



## **Standard Companion Guide Transaction Information**

**Instructions related to Transactions based on ASC  
X12 Implementation Guides, version 005010**

***Final***

# **837D Companion Guide Version Number: 2.0**

## **June 30<sup>th</sup>, 2011**

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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.

## 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.

Unique ID	Name
[005010X224A2	Health Care Claim: Dental (837)]

### 3 Instruction Tables

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

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

#### 3.1 837D 005010X224A2 Healthcare Claim Dental

##### 005010X224A2 Healthcare Claim Dental

South Carolina Department Health and Human Services 837D Companion Guide

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	ISA	Interchange Control Header		1	R	1		
HDR	ISA01	Authorization Information Qualifier	ID	2-2	R		00, 03	Use Value '00'
HDR	ISA03	Security Information Qualifier	ID	2-2	R		00, 01	Use Value '00'
HDR	ISA05	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Use Value 'ZZ' – Mutually Defined
HDR	ISA06	Interchange Sender ID	AN	15-15	R			Use the SC Medicaid Assigned Submitter Number
HDR	ISA07	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Use Value 'ZZ' – Mutually Defined
HDR	ISA08	Interchange Receiver ID	AN	15-15	R			Use Value 'SCMEDICAID' –
HDR	ISA11	Repetition Separator	AN	1-1	R			Hardcode Caret ^
HDR	ISA14	Acknowledgement Requested	ID	1-1	R		0, 1	<p>If your Trading Partner Agreement indicates that you will receive an Interchange Acknowledgement (TA1). Use '1' for Interchange Acknowledgement Requested</p> <p>If your Trading Partner Agreement does not indicate that you will receive an Interchange Acknowledgement (TA1).</p> <p>Use '0' for No Interchange Acknowledgement Requested</p>
HDR	ISA15	Usage Indicator	ID	1-1	R		P, T	'Provider should use 'T' until testing of the Trading Partner is approved
HDR	ISA16	Component Element Separator	An	1-1	R			Default to :

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	GS	<b>FUNCTIONAL GROUP HEADER</b>		1	R	>1		
HDR	GS02	Application Sender Code	AN	2-15	R			Use the " SC Medicaid Assigned Submitter ID '
HDR	GS03	Application Receiver Code	AN	2-15	R			Use Value 'SCMEDICAID'

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
1000A	NM1	<b>Submitter Name</b>		1	R	1		
1000A	NM109	Submitter Identifier	AN	2-80	R			Use SC Medicaid Trading Partner ID.

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2000A	PRV	<b>BILLING PROVIDER SPECIALTY INFORMATION</b>		1	R	1		
2000A	PRV03	Provider Taxonomy Code	AN	1-50	R			Submit the Provider Taxonomy that was used for the SC Medicaid Provider Enrollment

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2010A	NM1	<b>Billing Provider Name</b>		1	R	1		
2010A	NM109	Identification Code	AN	1-50	R			Use value NPI for billing Provider

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
<b>2010AA</b>	<b>REF</b>	<b>BILLING PROVIDER TAX IDENTIFICATION</b>		<b>1</b>	<b>R</b>	<b>1</b>	<b>1<sup>st</sup> Occurrence</b>	
2010AA	REF01	Reference Identification Qualifier	AN	2-3			Code value 0B, 1B, 1C, 1D, 1E, 1H, G2, G5, LU, TJ	Use value "SY"
2010AA	REF02	Reference Identification Number	AN	2-80				Use value "Social Security Number"

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
<b>2010BA</b>	<b>NM1</b>	<b>Subscriber</b>		<b>1</b>	<b>R</b>	<b>1</b>		
2010BA	NM108	Identification Code Qualifier	AN	2-3			MI, II	Use value "MI"
2010BA	NM109	Subscriber Primary Identifier	AN	2-80	S			Use Value "Subscriber ID"

## 4 TI Change Summary

Version	Issue Date	Modified By	Comments / Reason
1.0	06/07/2011	William Douglas	Original document 06/07 /2011
1.1	06/15/2011	William Douglas	Updates for ISA14
2.0	06/30/2011	William Douglas	Comments from Review and updates to ISA 16 should be a : and ISA11 should be ^