

**HM Benefits Administrators
HIPAA EDI Reference Guide**

PROFESSIONAL CLAIM (837P)

VERSION 1.1



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1.0 Professional Claim (837P)

The 837P transaction is utilized for professional claims and encounters. The national transaction set implementation guide and Addenda dated 10/2002 named in the HIPAA Administrative Simplification Electronic Transaction rule is the primary source for definitions, data usage, and requirements. This companion document contains clarifications and payer-specific requirements related to data usage and content when submitting an 837P to HM Benefits Administrators, hereafter known as “The Organization” based on the national 837P implementation guide. This EDI Reference Guide applies to transactions related to the following products: Medical, Medicare Supplemental and Vision.

The Organization is identified by the EIN number in the 2010BB destination payer loop of this transaction. At this time, the Organization must also be identified in the GS03 element of the GS Functional Group Header due to internal routing requirements; that is, a Functional Group envelope must contain claims for only one destination payer. The Organization is considered to be the interchange receiver (ISA08) in the ISA Interchange Control Header, and the transaction receiver (NM109) in the 1000B Receiver Name loop of the transaction.

The health care payer and corresponding EIN code represented in this guide is:

- HM Benefits Administrators - 25-1128451

1.1 General Information and Guidelines for Submitting an 837P

The 997 (functional acknowledgement) will be based on levels 1-4. Codes that are not HIPAA compliant will be denied.

1.2 Data that is Not Used

While the claim information listed below can be (and in some instances must be) contained in a standard claim transaction, the Organization's processing does not currently use the following information:

1. 2000A: *Foreign Currency Information (CUR)*.
2. 2010AA: *Billing Provider Secondary Identification (REF), Credit/Debit Card Billing Information (REF)*.
3. 2010AB: *Pay-To Provider Information Loop*.
4. 2010BA: *Property and Casualty Number (REF)*.
5. 2010BB: *Payer Address (N3), Payer City/State/Zip Code (N4), Payer Secondary Identification (REF)*.
6. 2010BC: *Responsible Party Name* – The Organization **will only use information submitted on appropriate legal documentation and maintained on internal files**
7. 2010BD: *Credit/Debit Card Holder Name*.
8. 2000C: *Patient Information (PAT)* – The Organization will not use the patient relationship supplied to determine the patient, will use relationship on file.
9. 2010CA: *Patient Address (N3), Patient/City/State/Zip Code (N4), Patient Secondary Identification (REF), Property and Casualty Claim Number (REF)*. The Organization will use address information on file.
10. 2300: *Date - Assumed and Relinquished Care Dates (DTP), Claim Supplemental Information (PWK), Total Purchased Service Amount (AMT), Original Reference Number (ICN/DCN) (REF), Claim Identification Number for Clearing Houses and Other Transmission intermediaries (REF), Ambulance Certification (CRC), Date - Order Date (DTP), Date - Referral Date (DTP), Date - Date Last Seen (DTP), Date - Acute Manifestation (DTP), Date - Last Menstrual Period (DTP), Date - Last X-Ray (DTP), Date - Estimated Date of Birth (DTP), Date - Hearing and Vision Prescription Date (DTP), Date - Disability Begin (DTP), Date - Disability End (DTP), Date - Last Worked (DTP), Date - Authorized Return to Work (DTP), Date - Admission (DTP), Date - Discharge (DTP), Date - Similar*

Illness/Symptom Onset (DTP), Contract Information (CNI), Credit/Debit Card Maximum Amount (AMT), Service Authorization Exception Code (REF), Mandatory Medicare (Section 4081) Crossover Indicator (REF), Mammography Certification Number (REF), Prior Authorization or Referral Number (REF), Clinical Laboratory Improvement Amendment (CLIA) Number (REF), Repriced Claim Number (REF), Adjusted Repriced Claim Number (REF), Investigational Device Exempt Number (REF), Ambulatory Patient Group (APG) (REF), Medical Record Number (REF), Demonstration Project Identifier (REF), File Information (K3), Claim Note (NTE), Ambulance Transport Information (CR1), Spinal Manipulation Service Information (CR2), Patient Condition Information: Vision (CRC), Homebound Indicator (CRC), EPSDT Referral (CRC), Claim Pricing/Repricing Information (HCP).

11. 2305: *Home Health Care Plan Information Loop.*
12. 2310A: *Referring Provider Loop.*
13. 2310B: *Rendering Provider Secondary Identification (REF)*
14. 2310C: *Purchased Service Provider Loop.*
15. 2310D: *Service Facility Location Loop.*
16. 2310E: *Supervising Provider Secondary Identification (REF).*
17. 2320: *Coordination of Benefits [COB] Allowed Amount (AMT), Coordination of Benefits [COB] Patient Responsibility (AMT), Coordination of Benefits [COB] Covered Amt (AMT), Coordination of Benefits [COB] Per Day Limit (AMT), Coordination of Benefits [COB] Patient Paid Amount (AMT), Coordination of Benefits [COB] Tax Amount (AMT), Coordination of Benefits [COB] Total Claim before Tax (AMT), Coordination of Benefits [COB] Discount Amount (AMT), Other Insurance Coverage Information (OI), Medicare Outpatient Adjudication Information (MOA.).*
18. 2330A: *Other Subscriber Loop.*
19. 2330B: *Other Payer Contact Information (PER), Other Payer Secondary Identifier (REF), Other Payer Prior Authorization or Referral number (REF), Other Payer Claim Adjustment Indicator (REF).*
20. 2330C: *Other Payer Patient Information (REF).*
21. 2330D: *Other Payer Referring Loop.*
22. 2330E: *Other Payer Rendering Provider Secondary Identification (REF)*
23. 2330F: *Other Payer Purchased Service Provider Loop.*
24. 2330G: *Other Payer Service Facility Loop.*
25. 2330H: *Other Payer Supervising Provider Loop.*
26. 2400: *DMERC CMN Indicator (PWK), Ambulance Transport Information (CR1), Home oxygen Therapy Information (CR5), Durable Medical Equipment Certification (CR3), Date - Certification Revision Date (DTP), Date - Begin Therapy Date (DTP), Date - Last Certification Date (DTP), Date - Last X-ray (DTP), Repriced Line Item Reference Number (REF), Adjusted Repriced Line Item Reference Number (REF), Sales Tax Amount (AMT), Postage Claimed Amount (AMT), Purchased Service Information (PS1), Prescription Number (SV4), Spinal Manipulation Service Information (CR2), Ambulance Certification (CRC), Hospice Employee Indicator (CRC), Date - Referral Date (DTP), Date -*

Order Date (DTP), Date - Date Last Seen (DTP), Date - Test (DTP), Date - Oxygen Saturation/Arterial Blood Gas Test (DTP), Date - Shipped (DTP), Date - Onset of Current Symptom/Illness (DTP), Date - Acute Manifestation (DTP), Anesthesia Modifying Units (QTY), Test Result (MEA), Mammography Certification Number (REF), Clinical Laboratory Improvement Amendment (CLIA) Identification (REF), Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification (REF), Immunization Batch Number (REF), Ambulatory Patient Group (APG), Oxygen Flow Rate (REF), Universal Product Number [UPN] (REF), File Information (K3), Health Care Services Delivery (HSD).

- 27. 2410: *Drug Identification Loop.*
- 28. 2420A: *Rendering Provider Secondary Identification (REF).*
- 29. 2420B: *Purchased Server Provider Loop.*
- 30. 2420C: *Service Facility Location Loop.*
- 31. 2420D: *Supervising Provider Loop.*
- 32. 2420E: *Ordering Provider Loop.*
- 33. 2420F: *Referring Provider Loop.*
- 34. 2420G: *Other Payer Referral Number Loop.*
- 35. 2430: *Line Adjudication Date (DTP).* This information should be supplied at the claim level detail in loop 2330B.
- 34. 2440: *Form Identification Code (LQ), Supporting Documentation (FRM).*

1.3 Data Details for 837 P

The following segment references are clarifications and payer-specific requirements related to data usage and content.

Segment: **GS Functional Group Header**

Loop:

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Data Element Summary

Ref Des	Element Name	Element Note
GS02	Application Sender's Code	Sender's assigned trading partner number
GS03	Application Receiver's Code	

Segment: NM1 Submitter Name

Loop: 1000A

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Data Element Summary

Ref Des	Element Name	Element Note
NM109	Submitter Identifier	The Electronic Transmitter Identification Number (ETIN) is established by a trading partner agreement. Contact the Organization to get the ETIN number to use in this element.

Segment: NM1 Submitter Name

Loop: 1000B

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Data Element Summary

Ref Des	Element Name	Element Note
NM109	Receiver Primary Identifier	The Electronic Transmitter Identification Number (ETIN) is established by a trading partner agreement. Contact the Organization to get the ETIN number to use in this element.

Segment: PRV Provider Specialty Information

Loop: 2000A Billing/Pay-To Provider

2310B & 2420A Rendering Provider
79, 504, 544

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Note: The Organization will **require the taxonomy code** be populated.

Segment: **NM1 Billing Provider Name**

Loop: 2010AA Billing Provider Name

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Note: The Organization will require usage of this loop be limited to Health Care Providers only.

Segment: **NM1Payer Name**

Loop: 2010BB

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Data Element Summary

Ref Des	Element Name	Element Note
NM109	Payer Identifier	This segment should contain the Organization's EIN number.
