

**Alabama Department of Mental Health
Alabama Community Services Information System (ACSIS)
ANSI ASC X12N 5010 837P Companion Guide for Data Submission**

Version 6 (Effective October 1st 2015)

The Health Insurance Portability and Accountability Act (HIPAA) requires that Alabama DMH comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 5010 837P - Professional implementation guides have been established as the standards of compliance for Professional Health Care Claim transactions. The implementation guides for all transaction sets are available for purchase from Washington Publishing Company www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 5010 837P – Professional implementation guide. The table contains specific requirements for processing and submitting Community Services data to the Alabama Community Services Information System (ACSIS).

The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict, any requirements in the ANSI ASC X12N 5010 837P - Professional implementation guide.

Please note:

1. 837P transactions allow the following delimiters: > (greater than), * (asterisk), ~ (tilde), : (colon), | (pipe), ! (exclamation point), and ^ (carat). Submitting delimiters not supported within this list may cause unpredictable results. Preferred delimiters are: ~ (tilde) for segment separators, * (asterisk) for data element separators, and : (colon) or > (greater than) for component data element separators. **The usage of these characters within text data elements in the 837P transaction may cause problems with creation of subsequent transactions.**
2. Only loops, segments, and data elements valid for the HIPAA 837P - Professional Implementation Guide will be translated. Submitting data that is not valid based on the Implementation Guide will cause data submissions to be rejected.
3. All dates in an 837P transaction must be valid calendar dates in the appropriate format based on the respective qualifier and corresponding date format defined in the implementation guide. Failure to submit a valid calendar date will result in rejection of the transaction.
4. Alabama DMH will process only one transaction type (records group) per interchange (transmission); a submitter must submit only one GS-GE (Functional Group) within an ISA-IEA (Interchange).

INFORMATION IN THIS GUIDE IS SUBJECT TO CHANGE

5. Alabama DMH will process only one transaction per functional group; a submitter must submit only one ST-SE (Transaction Set) within a GS-GE (Functional Group).
6. For the purposes of processing ACSIS Data submitted in 837P format, Alabama DMH assumes the Subscriber and the Patient/Client are the same. Also, there will be a limit of one service line per claim line.
7. Further guidelines on ACSIS data submission can be found on the ACSIS Project website (<http://www.mh.alabama.gov/miacsis>).

Document Change Log

| Version | Date | Description of change |
|----------------|-------------|---|
| 6 | 10/01/2015 | Health Care Diagnosis Code (Loop 2300): HI01-1 changed from "BK" to "ABK" to indicate ICD-10-CM code list. |
| 5 | 02/10/2015 | Reworded note for segment REF02 of Loop 2420A. |
| 4 | 02/27/2012 | Subscriber Secondary Identification (Loop 2010BA): Segments REF01 and REF02 removed because they are no longer required. |
| 3 | 12/7/2011 | Rendering Provider Name (Loop 2420A): REF01 changed from "N5" to "G2". |
| 2 | 10/24/2011 | Reworded notes for segments ISA06 and ISA08. |
| 1 | 10/21/2011 | Initial Release. |

INFORMATION IN THIS GUIDE IS SUBJECT TO CHANGE

* changed in this release

| Loop | Segment | Name | ACSIS Crosswalk | Notes |
|---------------|--------------|---------------------------------------|-----------------|---|
| | ISA | Interchange Control Header | | |
| | ISA05 | Interchange ID Qualifier | | "ZZ" |
| | ISA06 | Interchange ID Sender ID | | Use your ADMH-assigned 3 digit Organization ID (ORGID), followed by sufficient spaces to meet the min/max data element requirement for ISA06. |
| | ISA07 | Interchange ID Qualifier | | "ZZ" |
| | ISA08 | Interchange Receiver ID | | 'ALDMH' followed by sufficient spaces to meet the min/max data element requirement for ISA08. |
| | BHT | Begin Hierarchical Transaction | | |
| | BHT06 | Transaction Type Code | | "CH" |
| | | | | |
| 1000A | | Submitter Name | | |
| | NM103 | Organization Name | | Name of CSP |
| | NM109 | Identification Code | | ADMH-assigned 3 digit Organization ID |
| | | | | |
| 1000B | | Receiver Name | | |
| | NM103 | Organization Name | | "ALDMH" |
| | NM108 | Identification Code Qualifier | | "46" |
| | NM109 | Identification Code | | "63-60000619-63" |
| | | | | |
| 2010AA | | Billing Provider Name | | |
| | NM103 | Organization Name | | Name of CSP |
| | NM108 | Identification Code Qualifier | | "XX" |
| | NM109 | Identification Code | | NPI of CSP |
| | N301 | Address Information | | Address Line 1 |
| | N302 | Address Information | | Address Line 2 |
| | N401 | City Name | | |
| | N402 | State Code | | |
| | N403 | Postal Code | | |
| | | | | |
| 2000B | | Subscriber Hierarchical Level | | |
| | SBR01 | Payer Rsp. Seq. Number Code | | "T" |
| | | | | |
| 2010BA | | Subscriber Name | | |
| | NM101 | Entity Identifier Code | | "IL" |
| | NM102 | Entity Type Identifier | | "1" |
| | NM103 | Name Last | HSCL->LASTN | |
| | NM104 | Name First | HSCL->FIRSTN | |
| | NM108 | Identification Code Qualifier | | "MI" |
| | NM109 | Identification Code | HSCL->CLIENT | Case number |
| | N301 | Address Information | HSCL->MAILADDR1 | Mail Street Address |
| | N401 | City Name | HSCL->MAILCITY | |
| | N402 | State Code | HSCL->MAILSTATE | |
| | N403 | Postal Code | HSCL->MAILZIP | |
| | DMG01 | Date Time Period Format Qual. | | "D8" |
| | DMG02 | Date Time Period | HSCL->LONGDOB | Client DOB as CCYYMMDD |
| | DMG03 | Gender Code | HSCL->SEX | |
| | REF01 | Ref. Identification Qualifier | | "SY" |
| | REF02 | Reference Identification | HSCL->SSN | Client SSN |
| | | | | |
| 2010BB | | Payer Name (Destination Payer) | | |
| | NM103 | Organization Name | | "ALDMH" |
| | NM108 | Identification Code Qualifier | | "PI" |

INFORMATION IN THIS GUIDE IS SUBJECT TO CHANGE

| | | | | |
|--------------|-----------|------------------------------------|--|---|
| | NM109 | Identification Code | | "63-60000619-63" |
| 2300 | | Claim Information | | |
| | CLM01 | Claim Submitter's Identifier | | 6 digit Case number, followed by an 8 digit sequence number (with leading zeroes) that guarantees that the Claim is uniquely identified within the CSP. Ex: 12345600000001 |
| | CLM05 - 1 | Facility Code Value | | Place of Service Code from ACSIS Place of Service Code Table |
| | CN101 | Contract Type Code | | "09" |
| | CN104 | Reference ID | | Payer Code from ACSIS Payer Source Code Table |
| | HI01 - 1* | Diagnosis Type Code | | "ABK" |
| | HI02 - 2* | Diagnosis Code | | ICD-10-CM code for principal diagnosis. Do not send the decimal point for ICD codes. The decimal point is implied. |
| 2400 | | Service Line | | |
| | LX | Service Line Counter | | Since there is a limit of 1 Service Line per Claim line, this value will always be "1" |
| | SV101 - 1 | Prod/Service ID Qualifier | | "HC" for HCPCS codes |
| | SV101 - 2 | Prod/Service ID | | HCPCS Code from ACSIS Activity Coding Crosswalk Table |
| | SV101 - 3 | Procedure Modifier 1 | | Used as needed to clarify procedure code |
| | SV101 - 4 | Procedure Modifier 2 | | Used as needed to clarify procedure code |
| | SV101 - 5 | Procedure Modifier 3 | | Used as needed to clarify procedure code |
| | SV101 - 6 | Procedure Modifier 4 | | Used as needed to clarify procedure code |
| | SV102 | Monetary Amount (Submitted Charge) | | Charge in format '99999999.99' |
| | SV103 | Unit or Basis for Measurement Code | | "UN" for units |
| | SV104 | Quantity (Service Unit Count) | | Client Time in format '999.99' |
| | DTP03 | Date/Time Period | | Service Date (CCYYMMDD) |
| | CN101 | Contract Type Code | | "09" |
| | CN104 | Reference Identification | | Contract Code from ACSIS Contract Code Table |
| 2420A | | Rendering Provider Name | | |
| | NM108 | Identification Code Qualifier | | "XX" |
| | NM109 | Identification Code | | NPI of CSP |
| | REF01 | Reference ID Qualifier | | "G2" |
| | REF02 | Reference ID | | CSP-assigned Staff ID number (5 character max). |