13. IEHP 5010 837P PROFESSIONAL CLAIMS COMPANION GUIDE

Standard Companion Guide (CG) Transaction Information

Effective January 1, 2020

IEHP Instructions related to Implementation Guides (IG) based

On X12 Version 005010X222A1
Health Care Claim: Professional (837)

Companion Guide Version Number: 1.8
2020

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Introduction

The Purpose of the Companion Guide:

This document will provide a definitive statement of what Submitters must provide in their ANSI ASC X12N 837P Health Care Claims files.

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

This document is to describe and provide you with specific Loops, Segments and Data Elements that are required to exchange X12N 837P transactions with IEHP and which are specific to IEHP.

Definitions:

Loop ID	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.
Segment ID	The Implementation Guide's identifier for a data segment.
Element ID	The Implementation Guide's identifier for a data element within a segment.
Element Name	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.
Element Definition / Length	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.
Valid Values	The valid values from the Implementation Guide that are used by IEHP.
Definition/Format	Definitions of valid values used by IEHP and additional information about IEHP data element requirements.

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Intended Use

You will see changes to the IEHP 837 Claims Companion Guide (CG) however, we would like to stress there is no change in how you complete your 837 files.
Per the X12 organization which oversees the X12 837 transaction data, elements which are in both the Companion Guide (CG) and 837 Implementation Guide (IG) had to be removed from the Companion Guide (CG) and will be reflected only in the Implementation Guide (IG).
For example, the Billing Provider address data at Loop ID 2300 Segment 2010AA was removed from the Companion Guide (CG) but is still reflected in the Implementation Guide (IG) and is required.
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 claims.

Contact Information
For further questions regarding claims submissions, please email edispecialist@iehp.org

Implementation
The below instructions are expected to be used in parallel with 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.

ISA Segment - Interchange Control Header

Ref Desc	Name	Code/Definition	Length
ISA01	Authorization Information Qualifier	No Authorization Sent "00"	2/2
ISA02	Authorization Information	(Filled with spaces)	10/10
ISA03	Security Information Qualifier	No Security Information "00"	2/2
ISA04	Security Information	(Filled with Spaces)	10/10
Ref Desc	**Name**	**Code/Definition**	**Length**
ISA05	Interchange ID Qualifier (Sender)	Mutually Defined "ZZ"	2/2
ISA06	Interchange Sender ID	IEHP Assigned 3 Digit Sender ID	15/15
ISA07	Interchange ID Qualifier (Receiver)	Mutually Defined "ZZ"	2/2

ISA08	Interchange Receiver ID	IEHP Receiver ID "00303"	15/15
ISA11	Repetition Separator	Carat "^" Repetition Separator	1/1
ISA14	Acknowledgment Requested	"1" IEHP will produce a 999 and a possible TA1 depending on the severity of the file issue.	1/1
ISA15	Interchange Usage Indicator	Production Data "P" Test "T"	1/1
ISA16	Component Element Separator	Component Element Terminator Colon " : "	1/1

GS Segment - Functional Group Header

Ref Desc	Name	Code/Definition	Length
GS01	Functional Identifier Code	Health Care Claim " HC"	2/2
GS02	Application Sender's Code	IEHP Assigned 3 Digit Sender ID	2/15
GS03	Application Receiver's Code	IEHP Receiver ID "00303"	2/15
GS06	Group Control Number	Must be unique within a single transmission that is, within a single ISA to IEA enveloping structure. Value GS06 should be unique within all transmission over a period of time to be determined by the sender.	1/9
GS08	Version/Release/Industry Identifier Code	"005010X222A1"	1/12

BHT – Beginning of Hierarchical Transaction

Ref Desc	Name	Code/Definition	Length
BHT06	Transaction Type Code	Charging "CH"	2/2

Loop 1000A – NM1 – Submitter Name

Ref Desc	Name	Code/Definition	Length
NM109	Sender Primary Identifier	Assigned by IEHP. Same as ISA06	

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Loop 1000A -PER- Submitter EDI Contact Information

Ref Desc	Name	Code/Definition	Length
PER03	Communication Number Qualifier	Telephone "TE" Note: IEHP Expected Value	2/2
PER05	Communication Number Qualifier	Email Address "EM"	2/2

Loop 1000B -NM1- Receiver Name

Ref Desc	Name	Code/Definition	Length
NM102	Entity Type Qualifier	Non-Person Entity "2"	1/1
NM103	Name Last or Organization Name	Inland Empire Health Plan "IEHP"	1/60
NM109	Receiver Primary Identifier	"00303" Same as GS03	2/80

Loop 2000A – PRV – Billing Provider Specialty Information

Ref Desc	Name	Code/Definition	Length
PRV01	Provider Code		1/3
PRV03	Provider Taxonomy Code	Taxonomy Code always required for submissions	1/50

Loop 2010AA -NM1- Billing Provider Name

Ref Desc	Name	Code/Definition	Length
NM101	Entity Identifier Code	Billing Provider "85"	2/3
NM108	Billing Provider ID Qualifier	National Provider Identifier (NPI) "XX"	1/2
NM109	Billing Provider Identifier	Billing Provider Identifier (NPI)	2/80

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

Ref Desc	Name	Code/Definition	Length
N403	Zip Code	Billing Provider Postal Zone or Zip The full (9) digit Zip Code is required. If last (4) digits are not available, populate with "9998".	3/15

Table 2-Subscriber Detail

Loop 2010BA –NM1- Subscriber Name

Ref Desc	Name	Code/Definition	Length
NM108	Subscriber ID Qualifier	Member Identification Number "MI"	1/2
NM109	Subscriber Primary Identifier	IEHP-14-digit IEHP ID, Client Identification Number (CIN) or the Medicare Beneficiary Identifier (MBI) (MBI is for Dual Choice members only)	2/80

Loop 2010BB -NM1- Payer Name

Ref Desc	Name	Code/Definition	Length
NM109	Payer Identifier	IEHP1	2/80

Loop 2300 - CLM - Claim Information

Ref Desc	Name	Code/Definition	Length
CLM01	Claim Submitter's Identifier	Patient Control Number Must be a unique number when Claim Frequency Code = '1'	1/38
CLM02	Total Claim Charge Amount	Must balance to the sum of all service line charge amounts.	1/18
CLM05-3	Claim Frequency Type Code	1 = Original claim submission 7 = Replacement 8 = Void	1/1

Loop 2300 REF - Payer Claim Control Number – Required for Void and Replacement claims

Ref Desc	Name	Code/Definition	Length
REF01	Reference Identification Qualifier	Original Reference Number "F8"	2/3
REF02	Payer Claim Control Number	Identifies DCN from original Claim when submitting replacements and voids (when CLM05-03 is 7 or 8).	1/50

Loop 2300 – REF – Claim Identifier for Transmission Intermediaries

Ref Desc	Name	Code/Definition	Length
REF01	Reference Identification Qualifier	Original Reference Number "D9"	2/3
REF02	Reference Identification	Required – Unique claim number for all submissions	1/20

Loop 2310B - Rendering Provider

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

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Frequently Asked Questions

Q: What is the role of the Clearinghouse?
A: The term "health Care Clearinghouse" is defined as a public or private entity that processes or facilitates the processing of nonstandard data elements of health information into standard data elements. Clearinghouse will provide for the collection of the information needed to successfully exchange EDI transaction between provider and the payer. Clearinghouse will establish consistent editing acknowledgment & error handling of the Electronic Data Interchange (EDI) transaction across the network providers.

Q: Will the National Provider Identification (NPI) number be required for claims submission?
A: Yes, NPI will be required.

Q: What will the New MBI Medicare Beneficiary ID look like?
A: The MBI will be different from the HICN and RRB number. The MBI will have 11-characters in length. The MBI will consist of numbers and uppercase letters no special characters.

Q: Is there a limit on how many Claims can be submitted in one transaction?
A: Yes, ISA/ IEA transaction sets should not exceed 5,000 claims.

Q: Can we submit more than one file per day?
A: Yes, however the file naming convention will need to be incremented **per the instructions** outlined in section 6.EDI PROCESSING PROCEDURES D. Claims Processing File Naming Convention.

Q: Can we submit additional service lines not captured in Original claim accepted by IEHP?
A: If original claim is accepted but missing services lines, IEHP prefers to receive a new claim (paper or electronic) containing only the additional service lines (excluding service lines previously accepted).

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Reference

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

Contact Information

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