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

Version 8   (Effective April 1st 2021)

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).

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 (https://mh.alabama.gov/alabama-community-services-information-system-acsis).

Document Change Log

Version	Date	Description of change
8	04/01/2021	Service Date (Loop 2400): Added notes for segments DTP02 and DTP03 for span bill services.
7	05/01/2019	Website address change. **No changes to the file format were made in this document release.**
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.

* 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	
2010BB		**Payer Name (Destination Payer)**		
	NM103	Organization Name		"ALDMH"
	NM108	Identification Code Qualifier		"PI"
	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'
	DTP02*	Date/Time Period Format Qualifier		"RD8" for span bill services, otherwise "D8"
	DTP03*	Date/Time Period		Service Date format 'CCYYMMDD' or 'CCYYMMDD-CCYYMMDD' for span bill dates
	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).