

## Additional 837 Claim Submission Guidance

1. Providers must bill using their 10-digit Passport Advantage provider ID for the Billing and Rendering providers (both 837 submissions and paper submissions).
  - a. 837's:
    - ??Billing provider ID in loop 2010AA (both professional and institutional)
    - ??Rendering provider ID in loop 2310B (professional)
  - b. Paper
    - ??UB92 – Field Locator 51
    - ??HCFA 1500 – box 33 (Group = Billing, PIN = Rendering)
2. If the Place of Service = 22, 23, or 24:
  - a. The Service Facility location loop (loop 2310D) must be completed. The Service Facility Secondary Identification number (loop2310D, segment REF02) must contain 10-digit Passport Advantage ID for the facility on the 837P, with the 'G2' qualifier (in REF01).
  - b. On paper claims, this data must be populated in box 32 of the HCFA 1500.
3. If the provider is an ancillary and is:
  - a. Home Infusion providers must bill with a Place of Service = 12, specific HCPCS codes and the NDC # :
    - ??837P - in loop 2410, LIN03 segment of the 837P with an 'N4' qualifier in LIN02
    - ??HCFA 1500 – in box 24K.
  - b. Ambulance providers must bill with a Place of Service = 41 or 42.
  - c. DME providers must bill with a Place of Service = 12 and HCPCS codes within the range of:
    - A0000 – A9999
    - B0000 – B9999
    - E0000 – E9999
    - J7000 – J9999
    - K0000 – K9999
    - L0000 – L9999
    - S8300

- d. Private Duty Nursing must bill with a Place of Service = 12 and HCPCS codes within the range of:

S1000 – S1999

S9000 – S9999

4. If the claim is for a facility (inpatient or outpatient), the Bill Type and the provider's type must correlate.
5. The tax ID submitted on the claim must match the tax ID that is on file with Passport Advantage.
6. All diagnosis must be to the highest specificity.
7. Provider Billing Edits:
  - a. Revenue Codes that require HCPCS codes
  - b. HCPCS to Revenue Code correlation
  - c. Interventional Radiology
  - d. Miscellaneous HCPCS
8. If submitting a paper UB92 claim and billing with a modifier, the modifier must be in field locator 44 following the HCPCS procedure codes.
9. Must bill with the member ID found on the member's ID card (this would include a 3 position alpha-numeric prefix of 'Q4M', an 8-digit number, and the 2-digit suffix).

Example: Q4M 12345678 00