

List of Changes for Provider 837 Guides

This document contains a list of changes made to the EDI Implementation Documentation of the Health Partnership Program for Health Care Providers on: 7/1/2003

Changes made for July 1, 2003 publication:

Cover Page

- Updated version number from 1.4 to 2.0
- Added “835 Health Care Claim Payment/Advice” to the list of transaction sets
- Logo updated to match other BWC EDI Implementation Documentation

All Documentation

- Updated publication date to July 1, 2003
- Page numbers corrected so that each section is numbered correctly
- Footers modified to contain the description of the section for ease of navigation

Table of Contents

- Added a new section for the 835 Health Care Claim Payment/Advice
- Moved the 997 Functional Acknowledgment to its own section

I. General Information

A. EDI Documentation Overview

- Added 835 Health Care Claim Payment/Advice

C. List of Contacts

- Updated this information to direct the reader to Dolphin where this document can be found

D. EDI Production Processing

- Reworded the first sentence for clarity

II. X12 837 Health Care Claim – Institutional

- No change

III. X12 837 Health Care Claim – Professional

- No change

IV. X12 277 Health Care Claim Status Notification

- Moved to section V
- Section IV now contains the 835 Health Care Claim Payment/Advice

V. Appendices

- Moved to section VII
- Section V now contains the X12 277 Health Care Claim Status Notification

VI. X12 997 Functional Acknowledgment

- Moved from General Information to section VI

VII. Appendices

- Appendices were formerly in section V and are now in section VII

List of Changes for Provider 837 Guides

This document contains a list of changes made to the EDI Implementation Documentation of the Health Partnership Program for Health Care Providers on: 8/16/99, 5/1/99, 1/15/99, 11/10/98, 10/28/98, 7/14/98, 3/9/98, 2/25/98, 2/9/98.

Changes made for August 16, 1999 publication:

Cover Page

- Updated version number from 1.3 to 1.4

All Documentation

- Updated publication date to August 16, 1999

Table of Contents

- Removed Appendix B – MCO Contacts and Appendix C – Billing Intermediary Contacts from the EDI Implementation Documentation. These appendices are now contained in a separate document named “Contact Information.”

I. General Information

C. List of Contacts

- The MCO and Billing Intermediary Contacts have been removed from the Appendices of the EDI Implementation Documentation and are now a separate document named “Contact Information.” This section references this new document.

II. X12 837 Health Care Claim - Institutional

C. 837 Business Rules Matrix

- MCO Number: Modified Notes column to clarify the MCO number to be the BWC assigned 5-digit MCO number.

III. X12 837 Health Care Claim – Professional

C. 837 Business Rules Matrix

- Facility Type Code (HCFA Form Box 24B): This element is Mandatory and was previously documented incorrectly. The Notes column was modified to read: “Use HCFA standard Place of Service codes.” These are documentation only changes.
- Line Item Procedure Modifier 1 (HCFA Form Box 24D): Modified Notes column to refer to the BWC Provider Billing & Reimbursement Manual for valid modifier values.
- MCO Number: Modified Notes column to clarify the MCO number to be the BWC assigned 5-digit MCO number.

E. 837 Implementation Guide

- SV105 (2/370): Modified element note for Facility Type Code. The only valid values are HCFA Standard Place of Service codes. Effective immediately, the BWC proprietary values are not valid Place of Service codes.

IV. X12 277 Health Care Claim Status Notification

C. 277 Business Rules Matrix

- MCO Number: Modified Notes column to clarify the MCO number to be the BWC assigned 5-digit MCO number.

V. Appendices

B. Appendix B – MCO Contacts

- Removed from the EDI Implementation Guide. This document is now accessed through a separate link on the web.

C. Appendix C – Billing Intermediary Contacts

- Removed from the EDI Implementation Guide. This document has been combined with the MCO Contacts document and is now accessible through a separate link on the web.

List of Changes for Provider 837 Guides

This document contains a list of changes made to the EDI Implementation Documentation of the Health Partnership Program for Health Care Providers on: 5/1/99, 1/15/99, 11/10/98, 10/28/98, 7/14/98, 3/9/98, 2/25/98, 2/9/98.

Changes made for May 1, 1999 publication:

Cover Page

- Updated version number from 1.2 to 1.3

All Documentation

- Updated publication date to May 1, 1999

II. X12 837 Health Care Claim - Institutional

D. 837 Business Rules Matrix

- Added data elements: Service Facility Name, Address, City, State and Postal Zip Code

E. 837 Summary of Segments Used

- Added data elements:
 - Service Facility Name (NM1 2/250)
 - Service Facility Name greater than 35 characters (N2 2/260)
 - Service Facility Address (N3 2/265)
 - Service Facility City, State and Postal Zip Code (N4 2/270)

E. 837 Implementation Guide

- Addition of NM1 loop to be used for Service Facility Location. This loop should be used when the location is different than that carried on the Billing or Pay-To Provider NM1 loops.
 - Modified NM1 2/250
 - Modified N2 2/260
 - Added N3 2/265
 - Added N4 2/270

III. X12 837 Health Care Claim – Professional

D. 837 Business Rules Matrix

- Added data elements: Service Facility Name, Address, City, State and Postal Zip Code

D. 837 Summary of Segments Used

- Added data elements:
 - Service Facility Name (NM1 2/250)
 - Service Facility Name greater than 35 characters (N2 2/260)
 - Service Facility Address (N3 2/265)
 - Service Facility City, State and Postal Zip Code (N4 2/270)

F. 837 Implementation Guide

- Addition of NM1 loop to be used for Service Facility Location. This loop should be used when the location is different than that carried on the Billing or Pay-To Provider NM1 loops.
 - Modified NM1 2/250
 - Modified N2 2/260
 - Modified N3 2/265
 - Modified N4 2/270
- Corrected reference to the HCFA 1500 form location for “Line Item Diagnosis for DOS.” This data element is in Box 24E, not Box 21 as documented in the EDISIM EDI Implementation Documentation. This value is a pointer that relates back to the Diagnosis Codes found in Box 21. This is more clearly explained in the Notes column of the Business Rules Matrix.
 - Modified SV107

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V. Appendices

B. Appendix B – MCO Contacts

- Updated MCO Contact List

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X12 837 Health Care Claim - Professional changes on January 15, 1999.

C. 837 Professional Business Rules Matrix

- Added page six(6), which was inadvertently omitted in November 10, 1998 release

Appendix B changes on November 10, 1998

- Added MCO EDI Contact Information

General Information changes on October 28, 1998

- Modified version 3070 references to 4010 throughout this entire documentation
- Title page modified to read "Health Partnership Program for Managed Care Organizations and Health Care Providers"
- Title page modified to reflect the addition of 277 transaction set: Health Care Claim Status Notification
- Page numbers updated on Table of Contents, the 837 Professional section was mis-numbered.
837 Professional Summary of Segments changed from page 8 to page 7.
837 Professional Implementation Guide changed from page 9 to page 8.

A. EDI Documentation Overview

- Removed 837 Health Care Claim – Dental from the list of transaction sets contained within this documentation. Dental is currently not billed separately in this guide. This is a documentation correction only, no other changes pertaining to Dental bills were made.
- Added 277 Health Care Claim Status Notification to the list of transaction sets contained within this documentation.

E. Mandatory 997 Functional Acknowledgement Processing and X12 997 Guide

- The language on this page was very specific to 837 processing. This page was modified to reflect the addition of the 277 and 835 (*future use*) transaction sets which encompasses complete bill processing, not just submission of the bill.
- Added two (2) new references to the AK1 and AK2 segments within the 997 X12 transaction set for acknowledgement purposes:
HN Health Care Claim Status Notification (277)
HP Health Care Claim Payment/Advice (835) *for future use*

X12 837 Health Care Claim - Institutional changes on October 28, 1998.

D. 837 Summary of Segments Used

- Added shading to more clearly illustrate loop structures

E. 837 Implementation Guide

- Transaction set creation date (BHT04) changed from 6 bytes in version 3070 (format YYMMDD) to a century compliant 8 bytes in version 4010 (format CCYYMMDD.)
- CL103 (2/140); changed comment pertaining to element usage. This element is "Must Use" when processing an Inpatient bill and "Optional" when processing an Outpatient bill.
- HI (2/231); changed comment pertaining to element usage. This element is "Must Use" when processing an Inpatient bill and "Optional" when processing an Outpatient bill.

X12 837 Health Care Claim - Professional changes on October 28, 1998.

D. 837 Summary of Segments Used

- Added shading to more clearly illustrate looping structures

E. 837 Implementation Guide

- Transaction set creation date (BHT04) changed from 6 bytes in version 3070 (format YYMMDD) to a century compliant 8 bytes in version 4010 (format CCYYMMDD.)

X12 277 Health Care Claim Status Notification changes on October 28, 1998.

- Added transaction set to the EDI Implementation Documentation:

A. 277 Overview

B. 277 HL Structure

C. 277 Business Rules Matrix.

D. 277 Summary of Segments Used

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E. 277 Implementation Guide

List of Changes for Provider 837 Guides

This document contains a list of changes made to the 837 documents on 7/14/98, 3/9/98, 2/25/98 and 2/9/98.

837 Institutional X12 Guide Changes on July 14, 1998.

C. 837 Business Rules Matrix.

- Billing Intermediary Name - If longer than 35 bytes (the maximum size of the Organizational/Last Name field) then the additional bytes will be continued in the N2 segment, element N201.
- Pay-to Provider Name - If longer than 35 bytes (the maximum size of the Organizational/Last Name field) then the additional bytes will be continued in the N2 segment, element N201.
- Element #82 - Attending Provider Name & ID - BWC will send the NM1 segment for this information only when it is available. This change marks the NM1 segment as 'Optional,' instead of 'Must Use.' The Attending Provider Name is not parsed in to First, Middle, and Last Name as the guide suggests. Therefore, the entire Attending Provider Name is located in the Last Name (NM103) element as an Organizational Name. If the Attending Provider Name is longer than 35 bytes (the maximum size of the Last Name field) then the additional bytes will be continued in the N2 segment, element N201.
- Element #83 - Other Provider Name & ID - BWC will send the NM1 segment for this information only when it is available. This change marks the NM1 segment as 'Optional,' instead of 'Must Use.' The Other Provider Name is not parsed in to First, Middle, and Last Name as the guide suggests. Therefore, the entire Other Provider Name is located in the Last Name (NM103) element as an Organizational Name. If the Other Provider Name is longer than 35 bytes (the maximum size of the Last Name field) then the additional bytes will be continued in the N2 segment, element N201.

D. 837 Summary of Segments Used

- Added N2 segments at 2/020 for Billing and Pay-to Provider Names
- Added N2 segments at 2/260 for Attending and Other Physician Names

E. 837 Health Care Claim: Institutional

- BHT02 (1/010); removed qualifier code value '15'
- SBR (2/005); removed 'Must Use' from segment usage since it is only used at the Injured Worker HL level. The SBR is a 'Must Use' segment when HL03=22.
- N2 (2/020); added segment for names longer than 35 bytes (Billing Provider, Pay-To Provider)
- CL101 (2/140); removed values '4' and '7' from the list
- CL103 (2/140); changed element usage to 'Optional' since it is only mandatory on Inpatient bills
- HI02 (2/231); changed element usage to 'Optional' since it is only mandatory on Inpatient bills
- NM1 (2/250); changed segment usage to 'Optional'
- NM102 (2/250); added qualifier code value '2'
- NM103 (2/250); added note pertaining to usage of N2 segment
- N2 (2/260); added segment for names longer than 35 bytes (Attending Physician, Other Physician)

List of Changes for Provider 837 Guides

837 Professional X12 Guide Changes on July 14, 1998.

C. 837 Business Rules Matrix.

- Billing Intermediary Name - If longer than 35 bytes (the maximum size of the Organizational/Last Name field) then the additional bytes will be continued in the N2 segment, element N201.
- Pay-to Provider Name - If longer than 35 bytes (the maximum size of the Organizational/Last Name field) then the additional bytes will be continued in the N2 segment, element N201.
- Element #25 - Servicing Provider Name & ID - BWC will always send the NM1 segment for Servicing Provider. In the case that the Servicing Provider information is not available to BWC, then BWC will pass a default value of "NA" in these fields on the NM1 segment. The Servicing Provider Name is not parsed in to First, Middle, and Last Name as the guide suggests. Therefore, the entire Servicing Provider Name is located in the Last Name (NM103) element. If the Servicing Provider Name is longer than 35 bytes (the maximum size of the Last Name field) then the additional bytes will be continued in the N2 segment, element N201.

D. 837 Summary of Segments Used

- Added N2 segments at 2/020 for Billing and Pay-to Provider Names
- Added N2 segments at 2/260 for Servicing Provider Name

E. 837 Health Care Claim: Professional

- BHT02 (1/010); removed qualifier code value '18'
- SBR (2/005); removed 'Must Use' from segment usage since it is only used at the Injured Worker HL level. The SBR is a 'Must Use' segment when HL03=22.
- N2 (2/020); added segment for names longer than 35 bytes (Billing Provider, Pay-To Provider)
- NM102 (2/250); added qualifier code value '2'
- NM103 (2/250); added note pertaining to usage of N2 segment
- NM104 (2/250); changed element usage to 'Optional'
- N2 (2/260); added segment for names longer than 35 bytes (Servicing Provider)
- N3 (2/265); removed 'Must Use' from segment usage since it is only used at the Injured Worker HL level. The N3 is a 'Must Use' segment when HL03=22.
- N4 (2/270); removed 'Must Use' from segment usage since it is only used at the Injured Worker HL level. The N4 is a 'Must Use' segment when HL03=22.
- DTP (2/455); added qualifier code 'RD8'

List of Changes for Provider 837 Guides

HPP for Health Care Providers Changes on March 9, 1998.

- Added Cover Page and table of contents
- Added General Information Sections A-E.
- Added X12 997 guide.

837 Institutional X12 Guide Changes on March 9, 1998.

A. 837 Overview - Institutional

- Updated overview section

B 837 HL Structure.

- Changed Billing Provider to Billing Intermediary.

C. 837 Business Rules Matrix.

- Changed Billing Provider to Billing Intermediary.
- Changed all Billing Intermediary elements requirement to Expected.
- Elements #1; Changed all Pay to Provider, elements requirement to Mandatory.
- Element #7; Changed Days Covered to Mandatory.
- Elements #12; Changed Injured Worker's First and Last Names to Mandatory.
- Element #12; Changed Injured Worker's Middle and Name Suffix to Expected.
- Element #14; Changed Injured Worker's Date of Birth to Mandatory.
- Element #23; Changed Medical Record Number to Mandatory and updated notes.
- Element # 32-35; Updated Occurrence Codes Notes.
- Element #44; Updated Line Item Procedure Code Notes.
- Element #52; Changed Patient Release Indicator requirement to Mandatory.
- Element #60; Changed Injured Worker's SSN requirement to Expected.
- Element #67; Updated Principal Diagnosis Code Notes.
- Element 60-75; Changed Other Diagnosis requirement to Expected.
- Element #76; Changed Admit Diagnosis Code requirement to Expected.
- Element #80; Updated Principal Procedure Code Notes.

D. 837 Summary of Segments Used.

- Changed Billing Provider to Billing Intermediary.

E. 837 Health Care Claim: Professional

- Changed Billing Provider to Billing Intermediary.

837 Professional X12 Guide Changes on March 9, 1998.

A. 837 Overview - Professional

- Updated overview section

C. 837 Business Rules Matrix.

- Elements #02; Changed Injured Worker's First and Last Names to Mandatory.
- Element #02; Changed Injured Worker's Middle and Name Suffix to Expected.
- Element #03; Changed Injured Worker's Date of Birth to Mandatory.
- Element #11; Changed Injured Worker's SSN requirement to Expected.
- Element #12; Changed Patient Release Indicator requirement to Mandatory.
- Element #21; Changed Diagnosis or Nature of Illness or Injury requirement to Expected.
- Added Servicing Provider Name, Address, City State and Zip.
- Elements #33; Changed all Pay to Provider, elements requirement to Mandatory.
- Changed Billing Provider to Billing Intermediary.
- Changed all Billing Intermediary elements requirement to Expected.

List of Changes for Provider 837 Guides

D. 837 Summary of Segments Used.

- Changed Billing Provider to Billing Intermediary.
- N3 (2/265); Added segment for Servicing Provider Address.
- N4 (2/270); Added segment for Servicing Provider City, State and Zip.

E. 837 Health Care Claim: Professional

- Changed Billing Provider to Billing Intermediary.
- NM103, NM104, NM105, NM107 (2/250); Added elements for Servicing Provider Name
- N301 (2/265); Added segment for Servicing Provider Address
- N401, N402, and N403 (2/270); Added segment for Servicing Provider City, State and Zip.

837 Dental X12 Guide Changes on March 9, 1998.

Removed Dental requirements from the guide.

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837 Institutional X12 Guide Changes on February 25, 1998.

C. 837 Business Rules Matrix.

- Added MCO Name as an optional element
- Added MCO Number as an optional element

D. 837 Summary of Segments Used.

- NM1 (2/015); Added segment for optional MCO name and MCO number

E. 837 Health Care Claim: Institutional

- NM101, NM108, NM109 (2/015); Added elements for optional MCO name and MCO number

837 Professional X12 Guide Changes on February 25, 1998.

C. 837 Business Rules Matrix.

- Added MCO Name as an optional element
- Added MCO Number as an optional element

D. 837 Summary of Segments Used.

- NM1 (2/015); Added segment for optional MCO name and MCO number

E. 837 Health Care Claim: Professional

- NM101, NM108, NM109 (2/015); Added elements for optional MCO name and MCO number

837 Dental X12 Guide Changes on February 25, 1998.

837 Business Rules Matrix.

- Added MCO Name as an optional element
- Added MCO Number as an optional element

D. 837 Summary of Segments Used.

- NM1 (2/015); Added segment for optional MCO name and MCO number

E. 837 Health Care Claim: Dental

- NM101, NM108, NM109 (2/015); Added elements for optional MCO name and MCO number

FAQ Document Changes on February 25, 1998.

- Added items 20 & 21.

837 Institutional X12 Guide Changes on February 9, 1998.

A. 837 Overview

- Updated cover sheet with X12 version number 003070.
- Removed references to 835 and 277

C. 837 Business Rules Matrix.

- Elements 67, 76, and 80; Updated X12 location from a specific HI element to HIInn.
- Changed X12 location description for items marked #12 for Injured worker name to include NM102='1'.
- Changed X12 location description for item marked #14 for Injured worker date of birth to include DMG02='D8'.
- Changed X12 location description for Billing Provider Name.
- Changed X12 location description for item marked #1 for Pay-to Provider Name.
- Changed X12 location description for item marked #46 for Line item units of service to include SV204 values.

D. 837 Summary of Segments Used.

- REF (1/015); Updated transaction code comment to Institutional Claim Submission Type.
- NM1 (2/250); Added a second 'other physician' segment.

E. 837 Health Care Claim: Institutional

- REF02 (1/015); Updated note to Claim Submission Type
- PER04, PER06, PER08 (1/045); Updated notes to include e-mail address.
- HL03 (2/001); Updated note for code '20' to Billing/Pay-to Provider Level
- HL04 (2/001); Updated notes for codes '0' & '1' and updated element note.
- NM102(2/015); Updated note for value 2 to include '87'.
- NM109(2/015); Added Billing Provider to notes and to UB-92 notes. Changed Pay-to Provider note.
- DMG03(2/035); Added list of valid values.
- CLM05(2/130); Added UB-92 note to element
- CLM08(2/130); Updated note and updated notes for values 'N' and 'Y'.
- HI (2/231); Updated notes for the segment.
- HI01-C02201 (2/231); Updated list of qualifier codes to include all possible values. Added qualifier codes of 'BO' and 'BP' for CPT procedure codes. Updated UB-92 form locations to include all values.
- HI01-C02202 (2/231); Updated notes to include all possible types of data elements. Updated UB-92 form locations to include all values.
- HI01-C02203 (2/231); Updated notes for date qualifier 'D8'.
- HI01-C02204 (2/231); Updated notes for date and the date UB-92 notes.
- HI02 and HI03 (2/231); Moved these notes to HI01.
- SV207 (2/375); Removed notes and UB-92 notes from unused element.
- DTP03 (2/455); Removed the when clause, since there is only one qualifier value for DTP01 and DTP02.
- NM103, NM104, NM105, NM107 (2/015); Updated note to include NM102 values.
- N401, N402, N403 (2/030); Removed the 'must use' (>>) from these elements.
- DMG03 (2/032); Removed the 'must use' (>>) from this element.
- HI (2/231); Updated segment notes.
- QTY03 (2/240); Removed the 'must use' (>>) from this element.
- NM103, NM104 (2/250); Removed the 'must use' (>>) from these elements.

837 Professional X12 Guide Changes on February 9, 1998.

A. 837 Overview

- Updated cover sheet with X12 version number 003070.
- Removed references to 835 and 277

C. 837 Business Rules Matrix.

- Updated Matrix Header for Form Box to HCFA Form Box
- Changed X12 location description for items marked #02 for Injured worker name to include NM102='1'.
- Changed X12 location description for item marked #03 for Injured worker date of birth to include DMG02='D8'.
- Changed X12 location description for Billing Provider Name.
- Changed X12 location description for item marked #33 for Pay-to Provider Name.
- Changed X12 location description for item marked #24G for Line item units of service to include SV103 values.
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D. 837 Summary of Segments Used.

- REF (1/015); Updated note to Professional Claim Submission Type
- HI (2/231); Updated Diagnosis Code Comment.

E. 837 Health Care Claim: Professional

- BHT03 (1/010); Updated note.
- REF02 (1/015); Updated note to Claim Submission Type
- NM108(1/020); Changed value to 46, removed code 48.
- PER04, PER06, PER08 (1/045); Updated notes to include e-mail address.
- HL02 (2/001); Updated note to Billing/Pay-to Provider Level
- HL03 (2/001); Updated note for code '20' to Billing/Pay-to Provider Level
- HL04 (2/001); Updated note
- SBR02 (2/005); Updated note and updated note for value '18'.
- NM101(2/015); Updated note for element.
- CLM09 (2/130); Added list of valid values.
- LX01 (2/365); Updated note.
- NM103 (2/015); Update notes to include NM102 values.
- N401, N402, N403 (2/030); Removed the 'must use' (>>) from these elements.
- DMG03 (2/032); Removed the 'must use' (>>) from this element.
- NM101 (2/250); Added note to code value '82'.
- SV107 (2/370); Marked SV107 as 'must use' (>>).

837 Dental X12 Guide Changes on February 9, 1998.

A. 837 Overview

- Updated cover sheet with X12 version number 003070.
- Removed references to 835 and 277
- Replaced first paragraph.

C. 837 Business Rules Matrix

- Deleted Line item end date of service.
- Line # 28. Removed facility type code from CLM05 (2/130).
- Changed X12 location description for items marked #4 for Injured worker name to include NM102='1'.
- Changed X12 location description for item marked #6 for Injured worker date of birth to include DMG02='D8'.
- Changed X12 location description for Billing Provider Name.
- Changed X12 location description for item marked #21 for Pay-to Provider Name.

D. 837 Summary of Segments Used.

- REF (1/015); Updated transaction code comment to Dental Claim Submission Type.

E. 837 Health Care Claim: Dental

- REF02 (1/015); Updated note to Claim Submission Type
- PER04, PER06, PER08 (1/045); Updated notes to include e-mail address.
- HL03 (2/001); Updated note for code '20' to Billing/Pay-to Provider Level
- HL04 (2/001); Listed codes '0' & '1' and updated notes for each code.
- SBR02 (2/005); Updated note and updated note for value '18'.
- NM101(2/015); Updated note for element.
- CLM05 (2/130); Removed facility type code
- CLM08 (2/130); Updated notes for element and for values 'Y' and 'N'.
- LX01 (2/365); Updated note.
- NM103 (2/015); Update notes to include NM102 values.
- N401, N402, N403 (2/030); Removed the 'must use' (>>) from these elements.
- DMG03 (2/032); Removed the 'must use' (>>) from this element.
- NM101 (2/250); Added note to code value '82'.