



FEI Systems

Connecting Every Dimension of
Health and Human Services

Mississippi Department of Mental Health

837P Transaction Companion Guide
Professional Health Care Claims
HIPAA Version 5010

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GENERAL

INTRODUCTION

INTENDED USE

This is a companion guide to the HIPAA American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12N Technical Report Type 3 (TR3) implementation Guide, *005010X222: Health Care Claim: Professional (837)*. This companion guide supplements, but does not contradict any requirements in the ASC X12 TR3 document. The ANSI ASC X12 Implementation Guides may be accessed at <http://www.wpc-edi.com/>.

PURPOSE

This guide is intended to assist agencies in implementing transaction standards which meet the Mississippi Department of Mental Health (DMH) processing methodology. It provides specific requirements for submitting professional claims (837P) to Mississippi DMH, and it contains information about enrollment, testing, and support.

GETTING STARTED

ENROLLMENT

Provider agencies must notify Mississippi DMH that they wish to submit 837P HIPAA transactions for fee for service (FFS) claims. Agencies must have login credentials for MS WITS (production and testing environments).

SUPPORT

Please have the following information available when contacting Mississippi DMH:

- Provider agency name
- Point of contact, including name, title, telephone number, and email address
- 837P file name
- Upload date
- Error message (if applicable)

EDI TRANSACTIONS

837P PROFESSIONAL CLAIMS

Instruction Table

Loop	Segment ID	Segment Name	Accepted value(s)	Comments
Interchange Control Header				
	ISA01	Authorization Information Qualifier	00	
	ISA02	Authorization Information		10 spaces
	ISA03	Security Information Qualifier	00	
	ISA04	Security Information		10 spaces
	ISA05	Interchange ID Qualifier	ZZ	Mutually Defined
	ISA06	Interchange Sender ID		WITS Contract EDI Interchange Sender ID
	ISA07	Interchange ID Qualifier	ZZ	Mutually Defined
	ISA08	Interchange Receiver ID	640546351	DMH federal tax ID Backfill with spaces for a total of 15 characters
	ISA09	Interchange Date		YYMMDD
	ISA10	Interchange Time		HHMM
	ISA11	Repetition Separator	^	Carat
	ISA12	Interchange Control Version Number	00501	
	ISA13	Interchange Control Number		ISA13 must match IEA02
	ISA14	Acknowledgment Requested	0 1	0 = No Acknowledgment Requested 1 = Interchange Acknowledgment Requested
	ISA15	Interchange Usage Indicator	P T	P = Production Data T = Test Data
	ISA16	Component Element Separator	:	
Functional Group Header				
	GS01	Functional Identifier Code	HC	
	GS02	Application Sender's Code		WITS Contract EDI Application Sender's Code GS02 must match ISA06
	GS03	Application Receiver's Code	640546351	DMH federal tax ID GS03 must match ISA08.
	GS04	Date		CCYYMMDD
	GS05	Time		HHMMSS
	GS06	Group Control Number		Assigned number originated and maintained by the sender. GS06 must match GE02
	GS07	Responsible Agency Code	X	Accredited Standards Committee X12
	GS08	Version Identifier Code	005010X222A1	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
Transaction Set Header				
	ST01	Transaction Set Identifier	837	Health Care Claim
	ST02	Transaction Set Control Number		ST02 must match SE02
	ST03	Implementation Convention Reference (Implementation Guide Version Name)	005010X222A1	

Loop	Segment ID	Segment Name	Accepted value(s)	Comments
Beginning of Hierarchical Transaction				
	BHT01	Hierarchical Structure Code	0019	Information Source, Subscriber, Dependent
	BHT02	Transaction Set Purpose Code	00	Original
	BHT03	Reference Identification (Originator Application Transaction Identifier)		
	BHT04	Date		CCMMYYDD
	BHT05	Time		HHMM
	BHT06	Claim or Encounter ID	CH	Chargeable
Loop 1000A Submitter Name				
1000A	NM103	Organization Name (Submitter Name)		Provider agency name
1000A	NM108	Identification Code Qualifier	46	Electronic Transmitter Identification Number (ETIN)
1000A	NM109	Identification Code (Submitter Identifier)		WITS Contract EDI Submitter ETIN
Loop 1000B Receiver Name				
1000B	NM103	Organization Name (Receiver Name)	DMH	
1000B	NM108	Identification Code Qualifier	46	Electronic Transmitter Identification Number (ETIN)
1000B	NM109	Receiver Primary Identifier	640546351	DMH federal tax ID
Loop 2000A Billing Provider Hierarchical Level				
2000A	HL01	Hierarchical ID Number		
2000A	HL03	Hierarchical Level Code	20	Information Source
2000A	HL04	Hierarchical Child Code	1	Additional Subordinate HL Data Segment in This Hierarchical Structure.
Loop 2010AA Billing Provider Name				
2010AA	NM101	Entity Identifier Code	85	Billing Provider
2010AA	NM102	Entity Type Qualifier	2	Non-person entity
2010AA	NM103	Organization Name (Billing Provider Name)		Provider agency name
2010AA	NM108	Identification Code Qualifier	XX	Centers for Medicare and Medicaid Services National Provider Identifier
2010AA	NM109	Identification Code (Billing Provider Identifier)		Provider agency NPI
2010AA	N301	Address Information (Billing Provider Address Line)		
2010AA	N401	City Name (Billing Provider City Name)		
2010AA	N402	State or Province Code (Billing Provider State Code)		
2010AA	N403	Postal Code (Billing Provider ZIP Code)		9-digit ZIP Code
2010AA	REF01	Reference Identification Qualifier	EI	Employer's Identification Number
2010AA	REF02	Reference Identification (Billing Provider Tax Identification Number)		Provider Federal Tax Identification Number/EIN
Loop 2000B Subscriber Hierarchical Level				

Loop	Segment ID	Segment Name	Accepted value(s)	Comments
2000B	HL01	Hierarchical ID Number		
2000B	HL02	Hierarchical Parent ID Number		
2000B	HL03	Hierarchical Level Code	22	Subscriber
2000B	HL04	Hierarchical Child Code	0	No Subordinate HL Segment in this Hierarchical Structure
2000B	SBR01	Payer Responsibility Sequence Number Code	P	Primary
2000B	SBR02	Individual Relationship Code	18	Self The subscriber is always the patient.
2000B	SBR09	Claim Filing Indicator Code	11	Other Non-Federal Programs
Loop 2010BA Subscriber Name				
2010BA	NM101	Entity Identifier Code	IL	Insured or Subscriber
2010BA	NM102	Entity Type Qualifier	1	Person
2010BA	NM103	Name Last (Subscriber Last Name)		Client Last Name
2010BA	NM104	Name First (Subscriber First Name)		Client First Name
2010BA	NM105	Name Middle (Subscriber Middle Name)		Client Middle Name or Initial
2010BA	NM108	Identification Code Qualifier	MI	Member Identification Number
2010BA	NM109	Identification Code (Subscriber Primary Identifier)	Provider Client ID	This is the local client ID used by the provider.
2010BA	N301	Address Information (Subscriber Address Line)		Client Address Line 1
2010BA	N401	City Name (Subscriber City Name)		Client City Name
2010BA	N402	State or Province Code (Subscriber State Code)		Client State Code
2010BA	N403	Postal Code (Subscriber ZIP Code)		Client ZIP Code
2010BA	DMG01	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD
2010BA	DMG02	Date Time Period (Subscriber Birth Date)		Client Birth Date CCYYMMDD
2010BA	DMG03	Gender Code (Subscriber Gender Code)	F M U	Client Gender Code F = Female M = Male U = Unknown
Loop 2010BB Payer Name				
2010BB	NM101	Entity Identifier Code	PR	Payer
2010BB	NM102	Entity Type Qualifier	2	Non-Person Entity
2010BB	NM103	Organization Name (Payer Name)	DMH	
2010BB	NM108	Identification Code Qualifier	PI	PI = Payor Identification
2010BB	NM109	Identification Code (Payer Identifier)	640546351	DMH federal tax ID
Loop 2300 Claim Information				
2300	CLM01	Claim Submitter's Identifier (Patient Control Number)		Must be unique to each claim/encounter. This number is returned in the 835 to identify the claim.

Loop	Segment ID	Segment Name	Accepted value(s)	Comments
2300	CLM02	Monetary Amount (Total Claim Charge Amount)		
2300	CLM05-1	Facility Code Value (Place of Service Code)		
2300	CLM05-2	Facility Code Qualifier	B	Place of Service Codes for Professional Services
2300	CLM05-3	Claim Frequency Type Code (Claim Frequency Code)	1 7 8	1 = Original claim 7 = Replacement claim 8 = Void/cancel
2300	CLM06	Yes/No Condition or Response Code (Provider or Supplier Signature Indicator)	Y	Y = Yes
2300	CLM07	Provider Accept Assignment Code (Assignment or Plan Participation Code)	A	Assigned
2300	CLM08	Yes/No Condition or Response Code (Benefits Assignment Certification Indicator)	Y	Yes
2300	CLM09	Release of Information Code	Y	Yes
2300	CN101	Contract Type Code	09	09 = Other
2300	REF01	Reference Identification Qualifier	EA	Medical Record Identification Number Required when the Medical Record Number is reported in REF02.
2300	REF02	Reference Identification (Medical Record Number)		Medical Record Number This segment is optional.
2300	HI01-1	Code List Qualifier Code (Diagnosis Type Code)	ABK	ABK = ICD-10-CM Note: Additional diagnoses may be reported in HI02 through HI12 using ABF
2300	HI01-2	Industry Code (Diagnosis Code)		
Loop 2310B Rendering Provider Name				
2310B	NM101	Entity Identifier Code	82	Rendering Provider
2310B	NM102	Entity Type Qualifier	1	Person
2310B	NM103	Name Last or Organization Name		Rendering Provider Last Name
2310B	NM104	Name First		Rendering Provider First Name
2310B	NM108	Identification Code Qualifier	XX	XX = Centers for Medicare and Medicaid Services National Provider Identifier
2310B	NM109	Identification Code (Rendering Provider Identifier)		Rendering Provider NPI If the rendering provider does not have an NPI, then the facility/agency NPI may be used.
Loop 2310C Service Facility Location Name				
2310C	NM101	Entity Identifier Code	77	Service Location
2310C	NM102	Entity Type Qualifier	2	Non-Person Entity
2310C	NM103	Organization Name (Facility Name)		Facility Name
2310C	NM108	Identification Code Qualifier	XX	XX = Centers for Medicare and Medicaid Services National Provider Identifier Required when the NPI is reported in 2310C NM109.
2310C	NM109	Identification Code		Facility NPI

Loop	Segment ID	Segment Name	Accepted value(s)	Comments
		(Facility Primary Identifier)		
2310C	N301	Address Information (Facility Address Line)		Facility Address Line 1
2310C	N401	City Name (Facility City Name)		Facility City Name
2310C	N402	State or Province Code (Facility State Code)		Facility State Code
2310C	N403	Postal Code (Facility ZIP Code)		Facility ZIP Code
Loop 2400 Service Line Number				
2400	LX01	Assigned Number		
2400	SV101-1	Product/Service ID Qualifier (Product or Service ID Qualifier)	HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes. Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.
2400	SV101-2	Product/Service ID (Procedure Code)		Refer to the list of accepted IBHRS procedure codes
2400	SV101-3	Procedure Modifier 1		Refer to the list of accepted IBHRS modifier codes
2400	SV101-4	Procedure Modifier 2		Refer to the list of accepted IBHRS modifier codes
2400	SV101-5	Procedure Modifier 3		Refer to the list of accepted IBHRS modifier codes
2400	SV101-6	Procedure Modifier 4		Refer to the list of accepted IBHRS modifier codes
2400	SV102	Monetary Amount (Line Item Charge Amount)		
2400	SV103	Unit or Basis for Measurement Code	UN	Unit
2400	SV104	Quantity (Service Unit Count)		
2400	SV107-1	Diagnosis Code Pointer 1		Primary diagnosis for this service line.
2400	SV107-2	Diagnosis Code Pointer 2		Additional diagnosis for this service line.
2400	SV107-3	Diagnosis Code Pointer 3		Additional diagnosis for this service line.
2400	SV107-4	Diagnosis Code Pointer 4		Additional diagnosis for this service line.
2400	DTP01	Date/Time Qualifier	472	Service
2400	DTP02	Date Time Period Format Qualifier	D8 RD8	D8 = Date Expressed in Format CCYMMDD RD8 = Range of Dates Expressed in Format CCYMMDDCCYMMDD
2400	DTP03	Date Time Period (Service Date)		Service date or date range
2400	CN101	Contract Type Code	09	09 = Other
2400	CN104	Reference Identification (Contract Code)		Grant #
2400	REF01	Line Item Control Number	6R	6R = Provider Control Number
2400	REF02	Line Item Control Number		Provider's Line Item Control Number
2400	NTE01	Note Reference Code	ADD	Additional information

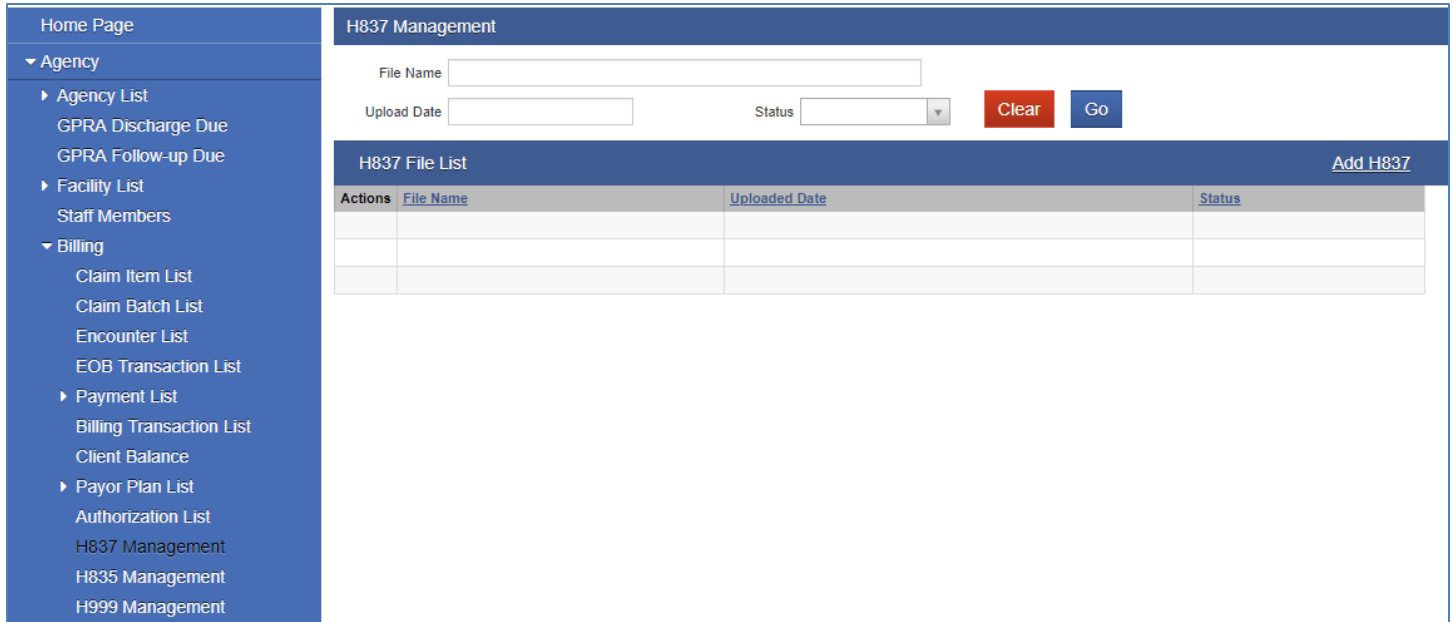
Loop	Segment ID	Segment Name	Accepted value(s)	Comments
2400	NTE02	Description (Line Note Text)		Service Event Source Record Identifier This value uniquely identifies the clinical service event/encounter represented by the 837P claim line and should match one Service Event Source Record Identifier in the data warehouse.
Transaction Set Trailer				
	SE01	Number of Included Segments		Transaction Segment Count Must match the number of segments within the transaction set, including the ST and SE segments
	SE02	Transaction Set Control Number		SE02 must match ST02
Functional Group Trailer				
	GE01	Number of Transaction Sets Included	1	Only 1 transaction set is allowed.
	GE02	Group Control Number		GE02 must match GS06
Interchange Control Trailer				
	IEA01	Number of Included Functional Groups	1	Only 1 functional group is allowed.
	IEA02	Interchange Control Number		IEA02 must match ISA13

File Naming Convention

- File names may be any combination of letters, numbers and the underscore (_). Additional special characters are not allowed.
- Files must use a .DAT or .TXT extension.

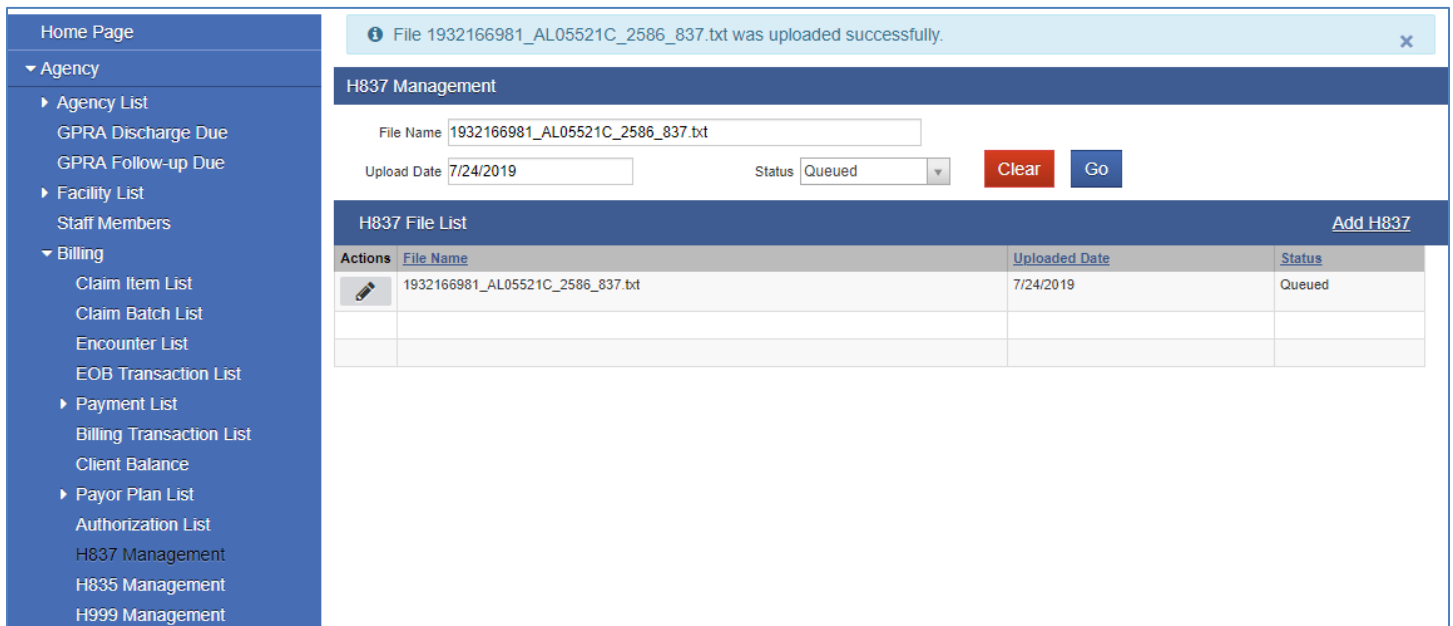
Upload Instructions

837P transactions are uploaded to MS WITS. Navigate to the H837P Management screen under Agency/Billing and select "Add H837" from the list header.




The screenshot shows the H837 Management interface. On the left is a navigation menu with categories: Agency, Facility List, Billing, and Payor Plan List. The main content area is titled "H837 Management" and contains a form with fields for "File Name", "Upload Date", and "Status". There are "Clear" and "Go" buttons. Below the form is a table titled "H837 File List" with columns for "Actions", "File Name", "Uploaded Date", and "Status". The table is currently empty. An "Add H837" link is visible in the top right of the table area.

Uploaded files are queued for processing:



This screenshot shows the same H837 Management interface after a file upload. A notification banner at the top states: "File 1932166981_AL05521C_2586_837.txt was uploaded successfully." The form fields are now populated: "File Name" is "1932166981_AL05521C_2586_837.txt", "Upload Date" is "7/24/2019", and "Status" is "Queued". The "H837 File List" table now contains one row with a pencil icon in the "Actions" column, and the file name, date, and status "Queued".

Actions	File Name	Uploaded Date	Status
	1932166981_AL05521C_2586_837.txt	7/24/2019	Queued

Once processed, the status changes to “Processed” or “Failed.” Processed 837P transactions must be adjudicated by Mississippi DMH.

Note that the H837 File List may be filtered based on file name, upload date, and status.

Home Page

▼ Agency

- ▶ Agency List
- GPRA Discharge Due
- GPRA Follow-up Due
- ▶ Facility List
- Staff Members
- ▼ Billing
- Claim Item List
- Claim Batch List
- Encounter List
- EOB Transaction List
- ▶ Payment List
- Billing Transaction List
- Client Balance
- ▶ Payor Plan List
- Authorization List
- H837 Management
- H835 Management
- H999 Management

H837 Management

File Name

Upload Date Status Clear Go

H837 File List Add H837

Actions	File Name	Uploaded Date	Status
	1932166980_AL05521C_2586_837.txt	11/10/2017	Processed
	1932166980_AL05521C_2591_837.txt	11/10/2017	Processed
	1932166980_AL05521C_2592_837.txt	11/13/2017	Failed
	1932166980_AL05521C_9876_837.txt	11/28/2017	Processed
	1932166980_AL05521C_1111_837.txt	11/28/2017	Processed
	1932166980_AL05521C_1111dupe_837.txt	11/29/2017	Processed
	1932166980_AL05521C_1111dupe2_837.txt	11/29/2017	Processed
	1932166980_AL05521C_1111dupe3_837.txt	11/29/2017	Processed
	1932166980_AL05521C_1111dupe4_837.txt	11/29/2017	Processed
	1932166980_AL05521C_2222_837.txt	11/29/2017	Processed

Failed Submissions

If the 837P fails during processing, the error message(s) are displayed on the submission profile. A full list of error messages and resolutions is provided in the [appendix](#). Failed submissions must be corrected and resubmitted. Provider agencies should notify Mississippi DMH if they continue to receive an error after making necessary corrections.

Home Page

▼ Agency

- ▶ Agency List
- GPRA Discharge Due
- GPRA Follow-up Due
- ▶ Facility List
- Staff Members
- ▼ Billing
- Claim Item List
- Claim Batch List
- Encounter List
- EOB Transaction List
- ▶ Payment List
- Billing Transaction List
- Client Balance
- ▶ Payor Plan List
- Authorization List
- H837 Management
- H835 Management
- H999 Management

H837 Profile

File Name: 1932166980_AL05521C_2592_837.txt	Uploaded By: Balachandran, Saravana Kum
Upload Agency: State Contractor	Upload Date: 11/13/2017
Status: Failed	Process Start Date: 11/13/2017
Provider Agency: Administrative Agency	Process End Date: 11/13/2017

Finish

Errors(Export)

Code	Message
H837Processor	ISA08 does not match the contractor agency's Interchange Receiver ID.

999 ACKNOWLEDGMENT FOR HEALTH CARE INSURANCE

The 999 is returned for all 837P transactions that were successfully processed. Contact DMH if a 999 is not available for download within the expected timeframe.

Navigate to the H999 Management screen under Agency/Billing. The 999 may be downloaded from the list or from the profile.

Home Page

▼ Agency

- ▶ Agency List
 - GPRA Discharge Due
 - GPRA Follow-up Due
- ▶ Facility List
- Staff Members
- ▼ Billing
 - Claim Item List
 - Claim Batch List
 - Encounter List
 - EOB Transaction List
 - ▶ Payment List
 - Billing Transaction List
 - Client Balance
 - ▶ Payor Plan List
 - Authorization List
 - H837 Management
 - H835 Management
 - H999 Management
 - ▶ Agreement Management
 - Alerts Configuration

H999 Management

File Name Upload Date

Clear Go

H999 File List (Export)

Actions	File Name	Upload Date	Created Date
	55556_20171128131335_11221-12.999		11/28/2017 1:13 PM
	55556_20171128131335_11221-12.999		11/28/2017 1:51 PM
	55556_20171129131245_11221-14.999		11/29/2017 1:12 PM
	55556_20171129135501_11221-16.999		11/29/2017 1:55 PM
	55556_20171129140500_11221-17.999		11/29/2017 2:04 PM
	55556_20171129140920_11221-18.999		11/29/2017 2:09 PM
	55556_20171129142857_11221-19.999		11/29/2017 2:28 PM
	55556_20171130103953_11221-20.999		11/30/2017 10:39 AM
	55556_20171130104712_11221-21.999		11/30/2017 10:47 AM
	55556_20171130105229_11221-23.999		11/30/2017 10:52 AM
	55556_20171130111513_11221-24.999		11/30/2017 11:15 AM
	55556_20171130112011_11221-25.999		11/30/2017 11:20 AM

835 HEALTH CARE CLAIM PAYMENT/ADVICE

The 835 is available for download once claims are adjudicated by Mississippi DMH. Contact DMH if an 835 is not available for download within the expected timeframe.

Navigate to the H835 Management screen under Agency/Billing. The 835 may be downloaded from the list or from the profile.

Home Page

▼ Agency

- ▶ Agency List
- GPRA Discharge Due
- GPRA Follow-up Due
- ▶ Facility List
- Staff Members
- ▼ Billing
- Claim Item List
- Claim Batch List
- Encounter List
- EOB Transaction List
- ▶ Payment List
- Billing Transaction List
- Client Balance
- ▶ Payor Plan List
- Authorization List
- H837 Management
- H835 Management
- H999 Management

H835 Management

File Name Agency

Upload Date Status

Clear Go

H835 File List

Actions	File Name	Created Date	Status
	55556_20171129103420_11221-6.835	11/29/2017 10:34 AM	Processed
Profile	9131628_11221-7.835	11/29/2017 1:16 PM	Processed
	55556_20171129140233_11221-8.835	11/29/2017 2:02 PM	Processed
	55556_20171129140552_11221-9.835	11/29/2017 2:05 PM	Processed
	55556_20171129141105_11221-10.835	11/29/2017 2:11 PM	Processed
	55556_20180116122606_11221-11.835	1/16/2018 12:26 PM	Processed
	55556_20180605135200_11221-12.835	6/5/2018 1:52 PM	Processed
	55556_20180607111302_11221-13.835	6/7/2018 11:13 AM	Processed
	55556_20180607154824_11221-14.835	6/7/2018 3:48 PM	Processed

TESTING AND CERTIFICATION

PREREQUISITES

Provider agencies must have the following items in place prior to submitting 837P transactions:

- An established contractual relationship with Mississippi DMH to provide treatment services.
- A Business Associate Agreement (BAA) with Mississippi DMH.
- Login credentials to the MS WITS testing environment.
- The ability to create 837P transactions in accordance with this document.
- Notification to Mississippi DMH that they will submit 837P transactions in lieu of entering encounters in MS WITS. The notification must include:
 - Point of contact (name, title, telephone number, and email address).
 - Agreement to complete a testing cycle consisting of three test 837P transactions over a four-week period.
 - Expected submission date of the first test 837P transaction.

TEST CYCLES

The following procedure is followed for all cycles:

- The provider uploads an 837P to the testing environment. If there are submission errors, the 837P should be corrected and resubmitted.
- The provider agency downloads the 999 transaction.
- Mississippi DMH adjudicates claim(s).
- The provider agency downloads the 835 transaction.

Cycle 1

The goal of this cycle is to successfully submit a simple 837P that meets syntax and formatting requirements. The 837P should contain a single claim for a single client.

In this cycle, provider agencies should become familiar with uploading the 837P, viewing and correcting submission errors, and downloading the 999 and 835.

Cycle 2

The goal of this cycle is to successfully submit a more complex 837P. The 837P should include at least 5 clients, 25 claims, and 2 rendering providers.

Cycle 3

The goal of this cycle is to successfully submit an 837P with adjustments and duplicate claims. The 837P should include:

- An adjustment to a claim that was adjudicated in a previous test cycle
- A duplicate claim that was adjudicated in a previous test cycle.

CERTIFICATION

Mississippi DMH will certify provider agencies which successfully complete three testing cycles as described above. Once the provider agency is certified, Mississippi DMH will provide login credentials to the MS WITS production environment.

APPENDICES

APPENDIX A: VERSION CONTROL

Date	Version	Brief Description of Change
7/25/2019	1.0	Draft
11/8/2019	1.1	Updated 837P Instruction Table, 2010BA NM109
2/05/2020	1.2	Updated 837P Instruction Table, ISA06, GS02, NM109
5/18/2020	1.3	Removed an outdated error message from appendix (related to the delimiter).
5/26/2020	1.4	Added the following to the instruction table: <ul style="list-style-type: none"> • 2000B SBR09 • 2010AA REF01 • 2010AA REF02 • 2300 CLM06 • 2400 REF01 • 2400 REF02 Added an additional import error to the appendix: <ul style="list-style-type: none"> • Illegal/unexpected value encountered ('N') in segment 'CLM' at element position '6'. Legal value(s): , 'Y'.
12/10/2020	1.5	<ul style="list-style-type: none"> • Updated 837P Instruction Table to include all segments. Removed Loop 2320 requirement. • Moved Version Control to Appendix A • Moved Terms and Definitions to Appendix B • Added Appendix C: Example 837P

APPENDIX B: TERMS AND DEFINITIONS

Terms	Description
AMA	American Medical Association
ANSI	American National Standards Institute
ASC	Accredited Standards Committee
BAA	Business Associate Agreement
CPT	Current Procedural Terminology
DMH	Department of Mental Health
EIN	Employer's Identification Number
ETIN	Electronic Transmitter Identification Number
FFS	Fee For Service
HCPCS	Health Care Financing Administration Common Procedural Coding System
HIPAA	Health Insurance Portability and Accountability Act of 1996
MRN	Medical Record Number
PHI	Protected Health Information
TR3	Technical Report Type 3

APPENDIX C: EXAMPLE 837P

ISA*00* *00* *ZZ*Region1 *ZZ*640546351 *191201*1200*^*00501*201309197*0*T*::~~
GS*HC*Region1*640546351*20191125*1207*201309197*X*005010X222A1~
ST*837*000013*005010X222A1~
BHT*0019*00*8899890*20201201*1200*CH~
NM1*41*2*Admin Agency*****46*Region1~
PER*IC*Example Submitter*TE*6013591288~
NM1*40*2*DMH*****46*640546351~
HL*1**20*1~
NM1*85*2*Example Provider*****XX*1669499687~
N3*123 45th St~
N4*Jackson*MS*392500000~
REF*EI*555555555~
NM1*87*2~
N3*239 N Lamar St~
N4*Jackson*MS*39250~
HL*2*1*22*0~
SBR*P*18**DMH*****ZZ~
NM1*IL*1*Client*Example****MI*6666666~
N3*123 45th St~
N4*Jackson*MS*39250~
DMG*D8*19950905*F~
NM1*PR*2*DMH*****PI*640546351~
N3*1943 S St~
N4*Jackson*MS*39250~
CLM*7777777*5***99:B:1*Y*A*Y*Y~
REF*G1*437~
REF*EA*6666666~
HI*ABK:F331*ABF:R45851*ABF:F419*ABF:F411~
NM1*82*1*Example*Rendering****XX*1669499687~
NM1*77*2*Example Facility*****XX*1669499687~
N3*239 N Lamar St~
N4*Jackson*MS*39250~
LX*1~
SV1*HC:H0001*5*UN*1***1:2:3:4~
DTP*472*RD8*20190701-20190702~
CN1*09***CM196571~
REF*6R*1~
NTE*ADD*9999999~
SE*37*000013~
GE*1*201309197~
IEA*1*201309197~

APPENDIX D: 837P IMPORT ERROR MESSAGES

WITS Error Message	Explanation	Action
A connection attempt failed because the connected party did not properly respond after a period of time, or established connection failed because connected host has failed to respond.	The 837P transaction could not be uploaded. This is likely due to a network issue.	The provider agency should verify their network connection and retry.
A Contract Auth Period for Contract ID = # effective on MM/DD/YYYY could not be found.	An agreement authorization period does not exist in WITS for MM/DD/YYYY. Note: The error message will contain the Contract ID instead of "#" and the reported date instead of "MM/DD/YYYY".	DMH should verify a contract authorization period exists for the specified date.
ERROR: The Rendering Provider Loop and/or Service Facility Location Loop are missing at both the claim level and service level for claim #.	The Rendering Provider was not reported in Loops 2310B or 2420A OR The Service Facility was not reported in Loops 2310C or 2420C.	The provider agency should include the rendering provider and service facility loops on the 837 and resubmit.
Failed to find segment 'ABC' before end of file.	A required segment "ABC" was not found in the 837P transaction. Note: The error message will contain the expected segment instead of "ABC".	The provider agency should update the 837P transaction to include the specified segment and resubmit.
Illegal value encountered ('#') in segment 'CLM' at element position '5', composite position '3'. Legal value(s): , '1', '7', '8'.	A Claim Frequency Code "#" was reported in Loop 2300 CLM05-3. Accepted values are 1, 7, and 8. Note: The error message will contain the reported value instead of "#".	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ('N') in segment 'CLM' at element position '6'. Legal value(s): , 'Y'.	A Provider Signature Indicator "N" was reported in Loop 2300 CLM06. The accepted value is Y.	The provider agency should update the 837P transaction and resubmit.
Illegal value in segment 'GS' at element position '3'. Only legal value is '\$' but encountered '#'	An Application Receiver's Code "#" was reported in GS03. Only code "\$" is accepted. Note: The error message will contain the reported value instead of "#" and the accepted value instead of "\$".	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ('#') in segment 'ISA' at element position '7'. Legal value(s): , 'ZZ'.	An Interchange ID Qualifier "#" was reported in ISA07. Only "ZZ" is accepted. Note: The error message will contain the reported value instead of "#".	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ('#') in segment 'NM1'	An Entity Identifier Code "#" was reported in Loop 2310B NM101 or Loop	The provider agency should update the 837P transaction and resubmit.

WITS Error Message	Explanation	Action
at element position '1'. Legal value(s): , '82'.	2420A NM101. Only "82" is accepted.	
Illegal/unexpected value encountered (' ') in segment 'ISA' at element position '16'. Legal value(s): , ' '.	A Component Element Separator " " was reported in ISA16. Only ":" is accepted. Note: The error message will contain the delimiter reported in ISA16.	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ('1') in segment 'NM1' at element position '2'. Legal value(s): , '2'.	An Entity Type Qualifier "#" was reported in one of the following segments: Loop 2010AA NM102, Loop 2310C NM102, or Loop 2420C NM102. Only "2" is accepted. Note: The error message will contain the reported value instead of "#".	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ('82') in segment 'NM1' at element position '1'. Legal value(s): , '77'.	An Entity Identifier Code "#" was reported in Loop 2310C NM101 or Loop 2420C NM101. Only "77" is accepted.	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ('S') in segment 'SBR' at element position '1'. Legal value(s): , 'P'.	A Payer Responsibility Sequence Number Code "X" was reported in Loop 2000B SBR01. Only "P" is accepted. Note: The error message will contain the reported value instead of "X".	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ("X") in segment 'NM1' at element position '8'. Legal value(s): , 'XX'.	An Identification Code Qualifier "A" was reported in Loop 2010AA NM108, Loop 2310B NM108, Loop 2310C NM108, Loop 2420A NM108, or Loop 2420C NM108. Only "XX" is accepted. Note: The error message will contain the reported value instead of "X".	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ('X') in segment 'SBR' at element position '9'. Legal value(s): , '11'.	A Claim Filing Indicator Code "X" was reported in Loop 2320 SBR09. Only "11" is accepted. Note: The error message will contain the reported value instead of "X".	The provider agency should update the 837P transaction and resubmit.
Index was outside the bounds of the array.	This error message typically occurs when an incorrect element delimiter is used.	The provider agency should update the 837P transaction and resubmit. If the error persists, the State Contractor agency should notify FEI Production Support.
ISA08 does not match the contractor agency's Interchange Receiver ID.	This error message occurs when there is no match between ISA08 and the Interchange Receiver Number on the	The provider should verify the 837 Interchange Receiver Number matches the number on the Contract EDI screen on the

WITS Error Message	Explanation	Action
	contractor agency profile.	Agency/Contract Management menu.
Invalid zipcode ##### in segment N4 at element position 3.	The indicated zip code has the wrong number of digits. Typically, this happens when 9 digits are expected and only 5 are reported. Check all occurrences of N403.	The provider agency should update the 837P transaction and resubmit.
Neither the Service Start Date nor Service End Date can be greater than the transaction set created date.	The reported service date is after the 837P date.	The provider agency should update the 837P transaction and resubmit.
Object reference not set to an instance of an object.	This message is very rare and could indicate a bug.	DMH agency should contact WITS Production Support. This may require developer investigation.
The 837 HIPAA sender and/or receiver data does not find any valid record in uploaded contractor agency.	The sender and/or receiver data cannot be matched to a WITS contract. Verify the following segments match what is shown on the Agreement EDI screen: ISA06, Interchange Sender ID ISA08, Interchange Receiver ID GS02, Application Sender's Code GS03, Application Receiver's Code Loop 1000A NM109, Submitter ETIN Loop 1000B NM109, Receiver ETIN	The provider agency should update the 837P transaction and resubmit.
The DateTime represented by the string is not supported in calendar System.Globalization.GregorianCalendar.	An invalid date was reported. This should rarely happen, but if it does, verify that valid dates are submitted in all date fields.	The provider agency should update the 837P transaction and resubmit.
The given key was not present in the dictionary.	This message indicates a code table value is missing or expired.	DMH should update code tables as necessary. Once updates are made, the provider agency should resubmit the 837P transaction.
The 'Other Payor' ID code (#) identified in a service line adjudication info does not correspond to any specified 'Other Payor'.	The Other Payer Identification Code reported in Loop 2430 SVD01 does not match the Identification Code in Loop 2330B NM109. Note: The error message will contain the reported value instead of "#".	The provider agency should update the 837P transaction and resubmit.
The Patient Detail loop is Not Supported. Claim Information must fall under the Subscriber.	Loop 2010CA should not be reported.	The provider agency should update the 837P transaction and resubmit.
The Service Start Date cannot be greater than the transaction set created date.	This message should be self-explanatory.	The provider agency should update the 837P transaction and resubmit.
The Total Claim Charge Amount for claim #1, indicated at segment 'CLM' position '2' of \$### does not	The sum of service line charges does not match the claim line monetary amount.	The provider agency should update the 837P transaction and resubmit.

WITS Error Message	Explanation	Action
match the total of all service line charges, \$###.		
This 837 file is not valid. Multiple Provider loops are present but a valid file may contain only one.	Only one Billing Provider Hierarchical Level, Loop 2000A is accepted.	The provider agency should update the 837P transaction and resubmit.
Timeout expired. The timeout period elapsed prior to completion of the operation or the server is not responding.	The 837P transaction could not be uploaded. This is likely due to a network issue.	The provider agency should verify their network connection and retry.
Unexpected segment 'ABC'. Was expecting 'XYZ'.	This type of error message occurs when segments are reported out of order or an unexpected segment is reported. Note: The error message will contain the reported segments instead of "ABC" and the expected segment instead of "XYZ". Example: Unexpected segment 'NM1'. Was expecting 'N3'.	The provider agency should update the 837P transaction and resubmit.
A connection attempt failed because the connected party did not properly respond after a period of time, or established connection failed because connected host has failed to respond	The 837P transaction could not be uploaded. This is likely due to a network issue.	The provider agency should verify their network connection and retry.
A Contract Auth Period for Contract ID=# effective on MM/DD/YYYY could not be found.	An agreement authorization period does not exist in WITS for MM/DD/YYYY. Note: The error message will contain the Contract ID instead of "#" and the reported date instead of "MM/DD/YYYY".	The State Contractor agency should verify a provider agreement and authorization period exists for the specified date.