



## ***837 Health Care Claim: Professional Companion Guide***

**Version 1.0**

## Revision History

| Document Version Number | Revision Date | Revision Page Numbers | Reason for Revision |
|-------------------------|---------------|-----------------------|---------------------|
|                         |               |                       |                     |
|                         |               |                       |                     |

## Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States comply with the electronic data interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The American National Standards Institute (ANSI) X12N implementation guides have been established as the standards of compliance for healthcare 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 clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict, any requirements in the X12N implementation guide. Additional information on the Final Rule for Standards for Electronic Transactions can be found at <http://aspe.hhs.gov/admsimp/final/txfin00.htm>. The HIPAA Implementation Guides can be accessed at [http://www.wpc-edi.com/hipaa/HIPAA\\_40.asp](http://www.wpc-edi.com/hipaa/HIPAA_40.asp).

This *Companion Guide* is considered a living document, and as such, the information provided herein will be subject to change. The most recent version of this document can be found at [www.kansashealthsolutions.com](http://www.kansashealthsolutions.com).

## **Purpose of 837 Health Care Claim: Professional**

The 837 Professional transaction is used to submit healthcare claims and encounter data to a payer for payment. This transaction is the only acceptable format for electronic professional claim submissions to Kansas Health Solutions. The intent is to expedite the goal of achieving a totally electronic data interchange environment for healthcare claim/encounter processing, payment, corrections, and reversals. This transaction supports the submission of professional claims and professional encounters. The 837 Health Care Claim: Professional transaction is the electronic correspondent to the paper HCFA 1500 claim form; therefore, any claim types or encounter data submitted on the HCFA 1500 form correlate to this transaction when data is submitted electronically.

Required segments within the 837 transaction must always be sent by the submitter and received by the payer. Optional information should be sent when it is necessary for processing. Segments that are conditional are only sent when special criteria are met. Although required segments in the incoming transaction may not be used during claims processing, some of these data elements will be returned in other transactions such as the 835 Remittance Advice.

## Special Considerations for 837 Transactions

1. **Subscriber, Insured, and Member = Beneficiary in the KHS Environment** KMAP does not allow for dependents to be enrolled under a primary subscriber, rather all enrollees/beneficiaries are primary subscribers within each program or managed care organization (MCO). If dependent level segments are received, they will be ignored during processing.
2. **Uppercase Versus Lowercase** All alphabetic characters must be submitted in uppercase, including both AN and ID data element types.
3. **Claims Should Be Submitted in Separate ISA-IEA Envelopes** Do not include multiple GS-GE groups within the ISA-IEA Envelopes. You may submit multiple ST-SE Transaction Sets within ISA-IEA Envelopes.
4. **Submitters** Submissions by entities/individuals not contracted with KHS will be rejected.
5. **997 Acknowledgement for All Transactions Processed** A 997 file will not be generated. Providers will be able to receive confirmations through the upload status and ECP exception report on ProviderConnect.
6. **Partial Units** All units on a claim must be billed as whole units.
7. **Negative Values Submitted in the CLM02 or SV103 Data Elements** If a claim is submitted with a negative value in either the CLM02 or SV103, there is potential that the entire transaction could fail due to balancing issues.

## 837 Health Care Claim: Professional Companion Guide

### 837 Batch Data Element Descriptions

| 837 Health Care Claim: Professional                         |      |         |   |  |
|---|------|---------|---|--|
| Page<br>Reference page from<br>837P Implementation<br>Guide | Loop | Segment | Data Element                                | Comments   |
|   | N/A  | ISA     | ISA01 - Authorization Information Qualifier | Use '00' - No Authorization Information Present  |
|   | N/A  | ISA     | ISA03 - Security Information Qualifier      | Use '00' - No Security Information Present   |
|   | N/A  | ISA     | ISA05 - Interchange ID Qualifier            | Use 'ZZ' - Mutually Defined  |
|   | N/A  | ISA     | ISA06 - Interchange Sender ID               | Use the code assigned by KANSAS HEALTH SOLUTIONS after Trading Partner Agreement has been established. |
|   | N/A  | ISA     | ISA07 - Interchange ID Qualifier            | Use '30' - Federal Tax ID Number   |
|   | N/A  | ISA     | ISA08 - Interchange Receiver ID             | Use '208498601'  |
|   | N/A  | ISA     | ISA14 - Acknowledgement Requested           | Use '0' - KANSAS HEALTH SOLUTIONS will not be generating the 997 Functional Acknowledgement            |
|   | N/A  | ISA     | ISA15 - Usage indicator                     | Use 'P' for Production or Use 'T' for Test   |
|   | N/A  | ISA     | ISA16 - Component Element Separator         | Use ':'  |
|   | N/A  | GS      | GS01 - Functional ID Code                   | Use 'HC' - 837 Health Care Claim   |
|   | N/A  | GS      | GS02 - Application Sender's Code            | This must be equal to the value in ISA06.  |
|   | N/A  | GS      | GS03 - Application Receiver Code            | This must be equal to the value in   |

|     |        |     |  |  |
|-----|--------|-----|--|--|
|     |        |     |  | ISA08.   |
|     | N/A    | GS  | GS08 - Version/Release/ Industry ID Code   | Use '004010X098A1' for Production or '0004010X098DA1' for Test   |
| 75  | 1000B  | NM1 | NM103 - Name Last or Organization Name     | Use 'KANSAS HEALTH SOLUTIONS'  |
| 75  | 1000B  | NM1 | NM109 - Identification Number              | Use '208498601'  |
| 80  | 2000A  | PRV | PRV03 - Reference Identification           | The taxonomy code for the billing provider. Required if the rendering is the same as the billing provider.                 |
| 86  | 2010AA | NM1 | NM108 - Identification Code Qualifier      | Use 'XX' when submitting a National Provider Identifier (NPI).   |
| 86  | 2010AA | NM1 | NM109 - Identification Code                | Must be a 10-digit number when NM108=XX. NPI must be submitted for providers mandated to use the NPI.                      |
| 92  | 2010AA | REF | REF01 - Reference Identification Qualifier | Use 'EI' or 'SY' EI = Employer's Identification Number SY = Social Security number Only required if NM108=XX.              |
| 92  | 2010AA | REF | REF01 - Reference Identification Qualifier | Use 'ID' - Only used after May 23, 2007, when the provider is not mandated to submit a National Provider Identifier (NPI). |
| 112 | 2000B  | SBR | SBR09 - Claim Filing Indicator Code        | Use 'MC' - Medicaid  |
| 118 | 2010BA | NM1 | NM102 - Entity Type Qualifier              | Use '1' - Person   |
| 119 | 2010BA | NM1 | NM108 - Identification Code Qualifier      | Use 'MI' - Member Identification Number  |
| 131 | 2010BB | NM1 | NM103 - Payer Name                         | Use 'KANSAS HEALTH SOLUTIONS'  |
| 131 | 2010BB | NM1 | NM108 - ID Code Qualifier                  | Use 'PI' - Payer Identification  |

|     |        |      |  |  |
|-----|--------|------|--|--|
| 131 | 2010BB | NM1  | NM109 - ID Code Qualifier                  | Use '208498601'  |
| 171 | 2300   | CLM  | CLM01 – Patient Account Number             | This is used in the returned 835 and it is strongly recommended that submitters use completely unique numbers for each individual claim.                                     |
| 173 | 2300   | CLM  | CLM05-3 Claim Frequency Type Code          | It is recommended that only the 1 (original) code is used. A 6 (corrected) or 7 (replacement) code can be submitted, but it is suggested that these are submitted via paper. |
| 178 | 2300   | CLM  | CLM12 - Special Program Code               | If services are provided under the EPSDT program, this data element should be present and contain an '01'  |
| 228 | 2300   | REF  | REF01 – Reference Identification Qualifier | Use 'G1'   |
| 228 | 2300   | REF  | REF02 – Prior Authorization Number         | Use Authorization or Authorization Plan Number. It is recommended that either is sent so that the claim is not denied or paid incorrectly.                                   |
| 265 | 2300   | HI01 | HI01-2 – Diagnosis Code                    | The decimal point should be omitted on diagnosis codes.  |
| 292 | 2310B  | NM1  | NM108 - Identification Code Qualifier      | Use 'XX' when submitting a National Provider Identifier (NPI).   |
| 292 | 2310B  | NM1  | NM109 - Identification Code                | Must be a 10-digit number when NM108=XX. After May 23, 2007, an NPI must be submitted for providers mandated to use the NPI.   |

|     |       |     |                                    |   |
|-----|-------|-----|------------------------------------|---|
| 294 | 2310B | PRV | PRV03 - Reference Identification   | The taxonomy code for the rendering provider. Must be submitted when the rendering provider is different than the billing or pay to provider. |
| 297 | 2310B | REF | REF01 - Reference Identifier       | Use '1D' - Only used after May 23, 2007, when the provider is not mandated to submit a National Provider Identifier (NPI).                    |
|     | N/A   | GE  | GE02 - Group Control Number        | This is equal to the value in GS06.   |
|     | N/A   | IEA | IEA02 - Interchange Control Number | This is equal to the value in ISA13.  |