



Standard Companion Guide Transaction Information

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

Final

837I Companion Guide Version Number: 2.0

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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
[005010X223A2	Health Care Claim Institutional (837)]

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.

3.1 837I 005010X223A2 Healthcare Claim Institutional

005010X223A2 Healthcare Claim Institutional

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	GS	FUNCTIONAL GROUP HEADER		1	R	>1		
HDR	GS02 ISA01	Application Sender Authorization Information Qualifier	AN ID	2-15 2-2	R R		00, 03	Use the SC Medicaid Assigned Submitter ID "OO"
HDR	GS03 ISA03	Application Receiver Security Information Qualifier	AN ID	2-15 2-2	R R		00, 01	Use Value 'SCMEDICAID' "OO"
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	If your Trade Partner Agreement indicates that you will receive an Interchange Acknowledgement (TA1). Use '1' for Interchange Acknowledgement Requested If your Trading Partner Agreement does not indicate that you will receive an Interchange Acknowledgement (TA1). Use '0' for No Interchange Acknowledgement Requested
HDR	ISA15	Usage Indicator	ID	1-1			P, T	'Provider should use 'T' until testing of the Trading Partner is approved
HDR	ISA16	Component Element Separator	An	1-1	R			Default :

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	BHT	BEGINNING OF HIERARCHICAL TRANSACTION	1	R	1			
HDR	BHT02	Transaction Set Purpose Code	ID	2-2	R		00, 18	Use Value '00' - Original
HDR	BHT05	Transaction Set Creation Time	TM	4-8	R		HHMM, HHMMSS, HHMMSSD, CCYYMMDD	Format is HHMM
HDR	BHT06	Claim or Encounter ID	ID	2-2	R		31, CH, RP	Use value 'CH' – Chargeable 'RP' – Reporting for Encounters

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
1000A	NM1	SUBMITTER NAME		1	R	1		
1000A	NM109	Submitter Identifier	AN	2-80	R			Use your SC Medicaid Trading Partner ID. FOR TRANSPORTATION BROKERS ONLY: Use Value 'TT'

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2010AA	NM1	BILLING PROVIDER NAME		1	R	1		
2010AA	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	Use Value '2' Non-Person Entity

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2010AA	N4	BILLING PROVIDER CITY/STATE/ZIP CODE		1	R			
2010AA	N403	BILLING PROVIDER CITY/STATE/ZIP CODE	ID	3-15	S			Submit Full 9 Digit Zip Code

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2000B	SBR	Subscriber information		1	R			
2000B	SBR01	Payer Responsibility Sequence Number Code	Id	1-1	R		A, B, C, D, E, F, G, H, P, S, T, U	'P' – Primary 'S' – Secondary 'T' – Tertiary (payer of last resort)
2000B	SBR09	Claim Filing Indicator Code	Id	1-1	R		11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	Use Value 'MC' - Medicaid

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2010BA	NM1	SUBSCRIBER NAME		1	R	1		
2010BA	NM108	Entity Type Qualifier	ID	1	R	1	1,2	Use Value "1"
2010BA	NM109	Subscriber Primary Identifier	AN	2-80	R		10 Digit SC Medicaid Identification Number	10 Digit SC Medicaid Identification Number

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2010BB	NM1	PAYER NAME		1	R	1		
2010BB	NM102	Entity Type Qualifier	ID				2	Use Value '2' – Non-Person Entity
2010BB	NM103	Payer Name	AN					Use value 'SC Medicaid'
2010BB	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV	Use value 'PI' – Payer Identification.
2010BB	NM109	Payer Identifier	ID					Use value 'SCXIX

2010BB	N4	PAYER CITY/STATE/ZIP CODE		1	R			
2010BB	N401	Payer City Name						Use value 'Columbia'
2010BB	N402	Payer State Code						Use value 'SC'
2010BB	N403	Payer Postal Zone or ZIP Code						Use value 29201

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2010BB	N3	PAYER ADDRESS		1	R			
2010BB	N3	Payer address line						Use value '1801 Main Street'

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2300	DTP	DATE -STATEMENT DATES		1	R			
2300	DTP03	Statement From and To Date	AN	1-35	R		CCYYMMDDCCY YMMDD	Format is CCYYMMDD - CCYYMMDD

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2300	CLM	Claim Information		1	R	100		
2300	CLM02	Total Claim Charge Amount						SC Medicaid will not accept claims over 1 Million or greater

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2300	DTP	DATE -STATEMENT DATES		1	R			
2300	DTP03	Statement From and To Date	AN	1-35	R		CCYYMMDDCCY YMMDD	Format is CCYYMMDD - CCYYMMDD

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2300	CN1	CONTRACT INFORMATION						
2300	CN101	Contract Type Code	ID	2-2	R		01, 02, 03, 04, 05, 06, 09	PAT or OSS Nursing Home providers enter value '09' – Other.

4 TI Change Summary

Version	Issue Date	Modified By	Comments / Reason
1.0	05/02/2011	William Douglas	Original document 05/03 /2011
1.1	06/13/2011	William Douglas	ISA14 update
2.0	06/30/2011	William Douglas	Comments from Review and updates to ISA 16 should be a : and ISA11 should be ^