Arkansas Medicaid Enterprise

MMIS Core System and Services

837I_Companion_Guide

837 Health Care Claim: Institutional

Companion Guide

X005010X223A2

Version 1.4

Change History

Version #	Date of release	Author	Description of change
1.0	MM/DD/YYYY	EDI Technical Team	Initial document
1.1	10/31/2017	EDI Technical Team	Added 2310F – Referring Provider Name
1.2	03/09/2018	EDI Technical Team	Added BHT Segment
1.3	01/31/2019	Bruce Dunn	Corrected the following: 1000B loop NM101 valid value 2010AA loop NM101 valid value 2010BA loop NM109 valid value 2310B loop NM101 valid value
1.4	05/16/19	Bruce Dunn	Added Loop 2320 – Other Subscriber Information for the Claim Filing Indicator (SBR09) field

Table of contents

List of tables

1 Introduction

1.1 Scope

This document is a companion guide to the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3), Health Care Claim: Institutional, ASC X12N 837 (005010X223A2). It is intended for vendors who design software or systems for submitting health care transactions electronically to Arkansas Medicaid. This document supplements, but does not supersede, requirements outlined in the ASC X12N TR3.

The Health Insurance Portability and Accountability Act (HIPAA) requires Arkansas Medicaid and other covered entities to comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services. The ASC X12N TR3s were established as the standards of compliance. This companion guide provides the supplemental requirements specific to Arkansas Medicaid, as permitted within the 837 transaction sets.

Arkansas Medicaid follows the TR3 for placement of the National Provider Identifier (NPI) for all transactions.

To develop and test a system for Arkansas Medicaid 837 transactions, follow both the 837 TR3 and this companion guide.

AR currently supports 837I version 005010X223A2.

1.2 Updates

Changes to this guide are published on the Arkansas Medicaid website: www.medicaid.state.ar.us.

1.3 Contact

See the Arkansas Medicaid website for contact information: www.medicaid.state.ar.us.

1.4 Links

- HIPAA Implementation Guides: www.wedi-pc.com
- Other Arkansas Medicaid companion guides: www.medicaid.state.ar.us

1.5 Conventions

Most of the companion guide is in table format (see example below). Only loops, elements, or segments with clarifications or comments are listed. For further information, please see the TR3 for each transaction.

Table 1: Conventions Sample

Loop ID – Loop Name	SEG	Element	Comments	Page
2310B – Operating Physician Name	REF	REF01	Value = 0B	334
		REF02	Length = 9	334

Table 2: Conventions Fields

Column Name	Description
Loop ID – Loop Name	Loop, header, or trailer.
SEG	Segment ID.
Element	Element ID. Always incorporates the segment ID.
Comments	Comments or clarifications for Arkansas Medicaid. Values, data length, and repeats are also listed here. Clarifications in field length only indicate what Arkansas Medicaid uses or returns to process the transaction. Arkansas Medicaid will still accept the minimum and maximum field lengths required by the Technical Report Type 3 (TR3) for each element.
Page	Page of the TR3 on which the loop, segment, or element is listed.

2 Special considerations

2.1 Batch size

For faster claims processing, we recommend batches (within one ST/SE) contain a maximum of 2,000 claims.

3 Transaction 837, Health Care Claim: Institutional

Table 3: 837I Conventions

Loop ID – Loop Name	SEG	Element	Comments	Page
ISA – Interchange Control Header				
ISA – Interchange Control Header	ISA	ISA01	Value = 00	C.4
		ISA03	Value = 00	C.4
		ISA05	Value = ZZ	C.4
		ISA06	Value = Trading Partner ID	C.4
		ISA07	Value = 30	C.5
		ISA08	Value = 716007869	C.5
		ISA15	Value = P in production, T in test	C.6
GS – Functional Group Header				
GS – Functional Group Header	GS	GS02	Value = Same as ISA06	C.7
		GS03	Value = Same as ISA08	C.7
BHT – Beginning of Hierarchal Transaction				
BHT – Beginning of Hierarchal Transaction	BHT	BHT06	Value = CH or RP CH = Chargeable (Fee for Service) RP = Reporting (Encounters)	68
1000A – Submitter Name				
1000A – Submitter Name	NM1	NM101	Value = 41	71
		NM109	Length = 8 Value = Trading Partner ID	72
1000B – Receiver Name				
1000B – Receiver Name	NM1	NM101	Value = 40	
		NM109	Value = 716007869	77
2010AA – Billing Provider Name			***Arkansas Medicaid only uses the 2010AA Billing Provider information. 2010AB Pay-To Provider information is not used.***	
2010AA – Billing Provider Name	NM	NM101	Value = 85	86
2010BA – Subscriber Name				
2010BA – Subscriber Name	NM1	NM109	Length = IL Value = Recipient's Medicaid ID Number	114
2000C – Patient Hierarchical Level				
2000C – Patient Hierarchical Level			Arkansas Medicaid does not use information in the Patient Loop.	131
2300 – Claim Information				
2300 – Claim Information	CLM	CLM01	Length = 20 per TR3	144
	NTE	NTE01	ADD	

Loop ID – Loop Name	SEG	Element	Comments	Page
		NTE02	3599 Incarcerated Indicator Note: This value is required when it indicates the beneficiary is incarcerated.	
	REF	REF02	REF01 = G1 Prior Authorization Number Length = 10	164
	REF	REF02	REF01 = F8 Original Reference Number (Payer Claim Control Number) Length = 13	166
	REF	REF02	REF01 = EA Medical Record Number Length = 50	173
2310A – Attending Physician Name				
2310A – Attending Physician Name	NM1		NM101 = 71	319
		NM108	Value = XX (National Provider Identifier)	321
		NM109	Length = 10	321
	REF	REF01	Value = 0B (State License Number)	324
		REF02	Length = 9 Enter the physician's license number. If the physician is non-participating (does not participate in the Arkansas Medicaid program), enter NP + license number.	325
2310B – Operating Physician Name				
2310B – Operating Physician Name	NM1	NM101	NM101 = 72	342
	REF	REF01	Value = LU (location number) or 0B (State license number) For Long Term Care Hospice claims, enter the nursing home facility's license number.	347
		REF02	Length = 9	348
2310F – Referring Provider Name				
2310F – Referring Provider Name	NM1	NM101	Value = DN	350
		NM102	Value = 1	350
		NM103	Length = 60 (Populate with Provider Last Name, or Organization Name)	350
		NM104	Length = 35 (Populate with Provider First Name, or Organization Name, truncate if necessary)	350

2320 – Other Subscriber Information				
2320 – Other Subscriber Information	SBR	SBR09	For “encounter” submitters (DMCOs and PASSEs) always populate with value ‘HM’ for the occurrence of this loop that contains what the encounter submitter paid. On additional occurrences of the loop, that contain what Medicare or other insurers paid, utilize the appropriate SBR09 value for that entity. For FFS claim submitters, all currently valid HIPAA values are accepted	356
2330B – Other Payer Name				
2330B – Other Payer Name	NM1	NM101	Value = PR	384
		NM109	If NM108 = PI, Length = 4	385