INGENIX®

837P Health Care Claim: Educational Guide

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Introduction

INGENIX is publishing this *Electronic Data Interchange (EDI)* **837 Professional Educational Guide** to accompany the **837 Professional Transaction Companion Guide** *(Companion Guide)* for the **ASC X12N Health Care Claims Professional (837) Transaction Set**.

The *Companion Guide* provides general information about EDI transmissions, such as delimiters, enveloping and related topics. This INGENIX *Educational Guide* will not duplicate these efforts, but instead will focus on the specific segments and elements which require additional attention when a conversion between the 4010A1 and 5010A1 formats is necessary.

The *Educational Guide* has been created in response to the HIPAA 5010 Mandate. This mandate, which goes into effect 1/1/2012, requires an interim transition period between conversion of the 4010A1 to the 5010A1 format. In order to ensure a smooth transition period, this guide provides the information necessary for a conversion between the two versions by INGENIX and will improve the EDI transmissions during this period.

Please go to the INGENIX website to find the *INGENIX Companion Guides.*

www.ingenix.com/connectivity

Preferences and Conventions

1. Trading Partner Agreements specify the terms and conditions by which transactions are exchanged electronically with INGENIX. This *Educational Guide* may be an addendum to a new or existing Trading Partner Agreement.
2. 4010A1 and 5010A1 versions can not exist in the same file content.
3. 4010A1 and 5010A1 *Companion Guide* information still applies.

Description

In order to maintain the integrity of the EDI transaction, INGENIX has made the following recommendations for the 4010A1 to 5010A1 conversion and vice versa to occur. There are additional differences between the versions; however INGENIX is able to bridge those gaps without compromising the integrity of the transaction.

Section 1 – For X12 4010A1 Submitter ONLY

4010A1 to 5010A1 Conversion Specifications – 837 Professional

This section is to be utilized by submitters sending X12 4010A1 claims to any payers that are on the new 5010A1 format. Changes described in Section 1 will only need to be made to claims that are going to 5010A1 payers. To verify which payers have converted to the 5010A1 format please click the link below to get to the INGENIX Medical Claims Payer List.

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The following table details segments and data elements that require specific information for INGENIX to do a conversion when receiving 4010A1 files and sending 5010A1 files to payers.

Loop					
Segment	**Element**	**4010A1 Submitter Inbound value**	**5010A1 Payer Outbound value**	**Conversion Description**	
1000A					
PER - Submitter EDI Contact Information	**PER03 -** Communications Number Qualifier	PER03 Values ED EM FX TE	PER03 Values EM FX TE	The ED (Electronic Data Interchange Access Number) qualifier in this segment is no longer a valid qualifier in 5010A1. Ingenix highly recommends that submitters modify their data so that the ED value is no longer submitted. Instead, the qualifier that corresponds to the data being transmitted (i.e. TE for telephone, EM for e-mail and FX for fax) should be sent. If the ED value is received, it will be converted to TE if PER04 is a 10 digit number, and EM for any other data received.	
2010AA					
NM1-Billing Provider Name	**NM1 08 /09** Identification Code Qualifier/code	NM108 values **24 34 XX**	NM108 values **XX**	The only valid qualifier in 5010A1 is XX followed by an NPI. If Ingenix receives either 24 or 34, Ingenix will drop the NM108 and 09 elements during conversion. In order to prevent this, Ingenix highly recommends submitters to always send an XX with an NPI.	
N3 – Billing Provider Address				5010A1 no longer allows for PO Box addresses in the N3 segment. Ingenix highly recommends that submitters always send an actual street address and not a PO Box address. If a PO Box address is sent, Ingenix will pass it on to the payer and let the payer decide if they want special logic / rejections added.	
N4 – Billing Provider City, State, Zip code	**N403 –** Postal code	**Example:** 12345	**Example:** 123450000	When reporting the N403 zip code for addresses within the United States of America, the full 9 digit code is required in 5010A1. Ingenix highly recommends that submitters always send a 9 digit zip code for all USA addresses so it can be accurately mapped. If the full 9 digits are not received, the transmitted data will be appended with 9998 to make up the 9 digits required. Please note this can be changed based on payer request.	

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Loop					
Segment	**Element**	**4010A1 Submitter Inbound value**	**5010A1 Payer Outbound value**	**Conversion Description**	
REF- Billing Provider Secondary Identification (New name in 5010A1- Billing Provider Tax Identification)	**REF01 –** Reference Identification Qualifier	**REF01 values** 0B EI 1A SY 1B 1C 1D 1G 1H 1J B3 BQ FH G2 G5 LU U3 X5	**REF01 values** EI SY	This is now a required segment in 5010A1. The only valid qualifier codes in the REF01 are EI (Employer ID) and SY (Social Security Number). Ingenix highly recommends that submitters always send the REF segment with either the EI or SY qualifier when element NM108 in the 2010AA (Billing Provider loop) equals "XX" (NPI). If the REF01 is received with any other valid qualifier from 4010A1, all REF segments will be drop except for the EI or SY.	
2010AB					
NM1-Pay-to Address Name **N3 –** Pay-to Address-Address **N4 –** Pay- to Address City, State, Zip code	**All elements for the entire loop**			In 5010A1 the 2010AB loop is only required when the address for payment is different than that of the 2010AA Billing Provider. If the address is different, then the NM101 and 02 are required, the rest of the elements are dropped. Ingenix highly recommends submitters to only send the NM101 and NM102 elements with the N3 and N4 segments for the 2010AB loop when the address for payment is different than that of the Billing Provider 2010AA loop.	
2010BB					
REF-Payer Secondary Identification	**REF 01-** Reference Identification Qualifier	**REF01 Values** 2U, FY, NF,TJ	**REF01 Values** 2U, FY, NF,EI	The qualifier TJ (Federal Tax Payer's ID #) is no longer supported in 5010A1, if it is received; it will be converted to EI (Employer's ID #).	
2300					
CLM-Claim Information	**CLM 05-2-** Facility code qualifier	**Not Present**	**CLM 05-2 Value** B – Place of Service Codes	This sub-element was not used in 4010A1, but is now required in 5010A1. The only valid value is "B", so Ingenix will default to this value in 5010A1.	
CLM-Claim Information	**CLM07-** Provider Accept Assignment Code	**CLM07 Values** A,B,C,P	**CLM07 Values** A,B,C	In 5010A1 the code P in the CLM07 is no longer valid. Ingenix highly recommends submitters to only populate CLM07 with codes A, B, or C as the code P is no longer valid in 5010A1. If Ingenix receives a P code (Patient Refuses to Assign Benefits), it will be converted to	

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Loop				
Segment	**Element**	**4010A1 Submitter Inbound value**	**5010A1 Payer Outbound value**	**Conversion Description**
				code C (Not Assigned).
DTP- Date – Acute Manifestation	**DTP01 –** Date/Time Qualifier	**Repeat count 5** **DTP01 Values** 453	**Repeat count 1** **DTP01 Values** 453	The repeat count for this segment has been changed from 5 to 1. If more than one acute manifestation date is received, Ingenix will only pass the first one received.
DTP- Date – Accident	**DTP01 –** Date/Time Qualifier	**Repeat count 10** **DTP01 Values** 439	**Repeat count 1** **DTP01 Values** 439	The repeat count for this segment has been changed from 10 to 1. If more than one accident date is received, Ingenix will only pass the first one received.
DTP-Date – Disability Begin	**DTP01 –** Date/Time Qualifier	**Repeat count 5** **DTP01 Values** 360	**Repeat count 1** **DTP01 Values** 360	The repeat count for this segment has been changed from 5 to 1. A logarithm will be used to populate the earliest disability begin date.
DTP-Date – Disability End	**DTP01 –** Date/Time Qualifier	**Repeat count 5** **DTP01 Values** 361	**Repeat count 1** **DTP01 Values** 361	The repeat count for this segment has changed from 5 to 1. A logarithm will be used to populate the latest disability end date.
REF- Clinical Laboratory Improvement Amendment (CLIA) Number	**REF 01-** Reference Identification Qualifier	**Repeat count 3**	**Repeat count 1**	The repeat count for this segment has changed from 3 to 1. If more than one CLIA number is received, Ingenix will only pass the first one received.
2310B				
NM1-Rendering Provider Name	**NM1 08 /09** Identification Code Qualifier/code	**NM108 values** **24** **34** **XX**	**NM108 values** **XX**	The only valid qualifier in 5010A1 is XX followed by an NPI. If Ingenix receives either 24 or 34, Ingenix will drop the NM108 and 09 elements during conversion. In order to prevent this, Ingenix highly recommends submitters to always send an XX with an NPI.
2310D in 4010/ 2310C in 5010A1				
NM1- Service Facility Location Name	**NM103-** Name			In 5010A1 the Facility name is required in the NM103 element. Ingenix highly recommends submitters to always send the NM103 if the NM1 segment is send because although it is situational in 4010A1, it is required in 5010A1. If the NM1 segment exists, but no name is present in the NM103, Ingenix will reject the claim back to the submitter as Ingenix will not be able to create a Facility name.

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Loop				
Segment	Element	4010A1 Submitter Inbound value	5010A1 Payer Outbound value	Conversion Description
NM1- Service Facility Location Name	NM108/109- Identification Code Qualifier/code	NM108 values **24** **34** **XX**	NM108 values **XX**	The only valid qualifier in 5010A1 is XX followed by an NPI. If Ingenix receives either 24 or 34, Ingenix will drop the NM108 and 09 elements during conversion. In order to prevent this, Ingenix highly recommends submitters to always send an XX with an NPI.
N4 – Service Facility City, State, Zip code	N403 - Postal code	**Example:** 12345	**Example:** 123450000	When reporting the N403 zip code for addresses within the United States of America, the full 9 digit code is required in 5010A1. Ingenix highly recommends that submitters always send a 9 digit zip code for all USA addresses so it can be accurately mapped. If the full 9 digits are not received, the transmitted data will be appended with 9998 to make up the 9 digits required. Please note this can be changed based on payer request.
2310E				
NM1- Supervising Provider Name	NM108/109- Identification Code Qualifier/code	NM108 values **24** **34** **XX**	NM108 values **XX**	The only valid qualifier in 5010A1 is XX followed by an NPI. If Ingenix receives either 24 or 34, Ingenix will drop the NM108 and 09 elements during conversion. In order to prevent this, Ingenix highly recommends submitters to always send an XX with an NPI.
2330B				
REF-Other Payer Secondary Identifier	REF 01- Reference Identification Qualifier	REF01 Values 2U, FY, NF,TJ	REF01 Values 2U, FY, NF,EI	The qualifier TJ (Federal Tax Payer's ID #) is no longer supported in 5010A1, if it is received; it will be converted to EI (Employer's ID #).
2400				
SV1- Professional Service	SV107- Diagnosis code pointer			In 5010A1 the Diagnosis Code segment is required; therefore the Pointer Code is required. Ingenix highly recommends submitters to always send at least one diagnosis code and one pointer code because these segments are required in 5010A1. Ingenix will create a pointer code if the diagnosis code is present in the 2300 loop HI segment. If a diagnosis code is not present then the claim will be rejected back to the

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Loop					
Segment	**Element**	**4010A1 Submitter Inbound value**	**5010A1 Payer Outbound value**	**Conversion Description**	
				submitter as Ingenix will not be able to create diagnosis codes and/or pointer codes.	
MEA- Test Result		**Repeat count 20**	**Repeat count 5**	The repeat count for this segment has been changed from 20 to 5. If more than 5 segments are received, Ingenix will only pass the first 5.	
HCP- Service Line Number	**HCP11-** Unit or Basis for Measurement Code	**HCP11 Values** DA,UN	**HCP11 Values** MJ, UN	In 5010A1 the DA (days) code is no longer a valid unit of measure. If DA is received, it will be converted to UN (unit).	
2420C					
N4 - Service Facility City, State, Zip code	**N403 -** Postal code	**Example:** 12345	**Example:** 123450000	When reporting the N403 zip code for addresses within the United States of America, the full 9 digit code is required in 5010A1. Ingenix highly recommends that submitters always send a 9 digit zip code for all USA addresses so it can be accurately mapped. If the full 9 digits are not received, the transmitted data will be appended with 9998 to make up the 9 digits required. Please note this can be changed based on payer request.	
2430					
2430 loop - Line Adjudication Information		**Repeat count 25**	**Repeat count 15**	The repeat count for this loop has been changed from 25 to 15. If more than 15 loops are sent the claim will be rejected back to the submitter.	
CAS - Line Adjustment		**Repeat count 99**	**Repeat count 5**	The repeat count for this segment has been changed from 99 to 5. If more than 5 CAS segments within each 2430 loop are sent then the claim will be rejected back to the submitter.	

Section 2 – For X12 5010A1 Submitter ONLY

5010A1 to 4010A1 Conversion Specifications – 837 Professional

This section is to be utilized by submitters sending X12 5010A1 claims to any payers that are still on the 4010A1 format. Changes described in Section 2 will only need to be made to claims that are going to 4010A1 payers. To verify which payers are still on 4010A1 format please click the link below to get to the INGENIX Medical Claims Payer List.

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The following table details segments and data elements that require specific information for INGENIX to do a conversion when receiving 5010A1 files and sending 4010A1 files to payers.

Loop					
Segment	Element	5010A1 Submitter Inbound value	4010A1 Payer Outbound value	Conversion Description	
2010AA					
NM1-Billing Provider Name	**NM108/09** – code qualifier/ Identifier	NM108 values XX	NM108 values 24 34 XX	In 4010A1 the NM108/09 are required elements. Ingenix highly recommends submitters to always send the NM108/09 because although it is situational in 5010A1, it is required in 4010A1. If no NM108/09 is received Ingenix will use the values from the REF segment EI or SY to create the NM108/09.	
PER- Billing Provider Contact Information	**PER02-** Name			In 4010A1 the PER02 is a required element. Ingenix highly recommends submitters to always send the PER02 because although it is situational in 5010A1, it is required in 4010A1. If the PER02 is not received, Ingenix will use the name from the 2010AA loop NM103.	
2010BB					
REF- Payer Secondary Identifier	**REF 01-** Reference Identification Qualifier	**REF01 Values** 2U, FY, NF,EI	**REF01 Values** 2U, FY, NF,TJ	The qualifier EI (Employer's ID #) is not supported in 4010A1, if it is received; it will be converted to TJ (Federal Tax Payer's ID #).	
2010CA					
NM1- Patient Name	**NM104-** Patient First Name			In 4010A1 the NM104 is a required element. Ingenix highly recommends submitters to always send the NM104 because although it is situational in 5010A1, it is required in 4010A1. If no NM104 is received Ingenix will default the value to 'UNKNOWN'.	
2300					
HI-Healthcare Diagnosis Code	**HI 01-01,02-01,03-01,04-01,05-01,06-01,07-01,08-01 -** Diagnosis Code Type			In 4010A1 the 3 alpha qualifier codes are not valid for any of the sub-elements in the HI segment as these were added to support ICD-10 codes. 4010A1 only supports ICD-9 codes. Ingenix highly recommends submitters to only	

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Loop					
Segment	**Element**	**5010A1 Submitter Inbound value**	**4010A1 Payer Outbound value**	**Conversion Description**	
				send ICD-9 codes in 5010A1 until the ICD-10 is mandated. If a 3 alpha qualifier code is received Ingenix will reject the claim back to the submitters. If an ICD-10 diagnosis code is received it will also be rejected back to the submitters.	
2310B					
NM1-Rendering Provider Name	**NM108 /09-** Identification Code Qualifier/code	**NM108 values** XX	**NM108 values** 24 34 XX	In 4010A1 the NM108/09 are required elements. Ingenix highly recommends submitters to always send the NM108/09 because although it is situational in 5010A1, it is required in 4010A1. If no NM108/09 is received Ingenix will leave the NM108/09 blank which could cause the payer to reject the claims.	
2330B					
REF-Other Payer Secondary Identifier	**REF 01-** Reference Identification Qualifier	**REF01 Values** 2U, FY, NF, EI	**REF01 Values** 2U, FY, NF, TJ	The qualifier EI (Employer's ID #) is not supported in 4010A1, if it is received; it will be converted to TJ (Federal Tax Payer's ID #).	
2400					
CR1- Ambulance Transport Information			**CR103 Values** I,R,T,X	This element is not used in 5010A1, but is required in 4010A1. Ingenix will populate based on data transmitted in CR104 (Ambulance Transport Reason Code). If CR104 =A then Ingenix will default CR103 to I (Initial Trip). If CR104 = B, C, D, E then default CR103 to T (Transfer Trip).	
HCP- Service Line Number	**HCP11-** Unit or Basis for Measurement Code	**HCP11 Values** MJ, UN	**HCP11 Values** DA,UN	Ingenix will map MJ (Minutes) which is a new value in 5010A1 to UN (Units) as part of the conversion.	
2420A					
NM1-Rendering Provider Name	**NM108 /09-** Identification Code Qualifier/code	**NM108 values** XX	**NM108 values** 24 34 XX	In 4010A1 the NM108/09 are required elements. Ingenix highly recommends submitters to always send the NM108/09 because although it is situational in 5010A1, it is required in 4010A1. If no NM108/09 is received Ingenix will leave the NM108/09 blank which could cause the payer to reject the claims.	
2420D					

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Loop				
Segment	**Element**	**5010A1 Submitter Inbound value**	**4010A1 Payer Outbound value**	**Conversion Description**
NM1- Supervising Provider Name	**NM104-** Supervising Provider First Name			In 5010A1 the NM104 is a required element. Ingenix highly recommends submitters to always send the NM104 because although it is situational in 5010A1, it is required in 4010A1. If no NM104 is received Ingenix will default the value to 'UNKNOWN'.
2420E				
NM1- Ordering Provider Name	**NM104-** Ordering Provider First Name			In 5010A1 the NM104 is a required element. Ingenix highly recommends submitters to always send the NM104 because although it is situational in 5010A1, it is required in 4010A1. If no NM104 is received Ingenix will default the value to 'UNKNOWN'.
PER- Ordering Provider Contact Information	**PER02-** Ordering Provider Contact Name			In 5010A1 the PER02 is a required element. Ingenix highly recommends submitters to always send the PER02 because although it is situational in 5010A1, it is required in 4010A1. If no PER02 is received, Ingenix will default the value to 'UNKNOWN'.
2420F				
NM1- Referring Provider Name	**NM104-** Referring Provider First Name			In 5010A1 the NM104 is a required element. Ingenix highly recommends submitters to always send the NM104 because although it is situational in 5010A1, it is required in 4010A1. If no NM104 is received Ingenix will default the value to 'UNKNOWN'.

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Change Log

Version	Description	Author	Date
1.0	Initial Draft	Sandra Santana	02/01/2010
1.1	Updated based on changes to mapping	Anwar Shaik	04/21/2010
2.0	Updated based on changes to mapping	Sandra Santana	11/08/2010
3.0	Updated based on Errata A1 changes	Sun Park	01/18/2011