



HIPAA Transaction – Health Care Claim Standard Companion Guides (837, 005010X222 and 005010X223)

**Instructions related to Transactions
based on ASC X12 Implementation
Guides, version 005010**

**Companion Guide Version Number: 1.4
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Preface

This guide serves as a Dean Health Plan and Prevea360 Health Plan (*underwritten by Dean Health Plan*) specific companion document to the *Health Care Claim: Institutional (837)* and *Health Care Claim: Professional (837)* implementation guides. This document provides information related to specific requirements of the *Health Care Claim: Institutional (837)* and *Health Care Claim: Professional (837)* transactions, but does not change the definition, data condition, or use of a data element or segment in a standard, add data elements or segments to the maximum defined data set, use any code or data elements that are either marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specification(s), or change the meaning or intent of the HIPAA standards implementation specification.

All instructions in this document were written using information known at the time of publication and are subject to change. Dean Health Plan is not responsible for software used by the submitter to complete these transactions.

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Transaction Instruction (TI)

1. TI Introduction

1.1. Background

1.1.1. Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2. Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3. Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.

- Modifying any requirement contained in the implementation guide.

1.2. Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2. Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X222	Health Care Claim: Professional (837)
005010X223	Health Care Claim: Institutional (837)

3. Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Loop ID	Reference	Name	Codes	Notes/Comments
	BHT	Beginning Of Hierarchical Transaction		
	BHT02	Transaction Set Purpose Code	00	Original
	BHT06	Transaction Type Code	CH	Chargeable
1000A	NM1	Submitter Name		
1000A	NM109	Identification Code		Federal Taxpayer Identification Number / Employer Identification Number
1000A	PER	Submitter EDI Contact Information		Comments about the segment are entered here.
1000A	PER03	Communication Number Qualifier	EM	EM is preferred.
1000A	PER04	Communication Number		The email address which goes to a distribution list or mailbox is preferred over an individual's email address.

Loop ID	Reference	Name	Codes	Notes/Comments
1000A	PER05	Communication Number Qualifier		If an individual's contact information was in PER03/04 please include a secondary contact.
1000A	PER06	Communication Number		If an individual's contact information was in PER03/04 please include a secondary contact.
1000A	PER07	Communication Number Qualifier		If an individual's contact information was in both PER03/04 and PER05/06 please include a tertiary contact.
1000A	PER08	Communication Number		If an individual's contact information was in both PER03/04 and PER05/06 please include a tertiary contact.
1000B	NM1	Receiver Name		
1000B	NM103	Name Last or Organization Name	DEAN HEALTH PLAN	
1000B	NM1009	Identification Code	391535024	
2000A	CUR	Foreign Currency Information		
2000A	CUR02	Currency Code	USA	
2010BA	NM1	Subscriber Name		
2010BA	NM108	Identification Code Qualifier	MI	Only Member Identification Number is accepted
2010BA	NM108	Identification Code		Member ID number assigned by DHP/Prevea360
2300	CLM	Claim Information		
2300	CLM02	Monetary Amount		The total claim charge amount must balance to the sum of all service line charge amounts reported in the Professional Service (SV1) segments or the Institutional Service Line (SV2) segments for this claim.
2400	SV1	Professional Service		Professional Claims Only
2400	SV101-1	Product/Service ID Qualifier	HC	
2400	SV2	Institutional Service Line		Institutional Claims Only
2400	SV202-1	Product/Service ID Qualifier	HC	
2400	REF	Line Item Control Number		Required
2400	REF01	Reference Identification Qualifier	6R	Required. Provider Control Number.
2400	REF02	Reference Identification		Required. Line Item Control Number.

4. TI Additional Information

4.1. Business Scenarios

4.1.1. Wisconsin Medicaid Members

Additional claim submission requirements apply to members who have Wisconsin Medicaid coverage. These are requirements of ForwardHealth (Wisconsin's Medicaid agency).

Wisconsin Medicaid Enrollment – Enrollment is required for providers to be reimbursed. This includes having all NPI numbers and all applicable Taxonomies on file at ForwardHealth that will be submitted on claims. Providers providing emergency services out-of-state are still required to enroll.

- Link:

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Certification/CertificationHomePage.aspx>.

Loop ID	Reference	Name	Codes	Notes/Comments
2000A	PRV	Billing Provider Specialty Information		
2000A	PRV03	Reference Identification		Required when the Billing Provider NPI is present on the claim. Use the appropriate taxonomy code that is associated to the provider type and specialty currently on file with ForwardHealth.
2010AA	NM1	Billing Provider Name		
2010AA	NM109	Identification Code		NPI is required for most claims. ForwardHealth allows exceptions for some Atypical providers. Consult with ForwardHealth for applicable Atypical provider exceptions.
2010BB	REF	Billing Provider Secondary Identification		Situational for when the Billing Provider's NPI will not be submitted in Loop 2010AA: NM109.
2010BB	REF01	Reference Identification Qualifier	G2	Required for when an Atypical provider does not have a NPI.
2010BB	REF02	Reference Identification		Enter the eight or nine-digit billing provider number assigned by ForwardHealth interChange.
2310A	PRV	Attending Provider Specialty Information		Institutional Claims Only
2310A	PRV03	Provider Taxonomy Code		Required when the Attending Provider NPI is present on the claim in Loop 2310A: NM109.
2310B	NM1	Rendering Provider Name		Professional Claims Only
2310B	NM109	Identification Code		Required when the Rendering Provider NPI information is different than that carried in Loop ID-2010AA - Billing Provider.
2310B	PRV	Rendering Provider Specialty Information		Professional Claims Only

Loop ID	Reference	Name	Codes	Notes/Comments
2310B	PRV03	Provider Taxonomy Code		Situational. If the claim contains a Rendering Provider NPI, but a Taxonomy code is not included, the Taxonomy code in Loop 2000A - Billing Provider is used in validation with ForwardHealth.
2400	SV1	Professional Service		Professional Claims Only
2400	SV104	Quantity		DHP will process service unit counts (units or minutes) based on the three (3) digits prior to the decimal point

4.2. Payer Specific Business Rules and Limitations

4.2.1. Corrected Claims

- A corrected claim is any claim that has a change to the original claim which had been accepted for adjudication.
- Previously rejected claims are not eligible to be resubmitted as a corrected claim. Original claim submission rules apply, including the timely filing limits.
- All service lines billed on the original claim must also be billed, and in the same order, on the corrected claim. Unless service lines from the original claim are no longer being included on the corrected claim.
- All corrections will require an appropriate Claim Frequency Code and Payer Claim Control Number (Original Claim ID).

Loop ID	Reference	Name	Codes	Notes/Comments
2300	CLM	Claim Information		
2300	CLM05-3	Claim Frequency Type Code	7, 8	Must include one of the following: <ul style="list-style-type: none"> • '7' - Replacement • '8' - Void <i>Note: Corrected claims submitted with a '1' will be denied as duplicates.</i>
2300	REF	Payer Claim Control Number		
2300	REF01	Reference Identification Qualifier	F8	Original Reference Number
2300	REF02	Payer Claim Control Number		Must include the original claim number from the previously accepted claim. Claim numbers begin with the number of the year the claim had been accepted in CCYY format and are 15-characters in length (Example: 20180101H999999), except for Medicare Advantage claim numbers which begin with the number of the year the claim

Loop ID	Reference	Name	Codes	Notes/Comments
				<p>had been accepted in YY format and are 11-characters in length (Example: 18999Q99999).</p> <p><i>Note: Corrected claims without an original claim ID formatted in either of these ways will be rejected.</i></p>

4.2.2. Diagnosis Codes

Up to eight diagnosis codes may be submitted per claim. If diagnosis codes are submitted, the primary diagnosis must be pointed to for each service line.

4.2.3. Modifiers

Up to four modifiers may be submitted; however, the DHP processing system may only use the first two modifiers for adjudication and payment determination of claims.

4.2.4. Rendering Providers

Due to system limitations, we can only accept a claim for an individual when there is only one Rendering Provider on the service lines. When there are multiple Rendering Providers, separate claims need to be submitted for each.

4.3. Other Resources

- CAQH CORE Phase IV Operating Rules - <https://www.caqh.org/core/caqh-core-phase-iv-operating-rules>.
- ForwardHealth – Wisconsin Medicaid –
 - Website: <https://www.forwardhealth.wi.gov>.
 - Provider Services: (800) 947-9627.
- Washington Publishing Company - <http://wpc-edi.com>.
- WEDI (Workgroup for Electronic Data Interchange) - <https://www.wedi.org>.

Trading Partner Information (TP)

5. TP Introduction

5.1. Purpose

The purpose of this section is to provide information to trading partners to give them the information they need to exchange EDI data with us. This section and those that follow includes information about registration, testing, support, and specific information about enveloping and control record setup.

6. Getting Started

6.1. Working Together

See section 9.1 for communication methods for interacting with the EDI Department.

6.2. Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits electronic data to or receives electronic data from another entity.

Trading partners interested in submitting 837 files to us must complete an EDI set up form. This form can be found on <http://www.deancare.com> under HIPAA Transactions or can be obtained by emailing or calling the EDI team.

6.3. Trading Partner Testing and Certification Process

1. 837 EDI Setup Form received from trading partner.
2. Trading partner account established on DHP's FTP server.
3. Test files for Professional and/or Institutional claims provided to DHP by trading partner.
4. DHP will manually review file.
5. DHP will run the test files through compliance software.
6. Claims files will be processed, identifying any SNIP 1-5 errors, and whether or not processing was successful.
7. If testing passes, determine go-live date for production submission.

7. Testing and Certification Requirements

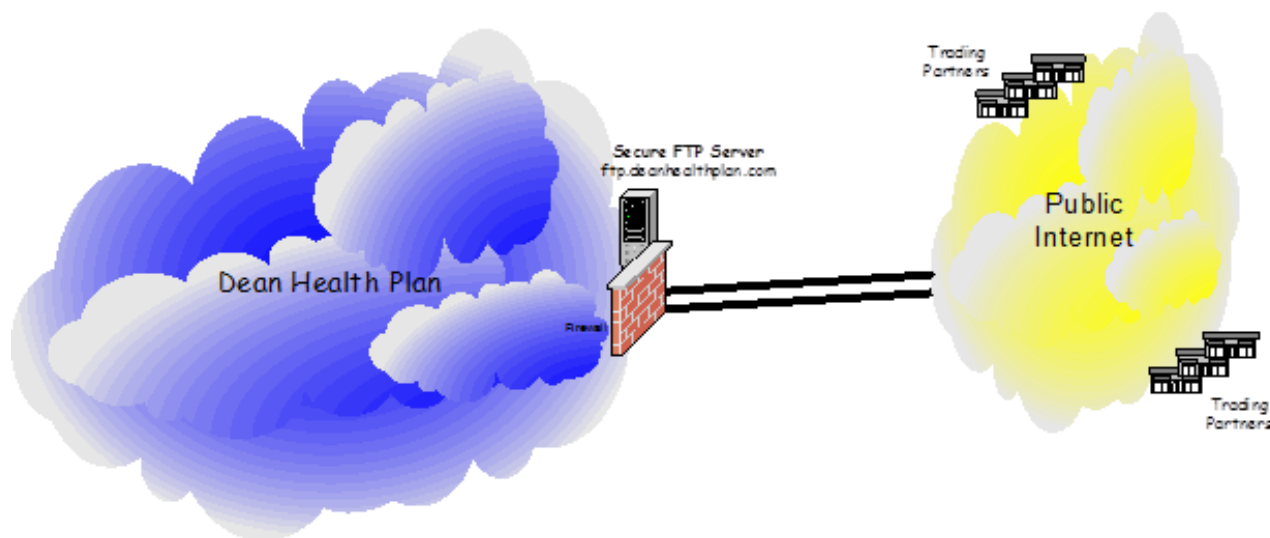
7.1. Testing Requirements

1. Files are encrypted with DHP's public PGP key.
2. Test files pass DHP manual review.
3. Test files pass compliance validation.
4. Test files pass SNIP 1-5 validation.
5. Test files process successfully in our systems.

8. Connectivity / Communications

FTP client software should be used to connect to our FTP server. Entering our FTP Address in the Address Bar of an internet browser will not allow you to access our FTP server.

8.1. Process flows



We use an FTP server to exchange transactions with trading partners. Trading partners will be set up on the FTP server upon their request.

Environment	FTP Address
Production	ftp.deanhealthplan.com

8.2. Security Protocols

8.2.1. SFTP/SSH

- Setup your connection using the FTP address above. Your Username and Password will be provided after your direct connection has been setup.
- For the type of connection, select SFTP/SSH.
- The first time that you connect, you will need to Trust the SSH Server Key.
- If you have a Network Firewall at your location that is blocking your ability to connect, your Network Administrator will need to open up the following:
 - Port 22 to IP address 204.86.231.69

8.2.2. PGP encrypted files

We require 837 files delivered to us to be PGP encrypted with our public key.

8.2.3. Confidentiality Protections Policy

We require PGP encryption, in addition to transmission via the SSH security protocol, to achieve a defense-in-depth/layered security posture for the protection of member/customer confidentiality. SFTP (SSH file transfer protocol) provides protection of the data in transit from the provider/clearinghouse to DHP, whereas PGP encryption provides protection of the at-rest data file. The combined use of these technologies raises the bar higher for a would-be attacker: the attacker must compromise both the data transmission and the at-rest encryption to have access to confidential data. With threats to security measures always increasing, DHP will periodically re-evaluate and revise our defense-in-depth posture to maximize confidentiality protections.

9. Contact information

9.1. EDI Team

Phone: (608) 827-4320

Toll-free Phone: (800) 356-7344 Extension: 4320

Email: edi@deancare.com

9.2. Provider Services

<http://www.deancare.com/providers/>

9.3. Applicable websites / e-mail

<https://www.deancare.com/providers/hipaa-transactions>

<http://www.prevea360.com/About-Prevea360-Health-Plan/Quality/HIPAA-Transactions.aspx>

10. Control Segments / Envelopes

10.1. ISA-IEA

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA	Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	Set to Qualifier No Authorization Information Present.
	ISA02	Authorization Information		Always blank (Fill with 10 spaces).
	ISA03	Security Information Qualifier	00	Set to Qualifier No Security Information Present.
	ISA04	Security Information		Always blank (Fill with 10 spaces).
	ISA05	Interchange ID Qualifier	ZZ	Set to Interchange ID Qualifier of Mutually Defined.
	ISA06	Interchange Sender ID		Mutually Defined ID, but the sender's Tax Identification Number with left justify and space filled formatting is preferred.
	ISA07	Interchange ID Qualifier	ZZ	Set to Interchange ID Qualifier of Mutually Defined.
	ISA08	Interchange Receiver ID	391535024	Set to Dean Health Plan's Tax Identification Number with left justify and space filled formatting.
	ISA09	Interchange Date		The date format is YYMMDD.
	ISA10	Interchange Time		The time format is HHMM.
	ISA11	Repetition Separator	^	Preferred value.
	ISA12	Interchange Control Version Number	00501	
	ISA13	Interchange Control Number		Must be a positive unsigned number. IEA02 will need to be identical to this value.
	ISA16	Component Element Separator	>, *, or :	Delimiter value must be different than the data element separator and the segment terminator.
	IEA	Interchange Control Trailer		
	IEA01	Number of Included Functional Groups		Set to number of functional groups.
	IEA02	Interchange Control Number		Set to control number, should match ISA13.

10.2. GS-GE

Loop ID	Reference	Name	Codes	Notes/Comments
	GS	Functional Group Header		
	GS01	Functional Identifier Code	HC	Set to Functional Identifier Code of Health Care Claim ('HC').
	GS02	Application Sender's Code		Set to same value populated in ISA06
	GS03	Application Receiver's Code	391535024	Set to Application Receiver's Code: Dean Health Plan's Tax ID.
	GS06	Group Control Number		Assigned number originated and maintained by the sender. GE02 will need to be identical to this value.
	GS07	Responsible Agency Code	X	Set to Responsible Agency Code of Accredited Standards Committee.
	GS08	Version / Release / Industry Identifier Code		Set to Version assigned to an implementation by X12.
	GE	Functional Group Trailer		
	GE01	Number of Transaction Sets Included		Set to the number of transaction sets included.
	GE02	Group Control Number		Set to Group Control Number, should match GS06.

10.3. ST-SE

Loop ID	Reference	Name	Codes	Notes/Comments
	ST	Transaction Set Header		
	ST03	Implementation Convention Reference		Set to same value as data element GS08

11. Acknowledgements and Reports

11.1. ASC X12 Acknowledgments

Unique ID	Name
005010X214	Health Care Claim Acknowledgment (277)
005010X231	Acknowledgement For Health Care Insurance (999)

11.2. Report Inventory

Claim acceptance and rejection information is also available through our Confirmation Reports Portal.

<https://dhpreports.smart-data-solutions.com>

12. Additional Trading Partner Information

12.1. Implementation Checklist

- EDI Setup form has been filled out and submitted to Dean Health Plan.
- Direct connection established with Dean Health Plan.
- Testing has passed.
- Production submission approved.

12.2. Trading Partner Agreement

EDI Trading Partner Agreements ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

A signed trading partner agreement is not required by Dean Health Plan.

If a trading partner wants to enter an agreement we do have a Business Associate Agreement (BAA) available instead.

12.3. Other Resources

- CAQH CORE Phase IV Operating Rules - <https://www.caqh.org/core/caqh-core-phase-iv-operating-rules>.
- Washington Publishing Company - <http://wpc-edi.com>.
- WEDI (Workgroup for Electronic Data Interchange) - <https://www.wedi.org>.

13. Change Summary

Version	Date	Section(s) changed	Change Summary
1.0	8/15/2003		Initial version
1.1	10/23/2012		

1.2	8/10/2017		
2.0	8/17/2018		Entire companion guide reorganized