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 2.0

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H E A L T H

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Workers' Compensation Medical Bill Processing (WCMBP)
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1   INTRODUCTION

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

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

1.1   Document Purpose

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

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

- 837 Professional
- 837 Institutional
- 837 Dental

This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guides listed below. The ANSI ASC X12N Implementation Guides 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)

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- 837 Healthcare Claim: Dental (005010X224)

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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

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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.

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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.

2. 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

3. 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

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- 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.
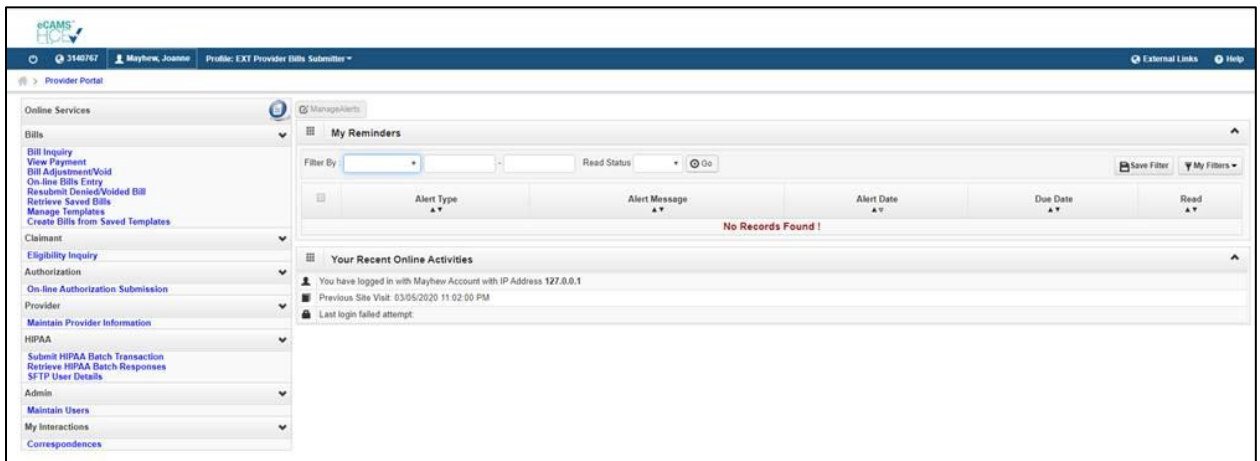
Figure 1. Provider Portal Screen

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

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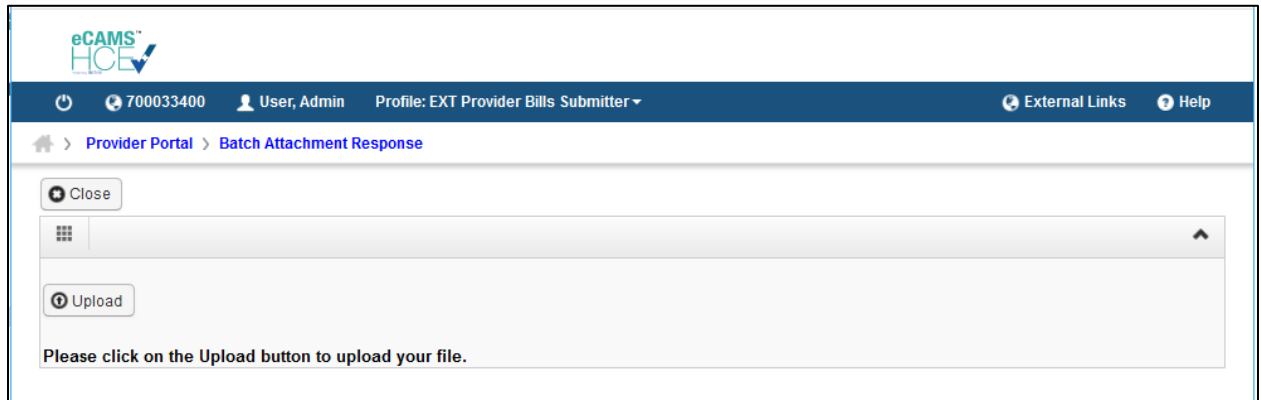
Figure 2. File Upload Screen

3. To select an EDI file for upload, select **Browse** on the File Upload Dialog.
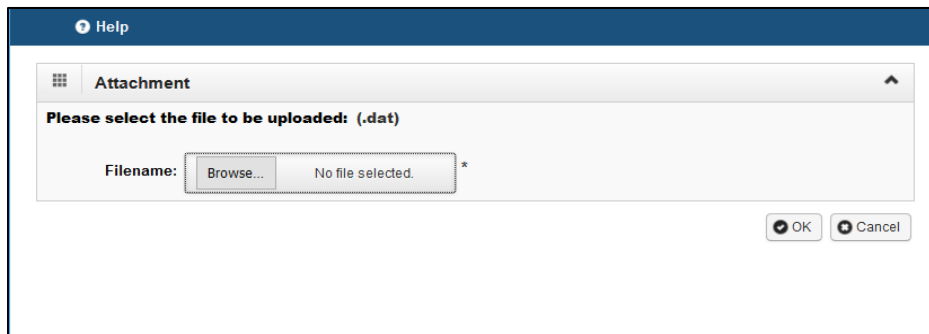
Figure 3. File Upload Dialog Screen (before EDI file selection)

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

- **File Size:** The file cannot be empty (such as 0 kb)

- **Filename Extension:** The filename extension must be .*dat* in all 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

5. After you select the EDI file, select **OK** on the File Upload Dialog to start the upload.

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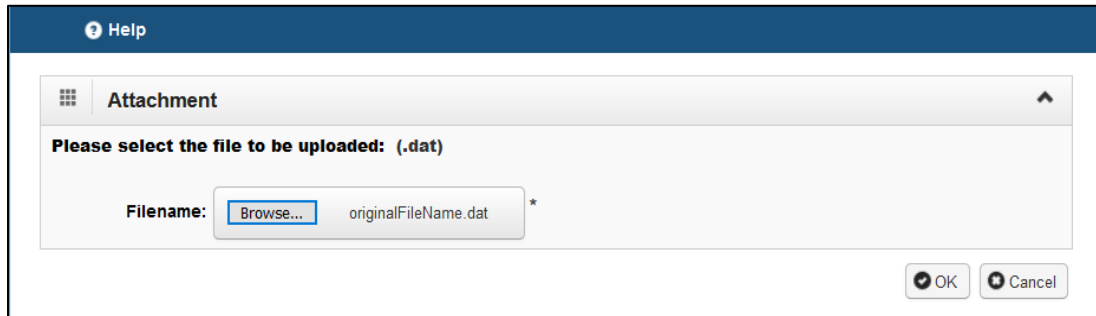
Figure 4. File Upload Dialog Screen (after EDI file selection)

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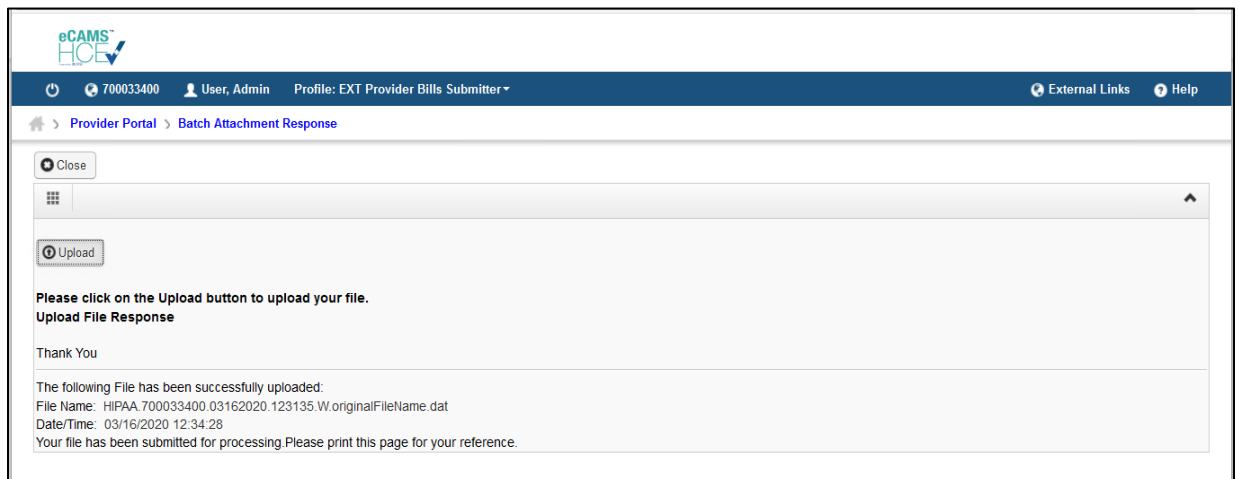
Figure 5. File Upload Screen with Success/Failure Message after the File is Uploaded

6. 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.

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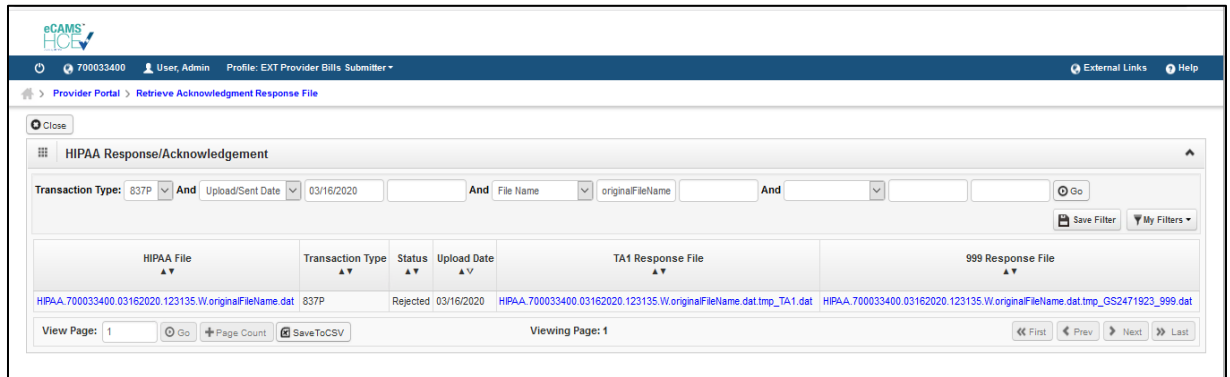
Figure 6. HIPAA Response/Acknowledgements Screen

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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.
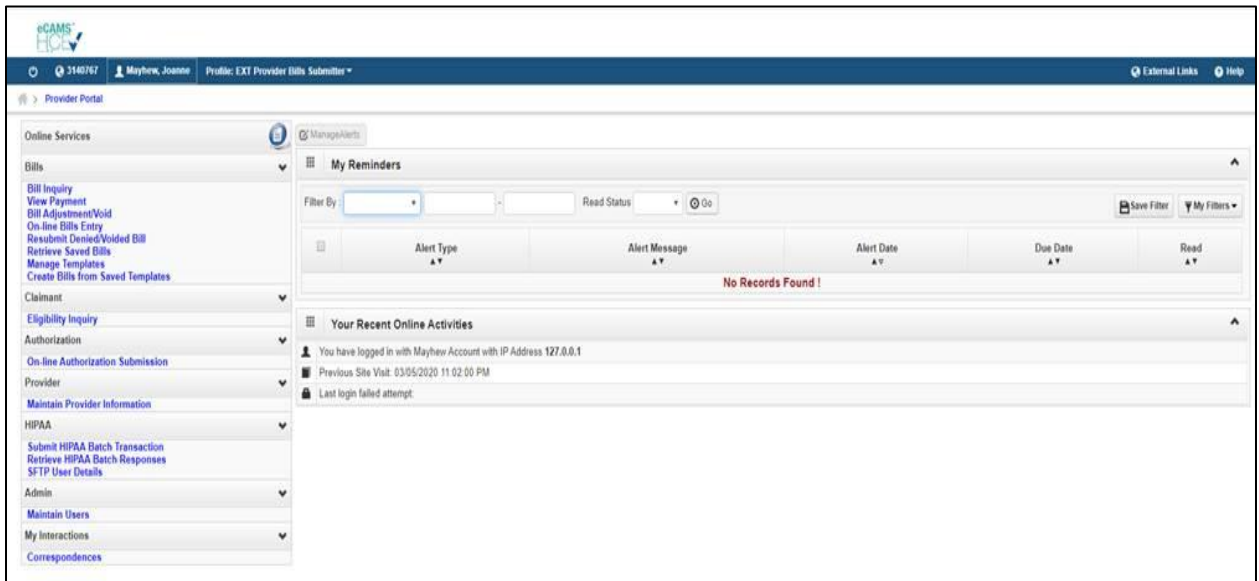
Figure 7. Opening the SFTP User Details Screen

2. 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.
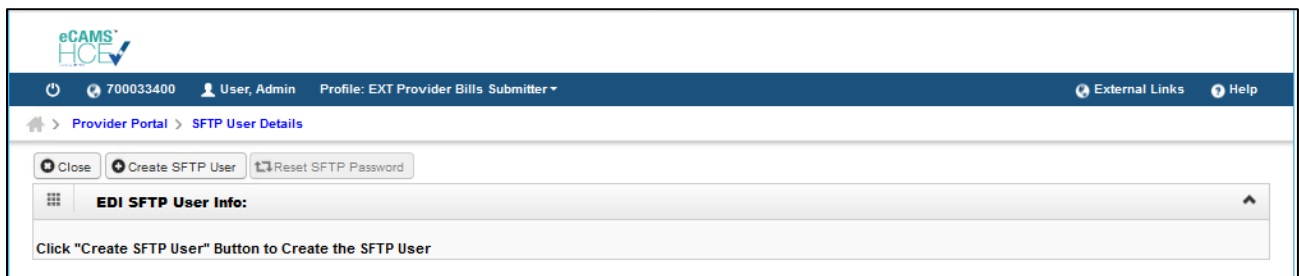
Figure 8. SFTP User Login Screen

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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.

3. Enter a secured password following the password policy as shown on screen, confirm it, and then select **OK** to create your new SFTP user.
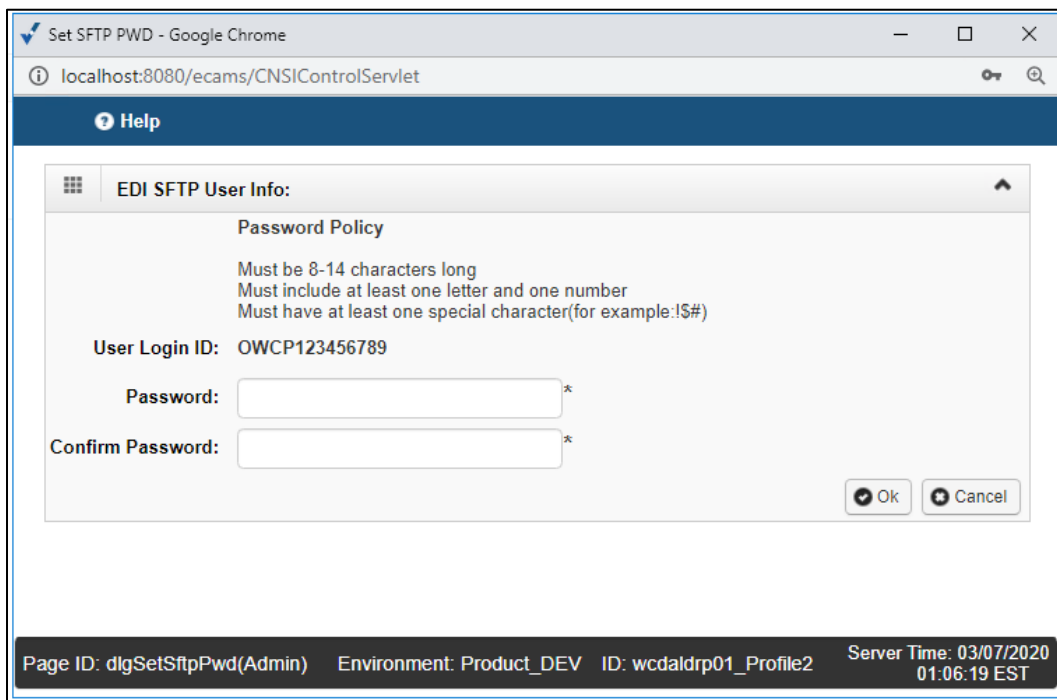
Figure 9. Creating New SFTP User

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

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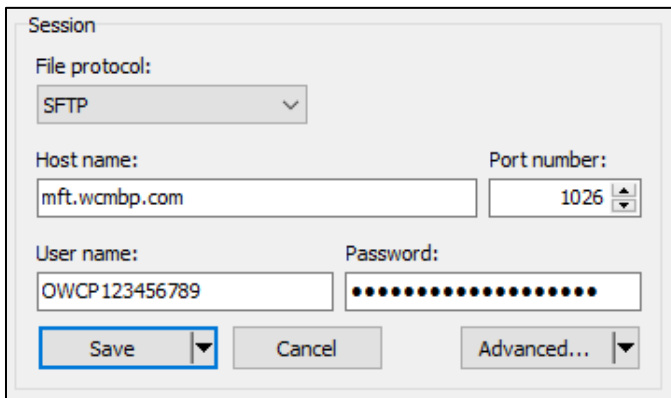
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Figure 10. Accessing the SFTP Client

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.
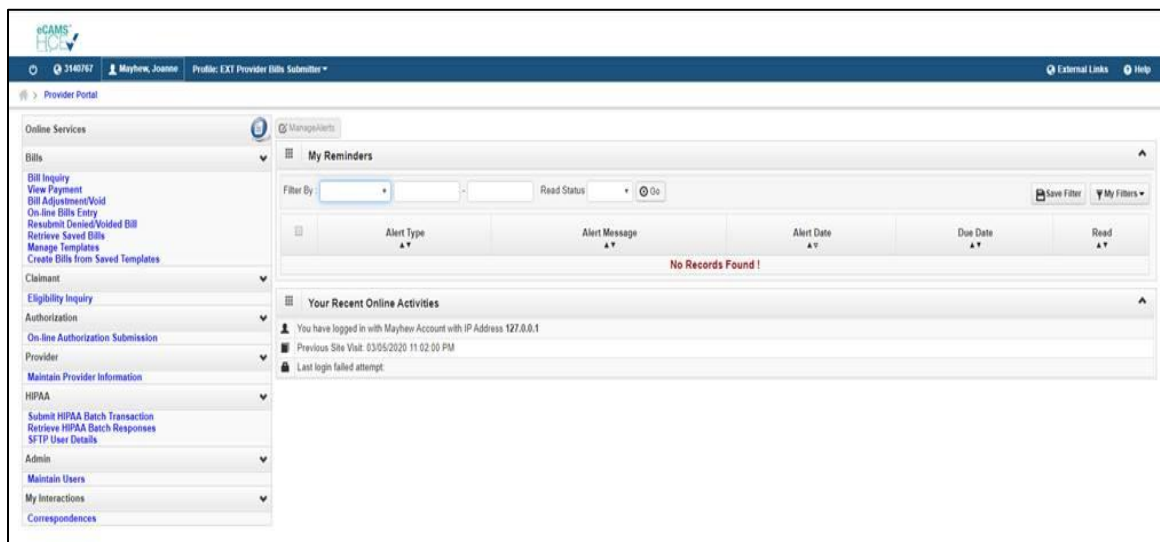
Figure 11. SFTP User Details Screen

2. 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.

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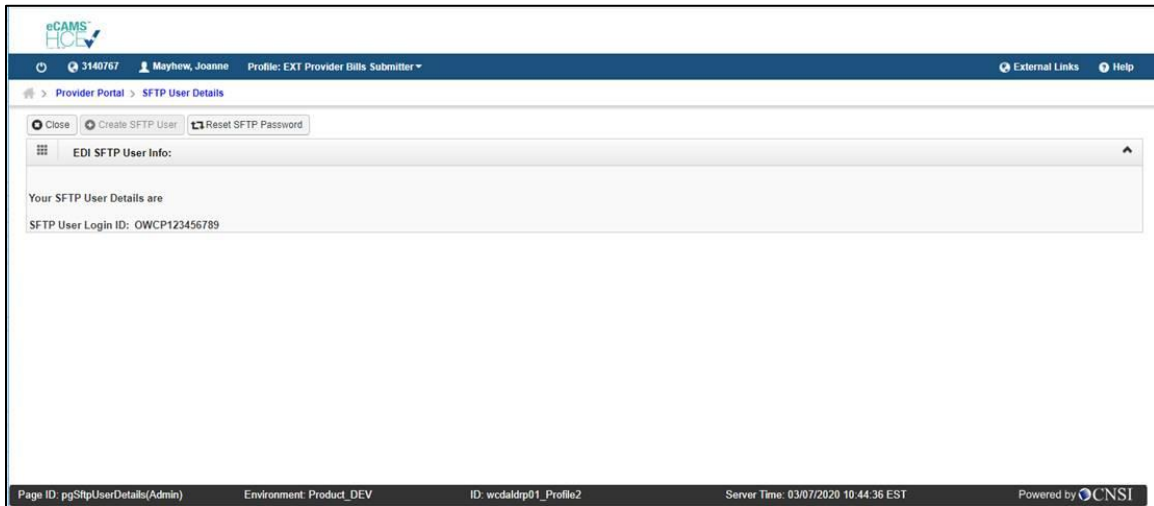
Figure 12. EDI SFTP User Info

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

Figure 13. Resetting the SFTP User Password

2.3.3 Secure File Transfer Protocol Directory Naming Convention

The folder structure will appear as follows:

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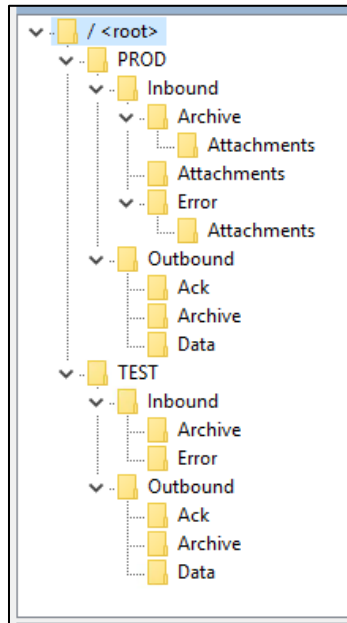
Figure 14. SFTP Folder Structure

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.

    o **File Size:** The file cannot be empty (such as 0 kb)

    o **Filename Extension:** The filename extension must be *.dat* with all lowercase. For example: My_Hipaa_File**.dat**

    o **Filename Length:** The filename length (including the filename extension) cannot be greater than 50 characters

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- o **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 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 set 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.

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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

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- <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:

- o OWCP Provider ID: 123456789

- o Original 837 File Name: OriginalFileName.dat

- o 837 File Upload Date/Time: February 25, 2020 03:16:36PM

- o TA1 File Generation Date/Time: February 25, 2020 03:17:45PM

- o 999 File Generation Date/Time: February 25, 2020 03:20:18PM

- o 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.processced

- ▪ Inbound SFTP File failed validation:

- • Hipaa.123456789.20200225.151636.F.OriginalFileName.dat.pgp.error

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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.

2. Enter the billing agent or clearinghouse's OWCP Provider ID in the Add EDI Submitter Details step in the enrollment and maintenance wizard.
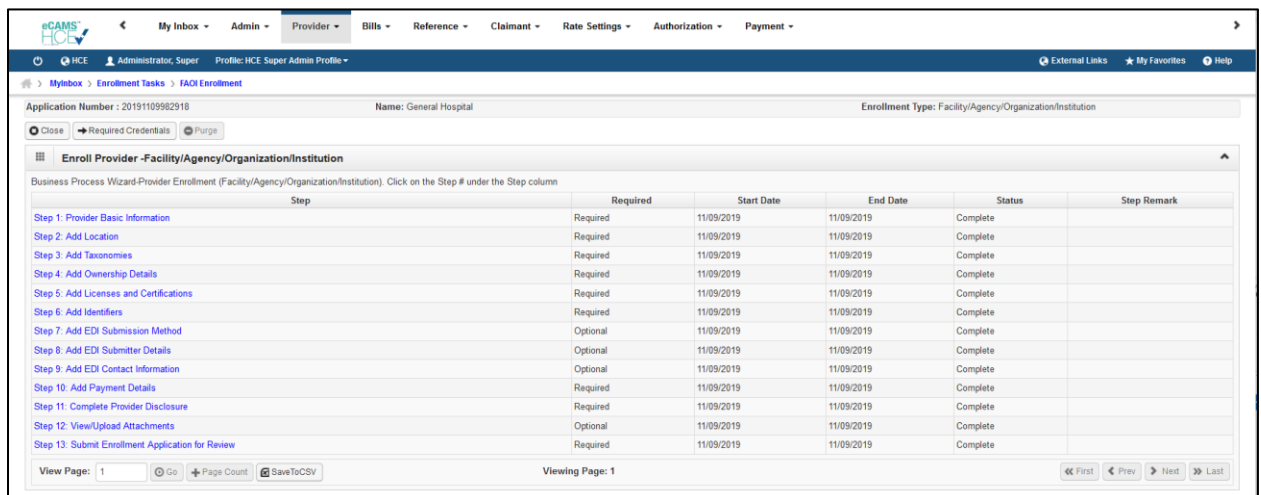
Figure 15. Billing Provider Enrollment/Maintenance Wizard Screen

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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

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- 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.

2.4.2 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.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.

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- 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 Taxonomy and National Provider Identifier

In an ongoing effort to better align with industry standards of practice, the Office of Workers' Compensation Programs (OWCP) is enhanced its medical bill processing system to capture the provider taxonomy number and national provider identifier (NPI) for billing and servicing providers. 837 file segment details for billing provider NPI and taxonomy along with servicing provider NPI and taxonomy have been added to the Companion Guide.

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*:~

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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 Appendix A –Transaction Specifications.

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:
    <OWCPProviderID>.<date>.<timestamp>.<uploadedfilename>

5. After the EDI file and supporting document file is processed, the system renames the file using the format
    <OWCPProviderID>.<date>.<timestamp>.<uploadedfilename>.processed, and move it to folder \PROD\Inbound\Archive\Attachments.

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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 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.

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APPENDIX A – TRANSACTION SPECIFICATIONS

A.1 837 Professional

Table 1. 837 Professional Envelope Header

ENVELOPE HEADER						
X12 IG PAGE REF	**LOOP**	**SEGMENT**	**REF. DES.**	**IG USAGE**	**DOL USAGE**	**COMMENTS**
	ENVELOPE					**INTERCHANGE CONTROL HEADER**
Appendix B.3		ISA		R	R	
			ISA01	R	R	Value is "**00**"
			ISA02	R	R	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**"

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	ENVELOPE HEADER					
						Make sure this element is left-justified with trailing spaces to complete the 15-digit element.
			ISA15	R	R	▪ Value is "**T**" when submitting a test file Value is "**P**" when submitting a production file
	HEADER					**FUNCTIONAL GROUP HEADER**
Appendix B		GS				
			GS02	R	R	Use the 9-digit OWCP Provider ID provided during the enrollment process.
			GS03	R	R	Value is "**77044**"
			GS08	R	R	Use this value "005010X222A1"

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Table 2. Header

HEADER						
62	**HEADER**	ST		R	R	**TRANSACTION SET HEADER**
63		BHT		R	R	
	1000A					**SUBMITTER NAME**
67		NM1		R	R	
		NM1	09	R	R	Value is the 9-digit OWCP Provider ID provided during the enrollment process **Note:** 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**
74		NM1		R	R	
75		NM1	03	R	R	Value is "**Department of Labor**"
75		NM1	09	R	R	▪ Value is "**77044**" for DFEC ▪ Value is "**77103**" for DEEOIC ▪ Value is "**77104**" for DCMWC

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

DETAIL, BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL						
	2000A					**BILLING/PAY-TO-PROVIDER HIERARCHAL LEVEL**
77		HL		R	R	
		PRV		S	S	Billing Provider Specialty Information
			PRV01	R	R	**Clarification** ■ PRV01: BI (Billing) ■ PRV01 is required if PRV loop is present
			PRV02	R	R	**Clarification** ■ PRV02: PXC (Qualifier for taxonomy code) ■ PRV02 is required if PRV01 is present
			PRV03	R	R	**Clarification** ■ PRV03: Provider taxonomy code ■ PRV03 is required if PRV02 is present
	2010AA					**BILLING PROVIDER NAME**
84		NM1		R	R	
			NM108	S	S	**Clarification** NM108: Identification Code Qualifier = XX

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DETAIL, BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL						
			NM109	S	S	**Clarification** NM109: Identification Code Qualifier = NPI NM109 is required when MN108 is available
88		N3		R	R	
89		N4		R	R	
91		REF		S	R	**Clarification** The REF segment must be used to identify the billing provider.
			REF01		R	See the Implementation Guide for a list of valid values.
			REF02		R	Use the applicable provider identifier.
	2010AB					**PAY-TO PROVIDER Clarification** The Pay-to-Provider should be same as Billing Provider. Do not use the 2010AB loop.

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Table 4. Detail, Subscriber Hierarchical Level

DETAIL, SUBSCRIBER HIERARCHICAL LEVEL						
	2000B					SUBSCRIBER HIERARCHAL LEVEL
108		HL		R	R	
110		SBR		R	R	
	2010BA					SUBSCRIBER NAME
117		NM1		R	R	
			NM101	R	R	Value is "IL"
			NM102	R	R	Value is "1"
			NM103	R	R	Value is the Subscriber'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

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						For example: DFEC: 123456789 DEEOIC: 1234567890 DCMWC: BNXYZ-1973001
121		N3		S	R	
122		N4		S	R	
124		DMG		S	R	
	2010BB					**PAYER NAME**
130		NM1		R	R	
134		N3		S	R	
135		N4		S	R	
137		REF		S	R	**Clarification** The REF segment must be used to identify the billing provider within WCMBP.
					R	Value is "G2"
					R	Value is the billing provider's OWCP Provider ID.
	2010BC				Not Used	**RESPONSIBLE PARTY NAME**
139		NM1		S		
143		N3		S		
144		N4		S		

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DETAIL, SUBSCRIBER HIERARCHICAL LEVEL					
	2000C				Not Used	PATIENT HIERARCHAL LEVEL
152		HL		R		**Clarification** The patient is always the same as the subscriber for DOL claims.
154		PAT		S		
	2010CA				Not Used	PATIENT NAME
	2300					CLAIM INFORMATION
170		CLM		R	R	
182		DTP		S	S	
186		DTP		S	S	
188		DTP		S	S	
190		DTP		S	S	
192		DTP		S	S	
194		DTP		S	S	
196		DTP		S	S	
197		DTP		S	S	
200		DTP		S	S	
201		DTP		S	S	
203		DTP		S	S	
205		DTP		S	S	
206		DTP		S	S	

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DETAIL, SUBSCRIBER HIERARCHICAL LEVEL					
208		DTP		S	S	

Table 5. Detail, Patient Hierarchical Level

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

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						the attachment using this Attachment Control Number.
217		CN1		S	S	
219		AMT		S	R	
220		AMT		S	R	
221		AMT		S	R	
222		REF		S	S	
224		REF		S	S	
226		REF		S	S	
227		REF		S	S	
229		REF		S	S	
230		REF		S	S	
231		REF	02	S	S	
233		REF		S	S	
235		REF		S	S	
236		REF		S	S	
238		REF		S	S	
240		REF		S	S	
241		REF		S	S	
242		REF		S	S	
244		K3		S	Not Used	
246		NTE		S	S	
248		CR1		S	S	

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251		CR2		S	S	
257		CRC		S	S	
260		CRC		S	S	
263		CRC		S	Not Used	
36 – A1		CRC		S	S	
265		HI		S	S	
271		HCP		S	S	
	2310A					**REFERRING PROVIDER NAME**
282		NM1		S	S	
40 A1		PRV		S	S	
288		REF		S	S	
		REF01	01	S	R	Value is "G2"
		REF02	02		R	Use the Provider Commercial Number
	2310B					**RENDERING PROVIDER NAME**
290		NM1		S	S	
			NM108	R	R	**Clarification** NM108: Identification Code Qualifier = XX
			NM109	R	R	**Clarification** NM109: Identification Code Qualifier = NPI NM109 is required when MN108 is available

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						Example: **NM1✻82✻1✻DOE✻JANE✻C✻✻✻XX✻1234567804~**
41 A1		PRV		S	S	**RENDERING PROVIDER SPECIALTY INFORMATION**
			PRV01	R	R	**Clarification** ■ PRV01: PE (Performing) ■ PRV01 is required if PRV loop is present
			PRV02	R	R	**Clarification** ■ PRV02: PXC (Qualifier for taxonomy code) ■ PRV02 is required if PRV01 is present
			PRV03	R	R	**Clarification** ■ PRV03: Provider taxonomy code ■ PRV03 is required if PRV02 is present Example: **PRV✻PE✻PXC✻1223G0001X~**
296		REF		S	S	
			REF01	S	R	Value is "G2"
			REF02		R	Use the Provider Commercial Number
	2310C					**PURCHASED SERVICE PROVIDER NAME**
298		NM1		S	S	
301		REF		S	S	
			REF01		R	Value is "G2"

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			REF02		R	Use the Provider Commercial Number
	2310D					**SERVICE FACILITY LOCATION**
303		NM1		S	S	
307		N3		R	R	
308		N4		R	R	
310		REF		S	S	
	2310E					**SUPERVISING PROVIDER NAME**
312		NM1		S	S	
316		REF		S	S	
	2320					**OTHER SUBSCRIBER INFORMATION**
318		SBR		S		DOL only allows one occurrence of this loop.
296		REF		S	S	
			REF01	S	R	Value is "G2"
	2400					**SERVICE LINE**
		LX		R	R	**Clarification** The maximum is 50 service lines
56 - A1		SV1		R	R	**Clarification** In SV101-1, for DOL use value "HC" for HCPCS codes.

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						Note: CPT codes are included in this coding structure.
58 - A1		SV5		S	S	
410		PWK		S	S	
412		CR1		S	S	
61 - A1		CR2		S	Not used	
421		CR3		S	Not used	
423		CR5		S	S	
427		CRC		S	S	
430		CRC		S	S	
432		CRC		S	S	
64 - A1		DTP		S	S	
437		DTP		S	S	
440		DTP		S	S	
442		DTP		S	S	
64 - A1		DTP		S	S	
65 - A1		DTP		S	S	
449		DTP		S	S	
451		DTP		S	S	
452		DTP		S	S	
454		DTP		S	S	
456		DTP		S	S	

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66 - A1		DTP		S	S	
460		DTP		S	S	
67 - A1		MEA		S	S	
466		CN1		S	S	
468		REF		S	S	
469		REF		S	S	
472		REF		S	S	
69 - A1		REF		S	S	
475		REF		S	S	
477		REF		S	S	
478		REF		S	S	
479		REF		S	S	
480		REF		S	S	
482		REF		S	S	
484		AMT		S	S	
485		AMT		S	S	
486		AMT		S	S	
487		K3		S	S	
488		NTE		S	S	
70 A1		PS1		S	S	
491		HSD		S	S	
495		HCP		S	S	

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						DRUG IDENTIFICATION
71 - A1		LIN		S	S	
74 - A1		CTP		S	S	
77 - A1		REF		S	S	
	2420A					RENDERING PROVIDER NAME
			NM108	R	R	**Clarification** NM108: Identification Code Qualifier = XX
			NM109	R	R	**Clarification** NM109: Identification Code Qualifier = NPI NM109 is required when MN108 is available Example : **NM1✱82✱1✱DOE✱JANE ✱C✱✱✱XX✱1234567804~**
79 - A1		PRV		S	**S**	**RENDERING PROVIDER SPECIALTY INFORMATION**
			PRV01	R	R	**Clarification** ■ PRV01: PE (Performing) ■ PRV01 is required if PRV loop is present
			PRV02	R	R	**Clarification** ■ PRV02: PXC (Qualifier for taxonomy code) ■ PRV02 is required if PRV01 is present
			PRV03	R	R	**Clarification**

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						▪ PRV03: Provider taxonomy code ▪ PRV03 is required if PRV02 is present Example: **PRV✱PE✱PXC✱208D0000 0X ~**
507		REF		S	S	
			REF01		R	Value is G2
			REF02		R	Use the Provider Commercial Number.
	2420B					**PURCHASED SERVICE PROVIDER**
509		NM1		S	S	
		REF		S	S	
	2420C					**SERVICE FACILITY LOCATION**
514		NM1		S	S	
518		N3		R	R	
519		N4		R	R	
521		REF		S	S	
	2420D					**SUPERVISING PROVIDER NAME**
523		NM1		S	S	
527		REF		S	S	
			REF01		R	Value is G2
			REF02		R	Use the Provider Commercial Number

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	2420E					**ORDERING PROVIDER NAME**
529		NM1		S	S	
533		N3		S	S	
534		N4		S	S	
536		REF		S	S	
538		PER		S	S	
	2420F					**REFERRING PROVIDER NAME**
541		NM1		S	S	
544		PRV		S	S	
547		REF		S	S	
			REF01		R	Value is G2
			REF02		R	Use the Provider Commercial Number.
	2420G					**OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER**
549		NM1		S	S	
552		REF		R	R	
			REF01	Not Used	Not Used	
			REF02			
	2430					**LINE ADJUDICATION INFORMATION**
554		SVD		S	S	

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558		CAS		S	S	
566		DTP		R	R	
	2440			**S**	**S**	**FORM IDENTIFICATION CODE**
567		LQ		S	S	
569		FRM		R	R	
572	**TRAILER**	SE				**TRANSACTION SET TRAILER**
Appendix B	**ENVELOPE**	GE		R	R	**FUNCTIONAL GROUP TRAILER**
Appendix B	**ENVELOPE**	IEA		R	R	**INTERCHANGE CONTROL TRAILER**
			IEA02	R	R	Must be identical to ISA13.

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A.2 837 Institutional

Table 6. 837 Institutional Envelope Header

ENVELOPE HEADER						
	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.

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ENVELOPE HEADER						
			ISA15	R	R	▪ Value is "**T**" when submitting a test file ▪ Value is "**P**" when submitting a production file
	ENVELOPE					**FUNCTIONAL GROUP HEADER**
Appendix B.8		GS				
			GS02	R	R	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						
56		ST		R	R	
57		BHT		R	R	
	1000A					**SUBMITTER NAME**
61		NM1		R	R	
		NM1	09	R	R	Value is the 9-digit OWCP Provider ID provided during the enrollment process.

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HEADER						
64		PER		R	R	
	1000B					**RECEIVER NAME**
67		NM1		R	R	
68		NM1	03	R	R	Value is "**Department of Labor**"
68		NM1	09	R	R	▪ Value is "**77044**" for DFEC ▪ Value is "**77103**" for DEEOIC ▪ Value is "**77104**" for DCMWC

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

DETAIL, BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL						
	2000A					BILLING/PAY-TO-PROVIDER HIERARCHAL LEVEL
69		HL		R	R	
71		PRV		S	S	BILLING PROVIDER SPECIALTY INFORMATION
			PRV01	R	R	**Clarification** ▪ PRV01: BI (Billing) ▪ PRV01 is required if PRV loop is present
			PRV02	R	R	**Clarification** ▪ PRV02: PXC (Qualifier for taxonomy code) ▪ PRV02 is required if PRV01 is present
			PRV03	R	R	**Clarification** ▪ PRV03: Provider taxonomy code ▪ PRV03 is required if PRV02 is present
	2010AA					BILLING PROVIDER NAME
76		NM1		R	R	
			NM108	S	S	**Clarification** NM108: Identification Code Qualifier = XX

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DETAIL, BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL						
			NM109	S	S	**Clarification** NM109: Identification Code Qualifier = NPI NM109 is required when MN108 is available
79		N3		R	R	
80		N4		R	R	
82		REF		S	R	**Clarification** The REF segment must be used to identify the billing provider.
82		RER	01		R	See the Implementation Guide for a list of valid values.
83		REF	02		R	Use the applicable provider identifier.
87		PER		S	S	
	2010AB					**PAY-TO PROVIDER** **Clarification** The Pay-to-Provider should be same as the Billing Provider. Do not use the 2010AB loop.

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Table 9. Detail, Subscriber Hierarchical Level

DETAIL, SUBSCRIBER HIERARCHICAL LEVEL						
	2000B					**SUBSCRIBER HIERARCHAL LEVEL**
99		HL		R	R	
101		SBR		R	R	
	2010BA					**SUBSCRIBER NAME**
108		NM1		R	R	
			NM101	R	R	Value is "IL"
			NM102	R	R	Value is "1"
			NM103	R	R	Value is the Subscriber'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.
		NM1	08	S	R	Value is **"MI"**
		NM1	09	S	R	Use the alpha and numeric OWCP Case Number for each program's claimant. For example: DFEC: 123456789 DEEOIC: 1234567890

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						DETAIL, SUBSCRIBER HIERARCHICAL LEVEL
						DCMWC: BNXYZ-1973001
112		N3		S	R	
113		N4		S	R	
115		DMG		S	R	
	2010BB					**PAYER NAME**
126		NM1		R	R	
129		N3		S	S	
		N4		S	S	
132		REF		S	R	**Clarification** The REF segment must be used to identify the billing provider within WCMBP.
					R	Value is "G2"
					R	Value is the billing provider's OWCP Provider ID.

Table 10. Detail, Patient Hierarchical Level

						DETAIL, PATIENT HIERARCHICAL LEVEL
	2000C			S	**Not Used**	**PATIENT HIERARCHICAL LEVEL**
139		HL		R		**Clarification** The patient is always the same as the subscriber for DOL claims.

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DETAIL, PATIENT HIERARCHICAL LEVEL						
141		PAT		R		
	2010CA				**Not Used**	**PATIENT NAME**
	2300					**CLAIM INFORMATION**
157		CLM		R	R	
165		DTP		S	S	
167		DTP		R	R	
169		DTP		S	S	
171		CL1		S	S	
173		PWK		S	S	
		PWK01	01	R	R	See the Implementation Guide for a list of valid values.
		PWK02	02	R	R	Value is "FT" – File Transfer
		PWK05	05	R	R	Value is "AC" – Attachment Control Number
		PWK06	06	R	R	A unique *Attachment Control Number* of up to 50-characters must be used and must match the number in the file name of the supporting document uploaded. This number is used to link the bill with the supporting document and must be unique per billing provider or billing agent across all bills. Refer to Section 2.4.7 Upload Supporting Document on how to upload the attachment using this *Attachment Control Number*.

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DETAIL, PATIENT HIERARCHICAL LEVEL					
176		CN1		S	S	
178		AMT		S	S	
180		AMT		S	S	
182		AMT		S	S	
184		AMT		S	S	
185		REF		S	S	
186		REF		S	S	
187		REF		S	S	
17 - A1		REF		S	S	
191		REF		S	S	
192		REF	02	S	S	
193		REF		S	S	
195		REF		S	S	
197		REF		S	S	
198		REF		S	S	
200		REF		S	S	
202		REF		S	S	
204		K3		S	S	
205		NTE		S	S	
208		NTE		S	S	
19 - A1		HI		S	S	

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DETAIL, PATIENT HIERARCHICAL LEVEL						
230		HI		S	S	
232		HI		S	S	
242		HI		S	S	
244		HI		S	S	
256		HI		S	S	
267		HI		S	S	
280		HI		S	S	
290		HI		S	S	
299		HI		S	S	
306		QTY		S	S	
308		HCP		S	S	
	2310A					**ATTENDING PROVIDER NAME**
321		NM1		S	S	
			NM108	S	S	**Clarification** NM108: Identification Code Qualifier = XX
			NM109	S	S	**Clarification** NM109: Identification Code Qualifier = NPI NM109 is required when MN108 is available Example: **NM1✻71✻1✻JONES✻JOHN✻✻** **✻✻XX✻1234567891~**

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DETAIL, PATIENT HIERARCHICAL LEVEL						
		PRV		S	S	**ATTENDING PROVIDER SPECIALTY** **INFORMATION**
			PRV01	R	R	**Clarification** ■ PRV01: AT (Attending) ■ PRV01 is required if PRV loop is present
			PRV02	R	R	**Clarification** ■ PRV02: PXC (Qualifier for taxonomy code) ■ PRV02 is required if PRV01 is present
			PRV03	R	R	**Clarification** ■ PRV03: Provider taxonomy code ■ PRV03 is required if PRV02 is present Example: **PRV✱AT✱PXC✱208D00000X~**
326		REF		S	S	
326		REF	01	R	R	Value is **"G2"**
327		REF	02	R	R	Use Provider Commercial Number.
	2310B					**OPERATING PHYSICIAN NAME**
328		NM1		R	R	
333		REF		S	S	
333		REF	01	R	R	Value is **"G2"**

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DETAIL, PATIENT HIERARCHICAL LEVEL						
334		REF	02	R	R	Use Provider Commercial Number.
	2310C					**OTHER PROVIDER NAME**
335		NM1		S	S	
340		REF		S	S	
340		REF	01	R	R	Value is **"G2"**
341		REF	02	R	R	Use Provider Commercial Number.
	2310D					**REFERRING PROVIDER**
		NM1		S	S	
		PRV		S	S	
		REF		S	S	
		REF	01	R	R	Value is **"G2"**
		REF	02	R	R	Use Provider Commercial Number.
	2310E					**SERVICE FACILITY NAME**
349		NM1		S	S	
354		N3		R	R	
355		N4		R	R	
357		REF		S	S	
		REF	01	R	R	Value is **"G2"**
		REF	02	R	R	Use Provider Commercial Number.

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DETAIL, PATIENT HIERARCHICAL LEVEL						
	2320					**OTHER SUBSCRIBER INFORMATION**
359		SBR		S		DOL only allows one occurrence of this loop.
	2400					**SERVICE LINE NUMBER**
444		LX		R	R	**Clarification** The maximum is 999 service lines
445		SV2		R	R	**Clarification** In SV102-1, for DOL use value "HC" for HCPCS codes. **Note:** CPT codes are included in this coding structure.
452		PWK		S	S	
26 - A1		DTP		S	S	
28 A1		DTP		S	S	
460		AMT		S	Not used	
461		AMT		S	Not used	
29 - A1		HCP		S	S	
						DRUG IDENTIFICATION
	2410			S	**Not used**	
35 - A1		LIN		S	S	
38 - A1		CTP		S	S	
40 - A1		REF		S	S	

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DETAIL, PATIENT HIERARCHICAL LEVEL						
	2420A					**ATTENDING PHYSICIAN NAME**
462		NM1		S	S	
467		REF		S	S	
467		REF	01	R	R	Value is "G2"
468		REF	02	R	R	Use Provider Commercial Number.
	2420B					**OPERATING PHYSICIAN NAME**
469		NM1		S	S	
474		REF		S	S	
474		REF	01	R	R	Value is "G2"
475		REF	02	R	R	Use Provider Commercial Number.
	2420C					**OTHER PROVIDER NAME**
476		NM1		S	S	
481		REF		S	S	
481		REF	01	R	R	Value is "G2"
482		REF	02	R	R	Use Provider Commercial Number.
	2430					**SERVICE LINE ADJUDICATION INFORMATION**
490		SVD		S	S	
494		CAS		S	S	

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DETAIL, PATIENT HIERARCHICAL LEVEL						
502		DTP		S	S	
503		SE		R	R	**TRANSACTION SET TRAILER**

Table 11. Envelope Trailer

ENVELOPE TRAILER						
	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.

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Table 12. 837 Dental Envelope Header Figure

ENVELOPE HEADER					
	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.

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ENVELOPE HEADER						
			ISA15	R	R	Value is "**T**" when submitting a test file. Value is "**P**" when submitting a production file.
	HEADER					**FUNCTIONAL GROUP HEADER**
Appendix B.8		GS				
			GS02	R	R	Value is the 9-digit OWCP Provider ID provided during the enrollment process.
			GS03	R	R	Value is "**77044**"
			GS08	R	R	Use this value "005010X224A2"

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Table 13. Header

HEADER						
53	**HEADER**	ST		R	R	**TRANSACTION SET HEADER**
54		BHT		R	R	
	1000A					**SUBMITTER NAME**
59		NM1		R	R	
		NM1	09	R	R	Value is the 9-digit OWCP Provider ID provided during the enrollment process
63		PER		R	R	
	1000B					**RECEIVER NAME**
66		NM1		R	R	
67		NM1	03	R	R	Value is "**Department of Labor**"
67		NM1	09	R	R	▪ Value is "**77044**" for DFEC ▪ Value is "**77103**" for DEEOIC ▪ Value is "**77104**" for DCMWC

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

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

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DETAIL, BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL						
96		HL		R	R	
99		SBR		R	R	
	2010BA					SUBSCRIBER NAME
103		NM1		R	R	

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Table 15. Detail, Subscriber Hierarchical Level

DETAIL, SUBSCRIBER HIERARCHICAL LEVEL						
			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
		NM1	08	S	R	Value is "MI"
		NM1	09	S	R	Use the alpha/numeric OWCP Case Number for each program's claimant. For example: DFEC: 123456789 DEEOIC: 1234567890 DCMWC: BNXYZ-1973001
108		N3		S	R	
109		N4		S	R	
111		DMG		S	R	
	2010BB					PAYER NAME

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DETAIL, SUBSCRIBER HIERARCHICAL LEVEL						
117		NM1		R	R	
121		N3		S	R	
122		N4		S	R	
124		REF		S	R	**Clarification** 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						
	2000C				Not Used	**PATIENT HIERARCHAL LEVEL**
132		HL		S		**Clarification** The patient is always the same as the subscriber for DOL claims.
134		PAT		R		
	2010CA				Not Used	**PATIENT NAME**
	2300					**CLAIM INFORMATION**
149		CLM		R	R	
157		DTP		S	S	

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DETAIL, PATIENT HIERARCHICAL LEVEL						
158		DTP		S	S	
160		DTP		S	S	
161		DTP		S	S	
162		DTP		S	S	
164		DTP		S	S	
166		DN1		S	S	
168		DN2		S	S	
170		PWK		S	S	
		PWK01	01	R	R	See the Implementation Guide for a list of valid values.
		PWK02	02	R	R	Value is "FT" – File Transfer
		PWK05	05	R	R	Value is "AC" – Attachment Control Number.
		PWK06	06	R	R	A unique Attachment Control Number of up to 50-characters must be used and must match the number in the file name of the supporting document uploaded. This number is used to link the bill with the supporting document and must be unique per billing provider or billing agent across all bills. Refer to Section 2.4.7 Upload Supporting Document on how to

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DETAIL, PATIENT HIERARCHICAL LEVEL						
						upload the attachment using this Attachment Control Number.
173		AMT		S	S	
174		AMT		S	**Not Used**	
175		REF		S	**Not used**	
16 A1		REF		S	S	
179		REF		S	S	
180		REF	02	S	S	
181		REF		S	S	
183		REF		S	S	
185		NTE		S	S	
	2310A					**REFERRING PROVIDER NAME**
187		NM1		S	S	
190		PRV		S	S	
193		REF		S	S	
		REF	01	R	R	Value is **"G2"**
		REF	02	R	R	Use Provider Commercial Number.
	2310B					**RENDERING PROVIDER NAME**
195		NM1		S	S	
19 A1		PRV		S	S	

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DETAIL, PATIENT HIERARCHICAL LEVEL						
201		REF		S	S	
		REF	01		R	Value is **"G2"**
		REF	02		R	Use Provider Commercial Number.
	2310C					**SERVICE FACILITY LOCATION**
203		NM1		S	S	
207		REF		S	S	
		REF	01		R	Value is **"G2"**
		REF	02		R	Use Provider Commercial Number.
	2310D					**ASSISTANT SURGEON NAME**
20 A1		NM1		S	S	
23 A1		PRV		S	S	
25 A1		REF		S	R	
		REF	01	S	S	Value is **"G2"**
		REF	02	S	S	Use Provider Commercial Number.
	2320					**OTHER SUBSCRIBER INFORMATION**
	2330A			R		**OTHER SUBSCRIBER NAME**
						DOL only allows one occurrence of this loop.

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DETAIL, PATIENT HIERARCHICAL LEVEL						
	2400					**LINE COUNTER**
265		LX		R	R	**Clarification** The maximum is 50 service lines
266		SV3		R	R	
271		TOO		S	S	
32 A1		DTP		S	S	
275		DTP		S	S	
277		DTP		S	S	
279		DTP		S	S	
281		QTY		S	S	
283		REF		S	S	
33 A1		REF		S	S	
285		REF		S	S	
287		AMT		S	S	
34 A1		AMT		S	N/A	
288		NTE		S	S	
	2420A					**RENDERING PROVIDER NAME**
289		NM1		S	S	
35 A1		PRV		S	S	
295		REF		S	S	

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DETAIL, PATIENT HIERARCHICAL LEVEL						
		REF	01	R	R	Value is **"G2"**
		REF	02	R	R	Use Provider Commercial Number.
	2420B					**OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL**
297			NM1	S	S	
36 A1			REF	S	S	
	2420C					**ASSISTANT SURGEON NAME**
37 A1			NM1	S	S	
40 A1			PRV	S	S	
42 A1			REF	S	S	
		REF	01		R	Value is **"G2"**
		REF	02		R	Use Provider Commercial Number.
	2430					**LINE ADJUDICATION INFORMATION**
301			SVD	S	S	
305			CAS	S	S	
312			DTP	R	R	
313						**TRANSACTION SET TRAILER**

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Table 17. Envelope Trailer

ENVELOPE TRAILER					
	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.