

The Sandhills Center MCO

**Instructions Related to Transactions Based on
ASC X12 Implementation Guide
Version 005010X223A2
Health Care Claim: 837 Institutional**

Companion Guide Version Number: 1.0
October 1, 2012

The Sandhills Center Companion Guide

Health Care Claim: Institutional (837I) ASC X12 005010X223A2

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Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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Transaction Instruction (TI)

1 TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

1.3 Intended Audience

This companion guide is intended for business and technical users responsible for the testing and setup of electronic claims submissions between Trading Partners and Sandhills Center Network.

1.4 Purpose of Companion Guide

The Companion Guide is to be used with, and to supplement, the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. The HIPAA ASC X12 Implementation Guides Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion guide is to provide Trading Partners with a guide to communicate specific Sandhills Center Network information required to successfully exchange transactions.

1.5 Trading Partner Agreement

Providers or vendors who directly transmit electronic claims to The Sandhills Center must complete a Sandhills Center Trading Partner Agreement (TPA).

2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

<u>Unique ID</u>	<u>Name</u>
005010X223	Health Care Claim: Professional (837I)
005010X223A1	Health Care Claim: Professional (837I)
005010X223A2	Health Care Claim: Professional (837I)

3 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent "segments" in the X12N implementation guide.
NON-SHADED rows represent "data elements" in the X12N implementation guide.

005010X222A1 Health Care Claim: Professional

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
	ISA03	Interchange Control Security Information Qualifier	00	Use "00" – No Security Information Present.
	ISA05	Interchange ID (Sender) Qualifier	ZZ	Use "ZZ" – Mutually Defined.
	ISA06	Interchange Sender ID		Use the Submitter ID issued by The Sandhills Center
	ISA07	Interchange ID (Receiver) ID	ZZ	Use "ZZ" – Mutually Defined.
	ISA08	Interchange Receiver ID		Use "SHC303"
Header	GS	Functional Group Header		
	GS02	Application Sender's Code		Use the Submitter ID issued by The Sandhills Center
	GS03	Application Receiver's Code		Use "SHC303"
Header	ST	Transaction Set Header		
	ST03	Implementation Conversion Reference	005010X223 A2	Refer to section 1.2 of Implementation Guide
1000A	NM1	Submitter Name		
	NM108	Identification Code Qualifier	46	Use "46" - Electronic Transmitter ID Number
	NM109	Identification Code		Use the Submitter ID issued by The Sandhills Center

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Loop ID	Reference	Name	Codes	Notes/Comments
1000B	NM1	Receiver Name		
	NM103	Receiver Name		Use "The Sandhills Center"
	NM108	Identification Code Qualifier	46	Use "46" - Electronic Transmitter ID Number
	NM109	Receiver Primary Identifier		Use "SHC303"
2000A	PRV	Billing Provider Specialty		Enter the taxonomy code in the Billing Provider Loop. Not used for "Atypical Billing Providers".
	PRV01	Provider Code	BI	Use "BI" - Billing Provider
	PRV02	Identification Code Qualifier	PXC	Use "PXC" - Taxonomy Code
	PRV03	Identification Code		Use the Billing Provider's Taxonomy Code
2010AC		Pay-to-Plan		The Sandhills Center will not use this segment
2000B	SBR	Subscriber Information		
	SBR09	Claim Filing Indicator Code	MC	Use "MC" - Medicaid
2010BA	NM1	Subscriber Name		
	NM108	Identification Code Qualifier	MI	Use "MI" - Member Identification Number
	NM109	Subscriber Primary Identifier		Use the Consumer's 10 digit Medicaid ID ending in an alpha character
2010BB	NM1	Payer Name		
	NM103	Payer Name		Use "The Sandhills Center"
	NM108	Payer ID Qualifier	PI	Use "PI" - Payer ID
	NM109	Payer Identifier		Use "SHC303"
2010BB	REF	Billing Provider Secondary Reference		Only "Atypical Providers" may use this segment
	REF01	Reference ID Qualifier	G2	Use "G2" to indicate "Atypical Provider"
	REF02	Reference Identification		"Atypical Providers" use their North Carolina Medicaid Provider Number
2000C		PATIENT HIERARCHICAL LEVEL		The Sandhills Center will not use this Level
2300	PWK	Claim Supplemental Information		
	PWK01	Attachment Report Type Code	OZ	Use "OZ" - Support Data for Claim - only to be used in combination with PWK02 to indicate Medicare does not

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Loop ID	Reference	Name	Codes	Notes/Comments
				cover the service submitted
	PWK02	Attachment Transmission Code	AA	Use "AA" – Available on Request at Provider Site – only to be used to indicate Medicare does not cover the service
	PWK06	Attachment Control Number		Use 10-digit Control number
2300	REF	Payer Claim Control Number		
	REF01	Reference Identification Qualifier	F8	Use "F8" - Original Reference Number - when CLM05-3 is equal to 7 or 8
	REF02	Reference Identification		Use the payer ICN of the original claim that is being replaced or voided
2300	HI	Value Information		Use to report SSI contributions for ICF/MR
	HI01	Health Care Code Information		
	HI01-1	Qualifier Code	BE	Use "BE" - Value
	HI01-2	Value Code	23	Use "23" – Patient Share of Cost.
	HI01-5	Value Amount		Dollar amount of SSI contribution. This should only be reported on the first claim of the month or until the SSI is depleted for the month.
2310F	NM1	Referring Provider Name		Used to report the Medicaid primary care provider, local management entity, or referring psychiatrist.
	NM103	Referring Provider Last Name		When referring provider is a group or office, please provide name of organization as the provider last name or UNKNOWN
	NM109			Enter the NPI of the NC Medicaid primary care provider, local management entity, or psychiatrist.
2310F	REF	Referring Provider Secondary ID		Only "Atypical Providers" may use this segment
	REF01	Reference ID Qualifier	G2	Use "G2" to indicate "Atypical Provider"

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Loop ID	Reference	Name	Codes	Notes/Comments
	REF02	Reference Identification		"Atypical Providers" use their North Carolina Medicaid Provider Number
2410	LIN	Drug identification		Loop 2410 is required when a drug is administered by a provider during an emergency room visit and a drug related HCPCS code is reported in SV202-2. Sandhills Center Network only pays for drugs for Medicaid consumers administered during an emergency room visit, or administered during Hospital Outpatient procedures. Prescriptions and self-administered drugs are not covered.
2410	REF	Prescription or Compound Drug Association Number		
	REF01	Reference Identification Qualifier	VY	Use "VY" - Link Sequence Number

4 TI Change Summary

Version 1.0	October 1, 2012	Sandhills Center Network