Healthpac 837 Message Elements - Professional

Version 1.4

March 17, 2003

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1 Introduction

1.1 General comments

This document describes the HIPAA 837 professional 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.)
- HCFA- added HCFA form locations to each data element
- 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	HCFA	Max	Notes
Hierarchical txn	Purpose		BHT	02	R	ID		2	II
Hierarchical txn	Originator app ID		BHT	03	R	AN		30	II; CO
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	HCFA	Max	Notes
Billing Provider	Organization Name	2010AA	NM1	03	R	AN	33a	35/60	When NM102 = 2
Billing Provider	Last name	2010AA	NM1	03	R	AN	33b	35/20	When NM102 = 1
Billing Provider	First name	2010AA	NM1	04	S	AN	33c	25/15	When NM102 = 1
Billing Provider	Middle name	2010AA	NM1	05	S	AN	33	25/1	When NM102 =1
Billing Provider	ID code qualifier	2010AA	NM1	08	R	ID	33	2	“34” or “24”
Billing Provider	ID code	2010AA	NM1	09	R	AN	25	80/9	
Billing Provider	Address	2010AA	N3	01	R	AN	33	55/35	
Billing Provider	Address	2010AA	N3	02	S	AN	33	55/35	
Billing Provider	City name	2010AA	N4	01	R	AN	33	30	
Billing Provider	State Name	2010AA	N4	02	R	ID	33	2	
Billing Provider	Postal code	2010AA	N4	03	R	ID	33	15/13	
Billing Provider Secondary ID	Billing provider additional identifier	2010AA	REF	02	R*	AN	33	30/13	Only for REF01 = EI or SY; will accept both inbound

2.3 Subscriber

Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Subscriber info	Payer responsibility sequence number code	2000B	SBR	01	R	ID		1	Outbound always "P"
Subscriber info	Insured Group number	2000B	SBR	03	S	AN	11	30/20	
Subscriber info	Insured Group name	2000B	SBR	04	S	AN	11b	60/14	
Subscriber info	Entity type qualifier	2010BA	NM1	02	R	ID	n/a	1	II; outbound set to "1"
Subscriber info	Last name	2010BA	NM1	03	R	AN	4	35/20	
Subscriber info	First name	2010BA	NM1	04	S	AN	4	25/15	
Subscriber info	Middle name	2010BA	NM1	05	S	AN	4	25/1	
Subscriber info	ID Code Qualifier	2010BA	NM1	08	S	ID		2	
Subscriber info	ID code	2010BA	NM1	09	S	AN		80/19	
Subscriber info	Address	2010BA	N3	01	R*	AN	7	55/35	
Subscriber info	Address	2010BA	N3	02	S	AN	7	55/35	
Subscriber info	City name	2010BA	N4	01	R*	AN	7	30	
Subscriber info	State name	2010BA	N4	02	R*	ID	7	2	
Subscriber info	Postal code	2010BA	N4	03	R*	ID	7	15/13	

Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Subscriber Demographic Info	Subscriber birth date	2010BA	DMG	02	R*	AN	11a	35/8	
Subscriber Demographic Info	Subscriber gender	2010BA	DMG	03	R*	ID	11a	1	
Subscriber Additional Info	Additional subscriber ID (SSN)	2010BA	REF	02	S	AN	1a	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	HCFA	Max	Notes
Payer information	Entity type qualifier	2010BC	NM1	01	R	ID		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		80/10	II; CO

2.5 Patient

Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Patient Information	Patient's relationship to insured	2000C	PAT	01	R	ID	6	2	
Patient Information	Last name	2010CA	NM1	02	R	AN	2	35/20	
Patient Information	First name	2010CA	NM1	04	R	AN	2	25/15	
Patient Information	Middle name	2010CA	NM1	05	S	AN	2	25/1	
Patient Information	Patient primary ID (SS#)	2010CA	NM1	09	S	AN	1a	80/13	
Patient Information	Address	2010CA	N3	01	R	AN	5	55/35	
Patient Information	Address	2010CA	N3	02	S	AN	5	55/35	
Patient Information	City name	2010CA	N4	01	R	AN	5	30	
Patient Information	State name	2010CA	N4	02	R	ID	5	2	
Patient Information	Postal code	2010CA	N4	03	R	ID	5	15/13	
Patient Demographic Info	Patient's birth date	2010CA	DMG	02	R	AN	3	35/8	
Patient Demographic Info	Patient's gender	2010CA	DMG	03	R	ID	3	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	HCFA	Max	Notes
Health Claim Information	Patient account number	2300	CLM	01	R	AN	26	38/20	
Health Claim Information	Total claim charge amount	2300	CLM	02	R	R	28	18/12	
Health Claim Information	Facility type code (place of service)	2300	CLM	05-1	R	AN	24b	2	Outbound set to SV105 in first service line
Health Claim Information	Claim frequency code	2300	CLM	05-3	R	ID		1	II; outbound set to “1”
Health Claim Information	Provider signature indicator	2300	CLM	06	R	ID	31	1	
Health Claim Information	Medicare assignment of benefits	2300	CLM	07	R	ID		1	II
Health Claim Information	Assignment of benefits	2300	CLM	08	R	ID	13	1	
Health Claim Information	Release of information	2300	CLM	09	R	ID	12	1	
Health Claim Information	Auto accident state	2300	CLM	11-4	S	ID	10b	2	
Onset of current illness	Onset of current illness date	2300	DTP	03	R*	AN	14	35/8	
Similar illness/symptoms	Similar illness or symptom date	2300	DTP	03	R*	AN	15	35/8	At most one occurrence
Disability begin	Disability from date	2300	DTP	03	R*	AN	16	35/8	At most one occurrence
Disability end	Disability to date	2300	DTP	03	R*	AN	16	35/8	At most one occurrence
Admission	Related hospital admission date	2300	DTP	03	R*	AN	18	35/8	
Discharge	Related hospital discharge	2300	DTP	03	R*	AN	18	35/8	

Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
	date								
Claim Supplemental Info.	Attachment report type code	2300	PWK	01	R*	ID	n/a	2	Up to 10 occurrences
Patient Paid Amount	Patient amount paid	2300	AMT	02	R*	R	29	18/12	
Prior Authorization or Referral Number	Prior Authorization number	2300	REF	02	R*	AN	23	30/20	At most one occurrence
Original Reference #	Claim original reference #	2300	REF	02	R*	AN	n/a	30/20	
Claim ID for Clearinghouses	Clearinghouse trace #	2300	REF	02	R*	AN		30	Inbound and Outbound for re-priced claims
Medical Record Number	Medical record number	2300	REF	02	R*	AN	n/a	30/17	
Health Care Diagnosis Code	Principal diagnosis code	2300	HI	01-2	R*	AN	21 1 – 4	30/6	
Health Care Diagnosis Code	Other diagnosis code	2300	HI	02-2 through 08-2	R*	AN	n/a	30/6	
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	
Referring Provider Name	Last name	2310A	NM1	03	R*	AN	17	35/20	At most one occurrence

Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Referring Provider Name	Primary ID	2310A	NM1	09	S	AN	17a	80/20	
Service Facility Location	Lab or facility name	2310D	NM1	03	S	AN	32	35/60	
Service Facility Location Address	Lab or facility address 1	2310D	N3	01	R	AN	32	55/35	
Service Facility Location Address	Lab or facility address 2	2310D	N3	02	S	AN	32	55/35	
Service Facility Location City/St	Lab or facility city name	2310D	N4	01	R	AN	32	30	
Service Facility Location City/St	Lab or facility state name	2310D	N4	02	R	ID	32	2	
Service Facility Location City/St	Lab or facility postal code	2310D	N4	03	R	ID	32	15/13	
Other Subscriber info	Patient's relationship to insured	2320	SBR	02	R*	ID		2	
Other subscriber name	Entity type qualifier	2330A	NM1	02	R*	ID		1	II; outbound set to "1"
Other subscriber name	Other insured's last name	2330A	NM1	02	R*	AN	9	35/20	
Other subscriber name	ID code qualifier	2330A	NM1	08	R*	ID	n/a	2	Outbound set to "MI"
Other subscriber name	ID code	2330A	NM1	09	R*	AN	n/a	80/19	
Other subscriber name	Address	2330A	N3	01	R*	AN	9	55/35	
Other subscriber name	Address	2330A	N3	02	S	AN	9	55/35	

Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Other subscriber name	City Name	2330A	N4	01	R*	AN	9	30	
Other subscriber name	State Name	2330A	N4	02	R*	ID	9	2	
Other subscriber name	Postal Code	2330A	N4	03	R*	AN	9	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.

2.7 Service Lines

Level	Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Service Line #	Assigned #	Assigned #	2400	LX	01	R	N0	24,a1	6/3	
Professional Service Line	Professional Service	Service ID qualifier	2400	SV1	01-1	R	ID	24c	2	Outbound set to “HC”
Professional Service Line	Professional Service	Procedure Code	2400	SV1	01-2	R	AN	24d	48/11	
Professional Service Line	Professional Service	HCPCS Modifier 1	2400	SV1	01-3	S	AN	24d	2	
Professional Service Line	Professional Service	HCPCS Modifier 2	2400	SV1	01-4	S	AN	24d	2	
Professional Service Line	Professional Service	HCPCS Modifier 3	2400	SV1	01-5	S	AN	24d	2	
Professional Service Line	Professional Service	Line item charge amount	2400	SV1	02	R	R	24f	18/12	
Professional Service Line	Professional Service	Unit or basis for measurement code	2400	SV1	03	R	ID	24g	2	Outbound set to “UN”
Professional Service Line	Professional Service	Service unit count	2400	SV1	04	R	R	24g	15/4	
Professional Service Line	Professional Service	Place of service code	2400	SV1	05	S	AN	24b	2	

Level	Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Professional Service Line	Professional Service	Diagnosis code pointer	2400	SV1	07-1 through 07-4	R	N0	24e	2/1	
Professional Service Line	Professional Service	Emergency indicator	2400	SV1	09	S	ID	24I	1	
Durable Medical Equipment Service	DME Service	Procedure Code	2400	SV5	01-2	R*	AN	n/a	48/11	4010A1 standard
Service Line Date	Date or time or period	Service Date	2400	DTP	03	R	AN	24a	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 Professional 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)
- Payer ID (NM109)

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