

**MICHIGAN DEPARTMENT OF
COMMUNITY HEALTH**

**COMPANION GUIDE
FOR THE HIPAA
837 INSTITUTIONAL CLAIM ADDENDA
VERSION 4010A1**

October 1, 2007

**Effective for Claims Submitted On or After
October 1, 2007**

*Michigan Department
of Community Health*



MSA

**MEDICAL
SERVICES
ADMINISTRATION**



MANUAL TITLE COMPANION GUIDE FOR THE HIPAA 837 INSTITUTIONAL CLAIM, VERSION 4010A1	PAGE i
EFFECTIVE FOR CLAIMS SUBMITTED ON OR AFTER OCTOBER 1, 2007	DATE 10-1-07

This document is intended as a companion to the **Electronic Data Interchange Transaction Set Implementation Guide Health Care Claim: Institutional Claim Addenda, ASC X12N 837 (004010X096A1)**, dated October 2002, and the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional Claim Addenda, ASC X12N 837 (004010X096)**, dated May 2000. This document should be used in conjunction with all MDCH claim submission and claim processing guidelines. This document follows guidelines authorized by the Department of Health and Human Services (HHS) on September 17, 2001. The clarifications include:

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

(The Addenda implementation guide can be found at http://www.wpc-edi.com/hipaa/hipaa_40.asp. HHS guidance on data clarifications can be found at <http://aspe.os.dhhs.gov/admnsimp/q0321.htm>.)



MANUAL TITLE	COMPANION DOCUMENT FOR THE HIPAA 837 INSTITUTIONAL CLAIM, VERSION 4010A1	PAGE 1
EFFECTIVE FOR CLAIMS SUBMITTED ON OR AFTER OCTOBER 1, 2003	DATE 10-1-03	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	ISA		INTERCHANGE CONTROL HEADER	
	ISA	ISA01	Authorization Information Qualifier	Please use "00".
	ISA	ISA02	Authorization Information	Please use 10 spaces.
	ISA	ISA03	Security Information Qualifier	Please use '00'.
	ISA	ISA04	Security Information	Please use 10 spaces.
	ISA	ISA05	Interchange ID Qualifier	Please use 'ZZ'.
	ISA	ISA06	Interchange Sender ID	Please use the 4-character Billing Agent ID, followed by spaces.
	ISA	ISA07	Interchange ID Qualifier	Please use 'ZZ'.
	ISA	ISA08	Interchange Receiver ID	Please use "D00111" followed by spaces.
	ISA	ISA09	Interchange Date	Please use the Interchange Date in YYMMDD format.
	ISA	ISA10	Interchange Time	Please use the Interchange Time in HHMM format.
	ISA	ISA11	Interchange Control Standards Identifier	Please use "U".
	ISA	ISA12	Interchange Control Version Number	Please use "00401".
	ISA	ISA13	Interchange Control Number	MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.
	ISA	ISA14	Acknowledgment Requested	Please use "0".
	ISA	ISA15	Usage Indicator	Please use 'T' when submitting a Test file. Please use 'P' when submitting a Production file.
	ISA	ISA16	Component Element Separator	<:>
	GS		FUNCTIONAL GROUP HEADER	
	GS	GS01	Functional Identifier Code	HC



MANUAL TITLE		PAGE
COMPANION DOCUMENT FOR THE HIPAA 837 INSTITUTIONAL CLAIM, VERSION 4010A1		2
EFFECTIVE FOR CLAIMS SUBMITTED ON OR AFTER OCTOBER 1, 2003		DATE 10-1-03

	GS	GS02	Application Sender's Code	Please use the 4-character Billing Agent ID provided during the enrollment process.
	GS	GS04	Date	Please use the functional group creation date, in CCYYMMDD format.
	GS	GS05	Time	Please use the functional group creation time, in HHMM format.
	GS	GS06	Group Control Number	MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group.
	GS	GS07	Responsible Agency Code	"X" (Accredited Standards Committee X12)
	GS	GS08	Version / Release / Industry Identifier Code	004010X096A1
	ST		Transaction Set Header	MDCH accepts a maximum of 5,000 CLM segments in a single transaction (ST-SE) as recommended by the HIPAA-mandated implementation guide. Submissions greater than 5,000 CLM segments in a single transaction will be rejected.
	ST	ST01	Transaction set identifier code	837
	BHT		Beginning of Hierarchical Transaction	
	BHT	BHT04	Date	Enter date in CCYYMMDD format.
	BHT	BHT05	Time	Enter time in HHMM format.
	REF		Transmission Type Identification	
	REF	REF02	Transmission Type Code	When this draft is used to send the transaction set in a production mode, this value is '004010X096A1'.
1000A	NM1		Submitter Name	
1000A	NM1	NM109	Identification Code	Use the 4-character Billing Agent ID assigned by MDCH. This value should match GS02 (Application Sender's Code).
1000B	NM1		Receiver Name	
1000B	NM1	NM109	Identification Code	Use "D00111" for MDCH.
2000A	HL		Billing/Pay-To Provider Hierarchical Level	



MANUAL TITLE COMPANION DOCUMENT FOR THE HIPAA 837 INSTITUTIONAL CLAIM, VERSION 4010A1		PAGE 3
EFFECTIVE FOR CLAIMS SUBMITTED ON OR AFTER OCTOBER 1, 2003		DATE 10-1-03

2000A	HL	HL01	Hierarchical ID Number	HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.
2000A	PRV		Billing/Pay-To Provider Specialty Information	
2000A	PRV	PRV03	Provider Taxonomy Code (Specialty Code)	MDCH recommends that free-standing and distinct part rehab and hospital-based ambulance providers submit their taxonomy codes to allow appropriate pricing, payment and reporting of claims.
2010AA	NM1		Billing Provider Name	
2010AA	NM1	NM108	Identification code qualifier	Use "XX" for the Billing Provider NPI. This ID is mandatory.
2010AA	NM1	NM109	Identification code	Enter the NPI.
2010AA	REF		Billing Provider Secondary Info	
2010AA	REF	REF01	Reference Identification Qualifier	Providers must submit "EI" (Employer's Identification Number) or "SY" (SSN).
2010AA	REF	REF02	Reference Identification	Enter EIN or SSN.
2000B	SBR		Subscriber Information	
2000B	SBR	SBR01	Payer Responsibility sequence Number	Use "P" for MDCH if it is the only payer (Beneficiary has no Medicare or other insurance). Use "S" if there is one other payer, or "T" if there are two or more payers.
2000B	SBR	SBR09	Claim Filing Indicator Code	Use "MC" for Michigan Medicaid, "TV" for CSHCS (Title V), or "11" for ABW (Other Non-Federal). If the Beneficiary qualifies for more than one program, or other MDCH program not listed, use "MC".
2010BA	NM1		Subscriber Name	
2010BA	NM1	NM108	Identification code qualifier	Use "MI" (Member Identification Number).
2010BA	NM1	NM109	Identification code	Use the Beneficiary ID number assigned by MDCH.



MANUAL TITLE COMPANION DOCUMENT FOR THE HIPAA 837 INSTITUTIONAL CLAIM, VERSION 4010A1		PAGE 4
EFFECTIVE FOR CLAIMS SUBMITTED ON OR AFTER OCTOBER 1, 2003		DATE 10-1-03

2000C	HL		Patient Hierarchical Level	MDCH business rules require that the patient is always the subscriber. Therefore, MDCH does not expect health plans to submit any Loop 2000C (Patient Hierarchical Levels) in a transaction set. Transaction sets that contain Loop 2000C information will be rejected.
2300	CLM		Claim Information	Note that the HIPAA-mandated implementation guide allows a maximum of 100 repetitions of the 2300 Claim Information loop within each Loop 2000B (Subscriber Hierarchical Level). Transaction sets that do not associate Loop 2300 Claim Information with Loop 2000B will be rejected.
2300	CLM	CLM05	Health Care Service Location Information	
2300	CLM	CLM05-1	Facility Code Value	First 2 digits of Type of Bill.
2300	CLM	CLM05-3	Claim Frequency Type Code	Please submit a valid code from the National Uniform Billing Data Element Specifications for Type of Bill, position 3. Use "1" on original claim submissions; Use "7" for claim replacement, and Use "8" for claim void/cancel. For both "7" and "8", include the original CRN, as indicated in Loop 2300 REF (Original Reference Number (ICN/DCN)).
2300	REF		Original Reference Number (ICN/DCN)	
2300	REF	REF01	Reference Identification Qualifier	When submitting a claim replacement or claim void/cancel, use "F8".
2300	REF	REF02	Reference Identification	Use the 10-digit CRN assigned by MDCH to the last approved claim.
2300	REF		Peer Review Organization (PRO) Approval Number	
2300	REF	REF01	Reference Identification Qualifier	When submitting a Prior Authorization, use "G4".



MANUAL TITLE COMPANION DOCUMENT FOR THE HIPAA 837 INSTITUTIONAL CLAIM, VERSION 4010A1		PAGE 5
EFFECTIVE FOR CLAIMS SUBMITTED ON OR AFTER OCTOBER 1, 2003		DATE 10-1-03

2300	REF	REF02	Reference Identification	Use the 9-digit Prior Authorization number assigned by the Admission and Certification Review Contractor.
2300	REF		Prior Authorization or Referral Number	
2300	REF	REF01	Reference Identification Qualifier	When submitting a Prior Authorization, use "G1".
2300	REF	REF02	Reference Identification	Use the 9-digit Prior Authorization number assigned by MDCH.
2300	REF		Medical Record Number	
2300	REF	REF02	Reference Identification	Used if provider will utilize this information in a 276 Claim Status Inquiry in order to receive a 277 Claim Status Response. Returned on the 835.
2300	NTE		Billing Note	
2300	NTE	NTE01	Note reference code	Use qualifier "ADD".
2300	NTE	NTE02	Description	Provide free-form text remarks, if needed.
2300	HI	HI01	Health Care Code Information (Qualifier Code, Industry Code)	
2300	HI	HI01-1	Code List Qualifier Code	Use "BK" (ICD-9-CM Principal Diagnosis). Do not use a decimal point.
2300	HI	HI01-2	Industry Code	MDCH requires this element on every claim. Do not use a decimal point.
2300	HI	HI02	Health Care Code Information	
2300	HI	HI02-1	Code List Qualifier Code	Use "BJ" for the ICD-9-CM Admitting Diagnosis. Use "ZZ" for the Patient Reason for Visit. Do not use a decimal point.
2300	HI	HI03	Health Care Code Information	
2300	HI	HI03-1	Code List Qualifier Code	Use "BN" for the U. S. DHHS OVS E-code. Do not use a decimal point.
2300	HI		Diagnosis Related Group (DRG) Information	
2300	HI	HI01	Health Care Code Information	



MANUAL TITLE COMPANION DOCUMENT FOR THE HIPAA 837 INSTITUTIONAL CLAIM, VERSION 4010A1		PAGE 6
EFFECTIVE FOR CLAIMS SUBMITTED ON OR AFTER OCTOBER 1, 2003		DATE 10-1-03

2300	HI	HI01-1	Code List Qualifier Code	Use "DR" for the Diagnosis Related Group (DRG).
2300	HI		Other Diagnosis Information	
2300	HI	HI01	Health Care Code Information	
2300	HI	HI01-1	Code List Qualifier Code	Use "BF" for the ICD-9-CM Other Diagnosis.
2300	HI	HI02	Health Care Code Information	
2300	HI	HI02-1	Code List Qualifier Code	Use "BF" for the ICD-9-CM Other Diagnosis.
2300	HI	HI03	Health Care Code Information	
2300	HI	HI03-1	Code List Qualifier Code	Use "BF" for the ICD-9-CM Other Diagnosis.
2300	HI	HI01	Health Care Code Information	
2300	HI	HI01-1	Code List Qualifier Code	Use "BR" for the ICD-9 Principal Procedure.
2300	HI	HI01-2	Industry Code	See ICD-9-CM Code book for acceptable procedure codes.
2300	HI	HI01	Health Care Code Information	
2300	HI	HI01-1	Code List Qualifier Code	Use "BQ" for the ICD-9-CM-Procedure.
2300	HI	HI01-2	Industry Code	See the ICD-9-CM Code book for acceptable procedure codes.
2300	HI	HI01	Health Care Code Information	
2300	HI	HI01-1	Code List Qualifier Code	Use "BQ for the ICD-9-CM-Procedure.
2300	HI	HI01-2	Industry Code	See the ICD-9-CM Code book for acceptable procedure codes.
2300	HI	HI01	Health Care Code Information	
2300	HI	HI01-1	Code List Qualifier Code	Use "BI" for the Occurrence Span.
2300	HI	HI01	Health Care Code Information	
2300	HI	HI01-1	Code List Qualifier Code	Use "BI" for the Occurrence Span.
2300	HI	HI01	Health Care Code Information	
2300	HI	HI01-1	Code List Qualifier Code	Use "BH" for the Occurrence



MANUAL TITLE		PAGE
COMPANION DOCUMENT FOR THE HIPAA 837 INSTITUTIONAL CLAIM, VERSION 4010A1		7
EFFECTIVE FOR CLAIMS SUBMITTED ON OR AFTER OCTOBER 1, 2003		DATE 10-1-03

				Information.
2300	HI	HI01	Health Care Code Information	
2300	HI	HI01-1	Code List Qualifier Code	Use "BH" for the Occurrence Information.
2300	HI	HI01	Health Care Code Information	
2300	HI	HI01-1	Code List Qualifier Code	Use "BE" for the Value Information.
2300	HI	HI02	Health Care Code Information	
2300	HI	HI02-1	Code List Qualifier Code	Use "BE" for the Value Information.
2300	HI	HI01	Health Care Code Information	
2300	HI	HI01-1	Code List Qualifier Code	Use "BG" for the Condition Information.
2310A	NM1		Attending Physician Name	
2310A	NM1	NM108	Identification code qualifier	Use "XX" for the Attending Provider NPI, if applicable.
2310A	NM1	NM109	Identification code	Enter the 10-digit NPI.
2310A	REF		Attending Physician Secondary Information	
2310A	REF	REF01	Reference Identification Qualifier	Submit "EI" (Employer's Identification Number) or "SY" (SSN). For non-enrolled Medicaid providers, use "0B" (State License Number).
2310A	REF	REF02	Reference Identification	Enter EIN or SSN. If the Provider is not a Medicaid provider, use the state license number.
2310B	NM1		Operating Physician Name	
2310B	NM1	NM108	Identification code qualifier	Use "XX" for the Operating Provider NPI, if applicable.
2310B	NM1	NM109	Identification code	Enter the 10-digit NPI.
2310B	REF		Operating Physician Secondary Information	
2310B	REF	REF01	Reference Identification Qualifier	Submit "EI" (Employer's Identification Number) or "SY" (SSN). For non-enrolled Medicaid providers, use "0B" (State License Number).



MANUAL TITLE COMPANION DOCUMENT FOR THE HIPAA 837 INSTITUTIONAL CLAIM, VERSION 4010A1		PAGE 8
EFFECTIVE FOR CLAIMS SUBMITTED ON OR AFTER OCTOBER 1, 2003		DATE 10-1-03

2310B	REF	REF02	Reference Identification	Enter EIN or SSN. If the Provider is not a Medicaid provider, use the state license number.
2310C	NM1		Other Provider Name	
2310C	NM1	NM108	Identification code qualifier	Use "XX" for the Other Provider NPI, if applicable.
2310C	NM1	NM109	Identification code	Enter the 10-digit NPI.
2310C	REF		Other Provider Secondary Information	
2310C	REF	REF01	Reference Identification Qualifier	Submit "EI" (Employer's Identification Number) or "SY" (SSN). For non-enrolled Medicaid providers, use "0B" (State License Number).
2310C	REF	REF02	Reference Identification	Enter EIN or SSN. If the Provider is not a Medicaid provider, use the state license number.
2310E	NM1		Service Facility Name	
2310E	NM1	NM108	Identification code qualifier	Use "XX" for the Service Facility Provider NPI, if applicable.
2310E	NM1	NM109	Identification Code	Enter the 10-digit NPI.
2310E	REF		Service Facility Secondary Information	
2310E	REF	REF01	Reference Identification Qualifier	Submit "EI" (Employer's Identification Number) or "SY" (SSN). For non-enrolled Medicaid providers, use "0B" (State License Number).
2310E	REF	REF02	Reference Identification	Enter EIN or SSN. If the Provider is not a Medicaid provider, use the state license number.
2320	SBR		Other Subscriber Information	If the patient has other insurance (Medicare, for example) repeat this loop for each other payer. Do not put information about MDCH coverage in this loop.



MANUAL TITLE COMPANION DOCUMENT FOR THE HIPAA 837 INSTITUTIONAL CLAIM, VERSION 4010A1		PAGE 9
EFFECTIVE FOR CLAIMS SUBMITTED ON OR AFTER OCTOBER 1, 2003		DATE 10-1-03

2320	SBR	SBR01	Payer Responsibility sequence Number	If the patient has other insurance, report primary payer coverage with code "P" and any other insurance with codes "S" or "T", as appropriate.
2320	SBR	SBR02	Individual Relationship code	The code carried in this element is the patient's relationship to the person who is insured. For example, if a child with Medicaid also has coverage under the father's insurance, use code "19" (Child).
2320	SBR	SBR03	Group or Policy number Reference Identification	Use the subscriber's group number (assigned by the other payer), not the number that uniquely identifies the subscriber. For example, group numbers assigned by BCBSM are usually 5 digits.
2320	SBR	SBR09	Claim Filing Indicator Code	Do not use "MC", "TV", or "11" in this element.
2320	CAS		Claim Level Adjustment	Required if claim has been adjudicated by payer identified in this loop and has claim level adjustment information.
2320	AMT		Payer Prior Payment	
2320	AMT	AMT01	Amount Qualifier Code	Use qualifier "C4".
2320	AMT	AMT02	Payer Prior Payment Monetary Amount	Report the amount the payer has paid to the provider towards the services reported in the claim. A value of zero "0" may be reported.
2330A	NM1		Other Subscriber Name	
2330A	NM1	NM103	Last Name or Organization Name	Use the name of the subscriber as it appears on the file from the other payer.
2330A	NM1	NM104	First Name	Use the name of the subscriber as it appears on the file from the other payer.
2330A	NM1	NM105	Name Middle	Use the name of the subscriber as it appears on the file from the other payer.
2330A	NM1	NM108	Identification code qualifier	Use "MI" (Member Identification Number).



MANUAL TITLE COMPANION DOCUMENT FOR THE HIPAA 837 INSTITUTIONAL CLAIM, VERSION 4010A1		PAGE 10
EFFECTIVE FOR CLAIMS SUBMITTED ON OR AFTER OCTOBER 1, 2003		DATE 10-1-03

2330A	NM1	NM109	Identification code	Use the unique member number assigned to the subscriber by the other payer indicated in Loop 2330B (Other Payer Name). For example, member numbers assigned by BCBSM are usually 3 letters followed by 9 digits.
2330B	NM1		Other Payer Name	
2330B	NM1	NM108	Identification code qualifier	Use "PI" (Payer Identification).
2330B	NM1	NM109	Identification code	See the Michigan Uniform Billing Manual for acceptable Payer Identification Codes to be used in conjunction with the carrier code assigned by MDCH (see MDCH website for a listing of carrier codes, www.michigan.gov/medicaidproviders >> Third Party Liability). Example values for this field: BCBSM Traditional would be "G00029005"; Medicare Part A (United Government Services) would be "C00452"; and Medicare Part B (Wisconsin Physician Services) would be "C00953".
2330D	REF		Other Payer Attending Provider Identification Number	
2330D	REF	REF01	Reference Identification Qualifier	Do not use "1D" (Medicaid Provider Number).
2330E	REF		Other Payer Operating Provider Identification Number	
2330E	REF	REF01	Reference Identification Qualifier	Do not use "1D" (Medicaid Provider Number).
2330F	REF		Other Payer Other Provider Identification Number	
2330F	REF	REF01	Reference Identification Qualifier	Do not use "1D" (Medicaid Provider Number).
2330H	REF		Other Payer Service Facility Provider Identification	



MANUAL TITLE COMPANION DOCUMENT FOR THE HIPAA 837 INSTITUTIONAL CLAIM, VERSION 4010A1		PAGE 11
EFFECTIVE FOR CLAIMS SUBMITTED ON OR AFTER OCTOBER 1, 2003		DATE 10-1-03

2330H	REF	REF01	Reference Identification Qualifier	Do not use "1D" (Medicaid Provider Number).
2400	SV2	SV202	Service Line Procedure Code	
2400	SV2	SV206	Unit Rate	Unit Rate greater than or equal to zero is required on all services lines.
2410	LIN		Drug Identification	
2410	LIN	LIN03	Product/Service ID	This element is used for billing/reporting prescribed drugs that may be part of the service(s) described in Loop 2400 SV1.