



**ARIZONA HEALTH CARE COST  
CONTAINMENT SYSTEM**

**837 STANDARD COMPANION GUIDE  
TRANSACTION INFORMATION  
(CLAIMS: PROFESSIONAL,  
INSTITUTIONAL AND DENTAL)**

**INSTRUCTIONS RELATED TO  
TRANSACTIONS BASED ON ASC X12  
STANDARDS FOR ELECTRONIC DATA  
INTERCHANGE TECHNICAL REPORT  
TYPE 3 (TR3), VERSION 005010**

**COMPANION GUIDE  
VERSION NUMBER: 2.0  
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## Table of Contents

1	INTRODUCTION	3
1.2	Overview of HIPAA Legislation	3
1.3	Compliance according to HIPAA	3
1.4	Compliance according to ASC X12 Standard for Electronic Data Interchange Report Type 3 (TR3)	3
1.5	Intended Use	3
2	ASC X12 STANDARDS FOR ELECTRONIC DATA INTERCHANGE REPORT TYPE 3	3
3	TRANSACTION SPECIFIC INFORMATION	4
3.1	837 Professional Transaction Notes – Claims	4
3.2	837 Institutional Transaction Notes – Claims	8
3.3	837 Dental Transaction Notes – Claims	12
4	TI CHANGE SUMMARY	16

## 1 INTRODUCTION

### 1.2 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

### 1.3 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s)
- Change the meaning or intent of the standard’s implementation specification(s)

### 1.4 Compliance according to ASC X12 Standard for Electronic Data Interchange Report Type 3 (TR3)

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the TR3
- Modifying any requirement contained in the TR3.

### 1.5 Intended Use

The Transaction Specific Information of this companion guide must be used in conjunction with an associated ASC X12 Standard for Electronic Data Interchange Report Type 3 (TR3). The Transaction Specific Information in this companion guide is not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 TR3 and is in conformance with ASC X12’s Fair Use and Copyright statements.

## 2 ASC X12 STANDARDS FOR ELECTRONIC DATA INTERCHANGE REPORT TYPE 3

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

### 3 TRANSACTION SPECIFIC INFORMATION

#### 3.1 837 Professional Transaction Notes – Claims

Loop ID	Element	Description 837-P 5010 FFS	ID	Min. Max.	Use	Loop Rep	Values	AHCCCS 837 Usage/Expected Value
___	<b>ISA</b>	<b>INTERCHANGE CONTROL HEADER</b>		<b>1</b>	<b>R</b>	<b>1</b>		<b>Expect only 1 ISA Per File</b>
	ISA01	Authorization Information Qualifier	ID	2-2	R		00, 03	Expect 00
	ISA03	Security Information Qualifier	ID	2-2	R		00, 01	Expect 00
	ISA05	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Expect ZZ
	ISA06	Interchange Sender ID	AN	15-15	R			Five byte AHCCCS sender ID
	ISA07	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Expect ZZ
	ISA08	Interchange Receiver ID	AN	15-15	R			Expect AHCCCS866004791
	ISA13	Interchange Control Number	AN	9-9	R			Expect Interchange Control Number The trading partner assigns the Interchange Control Number in the rightmost six characters of this 9 character field. ISA13 must be <b>unique</b> within all transmissions (i.e. files) submitted to AHCCCS. The Interchange Control Number is used by AHCCCS for tracking purposes in order to guard against duplicate file submissions. ISA13 must also be identical to the Control Number in the Interchange Trailer element IEA02
	ISA14	Acknowledgement Requested	ID	1-1	R		0, 1	Expect 1
___	<b>GS</b>	<b>FUNCTIONAL GROUP HEADER</b>		<b>1</b>	<b>R</b>	<b>1</b>		
	GS02	Application Sender Code	AN	2-15	R			Five byte AHCCCS sender ID
	GS03	Application Receiver Code	AN	2-15	R			Expect AHCCCS866004791
	GS08	Version Identifier Code	AN	1-12	R		005010X222	Expect 005010X222A1
___	<b>ST</b>	<b>TRANSACTION SET HEADER</b>		<b>1</b>	<b>R</b>	<b>&gt;1</b>		
	ST03	Implementation Convention Reference	AN	1-35	R			Expect 005010X222A1
	<b>BHT</b>	<b>BEGINNING OF HIERARCHICAL TRANSACTION</b>		<b>1</b>	<b>R</b>	<b>1</b>		
	BHT02	Transaction Set Purpose Code	ID	2-2	R		00, 18	Expect 00
	BHT06	Claim or Encounter ID	ID	2-2	R		31, CH, RP	Expect CH
<b>1000A</b>	<b>NM1</b>	<b>SUBMITTER NAME</b>		<b>1</b>	<b>R</b>	<b>1</b>		
	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	Expect 2
	NM109	Submitter Identifier	AN	2-80	R			Five byte AHCCCS sender ID

Loop ID	Element	Description 837-P 5010 FFS	ID	Min. Max.	Use	Loop Rep	Values	AHCCCS 837 Usage/Expected Value
<b>1000B</b>	<b>NM1</b>	<b>RECEIVER NAME</b>		<b>1</b>	<b>R</b>	<b>1</b>		
1000B	NM103	Receiver Name	AN	1-60	R			Expect AHCCCS
1000B	NM109	Receiver Primary Identifier	AN	2-80	R			Expect 866004791
<b>2010AA</b>	<b>N3</b>	<b>BILLING PROVIDER ADDRESS</b>		<b>1</b>	<b>R</b>			<b>PO Box or Lock Box not allowed for the Billing Provider Address Must supply the physical address information</b>
2010AA	N301	Billing Provider Address Line	AN	1-55	R			Expect Billing Provider Address Line 1 "PO Box" or "Lock Box" is not allowed
<b>2000B</b>	<b>HL</b>	<b>SUBSCRIBER HIERARCHIAL LEVEL</b>		<b>1</b>	<b>R</b>			
2000B	HL04	Hierarchical Child Code	ID	1-1	R		0,1	Expect 0
<b>2000B</b>	<b>SBR</b>	<b>SUBSCRIBER INFORMATION</b>		<b>1</b>	<b>R</b>			
2000B	SBR09	Claim Filing Indicator Code	ID	1-2	S		11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	Expect MC
<b>2010BA</b>	<b>NM1</b>	<b>SUBSCRIBER NAME</b>		<b>1</b>	<b>R</b>			
2010BA	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	Expect 1
2010BA	NM108	Identification Code Qualifier	ID	1-2	S		IL, MI	Expect MI
2010BA	NM109	Subscriber Primary Identifier	AN	2-80	S			Expect 9 byte alphanumeric AHCCCS Member ID with a format of <b>A12345678</b>
<b>2010BB</b>	<b>NM1</b>	<b>PAYER NAME</b>		<b>1</b>	<b>R</b>	<b>1</b>		
2010BB	NM103	Payer Name	AN	1-60	R			Expect AHCCCS
2010BB	NM109	Payer Identifier	AN	2-80	R			Expect 866004791
<b>2010BB</b>	<b>REF</b>	<b>BILLING PROVIDER SECONDARY IDENTIFICATION</b>		<b>2</b>	<b>S</b>			<b>This segment will only be used when the provider does not have an NPI - Atypical Provider.</b>
2010BB	REF01	Reference Identification Qualifier	ID	2-3	R		G2, LU	Expect G2 only if 2010AA NM109 not used (for atypical providers only)
2010BB	REF02	Payer Additional Identifier	AN	1-50	R			Expect two leading zeros, AHCCCS Provider ID and location code, format 00aaaaaall
<b>2300</b>	<b>CLM</b>	<b>CLAIM INFORMATION</b>		<b>1</b>	<b>R</b>			
2300	CLM05-3	Claim Frequency Code	ID	1-1	R			Expect 1 for Original Expect 7 for Replacement Expect 8 for Void

Loop ID	Element	Description 837-P 5010 FFS	ID	Min. Max.	Use	Loop Rep	Values	AHCCCS 837 Usage/Expected Value
2300	NTE	CLAIM NOTE		1	S			
	NTE02	Claim Note Text	AN	1-80	R			Expect Claim Note Text One Participating Provider XXNPIProviderName or 9999999999ProviderName  Two Participating Providers or Performing Providers XXNPIProviderName or 9999999999ProviderName 3 blanks XXNPIProviderName or 9999999999ProviderName Ex: XX1987654321Doe, Jane XX2123456789Doe, John
2300	REF	PAYER CLAIM CONTROL NUMBER		1	S			<b>Expect when CLM05-3 indicates claim is a 7 Replacement or 8 Void to a previously adjudicated claim</b>
2300	REF02	Claim Original Reference Number	AN	1-50	R			Expect Payer Claim Control Number, AHCCCS Claim Reference Number (CRN)
2300	PWK	CLAIM SUPPLEMENTAL INFORMATION		10	S			<b>Expected when there is a paper attachment to follow, or when attachments are sent electronically but transmitted in another functional group (275), or when provider deems necessary to identify additional information being held at provider's office and is available upon request by payer</b>
2300	PWK06	Attachment Control Number	AN	2-80	S			Expect Attachment Control Number 50 bytes or less
2310A	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION		3	S			<b>This segment will only be used when the provider does not have an NPI - Atypical Provider.</b>
2310A	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2	Expect G2
2310A	REF02	Referring Provider Secondary Identifier	AN	1-50	R			Expect two leading zeros, AHCCCS Provider ID and location code, format 00aaaaaall
2310B	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION		4	S			<b>This segment will only be used when the provider does not have an NPI - Atypical Provider.</b>
2310B	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU	Expect G2
2310B	REF02	Rendering Provider Secondary Identifier	AN	1-50	R			Expect two leading zeros, AHCCCS Provider ID and location code, format 00aaaaaall
2310C	N3	SERVICE FACILITY LOCATION ADDRESS		1	R			<b>PO Box or Lock Box not allowed for the Service Facility Address  Must supply the physical address information</b>
2310C	N301	Laboratory or Facility Address Line	AN	1-55	R			Expect Laboratory or Facility Address Line "PO Box" or "Lock Box" is not allowed

Loop ID	Element	Description 837-P 5010 FFS	ID	Min. Max.	Use	Loop Rep	Values	AHCCCS 837 Usage/Expected Value
2400	SV1	PROFESSIONAL SERVICE		1	R			
2400	SV101-1	Product or Service ID Qualifier	ID	2-2	R		ER, HC, IV, WK	Expect HC
2420A	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION		20	S			Expect when NM109 in this loop is not used and rendering provider is an atypical provider and an identification number is necessary to identify the rendering provider  See business rule in NM1 segment of this loop.
2420A	REF01	Reference Identification Qualifier	ID	2-3	R		OB, 1G, G2, LU	Expect G2
2420A	REF02	Rendering Provider Secondary Identifier	AN	1-50	R			Expect two leading zeros, AHCCCS Provider ID and location code, format 00aaaaaall

### 3.2 837 Institutional Transaction Notes – Claims

Loop	Element	Description 837-I 5010 FFS	ID	Min. Max.	Use	Loop Rep	Values	AHCCCS 837 Usage/Expected Value
___	<b>ISA</b>	<b>INTERCHANGE CONTROL HEADER</b>		<b>1</b>	<b>R</b>	<b>1</b>		<b>Expect only 1 ISA Per File</b>
	ISA01	Authorization Information Qualifier	ID	2-2	R		00, 03	Expect 00
	ISA03	Security Information Qualifier	ID	2-2	R		00, 01	Expect 00
	ISA05	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Expect ZZ
	ISA06	Interchange Sender ID	AN	15-15	R			Five byte AHCCCS sender ID
	ISA07	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Expect ZZ
	ISA08	Interchange Receiver ID	AN	15-15	R			Expect AHCCCS866004791
	ISA13	Interchange Control Number	AN	9-9	R			Expect Interchange Control Number The trading partner assigns the Interchange Control Number in the rightmost six characters of this 9 character field. ISA13 must be <b>unique</b> within all transmissions (i.e. files) submitted to AHCCCS. The Interchange Control Number is used by AHCCCS for tracking purposes in order to guard against duplicate file submissions. ISA13 must also be identical to the Control Number in the Interchange Trailer element IEA02
	ISA14	Acknowledgement Requested	ID	1-1	R		0, 1	Expect 1
___	<b>GS</b>	<b>FUNCTIONAL GROUP HEADER</b>		<b>1</b>	<b>R</b>	<b>1</b>		
	GS02	Application Sender Code	AN	2-15	R			Five byte AHCCCS sender ID
	GS03	Application Receiver Code	AN	2-15	R			Expect AHCCCS866004791
	GS08	Version Identifier Code	AN	1-12	R		005010X223	Expect 005010X223A2
___	<b>ST</b>	<b>TRANSACTION SET HEADER</b>		<b>1</b>	<b>R</b>	<b>&gt;1</b>		
	ST03	Implementation Convention Reference	AN	1-35	R			Expect 005010X223A2
	<b>BHT</b>	<b>BEGINNING OF HIERARCHICAL TRANSACTION</b>		<b>1</b>	<b>R</b>	<b>1</b>		
	BHT02	Transaction Set Purpose Code	ID	2-2	R		00, 18	Expect 00
	BHT06	Claim or Encounter ID	ID	2-2	R		31, CH, RP	Expect CH
<b>1000A</b>	<b>NM1</b>	<b>SUBMITTER NAME</b>		<b>1</b>	<b>R</b>	<b>1</b>		
1000A	NM109	Submitter Identifier	AN	2-80	R			Five byte AHCCCS sender ID
<b>1000B</b>	<b>NM1</b>	<b>RECEIVER NAME</b>		<b>1</b>	<b>R</b>	<b>1</b>		
1000B	NM103	Receiver Name	AN	1-60	R			Expect AHCCCS



Loop	Element	Description 837-I 5010 FFS	ID	Min. Max.	Use	Loop Rep	Values	AHCCCS 837 Usage/Expected Value
1000B	NM109	Receiver Primary Identifier	AN	2-80	R			Expect 866004791
<b>2010AA</b>	<b>N3</b>	<b>BILLING PROVIDER ADDRESS</b>		<b>1</b>	<b>R</b>			<b>PO Box or Lock Box not allowed for the Billing Provider Address Must supply the physical address information</b>
2010AA	N301	Billing Provider Address Line	AN	1-55	R			Expect Billing Provider Address Line 1 "PO Box" or "Lock Box" is not allowed
<b>2000B</b>	<b>HL</b>	<b>SUBSCRIBER HIERARCHIAL LEVEL</b>		<b>1</b>	<b>R</b>			
2000B	HL04	Hierarchical Child Code	ID	1-1	R		0, 1	Expect 0
<b>2000B</b>	<b>SBR</b>	<b>SUBSCRIBER INFORMATION</b>		<b>1</b>	<b>R</b>			
2000B	SBR09	Claim Filing Indicator Code	ID	1-2	S		11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	Expect MC
<b>2010BA</b>	<b>NM1</b>	<b>SUBSCRIBER NAME</b>		<b>1</b>	<b>R</b>	<b>1</b>		
2010BA	NM108	Identification Code Qualifier	ID	1-2	R		IL, MI	Expect MI
2010BA	NM109	Subscriber Primary Identifier	AN	2-80	R			Expect 9 byte alphanumeric AHCCCS Member ID with a format of <b>A12345678</b>
<b>2010BB</b>	<b>NM1</b>	<b>PAYER NAME</b>		<b>1</b>	<b>R</b>	<b>1</b>		
2010BB	NM103	Payer Name	AN	1-60	R			Expect AHCCCS
2010BB	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV	Expect PI
2010BB	NM109	Payer Identifier	AN	2-80	R			Expect 866004791
<b>2010BB</b>	<b>REF</b>	<b>BILLING PROVIDER SECONDARY IDENTIFICATION</b>		<b>1</b>	<b>S</b>			<b>This segment will only be used when the provider does not have an NPI - Atypical Provider.</b>
2010BB	REF01	Reference Identification Qualifier	ID	2-3	R		G2, LU	Expect G2 only if 2010AA NM109 not used (for atypical providers only)
2010BB	REF02	Payer Additional Identifier	AN	1-50	R			Expect two leading zeros, AHCCCS Provider Registration ID and location code, format 00aaaaaall
<b>2300</b>	<b>CLM</b>	<b>CLAIM INFORMATION</b>		<b>1</b>	<b>R</b>	<b>100</b>		
2300	CLM01	Patient Account Number	AN	1-38	R			Expect Patient Control number 20 bytes or less
<b>2300</b>	<b>REF</b>	<b>PAYER CLAIM CONTROL NUMBER</b>		<b>1</b>	<b>S</b>			<b>Expect when CLM05-3 indicates claim is a 7 Replacement or 8 Void to a previously adjudicated claim</b>

Loop	Element	Description 837-I 5010 FFS	ID	Min. Max.	Use	Loop Rep	Values	AHCCCS 837 Usage/Expected Value
2300	REF02	Claim Original Reference Number	AN	1-50	R			Expect Payer Claim Control Number, AHCCCS Claim Reference Number (CRN)
<b>2300</b>	<b>PWK</b>	<b>CLAIM SUPPLEMENTAL INFORMATION</b>		<b>10</b>	<b>S</b>			<b>Expected when there is a paper attachment to follow, or when attachments are sent electronically but transmitted in another functional group (275), or when provider deems necessary to identify additional information being held at provider's office and is available upon request by payer</b>
2300	PWK06	Attachment Control Number	AN	2-80	S			Expect Attachment Control Number 50 bytes or less
<b>2310A</b>	<b>REF</b>	<b>ATTENDING PROVIDER SECONDARY IDENTIFICATION</b>		<b>4</b>	<b>S</b>			<b>This segment will only be used when the provider does not have an NPI - Atypical Provider.</b>
2310A	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU	Expect G2
2310A	REF02	Secondary Identifier	AN	1-50	R			Expect two leading zeros, AHCCCS Provider Registration ID and location code, format 00aaaaaall
<b>2310B</b>	<b>REF</b>	<b>OPERATING PHYSICIAN SECONDARY IDENTIFICATION</b>		<b>4</b>	<b>S</b>			<b>This segment will only be used when the provider does not have an NPI - Atypical Provider.</b>
2310B	REF01	Qualifier	ID	2-3	R		0B, 1G, G2, LU	Expect G2
2310B	REF02	Secondary Identifier	AN	1-50	R			Expect two leading zeros, AHCCCS Provider Registration ID and location code, format 00aaaaaall
<b>2310E</b>	<b>N3</b>	<b>SERVICE FACILITY LOCATION ADDRESS</b>		<b>1</b>	<b>R</b>			<b>PO Box or Lock Box not allowed for the Service Facility Address</b> <b>Must supply the physical address information</b>
2310E	N301	Laboratory or Facility Address Line	AN	1-55	R			Expect Laboratory or Facility Address Line "PO Box" or "Lock Box" is not allowed
<b>2310E</b>	<b>REF</b>	<b>SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION</b>		<b>3</b>	<b>S</b>			<b>This segment will only be used when the provider does not have an NPI - Atypical Provider.</b>
2310E	REF01	Reference Identification Qualifier	ID	2-3	R		0B, G2, LU	Expect G2
2310E	REF02	Laboratory or Facility Secondary Identifier	AN	1-50	R			Expect two leading zeros, AHCCCS Provider Registration ID and location code, format 00aaaaaall

Loop	Element	Description 837-I 5010 FFS	ID	Min. Max.	Use	Loop Rep	Values	AHCCCS 837 Usage/Expected Value
2310F	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION		3	S			This segment will only be used when the provider does not have an NPI - Atypical Provider.
2310F	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2	Expect G2
2310F	REF02	Referring Provider Secondary Identifier	AN	1-50	R			Expect two leading zeros, AHCCCS Provider Registration ID and location code, format 00aaaaaall
2400	SV2	SERVICE LINE		1	R	999		
2400	SV202-1	Product or Service ID Qualifier	ID	2-2	R		ER, HC, HP, IV, WK	Code Change
2400	REF	LINE ITEM CONTROL NUMBER		1	S			Expect if submitter needs a line item control number for subsequent communications to or from payer
2400	REF02	Line Item Control Number	AN	1-50	R			The maximum number of characters to be supported for this field is '30'. A submitter may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any receiving system is '30'. Characters beyond 30 are not required to be stored nor returned by any 837-receiving system.

### 3.3 837 Dental Transaction Notes – Claims

Loop ID	Element	Description 837-D 5010 FFS	ID	Min. Max.	Use	Loop Rep	Value	AHCCCS 837 Usage/Expected Value
	<b>ISA</b>	<b>INTERCHANGE CONTROL HEADER</b>		<b>1</b>	<b>R</b>	<b>1</b>		<b>Expect only 1 ISA Per File</b>
	ISA01	Authorization Information Qualifier	ID	2-2	R		00, 03	Expect 00
	ISA03	Security Information Qualifier	ID	2-2	R		00, 01	Expect 00
	ISA05	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Expect ZZ
	ISA06	Interchange Sender ID	AN	15-15	R			Five byte AHCCCS sender ID
	ISA07	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Expect ZZ
	ISA08	Interchange Receiver ID	AN	15-15	R			Expect AHCCCS866004791
	ISA13	Interchange Control Number	N0	9-9	R			Expect Interchange Control Number The trading partner assigns the Interchange Control Number in the rightmost six characters of this 9 character field. ISA13 must be <b>unique</b> within all transmissions (i.e. files) submitted to AHCCCS. The Interchange Control Number is used by AHCCCS for tracking purposes in order to guard against duplicate file submissions. ISA13 must also be identical to the Control Number in the Interchange Trailer element IEA02
	ISA14	Acknowledgement Requested	ID	1-1	R		0, 1	Expect 1
	<b>GS</b>	<b>FUNCTIONAL GROUP HEADER</b>		<b>1</b>	<b>R</b>	<b>1</b>		
	GS02	Application Sender Code	AN	2-15	R			Five byte AHCCCS sender ID
	GS03	Application Receiver Code	AN	2-15	R			Expect AHCCCS866004791
	GS08	Version Identifier Code	AN	1-12	R		005010X224	Expect 005010X224A2
	<b>ST</b>	<b>TRANSACTION SET HEADER</b>		<b>1</b>	<b>R</b>	<b>&gt;1</b>		
	ST03	Implementation Convention Reference	AN	1-35	R			Expect 005010X224A2
	<b>BHT</b>	<b>BEGINNING OF HIERARCHICAL TRANSACTION</b>		<b>1</b>	<b>R</b>	<b>1</b>		
	BHT02	Transaction Set Purpose Code	ID	2-2	R		00, 18	Expect 00
	BHT06	Claim or Encounter ID	ID	2-2	R		31, CH, RP	Expect CH
<b>1000A</b>	<b>NM1</b>	<b>SUBMITTER NAME</b>		<b>1</b>	<b>R</b>	<b>1</b>		
1000A	NM109	Submitter Identifier	AN	2-80	R			Five byte AHCCCS sender ID

Loop ID	Element	Description 837-D 5010 FFS	ID	Min. Max.	Use	Loop Rep	Value	AHCCCS 837 Usage/Expected Value
<b>1000B</b>	<b>NM1</b>	<b>RECEIVER NAME</b>		<b>1</b>	<b>R</b>	<b>1</b>		
1000B	NM103	Receiver Name	AN	1-60	R			Expect AHCCCS
1000B	NM109	Receiver Primary Identifier	AN	2-80	R			Expect 866004791
<b>2010AA</b>	<b>N3</b>	<b>BILLING PROVIDER ADDRESS</b>		<b>1</b>	<b>R</b>	<b>1</b>		<b>PO Box or Lock Box not allowed for the Billing Provider Address Must supply the physical address information</b>
2010AA	N301	Billing Provider Address Line	AN	1-55	R			Expect Billing Provider Address Line 1 "PO Box" or "Lock Box" is not allowed
<b>2010AA</b>	<b>N4</b>	<b>BILLING PROVIDER CITY/STATE/ZIP CODE</b>		<b>1</b>	<b>R</b>	<b>1</b>		
2010AA	N403	Billing Provider Postal Zone or ZIP Code	ID	3-15	R			Expect Billing Provider Zip Code  Providers are encouraged to submit the full 9-digit zip code; however, a value of '0000' or '9999' is acceptable until the actual zip+4 code is identified.
<b>2000B</b>	<b>SBR</b>	<b>SUBSCRIBER INFORMATION</b>		<b>1</b>	<b>R</b>	<b>1</b>		
2000B	SBR09	Claim Filing Indicator Code	ID	1-2	S		11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	Expect MC
<b>2010BA</b>	<b>NM1</b>	<b>SUBSCRIBER NAME</b>		<b>1</b>	<b>R</b>	<b>1</b>		
2010BA	NM108	Identification Code Qualifier	ID	1-2	R		IL, MI	Expect MI
2010BA	NM109	Subscriber Primary Identifier	AN	2-80	R			Expect 9 byte alphanumeric AHCCCS Member ID with a format of <b>A12345678</b>
<b>2010BB</b>	<b>NM1</b>	<b>PAYER NAME</b>		<b>1</b>	<b>R</b>	<b>1</b>		
2010BB	NM103	Payer Name	AN	1-60	R			Expect AHCCCS
2010BB	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV	Expect PI
2010BB	NM109	Payer Identifier	AN	2-80	R			Expect 866004791
<b>2010BB</b>	<b>REF</b>	<b>BILLING PROVIDER SECONDARY IDENTIFICATION</b>		<b>1</b>	<b>S</b>	<b>1</b>		<b>This segment will only be used when the provider does not have an NPI - Atypical Provider.</b>
2010BB	REF01	Reference Identification Qualifier	ID	2-3	R			Expect G2
2010BB	REF02	Payer Additional Identifier	AN	1-50	R			Expect two leading zeros, AHCCCS Provider ID and location code, format 00aaaaaall

Loop ID	Element	Description 837-D 5010 FFS	ID	Min. Max.	Use	Loop Rep	Value	AHCCCS 837 Usage/Expected Value
2300	CLM	CLAIM INFORMATION		1	R	100		
2300	CLM01	Patient Control Number	AN	1-38	R			Expect Patient Account Number, support up to 20 bytes
2300	CLM05-3	Claim Frequency Code	ID	1-1	R			Expect 1 for Original Expect 7 for Replacement Expect 8 for Void
2300	NTE	CLAIM NOTE		5	S			
	NTE02	Claim Note Text	AN	1-80	R			Expect Claim Note Text One Participating Provider XXNPIProviderName or 9999999999ProviderName  Two Participating Providers or Performing Providers XXNPIProviderName or 9999999999ProviderName 3 blanks XXNPIProviderName or 9999999999ProviderName  Example: XX1987654321Doe, Jane XX2123456789Doe, John
2300	REF	PAYER CLAIM CONTROL NUMBER		1	S			<b>Expect when CLM05-3 indicates claim is a 7 Replacement or 8 Void to a previously adjudicated claim</b>
2300	REF02	Payer Claim Control Number	AN	1-50	R			Expect Payer Claim Control Number, AHCCCS Claim Reference Number (CRN).
2300	PWK	CLAIM SUPPLEMENTAL INFORMATION		10	S			
2300	PWK06	Attachment Control Number	AN	2-80	S			Expect Attachment Control Number 50 bytes or less
2310B	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION		4	S	1		<b>This segment will only be used when the provider does not have an NPI - Atypical Provider.</b>
2310B	REF01	Reference Identification Qualifier	ID	2-3	R		0B=State License Number 1G=Provider UPIN Number G2=Provider Commercial Number	Expect G2
2310B	REF02	Rendering Provider Secondary Identifier	AN	1-50	R			Expect two leading zeros, AHCCCS Provider ID and location code, format 00aaaaaall
2310C	N3	SERVICE FACILITY LOCATION ADDRESS		1	R	1		<b>PO Box or Lock Box not allowed for the Service Facility Address</b>  <b>Must supply the physical address information</b>
2310C	N301	Laboratory or Facility Address Line	AN	1-55	R			Expect Laboratory or Facility Address Line "PO Box" or "Lock Box" is not allowed

Loop ID	Element	Description 837-D 5010 FFS	ID	Min. Max.	Use	Loop Rep	Value	AHCCCS 837 Usage/Expected Value
2400	REF	LINE ITEM CONTROL NUMBER		1	S	50		
2400	REF02	Line Item Control Number	AN	1-50	R			The maximum number of characters to be supported for this field is '30'. A submitter may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any receiving system is '30'. Characters beyond 30 are not required to be stored nor returned by any 837-receiving system.

#### 4 TI CHANGE SUMMARY

#	Location & Section	Revision	Revision Date
0.1		Original Draft Version	July 2011
0.1		Removed DRAFT from the document	November 11, 2016
1.0	Document Title	Changed version numbering sequence from 0.1 to 1.0	April 13, 2017
1.0	Section 3 Instructions Table	Removed Section 3 Instructions Table and replaced as Section 3 Transaction Specific Information	April 13, 2017
1.0	Section 4 TI Additional Information	Removed Section 4 Additional Information due to missing table	April 13, 2017
2.0	Document Title	Changed version number from 1.0 to 2.0	November 28, 2017
2.0	Institutional, Professional and Dental Transaction Notes – Claims within Element ISA	Added ISA13 Interchange Control Number information	November 28, 2017
2.0	3.3 837 Dental Transaction Notes - Claims	Added columns/data for: ID, Min-Max, and Loop Rep	November 28, 2017