



# NYEIS

New York State Department of Health

Center for Community Health

Bureau of Early Intervention

## 837 Health Care Claim Professional Companion Guide

HIPAA V4010X098A1 837: Health Care Claim: Professional

Version: 1.4

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## 837 Professional Companion Guide

### Introduction

The attached 837 Professional Companion Guide provides the specifics for submitting provider Early Intervention service claims to the NY Early Intervention System (NYEIS).

The Companion Guide must be used in conjunction with "Washington Publishing Company's Combined 004010X098 & 004010X098A1 837 Health Care Claim: Professional". This document may be found at:

<http://www.wpc-edi.com/>

### General Information

- NYEIS will only accept one Interchange Control Header/Interchange Control Trailer (ISA/IEA) envelope.
- NYEIS will accept more than one Functional Group Header/Functional Group Trailer (GS/GE) envelope.
- A separate Transaction Set Header /Transaction Set Trailer (ST/SE) must be submitted for each Municipality.
- NYEIS recommends that no more than 5,000 claims be submitted within each ST/SE loop.
- Currently NYEIS is only supporting the 837 Professional transaction set.
- NYEIS is not currently supporting electronic adjustments or replacements to previously submitted claims.
- Transportation and respite services are not supported in the 837 Professional transaction set.
- Record time in 24-hour clock time as follows: HHMM, where HH=hours (00-23) and MM= minutes (00-59).

### Enrollment

To enroll for submitting your claims electronically, contact each municipality with which you are contracted to initiate a Trading Partner Agreement.

If you have questions, please call the Center for Community Health's Office of Information Technology and Project Management at 518-473-4261.

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Interchange Control Header (ISA)
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<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
ISA01	Author Info Qualifier	Must use "00".
ISA03	Security Info Qualifier	Must use "00".
ISA05	Interchange ID Qualifier	Must use "ZZ".
ISA06	Interchange Sender ID	Provider or Clearinghouse Electronic Transmitter Identification Number (ETIN), defined in Trading Partner Agreement.
ISA07	Interchange ID Qualifier	Must use "ZZ".
ISA08	Interchange Receiver ID	Must use "NYEIS".
ISA09	Interchange Date	Format: YYMMDD.
ISA10	Interchange Time	Format: HHMM.
ISA11	Interchange Control Standards Identifier	Must use "U".
ISA12	Interchange Control Version Number	Must use "00401".
ISA13	Interchange Control Number	Must be identical to IEA02.
ISA15	Usage Indicator	Use "T" for Test or "P" for Production.
ISA16	Component Element Separator	Use "~".



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Functional Group Header (GS)
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<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
GS01	Functional Identifier Code	Must use "HC".
GS02	Application Sender's Code	Provider or Clearinghouse (ETIN), defined in Trading Partner Agreement.
GS03	Application Receiver's Code	Must use "NYEIS".
GS04	Date	Format: CCYYMMDD.
GS05	Time	Format: HHMM.
GS06	Group Control Number	Must be identical to GE02.
GS08	Version/Release/Industry Identifier Code	Must use "004010X098A1".

Transaction Set Header (ST)
Create a separate ST-SE loop for each Municipality being submitted

<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
ST01	Transaction Set Identifier Code	Must use "837".



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Beginning of Hierarchical Transaction (BHT)
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<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
BHT03	Reference Identification	<p>Enter the invoice number for this ST-SE envelope. If Loop 2010AB is present, the invoice number must be unique from all previous invoice numbers submitted for the provider identified in Loop 2010AB including previous invoice numbers submitted using 837's, or entered directly into NYEIS or KIDS.</p> <p>If Loop 2010AB is NOT present, the invoice number must be unique from all previous invoice numbers submitted for the provider identified in Loop 2010AA including previous invoice numbers submitted using 837's, or entered directly into NYEIS or KIDS.</p>
BHT06	Transaction Type Code	NYEIS will only accept "CH".

Transmission Type Identification (REF)
--

<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
REF02	Reference Identification	When piloting the transaction set, this value is 004010X098DA1. In production use 004010X098A1.

Submitter Name (Loop 1000A)
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<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
NM109	Identification Code	Your Electronic Transmitter Identification Number (ETIN), established by Trading Partner agreement with NYEIS, must be entered here.
PER03	Communication Number Qualifier	Use "EM", "FX", or "TE".



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Receiver Name (Loop 1000B)
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<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
NM103	Name Last or Organization	Must use Municipality's name + "- Early Intervention"; see Appendix A.
NM109	Identification Code	The Municipality's County Code is entered here; see Appendix A.

Subscriber Hierarchical Level ( 2000B)
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<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
SBR01	Payer Responsibility Sequence Number Code	Must use "P".
SBR02	Individual Relationship Code	Must use "18".

Subscriber Name (Loop 2010BA)
For children with Medicaid Assistive Technology Device (ATD) claims, use Loop 2320.

<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
NM102	Entity Type Qualifier	Must use "1" for Person.
NM108	Name Last or Organization	Must use "MI".
NM109	Identification Code	Must use Child's NYEIS Reference Number.

Payer Name (Loop 2010BB)
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<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
NM108	Identification Code Qualifier	Must use "PI".
NM109	Identification Code	The Municipality's County Code is entered here; see Appendix A.



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Claim Information (Loop 2300)

<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
CLM01	Claim Submitter's Identifier	The claim number must be unique from all previous claim numbers submitted for the provider of record, including previous claim numbers submitted using 837's, or entered directly into NYEIS or KIDS.
CLM05-1	Facility Code Value	Must use one of the following values: 11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 31 Skilled Nursing Facility 99 Other Unlisted Facility
CLM05-3	Claim Frequency Type Code	Claim Frequency Type Code. Must use 1=Original or 8=Void. NYEIS is not currently supporting electronic adjustments or replacements to previously submitted claims.
CLM08	Yes/No Condition or Response Code (Assignment of benefits)	Must be "N".
CLM09	Release of Information Code	Must use "Y".
CLM10	Patient Signature Source Code (This is a required element)	Must use "B".
REF01	Reference Identifier Qualifier	Must use "G1".
REF02	Reference Identification	Must report NYEIS Service Authorization Number. Provider's system must be able to accept a maximum field width of up to 30.
NTE01	Note Reference Code	Must use "ADD".
NTE02	Description	For General Services report the visit type, the visit begin time and the visit end time. Visit types are: "CV1" = Regular Visit, "CV2" = Make-up Visit, "CV3" = Co-Visit. Format: <b>Visit Type-HHMM-HHMM</b> For Service Coordination, use Loop 2400 NTE02.
HI01 - 2	Industry Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.



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Rendering Provider Name (Loop 2310B)
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<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
NM102	Entity Type Qualifier	Must enter "1" – Person.
NM108	Identification Code Qualifier	If the rendering provider has a National Provider Identifier (NPI) then enter "XX". Otherwise enter "24" or "34".
NM109	Identification Code	The rendering provider identifier entered here will be checked against the rendering provider's identifier in NYEIS. If the identifier does not match, the claim will be denied with "This provider does not exist on NYEIS".

Service Facility Location (Loop 2310D)
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<p>Required when the place of service is different than reported in Billing Provider 2010AA or Pay-to Provider 2010AB. If the service was rendered in patient's home do not report this loop; report the place of service in CLM05-1.</p>
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<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
NM101	Identification Code Qualifier	Must use "77" or "FA".
NM103	Name Last or Organization Name	Required except when service was rendered in the patient's home.

Supervising Provider Name (Loop 2310E)
--

<p>Required when the rendering provider requires supervision by a licensed professional.</p>
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<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
NM108	Identification Code Qualifier	Enter "XX".
NM109	Identification Code	Enter National Provider Identifier (NPI) of the supervising licensed professional.



**Other Subscriber Information (Loop 2320)**

This loop is only required for reporting the results of Assistive Technology Device (ATD) claiming for children with commercial insurance and Medicaid or with Medicaid only. If the child has commercial insurance and Medicaid, report the results of the commercial insurance claiming in this loop. Report the results of the commercial insurance claiming even if the amount paid is zero. Report the results of the Medicaid claiming in this loop even if the amount paid is zero. Note: For children with Commercial Insurance and no Medicaid, do not report this loop.

<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
SBR01	Payer Responsibility Sequence Number Code	When the child has commercial insurance and Medicaid, report "P" in the commercial insurance loop and "S" in the Medicaid loop. When the child has Medicaid only, report "P" in the Medicaid loop.
SBR02	Individual Relationship Code	Report an appropriate code in the commercial insurance loop. Report "18" in the Medicaid loop.
CAS01	Claim Adjustment Group Code	NYEIS expects to receive "CO" only.
AMT02	Monetary Amount	Paid amount of zero is acceptable.
OI03	Yes/No Condition or Response Code	Must be "N".



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Service Line (Loop 2400)
The sum of all service lines for this claim must add up to the Monetary Amount in CLM02, Loop 2300

<u>Data Element</u>	<u>Data Element Name</u>	<u>Comments</u>
SV101-1	Product/Service ID Qualifier	Service ID Qualifier; enter "HC".
SV103	Unit or Basis for Measurement Code	Enter "UN" – Unit.
DTP01	Date/Time Qualifier	Use "472".
DTP02	Date time period format qualifier	Use "D8" CCYYMMDD.
DTP03	Date time period	Enter service date.
NTE01	Note Reference Code	Required only for Service Coordination claims. Must use "ADD".
NTE02	Description	For Service Coordination, record the begin time and end time for each encounter. Format is: <b>HHMM-HHMM</b> . Each encounter on the same day must be reported in separate 2400 service line loops. When an encounter is on a different day, then a new 2300 claim information loop must be reported.



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Appendix A

County Codes

Municipality	County Code
Albany	01
Allegany	02
Broome	03
Cattaraugus	04
Cayuga	05
Chautauqua	06
Chemung	07
Chenango	08
Clinton	09
Columbia	10
Cortland	11
Delaware	12
Dutchess	13
Erie	14
Essex	15
Franklin	16
Fulton	17
Genesee	18
Greene	19
Hamilton	20
Herkimer	21
Jefferson	22
Lewis	24
Livingston	25
Madison	26
Monroe	27
Montgomery	28
Nassau	29
Niagara	31
NY City	70
Oneida	32
Onondaga	33
Ontario	34
Orange	35
Orleans	36
Oswego	37
Otsego	38
Putnam	39
Rensselaer	41
Rockland	43
St. Lawrence	44



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Saratoga	45
Schenectady	46
Schoharie	47
Schuyler	48
Seneca	49
Steuben	50
Suffolk	51
Sullivan	52
Tioga	53
Tompkins	54
Ulster	55
Warren	56
Washington	57
Wayne	58
Westchester	59
Wyoming	60
Yates	61

