HEALTHpac 837 Message Elements Institutional

Version 1.2

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1 Introduction

1.1 General comments

This document describes the HIPAA 837 institutional standard message elements that are or may be used by HEALTHpac.

When reading 837 messages, there are no restrictions on the number of claims in a transaction set or the number of transaction sets in a message other than those dictated by memory limitations of the computer that is running HEALTHpac's X12 Manager.

When creating 837 messages, Healthpac will include just one claim in a transaction set. A message may contain more than one transaction set. The maximum number of transaction sets in a message is configurable.

In the following tables, fields that have a fixed identifier when used (for instance, an ID code qualifier that, if used, can only have a single value) are not listed.

The columns contain the following:

- Group name – name of the group of segments in the HIPAA specification
- Item name – name of the element or subelement in the HIPAA specification
- Loop – loop identifier in the HIPAA specification
- Seg– name of the segment in the HIPAA specification
- Pos – position of the element or subelement in the HIPAA specification
- R/S – Required/Situational indicator from the HIPAA spec; "R*" means the item is required if the segment itself is used, though the segment is Situational
- Type – element type (AN = alphanumeric, R = real/decimal, ID = ID code, and so on, following the nomenclature in the X12 specification.)
- UB92-added form location element data
- Max – if the maximum field length differs between the HIPAA specification and Healthpac, the HIPAA value is listed first and the Healthpac value is listed second (e.g., 60/35); otherwise the single (common) length is listed
- Notes – miscellaneous notes about the use of the item. In particular, "**II**" means "**ignored inbound**" (to HEALTHpac), and "**CO**" means "**configurable outbound**" (from HEALTHpac)

HEALTHpac ignores many inbound elements, though syntax checking is done on *all* elements and errors are noted even for elements that Healthpac doesn't use.

Elements that are II and that are never transmitted are not listed in this document. Elements that are II but that are transmitted are listed with the appropriate note.

1.2 Related documents

Healthpac HIPAA Message Header Elements describes the elements in the ISA and GS segments.

2 Message Elements

2.1 Header

Group Name	Item name	Loop	Seg	Pos	R/S	Type	UB92	Max	Notes
Hierarchical txn	Purpose		BHT	02	R	ID		2	II
Hierarchical txn	Originator app ID		BHT	03	R	AN		30	II; set to date/time outbound
Hierarchical txn	Txn set creation date		BHT	04	R	DT		8	II
Hierarchical txn	Txn set creation time		BHT	05	R	TM		8	II
Hierarchical txn	Claim or encounter ID		BHT	06	R	ID		2	II; set to "CH" outbound
Txn type	Transmission type code		REF	02	R	AN		30	II; set to value of GS08
Submitter	Entity type qualifier	1000A	NM1	02	R	AN		1	II; set to "2" outbound
Submitter	Last name	1000A	NM1	03	R	AN		35	II; CO
Submitter	ID code	1000A	NM1	09	R	AN		80/20	II; CO
Submitter EDI contact	Contact name	1000A	PER	02	R	AN		60	II; CO
Submitter EDI contact	Communication number qualifier	1000A	PER	03	R	ID		2	II, CO
Submitter EDI contact	Communication number	1000A	PER	04	R	AN		80/10	II; CO
Receiver	Last name	1000B	NM1	03	R	AN		35	II; CO
Receiver	Primary ID	1000B	NM1	09	R	AN		80/20	II; CO

Inbound if more than one PER segment for the submitter EDI contact is sent, only the first one is used; outbound only one segment is sent.

2.2 Info Source

Group Name	Item name	Loop	Seg	Pos	R/S	Type	UB92	Max	Notes
Billing Provider	Organization Name	2010AA	NM1	03	R	AN	1	35/60	When NM102 = 2
Billing Provider	Last name	2010AA	NM1	03	R	AN	1	35/20	When NM102 = 1
Billing Provider	First name	2010AA	NM1	04	S	AN	1	25/15	When NM102 = 1
Billing Provider	Middle name	2010AA	NM1	05	S	AN	1	25/1	When NM102 =1
Billing Provider	ID code qualifier	2010AA	NM1	08	R	ID	5	2	"34" or "24"
Billing Provider	ID code	2010AA	NM1	09	R	AN	5	80/9	
Billing Provider	Address	2010AA	N3	01	R	AN	1	55/35	
Billing Provider	Address	2010AA	N3	02	S	AN	1	55/35	
Billing Provider	City name	2010AA	N4	01	R	AN	1	30	
Billing Provider	State Name	2010AA	N4	02	R	ID	1	2	
Billing Provider	Postal code	2010AA	N4	03	R	ID	1	15/13	
Billing Provider Secondary ID	Billing provider additional identifier	2010AA	REF	02	R*	AN	51a,b,c	30/13	Only for REF01 = EI or SY; will accept both inbound

2.3 <u>Subscriber</u>

Group Name	Item name	Loop	Seg	Pos	R/S	Type	UB92	Max	Notes
Subscriber info	Payer responsibility sequence number code	2000B	SBR	01	R	ID	n/a	1	Outbound always "P"
Subscriber info	Insured Group number	2000B	SBR	03	S	AN	62a,b,c	30/20	
Subscriber info	Insured Group name	2000B	SBR	04	S	AN	61a,b,c	60/14	
Subscriber info	Entity type qualifier	2010BA	NM1	02	R	ID		1	II; outbound set to "1"
Subscriber info	Last name	2010BA	NM1	03	R	AN	38a,58b1,58c1	35/20	
Subscriber info	First name	2010BA	NM1	04	S	AN	38a,58b1,58c1	25/15	
Subscriber info	Middle name	2010BA	NM1	05	S	AN	38a,58b1,58c1	25/1	
Subscriber info	ID Code Qualifier	2010BA	NM1	08	S	ID	n/a	2	
Subscriber info	ID code	2010BA	NM1	09	S	AN	60a,b,c	80/19	
Subscriber info	Address	2010BA	N3	01	R*	AN	38db,dc	55/35	
Subscriber info	Address	2010BA	N3	02	S	AN	38db,dc	55/35	
Subscriber info	City name	2010BA	N4	01	R*	AN	38f,fb,fc	30	
Subscriber info	State name	2010BA	N4	02	R*	ID	38g, gb, gc	2	
Subscriber info	Postal code	2010BA	N4	03	R*	ID	38h,hb,hc	15/13	
Subscriber Demographic Info	Subscriber birth date	2010BA	DMG	02	R*	AN	n/a	35/8	

Group Name	Item name	Loop	Seg	Pos	R/S	Type	UB92	Max	Notes
Subscriber Demographic Info	Subscriber gender	2010BA	DMG	03	R*	ID		1	
Subscriber Additional Info	Additional subscriber ID (SSN)	2010BA	REF	02	S	AN	60a,b,c	30/19	Only for REF01 = SY

Healthpac uses the subscriber's social security number (SSN) as the insured ID. If the subscriber ID code qualifier is "MI" in NM108, it is assumed that NM109 contains the SSN. Otherwise the number is taken from REF02 where REF01 is "SY".

2.4 Payer

Group Name	Item name	Loop	Seg	Pos	R/S	Type	UB92	Max	Notes
Payer information	Entity type qualifier	2010BC	NM1	01	R	ID	84	1	II; set to "2" outbound
Payer information	Last name	2010BC	NM1	03	R	AN		35/18	
Payer information	ID code qualifier	2010BC	NM1	08	R	ID		2	II; outbound set to "PI"
Payer information	Payer identifier	2010BC	NM1	09	R	AN		80/9	

2.5 <u>Patient</u>

Group Name	Item name	Loop	Seg	Pos	R/S	Type	UB92	Max	Notes
Patient Information	Patient's relationship to insured	2000C	PAT	01	R	ID	59a	2	
Patient Information	Last name	2010CA	NM1	02	R	AN	12a,b,c	35/20	
Patient Information	First name	2010CA	NM1	04	R	AN	12a,b,c	25/15	
Patient Information	Middle name	2010CA	NM1	05	S	AN	12a,b,c	25/1	
Patient Information	Patient primary ID (SS#)	2010CA	NM1	09	S	AN	60a,b,c	80/13	
Patient Information	Address	2010CA	N3	01	R	AN	13	55/35	
Patient Information	Address	2010CA	N3	02	S	AN	13	55/35	
Patient Information	City name	2010CA	N4	01	R	AN	13	30	
Patient Information	State name	2010CA	N4	02	R	ID	13	2	
Patient Information	Postal code	2010CA	N4	03	R	ID	13	15/13	
Patient Demographic Info	Patient's birth date	2010CA	DMG	02	R	AN	14	35/8	
Patient Demographic Info	Patient's gender	2010CA	DMG	03	R	ID	15	1	
Patient Secondary ID	Reference ID	2010CA	REF	02	R*	AN		3	"

The patient's social security number is taken from NM109 if NM108 is "MI"; otherwise it is taken from REF02 when REF01 is "SY".

2.6 Claim

Group Name	Item name	Loop	Seg	Pos	R/S	Type	UB92	Max	Notes
Health Claim Information	Patient account number	2300	CLM	01	R	AN	3	38/20	
Health Claim Information	Total claim charge amount	2300	CLM	02	R	R		18/12	
Health Claim Information	Facility type code (place of service)	2300	CLM	05-1	R	AN	4 bill type	2	Outbound set to SV105 in first service line
Health Claim Information	Claim frequency code	2300	CLM	05-3	R	ID	4 bill type	1	II; outbound set to "1"
Health Claim Information	Provider signature indicator	2300	CLM	06	R	ID	85	1	Outbound set to "N"
Health Claim Information	Medicare assignment of benefits	2300	CLM	07	R	ID	53a,b,c	1	II
Health Claim Information	Assignment of benefits	2300	CLM	08	R	ID	53a,b,c	1	
Health Claim Information	Release of information	2300	CLM	09	R	ID	52a,b,c	1	
Discharge Hour	Discharge hour	2300	DTP	03	R*	AN	21	35/2	Healthpac only keeps the 2-digit hour
Statement dates	Statement from and to dates	2300	DTP	03	R*	AN	6a,b	35/16	
Admission date and hour	Admission date and hour	2300	DTP	03	R*	AN	17-18	35/12	Date and 2 digits of hour

Group Name	Item name	Loop	Seg	Pos	R/S	Type	UB92	Max	Notes
Institutional claim codes	Admission type code	2300	CL1	01	S	ID	19	1	
Institutional claim codes	Admission source code	2300	CL1	02	S	ID	20	1	
Institutional claim codes	Patient status code	2300	CL1	03	S	ID	22	2	
Claim Supplemental Info.	Attachment report type code	2300	PWK	01	R*	ID		2	Up to 10 occurrences
Payer Estimated Amount Due	Estimated claim due amount	2300	AMT	02	R*	R	55a,b,c	18/12	
Patient Estimated Amount Due	Patient responsibility amount	2300	AMT	02	R*	R	55d	18/12	
Patient Paid Amount	Patient amount paid	2300	AMT	02	R*	R	54	18/12	
Claim ID for Clearinghouses	Clearinghouse trace #	2300	REF	02	R*	AN		30	Inbound and Outbound for re-priced claims
Original Reference #	Claim original reference #	2300	REF	02	R*	AN	37a	30/23	
Prior Authorization or Referral Number	Prior Authorization number	2300	REF	02	R*	AN	63a	30/18	Occurrences for both 9F or G1 qualifiers
Medical Record Number	Reference ID	2300	REF	02	R*	AN	23	30/17	
Principal, Admitting, E-Code	Principal diagnosis code	2300	HI	01-2	R*	AN	67	30/6	
Principal, Admitting, E-Code	Admitting diagnosis code	2300	HI	02-2	R*	AN	76	30/6	
Principal, Admitting, E-Code	E-code	2300	HI	03-2	R*	AN	77	30/6	

Group Name	Item name	Loop	Seg	Pos	R/S	Type	UB92	Max	Notes
Other Diagnosis Info	Other diagnosis code	2300		01-2 through 08-2	R*	AN	68-75	30/6	
Principal Procedure Info	Principal procedure code	2300	HI	01-2	R*	AN	80a	30/7	
Principal Procedure Info	Principal procedure date	2300	HI	01-4	S	AN	80b	35/8	
Other Procedure Info	Other procedure code	2300	HI	01-2 through 05-2	R*	AN	81a1-2	30/7	
Other Procedure Info	Other procedure date	2300	HI	01-4 through 05-4	S	AN	81b3-4	35/8	
Occurrence span info	Occurrence span code	2300	HI	01-2 through 02-2	R*	AN	36a1	30/2	
Occurrence span info	Occurrence span dates	2300	HI	01-4 through 02-4	R*	AN	36a2-3	35/16	

Group Name	Item name	Loop	Seg	Pos	R/S	Type	UB92	Max	Notes
Occurrence information	Occurrence code	2300	HI	01-2 through 08-2	R*	AN	32a1	30/2	
Occurrence information	Occurrence date	2300	HI	01-4 through 08-4	R*	AN	32a2	30/8	
Value information	Value code	2300	HI	01-2 through 12-2	R*	AN	39a1	30/2	
Value information	Value code amount	2300	HI	01-5 through 12-5	R*	R	39a2	18/12	
Condition Information	Condition code	2300	HI	01-2 through 07-2	R*	AN	25-30	30/2	
Claim Quantity	Claim days count	2300	QTY	02	R*	R	7	15/3	Up to 4 occurrences, one for each qualifier

Group Name	Item name	Loop	Seg	Pos	R/S	Type	UB92	Max	Notes
Claim Quantity	Unit or basis for measurement code	2300	QTY	03-1	R*	ID	7	2	II; set to "DA" outbound
Pricing/Repricing Info	Pricing method	2300	HCP	01	R*	ID		2	II; set to "10" outbound
Pricing/Repricing Info	Repriced allowed amount	2300	HCP	02	R*	R		18	
Pricing/Repricing Info	Repriced savings amount	2300	HCP	03	S	R		18	
Attending physician	Last name	2310A	NM1	03	R*	AN	82a	35/20	
Attending physician	First name	2310A	NM1	04	S	AN	82 b,c	25/15	
Attending physician	Middle initial	2310A	NM1	05	S	AN	82,b,c	25/1	
Attending physician	Primary ID	2310A	NM1	09	R*	AN	82b,c	80/25	
Operating physician	Last name	2310B	NM1	03	R*	AN	83 a 2 – 4	35/20	
Operating physician	First name	2310B	NM1	04	S	AN	83 a 2 – 4	25/15	
Operating physician	Middle initial	2310B	NM1	05	S	AN	83 a 2 – 4	25/1	
Operating physician	Primary ID	2310B	NM1	09	R*	AN	82a	80/25	
Other provider	Last name	2310C	NM1	03	R*	AN	83b 2 - 4	35/20	

Group Name	Item name	Loop	Seg	Pos	R/S	Type	UB92	Max	Notes
Other provider	First name	2310C	NM1	04	S	AN	83b 2 – 4	25/15	
Other provider	Middle initial	2310C	NM1	05	S	AN	83b 2 – 4	25/1	
Other provider	Primary ID	2310C	NM1	09	R*	AN	83b 2 – 4	80/25	
Other Subscriber info	Patient's relationship to insured	2320	SBR	02	R*	ID	59a,b,c	2	
Payer prior payment	Other payer patient paid amount	2320	AMT	02	R*	R	n/a	18/12	
Other subscriber name	Entity type qualifier	2330A	NM1	02	R*	ID	n/a	1	II; outbound set to "1"
Other subscriber name	Other insured's last name	2330A	NM1	02	R*	AN	58a	35/20	
Other subscriber name	First name	2330A	NM1	04	S	AN	58a,b,c	25/15	
Other subscriber name	Middle name	2330A	NM1	05	S	AN	58a,b,c	25/1	
Other subscriber name	ID code qualifier	2330A	NM1	08	R*	ID		2	Outbound set to "MI"
Other subscriber name	ID code	2330A	NM1	09	R*	AN	60a,b,c	80/19	
Other subscriber name	Address	2330A	N3	01	R*	AN	38a,b,c	55/35	
Other subscriber name	Address	2330A	N3	02	S	AN	38a,b,c	55/35	

Group Name	Item name	Loop	Seg	Pos	R/S	Type	UB92	Max	Notes
Other subscriber name	City Name	2330A	N4	01	R*	AN	38fb,c	30	
Other subscriber name	State Name	2330A	N4	02	R*	ID	38gb,c	2	
Other subscriber name	Postal Code	2330A	N4	03	R*	AN	38hb,c	15/13	
Other payer name	Other payer last name	2330B	NM1	03	R	AN		35/18	
Other payer name	Other payer ID qualifier	2330B	NM1	08	R	ID		2	II; outbound set to "PI"
Other payer name	Other payer primary ID	2330B	NM1	09	R	AN	50a,b,c 1 – 2	80/9	
Other subscriber name	Postal Code	2330A	N4	03	R*	AN		15/13	

When sending a claim, Healthpac stores a version of the claim number in the REF field for the "claim ID for clearinghouses" segment. If the re-priced claim is returned to Healthpac, this value must be in this field; otherwise the claim will be processed as a *new* claim.

The following segments may occur multiple times according to the HIPAA specification, but HEALTHpac only processes (inbound) or sends (outbound) a single segment: other diagnosis information, other procedure information, occurrence span information, occurrence information, value information, and condition information.

2.7 <u>Service Lines</u>

Level	Group Name	Item name	Loop	Seg	Pos	R/S	Type	UB92	Max	Notes
Service Line #	Assigned #	Assigned #	2400	LX	01	R	N0	n/a	6/3	
Institutional Service Line	Institutional Service	Service line revenue code	2400	SV2	01	R	AN	42	48/4	
Institutional Service Line	Institutional Service	Service ID qualifier	2400	SV2	02-1	R	ID	43	2	Outbound set to "HC" or "N4"
Institutional Service Line	Institutional Service	Procedure Code	2400	SV2	02-2	R	AN	44a	48/11	
Institutional Service Line	Institutional Service	HCPCS Modifier 1	2400	SV2	02-3	S	AN	44b	2	
Institutional Service Line	Institutional Service	HCPCS Modifier 2	2400	SV2	02-4	S	AN	44c	2	
Institutional Service Line	Institutional Service	HCPCS Modifier 3	2400	SV2	02-5	S	AN	44d	2	
Institutional Service Line	Institutional Service	Line item charge amount	2400	SV2	03	R	R	47	18/12	
Institutional Service Line	Institutional Service	Unit or basis for measurement code	2400	SV2	04	R	ID	46	2	Outbound set to "UN"
Institutional Service Line	Institutional Service	Service unit count	2400	SV2	05	R	R	46	15/4	

Level	Group Name	Item name	Loop	Seg	Pos	R/S	Type	UB92	Max	Notes
Institutional Service Line	Institutional Service	Service line rate	2400	SV2	06	R	R	44a	10/12	
Institutional Service Line	Institutional Service	Line item denied/not covered amount	2400	SV2	07	S	R	48	18/18	
Service Line Date	Date or time or period	Service Date	2400	DTP	03	R	AN	45	35/16	Date or date range
Service line pricing/repricing	Line pricing	Pricing method	2400	HCP	01	R*	ID		2	II; outbound set to "10"
Service line pricing/repricing	Line pricing	Repriced allowed amount	2400	HCP	02	R*	R		18	
Service line pricing/repricing	Line pricing	Repriced savings amount	2400	HCP	03	S	R		18	II

3 Checklist of configurable items

The following items are II. The values used in 837 Institutional claims generated from Healthpac are derived from HEALTHpac configuration records.

- Originator application ID (BHT03)
- Submitter last name (NM103)
- Submitter ID code (NM109)
- Submitter EDI contact name (PER02)
- Submitter EDI contact communication number qualifier (PER03)
- Submitter EDI contact communication number (PER04)
- Receiver last name (NM103)
- Receiver ID (NM109)

In addition, the batch size should be set in order to avoid putting too many claims in a single file.