



**ANSI ASC X12N 837P
Health Care Encounter Professional**

Managed Transportation Organization (MTO)

COMPANION GUIDE

February 10, 2016

Version 5.0



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1. Introduction

1.1 Preface

The TMHP 837P MTO Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N Implementation Guide. The information in this Companion Guide describes TMHP specific data set requirements to be used for processing medical transportation encounter data. This companion guide supplements, but does not contradict any requirements in the X12N Implementation Guide which may be purchased at <http://www.wpc-edi.com>. TMHP does not use all the HIPAA data sets to process encounters.

1.2 Purpose

The 837 Professional Transaction is used to submit encounter data to the Texas Medical Transportation Program. The intent is to expedite the goal of achieving a totally electronic data interchange environment for encounter processing, and adjustments/corrections. MTO submitters must submit encounters in X12 837P format using the ASC X12 Electronic Transaction Standard published by the WPC. All encounter transactions must first satisfy the standard HIPAA rules for X12 837P; this Companion Guide provides information that reflects TMHP business rules that apply exclusively to medical transportation encounters under the MTO model.

The TMHP EDI Connectivity Guide that contains specific instructions regarding connectivity options can be found on the EDI page of the TMHP website at www.tmhp.com.

1.3 Contact Information

If there are questions or if support is required, please contact TMHP at MTOMailbox@tmhp.com.

1.4 Disclaimer

TMHP limits encounter files to 5,000 transactions per file (multiple ST-SE segments are allowed in a single batch GS-GE) and 75 megabytes (75 mb). If a file is submitted with more than 5,000 transactions or greater than 75 mb in file size, the entire file will be rejected and not processed by TMHP. However, multiple batches may be submitted to address this limitation.

1.5 Terms and Abbreviations

Acronym/Term	Acronym/Term Description or Definition
837P	837P (EDI file type) Professional Claim Transaction Type
ANSI	American National Standards Institute
API	Atypical Provider Identifier
ASC X12	Accredited Standards Committee is an organization chartered by ANSI, which develops and maintains healthcare EDI standards
Billing Provider	Provider or provider organization to which the MTO issues payment to for rendered services. Billing providers include, but are not limited to, Demand Response contractors/subcontractors, Individual Transportation Participants (self/other) and other entities.
CSHCN	Children with Special Health Care Needs
EDI	Electronic Data Interchange
HIPAA	Health Insurance Portability and Accountability Act of 1996
ITP	Individual Transportation Participant
MTI	Managed Transportation Identifier, assigned by MTOs to billing and performing providers.
MTO	Managed Transportation Organization
NPI	National Provider Identifier
Performing Provider	Person (i.e. Demand Response driver) or organization, which rendered the services. Performing providers include, but are not limited to, Demand Response subcontractors' drivers, Individual Transportation Participants (self/other) and other entities.
TICP	Texas Interoperable Communications Package
TMHP	Texas Medicaid & Healthcare Partnership
WPC	Washington Publishing Company

2. 837P Health Care Encounter – Professional

This section is used to describe the *required* data sets for medical transportation encounter processing by TMHP. The 837P format is used for submission of electronic encounters for MTOs. This is the file that is sent to TMHP for processing.

The TMHP 837P MTO Encounters Submission Guidelines provide additional instructions and guidance on the submission of encounters. Please refer to the MTO Encounters Submission Guidelines, which is located in the MTPLAYOUT folder on TXMedCentral.



837P Transaction TMHP Specific Data

The table below outlines TMHP specific data set requirements for MTOs.

Loop ID	Element ID	Data Value	Description
Control Segments			
Interchange Control Header			
	ISA05	“ZZ”	This mutually defined value is used to submit this file format to TMHP.
	ISA06	“T” or “P”	TMHP will assign submitter a test and production Submitter ID.
	ISA07	“ZZ”	This mutually defined value is used to submit this file format to TMHP.
	ISA08	Production = 617591011MTPP Testing = 617591011MTPT	This is the TMHP Receiver ID used by EDI for recognition. The last character of the ID must change to correspond with the environment to which the transaction is submitted (i.e., “P” for Production environment, and “T” for Regression test environment).
	ISA11	(pipe – not alpha character)	TMHP requests that all submitters send a (pipe – not alpha) in the ISA11 field as the Repetition Separator. This is a required field in the X12, and also must be different than the data element separator, component element separator, and the segment terminator but TMHP does not support the processing of repeated occurrences of a simple data element or a composite data structure.
	ISA15	“P”	Populate with "P" regardless of the value submitted in ISA08
Functional Group			
	GS08	005010X222A1	TMHP will support the approved addenda for 837P.
Beginning of Hierarchical Transaction			
	BHT02	“00”	TMHP will process all 837 files as original.
	BHT03	1-30 alphanumeric	TMHP sends any inbound BHT03 value back on the 277CA response file. The BHT03 is the number assigned by the submitter (submitter’s batch id or batch control number) used to identify the transaction within their system.
	BHT06	“RP”	TMHP will process all 837 transactions as encounters.
Billing Provider Information (Loop Required-TMHP)			
2000A	PRV02	“PXC”	Required qualifier value.
2000A	PRV03	10 alphanumeric	PRV03 must contain the provider’s assigned taxonomy. See Appendix A.
Billing Provider Information (Loop Required-HIPAA)			
2010AA	NM108	“XX”	If the NPI is submitted, the value of NM108 must contain XX. Note: The Atypical Provider Identifier (API) or the Managed Transportation Identifier (MTI) will be reported in Loop 2010BB.
2010AA	NM109	10 alphanumeric	Provider NPI: NM109 must contain the provider’s assigned NPI for providers enrolled with TMHP.
2010AA	REF01	“EI”, “SY”	The value of REF01 must contain EI (EIN) or SY (SSN).
2010AA	REF02	9 alphanumeric	REF02 must contain the EIN or the SSN.
2010AA	REF01	“0B”	Driver’s License: Only for ITP Providers (Specialty Code “T4”). The value of REF01 must contain 0B (State License Number). If the billing provider is not an ITP, this segment is not required.
2010AA	REF02	1-20 alphanumeric	Populate with the driver’s license number.



Loop ID	Element ID	Data Value	Description
Subscriber Name (Client Details)			
2010BA	NM108	"MI"	TMHP requests that the submitter enter "MI" for the Client ID.
2010BA	NM109	9 alphanumeric	Subscriber's Patient Control Number: Populate with client's 9-digit Medicaid number, 9-digit CSHCN number or TICIP number.
Payer Name			
2010BB	NM108	"PI"	TMHP is requesting that the submitter populate this segment with "PI" for the Payer Identification.
2010BB	NM109	617591011MTPP 617591011MTPT	This is TMHP's EDI Transaction Payer ID.
2010BB	REF01	"G2"	Billing Provider MTI: The value of REF01 must contain G2 (Provider Commercial Number) when the MTI (Managed Transportation Identifier) is sent in REF02.
2010BB	REF02	10 alphanumeric	Billing Provider MTI: REF02 must contain the MTI (Managed Transportation Identifier) where the MTI is T + Plan Code + seven digits.
Claim Information			
2300	CLM05-1	"99"	TMHP requests the submitter populate this element (Place of Service) with "99" – Other Place of Service.
2300	CLM05-3	"1" (Original) "7" (Adjustment) "8" (Void)	Claim Frequency Code: TMHP will read this value as an original <i>encounter</i> . TMHP will read this value as an (adjustment). TMHP will read this value as a <i>voided encounter</i> .
Original Reference Number			
2300	REF01	"F8"	TMHP requests that the submitter populate this element with "F8" when submitting an adjustment or void.
2300	REF02	1-30 alphanumeric	TMHP requests the submitters to populate this element with the ICN of the encounter being adjusted or voided. See Sections 5 and 6 of the MTO Encounters Submission Guidelines document, located in the /MTPCOMMON/MTPLAYOUT folder in TXMedCentral for details on submitting adjusted or voided transactions.
Claim Note Information			
2300	NTE01	"ADD"	TMHP request the submitter populate this element with "ADD" to refer to Additional Information.
2300	NTE02	1-64 alphanumeric	TMHP will only read the first 64 characters of the 80 available. TMHP requests that submitters send data in the NTE segment associated with the service line on the claim. For the optional data elements, please zero fill those that do not have actual data. The submitter should follow the below segment layout: Positions 1 -8 Date of Receipt (YYYYMMDD) – Required



Loop ID	Element ID	Data Value	Description																																																						
			<p>County Codes: Positions 9 - 11 Subscriber's County Code – Optional Positions 12 - 14 Origination Address County Code - Optional Positions 15 -17 Destination Address County Code – Optional</p> <p>Special Needs: Positions 18 - 19 Special Needs 1 - Required Positions 20 - 21 Special Needs 2 - Required Positions 22 - 23 Special Needs 3 - Required Positions 24 - 25 Special Needs 4 – Required</p> <table border="1" data-bbox="703 684 1425 1417"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>00</td><td>No Special Need</td></tr> <tr><td>01</td><td>Blind</td></tr> <tr><td>02</td><td>Cane</td></tr> <tr><td>03</td><td>Car Seat Required</td></tr> <tr><td>04</td><td>Crutches</td></tr> <tr><td>05</td><td>Deaf</td></tr> <tr><td>06</td><td>Electric Wheel Chair</td></tr> <tr><td>07</td><td>Legally Blind</td></tr> <tr><td>08</td><td>Limited English</td></tr> <tr><td>09</td><td>Mentally Impaired</td></tr> <tr><td>10</td><td>Mute</td></tr> <tr><td>11</td><td>Scooter</td></tr> <tr><td>12</td><td>Service Animal</td></tr> <tr><td>13</td><td>Vehicle with Lift</td></tr> <tr><td>14</td><td>Vehicle with Low Access</td></tr> <tr><td>15</td><td>Vehicle with Ramp</td></tr> <tr><td>16</td><td>Visually Impaired</td></tr> <tr><td>17</td><td>Walker</td></tr> <tr><td>18</td><td>Front Seat</td></tr> <tr><td>19</td><td>Epileptic</td></tr> <tr><td>20</td><td>Wheel Chair</td></tr> <tr><td>21</td><td>Stretcher Service</td></tr> </tbody> </table> <p>Payment Method: Positions 26 – 27 Payment Method - Required</p> <p>MTOs must provide the method for reimbursement of services.</p> <table border="1" data-bbox="703 1638 1425 1766"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>AF</td><td>Advanced Funds</td></tr> <tr><td>CC</td><td>Credit Card</td></tr> <tr><td>DB</td><td>Direct Bill</td></tr> </tbody> </table> <p>Providers with Specialty Codes (TR, TZ, T4, TS, or TD) need to provide the VIN:</p>	Code	Description	00	No Special Need	01	Blind	02	Cane	03	Car Seat Required	04	Crutches	05	Deaf	06	Electric Wheel Chair	07	Legally Blind	08	Limited English	09	Mentally Impaired	10	Mute	11	Scooter	12	Service Animal	13	Vehicle with Lift	14	Vehicle with Low Access	15	Vehicle with Ramp	16	Visually Impaired	17	Walker	18	Front Seat	19	Epileptic	20	Wheel Chair	21	Stretcher Service	Code	Description	AF	Advanced Funds	CC	Credit Card	DB	Direct Bill
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Loop ID	Element ID	Data Value	Description
			<p>Vehicle Identification Number (VIN): Positions 28 – 44 Vehicle Identification Number</p> <p>Shared Services Ref ID: (MTOs will be notified on the effective date) Positions 45 - 64 Shared Services ID - Situational Required when MTP services rendered in a single encounter are shared by multiple members. MTOs must submit an encounter for each member, and provide a reference number to link all encounters associated with the shared service. If the Shared Services ID is more than 20 characters long, submit the last 20 characters of the value. If the ID is less than 20 characters, submit the value right-justified, space-filled. If the ID is not required, do not submit.</p>
Health Care Diagnosis Code			
2300	HI01-1	"ABK" or "BK"	Populate this element with "ABK" for encounters submitted on or after 10/1/2015. Populate this element with "BK" for encounters submitted before 10/1/2015.
2300	HI01-2	"Z753" or "7999"	When "ABK" is submitted in HI01-1 then the value of HI01-2 is "Z753". When "BK" is submitted in HI01-1 then the value of HI01-2 is "7999".
Date of Service (Travel Date) Information			
2300	DTP01	"435"	The value of DTP01 must contain "435" (Admission).
2300	DTP02	"D8"	The value of DTP02 must contain "D8" (Date Expressed in Format CCYYMMDD).
2300	DTP03	8 alphanumeric	Populate with the Date of Service (travel date) in CCYYMMDD format.
Authorization Number			
2300	REF01	"G1"	The value of REF01 must contain "G1" (Prior Authorization Number)
2300	REF02	1-50 alphanumeric	REF02 must contain the authorization number.
Performing Provider (Driver) Information			
2310B	REF01	"0B"	Driver's License Number: Only for Demand Response drivers (Specialty Code TZ" and "TD"): The value of REF01 must contain "0B" (State License Number).
2310B	REF02	1-20 alphanumeric	Populate with the driver's license number.
2310B	REF01	"G2"	MTI: The value of REF01 must contain "G2" (Provider Commercial Number)
2310B	REF02	10 alphanumeric	Populate with the driver's MTI number.
Healthcare Provider Information			
2310C	NM108	"XX"	The value of NM108 must contain "XX" (NPI).
2310C	NM109	10 alphanumeric	Healthcare Provider NPI: NM109 must contain the provider's assigned NPI.
2310C	REF01	"0B"	The value of REF01 must contain "0B" (State License Number) when the Healthcare Provider's Tax ID or SSN is sent.



Loop ID	Element ID	Data Value	Description
2310C	REF02	1-30 alphanumeric	REF02 must contain the Tax ID or SSN (up to 30 alphanumeric).
2310C	REF01	"G2"	The value of REF01 must contain "G2" (Provider Commercial Number) when the Healthcare Provider taxonomy is sent.
2310C	REF02	10 alphanumeric	REF02 must contain the Taxonomy (10 alphanumeric).
2310C	REF01	"LU"	The value of REF01 must contain LU (Location Number) when the Healthcare Provider TPI and suffix (API) is sent.
2310C	REF02	10 alphanumeric	REF02 must contain the TPI and suffix (API) (10 alphanumeric).
Origination Address (Appointment Details)			
2310E	N301	1-55 alphanumeric	Populate the Origination Address information.
2310E	N401	2-30 alphanumeric	Populate the Origination Address City.
2310E	N402	2 alphanumeric	Populate the Origination Address State.
2310E	N403	9 alphanumeric	Populate the Origination Address 9-digit Zip Code.
Destination Address (Appointment Details)			
2310F	N301	1-55 alphanumeric	Populate the Destination Address information.
2310F	N401	2-30 alphanumeric	Populate the Destination Address City.
2310F	N402	2 alphanumeric	Populate the Destination Address State.
2310F	N403	9 alphanumeric	Populate the Destination Address 9-digit Zip Code.
Other Subscriber Information (COB Payer Paid Amount)			
2320	AMT01	"D"	TMHP requests the submitter populate this element with "D" for the Coordination of Benefits (COB) Payer Paid Amount when the encounter is Paid. Do not submit the segment if the encounter status is Denied.
2320	AMT02		<p>TMHP requests the submitter to populate this element with the total amount of money that the plan has paid on this transaction. It is acceptable to show "0" amount paid.</p> <p><i>New requirements are effective February 26, 2016.</i></p> <p><i>See Section 7 of the MTO Encounters Submission Guidelines document, located in the /MTPCOMMON/MTPLAYOUT folder in TXMedCentral for requirements for reporting paid amounts.</i></p>
Other Payer Name			
2330B	NM108	"PI"	TMHP requests the submitter populate this element with "PI" for the Payer Identification.
2330B	NM109	2 alphanumeric	MTO Plan Code: TMHP requests the submitter populate this element with the MTO Plan Code.
2330B	REF01	"F8"	TMHP requests the submitter populate this element with "F8" for the Original Reference Number.
2330B	REF02	1-50 alphanumeric	<p>Paying ICN: TMHP requests the submitter populates this element with the ICN the plan applied to this transaction. Positions 1,2,3,4 are reserved for the sequence number. All four positions must be populated (0001) as opposed to (1).</p> <p>If the plan does not use the sequence number in its processing, enter four zeroes (0000).</p>
Service Line			
2400	SV101-1	"HC"	TMHP request the submitter populate this segment with "HC" to refer to Health Care Financing Administration Common



Loop ID	Element ID	Data Value	Description
			Procedural Coding System (HCPCS) Codes.
2400	SV101-2		Procedure Code: TMHP requests the submitter to populate with the procedure code. See Appendix A.
2400	SV104		<p>THMP requests the submitter to populate this element with the billed units for meals, lodging, airline travel, intercity bus and mass transit, and transportation miles provided by demand response drivers and ITPs.</p> <p><i>New requirements are effective February 26, 2016.</i></p> <p><i>See Section 7 of the MTO Encounters Submission Guidelines document, located in the /MTPCOMMON/MTPLAYOUT folder in TXMedCentral for requirements for reporting billed units.</i></p>
2400	DTP01	"472"	The value of DTP01 must contain "472" (Service).
2400	DTP02	"D8" "RD8"	<p>Healthcare Appointment Date: The value of DTP02 must contain either:</p> <p>"D8" if Healthcare Appointment From Date only is provided, or</p> <p>"RD8" if Healthcare Appointment From and To Date are both provided.</p> <p>"RD8" is required only when the "To and From" dates are different.</p>
2400	DTP03	1-35 alphanumeric	<p>Populate with the Appointment Date , and if applicable, Healthcare Appointment To Date.</p> <p>If DTP02 is "D8", as CCYYMMDD, or</p> <p>If DPT02 is "RD8", as CCYYMMDD-CCYYMMDD</p>
2400	QTY01	"PT"	The value of QTY01 must = "PT"
2400	QTY02		<p>Number of Attendants: TMHP requests the submitter to populate this element only when an attendant is required. It should be populated with the number of travelers (attendants plus client)</p> <p><i>New requirements are effective February 26, 2016.</i></p> <p><i>See Section 7 of the MTO Encounters Submission Guidelines document, located in the /MTPCOMMON/MTPLAYOUT folder in TXMedCentral for requirements for reporting Attendants.</i></p> <p>Note: When the encounter is client only (no attendant), this element should not be submitted.</p>
Line Note (Trip Details and Encounter Status Code)			
2400	NTE01	"ADD"	TMHP request the submitter populate this element with "ADD" to refer to Additional Information.
2400	NTE02	1-3 alphanumeric	<p>TMHP will only read the first three 3) characters of the 80 available.</p> <p>TMHP requests that submitters send data in the NTE segment</p>



Loop ID	Element ID	Data Value	Description						
			<p>associated with the service line on the claim. The submitter should follow the segment layout below:</p> <p>Encounter Status: Position 1 Encounter Status Code – Required</p> <table border="1" data-bbox="784 489 1430 585"> <thead> <tr> <th data-bbox="784 489 889 520">Code</th> <th data-bbox="889 489 1430 520">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="784 520 889 552">"P"</td> <td data-bbox="889 520 1430 552">Paid</td> </tr> <tr> <td data-bbox="784 552 889 585">"D"</td> <td data-bbox="889 552 1430 585">Denied</td> </tr> </tbody> </table> <p>Number of One-Way Trips Positions 2 - 3 Number of one-way trips – Required Number of one-way trips must be populated (01), as opposed to (1). Number of one-way trips must be populated (01) as opposed to (1).</p>	Code	Description	"P"	Paid	"D"	Denied
Code	Description								
"P"	Paid								
"D"	Denied								



3. Appendices:

3.1 Appendix A: MTP Procedure Code Values

Provider/Participant	Enrollment (TMHP or MTO)	Provider Specialty	Provider Specialty Description	Provider Type	Taxonomy	Procedure Code	Billing Provider	Performing Provider*
Managed Transportation Organization Demand Response Waiver	TMHP	TR	Demand Response MTO Waiver	MT	343800000X - Secured Medical Transport (VAN), Transportation Services	A0100 - Non-emergency transportation, taxi	Yes	No
Managed Transportation Organization Demand Response Waiver Driver	MTO	TZ	Demand Response MTO Driver Waiver	MT	343800000X - Secured Medical Transport (VAN), Transportation Services	A0100 - Non-emergency transportation, taxi	No	Yes
ITP Self	MTO	T4	Individual Transportation Participant (ITP)	MT	347C00000X - Private Vehicle, Transportation Services	A0090 - Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest.	Yes	Yes
ITP Other	MTO	T4	Individual Transportation Participant (ITP)	MT	347C00000X - Private Vehicle, Transportation Services	A0080 - Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	Yes	Yes
Demand Response Subcontractor	TMHP	TS	Demand Response Subcontractor	MT	343800000X - Secured Medical Transport (VAN), Transportation Services	A0100 - Non-emergency transportation, taxi	Yes	No



Provider/Participant	Enrollment (TMHP or MTO)	Provider Specialty	Provider Specialty Description	Provider Type	Taxonomy	Procedure Code	Billing Provider	Performing Provider*
Demand Response Subcontractor Driver	MTO	TD	Demand Response Subcontractor Driver	MT	343800000X - Secured Medical Transport (VAN), Transportation Services	A0100 - Non-emergency transportation, taxi	No	Yes
Meals Provider/Contractor	MTO	T8	Meals	MT	174200000X - Meals, Other Service Providers	A0190 - Non-emergency transportation: ancillary: meals-recipient	Yes	Yes
Lodging Provider	MTO	T6	Lodging	MT	177F00000X - Lodging, Other Service Providers	A0180 - Non-emergency transportation: ancillary: lodging-recipient	Yes	Yes
Bus	MTO	T3	Intercity Bus (Greyhound)	MT	347B00000X - Bus, Transportation Services	A0110 - Non-emergency transportation and bus, intra or interstate carrier	Yes	Yes
Mass Transit	MTO	T7	Mass Transit	MT	347B00000X - Bus, Transportation Services	T2004 - Non-emergency transport; commercial carrier, multi-pass	Yes	Yes
Airline Travel	MTO	T2	Airline Travel	MT	344800000X - Air Carrier, Transportation Services	A0140 - Non-emergency transportation and air travel (private or commercial) intra or inter state	Yes	Yes

***When Performing Provider is same as Billing Provider, only submit Billing Provider.**

Important: Procedure codes billed are considered to be the type of service (TOS) rendered by the MTO. Therefore, TOS is not required to be included in the claim /encounter.



3.2 Appendix B:837P Example Transaction

The 837P transaction is designed to transmit one or more transactions for each billing provider. The hierarchy of the looping structure is billing provider, subscriber, claim level, and claim service line level. Files submitted using this hierarchy are more efficient because information that applies to all lower levels in the hierarchy will not have to be repeated within the transaction. The example included below combines elements from both the Implementation Guide and MTO Companion Guide.

TMHP Note:

As an assumption for these file formats, if the Subscriber is the same individual as the Patient, then the Patient Loop is not to be populated per HIPAA compliance. Information sent in the 2000C loop will be ignored by TMHP.

In the following example, carriage return line feeds are inserted in place of ~ character for improved readability purposes.

Example TMHP 837P Transaction – ITP:

```
ISA*00*      *00*      *ZZ*999999999 *ZZ*617591011MTPT *151104*0431*~*00501*000000103*1*P*:
GS*HC*999999999*617591011MTPP*20151104*0431*1674*X*005010X222A1
ST*837*1674*005010X222A1
BHT*0019*00*1674*20151104*0431*RP
NM1*41*2*MTO SUBMITTER NAME*****46*999999999
PER*IC*MTO CONTACT NAME*TE*8888888888
NM1*40*2*TMHP RECEIVER NAME*****46*617591011MTPP
HL*1**20*1
PRV*BI*PXC*347C00000X
NM1*85*1*BILLING ITP LASTNAME*FIRSTNAME
N3*100 NORTH MAIN ST
N4*AMARILLO*TX*791090000
REF*SY*777777777
REF*OB*666666666
HL*2*1*22*0
SBR*P*18*****11
NM1*IL*1*MEMBER LASTNAME*MEMBER FIRSTNAME****MI*555555555
N3*100 EAST MAIN AVE
N4*AMARILLO*TX*791090000
DMG*D8*20150101*M
NM1*PR*2*TMHP PAYER NAME*****PI*617591011MTPP
N3*100 SOUTH MAIN BLVD
N4*AUSTIN*TX*787010000
REF*G2*TMX4444444
CLM*555555555*5.01***99:B:1*Y*A*Y*Y
DTP*435*D8*20151020
REF*G1*3333333
NTE*ADD*2015102718805705703000000DB19UUA56683A055657      A123456789
HI*ABK:Z753
NM1*77*2*HEALTHCARE PROVIDER NAME*****XX*2222222222
N3*100 WEST MAIN WAY
N4*DALLAS*TX*752350000
REF*G2*204F00000X
NM1*PW*2
N3*100 EAST MAIN AVE
N4*DALLAS*TX*752350000
NM1*45*2
```



N3*100 WEST MAIN WAY
 N4*DALLAS*TX*752310000
 SBR*S*18*****11
 AMT*D*5.01
 OI***N*P**Y
 NM1*IL*1*MEMBER LASTNAME*MEMBER FIRSTNAME****MI*55555555
 N3*100 E MAIN AVE
 N4*AMARILLO*TX*791090000
 NM1*PR*2*MTO NAME*****PI*M3
 N3*100 MAIN DRIVE
 N4*RIDGELAND*MS*391572703
 DTP*573*D8*20151030
 REF*F8*00001234567
 LX*1
 SV1*HC:A0090*5.01*UN*8.95***1
 DTP*472*D8*20151020
 QTY*PT*2
 NTE*ADD*P01
 SE*54*1674
 GE*1*1674
 IEA*1*000000103

Example Accenture 837P Transaction – Demand Response:

ISA*00* *00* *ZZ*999999999 *ZZ*617591011MTPT *151104*0431*|*00501*000000103*1*P*:
 GS*HC*999999999*617591011MTPP*20151104*0431*1674*X*005010X222A1
 ST*837*1674*005010X222A1
 BHT*0019*00*1674*20151104*0431*RP
 NM1*41*2*MTO SUBMITTER NAME*****46*999999999
 PER*IC*MTO CONTACT NAME*TE*8888888888
 NM1*40*2*TMHP RECEIVER NAME*****46*617591011MTPP
 HL*1**20*1
 PRV*BI*PXC*343800000X
 NM1*85*2*BILLING PROVIDER ORG NAME*****XX*7777777777
 N3*100 NORTH MAIN ST
 N4*PLAINVIEW*TX*790720000
 REF*EI*6666666666
 HL*2*1*22*0
 SBR*P*18*****11
 NM1*IL*1*MEMBER LASTNAME*FIRSTNAME****MI*555555555
 N3*100 EAST MAIN AVE
 N4*LUBBOCK*TX*794120000
 DMG*D8*19650101*F
 NM1*PR*2*TMHP PAYER NAME*****PI*617591011MTPP
 N3*100 SOUTH MAIN BLVD
 N4*AUSTIN*TX*787010000
 CLM*4444444*30.00***99:B:1*Y*A*Y*Y
 DTP*435*D8*20151002
 REF*G1*55555555
 NTE*ADD*201510101521521520200000DB1D4GP24RX5B424122 A123456789
 HI*ABK:Z753
 NM1*82*1*PERFORMING PRV*DRIVER
 REF*G2*TMX3333333
 REF*0B*22222222
 NM1*77*2*HEALTHCARE PROVIDER NAME*****XX*2222222222
 N3*100 WEST MAIN WAY
 N4*LUBBOCK*TX*794101160
 REF*LU*111111101



REF*G2*207RA0201X
NM1*PW*2
N3*100 EAST MAIN AVE
N4*LUBBOCK*TX*794120000
NM1*45*2
N3*100 WEST MAIN WAY
N4*LUBBOCK*TX*794240000
SBR*S*18*****11
AMT*D*30.00
OI**N*P**Y
NM1*IL*1*MEMBER LASTNAME*FIRSTNAME****MI*666666666
N3*100 E MAIN AVE
N4*LUBBOCK*TX*794120000
NM1*PR*2*MTO PAYER NAME*****PI*M3
N3*100 MAIN DRIVE
N4*RIDGELAND*MS*391572703
DTP*573*D8*20150925
REF*F8*00001234567
LX*1
SV1*HC:A0100*30.00*UN*3.55***1
DTP*472*D8*20150910
NTE*ADD*P01
SE*55*1674
GE*1*1674
IEA*1*000000103

3.3 Appendix C: Summary of Version Changes

The following is a log of changes made since the original version of the document was published.

	Change	Date
1.	Added Vehicle Identification Number (VIN) to 2300 NTE02, Updated Section 3.1 Appendix A with new Provider Specialty codes	06/25/2014
2.	Updated Section 3.2 Appendix B, with TMHP standard PHI text and revised example. Removed reference to ICD-10 diagnosis codes from Health Care Diagnosis Code.	07/23/2014
3.	Added reference to ICD-10 diagnosis code to Health Care Diagnosis Code and clarified language in description of 2300 REF01	10/15/2015
4.	<ul style="list-style-type: none"> • ISA15 - Clarified expected value • 2300/NTE02 at positions 45-64 - Added Shared Services data element associated with the new Units and Attendants solution • 2300/REF02 - Clarified prior transaction ID value expected for voids and adjustment submissions • 2300/HI01 - Added reference to ICD-10 diagnosis code to Health Care Diagnosis Code and clarified language in description. • 2320/AMT01 - Added expected qualifier for MTO Paid Amount. • 2400/SV104 - Clarified expected billed units. • Updated examples to be consistent with the MTO solution. • Rephrased sentence structure to improve clarity without changing the content. • Addressed grammar and punctuation errors. 	11/20/2015
5.	<ul style="list-style-type: none"> • Updated Effective Date for the requirements related to Units and Attendants. • Applied minor formatting changes 	2/10/2016