

Companion Guide for



X12N 837 (Version 4010-A1) Professional Claims Submission

Revised: 5/15/2010

Introduction

The Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the Department of Health and Human Services (HHS) establish national standards for electronic health care transactions for health plans and providers. The 837 X12N Implementation Guides were implemented as the standard document to be used in order to comply with claims transaction compliance for electronic data interchange in health care.

Companion Guide

PCG has prepared this document as a guide to the data elements and segment requirements for electronic claim submissions. The intended audience for this document should be the technical team responsible for creating the specifications needed to submit a HIPAA compliant electronic claims file. This information should be coordinated with the healthcare provider's billing practice to ensure accuracy and completion of all necessary data requirements.

Transaction Information

In order to submit a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Implementation Guides & Addenda for the Health Care Claim: Professional ASC X12N 837P. This transaction guide can be retrieved at the Washington Publishing Company's website at www.wpc-edi.com.

Submitters must go through the appropriate set-up and authorization process in order to transmit electronic claims to Public Consulting Group, Inc.

System Overview

Claims Administrator (CA) used in conjunction with Submitter Services will facilitate the submission of claims data from providers, or their designated entities into the claims processing system. Claims can currently be received in the 837P format.

Data Verification

All submitters will be required to present test transmissions to verify the integrity of the data being sent before "Live" transmissions are allowed. This will be coordinated through our Technical contact below.

Contact Information

Technical	Paul Costello	800-306-0732	pcostello@pcgus.com
Business	Theresa Bloom-Freitas	800-306-0732	Tbloom-freitas@pcgus.com

IMPORTANT REMINDERS FOR SUCCESSFUL CLAIMS ADJUDICATION

- Validation of the PCG member identification number is essential. If this number is not provided or is incorrect, the claim will be rejected.
- Adjustments, voids and replacement claims cannot be submitted in the 837 format at this time. Please continue to submit these claims on paper.
- Modifiers must be included next to the CPT/HCPCS code on the line item where applicable. Pricing modifiers should be applied in the 1st modifier position to ensure appropriate pricing rules. Please ensure that multiple modifiers are separated by HIPAA delimiting characters.

837P Control Segments (Professional)

Position	Segment ID / Data Element Number	Description	837 Requirements	PCG Claim Administrator Instructions
ISA - INTERCHANGE CONTROL HEADER (PROFESSIONAL)				
	ISA	Interchange Control Header	To start and identify an interchange of zero or more functional groups and interchange-related control segments.	
	ISA01 / I01	Authorization Information Qualifier	Required.	Use: 00 (Additional Data Identification).
	ISA02 / I02	Authorization Information	Required.	Enter: 10 Spaces
	ISA03 / I03	Security Information Qualifier	Required.	Use: 00
	ISA04 / I04	Security Information	Required.	Enter: 10 Spaces
	ISA05 / I05	Interchange ID Qualifier	Required, identifies the information in ISA06.	Use: ZZ (Mutually Defined).
	ISA06 / I06	Interchange Sender ID	Required.	Use your Submitter ID. (Fill 15 Positions).
	ISA07 / I05	Interchange ID Qualifier	Required, identifies the information in ISA08.	Use: ZZ (Mutually Defined).
	ISA08 / I07	Interchange Receiver ID	Required.	Enter: PCG DUNS(143153927) (Fill 15 Positions 000000143153927)
	ISA09 / I08	Interchange Date	Required	Enter: Date of the Interchange YYMMDD
	ISA10 / I09	Interchange Time	Required	Enter: Time of the Interchange HHMM (24 HR Military Time)
	ISA11 / I10	Interchange Control Standard	Required	Enter: U (for US EDI ASCI X12)
	ISA12 / I11	Interchange Control Version Number	Required	Enter: 00401 (for US EDI ASCI X12)
	ISA13 / I12	Interchange Control Number	Required	Enter: Unique 9 Digit Number Assigned by Sender (Must be Same as IEA02 Trailer)
	ISA14 / I13	Acknowledgement Requested	Required	Enter: 0 (no Acknowledgement Required)
	ISA15 / I14	Usage Indicator	Required	Enter: P or T (P = Production, T = Test)
	ISA16 / I15	Element Separator	Required	Enter: : (Colon)

GS - FUNCTIONAL GROUP HEADER (PROFESSIONAL)

GS	Functional Group Header	To indicate the beginning of a functional group and to provide control information.	
GS01 / 479	Functional Identifier Code	Required	Enter: HC (for Health Care Claim (837))
GS02 / 142	Application Sender Code	Required.	Use your Submitter ID. This is the same code as used in ISA06
GS03 / 124	Application Receiver Code	Required.	Enter: PCG DUNS(143153927)
GS04 / 373	Date	Required	Enter: Transaction Creation Date CCYYMMDD
GS05 / 337	Time	Required	Enter: Transaction Time 24Hr Military Clock HHMM
GS06 / 28	Group Control Number	Required	Enter: Assigned Number by the Sender, Must be Same as in GE02 Group Trailer
GS07 / 455	Responsible Agency Code	Required	Enter: X (for American Standards Committee X12)
GS08 / 480	Version/Release/Industry Identifier Code	Required	Enter: 004010X098A1 (Draft Approved Standard for X12)

ST – TRANSACTION SET HEADER (PROFESSIONAL)

ST	Transaction Set Header	Designed to transmit one or more claims per billing provider	
ST01 / 143	Transaction Set Identifier Code	Required	Enter: 837 (for Health Care Claim (837))
ST02 / 329	Transaction Set Control Number	Required.	Enter: Assigned Number by the Sender, Must be Same as in SE02 Trailer, minimum 4, maximum 9 characters.

BHT – TRANSACTION SET HEADER (PROFESSIONAL)

BHT	Begin Transaction Set Header	Designed to transmit one or more claims per billing provider	
BHT01 / 353	Hierarchical Structure Code	Required	Enter: 0019 (Information Source, Subscriber Dependent)
BHT02 / 127	Transaction Set Purpose Code	Required.	Enter: 00 (for original issue)
BHT03 / 127	Reference Identification	Required	Enter: (Same as in ST02)
BHT04 / 373	Date	Required	Enter: Transaction Creation Date CCYYMMDD
BHT05 / 337	Time	Required	Enter: Transaction Time 24Hr Military Clock HHMM
BHT06 / 640	Transaction Type Code	Required	Enter: CH (for Chargeable)

REF – REFERENCE IDENTIFICATION (PROFESSIONAL)

REF	Identifying Information	To Specify identifying Information.	
REF01 / 128	Reference Identifier Qualifier	Required	Enter: 87 (Functional Category)
REF02 / 127	Reference Identification	Required.	Enter: 004010X098A1 (Draft Approved Standard for X12)

NM1 – SUBMITTER NAME (PROFESSIONAL) – LOOP 1000A

NM1	Begin Transaction Set Header	To Supply the Full Name of an Organization	
NM101 / 98	Entity Identifier Code	Required	Enter: 41 (Submitter)
NM102 / 1065	Entity Type Qualifier	Required.	Enter: 2 (for non-person entity) or 1 (for a person)
NM103 / 1035	Name – Last or Organization Name	Required	Enter: If an entity - (Submitter Name), If a person – (Enter Last Name)
NM104 / 1036	Name - First	Required	Enter: Only if a person
NM105 / 1037	Name - Middle	Required	Enter: Only if a person
NM106 / 1038	Name - Prefix	Not Used	Enter: Only if a person
NM107 / 1039	Name - Suffix	Not Used	Enter: Only if a person
NM108 / 66	Identification Code Qualifier	Required	Enter: 46 (for ETIN established by trading agreement)
NM109 / 67	Identification Code	Required	Enter: Submitter ID This is the same code as used in ISA06

PER – ADMINISTRATIVE COMMUNICATIONS CONTACT (PROFESSIONAL)

PER	Administrative Communications Contact	To Identify a person or office to whom administrative communications should be directed	
PER01 / 366	Contact Function Code	Required	Enter: IC (Information Contact)
PER02 / 93	Contact Name	Required.	Enter: (Submitter Contact Name)
PER03 / 365	Communication Number Qualifier	Required	Enter: TE (for Telephone Number)
PER04 / 364	Communication Number	Required	Enter: (Phone Number including country or area code where applicable)

NM1 – RECEIVER NAME (PROFESSIONAL) – LOOP 1000B

NM1	Begin Transaction Set Header	To Supply the Full Name of an Organization	
NM101 / 98	Entity Identifier Code	Required	Enter: 40

NM102 / 1065	Entity Type Qualifier	Required.	Enter: 2
NM103 / 1035	Name – Last or Organization Name	Required	Enter: Public Consulting Group
NM104 / 1036	Name - First	Not Used	Enter:
NM105 / 1037	Name - Middle	Not Used	Enter:
NM106 / 1038	Name - Prefix	Not Used	Enter:
NM107 / 1039	Name - Suffix	Not Used	Enter:
NM108 / 66	Identification Code Qualifier	Required	Enter: 46
NM109 / 67	Identification Code	Required	Enter: 143153927

HL – BILLING/PAY –TO PROVIDER HIERARCHICAL LEVEL (PROFESSIONAL) – LOOP 2000A

HL	Billing/Pay-to Provider Hierarchical Level	To identify dependencies among the content of hierarchically related groups of data segments	
HL01 / 628	Hierarchical Identifier Code	Enter: Must begin with a "1" and increment by one each time an HL Segment is used. This will typically be a '1'	
HL02/ 734	Hierarchical Parent Identifier Code	Not Used	Enter:
HL03 / 735	Hierarchical Level Code	Required.	Enter: 20
HL04 / 736	Hierarchical Child Code	Required	Enter: 1

NM1 – BILLING PROVIDER NAME (PROFESSIONAL)

NM1	Begin Transaction Set Header	To Supply the Full Name of an Organization	
NM101 / 98	Entity Identifier Code	Required	Enter: 85
NM102 / 1065	Entity Type Qualifier	Required.	Enter: 2 (for non-person entity) or 1 (for a person)
NM103 / 1035	Name – Last or Organization Name	Required	Enter: If an entity - (Billing Provider Name) If a person – (Last Name)
NM104 / 1036	Name - First	Required	Enter: (if a person)
NM105 / 1037	Name - Middle	Required	Enter: (if a person)
NM106 / 1038	Name - Prefix	Not Used	Enter:
NM107 / 1039	Name - Suffix	Not Used	Enter:
NM108 / 66	Identification Code Qualifier	Required	Enter: XX (National Provider Number NPI) 24 (for Employer's Identification Number)

NM109 / 67	Identification Code	Required	Enter: NPI, or Tax ID based on NM108
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N3 – BILLING PROVIDER ADDRESS (PROFESSIONAL)

N3	Billing Provider Address	To Specify the location of the named party	
N301 / 166	Address Information	Required	Enter: (Billing Provider Address Line 1)
N302 / 166	Address Information	Required (if exists).	Enter: (Billing Provider Address Line 2) if it exists

N4 – BILLING PROVIDER CITY/STATE/ZIP CODE (PROFESSIONAL)

N4	Billing Provider City/State/Zip Code	To Specify the location of the named party	
N401 / 19	City Name	Required	Enter: (Billing Provider City Name)
N402 / 156	State or Province Code	Required.	Enter: (Billing Provider State Code)
N403 / 116	Postal Code	Required	Enter: (Billing Provider Zip Code)
N404 / 26	Country Code	Required	Required if Address is outside of US

REF – BILLING PROVIDER SECONDARY IDENTIFICATION (PROFESSIONAL)

REF	Billing Provider Secondary Identification	To Specify an additional identifier for the Billing Provider. This is required if the primary identifier is the providers federal tax id.	
REF01 / 128	Reference Identification Qualifier	Required	Enter: 1D
REF02 / 156	Reference Identification	Required.	Enter: (AHCCCS assigned Billing Provider Legacy ID)

NM1 – PAY-TO PROVIDER NAME (PROFESSIONAL) – LOOP 2010AB

NM1	Begin Transaction Set Header	To Supply the Full Name of an Organization	
NM101 / 98	Entity Identifier Code	Required	Enter: "87 (Pay- To Provider)
NM102 / 1065	Entity Type Qualifier	Required.	Enter: "2" (for non-person entity) or "1" (for a person)
NM103 / 1035	Name – Last or Organization Name	Required	Enter: If an entity - (Pay-To Provider Name), If a person – (Last Name)
NM104 / 1036	Name - First	Required	Enter: (If NM102 = "1" person Enter Last Name)
NM105 / 1037	Name - Middle	Required	Enter: (If NM102 = "1" person Enter Middle Name)
NM106 / 1038	Name - Prefix	Not Used	Enter:
NM107 / 1039	Name - Suffix	Not Used	Enter:

NM108 / 66	Identification Code Qualifier	Required	Enter: "24" (for Employer's Identification Number) "34" (for Social Security Number)
NM109 / 67	Identification Code	Required	Enter: (Pay-To Providers EZCAP ID) For Vendor Enter Tax ID# For Provider Enter SS #

N3 – PAY- TO PROVIDER ADDRESS (PROFESSIONAL)

N3	Pay To Provider Address	To Specify the location of the named party	
N301 / 166	Address Information	Required	Enter: (Pay To Provider Address Line 1)
N302 / 166	Address Information	Required (if exists)	Enter: (Pay To Provider Address Line 2) if it exists

N4 – PAY – TO PROVIDER CITY/STATE/ZIP (PROFESSIONAL)

N4	Pay To Provider City/State/Zip Code	To Specify the location of the named party	
N401 / 19	City Name	Required	Enter: (Billing/Pay To Provider City Name)
N402/ 156	State or Province Code	Required.	Enter: (Billing/Pay To Provider State Code)
N403/ 116	Postal Code	Required	Enter: (Billing/Pay To Provider Zip Code)
N404/ 26	Country Code	Required	Required if Address is outside of US

HL – SUBSCRIBER HIERARCHICAL LEVEL (PROFESSIONAL) – LOOP 2000B

HL	Subscriber Hierarchical Level	To identify dependencies among the content of hierarchically related groups of data segments	
HL01/ 628	Hierarchical Identifier Code	Required	Enter: Must begin with a "1" and increment by one each time an HL Segment is used. This will typically be a '2' because of the prior Provider Level Segment.
HL02/ 734	Hierarchical Parent Identifier Code	Required	Enter : '1'
HL03 / 735	Hierarchical Level Code	Required.	Enter: "22" (for subscriber)
HL04 / 736	Hierarchical Child Code	Required	Enter: "0" (to indicate no subordinate HL Data Segments used)

SBR – SUBSCRIBER INFORMATION (PROFESSIONAL)

SBR	Subscriber Information	To identify information specific to the primary insured and the insurance carrier for that insured.	
SBR01/ 1138	Payer Responsibility Sequence Code	Required	Enter: Insurance carriers level of payment responsibility: 'P' – Primary 'S' – Secondary 'T' – Tertiary
SBR02/ 1069	Individual Relationship Code	Required	Enter : '18' (for self)
SBR03 / 127	Reference Identification	Not Used	
SBR04 / 93	Free Form Name	Required	Enter: Insured Group or Plan Name if the subscribers payer id includes a Group or Plan Name

NM1 – SUBSCRIBER NAME (PROFESSIONAL)

NM1	Begin Transaction Set Header	To Supply the Full Name of a Individual or Organization	
NM101 / 98	Entity Identifier Code	Required	Enter: "IL" (Insured or Subscriber)
NM102 / 1065	Entity Type Qualifier	Required.	Enter: "1" (for person entity) "2" (for non person entity)
NM103 / 1035	Name – Last or Organization Name	Required	Enter: (Subscriber Last Name or Organization Name)
NM104 / 1036	Name - First	Required	Enter: (If NM102 = '1' Person Enter First Name)
NM105 / 1037	Name - Middle	Required	Enter: (If NM102 = '1' Person Enter Middle Name)
NM106 / 1038	Name - Prefix	Not Used	Enter:
NM107 / 1039	Name - Suffix	Not Used	Enter:
NM108 / 66	Identification Code Qualifier	Required	Enter: "MI" (Required if NM102 = "1" Else Enter *)
NM109 / 67	Identification Code	Required	Enter: (Subscriber/Member ID)

N3 –SUBSCRIBER ADDRESS (PROFESSIONAL)

N3	Subscriber Address	To Specify the location of subscriber	
N301 / 166	Address Information	Required	Enter: (Subscriber Address Line 1)
N302 / 166	Address Information	Required.	Enter: (Subscriber Address Line 2)

N4 –SUBSCRIBER CITY/STATE/ZIP CODE (PROFESSIONAL)

N4	Subscriber City/State/Zip Code	To Specify the location of the subscriber	
N401 / 19	City Name	Required	Enter: (Billing Subscriber City Name)
N402/ 156	State or Province Code	Required.	Enter: (Billing Subscriber State Code)
N403/ 116	Postal Code	Required	Enter: (Billing Subscriber Zip Code)
N404/ 26	Country Code	Required	Required if Address is outside of US

DMG –SUBSCRIBER DEMOGRAPHIC INFORMATION (PROFESSIONAL)

DMG	Subscriber City/State/Zip Code	Required if the patient is the same person as the subscriber. (Loop SBR02 = 18 (self))	
DMG01/1250	Date Time Period Qualifier	Required	Enter: "D8"
DMG02/1251	Subscriber Birth Date	Required.	Enter Patient Birth Date in CCYYMMDD Format
DMG03/1068	Gender Code	Required	Enter: "F" (female), "M" (Male), "U" (unknown)

NM1 – PAYER NAME (PROFESSIONAL) – LOOP 2010BB

NM1	Begin Transaction Set Header	To Supply the Full Name of the Destination Payer	
NM101 / 98	Entity Identifier Code	Required	Enter: "PR" (Payer)
NM102 / 1065	Entity Type Qualifier	Required.	Enter: "2" (for non person entity)
NM103 / 1035	Name – Last or Organization Name	Required	Enter: "Public Consulting Group"
NM104 / 1036	Name - First	Not Used	Enter:
NM105 / 1037	Name - Middle	Not Used	Enter:
NM106 / 1038	Name - Prefix	Not Used	Enter:
NM107 / 1039	Name - Suffix	Not Used	Enter:
NM108 / 66	Identification Code Qualifier	Required	Enter: "PI" (Payer Identification)
NM109 / 67	Identification Code	Required	Enter: "143153927" (PCG DUNS#)

837P CLM – HEALTH CLAIM (PROFESSIONAL) – LOOP 2300

CLM	Health Claim	To supply basic claim data	
CLM01/1028	Claim Submitter's Identifier	Required	Enter: Patient Account Number (Necessary for Remittances)
CLM02/782	Monetary Amount	Required	Enter: Total Claim Charge Amount
CLM05/C023	Health Care Service Location	Required	(CLM05 is a composite data element separated by a colon) ":" (see below)
CLM05-1/1331	Facility Code Value	Required	Enter: '11' – Office '12' – Home '13' – Assisted Living Facility '14' – Group Home '15' – Mobile Unit '20' – Urgent Care Facility '21' – Inpatient Hospital '22' – Outpatient Hospital '23' – Emergency Room '24' – Ambulatory Surgical Center '25' – Birthing Center '26' – Military Treatment Center '31' – Skilled Nursing Facility '32' – Nursing Facility '33' – Custodial Care Facility '34' – Hospice '41' – Ambulance Land '42' – Ambulance Air or Water '49' – Independent Clinic '50' – Federally Qualified Health Center '51' – Inpatient Psychiatric Facility '52' – Psychiatric Facility Partial Hospitalization '53' – Community Mental Health Center '54' – Intermediate Care Facility/Mentally Retarded '55' – Residential Substance Abuse Treatment Facility '56' – Psychiatric Residential Treatment Center '60' – Mass Immunization Center '61' – Comprehensive Inpatient Rehabilitation Facility '62' – Comprehensive Outpatient Rehabilitation Facility '65' – End Stage Renal Disease Treatment Facility '71' – State or Local Public Health Clinic '72' – Rural Health Clinic '81' – Independent Lab '99' – Other Unlisted Facility
CLM05-2 / 1332	Facility Code Qualifier	Not Used	Enter:
CLM05-3/1325	Claim Frequency Type Code	Required	Enter: "1" (for Original) Note – Replacements, Voids or Adjustments are not accepted at this time. (please submit on hardcopy)

NM1 – RENDERING PROVIDER NAME (PROFESSIONAL) – LOOP 2310

NM1	Rendering Provider	To Supply the Full Name of an Organization
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NM101 / 98	Entity Identifier Code	Required	Enter: 82
NM102 / 1065	Entity Type Qualifier	Required.	Enter: 2 (for non-person entity) or 1 (for a person)
NM103 / 1035	Name – Last or Organization Name	Required	Enter: If an entity - (Rendering Provider Name) If a person – (Last Name)
NM104 / 1036	Name - First	Required	Enter: (if a person)
NM105 / 1037	Name - Middle	Optional	Enter: (if a person)
NM106 / 1038	Name - Prefix	Not Used	Enter:
NM107 / 1039	Name - Suffix	Not Used	Enter:
NM108 / 66	Identification Code Qualifier	Required	Enter: XX (National Provider Number NPI) 24 (for Employer's Identification Number)
NM109 / 67	Identification Code	Required	Enter: NPI, or Tax ID based on NM108

REF – RENDERING PROVIDER SECONDARY IDENTIFICATION (PROFESSIONAL)

REF	Rendering Provider Secondary Identification	To Specify an additional identifier for the Rendering Provider.	
REF01 / 128	Reference Identification Qualifier	Required	Enter: If NM108 is “24” then “1D” else “EI”
REF02 / 156	Reference Identification	Required.	Enter: The AHCCCS legacy ID if NM108 is “24” or the Provider’s Tax ID if “XX”.

837P SV1 – HEALTH CLAIM (PROFESSIONAL ONLY) – LOOP 2400

SV1	Professional Service	To specify the claim service detail for a Health Care professional	
SV104 / 380	Quantity	Required	Enter: The claim service unit rounded to the nearest whole number.

This document has been prepared as a PCG specific companion document to the implementation guide and will clarify when conditional data elements and segments must be used for PCG reporting. This companion guide document supplements but does not supersede any requirements in the 837 version 4010 A1 (Addenda) implementation guide.

Please refer to the 837 4010 Professional transaction set documentation for the remainder of the CLM related segment requirements.