

Streamline ProviderAccess

HIPAA 837 Companion Guide for Direct Submitters

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Getting Started

In order to submit a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Implementation Guides & Addenda for the Health Care Claim: Institutional ASC X12N 837 (005010X223A1) and the Health Care Claim: Professional ASC X12N 837 (005010X222A1). The transaction guides can be ordered from the Washington Publishing Company’s website at www.wpc-edi.com.

ProviderAccess Specifications / Requirements

In addition to the required segments and data elements in the 837 Implementation Guides, the following tables document the ProviderAccess specific requirements for different provider types.

For Medicare Organization Providers and related subparts that are covered entities under HIPAA, the National Provider Identifier (NPI) is required for submitting 837 claims in the ProviderAccess system. For specific guidance, see [Table 1](#).

You must name your files with a .837 extension

In the table that follows: Usage R=Required, S= Situational

Note that authorization number is required only in cases where your rate is for an alternate site defined in your contract.

Table 1 –Providers

Medicare Covered Organization Health Care Provider (NPI per site)						
Loop	Segment ID	Segment	Data Element ID	Data Element	Usage	Comments
N/A	REF	Transmission Type Identification	REF02	Transmission Type Code	R	When submitting test records and during production, please use 005010X222A1.
1000A	NM1	Submitter Name	NM103	Name Last or Organization Name	R	Submitter Name is the 'Provider Name' from the ProviderAccess system and can be found in the 'Provider Information section under the element 'Provider Name'
1000A	NM1	Submitter Name	NM109	Submitter Identifier	R	Submitter Identifier is the 'Provider ID' from the ProviderAccess system and can be found in the 'Provider Information section under the element 'ID'
1000B	NM1	Receiver Name	NM103	Name Last or Organization Name	R	KCMHSAS
1000B	NM1	ReceiverName	NM109	Receiver Identifier	R	Use "1710066253" without quotes
2010AA	NM1	Billing Provider Name	NM108	Identification Code Qualifier	R	National Provider Identifier (NPI) is mandated for use by the HIPAA regulations.
2010AA	NM1	Billing Provider Name	NM109	Billing Provider Identifier	R	Provider must submit their 10 digit NPI Number
2010BA	NM1	Subscriber	NM109	Subscriber Primary Identifier	R	Subscriber primary identifier is uniquely identified. The primary identifier for each client is equivalent to the "clientID" identified in the ProviderAccess system.
2010BA	DMG	Subscriber Demographic Information	DMG02	Subscriber Birth Date	R	Subscriber birth date is accessible in the ProviderAccess system.
2010BB	NM1	Payer Name	NM103	Payer Name	R	KCMHSAS
2010BB	NM1	Payer Name	NM108	Identification Code Qualifier	R	Use: PI
2010BB	NM1	Payer Name	NM109	Identification Code	R	KCMHSAS: 1710066253
2300	REF	Reference ID qualifier	REF01	Identification Code Qualifier	S	Use G1
2300	REF	Prior authorization number	REF02	Prior authorization number	S	Use the Auth Identifier text from Provider Access. Ex. UM-20120822-005

837 File Validation

ProviderAccess utilizes 3 levels of validation when processing 837 files

1. File Format Errors
2. Parsing Errors
3. Processing Errors

File Format Errors

Upon submitting an 837 file for processing, the ProviderAccess system runs through an exhaustive verification of the 837 file to determine if there are any formatting errors in the file. Such errors include, but are not limited to:

- File is not EDI X12 format
- Missing Header Information
- Missing Trailer Information

In the cases in which file format validation fails, there will be no 'Parsing Errors' and no 'Batches' displayed. Additionally, the 997 file text will indicate that the 837 file was rejected.

Parsing Errors

After successfully completing the File Format validation process, the file is then checked for any Parsing Errors. The following validations are handled in the parsing validation:

- Claim charge amount does not match sum of service charge amount
 - This error indicates that there is a discrepancy in the total charge amount submitted for all claims, and the sum of charges for service lines.
- Batch Submitter ID does not match selected Sender's Submitter Id
 - This error indicates that the Submitter ID submitted does not match the Sender Submitter ID setup in ProviderAccess. See the section for loop 1000A, Segment NM1, Data Element NM109 in the tables above for additional details on how to obtain Submitter ID.
- Batch Submitter Name does not match selected Sender's Submitter Name
 - This error indicates that the Submitter Name submitted does not match the Sender Submitter Name setup in ProviderAccess. See the section for loop 1000A, Segment NM1, Data Element NM103 in the tables above for additional details on how to obtain Submitter Name.
- Batch has already been imported once.
 - This error indicates that the Batch ID submitted in the 837 file has previously been submitted.

In the cases in which parsing errors occur, processing of the file will stop and no claims will be accepted.

Processing Errors

If no Parsing Errors are found, the file is finally checked for any processing errors. Processing errors are broken out in 2 main types:

1. Claim Errors – Each error code is prefixed by the letter 'C'
2. Claim Line Errors – Each error code is prefixed by the letters 'CL'

The following is the list of processing errors which are validated:

Claim Errors	
Error Code	Error Description
C101	'Unknown claim type' (Only Professional or Institutional Allowed)
C102	'Provider/Site not found' (Tax ID / NPI does not exist in ProviderAccess System) Often an invalid authorization number given
C103	'Provider/Site not found in Import837SenderProviders' (A valid match exists in the system but is not setup for the Sender/Submitter)
C104	'Client not found' (ClientId does not exist)
C105	'Client is not active'
C106	'Client is not authorized for this provider' (Authorization has not been released to this provider for this client)
C107	'Insurer not found' (Loop 2010BB, Segment NM1, Data Element NM109 does not match the approved list in the tables above)
C108	'Claim rendering provider not found' (If Rendering Provider is specified but does not exist in the ProviderAccess system)
C109	'Claim rendering provider not associated with billing provider' (Rendering Provider is setup in the ProviderAccess system but not linked to the provider)
C110	Claim place of service not specified (Value was not specified in 837 file)
C111	Claim place of service not found (Value specified in 837 file does not match any in ProviderAccess system)
C112	More than one provider/site found for submitted NPI OR No Authorization Found, must supply auth in 2300*REF*G1*
C113	Provider/site not found
C114	Principal diagnosis is invalid
C115	Other diagnosis 1 is invalid
C116	Other diagnosis 2 is invalid
C117	Other diagnosis 3 is invalid
C118	Admission diagnosis is invalid

Claim Line Errors	
Error Code	Error Description
CL101	'Claim line rendering provider not found' (If Rendering Provider is specified but does not exist in the ProviderAccess system)
CL102	'Claim line rendering provider not associated with billing provider' (Rendering Provider is setup in the ProviderAccess system but not linked to the provider)

CL103

Claim line place of service not found (Value specified in 837 file does not match any in ProviderAccess system)