



Companion Guide – 837 Professional and Institutional Claims

Instructions related to 837 Health Care Institutional & Professional Claims Transaction Based on ASC X12 Implementation Guides, Version 005010

Supports ASC X12N 837I (005010X223 & 005010X223A1)
ASC X12N 837P (005010X222 & 005010222A1)

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Introduction

The Health Insurance Portability and Accountability Act (HIPAA) require that Medicaid and all other health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI X12N implementation guides have been established and the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarifying Virginia Premier Health Plan, Inc (VPH) EDI setup. This companion guide supplements, but does not contradict any requirements in the ANSI X12N implementation guide.

For questions relating to the Virginia Premier Health Plan, Inc. 837 Institutional Claim Transaction, and the 837 Professional Claim Transaction, or testing please email your questions to vpe_edisupport@vapremier.com.

All technical guides can be found or ordered from the Washington Publishing Company's website at www.wpc-edi.com.

Purpose

This companion guide must be used in conjunction with an ASC X12 Implementation Guide. The instructions illustrated in the companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to standard HIPPA requirements of any associated ASC X12 Implementation Guide. This guide contains clarifications and requirements that are specific to transactions and data elements contained in various segments for both Institutional and Professional claims.

ISA (Interchange Control Header)

The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. The **Input Data** column below contains text in [brackets], which indicates special input data dependent on sender.

Segment	Size	Name	Input Data	Notes
ISA01	2	Authorization Information Qualifier	00	No Authorization Information Present
ISA02	10	Authorization Information	[ten space placeholder]	If no Authorization Information number provided then enter 10 spaces in field.
ISA03	2	Security Information Qualifier	00	No Security Information Present
ISA04	10	Security Information	[ten space placeholder]	If no Authorization Information number provider then enter 10 spaces in field.
ISA05	2	Interchange ID Qualifier	ZZ	Mutually Agreed
ISA06	15	Interchange Sender ID	Submitter specific ID	[Submitter ID, agreed upon with VPHP]
ISA07	2	Interchange ID Qualifier	ZZ	Mutually Agreed
ISA08	15	Interchange Receiver ID	Submitter specific ID	Receiver ID [Provided by VPHP]
ISA09	6	File Creation Date	[Enter date format as YYMMDD]	Date of file creation
ISA10	4	File Creation Time	[Enter time format as HHMM]	Time of file creation, HourHourMinuteMinute
ISA11	1	Repetition Separator		Send a 'Pipe' symbol
ISA12	5	Interchange Control Version #	00501	Version Number
ISA13	9	Interchange Control Number	[Sender specific control number]	A control number assigned by the interchange sender. ISA13 must be identical to the associated Interchange Trailer IEA02.
ISA14	1	Acknowledgement Requested	0 = No 1 = Yes	Enter 1 if you require a 997 or 999 response file
ISA15	1	Usage Indicator	T or P	T – Test Data P- Production Data
ISA16	1	Component Element Separator	>	Separates component elements

IEA (Interchange Control Trailer Segment)

This segment defines the end of an interchange of zero or more functional groups and interchange related control segments. The **Input Data** column below contains text in [brackets], which indicates special input data dependent on sender.

Segment	Size	Name	Input Data	Notes
IEA01	1/5	Transmission Group Count		A count of the number of functional groups included
IEA02	9	Interchange Control Number		A control number assigned by the sender. Must match the value sent in ISA13

GS (Functional Group Header Segment)

This segment indicates the beginning of a functional group and to provide control information. The **Input Data** column below contains text in [brackets], which indicates special input data dependent on sender.

Segment	Size	Name	Input Data	Notes
GS01	2	Functional Identifier Code	HC	Health Care Claim
GS02	2/15	Application Sender's Code	Submitter specific ID	Must match the value submitted in ISA06
GS03	2/15	Application Receiver's Code	Submitter specific ID	Receiver ID Provided by VPHP
GS04	8	File Creation Date	Date format: YYYYMMDD	Functional group creation date
GS05	4/8	File Creation Time	Time format: HHMM	HourHourMinuteMinute
GS06	1/9	Group Control Number	[Submitter-specific number]	Assigned and maintained by the sender. The header must be identical to the associated functional group trailer GE02.
GS07	1/2	Responsible Agency Code	X	Accredited Standards Committee X12
GS08	1/12	Version/Release/Industry Identifier Code	005010X223A1(I) or 005010222A1 (P)	Health Care Claim for Institutional and Professional

GE (Functional Group Trailer Segment)

This segment indicates the end of a functional group and to provide control information. The **Input Data** column below contains text in [brackets], which indicates special input data dependent on sender.

Segment	Size	Name	Input Data	Notes
GE01	1/6	Number of Transaction Sets Included	[Submitter specific number]	Total number of transaction sets included in the function group or interchange (transmission) group terminated by the trailer containing this data element
GE02	1/9	Group Control Number	[Submitter specific number]	Assigned and maintained by the sender. The header must be identical to the associated functional group header GS06.

Required Data for 837 Incoming Professional Claims/Encounters Submission:

Tab	Loop	Seg	Field	Input Data	Notes
2	2010AA	NM1	NM1 08	XX	Identification Code Qualifier
2	2010AA	NM1	NM1 09	NPI of Billing Provider	Identification Code
2	2010AA	REF	REF 01	"EI" followed by Tax ID in REF02	Reference Identification Qualifier
2	2010AA	REF	REF 02	Tax ID	Reference Identification
2	2010BB	REF	REF 01	G2 if claim contains a provider API instead of an NPI	Reference Identification Qualifier
2	2010BA 2010CA	NM1	NM1 08	MI	Identification Code Qualifier
2	2010BA 2010CA	NM1	NM1 09	HMO Member # for insured/patient	Identification Code
2	2300	CR1	CR1 03 to CR1 06	Required if claim involved ambulance transport	Ambulance Transport Information
2	2310A	NM1	NM1 08	"XX"	Identification Code Qualifier
2	2310A	NM1	NM1 09	NPI of Referring Provider (2)	Identification Code

2	2310A	REF	REF 01	"EI" followed by Tax ID in REF02	Reference ID Qualifier
2	2310A	REF	REF 02	Tax ID	Reference Identification
2	2310B	NM1	NM1 08	XX	Identification Code Qualifier
2	2310B	NM1	NM1 09	NPI of Rendering Provider	Identification Code
2	2310B	REF	REF 01	"G2" followed by Provider Commercial Number in REF02	Reference ID Qualifier
2	2310B	REF	REF02	Provider Commercial Number	Reference Identification
2	2310B	REF	REF 01	"EI" followed by Tax ID in REF02	Reference ID Qualifier
2	2310B	REF	REF 02	Tax ID	Reference Identification
2	2310C	NM1	NM1 08	XX	Identification Code Qualifier
2	2310C	NM1	NM1 09	NPI of Facility	Identification Code
2	2310C	N3	N3 1	Service Facility Address	Must be physical address, no PO Boxes
2	2310C	REF	REF 01	"EI" followed by Tax ID in REF02	Reference ID Qualifier
2	2310C	REF	REF 02	Tax ID	Reference Identification

Notes:

- (1) Tax ID is required on 2010A Billing Provider if an NPI is submitted as the primary identifier.
- (2) Claims submitted without a Tax ID for the Billing Provider are non-HIPAA compliant and will be rejected as the Tax ID is used as part of the provider matching logic.
- (3) Use the Referring Provider's individual's NPI, not a group NPI, for the Rendering Provider Loop. The Group NPI can be used in the Billing Provider Loop. If Billing Provider is a billing entity or Health Department, please provide referring Provider's individual's NPI in Rendering Provider Loop.
- (4) Only one Rendering Provider/NPI will be accepted per Claim, do not override on the line level.
- (5) All N3 Segments, Address Line, should be physical addresses only, no PO boxes. The exceptions are as follows;
 - a. Loop 2010AB, Pay to Address
 - b. Loop 2010AC, Pay to Plan Address
 - c. Loop 2010BB, Payer Address
 - d. Loop 2330B, Other Payer Address
- (6) If a provider uses an API number instead of an NPI, this value should be placed in 2310B

Required Data for 837 Incoming Institutional Claims/Encounters Submission:

Table	Loop	Seg	Field	Input Data	Notes
2	2010AA	NM1	NM108	XX	Identification Code Qualifier
2	2010AA	NM1	NM109	NPI of Billing Provider	Identification Code
2	2010AA	REF	REF01	"EI" followed by Tax ID in REF02	Reference Identification Qualifier
2	2010AA	REF	REF02	Tax ID	Reference Identification
2	2010BA / 2010CA	NM1	NM108	MI	Identification Code Qualifier
2	2010BA / 2010CA	NM1	NM109	HMO Member # for insured/patient	Identification Code
2	2310D	REF	REF01	G2- Use when provider uses an API number instead of an NPI	Reference Identification Qualifier
2	2310E	NM1	NM108	XX	Identification Code Qualifier
2	2310E	NM1	NM109	NPI of service facility	Identification Code
2	2310E	REF	REF 02	Tax ID	Reference Identification
2	2310F	NM1	NM108	XX	Identification Code Qualifier
2	2310F	NM1	NM109	NPI of Referring Physician	Identification Code

Notes:

- (1) Tax ID is required on 2010A Billing Provider if an NPI is submitted as the primary identifier.
- (2) Claims submitted without a Tax ID for the Billing Provider are non-HIPAA compliant and will be rejected as the Tax ID is used as part of the provider matching logic.
- (3) NPI and Tax ID of Service Facility is required
- (4) Use the Referring Provider's individual's NPI, not a group NPI.
- (5) All N3 Segments, Address Line, should be physical addresses only, no PO boxes. The exceptions are as follows;
 - a. Loop 2010AB, Pay to Address
 - b. Loop 2010AC, Pay to Plan Address
 - c. Loop 2010BB, Payer Address
 - d. Loop 2330B, Other Payer Address
- (6) If a provider uses an API number instead of an NPI, this value should be placed in 2310D