

**MICHIGAN DEPARTMENT OF
COMMUNITY HEALTH**

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

October 1, 2007

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

*Michigan Department
of Community Health*





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This document is intended as a companion to the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Professional Claim Addenda, ASC X12N 837 (004010X098A1)**, dated October 2002, and the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Professional Claim, ASC X12N 837 (004010X098)**, 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 on September 17, 2001. The clarifications described herein 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>)



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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.
	GS		FUNCTIONAL GROUP HEADER	
	GS	GS01	Functional Identifier Code	HC
	GS	GS02	Application Sender's Code	Please use the 4-character Billing Agent ID.



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	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	004010X098A1
	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	Transaction Set Creation Date	Enter date in CCYYMMDD format.
	BHT	BHT05	Transaction Set Creation Time	Enter time in HHMM format.
	BHT	BHT06	Claim or Encounter Indicator Transaction Type Code	Please use ‘CH’ (Chargeable) for Fee for Service claims (ECC, adjustments, or reversals).
	REF		Transmission Type Identification	
	REF	REF02	Transmission Type Code Reference Identification	When this draft is used to send the transaction set in a production mode, this value is ‘004010X098A1’.
1000A	NM1		Submitter Name	
1000A	NM1	NM109	Identification Code	Please 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.



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2000A	HL		Billing/Pay-To Provider Hierarchical Level	
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	CUR		Foreign Currency Information	
2000A	CUR	CUR02	Currency Code	
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 Identification	
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 Code	Use "P" for MDCH if it is the only payer (patient 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 State Medical Plan (Other Non-Federal). If 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.
2010BA	REF		Subscriber Secondary Identification	
2010BA	REF	REF01	Reference Identification Qualifier	Do not send "IW" if sent in NM108.
2010BB	NM1		Payer Name	



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2010BB	NM1	NM108	Identification code qualifier	Use "PI" (Payer Identification)
2010BB	NM1	NM109	Identification Code	Use "D00111" for MDCH.
2300	CLM	CLM05	Place of service, claim frequency code Health Care Service Location Information	
2300	CLM	CLM05-1	Facility Code Value	Place of service codes are defined by the Center for Medicare and Medicaid Services.
2300	CLM	CLM05-3	Claim Frequency Type Code	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 TCN (CRN), as indicated in Loop 2300 REF (Original Reference Number (ICN/DCN).
2300	CLM	CLM11	Accident/employment/related causes (code,code,code,state,country) Related Causes Information	
2300	CLM	CLM11-1	Related Causes Code	If Related Causes Code 1, 2, 3 = "AA", then Auto Accident State (CLM11-4) must be submitted.
2300	CLM	CLM11-2	Related Causes Code	If Related Causes Code 1, 2, 3 = "AA", then Auto Accident State (CLM11-4) must be submitted.
2300	CLM	CLM11-3	Related Causes Code	If Related Causes Code 1, 2, 3 = "AA", then Auto Accident State (CLM11-4) must be submitted.
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		Original Reference Number (ICN/DCN)	Required when CLM05-3 (Claim Submission Code) is "7" or "8".
2300	REF	REF01	Reference Identification Qualifier	When submitted a claim replacement or claim void/cancel, use "F8".



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2300	REF	REF02	Reference Identification	Use the 10-digit CRN assigned by MDCH for the last approved claim.
2300	NTE		Claim Note	
2300	NTE	NTE01	Note reference code	Use "ADD"
2300	NTE	NTE02	Description	Provide free-form text remarks, if needed.
2310A	NM1		Referring Provider Name	
2310A	NM1	NM101	Entity Identifier Code	Use DN for Referring Provider in first loop only. Use if loop is used only once. Use P3 only if loop is used twice. Use only on second iteration of this loop.
2310A	NM1	NM108	Identification code qualifier	Use "XX" for NPI.
2310A	NM1	NM109	Identification code	Enter the NPI.
2310A	REF		Referring Provider Secondary Identification	
2310A	REF	REF01	Reference Identification Qualifier	Submit "EI" (Employer's Identification Number) or "SY" (SSN). For non-enrolled Medicaid providers, use "OB" (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		Rendering Provider Name	
2310B	NM1	NM108	Identification code qualifier	Use "XX" for NPI.
2310B	NM1	NM109	Identification code	Enter the NPI.
2310B	REF		Rendering Provider Secondary Identification	
2310B	REF	REF01	Reference Identification Qualifier	Submit "EI" (Employer's Identification Number) or "SY" (SSN). For non-enrolled Medicaid providers, use "OB" (State License Number).



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2310B	REF	REF02	Reference Identification	Enter EIN or SSN. If the Provider is not a Medicaid provider, use the state license number.
2310C	NM1		Purchased Service Provider Name	
2310C	NM1	NM108	Identification code qualifier	Use "XX" for NPI.
2310C	NM1	NM109	Identification code	Enter the NPI.
2310C	REF		Purchased Service Provider Secondary Identification	
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.
2310D	NM1		Service Facility Location	
2310D	NM1	NM108	Identification code qualifier	Use "XX" for NPI.
2310D	NM1	NM109	Identification Code	Enter the NPI.
2310D	REF		Service Facility Location Secondary Identification	
2310D	REF	REF01	Reference Identification Qualifier	Submit "EI" (Employer's Identification Number) or "SY" (SSN). For non-enrolled Medicaid providers, use "0B" (State License Number).
2310D	REF	REF02	Reference Identificaiton	Enter EIN or SSN. If the Provider is not a Medicaid provider, use the state license number.
2310E	NM1		Supervising Provider Name	
2310E	NM1	NM108	Identification code qualifier	Use "XX" for NPI.
2310E	NM1	NM109	Identification Code	Enter the NPI.



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2310E	REF		Supervising Provider Secondary Identification	
2310E	REF	REF01	Reference Identificaiton 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	
2320	SBR	SBR01	Payer Responsibility sequence Number Code	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	SBR05	Insurance Type code	Do not use "MC" (Medicaid) in this element.
2320	SBR	SBR09	Claim filing indicator code	Do not use "MC" (Medicaid) or "TV" (Title V) in this element.
2330A	NM1		Other Subscriber Name	
2330A	NM1	NM103	Last Name or Organization Name	Use the name of the subscriber as it appears on the files of the other payer.
2330A	NM1	NM104	First Name	Use the name of the subscriber as it appears on the files of the other payer.



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2330A	NM1	NM105	Name Middle	Use the name of the subscriber as it appears on the files of the other payer.
2330A	NM1	NM108	Identification code qualifier	Use "MI" (Member Identification Number)
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	Use the carrier code assigned by MDCH (see MDCH website for a listing of carrier codes). For example, if BCBSM Traditional were the Other Payer, the value (carrier code) carried in this element would be "00029005"; Medicare Part A (United Government Services) would be "00452"; and, Medicare Part B (Wisconsin Physician Services) would be "00953."
2330B	REF		Other Payer Prior Authorization Or Referral Number	
2330B	REF	REF01	Reference Identification Qualifier	Use "9F" (Referral Number) or "G1" (Prior Authorization Number)
2330B	REF	REF02	Reference Identification	If the other payer preauthorized services or a referral, enter the authorization number or referral number here. Do not use the PA or Referral Number (Loop 2300 REF02), specific to the destination payer.
2330D	NM1		Other Payer Referring Provider	



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2330D	NM1	NM101	Entity Identifier Code	Use DN for Referring Provider in first loop only. Use if loop is used only once. Use P3 only if loop is used twice. Use only on second iteration of this loop.
2330D	REF		Other Payer Referring Provider Identification	
2330D	REF	REF01	Reference Identification Qualifier	Do not use "1D" (Medicaid Provider Number).
2330E			Other Payer Rendering Provider Secondary Identification	
2330E	REF	REF01	Reference Identificaiton Qualifier	Do not use "1D" (Medicaid Provider Number).
2330F	REF		Other Payer Purchased Service Provider Identification	
2330F	REF	REF01	Reference Identificaiton Qualifier	Do not use "1D" (Medicaid Provider Number).
2330G	REF		Other Payer Service Facility Location Identification	
2330G	REF	REF01	Reference Identificaiton Qualifier	Do not use "1D" (Medicaid Provider Number).
2330H	REF		Other Payer Supervising Provider Identification	
2330H	REF	REF01	Reference Identificaiton Qualifier	Do not use "1D" (Medicaid Provider Number).
2400	SV1	SV101	Procedure identifier, Product or Service ID Qualifier, Procedure Code, Procedure Modifier 1-4, Composite Medical Procedure Identifier	



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2400	SV1	SV101-1	Product/Service ID Qualifier	Use "HC" Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes.
2400	SV1	SV101-2	Product/Service I	MDCH expects the Health Care Financing Administration Common Procedural coding System (HCPCS and CPT) Codes to be included for each service line.
2400	SV1	SV102	Submitted charge Monetary amount	Use the provider's usual and customary charge or billed amount. A value of zero "0" may be reported.
2410	LIN		Drug Identification	
2410	LIN	LIN03	National Drug Code 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 (Professional Service).
2430	SVD		Line Adjudication Information	This segment is used to report coordination of benefits information. This segment is required if the claim has been previously adjudicated by a payer identified in Loop 2330B and service line adjustments are applied.
2430	CAS		Line Adjustment	Required if claim has been adjudicated by payer identified in this loop and has claim level adjustment information.



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