

---

# **11. IEHP 5010 837P PROFESSIONAL MEDI-CAL ENCOUNTER COMPANION GUIDE**

---

Standard Medi-Cal Companion Guide (CG) Transaction Information

Effective January 1, 2020

IEHP Instructions related to Implementation Guides (IG) based

837 Health Care Claim: Professional Transaction based on ASC X12 Technical  
Report Type 3 (TR3), Version 005010X222A1

Companion Guide Version Number: 1.8  
2020

This document Copyright © 2020 by Inland Empire Health Plan (IEHP). All rights reserved. It may be freely redistributed in its entirety provided that this copyright notice is not removed. It may not be sold for profit or used in commercial documents without the written permission of the copyright holder. This document is provided “as is” without any express or implied warranty. Note that the copyright on the underlying ASC X12 Standards is held by IEHP on behalf of ASC X12

2020 © Companion Guide copyright by Inland Empire Health Plan

---

# 11. IEHP 5010 837P PROFESSIONAL MEDICAL ENCOUNTER COMPANION GUIDE

---

## Table of Contents

Introduction.....	3
Intended Use .....	4
File Size Limitations.....	4
Contact Information.....	4
IEHP Reponse Reports .....	4
999 – Functional Acknowledgement .....	4
IEHP Encounter Validation Response (EVR) .....	4
End to End Testing Prerequisite .....	5
Duplicated Encounters .....	6
Implementation .....	7
ISA Segment - Interchange Control Header .....	7
Table 1 - Header.....	8
BHT - Beginning of Hierarchical Transaction.....	8
Loop 1000A -PER- Submitter EDI Contact Information .....	8
Loop 1000B -NM1- Receiver Name.....	8
Table 2 - Billing Provider Detail .....	9
Loop 2000A -PRV- Billing Provider Specialty Information .....	9
Loop 2010AA -N3- Billing Address Information.....	9
Loop 2010AA -N4- Billing provider City, State Zip Code Infomation .....	9
Table 3 - Subscriber Detail .....	10
Loop 2000B -SBR- Subscriber Hierarchical Level .....	10
Loop 2010BA -NM1- Subscriber Name Information.....	10
Loop 2010BB -NM1- Payer Name .....	10
Table 4 - Patient Detail .....	11
Loop 2300 -CN1 – Contract Information .....	11
Loop 2310B - Rendering Provider .....	11
Loop 2320 -SBR - Other Subscriber Information .....	11
Trailer Segments.....	12
Frequently Asked Questions .....	13
Other Resources .....	15
Encounter Team Contact Information .....	15

---

# 11. IEHP 5010 837P PROFESSIONAL MEDI-CAL ENCOUNTER COMPANION GUIDE

---

## Introduction

The Purpose of the Companion Guide:

This document provides a definitive statement of what Submitters must be able to support in their ANSI ASC X12N 837P 00510x222A2 encounter files.

This document does not outline the technical interface environment; including connectivity requirements and protocols.

This document provides specific Loops, Segments and Data Elements that are outlined for 837P transactions exchanged with IEHP and which are specific to DHCS.

<b>Loop ID</b>	The Implementation Guide's identifier for a data loop within a transaction; the data loop consists of specific segments as identified in the HIPAA ANSI standard.
<b>Segment ID</b>	The Implementation Guide's identifier for a data segment.
<b>Element ID</b>	The Implementation Guide's identifier for a data element within a segment.
<b>Element Name</b>	A data element name as shown in the Implementation Guide. When the industry name differs from the Data Element Dictionary name, the more descriptive industry name is used.
<b>Element Definition / Length</b>	How the data element is defined in the Implementation Guide. For ISA and IEA Segments only, fields are of fixed lengths and are present whether or not they are populated. For this reason, field lengths are provided in this column after element definitions.
<b>Valid Values</b>	The valid values from the Implementation Guide that are used by IEHP.
<b>Definition/Format</b>	Definitions of valid values used by IEHP and additional information about IEHP data element requirements.

## Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 TR3. 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 TR3's and is in conformance with ASC X12's Fair Use and Copyright statements.

---

## **11. IEHP 5010 837P PROFESSIONAL MEDICAL ENCOUNTER COMPANION GUIDE**

---

Implementation Guides (IG)/TR3 available for purchase from Washington Publishing Company  
<http://www.wpc-edi.com>

### **File Size Limitations**

ISA/IEA transaction sets should not exceed 5,000 encounters.

### **Contact Information**

For further questions regarding encounters submission, please email [EncounterData@iehp.org](mailto:EncounterData@iehp.org)

### **IEHP Response Reports**

#### **999 - Functional Acknowledgment**

The 999- transaction set is designed to report on adherence to IG level edits and IEHP standard syntax errors.

Three (3) possible acknowledgement values are:

“A”- Accepted

“R”- Rejected

“E”- Partially Accepted: At least one (1) Transaction set was rejected

When viewing the 999 report, Submitters should navigate to the IK5 and AK9 segments. If an “A” is displayed in the IK5 and AK9 segments, the claim file is accepted and will continue processing. If an “R” is displayed in the IK5 and AK9 segments, an IK3 and an IK4 segment will be displayed. These segments indicate what loops and segments contain the error that requires correction so the interchange can be resubmitted. The third element in the IK3 segment identifies the loop that contains the error. The first element in the IK3 and IK4 indicates the segment and element that contain the error. The third element in the IK4 segment indicates the reason code for the error.

#### **IEHP Encounter Validation Response (EVR)**

Three (3) Stage values are:

Stage 1 -File Level (999 Acknowledgement Sets)

- Record Count
- Rejected
- Accepted

Stage 2- Encounter Level

- Duplicate
- Member Not Eligible

---

## **11. IEHP 5010 837P PROFESSIONAL MEDICAL ENCOUNTER COMPANION GUIDE**

---

- Accepted for IEHP Validation
- Total Records Processed

### Stage 3 -Validity Summary

- Invalid
- Valid
- Total Records Validated
- Validity

### Rejection Details

- Records (IEHP assigned tracking number)
- Claim ID
- No. (Service Line Number)
- Loop
- Element name
- Error Severity
- Message (Error Description)

### End to End Testing Prerequisite

#### Phase 1 (Inbound IEHP Validation)

- Each test file must contain Twenty-five (25) encounters
- Each test file must pass Structural validation must be 100% valid (999 Report)
- Validity must be 95% or higher (277CA/EVR Report)
- 999 and EVR report will be provided to the Submitter
- Each Submitter must submit three (3) round of test files prior to moving to Phase Two (2)

#### Phase 2 (Outbound Regulatory Validation)

- Outbound test files containing no more that six (6) encounters deemed valid by IEHP will be forwarded to their respective Regulatory Agency (i.e. DHCS and CMS)
- Regulatory response report outlining the final encounter status will be provided to the submitter via IEHP
- Upon completion of the three (3) successfully rounds of testing, meaning 95% of the outbound test data has been accepted by the Regulatory Agency, submitter will then be promoted to production

---

## 11. IEHP 5010 837P PROFESSIONAL MEDI-CAL ENCOUNTER COMPANION GUIDE

---

### IEHP adhere to Regulatory Bodies Duplicate Logic

In order to ensure encounters submitted are not duplicates of encounters previously submitted, IEHP will perform header and detail level duplicate checking. If the header and/or detail level duplicate, checking determines that the file is a duplicate, the file will reject, and an error report will be returned to the submitters.

### Duplicated Encounters

Once the encounter is processed in IEHP (EDPS) it is stored in an internal repository. If a new encounter is submitted that matches specific values on another stored encounter, the encounter will reject as a duplicate encounter. The encounter will be returned to the submitter with an error message identifying it as a duplicate encounter.

Currently, the following values are the minimum set of items used for matching an encounter in the IEHP EDPS

- Client Identification Number (CIN) – 2010BA NM109[VA1]
- Date(s) of Service – 2400 DTP\*472 DTP03 (can be a range)

Rendering Provider – can be sourced from a variety of places

- Procedure Code(s) – 2400 SV101-2
- Procedure Modifier(s) – 2400 SV101-3,4,5,6
- Drug Code – 2410 LIN03 - Drug code is used when present.

Conditional usage of Drug Code - When a submitted encounter is compared to previously submitted encounters and all other key fields match but one of the encounters has a drug code and the other does not – this situation is still identified as a duplicate. If all other key fields match and the drug codes are different, the situation is not a duplicate.

### Implementation

The below instructions are expected to be used in addition to the Technical Report Type 3 (TR3) Implementation Guide (IG). The table does not represent all of the fields necessary for a successful transaction. The following loops and segments are elements that IEHP would like you to pay special attention to when creating this electronic transaction.

## 11. IEHP 5010 837P PROFESSIONAL MEDICAL ENCOUNTER COMPANION GUIDE

### ISA Segment - Interchange Control Header

Usage	Ref Des.	Name	Code	Note
R	ISA01	Authorization Information Qualifier	00	No Authorization
R	ISA02	Authorization Information		Space Fill
R	ISA03	Security Information Qualifier	00	No Security Information
R	ISA04	Security Information		Space Fill
R	ISA05	Interchange ID Qualifier	ZZ	Mutually Defined
R	ISA06	Interchange Sender ID		Assigned by IEHP
R	ISA07	Code Identifying Receiver	ZZ	Mutually Defined
R	ISA08	Interchange Receiver ID	00303	IEHP Receiver ID
R	ISA11	Repetition Separator	^	Carat Repetition Separator
R	ISA12	Interchange Control Version Number	00501	ASC X12 Standard Approved
R	ISA14	Acknowledgment Requested	0	TA1 not provided
R	ISA15	Interchange Usage Indicator	P T	P = Production T = Test

### GS Segment - Functional Group Header

Usage	Ref Des.	Name	Code	Note
R	GS01	Functional Identifier Code	HC	Health Care Claim
R	GS02	Application Sender's Code		Assigned by IEHP
R	GS03	Application Receiver's Code	<b>00303</b>	Value must match ISA08

# 11. IEHP 5010 837P PROFESSIONAL MEDICAL ENCOUNTER COMPANION GUIDE

**Table 1-Header**

**BHT – Beginning of Hierarchical Transaction**

Usage	Ref Des.	Name	Code	Note
R	BHT02	Transaction Set Purpose Code	00	00 = Original
R	BHT06	Transaction Type Code	RP	RP = Reporting

**1000A -PER- Submitter EDI Contact Information**

Usage	Ref Des.	Name	Code	Note
S	PER02	Free Form Name		Submitter Contact Name
R	PER03	Communication Number Qualifier	TE	Telephone Number
R	PER04	Communication Number		Phone number including area code
S	PER05	Communication Number Qualifier	EM	Email Address

**Loop 1000B -NM1- Receiver Name**

Usage	Ref Des.	Name	Code	Note
R	NM103	Name Last or Organization Name	Inland Empire Health Plan	“IEHP” is also acceptable
R	NM109	Identification Code	00303	Should match ISA08 and GS03

**Table 2-Billing Provider Detail**

**Loop 2000A – PRV- Billing Provider Hierarchical Level – Required by IEHP**



## 11. IEHP 5010 837P PROFESSIONAL MEDICAL ENCOUNTER COMPANION GUIDE

Usage	Ref Des	Name	Code	Note
R	PRV03	Billing Provider Specialty Info		Provider Taxonomy Code

### Loop 2010AA -N3- Billing Provider Address

Usage	Ref Des.	Name	Code	Note
R	N301	Address Information		Billing Provider Address Must be Physical Address
S	N302	Address Information Second Line		Billing Provider Address Must be Physical Address

### Loop 2010AA N4- Billing Provider City, State, Zip Code Information

Usage	Ref Des.	Name	Code	Code
S	N403	Postal Code	Billing Provider Postal Zone or ZIP Code	Full (9) digit Zip Code required. If last (4) digits are not available, populate with "9998".

## 11. IEHP 5010 837P PROFESSIONAL MEDI-CAL ENCOUNTER COMPANION GUIDE

**Table 3 – Subscriber Detail**

### Loop 2000B -SBR- Subscriber Information

Usage	Ref Des.	Name	Code	Note
R	SBR01	Payer Responsibility Sequence Number Code	S	Secondary
S	SBR02	Individual Relationship Code	18	Self
S	SBR03	Group Number		Must Be Blank
S	SBR09	Claim Filling Indicator Code	MC	MC = Medicaid

### Loop 2010BA -NM1- Subscriber Name

Usage	Ref Des.	Name	Code	Note
R	NM102	Entity Type Qualifier	1	Person
S	NM108	Identification Code Qualifier	MI	Member ID Number
S	NM109	Identification Code		14-digit IEHP ID or Client Identification Number (CIN)

### Loop 2010BB -NM1- Destination Payer Name

Usage	Ref Des.	Name	Code	Note
R	NM103	Destination Payer Name	Inland Empire Health Plan	“IEHP” is also acceptable
R	NM108	Identification Code Qualifier	PI	Payer Identification
R	NM109	Identification Code	00303	IEHP Receiver ID

# 11. IEHP 5010 837P PROFESSIONAL MEDICAL ENCOUNTER COMPANION GUIDE

**Table 4 – Patient Detail**

**Loop 2300 -CN1- Contract Information**

Usage	Ref Des.	Name	Code	Note
R	CN101	Contract Type Code	01	01 = Diagnosis Related Group – DRG (expected to have 2300_HI01-02 = DR )
			02	02 = Per Diem
			05	05 = Capitated
			09	09 = Denied
R	CN02	Contracted Amount		Must match 2320_AMT02 when 2000B_SBR09 = MC

**Loop 2310B - Rendering Provider**

NOTE: Required if the rendering provider is different than the billing provider.

**Loop 2320 -SBR- Other Subscriber Information**

Usage	Ref Des.	Name	Code	Note
R	SBR01	Payer Responsibility Sequence Number Code	P	Primary
R	SBR02	Individual Relationship Code	18	Self
S	SBR09	Claim Filing Indicator Code	MC	Medicaid

**Trailer Segments**

**SE – Transaction Set Trailer**

## 11. IEHP 5010 837P PROFESSIONAL MEDICAL ENCOUNTER COMPANION GUIDE

Usage	Ref Des.	Name	Code	Note
R	SE01	Number of Included Segments		Transaction Segment Count
R	SE02	Transaction Set Control Number		Must match the value in ST02

### GE Segment – Functional Group Trailer

Usage	Ref Des.	Name	Code	Note
R	GE01	Number of Transaction Sets Included		
R	GE02	Group Control Number		Must match the value in GS06

### IEA Segment - Interchange Control Trailer

Usage	Ref Des.	Name	Code	Note
R	IEA01	Number of Included Functional Groups		A count of the number of functional groups included in an interchange
R	IEA02	Interchange Control Number		A control number assigned by the interchange sender

---

## **11. IEHP 5010 837P PROFESSIONAL MEDI-CAL ENCOUNTER COMPANION GUIDE**

---

### **Frequently Asked Questions**

**Q1: What is Encounter Data? Does it include any claims data submitted from providers to plans?**

A1: Encounter Data comprises any claims data information showing the use of provider services by health plan enrollees that is used to develop cost profiles of a particular group of enrollees and then guide decisions about or provide justification for the adjustment of premiums.

**Q2: What does “adjudicated” mean?**

A2: Adjudicated is a term used to refer to the process of paying claims submitted or denying them after comparing claims to the benefit or coverage requirements.

**Q3: Will revenue codes be a required field for encounter submissions?**

A3: Yes, revenue codes will be a required field of the 5010 837 format.

**Q4: Are Submitters required to submit encounter data weekly or monthly?**

A4: Currently, Submitters are required to submit encounter data monthly. However, IEHP strongly recommend that plans submit more frequently.

**Q5: Will the National Provider Identification (NPI) number be required for claims submission?**

A5: Yes, NPI will be required.

**Q6: Where do I find information on file naming conventions, connectivity protocol, and file transfer procedures?**

A6: Please refer to the EDI manual published at <http://ww2.iehp.org/IEHP/Providers/Information+Resources/HandbooksandManuals/EDIManual.htm> for information regarding the above areas. For File Naming conventions see Section 6 Claims Processing Procedures and connectivity protocol see Section 2 Getting Started SFTP.

**Q7: What is IEHP’s policy on Billing Provider Address and 9-Digit Zip Codes?**

A7: IEHP supports the instructions in the Technical Report Type 3 (TR3) implementation guides (IG) available for purchase from Washington Publishing Company <http://www.wpc-edi.com> regarding Billing Provider Address and 9-digit zip codes. Therefore, the Billing Provider Address (2010AA, N3) is required and must be a physical address. PO Box and lock box addresses cannot be reported as a Billing Provider Address, but can continue to be reported in the pay-to address (2010AB, N3). The 5010 requires that all used N403 segments must contain a full 9-digit zip code. The best way to determine the 4-digit extension to your standard zip code is by contacting the US postal Service. <https://tools.usps.com/go/ZipLookupAction!input.action>.

---

## **11. IEHP 5010 837P PROFESSIONAL MEDICAL ENCOUNTER COMPANION GUIDE**

---

**Q8: How do you correct an Original (Freq. 1) encounter rejected by IEHP?**

**A8:** If the initial encounter is rejected by IEHP, then send corrected encounter as Original.

**Q9: How do you submit additional service lines not captured in the original (Freq. 1) encounter accepted by IEHP?**

**A9:** Additional service line information identified as missing from the Original accepted encounter should be sent in a new encounter without the previously accepted service lines being included.

**Q10: How do you submit corrections for encounters accepted by IEHP?**

**A10:** If the Original encounter was accepted by IEHP and changes other than additional service lines (i.e. Provider NPI, DX Codes etc.) are needed, then first submit a Void (Freq.8), once the void has been accepted, submit the corrected encounter as an Original.

These instructions apply to all encounters for all healthcare Submitters.

---

## 11. IEHP 5010 837P PROFESSIONAL MEDICAL ENCOUNTER COMPANION GUIDE

---

### Other Resources

IEHP's website where the EDI manual and other resources are located.

<https://ww3.iehp.org/en/providers/provider-pnp-manual/>

Washington Publishing Company Implementation guides (TR3) can be purchased from this site.

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

Workgroup for Electronic Data Interchange in Healthcare.

<http://www.wedi.org>

CMS website that contains additional information and resources related to 5010.

<http://www.cms.gov/Versions5010andD0/>

### Contact Information

#### Encounter Data Group Address:

[EncounterData@iehp.org](mailto:EncounterData@iehp.org)

#### Veronica Aleman

IT- Specialist Encounter II

(909) 890-2091

[Aleman-V@iehp.org](mailto:Aleman-V@iehp.org)

#### Kevin Johnson

IT- Specialist Encounter Data II

(909) 727-5249

[Johnson-K@iehp.org](mailto:Johnson-K@iehp.org)

#### Mark Alexander

IT – Engineer II

(951) 374-3119

[Alexander-M@iehp.org](mailto:Alexander-M@iehp.org)