
Community Health Network of Connecticut, INC.

AdminisTEP 837 Professional
HIPAA Transaction
Standard Companion Guide
Section 1

**Refers to the Implementation Guides
Based on X12 version 004010**

Companion Guide Version Number: 1.0

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*Workgroup for Electronic Data Interchange (WEDI), Jim A. Schuping, Executive Vice President, 703-391-2716
Council for Affordable Quality Healthcare (CAQH), Robin Thomashauer, Executive Director, 202-861-1493*

Disclosure Statement

The information in this document is furnished for users of Community Health Network Of Connecticut's AdminisTEP system use only. Changes are periodically made to the information in this document; these changes will be incorporated in new editions of this publication. Community Health Network Of Connecticut may make improvements and/or changes in the product and/or program described in this publication at any time.

Preface

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to Community Health Network of Connecticut via the AdminisTEP system. Transmissions based on this companion document, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1 Introduction

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 translations 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

Purpose of the Companion Guide

The HIPAA EDI Transaction Standard Companion Guide explains the procedures necessary for Trading Partners of Community Health Network of Connecticut to transmit Electronic Data Interchange (EDI) transactions. This document is specific to the 837P Claims submission.

This Companion Guide is not intended to replace the X12N Implementation Guides; rather it is intended to be used in conjunction with them. Additionally, the Companion Guide is intended to convey information that is within the framework and structure of the X12N Implementation Guides and not to contradict or exceed them.

1.1 Scope

This guide pertains to electronic claims submitted to Community Health Network Of Connecticut via our direct connection, AdminisTEP. Electronic claims submitted via clearinghouses are covered by companion guides furnished by the respective clearinghouse.

1.2 Overview

This guide is meant to be used in conjunction with the standard implementation guides for each transaction. Deviations from those guides will be noted here. Additional information guidelines are also included in this guide.

1.3 References

The standard HIPAA implementation guides are referenced by this guide. Copies of current guides may be obtained from our website, www.chnct.org.

1.4 Additional Information

This guide is meant as a supplement to the standard implementation guides and assumes an understanding of these guides by the reader. It is also assumed that the reader has an understanding of claims processing and the operation of their electronic claims processes.

Community Health Network Of Connecticut and our Trading Partners will benefit from increase use of electronic transmissions for processing medical information by:

- Faster exchange of information
- Reduction of errors in data transmissions
- Faster payment of claims

2 Getting Started

2.1 Working with Community Health Network of Connecticut

Community Health Network Of Connecticut encourages communication between the company and our providers. Contact our Provider Relations Department for assistance.

2.2 Submitting Electronic Claims

Providers may submit electronic claims to Community Health Network Of Connecticut in either of two ways.

2.2.1 AdminisTEP Direct Connection

AdminisTEP Direct Connection is an Internet based portal that will allow transmission/receipt of all HIPAA compliant transactions. This system is free of cost to all providers and CHNCT will assist providers in setup and testing. This companion guide will assist you in processing your HIPAA compliant transactions via our direct connection.

2.2.2 WebMD Clearinghouse

CHNCT uses WebMD as a clearinghouse. Our payor number is 62149. Providers must be setup with either WebMD or another clearinghouse that has a forwarding agreement with WebMD to use this portal. Any cost associated with submitting claims via WebMD is the responsibility of the provider.

Testing to send claims via WebMD is between the provider and WebMD. Only 837P and 837I transactions may be processed via WebMD. Community Health Network of Connecticut has no plans to expand this portal to accept other transactions. Companion Guides for WebMD transactions are available from www.envoy.com

2.3 Trading Partner Registration

Community Health Network Of Connecticut requires that providers register with our contractor to use our direct connection. Providers not currently submitting claims to Community Health Network Of Connecticut must also be setup by our Provider Relations Department. To register with Community Health Network Of Connecticut to submit medical information directly, contact Ray Hastings at 203-237-4000 Extension 3056 or by email at rhastings@chnct.org. Additional information is available on our website at www.chnct.org

2.4 Certification and Testing Overview

Community Health Network Of Connecticut requires that all providers wishing to submit electronic medical information participate in a testing program to ensure the accuracy of data from and the return of data back to the provider. Electronic medical information that has not passed this testing program will be rejected. Community Health Network Of Connecticut uses the services of Edifecs to certify transactions but will accept transactions certified by other certification authorities upon successful completion of the testing program. You may register with Edifecs, free of charge, at <https://www.hipaadesk.com/>.

3 Testing with the Payer

Before a provider can submit "live" transactions through the system, a testing process must occur. For your convenience, you may receive assistance from an AdminisTEP Support Analyst throughout this process. Each test transmission is inspected thoroughly to ensure no format errors are present. The testing is conducted to verify the integrity of the format, not the integrity of the data; however, in order to simulate a production environment, we insist that you send data, which is a duplicate of live transmission data. The number of test transmissions required depends on the number of format errors received throughout the process. Changes to the ANSI formats may also require additional testing.

4 Connectivity with the Payer / Communications

4.1 Process flows

Provider submits electronic medical information →
Transaction processed by AdminisTEP →
 Accepted → Forwarded to CHNCT for processing
 Rejected → Notification to provider of rejection
Transaction processed by CHNCT
 Action taken on transaction → results to AdminisTEP → information to provider

4.2 Transmission Administrative Procedures

AdminisTEP is a web based portal and may be accessed by authorized users at <http://www.administep.com/>. The system requires Internet Explorer version 5.5 or above. An Internet connection is required.

4.2.1 Re-transmission procedures

Re-transmission of claim information may be sent via the electronic portal. Corrected claims may be sent with bill type 136. See the Section 10 for instructions on submitting supporting or additional information regarding a claim.

4.3 Communication Protocol Specifications

What do you need:

- 1) An Internet connection. This connection can be either a dial up connection, cable or ADSL connection or via a network connection.
- 2) Microsoft Internet Explorer version 5.5 or higher. If you do not have the latest version of IE, go to <http://www.microsoft.com/windows/ie/default.asp> to download a free copy of the latest version.
- 3) Netscape version 6.0 or higher. If you do not have the latest version go to <http://www.netscape.com/hp.adp>.
- 4) Whatever your browser, it must support 128 bit encryption for viewing secure web sites. Our site is protected because it contains private information regarding patient health records. If you are meeting the minimum browser requirements above, you will have this installed.

4.4 Passwords

Passwords will be issued to Trading Partners and must be changed every 30 days. Passwords will be maintained by the AdminisTEP support personnel.

5 Contact Information

5.1 EDI Customer Service

To register for online claims processing contact Provider Relations at 800-440-5071.

5.2 EDI Technical Assistance

Technical assistance with the online system is available by calling AdminisTEP support at 888-751-3271. You must be a registered user to access the system.

5.3 Provider Relations Number

To contact Community Health Network Of Connecticut regarding claims:

Claims information: 800-440-5071

Claims Fax: 203-630-7990

Electronic Claims submission assistance: Ray Hastings at 203-237-4000 ext. 3056

Provider Relations: 800-440-5071

5.4 Applicable Websites / E-mail

Community Health Network Of Connecticut on the web: www.chnct.org

AdminisTEP online claims system: <http://www.administep.com/>

6 HIPAA Compliant Codes

Follow the 837 Professional IG precisely. Use HIPAA Compliant codes from current versions of the sources listed in the 837 Institutional IG, Appendix C: External Code Sources.

6.1 National Provider Identification Number (NPI)

The National Provider Identifier (NPI) Final Rule requires health care providers, who are covered entities, to obtain and use NPIs in standard transactions. If a health care provider is not a covered entity under HIPAA, the NPI Final Rule does not require that it obtain or use an NPI. The NPI Final Rule does not prohibit health plans from requiring their enrolled health care providers to obtain and use NPIs, as long as the enrolled health care providers are eligible for an NPI, as discussed in the NPI Final Rule (69 FR 3434).

Covered entities are required to use National Provider Identifiers (NPIs) in standard transactions no later than May 23, 2007. However, as with any other data requirement, health plans are free to require that their enrolled health care providers who are covered entities use NPIs in standard transactions prior to May 23, 2007. This is a business issue and decision, not a HIPAA requirement until the compliance date. (CMS FAQ 2746 Dated 4/27/04)

Health care providers can apply for National Provider Identifiers (NPIs) beginning on the effective date of the final rule, which is May 23, 2005. (CMS FAQ 2627 dated 1/26/2004).

7 Delimiters

Community Health Network Of Connecticut accepts any of the standard delimiters as defined by the ANSI standards.

The more commonly used delimiters include the following:

- Data Element Separator, Asterisk, (*)
- Sub-Element Separator, Colon, (:))
- Segment Terminator, Tilde (~)

These delimiters are for illustration purposes only and are not specific requirements or recommendations.

8 X12 and HIPAA Compliance Checking and Business Edits

Level 1 - AdminisTEP has online reports that the submitter can view to see if each 837 was accepted or rejected and if rejected, why it rejected. This reports and others can be accessed through www.administep.com. Secondly through AdminisTEP, Community Health Network of Connecticut can return a 997 Functional Acknowledgement to the submitter for every inbound

837 transaction received if requested by the submitter at setup. The reports are always accessible regardless if the submitter requests a 997 or not.

Level 2 - HIPAA Implementation Guide edits are strictly enforced. If an error is encountered, AdminisTEP on the behalf of Community Health Network Of Connecticut will reject each 837 if the 837 fails Level 2 HIPAA compliance. A report online will be generated for the submitter explaining the rejection, which can be accessed through www.administep.com. Secondly, if the submitter has requested a 997 the 997 will be generated back to the submitter.

Level 3 – In addition to checking for X12 and HIPAA compliance, AdminisTEP applies business edits to each 837 transaction on the behalf of Community Health Network Of Connecticut. An example of this edit is member number validation. If a member number is not found in Community Health Network's records the individual claim will be rejected generating a report online explaining the rejection, which can be accessed through www.administep.com. Secondly, if the submitter has requested a 997 the 997 will be generated back to the submitter.

9 Diagnosis Codes

According to the 837P IG (P.254), a transaction is not X12 compliant if decimal points are used in diagnosis codes – Loop 2300, HI Health Care Diagnosis Code.

10 Sending Attachments to Support a Claim

To expedite processing of a claim:

1. If you are sending an attachment to support a claim, populate Loop 2300, PWK02 with a value of "BM" (By Mail).
2. Include a cover sheet with the Date the claim(s) were submitted, CHNCT member number, member name, date of service and your identification code (code assigned by the provider to identify this attachment).
3. Mail to Community Health Network Of Connecticut, 290 Pratt Street, Meriden, CT 06450
4. Do not send a copy of the claim with the attachment.
5. Send the COMPLETED cover sheet with the attachment.

The Cover Sheet must include the following information and all information must be completed to identify the claim::

1. Date Claim was originally submitted via EDI
2. Professional or Institutional
3. Members Medicaid Number
4. Patient Name
5. Date of Service as listed on the claim
6. Provider Name
7. Identification Code: This is the Attachment Control Number, an alphanumeric code created by the provider for his/her records

All documentation must be received with 7 calendar days of the electronic submission. If supporting documentation is not received but is required to process the claim, Community Health Network Of Connecticut will deny the claim.

11 Numeric Values, Monetary Amounts and Unit Amounts

Community Health Network Of Connecticut systems support numeric values that are consistent with NSF Version 3.01. Values which require a field length greater than those specified by NSF Version 3.01 will not pass our business rule edits.

Community Health Network Of Connecticut pays all claims in US dollars and therefore, accepts monetary amounts only in US Dollars. If codes related to foreign currencies are used, then an 864 Text Message Transaction (Response Report Claim Detail) will be returned to the submitter and the claim will be rejected.

Community Health Network Of Connecticut recognizes unit amounts in whole numbers only.

12 837 Professional Claim Header

The 837 Claim Header identifies the start of a transaction, the specific transaction set, and its business purpose. Also, when a transaction set uses a hierarchical data structure, a data element in the header, BHT01 (Hierarchical Structure Code) relates the type of business data expected within each level. The following table indicates the specific values of the required header segments and data elements for Community Health Network Of Connecticut processing:

837 Professional Health Care Claim - Header				
IG	Segment	Reference Designator(s)	Value	Comments
ST Transaction Set Header				
P.61	ST Transaction set header	ST01 Transaction Set Id Code	837	837 – Health Care Claim
		ST02 – Transaction Set Control Number	Identical to SE02	Unique number assigned by the sender and generated by the sender's system
Beginning of Hierarchical Transaction				
P.62	BHT - Beginning	BHT06 – Transaction Type Code	CH	All submissions are recognized as chargeable.
Loop ID 1000A – Submitter Name				
P.66	NM1 Receiver Name	NM109 Identification Code	Submitter Tax ID	Community Health Network Of Connecticut currently does not apply edits to this field
Loop ID 1000B				
P.72 NM1 Receiver Name		NM103 – Last Name or Organization name	Community Health Network Of Connecticut	Receiver Name
		NM109 – ID Code	061429341	Receiver TIN

12.1 Professional Claim Detail

The 837 Detail level has a hierarchical level (HL) structure based on the participants involved in the transaction. The three levels of the participant levels include:

- 1 Information Source (Billing/Pay to Provider)
- 2 Subscriber (Patient for Community Health Network Of Connecticut)
- 3 Dependent (Patient for Community Health Network Of Connecticut)

12.1.1 Claim Detail: Billing/Pay-to Provider Hierarchical Level

The first hierarchical level (HL) of the 837 Claim Detail, Billing/Pay-to Provider HL, identifies the original entity that submitted the electronic claim to the destination payer:

837 Professional Health Care Claim – Detail					
IG	Segment	Reference Designator(s)		Value	Comments
Loop ID 2000A Billing/Pay-to Provider Hierarchical Level					
P.76	PRV – Provider Specialty Info.	PRV01 Provider Code	BI	Billing	
P.78	CUR – Foreign Currency	CUR02 Currency Code	USD	US Dollars only	
Loop ID 2010AA – Billing Provider Name					
P.87	REF Billing Provider Secondary Id	REF01	Reference ID	Not used	
		Ref02	Secondary ID	Not used	

12.1.2 837 Claim Detail Subscriber Hierarchical Level

The second hierarchical level (HL) of the 837 Detail is the Subscriber HL. Community Health Network Of Connecticut recommends that each interchange (ISA-IEA envelope) be limited to **3000** claims for processing efficiency.

837 Professional Health Care Claim – Subscriber Hierarchical Level				
IG	Segment	Reference Designator(S)	Value	Comment
Loop ID 2000B – Subscriber Hierarchical Level				
P.105	SBR – Subscriber Info	SBR01 Payer responsibility Sequence Number Code	P	The subscriber and patient are the same
Loop ID 2000BA – Subscriber Hierarchical Level				
P.112	NM1 – Subscriber Name	NM109 Identification Code	999999999	Nine digit State Medicaid Identification Number

12.1.3 837 Claim Detail Patient Hierarchical Level

The third hierarchical level (HL) of the 837 Claim Detail is the Patient HL.

837 Professional Health Care Claim – Patient Information				
IG	Segment	Reference Designator(S)	Value	Comment
Loop ID 2010CA Patient Name				
P.154	DMG – Pt demographic Info	DMG02 Date Time period	PT Birth date YYYYMMDD	If the date of birth falls after the patients date of service, the claim will be rejected.

12.1.4 837 Claim Detail – Attending Physician

Loop 2310 A Attending Physician				
NM1	Attending Physician Name			
	NM103	Name	Name Last or Organizational Name Note – Independent Laboratories must submit with Group or Lab Name in this field Note – School based Health Clinics must submit with name of school Note – DME vendors must submit with company name	

12.2 837 Health Care Claim Interchange Control Header (ISA)

The ISA segment is the beginning, outermost envelope of the interchange control structure. Containing authorization and security information, it also clearly identifies the sender, receiver, date, time and interchange control number.

Use the following table to supplement the 837 Implementation Guides. The table provides information that is specific to Community Health Network Of Connecticut and does not modify the 837 Implementation Guides.

837 Professional Health Care Claim Interchange Control Header (ISA)			
Segment	Reference Designator(S)	Value	Comment
ISA Interchange Control Header	ISA01 Authorization Info Qualifier	00	00 – No Authorization Information Present
	ISA02 Authorization Info	10 spaces	Enter 10 positions Note – if ISA01 is “00” Must be blank
	ISA03 Security Info Qualifier	00	00 – No security Information present
	ISA04 Security Information	10 Spaces	Enter 10 positions
	ISA05 Interchange ID Qualifier	See 837P IG, Appendix B.4	Qualifier dependent on interchange sender ID selected.

	IS06 Interchange Sender ID	Submitter ID	Submitter advises CHNCT on the format of the unique identifier.
	IS07 Interchange ID Qualifier	ZZ	Mutually Defined
	ISA08 Interchange Receiver ID	061429341	CHNCT Tax Id number
	ISA09 Interchange Date	YYMMDD	Value must be a valid date
	ISA10 Interchange Time	HHMM	Value must be a valid time
	ISA11 Interchange Control Standards Identifier	U	U – US EDI Community of ASC X12 TDCC and UCS
	ISA12 Interchange Control Version Number	00401	Current version Number
	ISA14 Acknowledgment Requested	O	CHNCT will not respond TA1 interchange acknowledgment when the interchange is received successfully.
	ISA15 Usage Indicator	P,T	P – is to only be used after passing testing phase.
	ISA16 Component Element Separator	X	1 character contained in Basic or Extended Character set. Value must not equal A-Z, a-z,0-9,"space", and special characters which may appear in text data (i.e. hyphen, comma, period, apostrophe)

13 Acknowledgements and/or Reports

At the provider's option, you may receive a 997 Acknowledgment or there are built in reports available on the system to show the status of each file.

13.1 Report Inventory

AdminisTEP has a variety of reports available to providers. Select the Reports menu from the site to view these reports.

14 Trading Partner Agreements

Trading Partners

An EDI Trading Partner is defined as any Community Health Network Of Connecticut customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from Community Health Network of Connecticut.

Community Health Network of Connecticut requires EDI Trading Partner Agreements through Legacy Consulting Systems to 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.

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