837P 5010A1 Health Care Claim: Professional Companion Guide

June 2011 - Version 3.1

Version 3.1
6/24/2011

Introduction

OPTUMINSIGHT is publishing this *Electronic Data Interchange (EDI)* **837 Professional Transaction Companion Guide** *(Companion Guide)* to accompany the **ASC X12 Standards for Electronic Data Interchange Professional Technical report Type 3** *(Technical Report Type 3)* for the **ASC X12N Health Care Claims Professional (837) Transaction Set**.

The *Technical Report Type 3* provides general information about EDI transmission, such as delimiters, enveloping and related topics. This OPTUMINSIGHT Companion *Guide* will not duplicate these efforts.

HIPAA Technical Report Type 3 is available through Washington Publishing, Inc. at:

> http://www.wpc-edi.com/

Preferences and Conventions

1. Trading Partner Agreements specify the terms and conditions by which transactions are exchanged electronically with OPTUMINSIGHT. This *Companion Guide* may be an addendum to a new or existing Trading Partner Agreement.
2.   It is recommended in the *Technical Report Type 3* that each transaction (ST-SE envelope) be limited to a maximum of 5000 claims.
3.   While OPTUMINSIGHT supports all of the characters in the extended character set, it is recommended that incoming 837P claim data use the basic character set as defined in *Appendix B of the Technical Report Type 3*.
4.   The subscriber hierarchical level (HL segment) must be in order from one, in increments of one (+1), and must be numeric.
5.   Trading Partners cannot send test and production information within the same transaction file, regardless of the transaction. Test data and production data must be submitted in separate files.
6.   Only multiple data loops or segments should be populated with the first occurrence, and each loop or segment populated consecutively thereafter. There should be no loops or segments without data.
7.   Delimiters must be consistently applied throughout the transmissions. Any delimiter can be used as long as the same one is used throughout the transmission. Printable characters are preferred.
8. The 8 character OPTUMINSIGHT assigned Organization/User ID, which also can be found in ISA06 and GS02, must be included in the filename sent to OPTUMINSIGHT.

Privacy and Security Protection

OPTUMINSIGHT will comply with the privacy and confidentiality requirements as outlined in the *HIPAA Privacy and Security* regulations regarding the need to protect health information. All trading Partners are also expected to comply with these regulations.

Testing Requirements

OPTUMINSIGHT has adopted the *Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) Testing Sub-Workgroups* recommendations on the types of testing that need to occur in order to remain in line with the health care industry's testing recommendations. OPTUMINSIGHT has selected Claredi for HIPAA transaction validation, compliance and testing. Initially, the types of testing that OPTUMINSIGHT strongly recommends for the 837P Transaction Sets include:

- Type 1: EDI syntax integrity testing – Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 or NCPDP syntax, and compliance with X12 and NCPDP rules. This will validate the basic syntactical integrity of the EDI submission.
- Type 2: HIPAA syntactical requirement testing – Testing for HIPAA Technical Report Type 3-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. Also included in this type is testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Technical Report Type 3, and values and codes noted in the Technical Report Type 3 via and X12 code list or table.
- Type 3: Balancing – Test the transaction for balanced field totals, financial balancing of claims or remittance advice, and balancing of summary fields, if appropriate. An example of this includes items such as all claim line item amounts equal the total claim amount.

ISA and GS Segments – 837 Professional

The following table details segment specifics and data elements that require specific information for OPTUMINSIGHT processing.

837 Health Care Claim: Professional – Control Segments			
This table includes only data elements requiring specific information for OPTUMINSIGHT processing.			
Segment	Reference Designator(s)	Value	Definitions and Notes Specific to OPTUMINSIGHT
Interchange Control Header			
ISA Interchange Control Header REQUIRED	ISA05 – Interchange ID Qualifier	ZZ	
	ISA06 – Interchange Sender ID		OPTUMINSIGHT User ID
	ISA07 – Interchange ID Qualifier	ZZ	
	ISA08 – Interchange Receiver ID	OPTUMINSIGHT	

	ISA11 – Repetition Separator	^	
	ISA12 – Interchange Control Version Number	*00501*	
	ISA15 – Usage Indicator	*T* *P*	During testing Once approved for production
GS Functional Group Header *REQUIRED*	**GS02** – Application Sender's Code		OPTUMINSIGHT User ID
	GS03 – Application Receiver's Code	*OPTUMINSIGHT*	
	GS08 – Version Release / Industry Code	*005010X222A1*	

Loop 1000A – 837 Professional

837 Health Care Claim: Professional—Submitter Level Detail This table includes only data elements requiring specific information for OPTUMINSIGHT processing.			
Segment	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to OPTUMINSIGHT**
Loop 1000A			
NM1 Submitter Name *REQUIRED*	NM101 Entity Identifier Code	*41*	*Submitter*
NM1 Submitter Name *REQUIRED*	NM102 – Entity Type Qualifier	*1* *2*	*Person* *Non-Person Entity*
NM1 Submitter Name *REQUIRED*	NM103 – Name Last or Organization Name		*Submitter Last or Organization Name*
NM1 Submitter Name *SITUATIONAL*	NM104 – Name First		*Submitter First Name*
NM1 Submitter Name *SITUATIONAL*	NM105 – Name Middle		*Submitter Middle Name*

NM1 Submitter Name *REQUIRED*	NM108 Entity Identifier Code	*46*	*Submitter Identification*
NM1 Submitter Name *REQUIRED*	NM109 Identification Code		*OPTUMINSIGHT User ID*

Loop 2010BB – 837 Professional

837 Health Care Claim: Professional—Payer Level Detail This table includes only data elements requiring specific information for OPTUMINSIGHT processing.			
Segment	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to OPTUMINSIGHT**
Loop 2010BB			
NM1 Payer Name *REQUIRED*	NM101 Entity Identifier Code	*PR*	*Payer*
NM1 Payer Name *REQUIRED*	NM102 – Entity Type Qualifier	*2*	*Non-Person Entity*
NM1 Payer Name *REQUIRED*	NM103 – Name Last or Organization Name		*Payer Name*
NM1 Information Source Name *REQUIRED*	NM108 Entity Identifier Code	*PI*	*Payer Identification*
NM1 Information Source Name *REQUIRED*	NM109 Identification Code		*Go to www.Ingenix.com/connectivity access Download Center; select Payer Identification from appropriate OPTUMINSIGHT Payer List*

Additional Information

Taxonomy Code:
OPTUMINSIGHT highly recommends that the submitter sends in the Provider Taxonomy code in the PRV Segment at either the 2000A Loop or the 2310B Loop. This is not required; however, if OPTUMINSIGHT is required to perform specialty type validation for specific payers, thus requiring the need for this information, a generic value will be assigned if the claim is sent in without this data.