

Revision Date: 10/25/12

Changes/Additions are highlighted in Neon Green

This document is intended as a [companion](#) to the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional, ASC X12N 837 (005010X222A1)**. It contains data clarifications.

The clarifications include:

- Identifiers to use when a national standard has not been adopted [and]
- Parameters in the implementation guide that provide options.

The Implementation Guides may be found at the Washington Publishing Company's website (<http://www.wpc-edi.com>), for current HIPAA transaction standards for the 837, Health Care Claim: Institutional (ASC X12N, version **005010X222A1**).

Critical Additional Notes:

- **You are responsible for keeping track of your file names and contents.**

This document specifically does not address every data element, whether required or optional, nor every scenario nor situation that the National Implementation Guides address. It is vital that you, your software vendor, or claim service provider conform to the specifications as detailed in the National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional. The purpose of this document is to assist you in the proper completion for submission. Information provided in this guide is subject to change.

Acknowledgements

A 999 Acknowledgement report will be sent to the trading partner's DOWNLOAD area for retrieval. This report serves as the acknowledgement of the submission of a file. Typically, 999 Acknowledgement reports are available within moments of submission.

For questions or additional assistance contact:

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DATA CLARIFICATIONS FOR THE 837 INSTITUTIONAL CLAIM, V. 5010

Page	Loop	Segment	Data Element	Comments
	Header	ISA	ISA03	use "00" – No Security Information Present.
			ISA05	use "ZZ" – Mutually Defined.
			ISA06	use the 4 or 5 digit Provider Number assigned to you by Partners BHM.
			ISA07	use "ZZ" – Mutually Defined.
			ISA08	use "13141"
	Header	GS	GS02	use the 4 or 5 digit Provider Number issued by Partners BHM. This is the same value as provided in the ISA06.
			GS03	use "13141"
	1000A		NM108	use "46" - Electronic Transmitter Identification Number (ETIN) established by a trading partner agreement
			NM109	use the 4 or 5 digit Provider Number issued by Partners BHM. This is the same value as provided in the ISA06.
	1000B	NM1	NM103	use "Partners BHM"
			NM109	use "13141"
	2000A	PRV	PRV01	use "BI" to indicate billing provider
			PRV02	use qualifier "PXC" – Health Care Provider Taxonomy Code. Note: not required for atypical providers.
			PRV03	Provider Taxonomy Codes, as maintained by the National Uniform Claim Committee, can be obtained from www.wpc-edi.com/hipaa . Submit the Provider Taxonomy that best fits provider type and specialty for the billing provider.
	2000B	SBR	SBR09	use "11" for State claims , use "MC" for Medicaid
	2010BA	NM1	NM102	use "1" to indicate the subscriber is a person.
			NM108	use "MI" -Member Identification Number Qualifier
			NM109	For State claims enter the member's six digit identification number assigned by Partners BHM. For Medicaid use the member's 10-digit Medicaid ID.
	2010BB	NM1	NM108	use "PI"
			NM109	use "13141"
		REF	REF01	use "G2" to report Atypical provider data.
			REF02	Used by atypical providers to report Medicaid Provider number.
	2310F	NM		For NC Medicaid, use to report Carolina Access PCP authorization information
	2310F	NM	NM103	When Carolina Access PCP is a group or office, please provide name of organization as the provider last name or UNKNOWN
			NM109	For NC Medicaid this element is used to report the NPI of the Carolina ACCESS primary care physician.
		REF		For NC Medicaid, used to report Carolina Access Override information when required.
			REF01	For NC Medicaid, use a value of "G2" – to report Carolina Access Override number.
			REF02	For NC Medicaid, use Carolina Access issued override number.

DATA CLARIFICATIONS FOR THE 837 INSTITUTIONAL CLAIM, V. 5010

Page	Loop	Segment	Data Element	Comments
	2410	LIN		For NC Medicaid this loop is required when submitting a drug related HCPCS procedure code.
			LIN03	For NC Medicaid enter the National Drug code in this field when applicable.
		CTP	CTP04	enter the numeric quantity in this field
			CTP05-1	enter the unit of measurement that corresponds to the value enter in the CTP04.
		REF	REF01	use "VY" for a link sequence number of the compound drug.
			REF02	only the first ten bytes of the reference number will be used.