

DATA CLARIFICATIONS FOR THE 837 PROFESSIONAL CLAIM, V. 9010
Smoky Mountain Center MH/DD/SA

Revision Date: 04/22/10

This document is intended as a **companion** to the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Professional, ASC X12N 837 (004010X098)**, dated May 2000. It contains data clarifications authorized by the SMC MH/DD/SA. 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: Professional (ASC X12N, version 004010X098).

Changes from the previous version of this document are highlighted in **Neon Green** for easy reference.

Critical Additional Notes:

- **Data submitted should be ALL CAP's**
- **File must be in carriage return-line feed format**
- **ISA line, ISA08 must contain your SMC assigned provider ID**
- **GS line, GS02 contains your SMC assigned provider ID and GS03 must contain 3900.**
- **Names of files transmitted to SMC**
 - **must have names less than 10 characters (not including an extension)**
 - **may not include spaces, commas, nor other special characters, (in other words, just use letters and numbers and no spaces)**
 - **Must be unique.**
- **You are responsible for keeping track of your file names and contents.**
- **Same Day services should be summarized as per state requirements.**
- **All billing types, IPRS, Medicaid Pass-through and Cap Waiver Supplies may be submitted on the same 837 as long if you have only one NPI for all type and specialties and ifs the detailed instructions below are followed.**

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: Professional. The purpose of this document is to assist you in the proper completion for submission to SMC MH/DD/SA. Information provided in this guide is subject to change.

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SMOKY MOUNTAIN CENTER MD/DD/SA

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|------|---------------------------------------|---------------------------------------|---|--|
| 65 | BHT | | BHT006 – Transaction Type Code | Use “CH” BHT*0019*00*20081016152853*20081016*1528*CH |
| 66 | | REF-Transmission Type Identification | REF 02 – Transmission Type Code | Use your latest version ID REF*87*004010X098A1 |
| 69 | 1000A – Submitter Name | NM1 | NM109 | Use the 10 character Provider Identification Number assigned by SMC NM1*41*2*NEW RIVER SERVICE AUTHORITY*****46*98999 |
| 75 | 1000B – Receiver Name | NM1 | NM109 - Receiver Primary Identifier | Use “3900” (no quotes). STATE ONLY NM1*40*2*SMOKY MOUNTAIN CENTER*****46*3900 |
| 86 | 2010AA – Billing Provider Name | NM1 | NM108 – Identification Code Qualifier | Use “XX” if entering typical EIN. Use “24” if entering atypical EIN. Use “34” if using SSN NM1*85*2*NEW RIVER BHC*****24*98999 |
| | | | NM109 – Billing Provider Identifier | Use your organization’s NPI. NM1*85*2*NEW RIVER BHC*****XX*1234567890 |
| 91 | 2010 | REF | REF01 | If used “24” above, use either 0B=State license number or 1D=medical provider number. If used “XX” above use either EI=EIN or SY=SSN. REF*0B*8301675 |
| | | | REF02 | If used 0B enter State license number. If 1D enter medical provider number. If EI enter EIN. If SY enter SSN. REF*0B*8301675 |
| 110 | 2000B – Subscriber Hierarchical Level | SBR – Subscriber Information | SBR01 – Payer Responsibility Sequence Number Code | Use “P” if SMC is the only payer (consumer has no Medicare or other insurance), “S” if there is one other payer, or “T” if there are two or more payers. SBR*P*18*****MC |
| 111 | | SBR102 – Individual Relationship Code | | Use “18” SBR*P*18*****MC |
| 112 | | SBR109 – Claim Filing Indicator Code | | Use “MC” SBR*P*18*****MC |
| 119 | 2010BA – Subscriber Name | NM1 | NM108 – Identification Code Qualifier | Use “MI” NM1*IL*1*DOE*JOHN****MI*123456 |
| | | | NM109 – | Use the consumer’s 8-digit SMC Consumer ID |

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| | | | Subscriber Primary Identifier | number. NM1*IL*1*DOE*JOHN****MI*123456 |
| 131 | 2010BB – Payer Name | NM1 | NM101 – Entity Identifier Code | Use “PR”. NM1*PR*2*SMC MH/DD/SAS*****PI*3900 |
| | | | NM102 – Entity Type Qualifier | Use “2”. NM1*PR*2*SMC MH/DD/SAS*****PI*3900 |
| | | | NM103 – Organization Name | Use “SMC MH/DD/SA”. NM1*PR*2*SMC MH/DD/SAS*****PI*3900 |
| | | | NM108 – Identification Code Qualifier | Use “PI”. NM1*PR*2*SMC MH/DD/SAS*****PI*3900 |
| | | | NM109 – Payer Identifier | Use “3900”. NM1*PR*2*SMC MH/DD/SAS*****PI*3900 |
| 173 | 2300 – Claim Information | CLM | CLM05-3 – Claim Frequency Code | Use “1” on original claim submissions. CLM*064891*135***53::1*Y*A*Y*M*B |
| 228 | | REF – Prior Authorization Number | REF01 Reference Identification Qualifier | Use “G1”, if your services required prior authorization and the authorization number. REF*G1*0807991841711 |
| | | | REF02 – Prior Authorization Number | Use the authorization number assigned by SMC. REF*G1*0807991841711 |
| | | REF-EA | | Use this to send your internal client ID, where XXXXXX is your client ID. REF*EA*XXXXXX |
| 244 | 2300 | File Information | K301 | Report the five or six digit number that Smoky assigned for your organization here. K3*99377 |
| 246 | 2300 | NTE - Claim Note | NTE01 Start Time of Day | Report ADD NTE*ADD*2:40 |
| | | | NTE02 | Start time of the service in military time i.e. 14:00 for 2pm. NTE*ADD*2:40 |
| 265 | | HI – Health Care Diagnosis Code | HI01 – Principal Diagnosis | SMC requires this element on every claim. HI*BK:30520*BF:30550*BF:30440 |
| 290 | 2310B – Rendering Provider Name | | | Complete this loop for every claim. NM1*82*1*MARK DAVIS*****XX*1083774269 |
| | | NM1 – Rendering Provider Name | NM102-Entity Type Qualifier | 1=Person 2=Non-Person Entity NM1*82*1*MARK DAVIS*****XX*1083774269 |

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| 292 | | NM1 – Rendering Provider Name | NM108 – Identification Code Qualifier | Use “24” if atypical and NM102 = 2. Use “34” if atypical and NM102 = 1 (same as page 86 instructions). Use “XX” if typical. NM1*82*1*MARK DAVIS****XX*1083774269 |
| | | | NM109 Rendering Provider Identifier | Use the EIN if you used “24” in NM108, SSN if you used “34” in NM108. Use NPI number of the individual doing the service (for CPT codes) or the organization location (for other services) if used XX in NM108. NM1*82*1*MARK DAVIS****XX*1083774269 |
| 296 | | REF – Rendering Provider Secondary ID | REF01 – Reference Identification Identifier | Use “0B”. REF*0B*8301675Q |
| 297 | | | REF02 – Rendering Provider Secondary Identifier | This number is dependent upon the service provided. For endorsed services such as Community Support or PSR Use the eight digit number ending with a letter that corresponds to the service. REF*0B*8301675Q For Outpatient services provided by licensed staff, use the legacy, license number of the individual that provided the service. REF*0B*61100123 For Outpatient services provided by provisionally licensed staff and residential services use the legacy IPRS number assigned. REF*0B*NR000123 |
| 304 | 2310D – Service Facility Location | NM1 | Name, NPI | Once per claim. NM1*77*2*NEW RIVER BHC****XX*1255476271 |
| 307 | | N3 | SFL Address | N3*636 CANTURBURY ST |
| 308 | | N4 | SFL City, State, Zip | N4*NEWLAND*NC*286570040 |
| 319 | 2320 – Other Subscriber Information | SBR – Subscriber Information | | If the consumer has Medicare or other insurance, repeat this loop for each payer. SBR*P*18*****OT |
| | | | SBR01 – Payer Responsibility Sequence Number Code | If the consumer has Medicare, report that coverage with code “P” and any other insurance with codes “S” or “T” as appropriate. If the consumer does not have Medicare, report each type of coverage with code “P”, “S”, or “T” as appropriate. P=PRIMARY, S=SECONDARY, T=TERTIARY SBR*P*18**OT****OT |
| | | | SBR02 – Individual Relationship Code | The code carried in this element is the consumer’s relationship to the person who is insured. 18=SELF SBR*P*18**OT****OT |
| 320 | | | SBR03 – Insured Group or Policy | Use the subscriber’s group number (assigned by the other payer), not the number that uniquely identifies the subscriber. For example, group numbers |

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| | | | Number | assigned by Blue Cross are usually 5 digits. SBR*P*18**OT****OT |
| 321 | | | SBR05 – Insurance Type Code | If MC for Medicaid you can bill this direct. Use OT=OTHER SBR*P*18**OT****OT |
| | | | SBR09 – Claim Filing Indicator Code | Do not use choices “MC” or “TV” in this element. Use OT=OTHER SBR*P*18**OT****OT |
| 350 | 2330A – Other Subscriber Name | NM1 | NM103, NM104, NM105, NM107 – Other Insured Last Name, First Name, Middle Name, Suffix | Use the name of the other subscriber as it appears on the files of the other payer. NM1*IL*1*DOE*JOHN*T**JR*MI*123456 |
| 352 | | | NM108 – Identification Code Qualifier | Use “MI” NM1*IL*1*DOE*JOHN*T**JR*MI*123456 |
| | | | NM109 – Other Insured Identifier | Use the unique member number assigned to the subscriber by the other payer indicated in loop 2330B. For example, member numbers assigned by BCBSM are usually 3 letters followed by 9 digits. NM1*IL*1*DOE*JOHN*T**JR*MI*123456 |
| 357 | | REF – Other Subscriber Secondary Identification | REF01 – Reference Identification Qualifier | Do not use “1W” REF*1W*123456 |
| 360 | 2330B – Other Payer Name | NM1 | NM108 – Identification Code Qualifier | Use “PI” NM1*PR*2*UNION MUTUAL OF OREGON****PI*11122333 |
| 361 | | | NM109 – Other Payer Primary Identification | Use the carrier codes NM1*PR*2*UNION MUTUAL OF OREGON****PI*11122333 |
| 400 | 2400 – Service Line | SV1 – Professional Service | SV101-1 Product/Service Identifier | Use “HC”. SV1*HC:H0036:HA:HO*60.96*UN*4*11**1 |
| 401 | | | SV101-2 - Procedure Code | This must be the actual service provided not a Package code. Use the CPT, HCPCS, or State Local Code as defined in your service contract. H0036 SV1*HC:H0036:HA:HO*60.96*UN*4*11**1 |
| | | | SV101-3 – Procedure Modifier | Use the Modifier Code(s) as defined in your service contract. HA SV1*HC:H0036:HA:HO*60.96*UN*4*11**1 |
| | | | SV101-4 – Procedure Modifier | Use the Modifier Code(s) as defined in your service contract. HO SV1*HC:H0036:HA:HO*60.96*UN*4*11**1 |
| 402 | | | SV102 – Monetary Amount | Enter the Line Item (Submitted) Charge Amount. SV1*HC:H0036:HA:HO*60.96*UN*4*11**1 |
| 403 | | | SV103 – Unit or | Use “UN”. |

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| | | | Basis for Measurement | SV1*HC:H0036:HA:HO*60.96*UN*4*11**1 |
| | | | SV104 – Quantity | Report the number of units per the service definition in schedule A. (IF SERVICE CAN BE PROVIDED MULTIPLE TIMES DURING THE SAME DAY, THE TOTAL UNITS FOR THE DAY SHOULD BE ENTERED HERE) SV1*HC:H0036:HA:HO*60.96*UN*4*11**1 |
| | 2400 | | SVC111-Y/N Condition | If the authorization number you are submitting is for a Package such as P6H0004, then a Y needs to go there, otherwise N goes here. SV1*HC:H0036:HA:HO*60.96*UN*4*11**1*Y |
| 451 | 2400 | | DTP01 DTP02 | 11 Report the date of the file submission DTP*431*D8*19971112 |
| 472 | 2400 | Line Item Control Number | REF01 REF02 | Use 6R Report a unique control number this number will be returned in the 835. REF*6R*54321 |
| 466 | 2400 | Contract Information | CN101 CN104 | User 09 Unique Fund Source 5050-Northern Region State Funds 6101-Central Region State Funds 9991-Southern Region State Funds 9001-Medicaid Southern Region 9005-Medicaid Central Region 9006-Medicaid Northern Region 9941-CAP Sothern Region 9945-CAP Central Region 9946-CAP Northern Region CN1*09***5050 |
| | | | CN106 | User 09 Claim Type OT-IPRS State Claims CW-Cap Waiver Claims MC-Medicaid Pass-Through Claims CN1*09***5050**OT |
| | 2400 | File Information | K301 | If the authorization you are submitting is for a Package such as P6H0004, the package number needs to go here. K3*P6H0004 |
| 488 | 2400 | Line Note | NTE01 NTE02 Duration | Use "ADD" Report the duration of service in hours and minutes: 1:00 = 1 hour :45 = 45 minutes :30 = 30 minutes :15 = 15 minutes NTE*ADD*3:00 |