM). BGN04 element is HHMMSS (for example, 211515 defines the time of 9:15:15 PM).
- Do not use spaces or character delimiters in presenting dates or times.
- Dates that are logically invalid (such as, 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 is to be presented as 8005551212. Area codes must always be included.

### **2.4.3 National Provider Identifier and Taxonomy**

The Office of Workers' Compensation Programs (OWCP) enhanced its medical bill processing system to capture the National Provider Identifier (NPI) and provider taxonomy number for billing and servicing providers.

The Billing Provider NPI is a required field and is used for bill processing. Providers are strongly encouraged to submit the billing taxonomy along with NPI.

OWCP continues to capture servicing facility or servicing (rendering or attending) provider NPI and taxonomy information and encourages the provider to include both NPI and taxonomy (both fields need to be completed).





## 2.4.4 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 follow the HIPAA guideline. 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 is 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.

## 2.4.5 Acknowledgement Procedures

Once the trading partner submits the file and it 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 or negative 999 are generated and sent to the trading partner.

## 2.4.6 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.

## 2.4.7 Upload Supporting Document

To upload supporting documents via SFTP with the EDI files, follow these steps.





1. Ensure the supporting document is 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 **Error! Reference source not found.**
3. Rename the supporting document by adding the ACN number. For example, if the original file name is "Document\_837.tiff", and the ACN is "12345", then rename the file to "Document\_837.12345.tiff".
4. Upload the supporting document file to folder **\PROD\Inbound\Attachments**. The system automatically renames the file using the format:  
<OWCProviderID>.<date>.<timestamp>.<uploadedfilename>
5. After the EDI file and supporting document file is processed, the system renames the file using the format  
<OWCProviderID>.<date>.<timestamp>.<uploadedfilename>.processed, and move it to folder **\PROD\Inbound\Archive\Attachments**.

The processed supporting document file will be retained for seven days before it is automatically purged by the system. Supporting documents can be uploaded for an existing bill that is already in the system, but is in suspended status due to missing documents.

To upload supporting documents via SFTP, follow these steps:

1. 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", then rename the file to "Document\_Existing\_Bill.110019038000046000.pdf".
2. Upload the supporting document file to the **\PROD\Inbound\Attachments** folder.

#### 2.4.8 DFEC Professional Bill Submission using Claimant SSN and Date of Injury

As an alternative to Case number, providers can use the combination of a claimant's SSN and Date of Injury (DOI) while submitting professional bills for the DFEC program. Providers are required to submit a Date of Injury (DOI) along with an SSN

- Submit SSN in Loop 2010BA, under Segment NM109
- Submit DOI in Loop 2300, under the DTP (Date – Accident) segment Example:  
DTP\*439\*D8\*20240416

**Note:** All bills for DEEOIC and DCMWC programs can be submitted using either Case Number or SSN without Date of Injury (DOI)



### 2.4.9 Medicare Number for Institutional Bills

A Medicare Number is a required field for institutional bills with Types of Bills as 11X, 13X, or 14X

- Use loop 2300 Billing Note (NTE) segment to submit the 6-digit Medicare Number
  - Submit NTE\*01 element with code "ADD" [ADD: Additional Information]
  - Submit the NTE\*02 element with the description "Medicare Number#XXXXXX#" .  
XXXXXX is Provider Medicare Number

**Note:** The system will parse the note segment and extract - - Medicare Number as the value submitted between # #

### 2.4.10 National Drug Code (NDC) for Unlisted J-codes

- NDC must be submitted with the following unlisted J-Codes for DFEC/DEEOIC Professional and Outpatient bills and DCMWC Professional bills:
  - J3490
  - J3590
  - J7999
  - J8499
  - J8999
  - J9999
- Enter NDC in LIN segment under Loop 2410



## APPENDIX A – TRANSACTION SPECIFICATIONS

### – 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 C.3		ISA		R	R	
			ISA01	R	R	Value is “00”
			ISA02	R	R	Use 10 spaces.
			ISA03	R	R	Value is “00”
			ISA04	R	R	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.  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”  Make sure this element is left- justified with trailing spaces to



ENVELOPE HEADER						
						complete the 15-digit element.
			ISA15	R	R	<ul style="list-style-type: none"> <li>Value is "T" when submitting a test file</li> </ul> Value is "P" when submitting a production file
	HEADER					FUNCTIONAL GROUP HEADER
Appendix C.7		GS				
			GS02	R	R	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"



Table 2. Header

HEADER						
X12 IG PAGE REF	LOOP	SEGMENT	REF. DES.	IG USAGE	DOL USAGE	COMMENTS
70	HEADER	ST		R	R	TRANSACTION SET HEADER
71		BHT		R	R	
	1000A					SUBMITTER NAME
74		NM1		R	R	
		NM1	09	R	R	Value is the 9-digit OWCP Provider ID provided during the enrollment process  <b>Note:</b> If the submitter is a billing agent or clearinghouse, send the billing agent or clearinghouse OWCP Provider ID.
76		PER		R	R	
	1000B					RECEIVER NAME
79		NM1		R	R	
80		NM1	03	R	R	Value is "Department of Labor"
80		NM1	09	R	R	<ul style="list-style-type: none"> <li>Value is "77044" for DFEC</li> <li>Value is "77103" for DEEOIC</li> <li>Value is "77104" for DCMWC</li> </ul>



Department of Labor | Office of Workers' Compensation Programs (OWCP)  
Workers' Compensation Medical Bill Processing (WCMBP)  
837 Healthcare Claim Companion Guide | Version 3.2



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					<b>BILLING/PAY-TO-PROVIDER HIERARCHAL LEVEL</b>
81		HL		R	R	
83		PRV		S	S	Billing Provider Specialty Information
			PRV01	R	R	<b>Clarification</b> <ul style="list-style-type: none"> <li>PRV01: BI (Billing)</li> <li>PRV01 is required if PRV loop is present</li> </ul>
			PRV02	R	R	<b>Clarification</b> <ul style="list-style-type: none"> <li>PRV02: PXC (Qualifier for taxonomy code)</li> <li>PRV02 is required if PRV01 is present</li> </ul>
			PRV03	R	R	<b>Clarification</b> <ul style="list-style-type: none"> <li>PRV03: Provider taxonomy code</li> <li>PRV03 is required if PRV02 is present</li> </ul>
	2010AA					<b>BILLING PROVIDER NAME</b>
88		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
			NM108	R	R	<b>Clarification</b>



DETAIL-BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL						
						<ul style="list-style-type: none"> <li>NM108: Identification Code Qualifier = XX (REQUIRED)</li> </ul>
			NM109	R	R	<b>Clarification</b> <ul style="list-style-type: none"> <li>NM109: Identification Code Qualifier = NPI (REQUIRED)</li> </ul>
91		N3		R	R	
92		N4		R	R	
94		REF		S	R	<b>Clarification</b> 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.
101	2010AB					<b>PAY-TO PROVIDER Clarification</b> 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
114		HL		R	R	
116		SBR		R	R	
	2010BA					SUBSCRIBER NAME
121		NM1		R	R	
			NM101	R	R	Value is "IL"
			NM102	R	R	Value is "1"
			NM103	R	R	Value is the Subscriber's last name
			NM104	S	R	Value is the Subscriber's first name
			NM105	S	S	Value is the Subscriber's middle initial if known
			NM107	S	S	Value is the Subscriber's name suffix if known
			NM108	S	R	Value is "MI"
			NM109	S	R	Use the alpha and numeric OWCP Case Number for each program's claimant For example: <ul style="list-style-type: none"> <li>DFEC: 123456789</li> <li>DEEOIC: 1234567890</li> </ul>



DETAIL- SUBSCRIBER HIERARCHICAL LEVEL						
						<ul style="list-style-type: none"> <li>DCMWC: BNXYZ-1973001</li> </ul> <p>NOTE: For the DFEC program, if Case number is not available, enter SSN along with Date of Injury (DOI)</p> <p>DOI should be submitted in Loop 2300</p> <p>Example: DTP*439*D8*20240416</p>
124		N3		S	R	
125		N4		S	R	
127		DMG		S	R	
	<b>2010BB</b>					<b>PAYER NAME</b>
133		NM1		R	R	
135		N3		S	R	
136		N4		S	R	
140		REF		S	R	<p><b>Clarification</b></p> <p>The REF segment must be used to identify the billing provider within WCMBP.</p>
					R	Value is "G2"
					R	Value is the billing provider's OWCP Provider ID.
	<b>2000C</b>				<b>Not Used</b>	<b>PATIENT HIERARCHAL LEVEL</b>



DETAIL- SUBSCRIBER HIERARCHICAL LEVEL						
142		HL		R		<b>Clarification</b> The patient is always the same as the subscriber for DOL claims.
144		PAT		S		
	<b>2010CA</b>				<b>Not Used</b>	<b>PATIENT NAME</b>
	<b>2300</b>					<b>CLAIM INFORMATION</b>
157		CLM		R	R	
164		DTP		S	S	
165		DTP		S	S	
166		DTP		S	S	
167		DTP		S	S	
168		DTP	DTP-439	S	S	Date of Injury (DOI) NOTE: For the DFEC program, this field is required when a SSN is submitted under <b>2010BA NM109</b>
169		DTP		S	S	
170		DTP		S	S	
171		DTP		S	S	
172		DTP		S	S	
174		DTP		S	S	
175		DTP		S	S	
176		DTP		S	S	
177		DTP		S	S	



DETAIL- SUBSCRIBER HIERARCHICAL LEVEL						
178		DTP		S	S	

Table 5. Detail- Patient Hierarchical Level

DETAIL- PATIENT HIERARCHICAL LEVEL						
X12 IG PAGE REF	LOOP	SEGME NT	REF. DES.	IG USA GE	DOL USA GE	COMMENTS
180		DTP		S	S	
181		DTP		S	S	
182		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.  Refer to Section 2.4.7 Upload Supporting Document, on how to upload the attachment using this Attachment Control Number.
186		CN1		S	S	
188		AMT		S	R	
189		REF		S	S	



DETAIL- PATIENT HIERARCHICAL LEVEL						
191		REF		S	S	
192		REF		S	S	
193		REF		S	S	
194		REF		S	S	
196		REF		S	S	
197		REF	02	S	S	
199		REF		S	S	
200		REF		S	S	
201		REF		S	S	
202		REF		S	S	
204		REF		S	S	
205		REF		S	S	
206		REF		S	S	
207		K3		S	Not Used	
209		NTE		S	S	
211		CR1		S	S	
214		CR2		S	S	
216		CRC		S	S	
219		CRC		S	S	
221		CRC		S	Not Used	
223		CRC		S	S	



DETAIL- PATIENT HIERARCHICAL LEVEL						
226		HI		S	S	
252		HCP		S	S	
	<b>2310A</b>					<b>REFERRING PROVIDER NAME</b>
257		NM1		S	S	
260		REF		S	S	
		REF01	01	S	R	Value is "G2"
		REF02	02		R	Use the Provider Commercial Number
	<b>2310B</b>					<b>RENDERING PROVIDER NAME</b>
262		NM1		S	S	
			NM1 08	R	R	<b>Clarification</b> NM108: Identification Code Qualifier = XX
			NM1 09	R	R	<b>Clarification</b> NM109: Identification Code Qualifier = NPI NM109 is required when NM108 is available Example: <b>NM1*82*1*DOE*JANE*C***XX*1 234567804~</b>
265		PRV		S	S	<b>RENDERING PROVIDER SPECIALTY INFORMATION</b>
			PRV 01	R	R	<b>Clarification</b> <ul style="list-style-type: none"> <li>PRV01: PE (Performing)</li> <li>PRV01 is required if PRV loop is present</li> </ul>
			PRV 02	R	R	<b>Clarification</b> <ul style="list-style-type: none"> <li>PRV02: PXC (Qualifier for taxonomy code)</li> <li>PRV02 is required if PRV01 is present</li> </ul>



DETAIL- PATIENT HIERARCHICAL LEVEL						
			PRV 03	R	R	<b>Clarification</b> <ul style="list-style-type: none"> <li>PRV03: Provider taxonomy code</li> <li>PRV03 is required if PRV02 is present</li> </ul> Example: <b>PRV*PE*PXC*1223G0001X~</b>
267		REF		S	S	
			REF 01	S	R	Value is "G2"
			REF 02		R	Use the Provider Commercial Number
	<b>2310C</b>					<b>SERVICE FACILITY LOCATION NAME</b>
269		NM1		S	S	Required for DEEOIC and DCMWC bills submitted by provider type 95 (Third Party Carrier Providers)
		NM109		R	R	NPI of the Servicing Provider
272		N3		R	R	SERVICE FACILITY LOCATION ADDRESS
273		N4		R	R	SERVICE FACILITY LOCATION CITY, STATE, ZIP CODE
275		REF		S	S	
			REF 01		R	Value is "G2"
			REF 02		R	Use the Provider Commercial Number
	<b>2310D</b>					<b>SUPERVISING PROVIDER NAME</b>
280		NM1		S	S	
283		REF		S	S	
	<b>2310E</b>					<b>AMBULANCE PICK-UP LOCATION</b>
285		NM1		S	S	
		N3		R	R	



DETAIL- PATIENT HIERARCHICAL LEVEL						
		N4		R	R	
	2320					OTHER SUBSCRIBER INFORMATION
295		SBR		S		DOL only allows one occurrence of this loop.
	2400					SERVICE LINE
350		LX		R	R	<b>Clarification</b> The maximum is 50 service lines
351		SV1		R	R	<b>Clarification</b> In SV101-1, for DOL use value "HC" for HCPCS codes. <b>Note:</b> CPT codes are included in this coding structure.
359		SV5		S	S	
362		PWK		S	S	
		PWK		S	S	
368		CR1		S	S	
371		CR3		S	Not used	
373		CRC		S	S	
376		CRC		S	S	
378		CRC		S	S	
380		DTP		S	S	DTP*472 Service Date is Required
382		DTP		S	S	
383		DTP		S	S	
384		DTP		S	S	





DETAIL- PATIENT HIERARCHICAL LEVEL						
385		DTP		S	S	
386		DTP		S	S	
387		DTP		S	S	
388		DTP		S	S	
389		DTP		S	S	
390		DTP		S	S	
391		QTY		S	S	
392		QTY		S	S	
393		MEA		S	S	
395		CN1		S	S	
397		REF		S	S	
398		REF		S	S	
399		REF		S	S	
401		REF		S	S	
403		REF		S	S	
404		REF		S	S	
405		REF		S	S	
406		REF		S	S	
407		REF		S	S	
409		AMT		S	S	
410		AMT		S	S	
411		K3		S	S	



DETAIL- PATIENT HIERARCHICAL LEVEL						
413		NTE		S	S	
		NTE		S	S	
415		PS1		S	S	
416		HCP		S	S	
	2410					<b>DRUG IDENTIFICATION</b>
423		LIN		S	S	<b>National Drug Code is required for unlisted J-codes</b>
426		CTP		S	S	
428		REF		S	S	
	<b>2420A</b>					<b>RENDERING PROVIDER NAME</b>
430			NM1 08	R	R	<b>Clarification</b> NM108: Identification Code Qualifier = XX
432			NM1 09	R	R	<b>Clarification</b> NM109: Identification Code Qualifier = NPI NM109 is required when NM108 is available Example : <b>NM1*82*1*DOE*JANE*C***XX*1 234567804~</b>
79 - A1		PRV		S	S	<b>RENDERING PROVIDER SPECIALTY INFORMATION</b>
433			PRV 01	R	R	<b>Clarification</b> <ul style="list-style-type: none"> <li>PRV01: PE (Performing)</li> <li>PRV01 is required if PRV loop is present</li> </ul>
			PRV 02	R	R	<b>Clarification</b> <ul style="list-style-type: none"> <li>PRV02: PXC (Qualifier for taxonomy code)</li> </ul>



DETAIL- PATIENT HIERARCHICAL LEVEL						
						<ul style="list-style-type: none"> <li>PRV02 is required if PRV01 is present</li> </ul>
			PRV 03	R	R	<b>Clarification</b> <ul style="list-style-type: none"> <li>PRV03: Provider taxonomy code</li> <li>PRV03 is required if PRV02 is present</li> </ul> Example: <b>PRV*PE*PXC*208D00000X ~</b>
434		REF		S	S	
			REF 01		R	Value is G2
			REF 02		R	Use the Provider Commercial Number.
	<b>2420B</b>					<b>PURCHASED SERVICE PROVIDER</b>
436		NM1		S	S	
439		REF		S	S	
	<b>2420C</b>					<b>SERVICE FACILITY LOCATION</b>
441		NM1		S	S	
444		N3		R	R	
445		N4		R	R	
447		REF		S	S	
	<b>2420D</b>					<b>SUPERVISING PROVIDER NAME</b>
449		NM1		S	S	
452		REF		S	S	
			REF 01		R	Value is G2
			REF 02		R	Use the Provider Commercial Number
	<b>2420E</b>					<b>ORDERING PROVIDER NAME</b>



DETAIL- PATIENT HIERARCHICAL LEVEL						
454		NM1		S	S	
457		N3		S	S	
458		N4		S	S	
460		REF		S	S	
462		PER		S	S	
	<b>2420F</b>					<b>REFERRING PROVIDER NAME</b>
465		NM1		S	S	
468		REF		S	S	
			REF 01		R	Value is G2
			REF 02		R	Use the Provider Commercial Number.
	<b>2420G</b>					<b>AMBULANCE PICK-UP LOCATION</b>
470		NM1		S	S	
		N3		S	S	
		N4		S	S	
	<b>2420</b>					<b>AMBULANCE DROP-OFF LOCATION</b>
		NM1		S	S	
		N3		S	S	
		N4		S	S	
	<b>2430</b>					<b>LINE ADJUDICATION INFORMATION</b>
480		SVD		S	S	
484		CAS		S	S	



DETAIL- PATIENT HIERARCHICAL LEVEL						
490		DTP		R	R	
	<b>2440</b>			<b>S</b>	<b>S</b>	<b>FORM IDENTIFICATION CODE</b>
492		LQ		S	S	
494		FRM		R	R	
496	<b>TRAILER</b>	SE				<b>TRANSACTION SET TRAILER</b>
Appendix C.9	<b>ENVELOPE</b>	GE		R	R	<b>FUNCTIONAL GROUP TRAILER</b>
Appendix C.10	<b>ENVELOPE</b>	IEA		R	R	<b>INTERCHANGE CONTROL TRAILER</b>
			IEA02	R	R	Must be identical to ISA13.



## APPENDIX B – 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	Use 10 spaces
			ISA03	R	R	Value is “00”
			ISA04	R	R	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. 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” Make sure this element is left-justified with trailing spaces to complete the 15-digit element.
			ISA15	R	R	<ul style="list-style-type: none"> <li>Value is “T” when submitting a test file</li> </ul>



ENVELOPE HEADER						
						Value is "P" when submitting a production file
	ENVELOPE					FUNCTIONAL GROUP HEADER
Appendix B.8		GS				
			GS02	R	R	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
67		ST		R	R	
68		BHT		R	R	
	1000A					SUBMITTER NAME
71		NM1		R	R	
		NM1	09	R	R	Value is the 9-digit OWCP Provider ID provided during the enrollment process.
73		PER		R	R	
	1000B					RECEIVER NAME



HEADER						
76		NM1		R	R	
68		NM1	03	R	R	Value is " <b>Department of Labor</b> "
68		NM1	09	R	R	<ul style="list-style-type: none"><li>Value is "<b>77044</b>" for DFEC</li><li>Value is "<b>77103</b>" for DEEOIC</li><li>Value is "<b>77104</b>" for DCMWC</li></ul>





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					<b>BILLING/PAY-TO-PROVIDER HIERARCHAL LEVEL</b>
78		HL		R	R	
80		PRV		R	R	<b>BILLING PROVIDER SPECIALTY INFORMATION (Required)</b>
			PRV01	R	R	<b>Clarification</b> <ul style="list-style-type: none"> <li>PRV01: BI (Billing)</li> <li>PRV01 is required if PRV loop is present</li> </ul>
			PRV02	R	R	<b>Clarification</b> <ul style="list-style-type: none"> <li>PRV02: PXC (Qualifier for taxonomy code)</li> <li>PRV02 is required if PRV01 is present</li> </ul>
			PRV03	R	R	<b>Clarification</b> <ul style="list-style-type: none"> <li>PRV03: Provider taxonomy code</li> <li>PRV03 is required if PRV02 is present</li> </ul>
	2010AA					<b>BILLING PROVIDER NAME</b>
84		NM1		R	R	If the provider type is 95 (Third Party Carrier Providers) Enter the details of Servicing provider for the DEEOIC and DCMWC bills in loop 2310E
			NM108	R	R	<b>Clarification</b>



DETAIL- BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL						
						NM108: Identification Code Qualifier = XX
			NM109	R	R	<b>Clarification</b> NM109: Identification Code Qualifier = NPI
87		N3		R	R	
88		N4		R	R	
90		REF		S	R	<b>Clarification</b> The REF segment must be used to identify the billing provider.
		RER	01		R	See the Implementation Guide for a list of valid values.
		REF	02		R	Use the applicable provider identifier.
91		PER		S	S	
	2010AB					<b>PAY-TO PROVIDER</b> <b>Clarification</b> 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					<b>SUBSCRIBER HIERARCHAL LEVEL</b>
107		HL		R	R	



DETAIL- SUBSCRIBER HIERARCHICAL LEVEL						
109		SBR		R	R	
	2010BA					SUBSCRIBER NAME
112		NM1		R	R	
			NM101	R	R	Value is "IL"
			NM102	R	R	Value is "1"
			NM103	R	R	Value is the Subscriber's last name
			NM104	S	R	Value is the Subscriber's first name.
			NM105	S	S	Value is the Subscriber's middle initial if known.
			NM107	S	S	Value is the Subscriber's name suffix if known.
			NM108	S	R	Value is "MI"
			NM109	S	R	Use the alpha and numeric OWCP Case Number for each program's claimant. For example: DFEC: 123456789 DEEOIC: 1234567890 DCMWC: BNXYZ-1973001
115		N3		S	R	
116		N4		S	R	
118		DMG		S	R	
	2010BB					PAYER NAME
122		NM1		R	R	
124		N3		S	S	



DETAIL- SUBSCRIBER HIERARCHICAL LEVEL						
125		N4		S	S	
129		REF		S	R	<b>Clarification</b> The REF segment must be used to identify the billing provider within WCMBP.
		REF01			R	Value is "G2"
		REF02			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 HIERARCHICAL LEVEL
	2010CA				Not Used	PATIENT NAME
	2300					CLAIM INFORMATION
143		CLM		R	R	
149		DTP		S	S	
150		DTP		R	R	
151		DTP		S	S	
152		DTP		S	S	
153		CL1		S	S	
154		PWK		S	S	
		PWK01	01	R	R	See the Implementation Guide for a list of valid values.



DETAIL- PATIENT HIERARCHICAL LEVEL						
		PWK02	02	R	R	Value is "FT" – File Transfer
		PWK05	05	R	R	Value is "AC" – Attachment Control Number
		PWK06	06	R	R	<p>A unique <i>Attachment Control Number</i> 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.</p> <p>Refer to Section 2.4.7 Upload Supporting Document on how to upload the attachment using this <i>Attachment Control Number</i>.</p>
158		CN1		S	S	
160		AMT		S	S	
161		REF		S	S	
163		REF		S	S	
164		REF		S	S	
166		REF		S	S	
167		REF		S	S	
168		REF		S	S	
169		REF		S	S	
170		REF		S	S	
172		REF		S	S	
173		REF		S	S	
174		REF		S	S	



DETAIL- PATIENT HIERARCHICAL LEVEL						
175		REF		S	S	
176		K3		S	S	
178		NTE		S	S	Claim Note – NOT used
180		NTE		S	S	Billing Note Required for Institutional bills with Type of Bill 11X, 13X or 14X
		NTE	01			Submit NTE*01 element with “ADD”
		NTE	02			Submit the NTE*02 element with the description as “Medicare Number#XXXXXX#” XXXXXX is Provider Medicare Number
181		CRC		S	S	
184		HI		S	S	
187		HI		S	S	
189		HI		S	S	
193		HI		S	S	
218		HI		S	S	
220		HI		S	S	
239		HI		S	S	
242		HI		S	S	
258		HI		S	S	
271		HI		S	S	
284		HI		S	S	
294		HI		S	S	



DETAIL- PATIENT HIERARCHICAL LEVEL						
304		HI		S	S	
313		HCP		S	S	
	<b>2310A</b>					<b>ATTENDING PROVIDER NAME</b>
319		NM1		S	S	
			NM108	R	R	<b>Clarification</b> NM108: Identification Code Qualifier = XX
			NM109	R	R	<b>Clarification</b> NM109: Identification Code Qualifier = NPI  NM109 is required when NM108 is available  Example: <b>NM1*71*1*JONES*JOHN**</b>  <b>**XX*1234567891~</b>
322		PRV		S	S	<b>ATTENDING PROVIDER SPECIALTY INFORMATION</b>
			PRV01	R	R	<b>Clarification</b> <ul style="list-style-type: none"> <li>PRV01: AT (Attending)</li> <li>PRV01 is required if PRV loop is present</li> </ul>
			PRV02	R	R	<b>Clarification</b> <ul style="list-style-type: none"> <li>PRV02: PXC (Qualifier for taxonomy code)</li> <li>PRV02 is required if PRV01 is present</li> </ul>
			PRV03	R	R	<b>Clarification</b> <ul style="list-style-type: none"> <li>PRV03: Provider taxonomy code</li> </ul>



DETAIL- PATIENT HIERARCHICAL LEVEL						
						<ul style="list-style-type: none"> <li>PRV03 is required if PRV02 is present</li> </ul> Example: <b>PRV*AT*PXC*208D00000X~</b>
324		REF		S	S	
		REF	01	R	R	Value is "G2"
		REF	02	R	R	Use Provider Commercial Number.
	<b>2310B</b>					<b>OPERATING PHYSICIAN NAME</b>
326		NM1		R	R	
329		REF		S	S	
		REF	01	R	R	Value is "G2"
		REF	02	R	R	Use Provider Commercial Number.
	<b>2310C</b>					<b>OTHER PROVIDER NAME</b>
331		NM1		S	S	
334		REF		S	S	
		REF	01	R	R	Value is "G2"
		REF	02	R	R	Use Provider Commercial Number.
	<b>2310D</b>					<b>RENDERING PROVIDER</b>
336		NM1		S	S	
339		REF		S	S	
		REF	01	R	R	Value is "G2"
		REF	02	R	R	Use Provider Commercial Number.





DETAIL- PATIENT HIERARCHICAL LEVEL						
	<b>2310E</b>					<b>SERVICE FACILITY NAME</b>
341		NM1		S	S	Required for DEEOIC and DCMWC bills submitted by provider type 95 (Third Party Carrier Providers)
		NM109		R	R	NPI of the Servicing provider
344		N3		R	R	SERVICE FACILITY LOCATION ADDRESS
345		N4		R	R	SERVICE FACILITY LOCATION CITY, STATE, ZIP CODE
347		REF		S	S	
		REF	01	R	R	Value is "G2"
		REF	02	R	R	Use Provider Commercial Number.
	<b>2310F</b>					<b>REFERRING PROVIDER NAME</b>
349		NM1		S	S	
352		REF		S	S	
	<b>2320</b>					<b>OTHER SUBSCRIBER INFORMATION</b>
354		SBR		S		DOL only allows one occurrence of this loop.
	<b>2330A to 2330I</b>					<b>NOT USED</b>
	<b>2400</b>					<b>SERVICE LINE NUMBER</b>
423		LX		R	R	<b>Clarification</b> The maximum is 999 service lines
424		SV2		R	R	<b>Clarification</b>



DETAIL- PATIENT HIERARCHICAL LEVEL						
						In SV102-1, for DOL use value "HC" for HCPCS codes.  <b>Note:</b> CPT codes are included in this coding structure.
429		PWK		S	S	
433		DTP		S	S	
435		REF		S	S	
437		REF		S	S	
438		REF		S	S	
439		AMT		S	Not used	
440		AMT		S	Not used	
441		NTE		S	S	
442		HCP		S	S	
	2410					<b>DRUG IDENTIFICATION</b>
449		LIN		S	S	National Drug Code is required for unlisted J-codes
452		CTP		S	S	
454		REF		S	S	
	<b>2420A</b>					<b>OPERATING PHYSICIAN NAME</b>
456		NM1		S	S	
4459		REF		S	S	
		REF	01	R	R	Value is "G2"
		REF	02	R	R	Use Provider Commercial Number.



DETAIL- PATIENT HIERARCHICAL LEVEL						
	<b>2420B</b>					<b>OTHER OPERATING PHYSICIAN NAME</b>
461		NM1		S	S	
464		REF		S	S	
		REF	01	R	R	Value is "G2"
		REF	02	R	R	Use Provider Commercial Number.
	<b>2420C</b>					<b>RENDERING PROVIDER NAME</b>
466		NM1		S	S	
469		REF		S	S	
		REF	01	R	R	Value is "G2"
		REF	02	R	R	Use Provider Commercial Number.
	<b>2420D</b>					<b>REFERRING PROVIDER NAME</b>
471		NM1		S	S	
474		REF		S	S	
		REF	01	R	R	Value is "G2"
		REF	02	R	R	Use Provider Commercial Number.
	<b>2430</b>					<b>SERVICE LINE ADJUDICATION INFORMATION</b>
476		SVD		S	S	
480		CAS		S	S	
486		DTP		S	S	



DETAIL- PATIENT HIERARCHICAL LEVEL						
487		AMT		S	S	
488		SE		R	R	TRANSACTION SET TRAILER

Table 11. Envelope Trailer

ENVELOPE TRAILER						
X12 IG PAGE REF	LOOP	SEGM ENT	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.



## APPENDIX C – 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	Use 10 spaces
			ISA03	R	R	Value is “00”
			ISA04	R	R	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.  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”  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



ENVELOPE HEADER						
						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
65	HEADER	ST		R	R	TRANSACTION SET HEADER
66		BHT		R	R	
	1000A					SUBMITTER NAME
69		NM1		R	R	
		NM1	09	R	R	Value is the 9-digit OWCP Provider ID provided during the enrollment process
71		PER		R	R	
	1000B					RECEIVER NAME
74		NM1		R	R	
		NM1	03	R	R	Value is "Department of Labor"
		NM1	09	R	R	<ul style="list-style-type: none"> <li>Value is "77044" for DFEC</li> <li>Value is "77103" for DEEOIC</li> <li>Value is "77104" for DCMWC</li> </ul>



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					<b>BILLING/PAY-TO-PROVIDER HIERARCHAL LEVEL</b>
76		HL		R	R	
78		PRV		S	S	
	2010AA					<b>BILLING PROVIDER NAME</b>
82		NM1		R	R	
86		N3		R	R	
87		N4		R	R	
89		REF		S	R	<b>Clarification</b> 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					<b>PAY-TO PROVIDER</b> <b>Clarification</b> The Pay-to-Provider should be same as Billing Provider. Do not use the 2010AB loop.
	2000B					<b>SUBSCRIBER HIERARCHAL LEVEL</b>
109		HL		R	R	





DETAIL- BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL						
111		SBR		R	R	
	2010BA					SUBSCRIBER NAME
114		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's last name
			NM104	S	R	Value is the Subscriber's first name
			NM105	S	S	Value is the Subscriber's middle initial if known
			NM107	S	S	Value is the Subscriber's name suffix if known
			NM108	S	R	Value is "MI"
			NM109	S	R	Use the alpha/numeric OWCP Case Number for each program's claimant. For example: DFEC: 123456789 DEEOIC: 1234567890 DCMWC: BNXYZ-1973001
117		N3		S	R	
118		N4		S	R	
120		DMG		S	R	
	2010BB					PAYER NAME
124		NM1		R	R	
126		N3		S	R	



DETAIL- SUBSCRIBER HIERARCHICAL LEVEL						
127		N4		S	R	
129		REF		S	R	<b>Clarification</b> 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	<b>PATIENT HIERARCHICAL LEVEL</b>
132		HL		S		<b>Clarification</b> The patient is always the same as the subscriber for DOL claims.
134		PAT		R		
	2010CA				Not Used	<b>PATIENT NAME</b>
	2300					<b>CLAIM INFORMATION</b>
145		CLM		R	R	
152		DTP		S	S	
153		DTP		S	S	
154		DTP		S	S	
155		DTP		S	S	



DETAIL- PATIENT HIERARCHICAL LEVEL						
156		DN1		S	S	
158		DN2		S	S	
159		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	<p>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.</p> <p>Refer to Section 2.4.7 Upload Supporting Document on how to upload the attachment using this Attachment Control Number.</p>
162		CN1		S	S	
164		AMT		S	Not Used	
165		REF		S	Not used	
166		REF		S	S	
168		REF		S	S	



DETAIL- PATIENT HIERARCHICAL LEVEL						
169		REF		S	S	
171		REF		S	S	
173		REF		S	S	
174		REF		S	S	
175		REF		S	S	
177		K3		S	S	
179		NTE		S	S	
	<b>2310A</b>					<b>REFERRING PROVIDER NAME</b>
190		NM1		S	S	
193		PRV		S	S	
194		REF		S	S	
		REF	01	R	R	Value is "G2"
		REF	02	R	R	Use Provider Commercial Number.
	<b>2310B</b>					<b>RENDERING PROVIDER NAME</b>
196		NM1		S	S	
199		PRV		S	S	
200		REF		S	S	
		REF	01		R	Value is "G2"
		REF	02		R	Use Provider Commercial Number.
	<b>2310C</b>					<b>SERVICE FACILITY LOCATION</b>



DETAIL- PATIENT HIERARCHICAL LEVEL						
202		NM1		S	S	Required for DEEOIC and DCMWC bills submitted by provider type is 95 (Third Party Carrier Providers)
		N109		R	R	NPI of the Servicing provider
205		N3		R	R	SERVICE FACILITY LOCATION ADDRESS
206		N4		R	R	SERVICE FACILITY LOCATION CITY, STATE, ZIP CODE
208		REF		S	S	
		REF	01		R	Value is "G2"
		REF	02		R	Use Provider Commercial Number.
	<b>2310D</b>					<b>ASSISTANT SURGEON NAME</b>
210		NM1		S	S	
213		PRV		S	S	
214		REF		S	R	
		REF	01	S	S	Value is "G2"
		REF	02	S	S	Use Provider Commercial Number.
	<b>2310E</b>					<b>SUPERVISING PROVIDER NAME</b>
216		NM1		S	S	
219		REF		S	S	



DETAIL- PATIENT HIERARCHICAL LEVEL						
	2320					OTHER SUBSCRIBER INFORMATION
	2330A			R		OTHER SUBSCRIBER NAME
						DOL only allows one occurrence of this loop.
	2400					LINE COUNTER
281		LX		R	R	Clarification The maximum is 50 service lines
282		SV3		R	R	
288		TOO		S	S	
290		DTP		S	S	
291		DTP		S	S	
292		DTP		S	S	
293		DTP		S	S	
294		DTP		S	S	
295		DTP		S	S	
296		CN1		S	S	
298		REF		S	S	
300		REF		S	S	
302		REF		S	S	
304		REF		S	S	
305		REF		S	S	
306		REF		S	S	



DETAIL- PATIENT HIERARCHICAL LEVEL						
308		AMT		S	N/A	
309		K3		S	S	
311		HCP				
	<b>2420A</b>					<b>RENDERING PROVIDER NAME</b>
316		NM1		S	S	
319		PRV		S	S	
320		REF		S	S	
		REF	01	R	R	Value is "G2"
		REF	02	R	R	Use Provider Commercial Number.
	<b>2420B</b>					<b>ASSISTANT SURGEON NAME</b>
322		NM1		S	S	
325		PRV		S	S	
326		REF		S	S	
	<b>2420C</b>					<b>SUPERVISING PROVIDERNAME</b>
328			NM1	S	S	
331			REF	S	S	
		REF	01		R	Value is "G2"
		REF	02		R	Use Provider Commercial Number.
	<b>2430</b>					<b>LINE ADJUDICATION INFORMATION</b>





DETAIL- PATIENT HIERARCHICAL LEVEL						
341			SVD	S	S	
345			CAS	S	S	
351			DTP	R	R	
353						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.