837 Institutional Companion Guide

This document is being provided for the purposes of 837 Institutional testing. Any provider that wishes to submit claims via an 837 must follow this testing process prior to submission.

If you have already been certified by Alpha, you do NOT have to go through the testing process. Once the live system is up, please verify that your agency has been marked as “EDI Certified”. This can be seen in the Provider Base tile.

Please contact the Helpdesk at 919-651-8500 to request information on additional 837 Testing and FTP Client setup instructions, and/or next steps. You may also submit this request via email to Alliance837Support@AllianceHealthPlan.org.

This document is intended as a companion to the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional, ASC X12N 837 (005010X222A1)**. It contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted [and]
- Parameters in the implementation guide that provide options.

The Implementation Guides may be found at the Washington Publishing Company’s website (http://www.wpc-edi.com), for current HIPAA transaction standards for the 837, **Health Care Claim: Institutional (ASC X12N, version 005010X222A1).**

Critical Additional Notes:

- You are responsible for keeping track of your file names and contents.

This document specifically does not address every data element, whether required or optional, nor every scenario nor situation that the National Implementation Guides address. It is vital that you, your software vendor, or claim service provider conform to the specifications as detailed in the National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional. The purpose of this document is to assist you in the proper completion for submission. Information provided in this guide is subject to change.

Acknowledgements

A 999 Acknowledgement report will be sent to the trading partner’s DOWNLOAD area for retrieval. This report serves as the acknowledgement of the submission of a file. Typically, 999 Acknowledgement reports are available within moments of submission. **Please note that you are responsible for troubleshooting any errors that may be produced.**

Page	Loop	Segment	Data element	Comments
	Header	ISA	ISA03	Use “00” – No Security Information Present.
			ISA05	Use “ZZ” – Mutually Defined.
			ISA06	use the Provider Number or Submitter ID assigned to you by MCO. For testing purposes, please use any 5 digit number. Once live, this number will be the SFTP username you will receive.
			ISA07	Use “ZZ” – Mutually Defined.
			ISA08	Use 23071.
	Header	GS	GS02	Use the Submitter ID/Mailbox # issued by MCO. This is the same value as provided in the ISA06.
			GS03	Use 23071.
	1000A		NM108	Use “46” - Electronic Transmitter Identification Number (ETIN) established by a trading partner agreement.
			NM109	Use the Provider Number or Submitter ID assigned to you by MCO. This is the same value as provided in the ISA06.
	1000B	NM1	NM103	Use 23071.
			NM109	Use 23071.
	2000A	PRV	PRV01	Use “BI” to indicate billing provider.
			PRV02	Use qualifier “PXC” – Health Care Provider Taxonomy Code. Note: not required for atypical providers.
			PRV03	Provider Taxonomy Codes, as maintained by the National Uniform Claim Committee, canbe obtained from www.wpc-edi.com/hipaa. Submit the Provider Taxonomy that best fits provider type and specialty for the billing provider.
	2000B	SBR	SBR09	Use "11" for State claims , use “MC” for Medicaid.
	2010BA	NM1	NM102	Use “1” to indicate the subscriber is a person.
			NM108	Use “MI” -Member Identification Number Qualifier.
			NM109	For State claims enter the member’s identification number assigned by MCO. For Medicaid use the member's 10-digit Medicaid ID.
	2010BB	NM1	NM108	Use "PI".
			NM109	Use 23071.
		REF	REF01	Use “G2” to report Atypical provider data.
			REF02	Used by atypical providers to report Medicaid Provider number.
	2310F	NM		For NC Medicaid, use to report Carolina Access.
				PCP authorization information.

Page	Loop	Segment	Data element	Comments
	2310F	NM	NM103	When Carolina Access PCP is a group or office, please provide name of organization as the provider last name or UNKNOWN.
			NM109	For NC Medicaid this element is used to report the NPI of the Carolina ACCESS primary care physician.
			REF	For NC Medicaid, used to report Carolina Access Override information when required.
			REF01	For NC Medicaid, use a value of “G2” – to report Carolina Access Override number.
			REF02	For NC Medicaid, use Carolina Access issued override number.
	2320	AMT	AMT01	Coordination of Benefits (COB) - Payer Paid Amount.
	2410	LIN		For NC Medicaid this loop is required when submitting a drug related HCPCS procedure code.
			LIN03	For NC Medicaid enter the National Drug code in this field when applicable.
		CTP	CTP04	Enter the numeric quantity in this field.
			CTP05-1	Enter the unit of measurement that corresponds to the value enter in the CTP04.
		REF	REF01	Use “VY” for a link sequence number of the compound drug.
			REF02	Only the first ten bytes of the reference number will be used.