

BHA 837 Companion Guide

Mental Health and Crisis FY22-23



COLORADO
Behavioral Health
Administration

Page	Loop	Segment	Data Element	Required	Reference Description	Comments
C.3	Interchange Control Header	ISA	01	Y	Authorization Information Qualifier	'00' - No Auth Info
C.4	Interchange Control Header	ISA	02	Y	Authorization Information	{leave blank}
C.4	Interchange Control Header	ISA	03	Y	Security Information Qualifier	'00' - No Sec Info
C.4	Interchange Control Header	ISA	04	Y	Security Information	{leave blank}
C.4	Interchange Control Header	ISA	05	Y	Interchange Id Qualifier	'ZZ' - Mutually Defined
C.4	Interchange Control Header	ISA	06	Y	Interchange Sender Id	Use three digit agency ID from CCAR. If a RAE submits for a center, the related RAE ID will be used.
C.4-C.5	Interchange Control Header	ISA	07	Y	Interchange Id Qualifier	'ZZ' - Mutually Defined
C.5	Interchange Control Header	ISA	08	Y	Interchange Receiver Id	BHA
C.6	Interchange Control Header	ISA	14	Y	Acknowledgement Request	'0' = No ack req.
C.6	Interchange Control Header	ISA	15	Y	Usage Indicator	'T' for Test , 'P' Production
C.6	Interchange Control Header	ISA	16	Y	Component Element Separator	': '
C.7	Functional Group Header	GS	02	Y	Application Senders Code	Use three digit agency ID from CCAR. If a RAE submits for a center, the related RAE ID will be used.
C.7	Functional Group Header	GS	03	Y	Application Receivers Code	BHA
	Header	BHT	04	Y	Transaction Set Creation Date	Batch Date
					Submitter Name - Loop 1000A	

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	1000A	NM1	03	Y	Organization Name	Submitter Agency Name
	1000A	NM1	09	Y	Submitter Id	Use three digit agency ID from CCAR. If a RAE submits for a center, the related RAE ID will be used.
					Receiver Name - Loop 1000B	
80	1000B	NM1	03	Y	Receiver Name	Colorado Behavioral Health Administration
80	1000B	NM1	09	Y	Receiver Primary Identifier	BHA
					Billing Provider - Loop 2010AA	
	2010AA	NM1	03	Y	Billing Provider Organization Name	Name of Center
89	2010AA	NM1	08	Y	Identification Code Qualifier	'XX' National Provider ID
90	2010AA	NM1	09	Y	Billing Provider ID	Center's NPI
94	2010AA	REF	01	N	Reference Identification Qualifier	'EI' Employer's Identification Number
94	2010AA	REF	02	N	Billing Provider Additional ID	Center's Tax ID
					Subscriber Name - Loop 2010BA	
122	2010BA	NM1	03	Y	Subscriber Last Name	
122	2010BA	NM1	04	Y	Subscriber First Name	
122	2010BA	NM1	05	N	Subscriber Middle Name	
122-123	2010BA	NM1	08	Y	Identification Code Qualifier	'MI' Member Identificaton Number
123	2010BA	NM1	09	Y	Subscriber Primary ID	Use client ID from CCAR.
127	2010BA	DMG	02	Y	Subscriber Birth Date	
128	2010BA	DMG	03	Y	Subscriber Gender Code	
					Patient Name - Loop 2010CA **This loop is only used when the Subscriber is different from the patient	
148	2010CA	NM1	03	Y	Patient Last Name	Client's last name
148	2010CA	NM1	04	Y	Patient First Name	Client's first name
148	2010CA	NM1	05	N	Patient Middle Name	Client's middle initial
152	2010CA	DMG	02	Y	Patient Birth Date	Client's date of birth.

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153	2010CA	DMG	03	Y	Patient Gender Code	Client Gender
					Claim Information - Loop 2300	
158	2300	CLM	01	Y	Patient Account Number	Agency Client ID - MUST match client ID on CCAR. Must be in a CCAR format
159	2300	CLM	05	Y	CLM05 - Place of Service Code	Location where the service was delivered. Must be 2 characters and valid values are 01-99. See USCS for details on each value.
226	2300	HI	01	N	Principal Diagnosis	Diagnosis code for this service. Not Required under MH for the following Procedure/Service Codes: H0023, H0025, H2011, S9485, 90839, 90840
					Service Line - Loop 2400	
					SV1 - Professional Service	
352-353	2400	SV1	01-1	Y	Product ID Qualifier	'HC' - HCPCS codes
353	2400	SV1	01-2	Y	Procedure Code	Procedure code for the service.
353	2400	SV1	01-3	N	HCPCS Modifier 1	1st Procedure Code Modifier
353	2400	SV1	01-4	N	HCPCS Modifier 2	2nd Procedure Code Modifier
353	2400	SV1	01-5	N	HCPCS Modifier 3	3rd Procedure Code Modifier
354	2400	SV1	01-6	N	HCPCS Modifier 4	4th Procedure Code Modifier
355	2400	SV1	03	Y	Unit or Basis for Measurement Code	'UN' - Units
355	2400	SV1	04	Y	Service Unit Count	Number of units for the service. No decimals.

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355	2400	SV1	05	N	Place of Service Code	Location where the service was delivered. Required when value is different than value carried CLM05-1 in loop 2300
					DTP Date - Service Date	
382	2400	DTP	02	Y	Date Time Period Format Qualifier	'D8' if single date, 'RD8' if date range
382	2400	DTP	03	Y	DTP03 - Service Date	From & To dates are the same unless a "RD8" code is used to indicate a date range.
					REF - Line item Control Number	
401	2400	REF	01	Y	Provider Control Number	'6R'
402	2400	REF	02	Y	Reference Identification	Provider's internal service unique ID
					NTE - Line Note	Used for Special Studies Code
413	2400	NTE	01	N	Note Reference code	'ADD' - Additional Information
413	2400	NTE	02	N	Description	Special Studies code. One special studies code allowed per service
					Rendering Provider - Loop 2310B or Loop 2420A	
431	2420A	REF	01	Y	Reference Identification Qualifier	'XX' National Provider ID - Required
431	2420A	REF	02	N	Rendering Provider Secondary ID	Use rendering provider's NPI if available