



Companion Guide:

837P (Health Care Claim: Professional)

Alabama Edition

Last Revised: September 17, 2015

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Introduction

Effective January 1, 2012, all EDI (electronic data interchange) files must use the new 5010 transaction set. The new transaction set was defined by the ANSI ASC X12 Committee and is published in the 005010X222 TR3 (837P Health Care Claim: Professional Technical Report Type 3). The TR3 replaces the 4010A Implementation Guide and associated addenda that are currently in use.

The 005010X222 TR3 contains all possible loops, segments, and elements that can be included in an 837P file, but most systems use a subset of the available options. This companion guide does not detail every loop, segment, or element that is supported or necessary for successful claim submission. This guide focuses on changes due to the new transaction set, elements that are required by Harmony, and the appropriate Harmony-specific qualifiers and/or values for elements for which the TR3 allows multiple options.

This companion guide is solely for the use by Trading Partners exchanging EDI files with Harmony Information Systems.

Implementation

Harmony will begin accepting 5010 files in the production on January 1, 2012. Files submitted after December 31, 2011 using the 4010 transaction set will be rejected via TA1. Files submitted after the cutover date using the 5010 transaction set but which fail to meet the requirements in the TR3 and/or in this guide will be rejected by TA1 or 999, as appropriate.

Related Response Files

Under 4010A, Trading Partner receive 997 and 835 files in response to 837P submissions. As part of the 5010 changes, those response files will also be updated:

- The 997 (Functional Acknowledgement) response file will be discontinued and will be replaced by the 999 (Implementation Acknowledgement) response file.
- The 835 (Health Care Claim Payment/Advice) response file will be updated to comply with the 5010 transaction set.

Both response files will adhere to the standard TR3 guides and will not contain any Harmony-specific responses, so no companion guides will be published.

TR3 Guides

Enhanced copyright laws for the TR3 guides prevent Harmony from distributing copies to its Trading Partners. The guides are published exclusively by Washington Publishing Company. Guides can be purchased and downloaded from their web site: <http://www.wpc-edi.com/>. Harmony recommends the following TR3 documents and their associated errata and addenda:

- 005010X222 TR3 (837P Health Care Claim: Professional)



- 005010X231 TR3 (Implementation Acknowledgement for Health Care Insurance (999))
- 005010x221 TR3 (Health Care Claim Payment/Advice (835))

Version Control

| Version | Date | Effective Date | Description |
|---------|---------|----------------|--|
| 1 | 8/8/11 | 1/1/12 | Initial Document - 5010 companion guide; includes information from the following errata and addenda: 005010X222E1, 005010X22A1 |
| 2 | 8/30/11 | 1/1/12 | Revisions based on AL MMIS Companion Guides issued 8/29/11 |
| 3 | 9/19/11 | 1/1/12 | Added changes re: provider signature (CLM) Updated sample file |
| 4 | 9/20/11 | 1/1/12 | Added changes re: Facility code qualifier (CLM05-2) |
| 5 | 9/21/11 | 1/1/12 | Added REF*EA (loop 2300) to table (was already in sample file) |
| 6 | 2/08/12 | 1/1/12 | Updated ISA12 element to "00501" |
| 7 | 2/15/12 | 1/1/12 | Added note re: street address vs. PO Box for billing provider (loop 2010AA, N301) |
| 8 | 9/17/15 | 10/1/15 | Added HI101-01 (loop 2300) to table; this details the correct qualifier to be used when transmitting ICD-10-CM diagnosis codes |

Transaction Sets

Conventions Used

- “ ” Text with “ ” around a value represents the value to be submitted. This may be either a TR3 value or a value specific to Harmony.
- () The description of the value in quotes (described above)

837P – Interchange Control Header

| 5010 Change | Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rule |
|-------------|---------|------------|-----------------|---|----------------------|
| | | | | Interchange Control Header | |
| | | ISA | | Segment – Interchange Control Header | |

| 5010 Change | Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rule |
|-------------|---------|------------|-----------------|--|--|
| | | ISA | ISA01 | Authorization Information Qualifier | "00" (No Authorization Information Present (No Meaningful Information in ISA02)) |
| | | ISA | ISA02 | Authorization Information | 10 spaces |
| | | ISA | ISA03 | Security Information Qualifier | "00" (No Security Information Present (No Meaningful Information in ISA04)) |
| | | ISA | ISA04 | Security Information | 10 spaces |
| | | ISA | ISA05 | Interchange ID Qualifier | "ZZ" (Mutually Defined) |
| | | ISA | ISA06 | Interchange Sender ID | Use Sender ID found in Providers → Provider ID Numbers Left justify and then follow with spaces until total character count is 15 |
| | | ISA | ISA07 | Interchange ID Qualifier | "ZZ" (Mutually Defined) |
| | | ISA | ISA08 | Interchange Receiver ID | "300002373" Left justify and then follow with spaces until total character count is 15 |
| X | | ISA | ISA11 | Repetition Separator | "^" This replaces "U" which was sent in the 4010 transaction set. |
| X | | ISA | ISA12 | Interchange Control Version Number | "00501" This replaces "00401" which was sent in the 4010 transaction set. |
| | | ISA | ISA15 | Usage Indicator | "P" (Production) |
| | | | | Functional Group Header | |
| | | GS | | Segment – Functional Group Header | |
| | | GS | GS02 | Application Sender's Code | Use Sender ID found in Providers → Provider ID Numbers This should match the value in ISA06 |

| 5010 Change | Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rule |
|-------------|---------|------------|-----------------|--|---|
| | | GS | GS03 | Application Receiver's Code | "300002373" This should match the value in ISA08 |
| X | | GS | GS08 | Version / Release / Industry Identifier Code | "005010X222A1" This should match the value in ST03 |

837P – Transaction Set

| 5010 Change | Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rule |
|-------------|---------|------------|-----------------|--|--|
| | | | | Transaction Set Header | |
| | | ST | | Transaction Set Header (General information) | Harmony recommends a maximum of 5000 CLM segments per transaction (ST – SE) as per the standard x222 (837P) implementation guide. |
| X | | ST | ST03 | Implementation Convention Reference | "005010X222A1" This should match the value in GS08 |
| X | | REF | | Transmission Type Identification | IMPORTANT NOTE: This is no longer available in the 5010 transaction set. This information will be transmitted in the transaction set header (ST03). |
| | 2010AA | | | Loop – Billing Provider Name | |
| | 2010AA | NM1 | | Segment – Billing Provider Name | |
| | 2010AA | NM1 | NM103 | Name Last / Org Name | "Department of Mental Health" |
| | 2010AA | NM1 | NM108 | ID Code Qualifier | "XX" (Billing NPI) |
| | 2010AA | NM1 | NM109 | ID Code | "1407909930" (ID Case Management) "1073666772" (ID Living at Home Waiver) "1982757688" (ID MR Waiver) "1699828970" (SA) "0000000000" (State Only / Non-Waiver) |

| 5010 Change | Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rule |
|-------------|---------|------------|-----------------|---|--|
| X | 2010AA | N3 | N301 | Billing Provider Address | A street address is required. IMPORTANT NOTE: The 5010 transaction set no longer allows the use of a PO Box for the billing provider. |
| X | 2010AA | N4 | N403 | Postal Code | A full 9 digit zip code is required (no dashes or spaces) |
| | 2010AA | REF | | Segment – Billing Provider Tax Identification | |
| | 2010AA | REF | REF01 | Reference Identification Qualifier | “EI” (Employer’s Identification Number (EIN)) |
| | 2010AA | REF | REF02 | Reference Identification | “630506021” |
| | 2010AA | REF | | Segment – Billing Provider Secondary Identification | |
| X | 2010AA | REF | REF01 | Reference Identification Qualifier | “1D” (Medicaid Provider Number) IMPORTANT NOTE: This is no longer available in the 5010 transaction set. This information will be transmitted in loop 2010BB, REF*G2. |
| X | 2010AA | REF | REF02 | Reference Identification | Use Performing ID associated with the appropriate waiver (category) found in Providers → Provider ID Numbers IMPORTANT NOTE: This is no longer available in the 5010 transaction set. This information will be transmitted in loop 2010BB, REF*G2. |
| | 2010BA | | | Loop – Subscriber Name | |
| | 2010BA | NM1 | | Segment – Subscriber Name | |
| | 2010BA | NM1 | NM108 | Identification Code Qualifier | “MI” (Member Identification Number) |
| | 2010BA | NM1 | NM109 | Identification Code | Use the consumer’s Medicaid ID. This should begin with a “5”. |
| | 2010BA | REF | | Segment – Subscriber Secondary Identification | |
| | 2010BA | REF | REF01 | Reference Identification Qualifier | “SY” (Social Security Number) |
| | 2010BA | REF | REF02 | Reference Identification | Use the consumer’s SSN (no dashes or spaces) |
| | 2010BA | REF | | Segment – Other Payer Patient Identification | |

| 5010 Change | Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rule |
|-------------|---------------|------------|-----------------|--|---|
| X | 2010BA | REF | REF01 | Reference Identification Qualifier | "1W" IMPORTANT NOTE: This is no longer available in the 5010 transaction set. This information will be transmitted in loop 2300, REF*EA. |
| X | 2010BA | REF | REF02 | Reference Identification | Use Harmony case no. IMPORTANT NOTE: This is no longer available in the 5010 transaction set. This information will be transmitted in loop 2300, REF*EA. |
| | 2010BB | | | Loop – Payer Name | |
| | 2010BB | REF | | Segment – Billing Provider Secondary Identification | |
| X | 2010BB | REF | REF01 | Reference Identification Qualifier | "G2" (Provider Commercial Number) This replaces "1D" (Medicaid Provider Number) which is no longer available in the 5010 transaction set. |
| X | 2010BB | REF | REF02 | Reference Identification | Use Submitting ID associated with the appropriate waiver (category) found in Providers → Provider ID Numbers. "591700000" (ID Case Management) "005400000" (ID Living at Home Waiver) "008301620" (ID MR Waiver) "330034000" (SA) |
| | 2300 | | | Loop – Claim Information | |
| | 2300 | CLM | | Segment – Claim Information | |
| X | 2300 | CLM | CLM05-02 | Facility Code Qualifier | "B" (Place of Service Codes for Professional or Dental Services) This element was permitted to be blank in 4010 but is a required value in 5010. |
| | 2300 | CLM | CLM05-3 | Claim Frequency Type Code | "1" (Original Claim Submissions) "7" (Void and Replace Claim) "8" (Void Claim) When using "7" or "8", the ICN number must be included in loop 2300, REF*F8 (Payer Claim Control Number). |

| 5010 Change | Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rule |
|-------------|---------|------------|-----------------|--------------------------------------|---|
| X | 2300 | CLM | CLM10 | Patient Signature Source Code | IMPORTANT NOTE: The intent and usage of this element has been modified and should no longer be used. The old response value, "B", is no longer valid. |
| | 2300 | CLM | CLM20 | Delay Reason Code | <p>"1" (Proof of Eligibility Unknown or Unavailable) "2" (Litigation) "3" (Authorization Delays) "4" (Delay in Certifying Provider) "5" (Delay in Supplying Billing Forms) "6" (Delay in Delivery of Custom-made Appliances) "7" (Third Party Processing Delay) "8" (Delay in Eligibility Determination) "9" (Claim Subject to TPL Edit) "10" (Administration Delay in the Prior Approval Process) "11" (Other)</p> <p>The values above can be customized by the Harmony system administrator, so different values may be available.</p> <p>This data element is included only in special circumstances – please consult your system administrator for usage.</p> |
| | 2300 | REF | | Segment – Prior Authorization | |
| | 2300 | REF | REF01 | Reference Identification Qualifier | "G1" (Prior Authorization Number) |
| | 2300 | REF | REF02 | Reference Identification | Use the consumer's Harmony Authorization ID (Auth ID) |
| | 2300 | REF | | Segment – Payer Claim Control Number | |
| | 2300 | REF | REF01 | Reference Identification Qualifier | <p>"F8" (Original Reference Number or ICN)</p> <p>This is required when CLM05-3 is used.</p> |

| 5010 Change | Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rule |
|-------------|---------|------------|-----------------|---------------------------|--|
| | 2300 | REF | REF02 | Reference Identification | <p>This is also referred to as the ICN and is available through the Harmony interface or in the 835 (see TR3 005010X221 – Health Care Claim Payment/Advice, loop 2100 – Claim Payment Information, CLP segment, CLP07).</p> <p>This is required when CLIM05-3 is used.</p> |

| 5010 Change | Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rule |
|-------------|---------|------------|-----------------|--|---|
| | 2300 | REF | | Segment – Medical Record Number | |
| X | 2300 | REF | REF01 | Reference Identification Qualifier | “EA” (Medical Record Identification Number) Use the consumer’s Harmony Case No. |
| X | 2300 | REF | REF02 | Reference Identification | This is how Harmony identifies the consumer and is a required segment when submitting files to Harmony. IMPORTANT NOTE: This replaces the information that was transmitted in 4010 in loop 2010BA, segment REF*1W. |
| | 2300 | HI | | Segment – Health Care Diagnosis Code | |
| | 2300 | HI | HI101-01 | Code List Qualifier Code | “ABK” if the diagnosis being sent is an ICD-10-CM diagnosis (should be used for claims with dates of service on or after 10/1/15) “BK” if the diagnosis being sent is an ICD-10-CM diagnosis (should be used for claims with dates of service on or before 9/30/15). |
| | 2310B | | | Loop – Rendering Provider Name | |
| | 2310B | NM1 | | Segment – Rendering Provider Name | |
| | 2310B | NM1 | NM108 | Identification Code Qualifier | “XX” (Provider NPI) |
| | 2310B | NM1 | NM109 | Identification Code | Use the Rendering Provider’s NPI number. |
| | 2310B | PRV | | Segment – Rendering Provider Specialty Information | |
| X | 2310B | PRV | PRV02 | Reference Identification Qualifier | “PXC” (Health Care Provider Taxonomy Code) The 4010 qualifier, “ZZ”, has been updated to “PXC” in the 5010 transaction set. |

| 5010 Change | Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rule |
|-------------|---------|------------|-----------------|---|--|
| | 2310B | PRV | PRV03 | Reference Identification | "251S00000X" Though the qualifier in PRV02 was updated in conjunction with 5010, the actual taxonomy code sent is unchanged. |
| | 2310B | | | Segment – Rendering Provider Secondary Identification | |
| X | 2310B | REF | REF01 | Reference Identification Qualifier | "G2" (Provider Commercial Number) This replaces "1D" (Medicaid Provider Number) which is no longer available in the 5010 transaction set. |
| X | 2310B | REF | REF02 | Reference Identification | Use Performing ID associated with the appropriate waiver (category) found in Providers → Provider ID Numbers |

Annotated Sample File

5010 Changes are highlighted in blue

```

VendFundCodesIdentifier.Type = SenderID      ReceiverID (formerly HIS001)
                               (15 bit field) (15 bit field)
                               |                |
ISA*00*                *00*                *ZZ*55_MONTG      *ZZ*300002373      *080225*2101*^*00501*000000022*0*P*:~
[P = Production, T = Test]
  SenderID ReceiverID      GE02 must = GS06
  |         |              |
GS*HC*55_MONTG*300002373*20080225*2101*22*X*005010X222A1~
ST*837*000000001*005010X222A1~ [EDI format]
BHT*0019*00*USS22*20080225*2101*CH~
[1000A Submitter Name Loop]
NM1*41*2*MONTG AREA SVC SPR PERSONS*****46*55_MONTG~
PER*IC*LEE CONNOR*TE*3342881212~
[1000B Receiver Name Loop]
NM1*40*2*DMHMR*****46*300002373~
HL*1**20*1~ [Billing Provider Hierarchical Level: HL03 = 20]

```



[2010AA BILLING PROVIDER LOOP]

For AL, must begin with 'DE'. BILLING NPI=SubmittingNPI lookup (for each AL Dept)

| ClaimProvider.BillingProvName | ClaimProvider.BillingProvID

| | | |

NM1*85*2*DEPARTMENT OF MENTAL HEALTH*****XX*1407909930~ [XX=Billing NPI (AL Dept)]

N3*100 NORTH UNION STREET~

N4*MONTGOMERY*AL*361301410~

[2010AA Billing Provider EIN]

REF*EI*630506021~ [Always this value for AL. ClaimProvider.BillingProvEIN]

ClaimProvider.BillingProvID2 [2010AA Billing Provider Medicaid ID: SubmittingID]

This segment has been eliminated in the 5010 transaction set. EDS will need to indicate where to include this information and then Harmony will mimic that change.

|

HL*2*1*22*0~ [Subscriber Hierarchical Level: HL03 = 22]

[2000B Subscriber Hierarchical Level]

Claim.ClaimFilingIndicator

| [NOTE: Harmony populates claimservice.payertype with

| Medicaid when Medicaid service and State/Local when not]

SBR*P*18*****MC~ [P=Primary Payer; MC claim per 837 = SBR03]

[2010BA SUBSCRIBER LOOP]

Claim.PatientLastName Claim.PatientSecID

| PatientFirstName |

| | |

NM1*IL*1*DOE*JOHN****MI*500000000000~ [MedicaidID=Demographics.SecID]

N3*2633 Main Street~ [Claim.PatientAddress1]

N4*Montgomery *AL*36116~ [Claim.PatientCity, PatientState, PatientZip]

DMG*D8*19650401*M~ [Subscriber DOB*gender] [Claim.PatientDOB; Claim.PatientGender]

REF*SY*999999999~ [Subscriber SSN: Claim.PatientSSN]

[2010BB PAYER LOOP]

NM1*PR*2*MEDICAID*****PI*MCD~

N3*501 DEXTER AVENUE~

N4*MONTGOMERY*AL*361043744~

REF*G2*591700000~ [VendFundCodesIdentifier.Type=SubmittingID; Cat=Waiver]

[2300 CLAIM INFORMATION LOOP]

Claim.SubmitterClaimID for 837 claims; Claim.ClaimsStatusID for direct claims

| ClaimAmt FreqCode PatSig

| | Fac.Cd |ProvSig|

| | | | |

CLM*470*23.4***99:B:1*Y*A*Y*Y~ [CLM01 known as Patient Control Number; CLM10 removed for 5010]

REF*G1*9007~ [Claim.AuthID] NOT for Substance Abuse



Claim.ExternalPayerControlNumber

REF*F8*123456~[ICN/Claim Original Reference Number ONLY IN VOIDER & REPLCMNT CLAIMS]

REF*EA*2498~ [Subscriber caseno moves here from its former position at 2300 REF*1W*_]

HI*ABK:F1220*ABF:F10.20~ [ABK:Principal Claim Diagnosis ICD-10, ABF:Secondary Claim Diagnosis]
[2310B RENDERING PROVIDER LOOP]

NM1*82*2*MONTG AREA SVC SPR PERSONS*****XX*1212121212~[Vendor.NPI; ClaimProvider.NPI]

ClaimProvider.RenderingProvTaxonomy: [Lookup=ProviderTaxonomyCodes]

PRV*PE*PXC*251S00000X~ [Taxonomy Code for AL MR&SA = 251S00000X; qualifier changed from "ZZ" to "PXC" for 5010]

ClaimProvider.SecID

REF*G2*591799999~ [Old Perf. MCID: VFI type=PerformingID; Cat=Waiver; qualifier changed from "1D" to "G2" for 5010]

[2400 SERVICE LOOP]

LX*1~

Srvcode:Mod Fac.Code Svc Diag Pointer

Prof Svc | Svc Amt Units | |

| | | | |

SV1*HC:G9008:U2*23.4*UN*6*99**1:2~ [primary:secondary diag pointers]

DTP*472*RD8*20080201-20080215~ [Service date range]

REF*6R*110548982080225~

SE*13*000000001~ [ST-SE line count, inclusive]

GE*1*22~ [GE02 must = GS06]

IEA*1*000000022