

PRESBYTERIAN HEALTH PLAN

EDI COMPANION GUIDE

Refers to the Implementation Guides based on ASC X12 5010A Version (**005010X223A1**)

X12 Health Care Claims Institutional (**837I**)

Disclosure Statement:

This Companion Guide contains the requirements for Presbyterian Health Plan Trading Partners in exchanging the 837I (Institutional) X12 Claims File transactions. This document is to be used in conjunction with the ASC X12 837I Version 005010X223A1 of the approved HIPAA WPC Implementation Guides.

Any changes to this document, if needed, will be updated and published as a newer version at <https://www.phs.org/EDI>.

Preface:

This transaction set is used by Trading Partners to submit Institutional (UB40/Hospital) Healthcare Claim Billing information, Encounter information, or both, from Providers of Healthcare services either directly or via intermediary billers or clearinghouses. If requested by the Trading Partners, Presbyterian will return a 999 acknowledgement to verify acceptance and/or rejections within the 837I. These transactions are mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that supplements Technical Report Type 3 (TR3) of 5010.

This Companion Document, along with the 005010X223A1 Implementation Guide, specifies the data content when exchanging electronically with Presbyterian Health Plan. Transmissions based on these documents are compliant with the Version 5010 ASC X12 syntax requirements and are intended to convey information that is within the framework of the ASC X12N Implementation Guides for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1. INTRODUCTION

SCOPE

This Companion Guide is for Presbyterian Health Plan Trading Partners who are submitting the 837I Institutional (Hospital/UB40) Healthcare Claim Billing information, Encounter information, or both, from Providers of Healthcare services. It provides all necessary information regarding 837I submissions to Presbyterian. It can be used to clarify and get relevant information about transactions and operating rules.

OVERVIEW

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that all health insurance payers in the United States comply with the EDI standards as established by the Secretary of Health and Human Services (HHS).

This Companion Guide covers the following topics:

- Connection and Exchange of 837I File Submissions.
- Configuration Details
- File Testing and Validation
- Reporting and Responses
- Support

Please refer to the full ASC X12 005010X223A1 guide for the full collection of industry standard details for an 837I X12 file.

<http://www.x12.org>

2. SUPPORT CONTACT INFORMATION

For all technical and support related questions concerning file trade, existing partners may contact the Presbyterian Health Plan EDI Team via email at edi@pchs.org.

3. TESTING WITH PRESBYTERIAN HEALTHCARE SERVICES

Testing Process

The following process can be followed to perform testing with a Presbyterian Healthcare Services representative.

1. Ensure all appropriate agreements are in place before the exchange of data.
2. Exchange all required details between PHP and your organization to configure SFTP connection.
3. Configure your 837I Claims file based on this Companion Guide and the 837I Implementation Guide Standards.
4. Create and exchange 837I Testing Scenarios.
5. A Presbyterian Health Plan representative will review the exchanged 837I Test Files submitted and validate a successful data load.
6. If a file is not accepted or rejects during testing, the trading partner will be contacted and asked to correct the file and resubmit.
7. PHP related business teams will review the loaded 837I Claims Files.
8. Once Presbyterian and the submitting Trading Partner approve validation of test files, the Trading Partner will be activated to submit production files to Presbyterian.

837I Testing Scenarios

To ensure a seamless implementation, please provide examples for the following test scenarios:

- Files containing various claim examples- Medicare, Medicaid, Commercial etc.
- Claims containing Subscriber/Dependent insurance examples.
- Files containing procedures for Institutional services such as- In Patient Hospital/Skilled Nursing Facility/Rural Health etc.
- COB claims/Primary-Secondary coverage.
- Claims containing one service line (2400 Loop) and claims with multiple service lines.
- Several resubmission claims (CLM05= 7).
- Claims to a Trading Partner that should reject at Presbyterian back to the Trading Partner.
- Claims containing incorrect information that should cause a claim to reject on the front end.

4. CONNECTIVITY/COMMUNICATIONS WITH PRESBYTERIAN HEALTH PLAN SERVICES

PROCESS FLOW

1. Trading Partner submits 837I X12 file to Presbyterian Health Plan.
2. PHP EDI generates a 999 acknowledgement (if requested by the Trading Partner) after processing the file to ensure it is syntactically correct- Accepted or Rejected- and returns the 999 to Submitting Trading Partner.
3. 277ca will be submitted to Trading Partner after claims are processed into adjudication system.

RETRANSMISSION PROCEDURE

Retransmissions will be required when there are:

- Connectivity failures.
- Rejected segments within a 999 or rejected claims noted on the 277ca.

SYSTEM MAINTENANCE

In the case maintenance is required, Presbyterian Health Plan will notify Trading Partners via email of scheduled system downtime.

5. CONTROL SEGMENTS/ENVELOPES

General Notes

- Leading spaces must be omitted.
- Trailing spaces must be omitted unless necessary to fulfill a minimum field length.
- During Testing- ISA015 must be "T" for Test.

The 837I X12 Claims file is expected to follow the standard values for the ISA-IEA, GS-GE, and ST-SE control segment values. All other standard EDI segments specific to the transaction should be used as per X12 ASC 5010 Guide.

Control Segment Hierarchy

- ISA - Interchange Control Header segment
 - GS - Functional Group Header segment
 - ST - Transaction Set Header segment
 - First 837 Transaction**
 - SE - Transaction Set Trailer segment
 - ST - Transaction Set Header segment
 - Second 837 Transaction**
 - SE - Transaction Set Trailer segment
 - ST - Transaction Set Header segment
 - Third 837 Transaction**
 - SE - Transaction Set Trailer segment
 - GE - Functional Group Trailer segment
- IEA - Interchange Control Trailer segment

Delimiters

LOCATION	CHAR	TYPE
Segment Terminator	~	Tilde
Data Element Separator	*	Asterisk
Component Element Separator	:	Colon
Value Type - Value	;	Semi-Colon
Repetition Separator	^	Carat

6. PRESBYTERIAN HEALTH PLAN SPECIFIC BUSINESS RULES AND LIMITATIONS

File Names

PHP will establish file naming conventions directly with the trading partners.

E.g. <TRADINGPARTNER>_<YYYYMMDD>_<HHMMSS>__<SEQ#>_837I

7. TRANSACTION SPECIFIC INFORMATION

Presbyterian has created the following grid to assist in the design of the specific segments and values accepted by our organization. This table includes only those fields that Presbyterian has a specific value set or provides additional guidance on the value sent.

Loop ID	Segment	Name	Valid Values	Notes/Comments
Header	ISA	Interchange Control Header		Details
Header	ISA01	Authorization Information Qualifier	00	
Header	ISA03	Security Information Qualifier	00	
Header	ISA05	Interchange ID Qualifier	ZZ	
Header	ISA06	Interchange Sender ID		Trading Partner ID
Header	ISA07	Interchange Information Qualifier	ZZ	
Header	ISA08	Interchange Receiver ID	PRESBYTERIANHP	
Header	ISA11	Repetition Separator	^	
Header	ISA12	Interchange Control Version Number	00510	
Header	ISA13	Interchange Control Number		Internal Number assigned by the Sender
Header	ISA14	Acknowledgment Requested	0 or 1	0- None Requested 1- TA1 Requested
Header	ISA15	Interchange Usage Indicator	P	P = Production
Header	ISA16	Component Element Separator	:	
Header	GS	Functional Group Header		Details
Header	GS01	Functional Identifier Code	HC	
Header	GS02	Application Sender Code	Submitting Trading Partner ID	
Header	GS03	Application Receiver's Code	PRESBYTERIANHP	Same as ISA08
Header	GS07	Responsible Agency Code	X	
Header	GS08	Implementation Guide Version Name	005010X223A1	
Header	ST	Transaction Set Header		Details
Header	ST01	Transaction Set Identifier Code	837	
Header	ST02	Transaction Set Control Number	EX: 0001	SE02 must match
Header	ST03	Implementation Guide Version Name	005010X223A1	

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Loop ID	Segment	Name	Valid Values	Notes/Comments
Header	BHT	Beginning of Hierarchical Transaction		Details
Header	BHT01	Hierarchical Structure Code	0022	
Header	BHT02	Transaction Set Purpose Code	00	
Header	BHT03	Submitter Transaction Identifier		Payer ID
Header	BHT04	Request Received Date		Date in CCYYMMDD format
Header	BHT05	Request Received Time		Time in HHMMSS format
Header	BHT06	Claim or Encounter Identifier	CH, RP	CH- Chargeable RP- Reporting
1000A	NM1	Submitter Name Loop		Details
1000A	NM101	Entity Identifier Code	41	Submitter
1000A	NM102	Entity Type Qualifier	2	2-Non-Person Entity
1000A	NM103	Submitter Last or Organization Name		
1000A	NM108	Identification Code Qualifier	46	ETIN
1000A	NM109	Submitter Identifier		
1000A	PER	Submitter EDI Contact Information		Details
1000A	PER01	Contact Function Code	IC	
1000A	PER03	Communication Number Qualifier	TE	
1000A	PER04	Communication Number		Telephone Number
1000B	NM1	Receiver Name Loop		Details
1000B	NM101	Entity Identifier Code	40	Receiver
1000B	NM102	Entity Type Qualifier	2	
1000B	NM103	Receiver Name	Presbyterian Health Plan	
1000B	NM108	Identification Code Qualifier	46	ETIN
1000B	NM109	Identification Code		
2000A	HL	Billing Provider Hierarchical Level Loop		Details
2000A	HL01	Hierarchical ID Number		Unique alphanumeric number for each occurrence of the HL segment
2000A	HL03	Hierarchical Level Code	20	Information Source
2000A	PRV			Details
2000A	PRV01	Provider Code	BI	Billing Provider
2000A	PRV02	Reference Identification Qualifier	PXC	Provider Taxonomy Code
2000A	PRV03	Provider Taxonomy Code		
2010AA	NM1	Billing Provider Name Loop		Details
2010AA	NM101	Entity Identifier Code	85	
2010AA	NM102	Entity Type Qualifier	2	

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Loop ID	Segment	Name	Valid Values	Notes/Comments
2010AA	NM1 cont.	Billing Provider Name Loop		Details
2010AA	NM103	Billing Provider Last or Organizational Name		
2010AA	NM108	Identification Code Qualifier	XX	
2010AA	NM109	Billing Provider Identifier		NPI
2010AA	N3/N4	Billing Provider Address		Details
2010AA	N301	Billing Provider Address Line		
2010AA	N401	Billing Provider City Name		
2010AA	N402	Billing Provider State		
2010AA	N403	Billing Provider Zip Code		
2010AA	REF	Billing Provider Tax Identification		Details
2010AA	REF01	Reference Identification Qualifier	EI	
2010AA	REF02	Billing Provider Tax Identification #		
2000B	HL	Subscriber Hierarchical Level Loop		Details
2000B	HL01	Hierarchical ID Number		
2000B	HL02	Hierarchical Parent ID Number		
2000B	HL03	Hierarchical Level Code	22	
2000B	SBR	Subscriber Information		Details
2000B	SBR01	Payer Responsibility Sequence Number Code	P	Primary
2000B	SBR02	Individual Relationship Code	18	Self
2000B	SBR09	Claim Filing Indicator Code		MA- Medicare Part A MB- Medicare Part B MC- Medicaid
2010BA	NM1	Subscriber Name Loop		Details
2010BA	NM101	Entity Identifier Code	IL	Insured/Subscriber
2010BA	NM102	Entity Type Qualifier	1	1-Person
2010BA	NM103	Subscriber Last Name		
2010BA	NM108	Identification Code Qualifier	MI	
2010BA	NM109	Subscriber Identifier		Member ID Number
2010BB	NM1	Payer Name Loop		Details
2010BB	NM101	Entity Identifier Code	PR	Payer
2010BB	NM102	Entity Type Qualifier	2	2-Non-Person Entity
2010BB	NM103	Payer Name		
2010BB	NM108	Identification Code Qualifier	PI	
2010BB	NM109	Payer Identifier		Payer ID
2300	CLM	Claim Information		Details
2300	CLM01	Patient Control Number		Internal Member Account # assigned by Billing Entity
2300	CLM02	Total Claim Charge Amount		Must be greater than or equal to zero.

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Loop ID	Segment	Name	Valid Values	Notes/Comments
				Must balance to the sum of all service line charges.
2300	CLM cont.	Claim Information		Details
2300	CLM05/C023-01	Facility Type Code		
2300	CLM05/C023-02	Facility Code Qualifier	A	
2300	CLM05/C023-03	Claim Frequency Code		Bill Type on UB40
2300	CLM07	Assignment or Plan Participation Code		A-Assigned B-Assignment Accepted on Clinical Lab Services Only C-Not Assigned
2300	CLM08	Benefits Assignment Certification Indicator		N- No Y- Yes W- Not Applicable
2300	CLM09	Release of Information Code	Y or I	
2300	DTP	Discharge Hour		Details
2300	DTP01	Date Time Qualifier	096	Discharge
2300	DTP02	Date Time Period Format Qualifier	TM	
2300	DTP03	Discharge Time		
2300	DTP	Statement Dates		Details
2300	DTP01	Date Time Qualifier	434	Statement
2300	DTP02	Date Time Period Format Qualifier	RD8	
2300	DTP03	Statement From and To Date		CCYYMMDD-CCYYMMDD
2300	DTP	Admission Date/Hour		Details
2300	DTP01	Date Time Qualifier	435	Admission
2300	DTP02	Date Time Period Format Qualifier	DT	
2300	DTP03	Admission Date and Hour		DT-Date & Time expressed in format CCYYMMDDHHMM
2300	CL1	Institutional Claim Code		Details
2300	CL101	Admission Type Code		
2300	CL102	Admission Source Code		
2300	CL103	Patient Status Code		
2300	HI	Principal Diagnosis		Details
2300	HI01-C022-01	Code List Qualifier Code	ABK	
2300	HI01-C022-02	Principal Diagnosis Code		ICD10
2300	HI01-C022-09	Present on Admission Indicator		N- No U- Unknown W-Not Applicable Y- Yes
Loop ID	Segment	Name	Valid Values	Notes/Comments

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2300	HI	Admitting Diagnosis		Details
2300	HI01-C022-01	Code List Qualifier Code	ABJ	
2300	HI01-C022-02	Admitting Diagnosis Code		ICD10
2300	HI	Patient's Reason for Visit		
2300	HI01-C022-01	Code List Qualifier Code	APR	
2300	HI01-C022-02	Patient Reason for Visit		ICD10
2310A	NM1	Attending Provider Name		Details
2310A	NM101	Entity Identifier Code	71	Attending Physician
2310A	NM102	Entity Type Qualifier	1	Person
2310A	NM103	Attending Provider Last Name		
2310A	NM108	Identification Code Qualifier	XX	
2310A	NM109	Attending Provider Identifier		NPI
2310B	NM1	Operating Physician Name Loop		Details
2310B	NM101	Entity Identifier Code	72	Operating Physician
2310B	NM102	Entity Type Qualifier	1	
2310B	NM103	Operating Provider Last Name		
2310B	NM108	Identification Code Qualifier	XX	
2310B	NM109	Operating Provider Identifier		NPI
2310D	NM1	Rendering Physician Name Loop		Details
2310D	NM101	Entity Identifier Code	82	Rendering Provider
2310D	NM102	Entity Type Qualifier	1	
2310D	NM103	Rendering Provider Last Name		
2310D	NM108	Identification Code Qualifier	XX	
2310D	NM109	Rendering Provider Identifier		NPI
2310E	NM1	Service Facility Location Name		Details
2310E	NM101	Entity Code Identifier	77	Service Facility
2310E	NM102	Entity Type Qualifier	2	Non Person Entity
2310E	NM103	Laboratory/Facility Name		
2310E	NM108	Identification Code Qualifier	XX	
2310E	NM109	Laboratory/Facility Identifier		NPI
2310E	N3/N4	Service Facility Address		Details
2310E	N301	Laboratory/Facility Address		
2310E	N401	Laboratory/Facility City Name		
2310E	N402	Laboratory/Facility State		
2310E	N403	Laboratory/Facility Zip Code		
2310F	NM1	Referring Provider Name		Details
2310F	NM101	Entity Code Identifier	DN	
2310F	NM102	Entity Type Qualifier	1	Person
2310F	NM103	Referring Provider Last Name		
Loop ID	Segment	Name	Valid Values	Notes/Comments

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2310F	NM108	Identification Code Qualifier	XX	
2310F cont.	NM1	Referring Provider Name		Details
2310F	NM109	Referring Provider Identifier		NPI
2320	CAS	Claim Level Adjustments	COB Loops/Segments	Only required when adjudication was made by another Payer.
2320	AMT	Coordination of Benefits	COB Loops/Segments	Same as above
2320	OI	Other Insurance Coverage Information	COB Loops/Segments	Same as above
2320	MIA	Inpatient Adjudication Information	COB Loops/Segments	Same as above
2320	MOA	Outpatient Adjudication Information	COB Loops/Segments	Same as above
2320	OI-03	Benefits Assignment Certification Indicator	Y/N/W	Y- Yes N- No W- Not Applicable
2320	OI-06	Release of Information Code	I or Y	I-Informed Consent to release medical info Y-Provider has signed statement on file
2330A		Other Subscriber Name Loop		Details
2330A	NM101	Other Subscriber Name	Insured or Subscriber	This Loop information is only required when Patient is not the Insured
2330B	NM1	Other Payer Name	COB Loops/Segments	Required only when CAS is used above
2400	LX	Service Line Number		Details
2400	LX01	Assigned Number		Number assigned for differentiation within a Transaction set.
2400	SV1	Professional Service		Details
2400	SV201	Service Line Revenue Code		NUBC Codes
2400	SV202/C003-01	Composite Medical Procedure Identifier		HC= HCPCS Code HP= HIPPS Code (SNF Rate Code) ER=Jurisdiction Specific Procedure & Supply Code IV=Home Infusion Product/Service Code WK=Advanced Billing Concept
2400	SV202/C003-02	Procedure Code		
2400	SV202/C003-03	Procedure Modifier		Optional
2400	SV203	Line Item Charge Amount		Submitted service line item amount
2400	SV204	Unit or Basis for Measurement	UN or MJ	UN= Units MJ= Anesthesia Minutes
2400	SV205	Service Unit Count		Numeric Value of Quantity
Loop ID	Segment	Name	Valid Values	Notes/Comments

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2400	DTP	Date Service Date		Details
2400	DTP01	Date Time Qualifier	472	Service
2400	DTP02	Date Time Period Format Qualifier	RD8	
2400	DTP03	Service Date		CCYYMMDD-CCYYMMDD
2410	LIN	Drug Identification Loop		Details
2410	LIN02	Identification Code Qualifier	N4	Required when certain HCPCS are billed for chemo, injections, pharmacy etc.
2410	LIN03	National Drug Code		NDC Code in 5-4-2 format
2410	CTP	Drug Quantity		Details
2410	CTP04	National Drug Unit Count		Required with LIN segment is used
2410	CTP05	Composite Unit of Measure		F2-International Unite GR-Gram ME-Milligram ML-Milliliter UN-Unit
2000A	SE	Transaction Set Trailer		Details
Trailer	SE01	Transaction Segment Count		
Trailer	SE02	Transaction Set Control Number		Same as ST02
Trailer	GE	Functional Group Trailer		Details
Trailer	GE01	Number Transaction Sets Included		
Trailer	GE02	Functional Group Control Number		Same as GS06
Trailer	IEA	Interchange Controller Trailer		Details
Trailer	IEA01	Number of Included Functional Groups		
Trailer	IEA02	Interchange Control Number		Same as ISA13

APPENDICES

During Testing- ISA015 must be “T” for Test.

Transmission Example:

ISA*00* *00* *ZZ*TRADING PARTNER*ZZ*100000 *250130*2111*^*00501*101013795*0*T*::~~
 GS*HC*171383*77048*20250130*2111*101013795*X*005010X223A1~
 ST*837*0001*005010X223A1~
 BHT*0019*00*101013795*20250130*21120830*RP~
 NM1*41*1*SUBMITTER LAST NAME*SUBMITTER FIRST NAME****46*444333~
 PER*IC**TE*5556009932~
 NM1*40*2*PRESBYTERIAN HEALTHPLAN*****46*77048~
 HL*1**20*1~
 PRV*BI*PXC*000X00000X~
 NM1*85*2*BILLING PROV LAST NAME*BILLING PROV FIRST NAME****XX*1881234422~
 N3*17300 SEAN PARKWAY~
 N4*LITTLE ROCK*AR*722235801~
 REF*EI*050505050~
 REF*OB*67888111~
 HL*2*1*22*0~
 SBR*P*18*****MC~
 NM1*IL*1*DOE*JOHN****MI*312123231~
 N3*1234 LONESTAR BLD~
 N4*LOS LUNAS*NM*870316246~
 DMG*D8*1900101*M~
 NM1*PR*2*NM Medicaid*****PI*77048~
 REF*G2*67888111~
 CLM*P2-1023050*70***12:B:1*Y*C*N*I~
 AMT*F5*0~
 REF*D9*428857213~
 HI*ABK:R69~
 NM1*77*2*DEPAUL HEALTH~
 N3*2424 NOTTINGHAM WAY~
 N4*LOS LUNAS*NM*870316246~
 LX*1~
 SV1*HC:99214*70*UN*1***1~
 DTP*472*D8*20250108~
 REF*6R*P2-1023050-7809345~
 SE*30*0001~
 GE*1*101013795~
 IEA*1*101013795~