General Companion Guide
837 Professional and Institutional Healthcare Claims Submission Version 5010

Version Date: June 2017

837 Health Care Claims Transaction - Professional and Institutional – version 5010

Introduction

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Purpose of the Companion Guide

This document has been prepared as a Colorado Access specific companion document to the ANSI ASC X12N 837, version 5010 Health Care Claims (837) transaction for professional and institutional claims. This companion guide document is only a supplement, and is not intended to contradict or replace any requirements in the ANSI ASC X12N T R 3 implementation guides.

What is HIPAA?

The Health Insurance Portability and Accountability Act - Administration Simplification (HIPAA-AS) requires that Colorado Access, Medicare, and all other health insurance payers in the United States, comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services.

Purpose of the Health Care Claim (837) Implementation Guide

The X12N 837 version 5010 implementation guide for Health Care Claims has been established as the standard for claims transactions compliance as of 1/1/2012. There are separate transactions for Health Care Claims - institutional (837I) and, professional (837P).

The HIPAA Standard TR3 Implementation guide must be used in conjunction with this document to create a compliant 837 file.

How to obtain copies of the TR3 Industry Standard Implementation Guides

The implementation guides for all HIPAA transactions are available at http://www.wpc-edi.com/content/view/817/1 .

Intended Audience

The intended audience for this document is the technical area that is responsible for submitting electronic claims transactions to Colorado Access. In addition, this information should be communicated and coordinated with the provider's billing office in order to ensure the required billing information is provided to their billing agent/submitter.

Please Note: *This companion guide is intended for submitters who are submitting directly to Colorado Access. If you are submitting claims through a Clearinghouse, please contact the Clearinghouse for further instructions.*

Testing with Colorado Access

The purpose of this section is to identify the process for testing EDI transactions with Colorado Access

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Testing Procedures

Before you can submit electronic transaction files for testing (or make changes from or additions to your current electronic transaction files), you must complete the following test submission procedures.

1. Contact Colorado Access at EDI_coordinator@coaccess.com to discuss connectivity options
2. Download and review the Colorado Access Companion Guide
3. When you have a test file ready, contact the EDI Coordinator to discuss a testing schedule.
4. Access to transmit files through our FTP (file transfer protocols) is available. Please discuss your file transfer options with the EDI Coordinator.
5. If you have any questions, please contact Colorado Access at EDI_coordinator@coaccess.com.

Test File Requirements

1. Test files must contain twenty to twenty-five test transactions.
2. Test transactions should include:
    a. Several examples for each line of business or plan for which you anticipate submitting claims transactions
    b. A variety of different claim types that will represent normal business operations (i.e. Emergency visits, Inpatient, Outpatient, ESRD, Newborn claims, etc.)
    c. A representative sampling of the providers for whom you are submitting claims.
3. Test files, and ultimately production files, must be named according to the guidelines below. Files that are not named correctly may not be processed
4. Test files must be transmitted in the same format that will be used for production files (e.g., stream or unwrapped).

File Naming Convention

For files transmitted to Colorado Access
File Naming convention – XXyymmdd&Z.txt

XX = unique ID for the submitter
yy = current Year
mm = month of the current year
dd = day of the month
& = I for institutional, P for professional

Z = Unique File ID. This value allows for multiple files to be submitted per day. Use alpha or numeric values. (0-9, A-Z).

File Acceptance Requirements

1. Files must follow the correct naming convention as described above.
2. Files must be in the correct EDI Format.
3. If Colorado Access is unable to process a transmitted file, the provider will be notified via email or via the response reports to resubmit a corrected file.
4. EDI submissions are not considered "clean" until our transactional system EDI load program completes successfully.
5. EDI submissions with format or syntax problems will be rejected and the submitter will be notified via email or via the response reports

Confirmation Reports

Electronic claims confirmation reports for test files will be placed in the submitter's FTP or Web Fileshare folders once testing has been completed.

Production file confirmation reports are available through the Web File Share Portal or sFTP folder. For EDI claim files submitted prior to 3:00 p.m. Mountain time, Monday through Friday, the confirmation reports are available the next business day. For EDI claim files received after 3:00 p.m., the confirmation reports are available by the second business day after submission. All specific claim rejection or acceptance information will be provided on the 277 responses or the payment voucher after the claim has completed adjudication.

FAQ's

1. Q: Will you be using a validation tool during testing?
   A: We will be using a EDIFECS to test syntax and structure requirements

2. Q: Which level of validation will be used?
   A: The file must pass SNIP level 3 validation

3. Q: How many claims should be used for testing?
   A: For testing, we would prefer a file with 20-25 claims

4. Q: Is it acceptable to populate ISA15 with "T" for test indicator?
   A: Yes, we use the ISA15 to determine a test from a production file.

5. Q: Do you have a preference for the separators/terminators that should be used?
   Data Element Separator: *
   Composite Separator: :

   Repetition Separator: ^
   Segment Terminator: ~

6. Q: Can we use the existing connection for testing:
   A: Yes, The current connection is https://sftp.coaccess.com/action/login. Place the test files in the TestClaims folder.

7. Q: What reports will be received during testing?
   999

Payer Specific Data Requirements

Professional Claims (837P) Data Requirements

General:

The purpose of this section is to clarify the data elements and segments that must be used for claims transactions. This document is intended to supplement the standard HIPAA TR3 Implementation guide and to assist the submitter in creating the 837 transaction appropriately. As this is a Companion Guide, Required Segments/Elements from the HIPAA Standard Technical Report Guides that do not require further instructions specific to Colorado Access are not included in the tables below. Please refer to the appropriate Technical Report (TR3) Guide for the full 837 guidelines.

Loop	Segment/Field	Field Name	Comments	Values
ISA		**Interchange Control Header**		
	ISA01	Auth Information Qualifier		00
	ISA02	Authorization Information	Leave blank	
	ISA03	Security Information Qualifier		00
	ISA04	Security Information	Leave blank	
	ISA05	Interchange ID Qualifier		ZZ
	ISA06	Interchange Sender ID	Submitter ID assigned by Colorado Access	
	ISA07	Interchange ID Qualifier		ZZ
	ISA08	Interchange Receiver ID		COA
	ISA15	Usage Indicator	P – Production Transmission T – Test Transmission	

	ISA16	Component Element Separator	Colon	:
GS		**Functional Group Header**		
	GS02	Application Sender's Code	Submitter ID assigned by Colorado Access	
	GS03	Application Receiver's Code		COA
	GS08	Version/Release/Industry ID Code		005010X222A1
1000A		**Submitter Name**		
	NM109	Identification Code	Submitter ID assigned by Colorado Access	
1000B		**Receiver Name**		
	NM109	Identification Code		COA
2010AA		**Billing Provider Name**		
	NM102	Entity Type Qualifier	1 = Person 2 = Non-Person Entity	
	NM103	Name Last or Organization	If NM102 is Person, this should be the Billing Provider Last Name. If NM102 is Non-Person, this should be the Organization Name	
	NM104	Name First	Required when NM102 = 1	
2010BB		**Payer Name**		
	NM109	Identification Code	Payer ID	COACC

2010BB		**Payer Address**		
	N301	Address Information		PO Box 17470
	N401	City Name		Denver
	N402	State		CO
	N403	Postal Code		80217
2300		**Claim Information**		
	CLM05-03	Claim Frequency Type Code	1=Original claim 7=Replacement/corrected claim 8=Void claim	
2300		**Payer Claim Control Number**	**Must be sent if CLM05-3 indicates a replacement or void claim**	
	REF01	Reference Identifier Qualifier		F8
	REF02	Payer Claim Control Number	Original Claim ID	
2300		**Claim Identifier**	**Not required, but if sent it will be returned in the 277 Claim Status report**	
	REF01	Reference Identifier Qualifier		D9
	REF02	Reference Identifier	Submitter Claim ID	
2310B		**Rendering Provider Name**	**Rendering provider loop is required for all providers *except* unlicensed staff performing services for Mental Health Centers**	

Institutional Claims (837I) Data Requirements

Loop	Segment/Field	Field Name	Comments	Values
ISA		**Interchange Control Header**		
	ISA01	Auth Information Qualifier		00
	ISA02	Authorization Information	Leave blank	
	ISA03	Security Information Qualifier		00
	ISA04	Security Information	Leave blank	
	ISA05	Interchange ID Qualifier		ZZ
	ISA06	Interchange Sender ID	Submitter ID assigned by Colorado Access	
	ISA07	Interchange ID Qualifier		ZZ
	ISA08	Interchange Receiver ID		COA
	ISA15	Usage Indicator	P – Production Transmission T – Test Transmission	
	ISA16	Component Element Separator	Colon	:
GS		**Functional Group Header**		
	GS02	Application Sender's Code	Submitter ID assigned by Colorado Access	
	GS03	Application Receiver's Code		COA

	GS08	Version/Release/Industry ID Code		005010X223A2
1000A		**Submitter Name**		
	NM109	Identification Code	Submitter ID assigned by Colorado Access	
1000B		**Receiver Name**		
	NM109	Identification Code		COA
2010AA		**Billing Provider Name**		
	NM102	Entity Type Qualifier	1 = Person 2 = Non-Person Entity	
	NM103	Name Last or Organization	If NM102 is Person, this should be the Billing Provider Last Name. If NM102 is Non-Person, this should be the Organization Name	
	NM104	Name First	Required when NM102 = 1	
2010BB		**Payer Name**		
	NM109	Identification Code	Payer ID	COACC
2010BB		**Payer Address**		
	N301	Address Information		PO Box 17470
	N401	City Name		Denver
	N402	State		CO
	N403	Postal Code		80217

2300		**Claim Information**		
	CLM05-03	Claim Frequency Type Code	1=Original claim 7=Replacement/corrected claim 8=Void claim	
2300		**Payer Claim Control Number**	**Must be sent if CLM05-3 indicates a replacement or void claim**	
	REF01	Reference Identifier Qualifier		F8
	REF02	Payer Claim Control Number	Original Claim ID	
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	REF01	Reference Identifier Qualifier		D9
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