

## Wrapper Data

### Segments/data

ISA\*03\*ISA Auth Info\*01\*Password\*ZZ\*Sender ID\*Int ID Qualifier\*Receiver ID\*190528\*1440\*^\*00501\*190528818\*0\*P\*::~  
GS\*HC\*Sender Code\*Receiver Code\*20190528\*1440\*70818\*X\*005010X223A2~

#### AWARDS data location/logic

**ISA Auth Info (ISA-02)** – BillingBuilder > Configure Billing Types > Reports data first from the Enter ID if different than Sender ID/ETIN ID on this screen and if that text box is empty the data entered within the Sender ID/ETIN text box is reported.

**Password (ISA-04)** – BillingBuilder > Configure Billing Types > Security Info/Password for 837.

**Sender ID (ISA-06)** – BillingBuilder > Program Billing Info > Sender ID/ETIN.

**Int ID Qualifier (ISA-07)** – BillingBuilder > Payers > Override Interchange ID Qualifier ZZ in 837. If no data is entered “ZZ” will be reported by default.

**Receiver ID (ISA-08)** – BillingBuilder > Payers > Receiver ID.

**Sender Code (GS-02)** – BillingBuilder > Program Billing Info > Sender ID/ETIN.

**Receiver Code (GS-03)** – BillingBuilder > Payers > Receiver Code. If no data is entered, the Receiver ID on the Payers screen will be reported.

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## Header Data

### Segments/data

ST\*837\*0001\*005010X223A2~

BHT\*0019\*00\*00187170818\*20190528\*1440\*CH~

NM1\*41\*2\*AWARDS\*\*\*\*\*46\*Submitter ID Code~

PER\*IC\*Submitter Contact Name\*TE\*Submitter Phone Number~

NM1\*40\*2\*Receiver Name\*\*\*\*\*46\*Receiver ID Code~

#### AWARDS data location/logic

**Submitter ID Code (NM1\*41-09)** – BillingBuilder > Program Billing Info > Sender ID/ETIN.

**Submitter Contact Name (PER-02)** – User’s name who created the 837 file.

**Submitter Phone Number (PER-04)** – BillingBuilder > Configure Billing Types > Sender’s Phone Number.

**Receiver Name (NM1\*40-03)** – BillingBuilder > Payers > Payer Name.

**Receiver ID Code (NM1\*40-09)** – BillingBuilder > Payers > Receiver Identification Code. If no data is entered, the Receiver ID on the Payers screen will be reported.

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## Billing Provider Data

### Segments/data

PRV\*BI\*PXC\***Billing Provider Taxonomy Code**~  
NM1\*85\*2\***Billing Provider Name**\*\*\*\*\*XX\***Billing Provider NPI**~  
N3\***Billing Provider Street Address**~  
N4\***Billing Provider City**\***Billing Provider State**\***Billing Provider Zip Code**  
REF\*EI\***Billing Provider Tax ID**~  
REF\***Billing Provider LIC Number/UPIN ID Qualifier**\***Billing Provider LIC Number/UPIN**~ (837P only)

**AWARDS data location/logic**

**Billing Provider Taxonomy Code (PRV-03)** – BillingBuilder > Program Billing Groups > Taxonomy Code.

**Billing Provider Name (NM1\*85-03)** – BillingBuilder > Payers > Billing Provider Name. If a Billing Provider Name is not entered, the name associated with the AWARDS database will be reported.

**Billing Provider NPI (NM1\*85-09)** – BillingBuilder > Program Billing Groups > Billing Provider NPI.

**Billing Provider Address (N3-01)** – BillingBuilder > Program Billing Groups > Sender Address.

**Billing Provider City / Billing Provider State / Billing Provider Zip Code (N4-01 / N4-02 / N4-03)** – BillingBuilder > Program Billing Groups > Sender Address.

**Billing Provider Tax ID (REF\*EI-02)** – BillingBuilder > Program Billing Info > Agency Tax ID.

**Billing Provider LIC Number/UPIN ID Qualifier (REF\*01)** – BillingBuilder > Program Billing Groups > ID Qualifier.

**Billing Provider LIC Number/UPIN (REF-02)** – BillingBuilder > Program Billing Groups > Billing Provider Secondary ID.

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**Patient/Subscriber Data**

**Segments/data**

SBR\*P\*18\*\*\*\*\***Payer Claim Filing Indicator Code**~

NM1\*IL\*1\***Consumer Last Name**\***Consumer First Name**\*\*\*\*MI\***Consumer INS ID Number**~

N3\***Consumer Street Address**~

N4\***Consumer City**\***Consumer State**\***Consumer Zip Code**~

DMG\*D8\***Consumer DOB**\***Consumer Gender**~

NM1\*PR\*2\***Payer Name**\*\*\*\*\*PI\***Payer ID**~

N3\***Payer Street Address**~

N4\***Payer City**\***Payer State**\***Payer Zip Code**~

**AWARDS data location/logic**

**Payer Claim Filing Indicator Code (SBR-09)** – BillingBuilder > Payers > Claim Filing Indicator Code. If a code is not entered, a code will be reported based on this crosswalk found in AWARDS online help: MB - If the payer is Medicare / MC - If the payer contains "Medicaid" / ZZ - If the payer starts with

"TennCare" / BL - If the payer contains "Blue" or "BC/BS" / CH - If the payer contains "Champus" / 16 - If the payer contains "Healthfirst" / ZZ - For all other payer names.

**Consumer Last Name (NM1\*IL-03)** – Profile > Face Sheet > Demographic Info > Last Name.

**Consumer First Name (NM1\*IL-04)** – Profile > Face Sheet > Demographic Info > First Name.

**Consumer INS ID Number (NM1\*IL-09)** – Entitlements > Certified Entitlements > Insurance/Subsidized Payments Information section > ID Number assigned to the payer of the invoice.

**Consumer Street Address (N3-01)** – Profile > Face Sheet > Demographics Info > Street Address.

**Consumer City / Consumer State / Consumer Zip Code (N4-01 / N4-02 / N4-03)** – Profile > Face Sheet > Demographics Info > City, State, Zip.

**Consumer DOB (DMG-02)** – Profile > Face Sheet > Demographics Info > Birthdate.

**Consumer Gender (DMG-03)** – Profile > Face Sheet > Demographics Info > Sex at Birth.

**Payer Name (NM1\*PR-03)** – BillingBuilder > Payers > Payer Name.

**Payer ID (NM1\*PR-09)** – BillingBuilder > Payers > Payer ID. If a payer ID is not entered, the Receiver ID on the Payers screen will be reported.

**Payer Street Address (N3-01)** – BillingBuilder > Payers > Payer Address > Street Address.

**Payer City / Payer State / Payer Zip Code (N4-01 / N4-02 / N4-03)** – BillingBuilder > Payers > Payer Address > City, State, Zip Code.

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## Claim/Service Data

### Segments/data

CLM\*Claim ID\*Claim Amount\*\*\*POS/UBTC:A:1\*\*A\*Y\*Y~

DTP\*096\*TM\*Discharge Hour~ (837I only)

DTP\*434\*RD8\*Service Date Range~

DTP\*435\*DT\*Admission Date/Hour~ (837I only)

CL1\*3\*9\*Patient Status~ (837I only)

REF\*G1\*PA Number~

REF\*EA\*Medical Record Number~

HI\*ABK:Principal DX Code~ (837I only)

HI\*ABF:HC DX Code~ (837P only)

HI\*ABJ:Admitting DX Code~ (837I only)

HI\*APR:Patient Reason for Visit DX Code~ (837I only)

HI\*BE:Value Code Qualifier:::Value Code Data~ (837I only)

NM1\*DN\*1\*Referring Provider Last Name\*Referring Provider First Name\*\*\*\*XX\*Referring Provider NPI~ (837P only)

REF\*Referring Provider Secondary ID Qualifier\*Referring Provider Secondary ID~ (837P only)

NM1\*71\*1\*Attending Provider Last Name\*Attending Provider First Name\*\*\*\*XX\*Attending Provider NPI~ (837I only)

NM1\*82\*1\*Rendering Provider Last Name\*Rendering Provider First Name\*\*\*\*XX\*Rendering Provider NPI~ (837P only)

PRV\*AT or PE\*PXC\*Rendering/Attending Provider Taxonomy Code~

REF\*Rendering/Attending Provider Secondary ID Qualifier\*Rendering/Attending Provider Secondary ID~

NM1\*DQ\*1\*Supervising Provider Last Name\*Supervising Provider First Name\*\*\*\*XX\*Supervising Provider NPI~ (837P only)

REF\*Supervising Provider Secondary ID Qualifier\*Supervising Provider Secondary ID~

NM1\*77\*2\*Service Facility Provider Name\*\*\*\*\*XX\*Service Facility Provider NPI~

**N3\*Service Facility Provider Address~**

**N4\*Service Facility Provider City\*Service Facility Provider State\*Service Facility Provider Zip Code~**

**REF\*Service Facility Provider Secondary ID Qualifier\*Service Facility Provider Secondary ID~**

**NM1\*DN\*1\*Referring Provider Last Name\*Referring Provider First Name\*\*\*\*XX\*Referring Provider NPI~** (837I only)

**REF\*Referring Provider Secondary ID Qualifier\*Referring Provider Secondary ID~** (837I only)

**REF\*DK\*1\*Ordering Provider Last Name\*Ordering Provider First Name\*\*\*\*XX\*Ordering Provider NPI~** (837P only)

**LX\*1~**

**SV2\*Revenue Code\*HC:Procedure/CPT/HCPCS Code:Mod1:Mod2:Mod3:Mod4:Procedure Description\*Procedure Amount\*UN\*Procedure Units~** (837I only)

**SV1\*HC:Procedure/CPT/HCPCS Code:Mod1:Mod2:Mod3:Mod4:Procedure Description\*Procedure Amount\*UN\*Procedure Units\*\*\*1~** (837P only)

**DTP\*472\*D8\*Date of Service~**

**REF\*6R\*1~**

**NTE\*Line Note Ref Code\*Line Note Description~** (837P only)

**NTE\*Third Party Org Note Ref Code\*Third Party Org Note Description~**

**SE\*43\*0001~**

### **AWARDS data location/logic**

**Claim ID (CLM-01)** – BillingBuilder > Edit Invoice Batch > Invoice Number.

**Claim Amount (CLM-02)** – BillingBuilder > Edit Invoice Batch > Claim Amount.

**POS/UBTC (CLM-05-01)** – BillingBuilder > Configure Billing Types > Edit Procedures > “Place of Service Code (837P)/Uniform Bill Type Code (837I)”. If this setting has the radio button called “Do Not Use” selected, the code will be assigned by Program Billing Info > CMS Place of Service/Uniform Bill Type Code.

**Discharge Hour (DTP\*096-03)** – BillingBuilder > Configure Billing Types > Send Discharge Hour in 837I. Always reports 2359 (last hour/minute of the day).

**Service Date Range (DTP\*434-03)** – Based on the billing type/procedure setup, this can either be a single date in the range (Daily Per/Diem billing type), a seven day date range (Daily Per/Diem billing type > Create Weekly Invoice procedure setting), or a monthly date range (Monthly billing type). For a standard Daily Per/Diem procedure, it is the Service Date from the Edit Invoice Batch screen. For a weekly invoiced procedure, the end date would be the Service Date from the Edit Invoice Batch screen and the beginning date would be 6 days prior. For a monthly invoice, the date range would be the date range shown at the top of the Edit Invoice Batch screen.

**Admission Date/Hour (DTP\*435)** – BillingBuilder > Configure Billing Types > Send Admission Date in 837I and UB-04 &. Will report the consumers admission date into the program associated with the invoice and 0000 if the Include Admission Hour setting is checked. Always reports 0000 (first hour/minute of the day). If the Include Admission Hour setting is not checked, only the admission date is reported and the segment date/time qualifier will be D8, not DT.

**Patient Status (CL1-03)** – BillingBuilder > Configure Billing Types > Override CL103 in 837I. If data is not entered, 30 will be reported by default.

**PA Number (REF\*G1-02)** - Entitlements > Certified Entitlements > BillingBuilder Insurance Authorizations > Authorization Number associated with the procedure on the invoice.

**Medical Record Number (REF\*EA-02)** – Profile > Face Sheet > Demographic Info > Client ID.

**Principal DX Code (HI\*ABK-01-02)** – BillingBuilder > Edit Invoice Batch > Diagnosis. Always reported in all 837P claim files.

**HC DX Code (HI\*ABF-01-02)** – BillingBuilder > Edit Invoice Batch > Diagnosis. Always reported in all 837I claim files.

**Admitting DX Code (HI\*ABJ-01-02)** – BillingBuilder > Configure Billing Types > Send Admitting Diagnosis in 837I and UB-04. Data is reported from Edit Invoice Batch > Diagnosis.

**Patient Reason for Visit Dx Code (HI\*APR-01-02)** - Always reported unless the Configure Billing Types setting called “Omit Patient’s Reason for Visit Diagnosis Code in 837I” is selected. Data is reported from Edit Invoice Batch > Diagnosis.

**Value Code Qualifier (HI\*BE-01-02)** – BillingBuilder > Configure Billing Types setting called “837I/UB-04 Value Code”. If data is not entered, 24 is reported by default. If the Configure Billing Types setting called “Send Spend Down Amount in HI\*BE 01-05 of 837I” is used, the HI\*BE segment will be extended and HI\*BE 02-02 will report “FC”.

**Value Code Data (HI\*BE-01-05)** – BillingBuilder > Configure Billing Types > Edit Procedures > Rate/Procedure Code (just the first four characters). If an extra two characters need to be reported in addition to the first four of the Rate/Procedure Code, the setting called “Additional Value Code Digits” can be used within the Configure Billing Types screen. If the Configure Billing Types setting called “Send Spend Down Amount in HI\*BE 01-05 of 837I” is used, the HI\*BE segment will be extended and HI\*BE 02-05 will report “amount indicated within the consumer’s ” Spend Down miscellaneous entitlement record (Certified Entitlements > Miscellaneous Entitlements/ Eligibilities / Subsidies > eligibility called “Spend Down” > Amount field).

**Referring Provider Last Name (NM1\*DN-03)** – BillingBuilder > Configure Billing Types > Edit Procedures > Referring Provider is Required in 837. The data is reported from Support Services Contacts Info OR Provides for consumer based on the role selected within the procedure configuration screen.

**Referring Provider First Name (NM1\*DN-04)** – BillingBuilder > Configure Billing Types > Edit Procedures > Referring Provider is Required in 837. The data is reported from Support Services Contacts Info OR Provides for consumer based on the role selected within the procedure configuration screen.

**Referring Provider NPI (NM1\*DN-09)** – BillingBuilder > Configure Billing Types > Edit Procedures > Referring Provider is Required in 837. The data is reported from Support Services Contacts Info OR Provides for consumer based on the role selected within the procedure configuration screen.

**Referring Provider Secondary ID Qualifier (REF-01)** – BillingBuilder > Configure Billing Types > Edit Procedures > Referring Provider is Required in 837 > 837 ID Qualifier

**Referring Provider Secondary ID (REF-02)** – BillingBuilder > Configure Billing Types > Edit Procedures > Referring Provider is Required in 837. The data is reported from Support Services Contacts Info OR Provides for consumer based on the role selected within the procedure configuration screen.

**Attending Provider Last Name (NM1\*71-03)** – BillingBuilder > Edit Invoice Batch > Rendering/Attending NPI > last name associated with NPI.

**Attending Provider First Name (NM1\*71-04)** – BillingBuilder > Edit Invoice Batch > Rendering/Attending NPI > first name associated with NPI.

**Attending Provider NPI (NM1\*71-09)** – BillingBuilder > Edit Invoice Batch > Rendering/Attending NPI. NPI is assigned using this order: 1.) Configure Billing Types > Edit Procedures > Incident To NPI. If blank, 2.) Human Resources > Staff Information > Credentials tab > National Provider Identifier. If blank, 3.) Program Billing Info > Default Medical Providers Information > NPI.

**Rendering Provider Last Name (NM1\*82-03)** – BillingBuilder > Edit Invoice Batch > Rendering/Attending NPI > last name associated with NPI.

**Rendering Provider First Name (NM1\*82-04)** – BillingBuilder > Edit Invoice Batch > Rendering/Attending NPI > first name associated with NPI.

**Rendering Provider NPI (NM1\*82-09)** – BillingBuilder > Edit Invoice Batch > Rendering/Attending NPI. NPI is assigned using this order: 1.) Configure Billing Types > Edit Procedures > Incident To NPI. If blank, 2.) Human Resources > Staff Information > Credentials tab > National Provider Identifier. If blank, 3.) Program Billing Info > Default Medical Providers Information > NPI.

**Rendering/Attending Provider Taxonomy Code (PRV\*AT or PE\*PXC-03)** – Taxonomy Code associated with Rendering/Attending NPI from Edit Invoice Batch screen. Taxonomy Code follows the same ordering as the Rendering/Attending NPI as they need to always be reported together when the taxonomy code is required. 1.) BillingBuilder > Configure Billing Types > Edit Procedures > Incident To Taxonomy Code. If blank, 2.) Human Resources > Staff Information > Credentials tab > Taxonomy Code. If blank, 3.) BillingBuilder > Program Billing Info > Default Medical Providers Information > Taxonomy Code.

**Rendering/Attending Provider Secondary ID Qualifier (REF-01) and Rendering/Attending Provider Secondary ID (REF-02)** – ID Qualifier and 2ND ID associated with Rendering/Attending NPI from Edit Invoice Batch screen. The Secondary ID follows the same ordering as the Rendering/Attending NPI as they need to always be reported together when the Secondary ID is required. 1.) BillingBuilder > Configure Billing Types > Edit Procedures > Incident To Secondary ID and 837 ID Qualifier. If blank, 2.) Human Resources > Staff Information > Credentials tab > Rendering/Attending Provider Secondary ID and 837 ID Qualifier. If blank, 3.) BillingBuilder > Program Billing Info > Default Medical Providers Information > Secondary ID and 837 ID Qualifier.

**Supervising Provider Last Name (NM1\*DQ-03)** – Services – Individual > Progress Notes > Supervising Provider drop down > last name of supervising provider selected.

**Supervising Provider First Name (NM1\*DQ-04)** – Services – Individual > Progress Notes > Supervising Provider drop down > first name of supervising provider selected.

**Supervising Provider NPI (NM1\*DQ-09)** – Services – Individual > Progress Notes > Supervising Provider drop down > NPI assigned to supervising provider selected from Human Resources > Staff Information > Credentials Tab > National Provider Identifier.

**Supervising Provider Secondary ID Qualifier (REF-01)** – BillingBuilder > Configure Billing Types > Edit Procedures > Require Supervising Provider in 837P > 837 ID qualifier

**Supervising Provider Secondary ID (REF-02)** – Human Resources > Staff Information > Credentials Tab > Supervising Provider Secondary ID based on the staff selected from the Supervising Provider drop down within progress note data entry.

**Service Facility Provider Name (NM1\*77-03)** – Payers > Report Service Facility Info in 837 > Service Facility Provider Name. If data is not entered, the program name will be reported that is associated with the invoice.

**Service Facility Provider NPI (NM1\*77-09)** – BillingBuilder > Configure Billing Types > Edit Procedures > Service Facility NPI. If blank, NPI is reported from Program Billing Info > Service Facility NPI.

**Service Facility Provider Address (N3-01)** – System Setup > Agency Program Information > Add / edit Entire Program > Address/Contact Information tab > Street Address.

**Service Facility Provider City (N4-01)** – System Setup > Agency Program Information > Add / edit Entire Program > Address/Contact Information tab > City.

**Service Facility Provider State (N4-02)** – System Setup > Agency Program Information > Add / edit Entire Program > Address/Contact Information tab > State.

**Service Facility Provider Zip Code (N4-03)** – System Setup > Agency Program Information > Add / edit Entire Program > Address/Contact Information tab > Zipcode.

**Service Facility Secondary ID Qualifier (REF-01)** – BillingBuilder > Configure Billing Types > Edit Procedures > Service Facility Secondary ID > 837 ID Qualifier. If blank, secondary ID qualifier is reported from Program Billing Info > 837 ID Qualifier (*to the right of Service Facility Secondary ID*).

**Service Facility Secondary ID (REF-02)** – BillingBuilder > Configure Billing Types > Edit Procedures > Service Facility Secondary ID. If blank, secondary ID is reported from > Program Billing Info > Service Facility Secondary ID.

**Referring Provider Last Name (NM1\*DN-03)** – BillingBuilder > Configure Billing Types > Edit Procedures > Referring Provider is Required in 837. The data is reported from Support Services Contacts Info OR Provides for consumer based on the role selected within the procedure configuration screen.

**Referring Provider First Name (NM1\*DN-04)** – BillingBuilder > Configure Billing Types > Edit Procedures > Referring Provider is Required in 837. The data is reported from Support Services Contacts Info OR Provides for consumer based on the role selected within the procedure configuration screen.

**Referring Provider NPI (NM1\*DN-09)** – BillingBuilder > Configure Billing Types > Edit Procedures > Referring Provider is Required in 837. The data is reported from Support Services Contacts Info OR Provides for consumer based on the role selected within the procedure configuration screen.

**Referring Provider Secondary ID Qualifier (REF-01)** – BillingBuilder > Configure Billing Types > Edit Procedures > Referring Provider is Required in 837 > 837 ID Qualifier

**Referring Provider Secondary ID (REF-02)** – BillingBuilder > Configure Billing Types > Edit Procedures > Referring Provider is Required in 837. The data is reported from Support Services Contacts Info OR Provides for consumer based on the role selected within the procedure configuration screen.

**Ordering Provider Last Name (NM1\*DK-03)** – BillingBuilder > Configure Billing Types > Edit Procedures > Ordering Provider is Required in 837. The last name data is reported from Support Services Contacts Info OR Provides for consumer based on the role selected within the procedure configuration screen.

**Ordering Provider First Name (NM1\*DK-04)** – BillingBuilder > Configure Billing Types > Edit Procedures > Ordering Provider is Required in 837. The first name data is reported from Support Services Contacts Info OR Provides for consumer based on the role selected within the procedure configuration screen.

**Ordering Provider NPI (NM1\*DK-09)** – BillingBuilder > Configure Billing Types > Edit Procedures > Ordering Provider is Required in 837. The NPI data is reported from Support Services Contacts Info OR Provides for consumer based on the role selected within the procedure configuration screen.

**Revenue Code (SV201)** – BillingBuilder > Configure Billing Types > Edit Procedures > Revenue Code. If blank, Program Billing Info > Revenue Code.

**Procedure/CPT/HCPCS Code (SV2-02-02)** – 837I / **Procedure/CPT/HCPCS Code (SV1-01-02)** – 837P – BillingBuilder > Configure Billing Types > Edit Procedures > CPT/HCPCS & Modifier Code(s) (first five characters before any colon).

**Mod1/Mod2/Mod3/Mod4 (SV2-02-03/04/05/06)** – 837I / **Mod1/Mod2/Mod3/Mod4 (SV1-01-03/04/05/06)** – 837P – BillingBuilder > Configure Billing Types > Edit Procedures > CPT/HCPCS & Modifier Code(s) (characters and any colons after the first colon).

**Procedure Description (SV2-02-07)** – 837I / **Procedure Description (SV1-01-07)** – 837P – BillingBuilder > Configure Billing Types > Edit Procedures > Procedure Description for 837 Claim File.

**Procedure Amount (SV2-03)** - 837I / **Procedure Amount (SV1-02)** – 837P – BillingBuilder > Edit Invoice Batch > Claim Amount.

**Procedure Units (SV2-05)** – 837I / **Procedure Units (SV1-04)** – 837P – BillingBuilder > Edit Invoice Batch > Svc Units.

**Date of Service (DTP\*472-03)** – BillingBuilder > Edit Invoice Batch > Service Date.

**Line Note REF Code (NTE01)** – BillingBuilder > Configure Billing Types > Edit Procedures > Report NTE (Line Note) Segment in 837 > Note Reference Code.

**Line Note Description (NTE-02)** – BillingBuilder > Configure Billing Types > Edit Procedures > Report NTE (Line Note) Segment in 837 > either the service note start time and end time OR a general note entered within the procedure is reported.

**Third Party Org Note REF Code (NTE-01)** – BillingBuilder > Configure Billing Types > Edit Procedures > Report NTE (Third Party Org Notes) Segment in 837 > Note Reference Code.

**Third Party Org Note Description (NTE-02)** – BillingBuilder > Configure Billing Types > Edit Procedures > Report NTE (Third Party Org Notes) Segment in 837 > either the service note start time and end time OR a general note entered within the procedure is reported.

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## Wrapper Data

### Segments/data

GE\*1\*70818~

IEA\*1\*190528818~