



# 837P Health Care Claim Professional

**Revision summary**

Revision Number	Date	Summary of Changes

# Disclaimer

This Passport Advantage Companion Guide to EDI Transactions (the “Companion Guide”) provides trading partners with guidelines for submitting electronic batch transactions. Because the HIPAA ASC X12N Implementation Guides require transmitters and receivers to make certain determinations/elections (*e.g.*, whether, or to what extent, situational data elements apply), this Companion Guide documents those determinations, elections, assumptions, or data issues that are permitted to be specific to Passport Advantage business processes when implementing the HIPAA ASC X12N 4010A1 Implementation Guides.

This Companion Guide does not replace or cover all segments specified in the HIPAA ASC X12N Implementation Guides. It does not attempt to amend any of the requirements of the Implementation Guides, or impose any additional obligations on trading partners of Passport Advantage that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This Companion Guide provides information on Passport Advantage’s specific codes relevant to Passport Advantage’s business processes and rules and situations that are within the parameters of HIPAA. Readers of this Companion Guide should be acquainted with the HIPAA Implementation Guides, their structure, and content.

This Companion Guide provides supplemental information to the Trading Partner Agreement that exists between Passport Advantage and its trading partners. Trading partners should refer to their Trading Partner Agreement for guidelines pertaining to Passport Advantage’s legal conditions surrounding the implementation of the EDI transactions and code sets. However, trading partners should refer to this Companion Guide for information on Passport Advantage business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Nothing contained in this Companion Guide is intended to amend, revoke, contradict, or otherwise alter the terms and conditions of the Trading Partner Agreement. If there is an inconsistency between the terms of this Companion Guide and the terms of the Trading Partner Agreement, the terms of the Trading Partner Agreement will govern.

# Table of Contents

## 837 P Health Care Claim Professional

<a href="#">Overview of Document</a>	3
<a href="#">General Instructions</a>	3
<a href="#">Transmission Size</a>	4
<a href="#">Transaction Structure &amp; Processing – Batch Mode</a>	4
<a href="#">Batch Mode Process</a>	4-5
837 Professional: Segment Usage Detail	6-26
Functional Acknowledgements	27

## Overview of Document

This Companion Guide is to be used as a supplement to the 837 Professional Health Care Claim Implementation Guide, version 4010A1, issued October 2002. As such, this Companion Guide must be referred to for transmitting the 837 Professional Health Care Claim transaction to Passport Advantage.

The purpose of this Companion Guide is to outline Passport Advantage requirements for handling the 837 Professional and to delineate specific data requirements for the submission of the 837P to Passport Advantage.

This Companion Guide was developed to guide organizations through the implementation process so that the resulting transaction will meet the following business objectives:

- ✍ **Convey all required business information required by Passport Advantage to process transactions.**
- ✍ **Interpret information in the same way:** The definition of the transaction will be specific so that trading partners can correctly interpret, from a business perspective, the information that is received from each other.
- ✍ **Simplify the communication:** The transaction will be standard to simplify communication between trading partners and to follow the requirements of HIPAA. [TOP](#)

## General Instructions

The 837P can be used to submit health care claim billing information from providers of health care services either directly or via trading partner or clearinghouse.

[TOP](#)

**Payers include, but not limited to:**

- |  |  |
|--|--|
| ?? Insurance Company                     | ?? Government Agency (Medicare, Medicaid, CHAMPUS, etc.) |
| ?? Health Maintenance Organization (HMO) |  |

## Transmission Size

5,000 Claims per ST (limit is for CLM segment). [TOP](#)

## Transaction Structure & Processing -- Batch Mode

There will be a separate ISA-IEA set for each different type of transaction. For example, if an electronic transmission between two trading partners contains claims and authorizations, there will be two ISA-IEA sets; one for claims (837) and one for authorizations (278).

This Companion Guide reflects conventions for batch implementation of the ANSI X12 837P. [TOP](#)

## Batch Mode Process

The 837P will be implemented in batch mode. The submitting organization will send the 837P to Passport Advantage through some means of telecommunications and will not remain connected while Passport Advantage processes the transaction.

If a portion of, or the entire ISA segment is unreadable or does not comply with the Implementation Guide and if there is sufficient routing information that can be extracted from the ISA, Passport Advantage will respond with an appropriate TA1 transaction. Otherwise, Passport Advantage will be unable to respond. In either case, the batch will not be processed.

Passport Advantage will respond with a 997 transaction as an acknowledgment to every batch file of 837P transactions that is received. This 997 acknowledgment will be sent whether or not the provider, or its intermediary, requests it. The acknowledgment 997 transaction will indicate whether or not the batch can be processed. If the GS segment of the batch does not comply with the Implementation Guide, Passport Advantage may not be able to process the transaction.

If the information associated with any of the claims in the 837P ST-SE batch is not correctly formatted from a syntactical perspective, all claims between the ST-SE will be rejected. Providers should consider this possible response when determining how many patients and claims they will submit in a single 837P. [TOP](#)

## **837 Professional: Segment Usage Detail**

The 837 Professional Data Element Segment identifies the specific data content required by Passport Advantage.

Passport Advantage Business Rules referenced in the Segment Usage Detail represent the following situations:

- ~~✎~~ The element is required by the Implementation Guide and required by Passport Advantage.
- ~~✎~~ The element is situational by the Implementation Guide and, when the situation exists, is required to be included by Passport Advantage.
- ~~✎~~ The element is situational by the Implementation Guide and, based on Passport Advantage's business, is always required by Passport Advantage.

Segment:

**BHT** Beginning of Hierarchical Transaction

Loop:

**Beginning of Hierarchical Transaction**

Level:

**Detail**

Usage:

**Required by Implementation Guide**

Business Rule:

**Passport Advantage requires submission with only the following data elements for this segment:**

### Data Element Summary

Ref Des	Element Name	Element Note
BHT06	Transaction Type Code	Enter code value:

**CH** = Use when submitting claims

[TOP](#)

Segment: **PRV** Billing/Pay to Provider Specialty Code  
 Loop: **2000A Billing/Pay to Provider Specialty code**  
 Level: **Detail**  
 Usage: **Situational by Implementation Guide**  
 Business: **Passport Advantage does not require submission of the**  
 Rule: **following data elements for this segment. To submit the sending provider taxonomy code, please use the PRV segment in either loop 2310B or 2420A:**

Data Element Summary

Ref Des	Element Name	Element Note
<b>PRV01</b>	Provider Code	Enter code value: <b>BI</b> Billing <b>PT</b> Pay-To
<b>PRV02</b>	Reference Identification Qualifier	<b>ZZ</b> Mutually Defined
<b>PRV03</b>	Reference Identification	Provider Taxonomy Code

[TOP](#)

Segment: **REF** Billing Provider Secondary Identification  
 Loop: **2010AA BILLING PROVIDER NAME**  
 Level: **Detail**  
 Usage: **Required by Implementation Guide**  
 Business: **Passport Advantage requires submission with only the**  
 Rule: **following data elements for this segment:**

Data Element Summary

Ref Des	Element Name	Element Note
REF01	Reference Identification Qualifier	Enter code value:  <b>G2</b> for Passport Advantage Products
REF02	<b>Original Reference Number</b>	Enter the appropriate provider identification number.

[TOP](#)

Segment: **SBR** Subscriber Information  
 Loop: **2000B SUBSCRIBER HIERARCHICAL LEVEL**  
 Level: **Detail**  
 Usage: **Required by Implementation Guide**  
 Business: **Passport Advantage requires submission with only**  
 Rule: **the following data elements for this segment:**

Data Element Summary

Ref Des	Element Name	Element Note
SBR09	Claim Filing Indicator Code	Enter value: (choose one)  <b>CI</b> for Passport Advantage Products

[TOP](#)

Segment: **NM1** Subscriber Name  
 Loop: **2010BA Subscriber NAME**  
 Level: **Detail**  
 Usage: **Required by Implementation Guide**  
 Business: **Passport Advantage requires submission with only**  
 Rule: **the following data elements for this segment:**

Data Element Summary

Ref Des	Element Name	Element Note
NM109	Payer Primary Identifier	Enter the 13 character value from the subscriber's identification card (ID Card), including alpha characters. Spaces, dashes and other special characters that may appear on the ID Card are for readability and appearance only, are not part of the identification code, and therefore should not be submitted in this transaction.

[TOP](#)

Segment: **NM1** Payer Name  
 Loop: **2010BB PAYER NAME**  
 Level: **Detail**  
 Usage: **Required by Implementation Guide**  
 Business: **Passport Advantage requires submission with only**  
 Rule: **the following data elements for this segment:**

Data Element Summary

Ref Des	Element Name	Element Note
NM108	Identification Code Qualifier	Enter code value: <b>PI</b> (Payer Identification)
NM109	Payer Primary Identifier	Enter value: (choose one)  <b>SX154</b> Passport Advantage (Professional)

[TOP](#)

Segment: **NM1** Patient Name  
 Loop: **2010CA Patient NAME**  
 Level: **Detail**  
 Usage: **Required by Implementation Guide**  
 Business: **Passport Advantage requires submission with only**  
 Rule: **the following data elements for this segment:**

Data Element Summary

Ref Des	Element Name	Element Note
NM109	Payer Primary Identifier	Enter the value from the subscriber's identification card (ID Card), including alpha characters. Spaces, dashes and other special characters that may appear on the ID Card are for readability and appearance only, are not part of the identification code, and therefore should not be submitted in this transaction.

[TOP](#)

Segment: **CLM** Health Claim Information  
 Loop: **2300 Claim Information**  
 Level: **Detail**  
 Usage: **Required by Implementation Guide**  
 Business Rule: **Passport Advantage requires submission with only the following data elements for this segment:**

Data Element Summary

Ref Des	Element Name	Element Note
CLM01	Claim Submitter's Identifier (Patient Control Number)	Do not enter values more than 20 characters.

[TOP](#)

Segment: **NM1** Rendering Provider Name  
 Loop: **2310B Rendering Provider Name**  
 Level: **Detail**  
 Usage: **Required by Implementation Guide**  
 Business: **Passport Advantage requires submission with only the**  
 Rule: **following data elements for this segment:**

Data Element Summary

Ref Des	Element Name	Element Note
NM101	Entity Identifier Code	Enter code value: <b>82</b> (Rendering Provider)
NM102	Entity Type Qualifier	Enter code value: (choose one) <b>1</b> (Person) <b>2</b> (Non Person Entity)
NM103	Provider Last Name	Enter value: <b>Provider last or Organization Name</b>
NM104	Provider First Name	Value: <b>Requesting Provider's first name</b>
NM108	Identification Code Qualifier	Enter code value: (choose one) <b>24</b> (Employer Tax Identification Number)
NM109	Identification Code Qualifier	Enter the appropriate value based on the Qualifier indicated in NM108

[TOP](#)

Segment: **REF** Rendering Provider Name Secondary Identification  
 Loop: **2310B Rendering Provider Name**  
 Level: **Detail**  
 Usage: **Required by Implementation Guide**  
 Business Rule: **Passport Advantage requires submission with only the following data elements for this segment:**

Data Element Summary

Ref Des	Element Name	Element Note
REF01	Reference Identification Qualifier	Enter code value:  <b>G2</b> for Passport Advantage Products
REF02	<b>Original Reference Number</b>	Enter the appropriate provider identification number. <i>In this case it would be 10-digit Corp ID #</i>

[TOP](#)

Segment: **NM1** Rendering Provider Name  
 Loop: **2420A Rendering Provider Name**  
 Level: **Detail**  
 Usage: **Situational by Implementation Guide**  
 Business: **Passport Advantage requires submission if the**  
 Rule: **Rendering Provider NM1 information is different than that carried in the 2310B (claim) loop and this particular service line has a different Rendering Provider.**

Data Element Summary

Ref Des	Element Name	Element Note
NM101	Entity Identifier Code	Enter code value: <b>82</b> (Rendering Provider)
NM102	Entity Type Qualifier	Enter code value: (choose one) <b>1</b> (Person) <b>2</b> (Non Person Entity)
NM103	Subscriber Last Name	Enter value: <b>Subscriber last or Organization Name</b>
NM104	Subscriber First Name	Value: <b>Requesting Subscriber's first name</b>
NM108	Identification Code Qualifier	Enter code value: (choose one) <b>24</b> (Employer Tax Identification Number)
NM109	Identification Code Qualifier	Enter the appropriate value based on the Qualifier indicated in NM108

[TOP](#)

Segment: **REF** Rendering Provider Name Secondary Identification  
 Loop: **2420A Rendering Provider Name**  
 Level: **Detail**  
 Usage: **Situational by Implementation Guide**  
 Business: **Passport Advantage requires submission if the**  
 Rule: **Rendering Provider NM1 information is different than that carried in the 2310B (claim) loop and this particular service line has a different Rendering Provider.**

Data Element Summary

Ref Des	Element Name	Element Note
REF01	Reference Identification Qualifier	Enter code value:  <b>G2</b> for Passport Advantage Products
REF02	<b>Original Reference Number</b>	Enter the appropriate provider identification number. <i>In this case it would be 10-digit Corp ID #</i>

[TOP](#)

Segment: **SBR** Subscriber Information  
 Loop: **2000B** SUBSCRIBER INFORMATION  
 Level: **Detail**  
 Usage: **Required by the HIPAA Implementation Guide**  
 Notes: **Passport Advantage requires submission with only the following data elements for this segment:**

Data Element Summary

Ref Des	Element Name	Element Note
SBR01	Payer Responsibility Sequence Number Code	If <b>"S"</b> Secondary or <b>"T"</b> Tertiary is populated, the pages 19-23 are required.

[TOP](#)

Segment: **CAS** Claims Adjustment  
 Loop: **2320 Other Subscriber Information**  
 Level: **Detail**  
 Usage: **Required by Implementation Guide**  
 Business: **Passport Advantage requires submission with only the**  
 Rule: **following data elements for this segment when**  
**submitting a Coordination of Benefits at the claim**  
**level:**

Data Element Summary

Ref Des	Element Name	Element Note
CAS01	Claims Adjustment Group Code	Enter code value: (choose one) <b>CO</b> (Contractual Obligations) <b>CR</b> (Corrections and Reversals) <b>OA</b> (Other Adjustments) <b>PI</b> (Payer Initiated Reductions) <b>PR</b> (Patient Responsibility)
CAS02	Claims Adjustment Reason Code	Enter value: <b>Adjustment Reason Code at the claim level</b>
CAS03	Claim Adjusted Amount	Enter value: <b>Adjustment Amount</b>

[TOP](#)

Segment: **AMT** COB Payer Paid Amount  
 Loop: **2320 Other Subscriber Information**  
 Level: **Detail**  
 Usage: **Required by Implementation Guide**  
 Business: **Passport Advantage requires submission with only the**  
 Rule: **following data elements for this segment when**  
**submitting a Coordination of Benefits:**

Data Element Summary

Ref Des	Element Name	Element Note
AMT01	Amount Qualifier	Enter code value: <b>D</b> (Payer Amount Paid)
AMT02	Amount	Enter value: <b>Payer Paid Amount</b>

[TOP](#)

Segment: **AMT** COB Patient Responsibility Amount  
 Loop: **2320 Other Subscriber Information**  
 Level: **Detail**  
 Usage: **Required by Implementation Guide**  
 Business: **Passport Advantage requires submission with only**  
 Rule: **the following data elements for this segment when**  
**submitting a Coordination of Benefits:**

Data Element Summary

Ref Des	Element Name	Element Note
AMT01	Amount Qualifier	Enter code value: <b>F2</b> (Patient Responsibility Actual)
AMT02	Amount	Enter value: <b>Patient Responsibility Amount</b>

[TOP](#)

Segment: **NM1** Subscriber Name  
 Loop: 2330A Other Subscriber Name  
 Level: **Detail**  
 Usage: **Required by Implementation Guide**  
 Business **Passport Advantage requires submission with only the**  
 Rule: **following data elements for this segment when**  
**submitting a Coordination of Benefits:**

Data Element Summary

Ref Des	Element Name	Element Note
NM101	Entity Identifier Code	Enter code value: <b>IL</b> (Insured or Subscriber)
NM102	Entity Type Qualifier	Enter code value: (choose one) <b>1</b> (Person) <b>2</b> (Non Person Entity)
NM103	Subscriber Last Name	Enter value: <b>Subscriber last or Organization Name</b>
NM104	Subscriber First Name	Enter value: <b>Subscriber's first name</b>
NM108	Identification Code Qualifier	Enter code value: <b>MI</b> (Member Identification Number) <b>EI</b> (Employee Identification Number)
NM109	Identification Code Qualifier	Enter value: <b>Member Identification Number</b> <b>Employee Identification Number</b>

[TOP](#)

Segment: **CAS** Claims Adjustment  
 Loop: **2430 – LINE ADJUDICATION INFORMATION**  
 Level: **Detail**  
 Usage: **Situational by Implementation Guide**  
 Business: **Passport Advantage requires submission with only the**  
 Rule: **following data elements for this segment when**  
**submitting a Coordination of Benefits at the line level:**

Data Element Summary

Ref Des	Element Name	Element Note
CAS01	Claims Adjustment Group Code	Enter code value: (choose one) <b>CO</b> (Contractual Obligations) <b>CR</b> (Corrections and Reversals) <b>OA</b> (Other Adjustments) <b>PI</b> (Payer Initiated Reductions) <b>PR</b> (Patient Responsibility)
CAS02	Claims Adjustment Reason Code	Enter value: <b>Adjustment Reason Code at the line level</b>
CAS03	Claim Adjusted Amount	Enter value: <b>Adjustment Amount</b>

[TOP](#)

Segment: **CLM** Health Claim Information  
 Loop: **2300 Claim Information**  
 Level: **Detail**  
 Usage: **Required by Implementation Guide**  
 Business Rule: **Passport Advantage requires submission with only the following data elements for this segment:**

Data Element Summary

Ref Des	Element Name	Element Note
CLM05-3	Claims Frequency Type Code	Enter code value: (choose one) <b>6</b> (Correction) <b>7</b> (Replacement)

[TOP](#)

Segment: **REF** Original Reference Number  
 Loop: **2300 Claim Information**  
 Level: **Detail**  
 Usage: **Required by Implementation Guide**  
 Business: **Passport Advantage requires submission with only the**  
 Rule: **following data elements for this segment when**  
**submitting an adjustment request:**

Data Element Summary

Ref Des	Element Name	Element Note
REF01	Reference Identification Qualifier	Enter code value: <b>F8</b> (Original Reference Number)
REF02	Original Reference Number	Enter value: <b>The Passport Advantage claim number</b>

[TOP](#)

Segment: **NTE** Claim Notes  
 Loop: **2300 Claim Information**  
 Level: **Detail**  
 Usage: **Required by Implementation Guide**  
 Business Rule: **Passport Advantage requires submission with only the following data elements for this segment when submitting an adjustment request:**

Data Element Summary

Ref Des	Element Name	Element Note
NTE01	Notes Reference Code	Enter code value: <b>ADD</b> (To provide additional detail description for the adjustment).
NTE02	Claim Note Text	Enter a detail description regarding the adjustment request.

[TOP](#)

## **Transaction Acknowledgements**

### **TA1 Interchange Acknowledgement Transaction**

All X12 file submissions are pre-screened upon receipt to determine if the ISA or IEA segments are unreadable or do not comply with the HIPAA Implementation Guide. If errors are found, Passport Advantage will send a TA1 response transaction to notify the trading partner that the file cannot be processed. No TA1 response transaction will be sent for error-free files.

*Example: Once the 837P is received by Passport Advantage, the file is checked for HIPAA compliance. Within Passport Advantage, a validation is performed on the ISA loop and the IEA loop information. If these segments are missing required elements or have a non-standard structure, the file will receive a full file reject and the TA1 response transaction will be sent to the trading partner.*

### **997 Functional Acknowledgement**

If the file submission passes the ISA/IEA pre-screening above, it is then checked for HIPAA compliance syntactical and content errors. When the compliance check is complete, a 997 will be sent to the trading partner informing them which claims in the file were accepted for processing or rejected.

*Example: An X12 file has passed pre-screening, and is then checked against the HIPAA standard. Once the file has been processed against the HIPAA standard, a 997 is generated indicating which claims within the file have passed or failed syntactical/content errors. No further processing of the failed X12 transaction will occur.*

### **Unsolicited 277**

The Unsolicited 277 acknowledgment is used for the 837P. The Unsolicited 277 acknowledgment provides accepted or rejected claim status for each claim contained within the batch.

*\*\*\*It is important to note that:*

- 1. Only accepted claims are submitted to the claims adjudication system for processing and the outcome results will appear on the statement of remittance (SOR).*
- 2. A detailed explanation of the reason for claim rejection is contained in the STC12 segment of the Unsolicited 277 transaction.*

*Example: A batch file is received with three 837P claims that pass compliance. During processing, the first claim rejects due to invalid member information, the second claim rejects due to an invalid procedure code, and the third claim is accepted with no errors. The Unsolicited 277 is generated and returns a status of one*

*accepted claim and two rejected claims along with an explanation of the reasons the claims were rejected. In addition, the one accepted claim is submitted to the claims adjudication system for processing.*