



837I Health Care Claim: Educational Guide

January 2011 - Version 3.1

Disclaimer

INGENIX is still under development stages and frequent changes within this document are expected. This documentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although, every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of EDI transactions lies with the submitter.

INGENIX employees, agents, and staff make no representation, warranty, or guarantee that this compilation of data is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide. This document explains certain aspects of the 4010A1 and 5010A2 conversion specifications by INGENIX, but is not a legal document.

Note: The information documented was current as of January 2011.

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Introduction

INGENIX is publishing this *Electronic Data Interchange (EDI) 837 Institutional Educational Guide* to accompany the *837 Institutional Transaction Companion Guide (Companion Guide)* for the *ASC X12N Health Care Claims Institutional (837) Transaction Set*.

The *Companion Guide* provides general information about EDI transmissions, such as delimiters, enveloping and related topics. This *INGENIX Educational Guide* will not duplicate these efforts, but instead will focus on the specific segments and elements which require additional attention when a conversion between the 4010A1 and 5010A2 formats is necessary.

The *Educational Guide* has been created in response to the HIPAA 5010 Mandate. This mandate, which goes into effect 1/1/2012, requires an interim transition period between conversion of the 4010A1 to the 5010A2 format. In order to ensure a smooth transition period, this guide provides the information necessary for a conversion between the two versions by INGENIX and will improve the EDI transmissions during this period.

Please go to the INGENIX website to find the *INGENIX Companion Guides*.

www.ingenix.com/connectivity

Preferences and Conventions

1. Trading Partner Agreements specify the terms and conditions by which transactions are exchanged electronically with INGENIX. This *Educational Guide* may be an addendum to a new or existing Trading Partner Agreement.
2. 4010A1 and 5010A2 versions can not exist in the same file content.
3. 4010A1 and 5010A2 *Companion Guide* information still applies.

Description

In order to maintain the integrity of the EDI transaction, INGENIX has made the following recommendations for the 4010A1 to 5010A2 conversion and vice versa to occur. There are additional differences between the versions; however INGENIX is able to bridge those gaps without compromising the integrity of the transaction.

Section 1 – For X12 4010A1 Submitter ONLY

4010A1 to 5010A2 Conversion Specifications – 837 Institutional

This section is to be utilized by submitters sending X12 4010A1 claims to any payers that are on the new 5010A2 format. Changes described in Section 1 will only need to be made to claims that are going to 5010A2 payers. To verify which payers have converted to the 5010A2 format please click the link below to get to the INGENIX Hospital Claims Payer List.

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The following table details segments and data elements that require specific information for INGENIX to do a conversion when receiving 4010A1 files and sending 5010A2 files to payers.

Loop				
Segment	Element	4010A1 Submitter Inbound value	5010A2 Payer Outbound value	Conversion Description
1000A				
PER - Submitter EDI Contact Information	PER03 - Communications Number Qualifier	PER Values ED EM FX TE	PER Values EM FX TE	<p>The ED (Electronic Data Interchange Access Number) qualifier in this segment is no longer a valid qualifier in 5010A2.</p> <p>Ingenix highly recommends that submitters modify their data so that the ED value is no longer submitted. Instead, the qualifier that corresponds to the data being transmitted (i.e. TE for telephone, EM for e-mail and FX for fax) should be sent.</p> <p>If the ED value is received, it will be converted to TE if PER04 is a 10 digit number, and EM for any other data received.</p>
2010AA				
NM1 Billing Provider Name	NM108/NM109 - Identification Code Qualifier/ Identification Code	NM108 Values 24 34 XX	NM108 value XX	<p>The only valid qualifier in 5010A2 is XX followed by an NPI. If Ingenix receives either 24 or 34, Ingenix will drop the NM108 and 09 elements during conversion. In order to prevent this, Ingenix highly recommends submitters to always send an XX with an NPI.</p>
N3 - Billing Provider Address				<p>5010A2 no longer allows for PO Box addresses in the N3 segment.</p> <p>Ingenix highly recommends that submitters always send an actual street address and not a PO Box address.</p> <p>If a PO Box address is sent, Ingenix will pass it on to the payer and let the payer decide if they want special logic / rejections added.</p>
N4 - Billing Provider City, State, Zip code	N403 - Postal code	Example: 12345	Example: 123450000	<p>When reporting the N403 zip code for addresses within the United States of America, the full 9 digit code is required in 5010A2.</p> <p>Ingenix highly recommends that submitters always send a 9 digit zip code for all USA addresses so it can be accurately mapped.</p>

Loop

Segment	Element	4010A1 Submitter Inbound value	5010A2 Payer Outbound value	Conversion Description
				If the full 9 digits are not received, the transmitted data will be appended with 9998 to make up the 9 digits required. Please note this can be changed based on payer request.
REF Billing Provider Secondary Identification (New name in 5010- Billing Provider Tax Identification)	REF01 - Reference Identification Qualifier	REF01 Values 0B 1A 1B 1C 1D 1G 1H 1J B3 BQ EI FH G2 LU SY X5	REF01 Value EI	This is now a required segment in 5010A2. The only valid qualifier code in the REF01 is EI (Employer ID). Ingenix highly recommends that submitters always send the REF segment with the EI qualifier when element NM108 in the 2010AA (Billing Provider loop) equals "XX" (NPI). If the REF01 is received with any other valid qualifier from 4010A1, all REF segments will be drop except for the EI.

2010AB

NM1 - Pay-to Address Name N3 - Pay-to Address- Address N4 - Pay- to Address City, State, Zip code	All elements for the entire loop			In 5010A2 the 2010AB loop is only required when the address for payment is different than that of the 2010AA Billing Provider. If the address is different, then the NM101 and 02 are required, the rest of the elements are dropped. Ingenix highly recommends submitters to only send the NM101 and NM102 elements with the N3 and N4 segments for the 2010AB loop when the address for payment is different than that of the Billing Provider 2010AA loop.
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2300

CLM - Claim Information	CLM 07 - Provider Acceptance Assignment Code	CLM07 Values A C	CLM07 Values A B C	This element is situational in 4010A1 and required in 5010A2. Ingenix highly recommends submitters to always send this element since it is required in 5010A2. If Ingenix does not receive this element it will be populated with C.
DTP - Statement Dates	DTP02/03 - Date Time Period Format Qualifier / Date Time Period	DTP02 values D8 RD8 DTP03 values CCYYMMDD	DTP02 values RD8 DTP03 values CCYYMMDDCCYYMMDD	The statement date must be a date range in 5010A2. Ingenix highly recommends submitters to use the date range

Loop

Segment	Element	4010A1 Submitter Inbound value	5010A2 Payer Outbound value	Conversion Description
				qualifier of RD8 in the DTP02 and populate the DTP03 with a range date following the date format of CCYYMMDDCCYYMMDD. If D8 is received, it will be converted to the qualifier RD8 and the DTP03 value will be used to populate the 'from' and 'to date'.
CL1 - Institutional Claim Code				This segment is required in 5010A2 and situational in 4010A1. Ingenix highly recommends submitters to always send the CL1 segment with the CL101 and CL103 (Patient Status Code) populated because this elements are required in 5010A2. If the CL1 segment is not received, it will be created. The CL101 will be '1', and the CL103 will be populated with Patient status code of 30.

2310E

NM1 Service Facility Name	NM108/NM109 - Identification Code Qualifier/ Identification Code	NM108 Values	NM108 value	Conversion Description
		24 34 XX	XX	The only valid qualifier in 5010A2 is XX followed by an NPI. If Ingenix receives either 24 or 34, Ingenix will drop the NM108 and 09 elements during conversion. In order to prevent this, Ingenix highly recommends submitters to always send an XX with an NPI.
N4 - Service Facility City, State, Zip code	N403 - Postal code	Example: 12345	Example: 123450000	When reporting the N403 zip code for addresses within the United States of America, the full 9 digit code is required in 5010A2. Ingenix highly recommends that submitters always send a 9 digit zip code for all USA addresses so it can be accurately mapped. If the full 9 digits are not received, the transmitted data will be appended with 9998 to make up the 9 digits required. Please note this can be changed based on payer request.

2430

SVD Line Adjudication Information Changes	Repeat count 25	Repeat count 15	Conversion Description
			The repeat count for this loop has been changed from 25 to 15. If more than 15 loops are sent the

Loop				
Segment	Element	4010A1 Submitter Inbound value	5010A2 Payer Outbound value	Conversion Description
CAS Line Adjustment segment		Repeat count 99	Repeat count 5	<p>claim will be rejected back to the submitter.</p> <p>The repeat count for this segment has been changed from 99 to 5.</p> <p>If more than 5 CAS segments within each 2430 loop are sent then the claim will be rejected back to the submitter.</p>

Section 2 – For X12 5010A2 Submitter ONLY

5010A2 to 4010A1 Conversion Specifications – 837 Institutional

This section is to be utilized by submitters sending X12 5010A2 claims to any payers that are still on the 4010A1 format. Changes described in Section 2 will only need to be made to claims that are going to 4010A1 payers. To verify which payers are still on 4010A1 format please click the link below to get to the INGENIX Hospital Claims Payer List.

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The following table details segments and data elements that require specific information for INGENIX to do a conversion when receiving 5010A2 files and sending 4010A1 files to payers.

Loop				
Segment	Element	5010A2 Submitter Inbound value	4010A1 Payer Outbound value	Conversion Description
2010AA				
NM1 - Billing Provider Name	NM108/09 - Identification Code	NM108 value XX	NM108 Values 24	In 4010A1 the NM108/09 are required elements.
	Qualifier/ Identification Code		34 XX	
PER - Billing Provider Contact	PER02 - Name			<p>Ingenix highly recommends submitters to always send the NM108/09 because although it is situational in 5010A2, it is required in 4010A1.</p> <p>If no NM108/09 is received Ingenix will use the values from the REF segment EI or SY to create the NM108/09.</p> <p>In 4010A1 the PER02 is a required element.</p>

Loop				
Segment	Element	5010A2 Submitter Inbound value	4010A1 Payer Outbound value	Conversion Description
Information				<p>Ingenix highly recommends submitters to always send the PER02 because although it is situational in 5010A2, it is required in 4010A1.</p> <p>If PER02 is not received, Ingenix will use the name from the 2010AA loop NM103.</p>
2300				
HI-Healthcare Diagnosis Code	HI 01-01,02-01,03- 01,04-01,05-01,06- 01,07-01,08-01 - Diagnosis Code Type			<p>In 4010A1 the 3 alpha qualifier codes are not valid for any of the sub-elements in the HI segment as these were added to support ICD-10 codes. 4010A1 only supports ICD-9 codes.</p> <p>Ingenix highly recommends submitters to only send ICD-9 codes in 5010A2 until the ICD-10 is mandated.</p> <p>If a 3 alpha qualifier code is received Ingenix will reject the claim back to the submitters. If an ICD-10 diagnosis code is received it will also be rejected back to the submitters.</p>
2310A				
NM1 Attending Provider Name	NM108/09 - Identification Code Qualifier/ Identification Code			<p>In 4010A1 the NM108/09 are required elements.</p> <p>Ingenix highly recommends submitters to always send the NM108/09 because although it is situational in 5010A2, it is required in 4010A1.</p> <p>If no NM108/09 is received, Ingenix will leave it blank to be rejected by the payer.</p>
2310B				
NM1 - Operating Physician Name	NM104 Name First or Organization Name			<p>In 5010A2 the NM104 is a required element.</p> <p>Ingenix highly recommends submitters to always send the NM104 because although it is situational in 5010A2, it is required in 4010A1.</p> <p>If no NM104 is received Ingenix will default the value to 'UNKNOWN'.</p>
NM1 - Operating Physician Name	NM108/09 - Identification Code Qualifier /Identification Code			<p>In 4010A1 the NM108/09 are required elements.</p> <p>Ingenix highly recommends submitters to always send the NM108/09 because although it is situational in 5010A2, it is required in 4010A1.</p> <p>If no NM108/09 is received, Ingenix will leave it blank to be rejected by the</p>

Loop

Segment	Element	5010A2 Submitter Inbound value	4010A1 Payer Outbound value	Conversion Description
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payer.

2420A

NM1 Operating Physician Name	NM108/09 - Identification Code Qualifier/ Identification Code
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In 4010A1 the NM108/09 are required elements.

Ingenix highly recommends submitters to always send the NM108/09 because although it is situational in 5010A2, it is required in 4010A1.

If no NM108/09 is received, Ingenix will leave it blank to be rejected by the payer.

Change Log

Version	Description	Author	Date
1.0	Initial Release	Sandra Santana	02/01/2010
1.1	Updated based on changes to mapping	Anwar Shaik	04/21/2010
2.0	Updated based on Errata A1 changes	Sandra Santana	09/29/2010
2.1	Updated based on changes to mapping	Sandra Santana	11/08/2010
3.0	Updated based on Errata A2 changes	Sun Park	01/18/2011
3.1	Conversion Description for 2300 CL1 Institutional Claim Code segment updated based on Errata A2 changes	Sun Park	01/31/2011