Capital Health PLAN℠

An Independent Licensee of the Blue Cross and Blue Shield Association

837 Companion Guide

Last revised on 05/02/2013

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicare, and all other health insurance payers in the United States, comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services. The ANSI X12 837 Implementation Guides have been established as the standards of compliance for claim transactions. The implementation guides for each transaction are available electronically at http://www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI X12 837 implementation guides. The use of this document is solely for the purpose of clarification. The information describes specific requirements to be used for processing data in Capital Health Plan's data processing systems. **The information in this document is subject to change at any time.** This companion document supplements, but does not contradict any requirements in the HIPAA Implementation Guides. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards, and will be posted as they become available.

Each transaction a Trade Partner wishes to submit to Capital Health Plan for production processing, must first go through a testing process. This process is to be coordinated through our Helpdesk at 850-383-3583 or servicesdesk@chp.org. No transactions will be accepted for production processing until they have been tested.

Capital Health Plan will only accept the finalized HIPAA Addenda transaction sets.

Interchange Values: Inbound to CHP

ISA05	Sender ID Qualifier	ZZ- Mutually Defined
ISA06	Sender ID	Clearinghouse Tax ID
ISA07	Receiver ID Qualifier	ZZ- Mutually Defined
ISA08	Receiver ID	591830622
GS02	Application Sender Code	Facility Tax ID
GS03	Application Receiver's Code	591830622

Interchange Values: Outbound from CHP

ISA05	Sender ID Qualifier	ZZ- Mutually Defined
ISA06	Sender ID	591830622
ISA07	Receiver ID Qualifier	ZZ- Mutually Defined
ISA08	Receiver ID	Clearinghouse Identifier or Facility Identifier.
GS02	Application Sender Code	591830622
GS03	Application Receiver's Code	Provider/Facility Tax ID

837 Professional 005010X222A1:

Item No.	Loop ID – Loop Description	Element – Element Description	Comments
1.	General – Sequencing of the HL segment.	HL01-Hierarchial ID Number	HL01 must begin with 1 and be incremented by 1 each time an HL segment is used in the transaction.
2.	General – Case Conversion	General	All characters must be uppercase.
3.	General – 997 Functional Acknowledgement	General	A 997 will be generated and placed in the Trade Partner pickup directory upon receipt of the transaction file. It is recommended the 997 be picked up on the first business day after the file is submitted.
4.	General – Delimiters	General	Supported delimiters are; :, >,*,~,^,|. Submitting unsupported delimiters will cause the transaction to be rejected. Delimiters must be agreed upon before testing.
5.	General – Files non-compliant with HIPAA	General	Files will be rejected for non-compliance with the HIPAA standards. CHP checks compliance by separating the transaction on each ST-SE envelope. If any segment on the ST-SE envelope fails HIPAA compliance, the errors must be corrected by the Trade Partner and the non-compliant **ST-SE envelope** must be re-submitted.
6.	General – Extended character set.	General	837P Claim data must use the basic character set as defined in Appendix A of the 837 Professional Implementation Guide. Any other characters used may cause rejections of the file.
7.	Envelopes – Multiple transactions within one envelope.	ISA – Interchange Control Header, GS - Functional Header, GE – Functional Group Trailer, IEA – Interchange Control Trailer	Capital Health Plan will handle multiple GS-GE envelopes within one ISA-IEA.
8.	Envelopes – Interchange Sender ID	ISA06 – Interchange Sender ID	Capital Health Plan will reject a transmission with a submitter number that is not authorized for electronic claim submission.
9.	Envelopes – Application	GS03 – Application Receiver Code	Capital Health Plan will reject a transmission that is submitted with a

	Receiver Code		code other than that of Capital Health Plan's.
10.	Envelopes – Unique ST02	ST02 – Transaction Set Identifier	The ST02 element must have unique values for the transmission, otherwise it will be rejected.
11.	Envelopes – CHP ID to Use	ISA08 – Interchange Receiver ID	Capital Health Plan will reject a transmission that is not submitted with the Capital Health Plan code, currently the Tax ID.
12.	Envelopes – Transaction Set Purpose Code	BHT02 – Transaction Set Purpose Code	BHT02 must equal '00' (Original).
13.	Envelopes – Claim or Encounter	BHT06 – Transaction Type Code	BHT06 must equal 'CH' (Chargeable) or 'RP' (Reporting).
14.	1000A Submitter Name	NM109- Identification Code	Submitting facility or clearing house Tax Id code
15.	2000B – Subscriber Information, 2000C – Patient Information	NM108 – ID Code Qualifier, NM109 – ID Code	NM108 must equal **'MI'** (Member ID) and NM109 must equal the Capital Health Plan Member ID.
16.	2010AA Billing provider ID Code	NM109 – ID Code NM109	**NM109 is used to identify the billing facility/provider. This value is identified during testing and should not change. Any unannounced changes to this element will cause disruption to claim payment. NPI is also the only value that is considered for electronic processing. All other values may cause delay or denial in claim processing.**
17.	2300 – Claim Information, 2320 – Other Subscriber Information, 2400 – Service Line	CLM02 – Total Claim Charge, AMT02 – Patient Paid Amount, CR102 – Patient Weight, CR106 – Transport Distance, SV102 – Line Item Charge Amount, SV104 – Service Unit Count, PS102 – Purchased Service Charge Amount	Negative values submitted in these fields will result in the claim being rejected.
18.	2300 – Claim Information	CLM01 – Patient Control Number	You may submit up 38 characters in this field.
19.	2300 – Claim Information, 2400 – Service Line	CLM02 – Total Claim Charge, SV102 – Line Item Amount	Decimal explicit values.
20.	Loop 2320 – Other Subscriber Information, Loop 2330A-H	Loop 2320 – Other Subscriber Information, Loop 2330A-H	These loops are not considered for processing of electronic claims due to format limitations.
21.	2300 – Claim Frequency Code	CLM05-3	CLM05-3 must equal '1' (Original). The claims processing system does not process electronic replacements.

22.	2300 – Health Care Diagnosis Code	HI01	The format is based on industry standards. Diagnosis codes are "AN" or Strings and should follow the **A.1.3.1.4** rule.
23.	2300 – Claim Information	PWK	Any data submitted in the PWK segment will not be considered for processing.
24.	2300 – 2500 Claim Segments	CLM Segment	Capital Health Plan may reject a transmission with more than 2500 claims per transaction.
25.	2300 – Claim Information	CLM02 – Monetary Amount	Total submitted charges must equal the sum of the line item charges (SV102).
26.	2010 – BD Credit/Debit Card Holder	BD - Credit/Debit Card Holder	This loop is not to be submitted to Capital Health Plan.
27.	2400 – Service Line	SV104 - Quantity	Number of characters can not exceed 7. Decimal is explicit, for example, two units would be entered as 2 not 2.00 or 200 and two and a half would be 2.5 not 250.
28.	2000B – Subscriber Hierarchical Level	SBR02 – Individual Relationship Code, SBR09 – Claim Filing Indicator	All CHP members have a unique member ID. This allows the patient to be submitted as the subscriber. **The dependent or 2000C loop is not needed and should not be used.**
29.	2010AA- Billing Provider 2310B- Rendering Provider	REF02 - Secondary Identifier	A unique identification number must be supplied for the rendering physician. Please refer to the IG for allowable ID types and notify Capital Health Plan of the ID type (UPIN preferred). This is the professional for the claim. The Billing provider will be the rendering physician on all of the claims submitted unless another physician is given in Loop 2310B at the claim level.
30.	2310D-Facility Location	NM109	If the facility performs more that one type of service or has multiple fee schedules, the Capital Health Plan internal facility id relating to the claim should be placed in this field.

837 Institutional 005010X223A2:

Item No.	Loop ID – Loop Description	Element – Element Description	Comments
1.	General – Sequencing of the HL segment.	HL01-Hierarchial ID Number	HL01 must begin with 1 and be incremented by 1 each time an HL segment is used.
2.	General – Case Conversion	General	All characters are to be uppercase.
3.	General – 997 Functional Acknowledgement	General	A 997 will be generated and placed in the Trade Partner pickup directory upon receipt of the file. It is recommended the 997 is picked up on the first business day after the file is submitted.
4.	General – Delimiters	General	Supported delimiters are; :, >,*,~,^,|. Submitting unsupported delimiters will cause the transaction to be rejected. Delimiters must be agreed upon before testing.
5.	General – Files non-compliant with HIPAA	General	Files will be rejected for non-compliance with the HIPAA standards. CHP checks compliance by separating the transaction on each ST-SE envelope. If any segment on the ST-SE envelope fails HIPAA compliance, the errors must be corrected by the Trade Partner and the non-compliant **ST-SE envelope** must be re-submitted.
6.	General – Extended character set.	General	837I data must use the basic character set as defined in Appendix A of the 837 Institutional Implementation Guide. Other characters used may cause transaction to be rejected.
7.	General - Diagnosis Codes	General	You may send up to 8 diagnosis codes per claim but the last four codes will not be considered for processing. The format is based on industry standards. Diagnosis codes are "AN" or Strings and should follow the **A.1.3.1.4** rule.
8.	Envelopes – Multiple transactions within one envelope.	ISA – Interchange Control Header, GS - Functional Header, GE – Functional Group Trailer, IEA – Interchange Control Trailer	Capital Health Plan will handle multiple GS-GE envelopes within one ISA-IEA.
9.	Envelopes – Interchange Sender ID	ISA06 – Interchange Sender ID	Capital Health Plan will reject a transmission with a submitter number that is not authorized for electronic claim submission.
10.	Envelopes – Application Receiver Code	GS03 – Application Receiver Code	Capital Health Plan will reject a transmission that is submitted with a code other than that of Capital Health Plan's. Currently our Tax ID is 591830622.
11.	Envelopes – Unique ST02	ST02 – Transaction Set Identifier	The ST02 element must have unique values for the transmission,

			otherwise it will be rejected.
12.	Envelopes – CHP ID to Use	ISA08 – Interchange Receiver ID	Capital Health Plan will reject a transmission that is not submitted with the Capital Health Plan code which is 591830622.
13.	Envelopes – Transaction Set Purpose Code	BHT02 – Transaction Set Purpose Code	BHT02 must equal '00' (Original).
14.	1000A Submitter Name	NM109- Identification Code	Submitting facility or clearing house Tax Id code
15.	Envelopes – Claim or Encounter	BHT06 – Transaction Type Code	BHT06 must equal 'CH' (Chargeable).
16.	2010AA Billing provider ID Code	NM109 – ID Code NM109	**NM109 is used to identify the billing facility/provider. This value is identified during testing and should not change. Any unannounced changes to this element will cause disruption to claim payment. NPI is also the only value that is considered for electronic processing. All other values may cause delay or denial in claim processing.**
17.	2010BA – Subscriber Information, 2000C – Patient Information	NM108 – ID Code Qualifier, NM109 – ID Code	NM108 must equal 'MI' (Member ID) and NM109 must equal the Capital Health Plan member ID. The member ID must be submitted with the claim.
18.	2000C – Patient Hierarchical Level	N/A	All CHP members have a unique member ID. This allows the patient to be submitted as the subscriber. The dependent or 2000C loop is not needed and should not be used.
19.	2300 – Claim Information	CL101, CL102, CL103	It is suggested that CL01 be used for the Admission Type Code (Code Source 231), CL102 be used for the Admission Source Code (Code Source 230) and CL103 be used for the Patient Status Code (Code Source 239).
20.	2300 – Claim Information	HI - Other Diagnosis Information	Up to 24 diagnosis codes may be submitted in this segment but due to a proprietary file format limitation; Capital Health Plan can only capture the first 8 diagnosis codes supplied in this segment.
21.	2300 – Claim Information	HI - Other Procedure Information	Up to 24 procedure codes may be submitted in this segment but due to a proprietary file format limitation; Capital Health Plan can only capture the first 5 procedure codes and corresponding dates supplied in this segment.
22.	2300 – Claim Information	HI - Occurrence Span Information	Up to 24 occurrence spans may be submitted in this segment but due to a proprietary file format limitation, Capital Health Plan can only capture the first 2 spans.

23.	2300 – Claim Information	HI - Occurrence Information	Up to 24 occurrence codes may be submitted in this segment but due to a proprietary file format limitation; Capital Health Plan can only capture the first 10 occurrence codes and corresponding dates supplied in this segment.
24.	2300 – Claim Information	HI - Value Information	Up to 24 value codes may be submitted in this segment but due to a proprietary file format limitation; Capital Health Plan can only capture the first 12 value codes supplied in this segment.
25.	2300 – Claim Information	HI - Condition Information	Up to 24 condition codes may be submitted in this segment but due to a proprietary file format limitation; Capital Health Plan can only capture the first 10 condition codes supplied in this segment.
26.	2000A- Billing Facility 2310E – Service Facility	REF02 - Secondary Identifier	A unique identification number must be supplied for the performing facility. Please refer to the IG for allowable ID types and notify Capital Health Plan of the ID type. The Billing Facility will be the Service Facility on all of the claims submitted unless another facility is given in Loop 2310E at the claim level.
27.	2400 – Service Line	SV205 - Quantity	Number of characters can not exceed 7. Decimal is explicit, for example, two units would be entered as 2 not 2.00 or 200 and two and a half would be 2.5 not 250.
28.	2310E-Facility Location	NM109	If the facility performs more that one type of service or has multiple fee schedules, the Capital Health Plan internal facility id relating to the claim should be placed in this field.