COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

Enterprise Invoice Management/Enterprise Service Management

Companion Guide to HIPAA Compliant Electronic Data Interchange Transactions

v8

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REVISION HISTORY

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March 20, 2006	1.0	Initial Document Preparation	Cynthia Wagoner
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1 EOHHS Virtual Gateway Companion Documentation for Organizations Interfacing HIPAA Compliant Transactions to EIM/ESM

1.1 Overview

1.1.1 Purpose

This Companion Guide provides Commonwealth of Massachusetts Executive Office of Health and Human Services (EOHHS) Enterprise Invoice Management/Enterprise Service Management (EIM/ESM) trading partners with guidelines for submitting electronic batch transactions through the EOHHS Virtual Gateway. This Guide documents any assumptions, conventions, or data issues that may be specific to the EOHHS EIM/ESM business service when implementing the HIPAA ASC X12N 5010A1 Implementation Guides. As such, this Companion Guide is unique to EOHHS EIM/ESM.

This document does NOT replace the HIPAA ASC X12N Implementation Guides nor does it attempt to amend any of the rules therein or impose any mandates on any trading partners of EOHHS EIM/ESM. This document provides information on EOHHS EIM/ESM specific code handling and situation handling that is within the parameters of the HIPAA Administrative Simplification rules. Readers of this Companion Guide should be acquainted with the HIPAA Implementation Guides, their structure and content. Information contained within the HIPAA Implementation Guides (IGs) has not been repeated here although the IGs have been referenced when necessary.

This Companion Guide provides supplemental information to the Trading Partner Agreement (TPA) that exists between EOHHS EIM/ESM and its trading partners. Refer to the TPA for guidelines pertaining to EOHHS EIM/ESM legal conditions surrounding the implementation of the HIPAA Compliant EDI transactions and code sets being interfaced through the EOHHS Virtual Gateway. Refer to the Companion Guide for information on EOHHS EIM/ESM business rules or technical requirements regarding the implementation of HIPAA compliant Electronic Data Interchange (EDI) transactions and code sets.

Nothing contained in this Guide is intended to amend, revoke, contradict, or otherwise alter the terms and conditions of the Trading Partner Agreement. **If there is an inconsistency with the terms of this guide and the terms of the Trading Partner Agreement, the terms of the Trading Partner Agreement shall govern.**

Please note that this companion documentation is intended only as a supplement to and NOT a replacement for the approved HIPAA Implementation Guides and their respective addenda's as mandated under HIPAA. The implementation specifications for the Standards may be obtained from the Washington Publishing Company, PMB 161, 5284 Randolph Road, Rockville, MD, 20852-2116; telephone 301-949-9740; and FAX: 301-949- 9742. They are also available through the Washington Publishing Company on the Internet at http://www.wpc-edi.com.

1.1.2 Content

The EOHHS EIM/ESM Companion Guide to HIPAA Transactions contains an introductory section, and a section for each ASC X12N 5010A1 transaction supported by the EOHHS EIM/ESM service. Each of the transaction sections in this document contains one or more tables that explain EOHHS EIM/ESM data element value rules within the context of the HIPAA ASC X12N Implementation Guides. The tables reference the Loop, Segment, and Element designations and page numbers of the Implementation Guides so that users can easily access the relevant sections of the guides as needed.

1.1.3 Document Structure

The Companion Guide contains the following major components:

- Introductory section includes information relevant to the implementation of HIPAA regulations for EOHHS EIM/ESM processes generally and connectivity information for asynchronous, , HTTPS and Web Services data transmissions.
- Transaction Sections: Each transaction section provides sample scenarios that may be typical for most trading partners using that transaction. The scenarios present the same data set in

three different ways: unformatted transaction data, data string samples, and mapping tables that illustrate the data as it relates to the HIPAA IGs. The samples are modeled on those found in the HIPAA Implementation Guides (See Sections 4: EDI Transmission Examples for Different Uses) but are specific to EOHHS EIM/ESM business processes.

1.1.4 Term Usage

The Companion Guide's usage of ASC X12N Transaction terms complies with the description of terms as presented in Appendix A (ASC X12N Nomenclature) of each ASC X12N Implementation Guide for Transaction and Code Set rules. Definitions are also given in Section 3 (Transaction Set) of each ASC X12N Implementation Guide. Please refer to the HIPAA Implementation Guides for definitions of terms.

1.1.5 Transactions Available

The Companion Guide contains sections for each transaction currently in production for EOHHS EIM/ESM. The following transactions, and their accompanying EOHHS EIM/ESM Companion Guide section, are available:

- Section 7: 837 Professional Health Care Claim (005010X222A1)
- Section 8: 837 Institutional Health Care Claim (005010X223A2)
- Section 9: 835 Health Care Claim Payment Advice (005010X221A1)
- Section 10: 277 Health Care Payer Unsolicited Claim Status (005010X212)

1.1.6 Contact Information

Important Notice:
HIPAA regulations require all covered entities to ensure privacy and security in conducting business. Consequently, when calling Virtual Gateway Customer Support, be prepared to provide your Sender ID (ISA06) and Originator Application Transaction Identifier (aka Batch Number – BHT03) to expedite research in file transmissions so that our staff can assist you. The Sender ID is the Virtual Gateway User ID issued by the EOHHS Virtual Gateway to EIM/ESM users.

Requests for Service
Entities that wish to exchange electronic transmissions with EOHHS EIM/ESM must complete a Trading Partner Agreement and/or Electronic Connectivity Request form(s). (See Trading Partner Requirements for more details.) Copies of the EOHHS EIM/ESM Trading Partner Agreement and the Electronic Connectivity Request form are available online. For information regarding connectivity, or transmissions, or for copies of these documents, access the EDI Services pages on the EOHHS Virtual Gateway EIM/ESM website at
http://www.mass.gov/?pageID=eohhs2subtopic&L=5&L0=Home&L1=Provider&L2=Training+and+Education&L3=Virtual+Gateway&L4=Provider+Invoicing+and+Contracts+(EIM-ESM)&sid=Eeohhs2
Information is also available through Virtual Gateway Customer Support at 800-421-0938.

Companion Guide
The EOHHS EIM/ESM Companion Guide to HIPAA Transactions is freely available for downloading to all EOHHS EIM/ESM trading partners via the EOHHS Virtual Gateway EIM/ESM website at
http://www.mass.gov/?pageID=eohhs2subtopic&L=5&L0=Home&L1=Provider&L2=Training+and+Education&L3=Virtual+Gateway&L4=Provider+Invoicing+and+Contracts+(EIM-ESM)&sid=Eeohhs2 .
Each section of the guide is a separate Acrobat PDF file. The Introduction section is essential for all trading partners and should be reviewed prior to implementing any transactions. Subsequent sections that cover each of the ASC X12N Transactions should be downloaded or reviewed as needed. Appendices A and B to the Companion Guide, which include business edits for the 837 Health Care Claims transaction, and references to relevant HIPAA publications should also be downloaded as needed.

Because this document is subject to revision, notification of new releases will be posted at EOHHS Virtual Gateway EIM/ESM's Web site,
http://www.mass.gov/?pageID=eohhs2subtopic&L=5&L0=Home&L1=Provider&L2=Training+and+Education&L3=Virtual+Gateway&L4=Provider+Invoicing+and+Contracts+(EIM-ESM)&sid=Eeohhs2.

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Trading partners of EOHHS EIM/ESM are advised to access the Web site regularly for notification of updates to the guide. Upon downloading PDF files from the Web site, you will be asked to provide contact information if you want to be notified when a new version of the document is posted online. Trading partners are advised to complete this information, as it is the best way to ensure receipt of document change notification; however, providing contact information is not required to download any of the documents at the EOHHS Virtual Gateway EIM/ESM Web site.

2 Rules of Exchange

The Rules of Exchange section details the responsibilities of trading partners in submitting or receiving EDI transactions with EOHHS EIM/ESM.

2.1 Trading Partner Requirements

Health care providers, clearinghouses, or billing services wishing to send or receive electronic transmissions directly to EOHHS EIM/ESM must sign a EOHHS EIM/ESM **Trading Partner Agreement** and submit the original copy to the **Virtual Gateway Business Operations Deployment Unit**. The EOHHS EIM/ESM Trading Partner Agreement establishes the formal relationship between EOHHS EIM/ESM and the trading partner. Health care providers who submit their transmissions indirectly to EOHHS EIM/ESM, via a clearinghouse or service bureau, do not need to complete the Trading Partner Agreement; however, all health care providers must complete the appropriate Electronic Connectivity Request form/s for the transaction/s to be sent or received.

All trading partners and health care providers must submit an **Electronic Connectivity Request (ECR)** form, or forms, to the **EOHHS Virtual Gateway Business Operations Deployment Unit**. The ECR form identifies the type of transaction/s to be sent, the mode of connectivity to be used for transmission, and contact names/numbers. One ECR form must be completed for each provider organization/trading partner. If you are a health care provider that does not submit directly to EOHHS EIM/ESM, the ECR form identifies which clearinghouse is authorized to transmit for you. After trading partners submit the completed ECR form, the Virtual Gateway Business Operations Deployment Unit sends notification that approves the electronic transmission and provides a start of service date for testing of the EDI transaction. VG User IDs and information regarding access to the EIM/ESM EDI mailbox will also be provided at this time.

Copies of the Trading Partner Agreement and the different Electronic Connectivity Request (ECR) form are available online at the EOHHS Virtual Gateway EIM/ESM website http://www.mass.gov/?pageID=eohhs2subtopic&L=5&L0=Home&L1=Provider&L2=Training+and+Education&L3=Virtual+Gateway&L4=Provider+Invoicing+and+Contracts+(EIM-ESM)&sid=Eeohhs2 and instructions for completing the forms are also available.

2.2 Testing

Testing for transaction compliance and connectivity is required with each vendor or health care provider that directly sends/receives electronic transactions to/from EOHHS EIM/ESM.

Testing is performed for each type of ASC X12N transaction supported by EOHHS EIM/ESM. The Virtual Gateway Operations Deployment Unit provides trading partners with support and information throughout the testing process to ensure a smooth transition to production. After you have successfully tested, you will be notified by email. For more information about the EOHHS EIM/ESM implementation of testing for trading partners, see our testing information online at http://www.mass.gov/?pageID=eohhs2subtopic&L=5&L0=Home&L1=Provider&L2=Training+and+Education&L3=Virtual+Gateway&L4=Provider+Invoicing+and+Contracts+(EIM-ESM)&sid=Eeohhs2 or contact Virtual Gateway Customer Support at 800-421-0938.

2.2.1 Pre-Production Testing Requirements

EDI system vendors and submitters, including individual providers who have programmed their own systems, will be required to complete a testing phase before production status can be granted to ensure accurate format and claims data quality. Once the vendor or submitter is granted production

status, providers can be enrolled without additional testing. We do, however, allow and recommend all submitters to submit a test file to ensure format and syntax standards are maintained. We must be notified so that the submitter VG user identification number can be activated on the testing facility.

2.2.2 Test File Requirements

Test files should consist of a variety of at least 25 claims that represent the type of claims the vendor/submitter will be submitting once production status is achieved. Test claims will not be processed for payment but will be validated against production files for compliancy to the standards and EOHHS business. The files must contain valid patient, procedure, diagnosis, and provider information. Since test claims will not be processed for payment, claims previously submitted for payment or claims which have not yet been submitted may be used.

2.3 Frequency of Data Exchange

Response or 'turn-around' time for transactions can vary, depending upon the sender's hardware, the connectivity mode, and the transaction in question. This document provides guidelines for senders' expectations on turn-around time on transaction exchanges, but these guidelines are subject to the variances of connectivity modes and hardware.

Confirmations of transmissions, in the form of TA1 or 999 transactions, should be received within 24 hours of batch submissions. Senders of transmissions should check for confirmations within this time frame. See sections on the individual transactions for time ranges for transaction exchanges.

2.4 Transmission Confirmation

Transmission confirmation may be received through one of two possible transactions: the TA1 Interchange Acknowledgement or the 999 Implementation Acknowledgement. A TA1 Acknowledgement is used at the ISA level of the transmission envelope structure, to confirm a positive transmission or indicate an error at the ISA level of the transmission. The 999 Acknowledgement may be used to verify a successful transmission or to indicate various types of errors. The Error Reporting section (below) and the individual transaction sections contain additional information about acknowledgement and error messaging.

2.4.1 Retrieving Files (Accessing Your Mailbox)

All senders of electronic transmissions will be assigned an electronic 'mailbox' or 'bulletin board' on the EOHHS Virtual Gateway to submit and retrieve transactions and reports. For security reasons, detailed guidelines on accessing your mailbox are sent upon receipt of the completed ECR forms (see Requests for Service).

Trading partners are responsible for the timely retrieval and verification of file transmission reports and transaction responses. EOHHS EIM/ESM recommends that trading partners review the transmission confirmations the first business day after transactions have been submitted. If no confirmation of a transmission has been received, contact EOHHS Virtual Gateway Customer Support at 800-421-0938 to verify its receipt or to make an inquiry. Trading partners making inquiries should know their Sender ID (ISA06) and Originator Application Transaction Identifier (aka Batch Number – BHT03) to expedite research in file transmissions. The sender ID is the user's Virtual Gateway User ID.

2.4.2 Acknowledgements

Acknowledgements are performed at the ISA (Interchange Control) level, the GS (Functional Group) level, and the ST/SE (Transaction Set) level for each transaction. Trading partners receive a TA1 Interchange Acknowledgement for each ISA/IEA transmitted. A 999 Acknowledgement is used for all other control segments subordinate to the ISA envelope – namely the GS/GE Functional Group and

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ST/SE Transaction Set. Senders should expect to receive a confirmation of receipt by 8:30 AM the following morning.

EOHHS EIM/ESM expects to receive TA1 and 999 Acknowledgements for transactions sent to a trading partner: 835 and 277 Unsolicited. Trading partners that do not use the TA1 and 999 transactions should inform Virtual Gateway Customer Support of their process for acknowledgement and error handling.

2.4.3 Batch Matching

Senders of batch transmissions should note that transactions are unbundled during processing, and re-bundled so that the original bundle is not replicated. Trace numbers or patient account numbers should be used for batch matching or batch balancing. More detailed information is contained within each transaction section of the Companion Guide about matching batch transmissions with returns.

2.4.4 Batch File Acceptance

Batch files are accepted for processing upon verification of the sender's identification number. Batch transactions with invalid sender identifiers return a TA1 Interchange Acknowledgement that indicates the error (TA105 value of 006). If you have received this error on a batch transmission, validate that the Sender ID transmitted in the Interchange Sender Identifier (ISA06) is the same as your Virtual Gateway User ID before contacting EOHHS Virtual Gateway customer support at 800-421-0938.

2.5 Error Reporting

Error reporting occurs through a variety of transactions or reports, depending on the type of error being reported, in which transaction it occurs, and where the error occurs in the transmission. Editing for errors is broadly organized into two categories: X12N Implementation Guide edits and EOHHS EIM/ESM business value edits, which include proprietary Security Validation edits.

Implementation Guide (IG) errors are possible at all levels of the transmission – from the Interchange Control portion of the transmission to the detailed segments within the Transaction Set. Implementation Guide errors within the Interchange Control (ISA/IEA) are reported with a TA1 transaction. Implementation Guide errors within the Functional Group (GS/GE) or any portion of the Transaction Set (ST/SE) are reported with a 999 Transaction, although the 999 Transaction provides only a high-level description of the error.

The following table illustrates the responses received for various levels of error or denial handling.

Submitted Transaction	Transaction Structure Level of Error	Type of Error	Transaction or Report Returned
837-I, 837-P	ISA/IEA Interchange Control	HIPAA Implementation Guide Violations • Invalid Message or Information • Invalid Identifiers • Inactive Message • Improper Batch Structure	TA1 Acknowledgment
837-I, 837-P	GS/GE Segment ST/SE Segment Detail Segments	HIPAA Implementation Guide Violations	999 Acknowledgment
837 Institutional, 837Professional	Detail Segments	EOHHS EIM/ESM Business Edits (see respective 837 Data Element Tables for details)	277 Health Care Payer Unsolicited Claim Status

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2.5.1 TA1 Interchange Acknowledgement

The TA1 Interchange Acknowledgement provides senders a positive or negative confirmation of the transmission of the ISA /IEA Interchange Control. The TA1 responds to the ISA/IEA Interchange, except for cases where the Functional Group is too corrupted to allow the creation of a 999 response. A positive TA1 is followed by a 999 Acknowledgement, reporting on the Implementation Guide edits from the Functional Group level and below. The TA1 negative response indicates the rejection of the ISA, and by extension, the Functional Group (GS/GE) and Transaction Sets (ST/SE) below it. If a negative TA1 (TA104 = R) is received, the sender receives no 999 Acknowledgement. The TA105 provides a note code identifying why the transmission was rejected.

EOHHS EIM/ESM uses only two values for the Interchange Acknowledgement Code (TA104): "A" (the ISA/IEA accepted and have no errors) or "R" (the ISA/IEA was rejected for errors).

2.5.1.1 TA1 Interchange Acknowledgement Samples

Two samples are presented: one acceptance/confirmation, one rejection of the interchange control envelope. All TA1 Interchange Acknowledgement samples have been parsed into an 'unwrapped' format (line breaks entered after each tilde) for easy viewing.

2.5.1.1.1 Positive Confirmation of Interchange Control

This TA1 Interchange Acknowledgement illustrates the confirmation of an Interchange Control (ISA/IEA) Envelope. The TA1 returns a value of "A", indicating no errors in the Interchange Control Header or Footer. If X12N Implementation Guide errors are found below the Interchange Control portion of the transmission, a 999 Functional Acknowledgement is returned with those errors.

```
ISA*00*          *00*          *ZZ*123456789012345*ZZ*
123456789012345*070201*1253*U*00401*000000905*1*P*:~
TA1*000000100*030809*0823*A*000~
IEA*0*000000905~
```

2.5.1.1.2 Rejected Interchange Control

This TA1 Interchange Acknowledgement illustrates the rejection of the Interchange Control (ISA/IEA) Envelope.

```
ISA*00*          *00*          *ZZ*123456789012345*ZZ*
123456789012345*070201*1253*U*00401*000000906*1*P*:~
TA1*000000100*030809*0823*R*024~
IEA*0*000000906~
```

2.5.2 999 Implementation Acknowledgement

The 999 Functional Acknowledgement reports on all Implementation Guide edits from the Functional Group and Transaction Sets. Errors detected within the Functional Group (GS/GE) portion of the transmission may result in the rejection of the entire Functional Group. If the GS/GE is so corrupted that a 999 Functional Acknowledgement cannot be generated, a TA1 Interchange Acknowledgement is returned instead, with a TA1-05 value of 024.

If trading partners receive a 999 identifying Implementation Guide errors within a Transaction Set (the ST/SE), the Transaction Set containing those errors is rejected. Other Transaction Sets within the Functional Group that do not contain Implementation Guide errors are accepted.

EOHHS EIM/ESM uses only the following code values in AK5-01 and AK9-01:

- **"A"** – (Accepted - no error detected) all Transaction Sets (ST/SE) within the Functional Group have been accepted.
- **"R"** – (Rejected - errors detected) all Transaction Sets (ST/SE) within the Functional Group have been rejected.
- **"E**" – (Accepted, but errors were noted.) Some portion of a Transaction Set (AK5) or a Functional Group (AK9) contains errors that did NOT warrant rejection.
- **"P"** – (Partially Accepted) This value is used at the AK9 level only and is relevant to the acceptance or rejection of whole transaction sets. At least one Transaction Set (ST/SE) within the Functional Group has been accepted and one Transaction Set has been rejected.

Important Notice:
Implementation Guide violations cause the rejection of the Transaction Set containing the violation. Multiple Transaction Sets within a single transmission are evaluated independently and accepted or rejected based upon Implementation Guide violations.

For Implementation Guide violations, EOHHS EIM/ESM returns the TA1 or 999 Transaction ONLY. Trading partners who are unable to accept a 999 or TA1 Transaction are not provided with alternative Implementation Guide error reporting mechanisms.

2.5.2.1 999 Functional Acknowledgement Sample

What to look for in the 999
Locate every AK9 segment. These segments indicate whether or not the submitted Functional Group passed the HIPAA compliance check. If each AK9 segment appears as AK9*A, this means the entire Functional Group was accepted for processing. The transaction will process.
If any AK9 segment begins with AK9*R (Rejected), or AK9*P (Partially Accepted - At least one transaction set was rejected), you should review the IK5 segments for any and all IK5*R values. This segment displays which transaction set or sets have been rejected.

The sample presented has been broken out into an 'unwrapped' format, a line break placed after every tilde, for easy viewing.

2.5.2.1.1 Accepted and Rejected Transaction Set

This 999 Functional Acknowledgement illustrates the acceptance of the only Transaction Set within the Functional Group and Interchange Control Envelope.

```
ST*999*0001*005010X231~
AK1*HC*6454*005010X231~
AK2*837*0001~
IK5*A~
AK2*837*0002~
IK3*CLM*22**8~
CTX*CLM01:123456789~
IK4*2*782*1~
IK5*R*5~
AK9*P*2*2*1~
```

An explanation of each segment follows:

AK1: This segment refers to the (GS) group set level of the original file sent.
AK101 is equal to GS01 from the original file.
AK102 is equal to GS06 from the original file (Group Control Number).
AK103 is equal to GS08 from the original file (EDI Implementation Version).

AK2: This segment refers to the (ST) Transaction set level of the original file sent.
AK201 is equal to ST01 from the original file.
AK202 is equal to ST02 from the original file (Transaction Set Control Number).

AK203 is equal to ST03 from the original file (EDI Implementation Version).

IK3: This segment reports errors in a data segment.
IK301 contains the segment name that has the error. In the example above, the segment name is "CLM."
IK302 contains the numerical count position of this data segment from the start of the transaction set (a "line count"). The erroneous "CLM" segment in the example above is the 22nd segment line in the Transaction Set. Transaction Sets start with the "ST" segment. Therefore, the erroneous segment in the example is the 24th line from the beginning of the file because the first two segments in the file, ISA and GS, are not part of the transaction set.
IK303 may contain the loop ID where the error occurred.
IK304 contains the error code and it states the specific error. In the example above, the code "8" states "Segment Has Data Element Errors." (Full list of errors in Appendix)

CTX: This segment describes the Context/Business Unit. The CTX segment is used to identify the data that triggered the situational requirement in the IK3.

IK4: This segment reports errors in a data element.
IK401 contains the data element position in the segment that is in error. "2" in the example above represents the second data element in the segment.
IK402 contains the data element reference number as found in the appropriate implementation guide. "782" in the example above represents the CLM02 data element from the 837P.
IK403 contains the error code and states the specific error. "1" in the example above represents "Required Data Element Missing." (Full list of errors in Appendix)
IK404 may contain a copy of the bad data element.

IK5: This segment reports errors in a transaction set.
IK501 indicates whether the transaction set is:
A = Accepted
R = Rejected

AK9: This segment reports the functional group compliance status.
AK901 indicates whether the entire functional group is:
A = Accepted
P = Partially Accepted, at least one transaction set was rejected. The rejected transaction set within the functional group needs to be corrected and resubmitted.
R =Rejected, the functional group was rejected and was NOT forwarded for further processing. The file will need to be corrected and resubmitted.

2.6 Identifiers

2.6.1 Federal Tax Identifiers

Any Federal Tax Identifier (Employer ID) used in a transmission should omit dashes or hyphens. EOHHS EIM/ESM sends and receives only numeric values for all tax identifiers.

2.6.2 Sender Identifier

The Sender Identifier is presented at the Interchange Control (ISA06) of a transmission. EOHHS EIM/ESM expects to see the sender's Virtual Gateway User ID (ISA05, mutually defined qualifier ZZ) for this value. Contact Virtual Gateway Customer Support at 800-421-0938 for more information.

2.6.3 Information Receiver Identifier

The Information Receiver Identifier is used for the 277 Transaction to identify the entity that is receiving the information. For trading partners of EOHHS EIM/ESM, this is the Virtual Gateway User ID.

2.6.4 National Provider Identifiers (NPI)

The Center for Medical Services (CMS) has mandated the use of an NPI, to replace all proprietary identifiers, by May 23, 2007. EOHHS EIM/ESM accepts submission of the NPI.

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The NPI is used at the record level (ST/SE) of all HIPAA transactions. See the section of the Companion Guide related to a specific transaction to obtain detailed information about NPI placement and other requirements about submitting the NPI.

2.6.5 Subscriber Identifiers

Submitters should be careful to use the EIM/ESM Client ID as the member's identification number for DPH users. DDS & DMH users can use the Meditech Enrollment ID.

2.6.6 Claim Identifiers

EOHHS EIM/ESM issues a claim identification number upon receipt of any accepted claim. The ASC X12N Implementation Guides may refer to this number as the Internal Control Number (ICN), the Document Control Number (DCN), or the Claim Control Number (CCN). Individual transaction sections explain the usage of this number as it relates to the transaction. The Claim Identifier created by EOHHS EIM/ESM is returned to the sender via the 835 Health Care Claim Payment/Advice.

EOHHS EIM/ESM returns the submitter's Patient Account Number (2300, CLM01) on the 835 Claim Payment/Advice (2100, CLP01).

2.6.7 Claim Filing Indicator Code

The Claim Filing Indicator Code identifies the type of claim being filed. EOHHS EIM/ESM requires that the first instance of this code (2000B, SBR09) within the 2000B looping structure be a value of 13.

2.6.8 Service Line Identifiers

EOHHS EIM/ESM returns the submitter's Line Item Control Number (2400, REF02) on the 835 Claim Payment/Advice (2110, REF02).

2.6.9 Billing Provider Primary Identifier or Billing Provider Secondary Identifier

As mentioned in 2.6.4, NPI is required for typical health care providers. If NPI is submitted for Billing Provider Primary Identifier in NM109 of loop 2010AA, then DO NOT submit the Billing Provider Secondary Identifier in loop 2010BB. If the provider is atypical (taxi, ambulance) and there may be no NPI supplied to the provider, so the provider should only submit the Billing Provider Secondary Identifier in loop 2010BB. A provider should submit one or the other, but not both.

2.7 Data Formats

2.7.1 Delimiters

Delimiters are characters used to separate data elements within a data string. Delimiters used by EOHHS EIM/ESM are specified in the Interchange Header segment (the ISA level) of a transmission; these include the tilde (~) for segment separation, the asterisk (*) for element separation, the colon (:) for composite separation and the carat (^) for repetition separation.

Transmission Senders must identify the delimiters they are using in the ISA16 element of any transmission. EOHHS EIM/ESM accepts all delimiters within the Basic and Extended Character Sets, listed in Section A.1.2.3 of each Implementation Guide. In responding transactions, EOHHS EIM/ESM uses most characters from the Basic Character Set, but only the tilde from the Extended Character Set. The asterisk and the colon are from the Basic Character Set.

2.7.2 Dates (Format and Content)

The following statements apply to dates contained in any of the transactions:

- All dates should be formatted according to Year 2000 compliance, CCYYMMDD, except for ISA segments where the date format is YYMMDD.
- The only values acceptable for "CC" (century) are 18, 19, or 20.
- Dates that include hours should use the following format: CCYYMMDDHHMM.

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- Use military format, or numbers from 00 to 23, to indicate hours and 00 to 59 to indicate minutes. For example, an admission date of 200206262115 defines the date and time of June 26, 2002 at 9:15 p.m.
- No spaces or character delimiters should be used in presenting dates or times.
- Dates that are logically invalid (e.g., 20011301) are rejected.
- Dates must be valid within the context of the transaction. For example, a patient's birth date cannot be after a patient's service date.

2.7.3 Decimals

No decimals should be used in a diagnosis code.

All percentages should be presented in decimal format. For example, a 12.5% value should be presented as .125.

Dollar amounts should be presented with decimals to indicate portions of a dollar; however, no more than two positions should follow the decimal point. Dollar amounts containing more than two positions after the decimal point are rejected. For dollar amounts that end in zero, you should suppress the zero. Example: for a charge of $12.60, submit 12.6

2.7.4 Phone Numbers

Phone numbers should be presented as contiguous number strings, without dashes or parenthesis markers. Area codes should always be included.

3 Control Segments

The Control Segments section applies to all transactions as it includes the ISA and GS Segments, which are part of every transmission structure.

3.1 Interchange Control (ISA/IEA)

The Interchange Control (ISA/IEA) identifies both the sender and receiver's identifiers, the time of the file transfer, and the segment terminators/delimiters used by the sender. Any Implementation Guide errors found within the Interchange Control are reported via a TA1 Interchange Acknowledgement. Senders should note that if Implementation Guide errors are found at the ISA Interchange Control, the entire ISA/IEA Interchange and the Functional Group within it are rejected.

3.1.1 ISA/IEA Data Elements Table

1 / -	INTERCHANGE CONTROL HEADER						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
ISA01	Authorization Information Qualifier	1	-	R	R	C.3	00
ISA02	Authorization Information				R		
ISA03	Security Information Qualifier				R		00
ISA04	Security Information				R		
ISA05	Interchange ID Qualifier				R		ZZ
ISA06	Interchange Sender ID				R		Virtual Gateway ID
ISA07	Interchange ID Qualifier				R		ZZ
ISA08	Interchange Receiver ID				R		0005273
ISA09	Interchange Date				R		The date format is YYMMDD.
ISA10	Interchange Time				R		The time format is HHMM.
ISA11	Repetition Separator				R		^
ISA12	Interchange Control Version Number				R		00501
ISA13	Interchange Control Number				R		The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.

1 / -	INTERCHANGE CONTROL HEADER						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
ISA14	Acknowledgment Requested				R		0 - No Acknowledgment Requested 1 - Interchange Acknowledgment Requested
ISA15	Usage Indicator				R		P - Production Data, T - Test Data
ISA16	Component Element Separator				R		Preferred values are * : ~

1 / -	INTERCHANGE CONTROL TRAILER						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
IEA01	Number of Included Functional Groups	1	-	R	R	C.10	A count of the number of functional groups included in an interchange
IEA02	Interchange Control Number				R		A control number assigned by the interchange sender must be identical to the associated Interchange Header ISA13.

3.2 Functional Group (GS/GE)

The Functional Group (GS/GE) identifies the type of transaction being sent, identifiers for the sender and receiver of the transactions, as well as the sender's Group Control Number.

Implementation Guide errors found within the Functional Group are reported via a 999 Functional Acknowledgement Transaction. If Implementation Guide errors are found within the GS01, 02, 03, or 08 elements, the entire Functional Group is rejected with a TA1 Interchange Acknowledgement. Errors within the GS 04, 05, 06, or 07 receive a response within the 999 Functional Acknowledgement.

3.2.1 GS/GE Data Elements Table

1 / -	FUNCTIONAL GROUP HEADER						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
GS01	Functional Identifier Code	1	-	R	R	C.7	
GS02	Application Sender's Code				R		Virtual Gateway ID
GS03	Application Receiver's Code				R		0005273
GS04	Date				R		Date expressed as CCYYMMDD
GS05	Time				R		Use this time for the creation time. The recommended format is HHMM.
GS06	Group Control Number				R		The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.
GS07	Responsible Agency Code				R		X - Accredited Standards Committee X12
GS08	Version / Release / Industry Identifier Code				R		When Professional Pilot/Production file This value is 005010X222A1 When Institutional Pilot/Production file This value is 005010X223A2

1 / -	FUNCTIONAL GROUP TRAILER						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
GE01	Number of Transaction Sets Included	1	-	R	R	C.9	Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element
GE02	Group Control Number				R		Assigned number originated and maintained by the sender, must be identical to the associated Group Header GS06.

4 Connectivity Media for Batch Transactions

Trading partners wishing to exchange data electronically with EOHHS EIM/ESM must complete an Electronic Connectivity Request (ECR) form. One ECR must be completed for each Trading Partner. The ECR form identifies the transaction to be sent and mode of connectivity to be used for the transmission. ECR forms are available on the EOHHS Virtual Gateway EIM/ESM website http://www.mass.gov/?pageID=eohhs2subtopic&L=5&L0=Home&L1=Provider&L2=Training+and+Education&L3=Virtual+Gateway&L4=Provider+Invoicing+and+Contracts+(EIM-ESM)&sid=Eeohhs2 . For information regarding connectivity, ECR forms, or EDI transmissions, contact Virtual Gateway Customer Support at 800-421-0938.

4.1 Environment

EOHHS EIM/ESM uses electronic bulletin boards or 'mailboxes' to manage the sender's or trading partners file transmissions. Electronic mailboxes allow remote sites with the proper identification to access the EOHHS EIM/ESM network's capabilities in the user's mailbox. Trading partners are each assigned a secure electronic 'mailbox' for submission and retrieval of batch data files.

Important Notice: EOHHS EIM/ESM does NOT accept 9-track (round) tape, .ZIP files, floppy disc, or CD-ROM discs.

4.2 HTTPS: Web-Based File Transfer

Trading partners may submit files via https protocol. For this purpose authorized users will be able to leverage from an application available on the HHS portal. EOHHS EIM/ESM uses the Virtual Gateway File Transfer Service (FTS). Internet Explorer is the only browser supported for this solution. For additional information about getting started, contact Virtual Gateway Customer Support at 800-421-0938.

5 EOHHS EIM/ESM Departments/Programs/Activities

This information corresponds to the Payer Name NM1 Segment within Standards.

Department / Program / Activity	Activity Code	Sub Activity Code	Sub Activity Name
BSAS Acute Treatment Services	3395		
BSAS Ambulatory	3385		
		31000	BSAS Outpatient Counseling
		57000	BSAS Expanded

			Treatment Services
		29000	BSAS Day Treatment
		38000	BSAS Acupuncture Detox
		39000	BSAS Enhanced Day Treatment
		52000	BSAS Second Offender Aftercare Treatment Services
		37000	BSAS Compulsive Gambling
BSAS First Offender Drunk Driver Program	3315		
CMID	4931		
BSAS Secure Sec35	4921		
Transportation (DDS/HST)	3196		
Women's Health Comprehensive Care Coordination	4939		

6 Claims Processing

6.1 Batch Volume

While the HIPAA Implementation Guides allow up to 5000 claims per ST/SE Transaction Set of a transmission, EOHHS EIM/ESM strongly recommends limiting the number of claims per ST/SE Set to 1000.

6.2 Coordination of Benefits (COB) Processing

To ensure the proper processing of claims requiring coordination of benefits, EOHHS EIM/ESM recommends that providers validate the patient's Membership Identification Number and supplementary or primary carrier information for every claim.

Important Notice:
For processing claims requiring coordination of benefits file the primary coverage claim first and submit the secondary coverage claim **after** the primary coverage claim has been processed. Submitters can be assured that the primary coverage claim has been processed upon receipt of the Notice of Payment (NOP). **A secondary coverage claim that is submitted prior to the processing of its preceding primary coverage claim will be denied, based on the need for primary insurance information.**

6.3 Code Sets

Only standard procedure codes (HCPCS/CPT) and diagnosis codes valid at the time of the date(s) of service should be used. EOHHS EIM/ESM does not require the use of National Drug Codes (NDC).

Consistent with the specifications of the 837 Professional and Institutional Implementation Guides, EOHHS EIM/ESM advises that no decimal point be used for diagnosis codes. The decimal point is assumed.

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6.4 Corrected Claims

Corrected claims should be filed electronically, using either a value of 6, 7, or 8 in the 2300 Loop, CLM05:3. The values are from the National Uniform Billing Data Element Specifications, and reflect specifications made by the 837 Professional Claims - Addenda to Version 4010.

6.5 Data Retention of Claims

Data from claims are retained for a minimum of seven years. Data are available electronically for six months before archiving. After six months, inquiries should be restricted to telephone inquiries only to Virtual Gateway Customer Support.

6.6 Data Format/Content

EOHHS EIM/ESM accepts all compliant data elements on the 837Professional Claim. The following points outline consistent data format and content issues that should be followed for submission.

7 ASC X12N 837 – Professional Health Care Claim

The ASC X12N 837-Professional Health Care Claim transaction set is utilized by EOHHS for the acceptance of one or more professional claims from each approved vendor/medical billing provider for adjudication by the EIM/ESM system.

Considering the business of the EOHHS Departments utilizing the EIM/ESM service this transaction set has been implemented without the use of the Patient Loops/Segments. By which we mean, in each case, the "Subscriber" is the Client and by default the 'Patient"; therefore, we have excluded the use of the 2000C and 2010CA Loops and their respective segments since our business does not support dependent 'type' program coverage. Therefore, inclusion of the 2000C and 2010CA Loops and Segments will cause an error in our system and we will reject the claim utilizing the 277 Health Care Claim Status Notification (Unsolicited) Transaction Set as a means of notification of failure/rejection.

For EOHHS EIM/ESM the hierarchy of the looping structure is billing provider, subscriber, claim level, and claim service line level. In addition, as shown below in the EOHHS File Layout we are excluding the use of other Loops and Segments as our business does not utilize this information. However, if these 'non-utilized' Loops and Segments are submitted EOHHS EIM/ESM will only process the information for which it is intended and not defer adjudication because of the inclusion of additional standards data.

When uploading a file for submission we request that you name each file using the following standard: 837P_ProviderName_MMDDYYYY

7.1.1 EOHHS EIM/ESM TRANSACTION SET LAYOUT

TRANSACTION SET HEADER

- 1000A SUBMITTER NAME
- 1000B RECEIVER NAME
- 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL
  - 2010AA BILLING PROVIDER NAME
- 2000B SUBSCRIBER HIERARCHICAL LEVEL
  - 2010BA SUBSCRIBER NAME
  - 2010BB PAYER NAME
  - 2300 CLAIM INFORMATION
    - 2310B RENDERING PROVIDER NAME (please leave blank)
    - 2310D SERVICE FACILITY LOCATION
    - 2320 OTHER SUBSCRIBER INFORMATION

2330A OTHER SUBSCRIBER NAME

2330B OTHER PAYER NAME

2330C OTHER PAYER PATIENT INFORMATION

2400 SERVICE LINE

2420A RENDERING PROVIDER NAME (please leave blank)

2420C SERVICE FACILITY LOCATION

2430 LINE ADJUDICATION INFORMATION

TRANSACTION SET TRAILER

7.1.2 EOHHS EIM/ESM DATA ELEMENT TABLE

1 / -	TRANSACTION SET HEADER						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
ST01	Transaction Set Identifier Code	1	R	R	R	70	837 - Health Care Claim
ST02	Transaction Set Control Number				R	70	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set
ST03	Version, Release, or Industry Identifier				R	70	005010X222A1 - This field contains the same value as GS08.
BHT01	Hierarchical Structure Code	1		R	R	71	0019 - Information Source, Subscriber, Dependent
BHT02	Transaction Set Purpose Code				R	71	00 - Original 18 – Reissue
BHT03	Originator Application Transaction Identifier				R	72	Use this reference identifier to identify the inventory file number of the tape or transmission assigned by the submitter's system.
BHT04	Transaction Set Creation Date				R	72	Use this date to identify the date on which the submitter created the file. Date expressed as CCYYMMDD
BHT05	Transaction Set Creation Time				R	72	Use this time to identify the time of day that the submitter created the file. Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD
BHT06	Transaction Type Code				R	72	CH - Chargeable RP – Reporting

1 / 1000A	SUBMITTER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R	R	R	74	41 – Submitter
NM102	Entity Type Qualifier				R	75	1 - Person 2 - Non-Person Entity
NM103	Submitter Last or Organization Name				R	75	
NM104	Submitter First Name				S	75	Required when NM102 = 1
NM105	Submitter Middle Name				S	75	
NM108	Identification Code Qualifier				R	75	46
NM109	Submitter Identifier				R	75	Virtual Gateway User ID

1 / 1000B	RECEIVER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R	R	R	79	40 – Receiver
NM102	Entity Type Qualifier				R	79	2 - Non-Person Entity
NM103	Receiver Name				R	80	Commonwealth of Massachusetts
NM108	Identification Code Qualifier				R	80	46 - Virtual Gateway User ID
NM109	Receiver Primary Identifier				R	80	0005273

> 1 / 2000A	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
HL01	Hierarchical ID Number	1	R	R	R	81	HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.
HL03	Hierarchical Level Code				R	81	20 - Information Source
HL04	Hierarchical Child Code				R	82	1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.

1 / 2010AA	BILLING PROVIDER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R	R	R	88	85 - Billing Provider
NM102	Entity Type Qualifier				R	88	2 - Non-Person Entity
NM103	Billing Provider Last or Organizational Name				R	88	
NM104	Billing Provider First Name				S	88	
NM105	Billing Provider Middle Name				S	89	
NM107	Billing Provider Name Suffix				S	89	
NM108	Identification Code Qualifier				R	89	XX - Health Care Financing Administration National Provider Identifier
NM109	Billing Provider Identifier				R	89	EOHHS accepts the NPI as the Primary Identifier. NPI required when mandated.
N301	Billing Provider Address Line	1		R	R	91	
N302	Billing Provider Address Line				S	91	
N401	Billing Provider City Name	1		R	R	92	
N402	Billing Provider State or Province Code				S	93	
N403	Billing Provider Postal Zone or ZIP Code				S	93	
REF01	Reference Identification Qualifier	1		S/R	R	94	EI- Employer 's Identification Number
REF02	Billing Provider Tax Identification Number				R	94	The NPI value must be used in NM109 so this should be the Employer Identification Number

> 1 / 2000B	SUBSCRIBER HIERARCHICAL LEVEL						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE

> 1 / 2000B	SUBSCRIBER HIERARCHICAL LEVEL						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
HL01	Hierarchical ID Number	1	R	R	R	114	2 - HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set.
HL02	Hierarchical Parent ID Number				R	115	1 - Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to
HL03	Hierarchical Level Code				R	115	22 – Subscriber
HL04	Hierarchical Child Code				R	115	0 - Code indicating if there are hierarchical child data segments subordinate to the level being described. Currently for the Commonwealth of Massachusetts Departments utilizing EIM/ESM, this value should always be 0.
SBR01	Payer Responsibility Sequence Number Code	1	R	R	R	116	P - Primary S - Secondary T – Tertiary A – Payer Responsibility Four Letter codes continue to H for Payer Responsibility Eleven
SBR02	Individual Relationship Code				S	117	18 – Self
SBR03	Insured Group or Policy Number				S	117	If the Subscriber is insured then send us the policy number or insured group otherwise send us blank value.
SBR09	Claim Filing Indicator Code				S	118	13 - Point of Service (POS). All Commonwealth Programs utilizing the EIM/ESM system and HIPAA Standards will be considered a POS Organization. Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment.
PAT05	Date Time Period Format Qualifier	1		S	S	119	D8 - Date Expressed in Format CCYYMMDD
PAT06	Insured Individual Death Date				S	120	Required if patient is known to be deceased and the date of death is available to the provider billing system.
PAT07	Unit or Basis for Measurement Code				S	120	
PAT08	Patient Weight				S	120	
PAT09	Pregnancy Indicator				S	120	Required when mandated by law. The determination of pregnancy should be completed in compliance with applicable law. The "Y" code indicates that the patient is pregnant. If PAT09 is not used it means the patient is not pregnant.

1 / 2010BA	SUBSCRIBER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R/R	R	R	121	IL - Insured or Subscriber

1 / 2010BA	SUBSCRIBER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM102	Entity Type Qualifier				R	122	1 - Person
NM103	Subscriber Last Name				R	122	
NM104	Subscriber First Name				S	122	
NM105	Subscriber Middle Name				S	122	
NM107	Subscriber Name Suffix				S	122	
NM108	Identification Code Qualifier				R	122	MI - Member Identification Number
NM109	Subscriber Primary Identifier				R	123	EIM/ESM Client Identifier (DPH) or Meditech Enrollment Identifier (DDS or DMH)
N301	Subscriber Address Line	1		S	R	124	
N302	Subscriber Address Line				S	124	
N401	Subscriber City Name	1		R	R	125	
N402	Subscriber State Code				R	125	
N403	Subscriber Postal Zone or ZIP Code				R	126	
DMG01	Date Time Period Format Qualifier	1		S	R	127	D8
DMG02	Subscriber Birth Date				R	127	Date Expressed in Format CCYYMMDD
DMG03	Subscriber Gender Code				R	128	F - Female M - Male U – Unknown

1 / 2010BB	PAYER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code				R	133	PR – Payer
NM102	Entity Type Qualifier				R	134	2 - Non-Person Entity
NM103	Payer Name	1	R/R	R	R	134	Please refer to the list of Commonwealth of Massachusetts EIM/ESM Departments/Programs/Activities in Section 5 of the Companion Document.
NM108	Identification Code Qualifier				R	134	PI - Payer Identification
NM109	Payer Identifier				R	134	Please refer to the list of Commonwealth of Massachusetts EIM/ESM Departments/Programs/Activities in Section 5 of the Companion Document.
REF01	Reference Identification Qualifier	1		S	R	140	LU - Location Number
REF02	Billing Provider Secondary Identifier				R	141	Vendor Customer Code (VCCID) – only used for atypical providers.

100 / 2300	CLAIM INFORMATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
CLM01	Patient Control Number	1	R/R	R	R	158	
CLM02	Total Claim Charge Amount				R	159	
CLM05-1	Facility Code Value				R	159	Applies to all service lines unless it is over written at the line level.
CLM05-2	Facility Code Qualifier				R	159	B - Place of Service Codes for Professional or Dental Services
CLM05-3	Claim Frequency Code				R	159	Applies to all service lines unless it is over written at the line level.

100 / 2300	CLAIM INFORMATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
CLM06	Provider or Supplier Signature Indicator				R	159	
CLM07	Medicare Assignment Code				R	160	
CLM08	Benefits Assignment Certification Indicator				R	160	
CLM09	Release of Information Code				R	160	
CLM10	Patient Signature Source Code				S	160	
CLM20	Delay Reason Code				S	163	
PWK01	Attachment Report Type Code				R	183	
PWK02	Attachment Transmission Code	10		S	R	184	AA - Available on Request at Provider Site BM - By Mail FX - By Fax
PWK05	Identification Code Qualifier				S	185	AC – Attachment Control Number
PWK06	Attachment Control Number				S	185	
CN101	Contract Type Code				R	186	09 - Other
CN104	Contract Code	1		R	R	187	Required, only one Contract per Claim. Claims with Multiple contracts will be rejected and not processed. Applies to all service lines unless it is over written at the line level.
AMT01	Amount Qualifier Code				R	188	F5 - Patient Amount Paid
AMT02	Patient Amount Paid	1		S	R	188	Required if Patient has rendered Payment for the services billed or reported in this claim. This field is also used to send the co-pay amount
REF01	Reference Identification Qualifier				R	192	EW
REF02	Mammography Certification Number	1		S	R	192	Applies to all service lines unless it is over written at the line level.
REF01	Reference Identification Qualifier				R	193	9F
REF02	Referral Number	1		S	R	193	Applies to all service lines unless it is over written at the line level.
REF01	Reference Identification Qualifier				R	194	G1
REF02	Prior Authorization	1		S	R	195	Applies to all service lines unless it is over written at the line level.
REF01	Reference Identification Qualifier				R	196	F8
REF02	Claim Original Reference Number	1		S	R	196	Required when CLM05-3 (Claim Submission Reason Code) = “6", ”7", or “8" and the payer has assigned a payer number to the claim. The resubmission number is assigned to a previously submitted claim/encounter by the destination payer or receiver.
REF01	Reference Identification Qualifier				R	197	X4
REF02	Clinical Laboratory Improvement Amendment Number	1		S	R	198	Applies to all service lines unless it is over written at the line level.
REF01	Reference Identification Qualifier	1		S	R	204	EA
REF02	Medical Record Number				R	204	
NTE01	Note Reference Code	1		S	R	209	ADD - Additional Information CER - Certification Narrative DCP - Goals, Rehabilitation Potential, or Discharge Plans DGN - Diagnosis Description TPO - Third Party Organization Notes
NTE02	Claim Note Text				R	210	
HI01-1	Diagnosis Type Code	1		S	R/R	226	
HI01-2	Diagnosis Code				R/R	227	
HI02-1	Diagnosis Type Code				S/R	228	

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100 / 2300	CLAIM INFORMATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
HI02-2	Diagnosis Code				S/R	228	
HI03-1	Diagnosis Type Code				S/R	229	
HI03-2	Diagnosis Code				S/R	229	
HI04-1	Diagnosis Type Code				S/R	230	
HI04-2	Diagnosis Code				S/R	230	
HI05-1	Diagnosis Type Code				S/R	231	
HI05-2	Diagnosis Code				S/R	231	
HI06-1	Diagnosis Type Code				S/R	232	
HI06-2	Diagnosis Code				S/R	232	
HI07-1	Diagnosis Type Code				S/R	233	
HI07-2	Diagnosis Code				S/R	233	
HI08-1	Diagnosis Type Code				S/R	234	
HI08-2	Diagnosis Code				S/R	234	
HI09-1	Diagnosis Type Code				S/R	235	
HI09-1	Diagnosis Code				S/R	235	
HI10-1	Diagnosis Type Code				S/R	236	
HI10-2	Diagnosis Code				S/R	236	
HI11-1	Diagnosis Type Code				S/R	237	
HI11-2	Diagnosis Code				S/R	237	
HI12-1	Diagnosis Type Code				S/R	238	
HI12-2	Diagnosis Code				S/R	238	

1) We request that you do not populate (leave blank or suppress by submitting for example a specific taxonomy code) any information in the "rendering provider" loop segments (2310B and 2420A).
2) We request that you populate the "Service Facility Location" loops (2310D and 2420C) with information corresponding to where the service was actually delivered. As of HIPAA 5010, NPI is required for the Laboratory or Facility Primary Identifier.

1 / 2310B	RENDERING PROVIDER NAME (Please leave blank)						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code				R	263	
NM102	Entity Type Qualifier				R	263	
NM103	Rendering Provider Last or Organization Name				R	263	
NM104	Rendering Provider First Name	1		S	S	263	
NM105	Rendering Provider Middle Name		R/R/S		S	263	
NM107	Rendering Provider Name Suffix				S	263	
NM108	Identification Code Qualifier				R	264	
NM109	Rendering Provider Identifier				R	264	
REF01	Reference Identification Qualifier				R	267	
REF02	Rendering Provider Secondary Identifier	4		S	R	268	

1 / 2310D	SERVICE FACILITY LOCATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R/S/S	S	R	270	Only use if services noted within this claim are rendered at a location other than the billing provider. Service Facility Location Applies to all service lines unless it is over written at the line level.

1 / 2310D	SERVICE FACILITY LOCATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM102	Entity Type Qualifier				R	270	
NM103	Laboratory or Facility Name				R	270	
NM108	Identification Code Qualifier				R	270	XX - Health Care Financing Administration National Provider Identifier (Use When Mandated)
NM109	Laboratory or Facility Primary Identifier				R	271	If each of your service delivery locations has an assigned NPI, we recommend you use the NPI as the primary identifier for that service delivery location, field NM109. Additionally the qualifier field NM108 should contain the "XX" value to notify that a NPI value is being submitted
N301	Laboratory or Facility Address Line	1		R	R	272	
N302	Laboratory or Facility Address Line				S	272	
N401	Laboratory or Facility City Name	1		R	R	273	
N402	Laboratory or Facility State or Province Code				R	274	
N403	Laboratory or Facility Postal Zone or ZIP Code				R	274	
REF01	Reference Identification Qualifier	3		S	R	275	LU - Location Number
REF02	Laboratory or Facility Secondary Identifier				R	276	Vendor Customer Code (VCCID)

10 / 2320	OTHER SUBSCRIBER INFORMATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
SBR01	Payer Responsibility Sequence Number Code	1	R/R/S	S	R	296	Only use the 2320 Loop if COB information accompanies this claim.
SBR02	Individual Relationship Code				R	296	
SBR03	Insured Group or Policy Number				S	297	
SBR04	Other Insured Group Name				S	297	
SBR05	Insurance Type Code				R	297	
SBR09	Claim Filing Indicator Code				S	298	
CAS01	Claim Adjustment Group Code	5		S	R	301	
CAS02	Adjustment Reason Code				R	301	
CAS03	Adjustment Amount				R	301	
CAS04	Adjustment Quantity				S	301	
CAS05	Adjustment Reason Code				S	301	
CAS06	Adjustment Amount				S	301	
CAS07	Adjustment Quantity				S	302	
CAS08	Adjustment Reason Code				S	302	
CAS09	Adjustment Amount				S	302	
CAS10	Adjustment Quantity				S	302	
CAS11	Adjustment Reason Code				S	302	
CAS12	Adjustment Amount				S	303	
CAS13	Adjustment Quantity				S	303	
CAS14	Adjustment Reason Code				S	303	
CAS15	Adjustment Amount				S	303	
CAS16	Adjustment Quantity				S	303	
CAS17	Adjustment Reason Code				S	304	
CAS18	Adjustment Amount				S	304	
CAS19	Adjustment Quantity				S	304	
AMT01	Amount Qualifier Code	1		S	R	305	
AMT02	Payer Paid Amount				R	305	
AMT01	Amount Qualifier Code	1		S	R	306	
AMT02	Total Non-Covered Amount				R	306	

10 / 2320	OTHER SUBSCRIBER INFORMATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
AMT01	Amount Qualifier Code	1		S	R	307	
AMT02	Remaining Patient Liability				R	307	
OI03	Benefits Assignment Certification Indicator	1		R	R	308	
OI04	Patient Signature Source Code				S	309	
OI06	Release of Information Code				R	309	
MOA01	Reimbursement Rate	1		S	S	310	
MOA02	HCPCS Payable Amount				S	311	
MOA03	Remark Code				S	311	
MOA04	Remark Code				S	311	
MOA05	Remark Code				S	311	
MOA06	Remark Code				S	311	
MOA07	Remark Code				S	311	
MOA08	End Stage Renal Disease Payment Amount				S	312	
MOA09	Non-Payable Professional Component Billed Amount				S	312	

1 / 2330A	OTHER SUBSCRIBER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R/R/S/S	R	R	314	Only use the 2330A Loop if COB information accompanies this claim.
NM102	Entity Type Qualifier				R	314	
NM103	Other Insured Last Name				R	314	
NM104	Other Insured First Name				S	314	
NM105	Other Insured Middle Name				S	314	
NM107	Other Insured Name Suffix				S	314	
NM108	Identification Code Qualifier				R	315	
NM109	Other Insured Identifier				R	315	

1 / 2330B	OTHER PAYER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R/R/S/S	R	R	320	Only use the 2330B Loop if COB information accompanies this claim.
NM102	Entity Type Qualifier				R	320	
NM103	Other Payer Last or Organization Name				R	321	
NM108	Identification Code Qualifier				R	321	
NM109	Other Payer Primary Identifier				R	321	
DTP01	Date Time Qualifier	1		S	R	325	
DTP02	Date Time Period Format Qualifier				R	325	
DTP03	Adjudication or Payment Date				R	325	
REF01	Reference Identification Qualifier	2		S	R	326	
REF02	Other Payer Secondary Identifier				R	327	

50 / 2400	SERVICE LINE						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
LX01	Assigned Number	1	R/R/R	R	R	350	
SV101-1	Product or Service ID Qualifier	1		R	R/R	352	HC

50 / 2400	SERVICE LINE						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
SV101-2	Procedure Code				R/R	353	
SV101-3	Procedure Modifier				R/S	353	
SV101-4	Procedure Modifier				R/S	353	
SV101-5	Procedure Modifier				R/S	353	
SV101-6	Procedure Modifier				R/S	354	
SV101-7	Description				R/S	354	
SV102	Line Item Charge Amount				R	354	
SV103	Unit or Basis for Measurement Code				R	355	UN – Unit
SV104	Quantity				R	355	
SV105	Facility Code Value				S	355	
SV107-1	Diagnosis Code Pointer				S/R	356	
SV107-2	Diagnosis Code Pointer				S/S	356	
SV107-3	Diagnosis Code Pointer				S/S	356	
SV107-4	Diagnosis Code Pointer				S/S	356	
DTP01	Date Time Qualifier				R	380	472
DTP02	Date Time Period Format Qualifier	1		R	R	380	D8
DTP03	Service Date				R	381	
CN101	Contract Type Code				R	395	09 – Other
CN104	Contract Code	1		S	R	396	Required if the information is different than that carried in the 2300 (claim) loop. REMINDER: Claims with Multiple contracts will be rejected and not processed. Only one Contract per Claim.
REF01	Reference Identification Qualifier				R	399	G1
REF02	Prior Authorization	5		S	R	399	Required if the information is different than that carried in the 2300 (claim) loop.
REF01	Reference Identification Qualifier	1		S	R	401	6R
REF02	Line Item Control Number				R	402	
REF01	Reference Identification Qualifier				R	403	EW
REF02	Mammography Certification Number	1		S	R	403	Required if the information is different than that carried in the 2300 (claim) loop.
REF01	Reference Identification Qualifier				R	404	X4
REF02	Clinical Laboratory Improvement Amendment Number	1		S	R	404	Required if the information is different than that carried in the 2300 (claim) loop.
REF01	Reference Identification Qualifier	1		S	R	407	9F
REF02	Referral Number				R	407	
NTE01	Note Reference Code	1		S	R	413	ADD - Additional Information DCP - Goals, Rehabilitation Potential, or Discharge Plans TPO – Third Party Organization
NTE02	Line Note Text				R	413	

1) We request that you do not populate (leave blank or suppress by submitting for example a specific taxonomy code) any information in the "rendering provider" loop segments (2310B and 2420A).
2) We request that you populate the "Service Facility Location" loops (2310D and 2420C) with information corresponding to where the service was actually delivered. As of HIPAA 5010, NPI is required for the Laboratory or Facility Primary Identifier.

1 / 2420A	RENDERING PROVIDER NAME (Please leave blank)						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R/R/R/S	S	R	431	

1 / 2420A	RENDERING PROVIDER NAME (Please leave blank)						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM102	Entity Type Qualifier				R	431	
NM103	Rendering Provider Last or Organization Name				R	431	
NM104	Rendering Provider First Name				S	431	
NM105	Rendering Provider Middle Name				S	431	
NM107	Rendering Provider Name Suffix				S	431	
NM108	Identification Code Qualifier				R	432	
NM109	Rendering Provider Identifier				R	432	
REF01	Reference Identification Qualifier	20		S	R	434	
REF02	Rendering Provider Secondary Identifier				R	435	

1 / 2420C	SERVICE FACILITY LOCATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R/R/R/S	S	R	442	Only use if services noted within this claim are rendered at a location other than the billing provider or rendering provider location. Service Facility Location Applies to all service lines unless it is over written at the line level.
NM102	Entity Type Qualifier				R	442	
NM103	Laboratory or Facility Name				R	442	
NM108	Identification Code Qualifier				R	442	XX - Health Care Financing Administration National Provider Identifier (Use When Mandated)
NM109	Laboratory or Facility Primary Identifier				R	442	If each of your service delivery locations has an assigned NPI, we recommend you use the NPI as the primary identifier for that service delivery location, field NM109. Additionally the qualifier field NM108 should contain the "XX" value to notify that a NPI value is being submitted
N301	Laboratory or Facility Address Line	1		R	R	444	
N302	Laboratory or Facility Address Line				S	444	
N401	Laboratory or Facility City Name	1		R	R	445	
N402	Laboratory or Facility State or Province Code				R	446	
N403	Laboratory or Facility Postal Zone or ZIP Code				R	446	
REF01	Reference Identification Qualifier	5		S	R	447	LU - Location Number
REF02	Service Facility Location Secondary Identifier				R	448	Vendor Customer Code (VCCID)

25 / 2430	LINE ADJUDICATION INFORMATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
SVD01	Other Payer Primary Identifier	1	R/R/R/S	S	R	480	Only use the 2430 Loop if COB information accompanies this service line.
SVD02	Service Line Paid Amount				R	481	
SVD03-1	Product or Service ID Qualifier				R/R	481	HC
SVD03-2	Procedure Code, National Drug Code				R/R	482	

25 / 2430	LINE ADJUDICATION INFORMATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
SVD03-3	Procedure Modifier				R/S	482	
SVD03-4	Procedure Modifier				R/S	482	
SVD03-5	Procedure Modifier				R/S	482	
SVD03-6	Procedure Modifier				R/S	483	
SVD03-7	Procedure Code Description				R/S	483	
SVD05	Paid Service Unit Count				R	483	
SVD06	Bundled or Unbundled Line Number				S	483	
CAS01	Claim Adjustment Group Code				R	485	
CAS02	Adjustment Reason Code				R	486	
CAS03	Adjustment Amount				R	486	
CAS04	Adjustment Quantity				S	486	
CAS05	Adjustment Reason Code				S	486	
CAS06	Adjustment Amount				S	486	
CAS07	Adjustment Quantity				S	486	
CAS08	Adjustment Reason Code				S	487	
CAS09	Adjustment Amount				S	487	
CAS10	Adjustment Quantity	99		S	S	487	
CAS11	Adjustment Reason Code				S	487	
CAS12	Adjustment Amount				S	487	
CAS13	Adjustment Quantity				S	488	
CAS14	Adjustment Reason Code				S	488	
CAS15	Adjustment Amount				S	488	
CAS16	Adjustment Quantity				S	488	
CAS17	Adjustment Reason Code				S	488	
CAS18	Adjustment Amount				S	489	
CAS19	Adjustment Quantity				S	489	
DTP01	Date Time Qualifier				R	490	
DTP02	Date Time Period Format Qualifier	1		R	R	490	
DTP03	Adjudication or Payment Date				R	490	

1 / -	TRANSACTION SET TRAILER						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
SE01	Transaction Segment Count	1	-	R	R	496	Total number of segments included in a transaction set including ST and SE segments
SE02	Transaction Set Control Number				R	496	The Transaction Set Control Numbers in ST02 and SE02 must be identical.

7.1.3 EOHHS EIM/ESM TRANSACTION SAMPLE

The following sample presents three formats for the data contained within an 837 Professional claim:

- A high level scenario typical within EOHHS EIM/ESM claims processing
- Breakdown of the Segments/Loops
- A data string, illustrating the actual record transmission

Business Scenario

The Patient is the same person as the Subscriber, Mary Jones. She has had four procedures performed at the physician's office. The Payer Women's Health Network. The Submitter is the Billing Provider.

Data Element	Value
Subscriber/Patient:	Mary Jones
Subscriber Address:	987 James Street, Abington MA, 02351
Sex:	F

DOB:	September 10, 1967
Member Identification Number	24670389600
Destination Payer:	Women's Health Network (WHN)
Activity Code:	3436
Billing Provider/Sender:	Elizabeth Shoe, MD
Address:	123 Red Sox Lane Abington MA, 02351
VG Org ID:	123456789
Vendor Customer Code (VCCID)	VC9898989
NPI:	987654321
EIN:	048888888
EOHHS Contract#:	DPHMM371234567890987
Contact Person & Phone Number:	Janis Joplin 617 555-1111
Additional Information:	The provider has a diagnostic report, which is available at the Provider Site. Report Control number is WHN0010.
Patient Account Number:	2235057
Medical Record Number:	9999911111
Date of Service:	2/1/2007
Place of Service:	Office
Services Rendered	Office Visit
Charges	Preventive Medicine Services - $96.37 Cytopathology – $28.31 Screening mammography, bilateral (two view film study of each breast) - $39.84 (professional component) Screening mammography, bilateral (two view film study of each breast) - $64.13 (technical component)
Total charges	$228.65

SEG # LOOP
SEGMENT/ELEMENT STRING

1 HEADER
ST TRANSACTION SET HEADER
ST*837*0009*005010X222A1~

2 BHT BEGINNING OF HIERARCHICAL TRANSACTION
BHT*0019*00*123BATCH*20020822*1615*CH~

3 1000A SUBMITTER
NM1 SUBMITTER
NM1*41*1*SHOE*ELIZABETH*A***46*123456789~

4 PER SUBMITTER EDI CONTACT INFORMATION
PER*IC*JANIS JOPLIN*TE*6175551111~

5 1000B RECEIVER
NM1 RECEIVER NAME
NM1*40*2* COMMONWEALTH OF MA*****46*0005273~

6 2000A BILLING/PAY-TO PROVIDER HL LOOP
HL-BILLING PROVIDER
HL*1**20*1~

7 2010AA BILLING PROVIDER
NM1 BILLING PROVIDER NAME
NM1*85*1*SHOE*ELIZABETH*A**M.D.*XX*987654321~

8 N3 BILLING PROVIDER ADDRESS

N3*123 RED SOX LANE~

9 N4 BILLING PROVIDER LOCATION
N4*ABINGTON*MA*02351~

10 REF BILLING PROVIDER TAX IDENTIFICATION
REF*EI*048888888~

11 2000B SUBSCRIBER HL LOOP
HL-SUBSCRIBER
HL*2*1*22*0~

12 SBR SUBSCRIBER INFORMATION
SBR*P*18*ABC123101******BL~

13 2010BA SUBSCRIBER
NM1 SUBSCRIBER NAME
NM1*IL*1*JONES*MARY*B***MI*24670389600~

14 N3 SUBSCRIBER ADDRESS
N3*987 JAMES STREET~

15 N4 SUBSCRIBER CITY
N4*ABINGTON*MA*02351~

16 DMG SUBSCRIBER DEMOGRAPHIC INFORMATION
DMG*D8*19670910*F~

17 2010BB SUBSCRIBER/PAYER
NM1 PAYER NAME
NM1*PR*2*WHN*****PI*3436~

18 REF BILLING PROVIDER SECONDARY IDENTIFICATION
REF*LU*VC9898989~

19 2300 CLAIM
CLM CLAIM LEVEL INFORMATION
CLM*2235057*228.65***11:B:1*Y*A*Y*Y~

20 PWK CLAIM SUPPLEMENTAL INFORMATION
PWK*DG*AA***AC*WHN0010~

21 CN1 CONTRACT INFORMATION
CN1*09***DPHMM371234567890987~

22 REF MEDICAL RECORD NUMBER
REF*EA*999991111123~

23 HI HEALTH CARE DIAGNOSIS CODES
HI*BK:8901~

24 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*1~

25 SV1 PROFESSIONAL SERVICE
SV1*HC:99396*96.37*UN*1*11**1**N~

26 DTP DATE - SERVICE DATE(S)
DTP*472*D8*20070201~

27 REF LINE ITEM CONTROL NUMBER
REF*6R*9988771~

28 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*2~

29 SV1 PROFESSIONAL SERVICE
SV1*HC:88142*28.31*UN*1*11**1**N~

30 DTP DATE - SERVICE DATE(S)
DTP*472*D8*20070201~

31 REF LINE ITEM CONTROL NUMBER
REF*6R*9988772~

32 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*3~

33 SV1 PROFESSIONAL SERVICE
SV1*HC:76092:26*39.84*UN*1*11**1**N~

34 DTP DATE - SERVICE DATE(S)
DTP*472*D8*20070201~

35 REF LINE ITEM CONTROL NUMBER
REF*6R*9988773~

36 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*4~

37 SV1 PROFESSIONAL SERVICE
SV1*HC:76092:TC*64.13*UN*1*11**1**N~

38 DTP DATE - SERVICE DATE(S)
DTP*472*D8*20070201~

39 REF LINE ITEM CONTROL NUMBER
REF*6R*9988774~

40 TRAILER
SE TRANSACTION SET TRAILER
SE*40*0009~

Data String Example

The following transmission sample illustrates the file format used for an EDI transaction, which includes delimiters and data segment symbols. Note that the sample contains only one ST/SE set within the Functional Group (GS) and only one claim within the ST/SE set. Normally there would be multiple claims within an ST/SE set.

This sample contains a line break after each tilde to provide an easy illustration of where a new data segment begins.

```
ST*837*0009*005010X222A1~
BHT*0019*00*123BATCH*20020822*1615*CH~
NM1*41*1*SHOE*ELIZABETH*A***46*123456789~
PER*IC*JANIS JOPLIN*TE*6175551111~
NM1*40*2* COMMONWEALTH OF MA*****46*0005273~
HL*1**20*1~
NM1*85*1*SHOE*ELIZABETH*A**M.D.*XX*987654321~
N3*123 RED SOX LANE~
N4*ABINGTON*MA*02351~
REF*EI*048888888~
HL*2*1*22*0~
SBR*P*18*ABC123101******BL~
NM1*IL*1*JONES*MARY*B***MI*24670389600~
N3*987 JAMES STREET~
N4*ABINGTON*MA*02351~
DMG*D8*19670910*F~
NM1*PR*2*WHN*****PI*3436~
REF*LU*VC9898989~
CLM*2235057*228.65***11:B:1*Y*A*Y*Y~
PWK*DG*AA***AC*WHN0010~
CN1*09***DPHMM371234567890987~
REF*EA*999991111123~
HI*BK:8901~
LX*1~
SV1*HC:99396*96.37*UN*1*11**1**N~
DTP*472*D8*20070201~
REF*6R*9988771~
LX*2~
SV1*HC:88142*28.31*UN*1*11**1**N~
DTP*472*D8*20070201~
REF*6R*9988772~
LX*3~
SV1*HC:76092:26*39.84*UN*1*11**1**N~
DTP*472*D8*20070201~
REF*6R*9988773~
LX*4~
SV1*HC:76092:TC*64.13*UN*1*11**1**N~
DTP*472*D8*20070201~
REF*6R*9988774~
SE*40*0009~
```

8 ASC X12N 837 – Institutional Health Care Claim

The ASC X12N 837-Institutional Health Care Claim transaction set is utilized by EOHHS for the acceptance of one or more institutional claims from each approved vendor/medical billing institution for adjudication by the EIM/ESM system.

Considering the business of the EOHHS Departments utilizing the EIM/ESM system this transaction set has been implemented without the use of the Patient Loops/Segments. By which we mean, in each case, the “Subscriber” is the Client and by default the ‘Patient”; therefore, we have excluded the use of the 2000C and 2010CA Loops and their respective segments since our business does not support dependent ‘type’ program coverage. Therefore, inclusion of the 2000C and 2010CA Loops and Segments will cause an error in our system and we will reject the claim utilizing the 277 Health Care Claim Status Notification (Unsolicited) Transaction Set as a means of notification of failure/rejection.

For EOHHS EIM/ESM the hierarchy of the looping structure is billing provider, subscriber, claim level, and claim service line level. In addition, as shown below in the EOHHS File Layout we are excluding the use of other Loops and Segments as our business does not utilize this information. However, if

these 'non-utilized' Loops and Segments are submitted EOHHS will only process the information for which it is intended and not defer adjudication because of the inclusion of additional standards data.

When uploading a file for submission we request that you name each file using the following standard: 837I_ProviderName_MMDDYYYY

8.1.1 EOHHS EIM/ESM TRANSACTION SET LAYOUT

TRANSACTION SET HEADER

- 1000A SUBMITTER NAME
- 1000B RECEIVER NAME
- 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL
  - 2010AA BILLING PROVIDER NAME
- 2000B SUBSCRIBER HIERARCHICAL LEVEL
  - 2010BA SUBSCRIBER NAME
  - 2010BC PAYER NAME
  - 2300 CLAIM INFORMATION
    - 2310A ATTENDING PHYSICIAN NAME (Please leave blank)
    - 2320 OTHER SUBSCRIBER INFORMATION
      - 2330A OTHER SUBSCRIBER NAME
      - 2330B OTHER PAYER NAME
      - 2330C OTHER PAYER PATIENT INFORMATION
    - 2400 SERVICE LINE
      - 2420A ATTENDING PHYSICIAN NAME (Please leave blank)
      - 2430 LINE ADJUDICATION INFORMATION

TRANSACTION SET TRAILER

8.1.2 EOHHS EIM/ESM DATA ELEMENT TABLE

1 / -	TRANSACTION SET HEADER						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
ST01	Transaction Set Identifier Code	1	R	R	R	67	837 - Health Care Claim
ST02	Transaction Set Control Number				R	67	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set
ST03	Version, Release, or Industry Identifier				R	67	005010X223A2- This field contains the same value as GS08.
BHT01	Hierarchical Structure Code	1		R	R	68	0019 - Information Source, Subscriber, Dependent
BHT02	Transaction Set Purpose Code				R	68	00 - Original 18 – Reissue
BHT03	Originator Application Transaction Identifier				R	69	Use this reference identifier to identify the inventory file number of the tape or transmission assigned by the submitter's system.
BHT04	Transaction Set Creation Date				R	69	Use this date to identify the date on which the submitter created the file. Date expressed as CCYYMMDD
BHT05	Transaction Set Creation Time				R	69	Use this time to identify the time of day that the submitter created the file. Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS,

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1 / -	TRANSACTION SET HEADER						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
							or HHMMSSD, or HHMMSSDD
BHT06	Transaction Type Code				R	69	CH - Chargeable RP – Reporting

1 / 1000A	SUBMITTER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R	R	R	71	41 – Submitter
NM102	Entity Type Qualifier				R	72	1 - Person 2 - Non-Person Entity
NM103	Submitter Last or Organization Name				R	72	
NM104	Submitter First Name				S	72	Required when NM102 = 1
NM105	Submitter Middle Name				S	72	
NM108	Identification Code Qualifier				R	72	46
NM109	Submitter Identifier				R	72	Virtual Gateway User ID
PER01	Contact Function Code	2		R	R	74	IC – Information Contact
PER02	Submitter Contact Name				S	74	
PER03	Communication Number Qualifier				R	74	
PER04	Communication Number				R	74	
PER05	Communication Number Qualifier				S	74	
PER06	Communication Number				S	75	
PER07	Communication Number Qualifier				S	75	
PER08	Communication Number				S	75	

1 / 1000B	RECEIVER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R	R	R	76	40 - Receiver
NM102	Entity Type Qualifier				R	76	2 - Non-Person Entity
NM103	Receiver Name				R	77	Commonwealth of Massachusetts
NM108	Information Receiver Identification Number				R	77	46 - Virtual Gateway User ID
NM109	Receiver Primary Identifier				R	77	0005273

>1 / 2000A	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
HL01	Hierarchical ID Number	1	R	R	R	78	HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.
HL03	Hierarchical Level Code				R	78	20 - Information Source
HL04	Hierarchical Child Code				R	79	1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.

1 / 2010AA	BILLING PROVIDER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R/R	R	R	85	85 - Billing Provider
NM102	Entity Type Qualifier				R	85	2 - Non-Person Entity
NM103	Billing Provider Last or Organizational Name				R	85	
NM108	Identification Code Qualifier				R	86	XX - Health Care Financing Administration National Provider Identifier (Use When Mandated)
NM109	Billing Provider Primary Identifier				R	86	EOHHS accepts NPI as the Primary Identifier. NPI required when mandated.
N301	Billing Provider Address Line	1		R	R	87	
N302	Billing Provider Address Line				S	87	
N401	Billing Provider City Name	1		R	R	88	
N402	Billing Provider State or Province Code				S	89	
N403	Billing Provider Postal Zone or ZIP Code				S	89	
REF01	Reference Identification Qualifier	1		S/R	R	90	EI- Employer Identification Number
REF02	Billing Provider Tax Identification Number				R	90	The NPI value must be used in NM109 so this should be the Employer Identification Number

>1 / 2000B	SUBSCRIBER HIERARCHICAL LEVEL						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
HL01	Hierarchical ID Number	1	R	R	R	107	2 - HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set.
HL02	Hierarchical Parent ID Number				R	108	1 - Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to
HL03	Hierarchical Level Code				R	108	22 – Subscriber
HL04	Hierarchical Child Code				R	108	0 - Code indicating if there are hierarchical child data segments subordinate to the level being described. Currently for the Commonwealth of Massachusetts Departments utilizing EIM/ESM, this value should always be 0.
SBR01	Payer Responsibility Sequence Number Code	1		R	R	109	P - Primary S - Secondary T – Tertiary A – Payer Responsibility Four Letter codes continue to H for Payer Responsibility Eleven
SBR02	Individual Relationship Code				S	110	18 – Self
SBR03	Insured Group or Policy Number				S	110	If the Subscriber is insured then send us the policy number or insured group otherwise send us blank value.

>1 / 2000B	SUBSCRIBER HIERARCHICAL LEVEL						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
SBR09	Claim Filing Indicator Code				S	110	13 - Point of Service (POS). All Commonwealth Programs utilizing the EIM/ESM system and HIPAA Standards will be considered a POS Organization. Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment.

1 / 2010BA	SUBSCRIBER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R/R	R	R	112	IL - Insured or Subscriber
NM102	Entity Type Qualifier				R	113	1 - Person
NM103	Subscriber Last Name				R	113	
NM104	Subscriber First Name				S	113	
NM105	Subscriber Middle Name				S	113	
NM107	Subscriber Name Suffix				S	113	
NM108	Identification Code Qualifier				R	113	MI - Member Identification Number
NM109	Subscriber Primary Identifier				R	114	EIM/ESM Client Identifier
N301	Subscriber Address Line	1		S	R	115	
N302	Subscriber Address Line				S	115	
N401	Subscriber City Name	1		S	R	116	
N402	Subscriber State Code				R	116	
N403	Subscriber Postal Zone or ZIP Code				R	117	
DMG01	Date Time Period Format Qualifier	1		S	R	118	D8
DMG02	Subscriber Birth Date				R	118	Date Expressed in Format CCYYMMDD
DMG03	Subscriber Gender Code				R	119	F - Female M - Male U – Unknown

1 / 2010BC	PAYER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R/R	R	R	122	PR – Payer
NM102	Entity Type Qualifier				R	123	2 - Non-Person Entity
NM103	Payer Name				R	123	Please refer to the list of Commonwealth of Massachusetts EIM/ESM Departments/Programs/Activities in Section 3 of the Companion Document.
NM108	Identification Code Qualifier				R	123	PI - Payor Identification
NM109	Payer Identifier				R	123	Please refer to the list of Commonwealth of Massachusetts EIM/ESM Departments/Programs/Activities in Section 3 of the Companion Document.
REF01	Reference Identification Qualifier	1		S	R	129	LU - Location Number

1 / 2010BC	PAYER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
REF02	Billing Provider Secondary Identifier				R	130	Vendor Customer Code (VCCID) – only used for atypical providers.

100 / 2300	CLAIM INFORMATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
CLM01	Patient Control Number	1	R/R	R	R	144	
CLM02	Total Claim Charge Amount				R	145	
CLM05 - 1	Facility Code Value				R/R	145	Applies to all service lines unless it is over written at the line level.
CLM05 - 2	Facility Code Qualifier				R/R	145	A – Uniform Billing Claim Form Bill Type
CLM05 - 3	Claim Frequency Code				R/R	145	Applies to all service lines unless it is over written at the line level.
CLM07	Assignment or Plan Participation Code				R	146	
CLM08	Benefits Assignment Certification Indicator				R	146	
CLM09	Release of Information Code				R	147	
CLM20	Delay Reason Code				S	147	
DTP01	Date Time Qualifier	1		S	R	149	
DTP02	Date Time Period Format Qualifier				R	149	
DTP03	Discharge Hour				R	149	
DTP01	Date Time Qualifier	1		R	R	150	
DTP02	Date Time Period Format Qualifier				R	150	
DTP03	Statement From or To Date				R	150	
DTP01	Date Time Qualifier	1		S	R	151	
DTP02	Date Time Period Format Qualifier				R	151	
DTP03	Admission Date and Hour				R	151	
PWK01	Attachment Report Type Code	10		S	R	155	
PWK02	Attachment Transmission Code				R	156	
PWK06	Attachment Control Number				S	157	
CN101	Contract Type Code	1		R	R	158	09 – Other
CN104	Contract Code				R	159	Required, only one Contract per Claim. Claims with Multiple contracts will be rejected and not processed. Applies to all service lines unless it is over written at the line level.
AMT01	Amount Qualifier Code	1		S	R	160	
AMT02	Patient Responsibility Amount				R	160	
REF01	Reference Identification Qualifier	1		S	R	166	F8 – Original Reference Number
REF02	Payer Claim Control Number				R	166	Required when CLM05-3 (Claim Submission Reason Code) = “6", ”7", or “8" and the payer has assigned a payer number to the claim. The resubmission number is assigned to a previously submitted claim/encounter by the destination payer or receiver.
		2		S			
REF01	Reference Identification				R	164	G1 – Prior Authorization Number

100 / 2300	CLAIM INFORMATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
	Qualifier						
REF02	Prior Authorization Number				R	165	Applies to all service lines unless it is over written at the line level.
REF01	Reference Identification Qualifier	1		S	R	173	EA – Medical Record Information Number
REF02	Medical Record Number				R	173	
NTE01	Note Reference Code	10		S	R	178	
NTE02	Claim Note Text				R	179	
HI01 - 1	Code List Qualifier Code	1		R	R/R	184	
HI01 - 2	Principal Diagnosis Code				R/R	185	
HI01 - 1	Code List Qualifier Code			S	S/R	235	
HI01 - 2	Admitting Diagnosis Code				S/R	235	

1) We recommend leaving blank loop 2310A "Attending Provider".

1 / 2310A	ATTENDING PROVIDER NAME (please keep blank)						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R/S	S	R	319	
NM102	Entity Type Qualifier				R	320	
NM103	Attending Provider Last Name				R	320	
NM104	Attending Provider First Name				S	320	
NM105	Attending Provider Middle Name				S	320	
NM107	Attending Provider Name Suffix				S	320	
NM108	Identification Code Qualifier				S	321	
NM109	Attending Provider Primary Identifier				S	321	
PRV01	Provider Code	1		S	R	322	
PRV02	Reference Identification Qualifier				R	322	
PRV03	Provider Taxonomy Code				R	322	
REF01	Reference Identification Qualifier	4		S	R	324	
REF02	Attending Provider Secondary Identifier				R	325	

10 / 2320	OTHER SUBSCRIBER INFORMATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
SBR01	Payer Responsibility Sequence Number Code	1	R/S	S	R	355	Only use the 2320 Loop if COB information accompanies this claim.
SBR02	Individual Relationship Code				R	355	
SBR03	Insured Group or Policy Number				S	356	
SBR04	Other Insured Group Name				S	356	
SBR09	Claim Filing Indicator Code				S	356	
CAS01	Claim Adjustment Group Code	5		S	R	360	
CAS02	Adjustment Reason Code				R	360	
CAS03	Adjustment Amount				R	360	
CAS04	Adjustment Quantity				S	360	
CAS05	Adjustment Reason Code				S	360	

10 / 2320	OTHER SUBSCRIBER INFORMATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
CAS06	Adjustment Amount				S	360	
CAS07	Adjustment Quantity				S	361	
CAS08	Adjustment Reason Code				S	361	
CAS09	Adjustment Amount				S	361	
CAS10	Adjustment Quantity				S	361	
CAS11	Adjustment Reason Code				S	361	
CAS12	Adjustment Amount				S	362	
CAS13	Adjustment Quantity				S	362	
CAS14	Adjustment Reason Code				S	362	
CAS15	Adjustment Amount				S	362	
CAS16	Adjustment Quantity				S	362	
CAS17	Adjustment Reason Code				S	363	
CAS18	Adjustment Amount				S	363	
CAS19	Adjustment Quantity				S	363	
AMT01	Amount Qualifier Code	1		S	R	364	
AMT02	Payer Paid Amount				R	364	
AMT01	Amount Qualifier Code	1		S	R	365	
AMT02	Remaining Patient Liability				R	365	
AMT01	Amount Qualifier Code	1		S	R	366	
AMT02	Non-Covered Charge Amount				R	366	
OI03	Benefits Assignment Certification Indicator	1		R	R	367	
OI06	Release of Information Code				R	368	

1 / 2330A	OTHER SUBSCRIBER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R/S/S	R	R	378	Only use the 2330A Loop if COB information accompanies this claim.
NM102	Entity Type Qualifier				R	378	
NM103	Other Insured Last Name				R	378	
NM104	Other Insured First Name				S	378	
NM105	Other Insured Middle Name				S	378	
NM107	Other Insured Name Suffix				S	378	
NM108	Identification Code Qualifier				R	379	
NM109	Other Insured Identifier				R	379	

1 / 2330B	OTHER PAYER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R/S/S	R	R	384	Only use the 2330B Loop if COB information accompanies this claim.
NM102	Entity Type Qualifier				R	384	
NM103	Other Payer Last or Organization Name				R	385	
NM108	Identification Code Qualifier				R	385	
NM109	Other Payer Primary Identifier				R	385	
DTP01	Date Time Qualifier	1		S	R	389	
DTP02	Date Time Period Format				R	389	

1 / 2330B	OTHER PAYER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
	Qualifier						
DTP03	Adjudication or Payment Date				R	389	
REF01	Reference Identification Qualifier	2		S	R	390	
REF02	Other Payer Secondary Identifier				R	391	

999 / 2400	SERVICE LINE NUMBER						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
LX01	Assigned Number	999		R	R	423	
SV201	Service Line Revenue Code				R	424	
SV202 - 1	Product or Service ID Qualifier				S/R	425	HC
SV202 - 2	Procedure Code				S/R	426	
SV202 - 3	Procedure Modifier				S/S	426	
SV202 - 4	Procedure Modifier				S/S	426	
SV202 - 5	Procedure Modifier				S/S	427	
SV202 - 6	Procedure Modifier				S/S	427	
SV202 - 7	Procedure Code Description	1		R	S/S	427	
SV203	Line Item Charge Amount				R	427	
SV204	Unit or Basis for Measurement Code		R/R		R	428	UN – Unit
SV205	Service Unit Count				R	428	
SV207	Line Item Denied Charge or Non-Covered Charge Amount				S	428	
PWK01	Attachment Report Type Code				R	430	
PWK02	Attachment Transmission Code	5		S	R	431	
PWK05	Identification Code Qualifier				S	432	
PWK06	Attachment Control Number				S	432	
DTP01	Date Time Qualifier				R	434	472
DTP02	Date Time Period Format Qualifier	1		R	R	434	
DTP03	Service Date				R	434	

25 / 2430	SERVICE LINE ADJUDICATION INFORMATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
SVD01	Payer Identifier	1	R/S	S	R	476	Only use the 2430 Loop if COB information accompanies this service line.
SVD02	Service Line Paid Amount				R	477	
SVD03 - 1	Product or Service ID Qualifier				S/R	477	
SVD03 - 2	Procedure Code				S/R	478	
SVD03 - 3	Procedure Modifier				S/S	478	
SVD03 -	Procedure Modifier				S/S	478	

25 / 2430	SERVICE LINE ADJUDICATION INFORMATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
4							
SVD03 - 5	Procedure Modifier				S/S	478	
SVD03 - 6	Procedure Modifier				S/S	479	
SVD03 - 7	Procedure Code Description				S/S	479	
SVD05	Paid Service Unit Count				R	479	
SVD06	Bundled or Unbundled Line Number				S	479	
CAS01	Claim Adjustment Group Code				R	481	
CAS02	Adjustment Reason Code				R	482	
CAS03	Adjustment Amount				R	482	
CAS04	Adjustment Quantity				S	482	
CAS05	Adjustment Reason Code				S	482	
CAS06	Adjustment Amount				S	482	
CAS07	Adjustment Quantity				S	482	
CAS08	Adjustment Reason Code				S	483	
CAS09	Adjustment Amount				S	483	
CAS10	Adjustment Quantity	99		S	S	483	
CAS11	Adjustment Reason Code				S	483	
CAS12	Adjustment Amount				S	483	
CAS13	Adjustment Quantity				S	484	
CAS14	Adjustment Reason Code				S	484	
CAS15	Adjustment Amount				S	484	
CAS16	Adjustment Quantity				S	484	
CAS17	Adjustment Reason Code				S	484	
CAS18	Adjustment Amount				S	485	
CAS19	Adjustment Quantity				S	485	
DTP01	Date Time Qualifier				R	486	
DTP02	Date Time Period Format Qualifier	1		R	R	486	
DTP03	Adjudication or Payment Date				R	486	

1 / -	TRANSACTION SET TRAILER						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
SE01	Transaction Segment Count	1	-	R	R	488	Total number of segments included in a transaction set including ST and SE segments
SE02	Transaction Set Control Number				R	488	The Transaction Set Control Numbers in ST02 and SE02 must be identical.

8.1.3 EOHHS EIM/ESM TRANSACTION SAMPLE

The following sample presents three formats for the data contained within an 837 Institutional Claim:

- A high level scenario typical within EOHHS EIM/ESM claims processing
- Breakdown of the Segments/Loops
- A data string, illustrating the actual record transmission

Business Scenario

The following test sample presents a high-level scenario likely to occur and the subsequent handling typically used by EOHHS EIM/ESM.

The patient is also the subscriber, Mary Jones. She has received counseling services as an inpatient at the ABC Substance Abuse Treatment Facility (SATF).

Data Element	**Value**
Subscriber/Patient:	Mary Jones
Subscriber Address:	987 James Street, Abington MA, 02351
Sex:	F
DOB:	September 10, 1967
Member Identification Number	24670389600
Destination Payer:	Bureau of Substance Abuse Services (BSAS)
Activity Code:	1234
Billing Provider/Sender:	ABC Substance Abuse Treatment Facility
Address:	1234 Smith Lane Abington MA, 02351
VG Org ID:	123456789
Vendor Customer Code (VCCID)	VC9898989
NPI:	987654321
EIN:	048888888
EOHHS Contract#:	DPHBSAS371234567890987
Contact Person & Phone Number:	Janis Joplin 617 555-1111
Additional Information:	The provider has an admission report, which is available at the Provider Site. Report Control number is BSAS1234.
Patient Account Number:	2235057
Medical Record Number:	9999911111
Date of Admission:	2/10/2007 AT 12:42AM
Place of Service:	Residential Substance Abuse Treatment Facility
Services Rendered:	Residential Services
Revenue Code:	0944 – Alcohol Rehabilitation
Diagnosis Codes:	Primary: 303.91 Alcoholism, chronic, continuous
Total charges	$500

SEG # LOOP
SEGMENT/ELEMENT STRING

1 HEADER
ST TRANSACTION SET HEADER
ST*837*0009*005010X223A2~

2 BHT BEGINNING OF HIERARCHICAL TRANSACTION
BHT*0019*00*123BATCH*20020822*1615*CH~

3 1000A SUBMITTER
NM1 SUBMITTER NAME
NM1*41*1*ABC SATF*****46*123456789~

4 PER SUBMITTER EDI CONTACT INFORMATION
PER*IC*JANIS JOPLIN*TE*6175551111~

5 1000B RECEIVER
NM1 RECEIVER NAME
NM1*40*2*COMMONWEALTH OF MA*****46*0005273~

6 2000A BILLING/PAY-TO PROVIDER HL LOOP
HL-BILLING PROVIDER
HL*1**20*1~

7 2010AA BILLING PROVIDER
NM1 BILLING PROVIDER NAME
NM1*85*2*ABC SATF*****XX*987654321~

8 N3 BILLING PROVIDER ADDRESS
N3*1234 SMITH LANE~

9 N4 BILLING PROVIDER LOCATION
N4*ABINGTON*MA*02351~

10 REF BILLING PROVIDER TAX IDENTIFICATION
REF*EI*048888888~

11 2000B SUBSCRIBER HL LOOP
HL-SUBSCRIBER
HL*2*1*22*0~

12 SBR SUBSCRIBER INFORMATION
SBR*P*18*ABC123101******BL~

13 2010BA SUBSCRIBER
NM1 SUBSCRIBER NAME
NM1*IL*1*JONES*MARY*B***MI*24670389600~

14 N3 SUBSCRIBER ADDRESS
N3*987 JAMES STREET~

15 N4 SUBSCRIBER CITY
N4*ABINGTON*MA*02351~

16 DMG SUBSCRIBER DEMOGRAPHIC INFORMATION
DMG*D8*19670910*F~

17 2010BB SUBSCRIBER/PAYER
NM1 PAYER NAME
NM1*PR*2*BSAS*****PI*1234~

18 REF BILLING PROVIDER SECONDARY IDENTIFICATION
REF*LU*VC9898989~

19 2300 CLAIM
CLM CLAIM LEVEL INFORMATION
CLM*2235057*500***55:A:1**A*Y*Y~

20 DTP STATEMENT DATES
DTP*434*RD8*20070210-20070215~

21 DTP ADMISSION DATE
DTP*435*DT*200702101242~

22 PWK CLAIM SUPPLEMENTAL INFORMATION
PWK*AS*AA***AC*BSAS1234~

23 CN1 CONTRACT INFORMATION
CN1*09***DPHBSAS371234567890987~

24 REF MEDICAL RECORD NUMBER

Copyright © EOHHS 2011

REF*EA*999991111123~

25 HI HEALTH CARE DIAGNOSIS CODES
HI*BK:30391~

26 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*1~

27 SV1 PROFESSIONAL SERVICE
SV2*0944*HC:H0004*500*UN*5*100~

28 DTP DATE - SERVICE DATE(S)
DTP*472*RD8*20070210-20070214~

29 TRAILER
SE TRANSACTION SET TRAILER
SE*29*0009~

Data String Example

The following transmission sample illustrates the file format used for an EDI transaction, which includes delimiters and data segment symbols. Note that the sample contains only one ST/SE set within the Functional Group (GS) and only one claim within the ST/SE set. Normally there would be multiple claims within an ST/SE set.

This sample contains a line break after each tilde to provide an easy illustration of where a new data segment begins.

```
ST*837*0009*005010X223A2~
BHT*0019*00*123BATCH*20020822*1615*CH~
NM1*41*1*ABC SATF*****46*123456789~
PER*IC*JANIS JOPLIN*TE*6175551111~
NM1*40*2*COMMONWEALTH OF MA*****46*0005273~
HL*1**20*1~
NM1*85*2*ABC SATF*****XX*987654321~
N3*1234 SMITH LANE~
N4*ABINGTON*MA*02351~
REF*EI*048888888~
HL*2*1*22*0~
SBR*P*18*ABC123101******BL~
NM1*IL*1*JONES*MARY*B***MI*24670389600~
N3*987 JAMES STREET~
N4*ABINGTON*MA*02351~
DMG*D8*19670910*F~
NM1*PR*2*BSAS*****PI*1234~
REF*LU*VC9898989~
CLM*2235057*500***55:A:1**A*Y*Y~
DTP*434*RD8*20070210-20070215~
DTP*435*DT*200702101242~
PWK*AS*AA***AC*BSAS1234~
CN1*09***DPHBSAS371234567890987~
REF*EA*999991111123~
HI*BK:30391~
LX*1~
SV2*0944*HC:H0004*500*UN*5*100~
DTP*472*RD8*20070210-20070214~
SE*29*0009~
```

9 ASC X12N 835 – Health Care Claim Payment/Advice

The ASC X12N 835-Health Care Claim Payment Advice transaction set is utilized by the Commonwealth of Massachusetts Executive Office of Health and Human Services for the communication of health care claim payments. For EOHHS payment is separated from the remittance advice; therefore, our 835 Health Care Claim Payment/Advice will supply remittance advice information only. A paper remittance advice will also be available.

We will also utilize the 835 Health Care Claim Payment/Advice transaction set for notification of claims/services which are pending payment. Service lines that are not finalized will be adjusted with a CAS segment using a Claim Adjustment Group code (CAS01) of 'OA' (Other Adjustment), a Claim Adjustment Reason code (CAS02) of 133 (This service is suspended pending further review) and the full dollar amount for the service in CAS03.

When finalized, the claim will be reported using the instructions found in the Reversal and Correction section of the 835-Health Care Claim Payment Advice Implementation Guide.

9.1.1 EOHHS EIM/ESM TRANSACTION SET LAYOUT

TRANSACTION SET HEADER

1000A PAYER IDENTIFICATION

1000B PAYEE IDENTIFICATION

2000 HEADER NUMBER

2100 CLAIM PAYMENT INFORMATION

2110 SERVICE PAYMENT INFORMATION

TRANSACTION SET TRAILER

9.1.2 EOHHS EIM/ESM DATA ELEMENT TABLE

1 / -	TRANSACTION SET HEADER						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
ST01	Transaction Set Identifier Code	1	-	R	R	68	835
ST02	Transaction Set Control Number				R	68	
BPR01	Transaction Handling Code	1		R	R	70	I - Remittance Information Only
BPR02	Total Actual Provider Payment Amount				R	71	
BPR03	Credit or Debit Flag Code				R	71	
BPR04	Payment Method Code				R	72	
BPR16	Check Issue or EFT Effective Date				R	76	Check Issue or EFT Effective Date
TRN01	Trace Type Code	1		R	R	77	1 - Current Transaction Trace Numbers
TRN02	Check or EFT Trace Number				R	77	Check or EFT Trace Number
TRN03	Payer Identifier				R	78	
DTM01	Date Time Qualifier	1		S	R	85	
DTM02	Production Date				R	86	

1 / 1000A	PAYER IDENTIFICATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
N101	Entity Identifier Code	1	R	R	R	87	PR - Payer

1 / 1000A	PAYER IDENTIFICATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
N102	Payer Name				S	87	COMMONWEALTH OF MA
N103	Identification Code Qualifier				S	88	XV
N104	Payer Identifier				S	88	0005273
N301	Payer Address Line	1		R	R	89	
N302	Payer Address Line				S	89	
N401	Payer City Name	1		R	R	90	
N402	Payer State Code				S	91	
N403	Payer Postal Zone or ZIP Code				S	91	

1 / 1000B	PAYEE IDENTIFICATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
N101	Entity Identifier Code	1	R	R	R	102	PE – Payee
N102	Payee Name				R	102	
N103	Identification Code Qualifier				R	103	
N104	Payee Identification Code				R	103	

> 1 / 2000	HEADER NUMBER						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
LX01	Assigned Number	1	R	S	R	111	

> 1 / 2100	CLAIM PAYMENT INFORMATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
CLP01	Patient Control Number	1	R	R	R	123	Providers Patient Acct Number
CLP02	Claim Status Code				R	124	
CLP03	Total Claim Charge Amount				R	125	
CLP04	Claim Payment Amount				R	125	
CLP05	Patient Responsibility Amount				S	125	
CLP06	Claim Filing Indicator Code				R	126	
CLP07	Payer Claim Control Number				R	127	
CLP08	Facility Code Value				S	127	
CLP09	Claim Frequency Code				S	127	
CAS01	Claim Adjustment Group Code	99		S	R	131	
CAS02	Adjustment Reason Code				R	131	
CAS03	Adjustment Amount				R	132	
CAS04	Adjustment Quantity				S	132	
CAS05	Adjustment Reason Code				S	132	
CAS06	Adjustment Amount				S	133	
CAS07	Adjustment Quantity				S	133	
CAS08	Adjustment Reason Code				S	133	
CAS09	Adjustment Amount				S	133	
CAS10	Adjustment Quantity				S	134	
CAS11	Adjustment Reason Code				S	134	
CAS12	Adjustment Amount				S	134	
CAS13	Adjustment Quantity				S	134	

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> 1 / 2100	CLAIM PAYMENT INFORMATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
CAS14	Adjustment Reason Code				S	135	
CAS15	Adjustment Amount				S	135	
CAS16	Adjustment Quantity				S	135	
CAS17	Adjustment Reason Code				S	135	
CAS18	Adjustment Amount				S	136	
CAS19	Adjustment Quantity				S	136	
NM101	Entity Identifier Code				R	137	QC - Patient
NM102	Entity Type Qualifier				R	138	1 - Person
NM103	Patient Last Name				R	138	
NM104	Patient First Name	1		R	R	138	
NM105	Patient Middle Name				S	138	
NM107	Patient Name Suffix				S	138	
NM108	Identification Code Qualifier				S	139	
NM109	Patient Identifier				S	139	
NM101	Entity Identifier Code				R	147	Only when different than the Payee
NM102	Entity Type Qualifier				R	147	
NM103	Rendering Provider Last or Organization Name				S	147	
NM104	Rendering Provider First Name	1		R	S	147	
NM105	Rendering Provider Middle Name				S	148	
NM107	Rendering Provider Name Suffix				S	148	
NM108	Identification Code Qualifier				R	148	
NM109	Rendering Provider Identifier				R	149	

999 / 2110	SERVICE PAYMENT INFORMATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
SVC01-1	Product or Service ID Qualifier		R		R	187	
SVC01-2	Procedure Code, National Drug Code				R	188	
SVC01-3	Procedure Modifier				S	188	
SVC01-4	Procedure Modifier				S	189	
SVC01-5	Procedure Modifier				S	189	
SVC01-6	Procedure Modifier	1		S	S	189	
SVC02	Line Item Charge Amount				R	189	
SVC03	Line Item Provider Payment Amount				R	190	
SVC04	National Uniform Billing Committee Revenue Code				S	190	
SVC05	Units of Service Paid Count				S	190	
SVC07	Original Units of Service Count				S	193	
DTM01	Date Time Qualifier	2		S	R	195	
DTM02	Service Date				R	195	
CAS01	Claim Adjustment Group Code	99		S	R	198	
CAS02	Adjustment Reason Code				R	198	
CAS03	Adjustment Amount				R	199	
CAS04	Adjustment Quantity				S	199	
CAS05	Adjustment Reason Code				S	199	
CAS06	Adjustment Amount				S	199	
CAS07	Adjustment Quantity				S	200	

999 / 2110	SERVICE PAYMENT INFORMATION						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
CAS08	Adjustment Reason Code				S	200	
CAS09	Adjustment Amount				S	200	
CAS10	Adjustment Quantity				S	200	
CAS11	Adjustment Reason Code				S	201	
CAS12	Adjustment Amount				S	201	
CAS13	Adjustment Quantity				S	201	
CAS14	Adjustment Reason Code				S	202	
CAS15	Adjustment Amount				S	202	
CAS16	Adjustment Quantity				S	202	
CAS17	Adjustment Reason Code				S	203	
CAS18	Adjustment Amount				S	203	
CAS19	Adjustment Quantity				S	203	
REF01	Reference Identification Qualifier	1		S	R	206	6R
REF02	Reference Identification				R	206	Line Item Control Number
REF01	Reference Identification Qualifier	10		S	R	207	Only use if different than Payee
REF02	Rendering Provider Identifier				R	208	
LQ01	Code List Qualifier Code	99		S	R	215	
LQ02	Remark Code				R	216	

>1 / -	TRANSACTION SET TRAILER						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
PLB01	Provider Identifier	>1	R	S	R	218	This segment will only be used when there is an adjustment to payment (+/-) by the Comptrollers Office. You will need to visit the Vendor Website for additional information.
PLB02	Fiscal Period Date				R	218	
PLB03-1	Adjustment Reason Code				R/R	219	
PLB03-2	Provider Adjustment Identifier				R/S	222	
PLB04	Provider Adjustment Amount				R	223	
PLB05 - 1	Adjustment Reason Code				R	223	
PLB05 - 2	Provider Adjustment Identifier				S/S	223	
PLB06	Provider Adjustment Amount				S	224	
PLB07-1	Adjustment Reason Code				S/R	224	
PLB07-2	Provider Adjustment Identifier				S/S	224	
PLB08	Provider Adjustment Amount				S	224	
PLB09-1	Adjustment Reason Code				S/R	225	
PLB09-2	Provider Adjustment Identifier				S/S	225	
PLB10	Provider Adjustment Amount				S	225	
PLB11-1	Adjustment Reason Code				S/R	225	
PLB11-2	Provider Adjustment Identifier				S/S	226	
PLB12	Provider Adjustment Amount				S	226	
PLB13-1	Adjustment Reason Code				S/R	226	
PLB13-2	Provider Adjustment Identifier				S/S	226	
PLB14	Provider Adjustment Amount				S	227	
SE01	Transaction Segment Count	1		R	R	228	
SE02	Transaction Set Control Number				R	228	

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9.1.3 EOHHS EIM/ESM TRANSACTION SAMPLE

The following sample presents three formats for the data contained within a 837 Institutional Claim:

- A high level scenario typical within EOHHS EIM/ESM claims processing
- Breakdown of the Segments/Loops
- A data string, illustrating the actual record transmission

Business Scenario

The following test sample presents a high-level scenario likely to occur and the subsequent handling typically used by EOHHS EIM/ESM to remit payment. This payment example is utilizing the 837 Professional Claim example above to remit payment.

SEG #	LOOP SEGMENT/ELEMENT STRING
1	**HEADER** ST TRANSACTION SET HEADER ST*835*112233~
2	**BPR FINANCIAL INFORMATION** BPR*I*200*C*CHK**********20070228~
3	TRN REASSOCIATION TRACE NUMBER TRN*1*71700666555*1046002284~
4	DTM PRODUCTION DATE DTM*405*20070220~
5	**1000A PAYER IDENTIFICATION** N1 PAYER IDENTIFICATION N1*PR*COMMONWEALTH OF MA~
6	N3 PAYER ADDRESS N3*ONE ASHBURTON PLACE*RM 901~
7	N4 PAYER CITY, STATE, ZIP CODE N4*BOSTON*MA*02108~
8	**1000B PAYEE IDENTIFICATION** N1 PAYEE IDENTIFICATION N1*PE*ELIZABETH A SHOE M.D.*XX*987654321~
9	**2000 HEADER NUMBER** LX HEADER NUMBER LX*1~
10	CLP CLAIM PAYMENT INFORMATION CLP*2235057*1*228.65*200*0*13*94060555410000~
11	NM1 PATIENT NAME NM1*QC*1*JONES*MARY*B***MI*24670389600~
12	**2110 SERVICE PAYMENT INFORMATION** SVC SERVICE PAYMENT SVC*HC:99396*96.37*67.72~
13	DTM SERVICE DATE DTM*472*20070201~

14 CAS SERVICE ADJUSTMENT
CAS*CO*A2*28.65~

15 REF SERVICE IDENTIFICATION
REF*6R*9988771~

16 2110 SERVICE PAYMENT INFORMATION
SVC SERVICE PAYMENT
SVC*HC:88142*28.31*28.31~

17 DTM SERVICE DATE
DTM*472*20070201~

18 REF SERVICE IDENTIFICATION
REF*6R*9988772~

19 2110 SERVICE PAYMENT INFORMATION
SVC SERVICE PAYMENT
SVC*HC:76092:26*39.84*39.84~

20 DTM SERVICE DATE
DTM*472*20070201~

21 REF SERVICE IDENTIFICATION
REF*6R*9988773~

22 2110 SERVICE PAYMENT INFORMATION
SVC SERVICE PAYMENT
SVC*HC:76092:TC*64.13*64.13~

23 DTM SERVICE DATE
DTM*472*20070201~

24 REF SERVICE IDENTIFICATION
REF*6R*9988774~

25 TRAILER
SE TRANSACTION SET TRAILER
SE*26*112233~

Data String Example

The following transmission sample illustrates the file format used for an EDI transaction, which includes delimiters and data segment symbols. Note that the sample contains only one ST/SE set within the Functional Group (GS) and only one claim within the ST/SE set. Normally there would be multiple claims within an ST/SE set.

This sample contains a line break after each tilde to provide an easy illustration of where a new data segment begins.

```
ST*835*112233~
BPR*I*200*C*CHK************20070228~
TRN*1*71700666555*1046002284~
DTM*405*20070220~
N1*PR*COMMONWEALTH OF MA~
N3*ONE ASHBURTON PLACE*RM 901~
N4*BOSTON*MA*02108~
N1*PE*ELIZABETH A SHOE M.D.*XX*987654321~
```

```
LX*1~
CLP*2235057*1*228.65*200*0*13*94060555410000~
NM1*QC*1*JONES*MARY*B***MI*24670389600~
SVC*HC:99396*96.37*67.72~
DTM*472*20070201~
CAS*CO*A2*28.65~
REF*6R*9988771~
SVC*HC:88142*28.31*28.31~
DTM*472*20070201~
REF*6R*9988772~
SVC*HC:76092:26*39.84*39.84~
DTM*472*20070201~
REF*6R*9988773~
SVC*HC:76092:TC*64.13*64.13~
DTM*472*20070201~
REF*6R*9988774~
SE*25*112233~
```

10 ASC X12N 277 – Health Care Payer Unsolicited Claim Status

The ASC X12N 277 Health Care Payer Unsolicited Claim Status transaction set is utilized by the Commonwealth of Massachusetts Executive Office of Health and Human Services as an acknowledgement of rejection of claim submission(s) by approved vendors and medical billing providers due to the failure of the EOHHS Pre-Edits.

The first level of acknowledgement by EOHHS for the ASC X12 837 transactions will be the ASC X12 999 Implementation Acknowledgement transaction. The 999 transaction is designed to notify the submitter of the receiver's ability (acceptance) or inability (rejection) to process the entire 837 transaction set based on HIPAA syntax and structure rules.

The second level of acknowledgement by EOHHS for the ASC X12 837 transactions will be the 277 Health Care Payer Unsolicited Claim Status. This is a system (application) acknowledgement of rejection of the business validity and acceptability of the claims.

The 277 transaction is the only notification of pre-adjudication claim failures. Claims failing the pre-adjudication editing process are not forwarded to the EIM/ESM system and therefore are never reported in the ASC X12 835-Health Care Claim Payment/Advice transaction set. Please see the EOHHS EIM/ESM Pre-Edits section in Appendix A.

Claims passing the pre-adjudication editing process are forwarded to the claims adjudication system and handled according to claims processing guidelines. Final adjudication of these claims are reported in the 835-Health Care Claim Payment/Advice.

10.1.1 EOHHS EIM/ESM TRANSACTION SET LAYOUT

TRANSACTION SET HEADER

- 2000A INFORMATION SOURCE LEVEL
  - 2100A PAYER NAME
- 2000B INFORMATION RECEIVER LEVEL
  - 2100B INFORMATION RECEIVER NAME
- 2000C SERVICE PROVIDER LEVEL
  - 2100C SERVICE PROVIDER NAME
- 2000D SUBSCRIBERLEVEL
  - 2100D SUBSCRIBER NAME

2200D CLAIM SUBMITTER TRACE NUMBER

2220D SERVICE LINE INFORMATION

TRANSACTION SET TRAILER

10.1.2 EOHHS EIM/ESM DATA ELEMENT TABLE

1 / -	TRANSACTION SET HEADER						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
ST01	Transaction Set Identifier Code	1	R	R	R	106	277
ST02	Transaction Set Control Number		R	R	R	106	System Generated Unique, same as SE02
ST03	Version, Release, or Industry Identifier		R	R	R	106	This field contains the same value as GS08.
BHT01	Hierarchical Structure Code	1	R	R	R	107	0010
BHT02	Transaction Set Purpose Code		R	R	R	107	08
BHT03	Originator Application Transaction Identifier		R	R	R	107	System Generated Unique
BHT04	Transaction Set Creation Date		R	R	R	107	System Generated
BHT05	Transaction Set Creation Time		R	R	R	108	
BHT06	Transaction Type Code		R	R	R	108	DG

> 1 / 2000A	INFORMATION SOURCE LEVEL						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
HL01	Hierarchical ID Number	1	R	R	R	109	1
HL03	Hierarchical Level Code		R	R	R	110	20
HL04	Hierarchical Child Code		R	R	R	110	1

1 / 2100A	PAYER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R/R	R	R	111	PR
NM102	Entity Type Qualifier		R/R	R	R	111	2
NM103	Payer Name		R/R	R	R	111	Please refer to the list of Commonwealth of Massachusetts EIM/ESM Departments/Programs/Activities in Section 5 of the Companion Document.
NM108	Identification Code Qualifier		R/R	R	R	112	PI
NM109	Payer Identifier		R/R	R	R	112	Please refer to the list of Commonwealth of Massachusetts EIM/ESM Departments/Programs/Activities in Section 5 of the Companion Document.
PER01	Contact Function Code	1	R/R	S	R	114	IC
PER02	Payer Contact Name		R/R	S	S	114	Virtual Gateway Help Desk
PER03	Communication Number Qualifier		R/R	S	R	114	TE
PER04	Communication Number		R/R	S	R	114	8004210938

> 1 / 2000B	INFORMATION RECEIVER LEVEL						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
HL01	Hierarchical ID Number	1	R	R	R	116	2
HL02	Hierarchical Parent ID Number		R	R	R	116	1
HL03	Hierarchical Level Code		R	R	R	117	21
HL04	Hierarchical Child Code		R	R	R	117	1

> 1 / 2100B	INFORMATION RECEIVER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R/R	R	R	118	41
NM102	Entity Type Qualifier		R/R	R	R	118	2
NM103	Information Receiver Last or Organization Name		R/R	R	R	119	
NM104	Information Receiver First Name		R/R	R	S	119	
NM105	Information Receiver Middle Name		R/R	R	S	119	
NM108	Identification Code Qualifier		R/R	R	R	119	
NM109	Information Receiver Identification Number		R/R	R	R	119	

> 1 / 2000C	SERVICE PROVIDER LEVEL						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
HL01	Hierarchical ID Number	1	R	R	R	124	3
HL02	Hierarchical Parent ID Number		R	R	R	124	2
HL03	Hierarchical Level Code		R	R	R	125	19
HL04	Hierarchical Child Code		R	R	R	125	1

> 1 / 2100C	SERVICE PROVIDER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	2	R/R	R	R	127	Billing Provider Entity Identifier Code
NM102	Entity Type Qualifier		R/R	R	R	127	Billing Provider Entity Type Qualifier
NM103	Provider Last or Organization Name		R/R	R	S	127	Billing Provider Last or Organizational Name
NM104	Provider First Name		R/R	R	S	127	Billing Provider First Name
NM105	Provider Middle Name		R/R	R	S	127	Billing Provider Middle Name
NM107	Provider Name Suffix		R/R	R	S	127	Billing Provider Name Suffix
NM108	Identification Code Qualifier		R/R	R	R	128	Billing Provider Identification Code Qualifier
NM109	Provider Identifier		R/R	R	R	128	Billing Provider Primary Identifier

> 1 / 2000D	SUBSCRIBER LEVEL

X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
HL01	Hierarchical ID Number	1	R	R	R	134	Starts with 4, then for each additional Subscriber add 1
HL02	Hierarchical Parent ID Number		R	R	R	134	3
HL03	Hierarchical Level Code		R	R	R	134	22
HL04	Hierarchical Child Code		R	R	R	134	0

1 / 2100D	SUBSCRIBER NAME						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
NM101	Entity Identifier Code	1	R/R	R	R	135	
NM102	Entity Type Qualifier		R/R	R	R	135	
NM103	Subscriber Last Name		R/R	R	R	136	
NM104	Subscriber First Name		R/R	R	S	136	
NM105	Subscriber Middle Name		R/R	R	S	136	
NM107	Subscriber Name Suffix		R/R	R	S	136	
NM108	Identification Code Qualifier		R/R	R	R	136	
NM109	Subscriber Identifier		R/R	R	R	136	

> 1 / 2200D	CLAIM STATUS TRACKING NUMBER						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
TRN01	Trace Type Code	1	R/S	S	R	137	2
TRN02	Trace Number		R/S	S	R	137	Patient Account Number
STC01-1	Health Care Claim Status Category Code	1	R/S	R	R/R	138	
STC01-2	Health Care Claim Status Code		R/S	R	R/R	138	
STC01-3	Entity Identifier Code		R/S	R	R/S	139	
STC02	Status Information Effective Date		R/S	R	R	145	
STC04	Total Claim Charge Amount		R/S	R	R	145	
STC05	Claim Payment Amount		R/S	R	R	145	
STC06	Adjudication Finalized Date		R/S	R	S	145	
STC08	Check Issue or EFT Effective Date		R/S	R	S	146	
STC09	Check or EFT Trace Number		R/S	R	S	146	
STC10-1	Health Care Claim Status Category Code		R/S	R	S/R	146	
STC10-2	Health Care Claim Status Code		R/S	R	S/R	146	
STC10-3	Entity Identifier Code		R/S	R	S/S	147	
STC11-1	Health Care Claim Status Category Code		R/S	R	S/R	147	
STC11-2	Health Care Claim Status Code		R/S	R	S/R	147	
STC11-3	Entity Identifier Code		R/S	R	S/R	148	
REF01	Reference Identification Qualifier	1	R/S	S	R	150	BLT
REF02	Bill Type Identifier		R/S	S	R	150	

> 1 / 2220D	SERVICE LINE INFORMATION

X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
SVC01-1	Product or Service ID Qualifier	1	R/S/S	S	R/R	157	
SVC01-2	Service Identification Code		R/S/S	S	R/R	159	
SVC01-3	Procedure Modifier		R/S/S	S	R/S	159	
SVC01-4	Procedure Modifier		R/S/S	S	R/S	159	
SVC01-5	Procedure Modifier		R/S/S	S	R/S	159	
SVC01-6	Procedure Modifier		R/S/S	S	R/S	160	
SVC02	Line Item Charge Amount		R/S/S	S	R	160	
SVC03	Line Item Payment Amount		R/S/S	S	R	160	
SVC04	Revenue Code		R/S/S	S	S	160	
SVC07	Original Units of Service Count		R/S/S	S	R	160	
STC01-1	Health Care Claim Status Category Code	1	R/S/S	S	R/R	161	
STC01-2	Health Care Claim Status Code		R/S/S	S	R/R	161	
STC01-3	Entity Identifier Code		R/S/S	S	R/S	162	
STC02	Status Information Effective Date		R/S/S	S	R	168	
STC10-1	Health Care Claim Status Category Code		R/S/S	S	S/R	168	
STC10-2	Health Care Claim Status Code		R/S/S	S	S/R	168	
STC10-3	Entity Identifier Code		R/S/S	S	S/S	169	
STC11-1	Health Care Claim Status Category Code		R/S/S	S	S/R	169	
STC11-2	Health Care Claim Status Code		R/S/S	S	S/R	169	
STC11-3	Entity Identifier Code		R/S/S	S	S/S	170	
REF01	Reference Identification Qualifier	1	R/S/S	S	R	171	FJ
REF02	Line Item Control Number		R/S/S	S	R	171	Line Item Control Number
DTP01	Date Time Qualifier	1	R/S/S	S	R	172	472
DTP02	Date Time Period Format Qualifier		R/S/S	S	R	172	RD8
DTP03	Service Line Date		R/S/S	S	R	172	Service Date - Service Date (CCYYMMDD-CCYYMMDD)

1 / -	TRANSACTION SET TRAILER						
X12N INFORMATION							Commonwealth of Massachusetts
			USAGE			IG	EIM/ESM Information
ELEMENT	NAME	R	L	S	D	PG#	EXAMPLE / VALUE / NOTE
SE01	Transaction Segment Count	1	R	R	R	213	Total number of segments included in a transaction set including ST and SE segments
SE02	Transaction Set Control Number		R	R	R	213	The Transaction Set Control Numbers in ST02 and SE02 must be identical.

10.1.3 EOHHS EIM/ESM TRANSACTION SAMPLE

The following sample presents three formats for the data contained within a 837 Institutional Claim:

- A high level scenario typical within EOHHS EIM/ESM claims processing
- Breakdown of the Segments/Loops
- A data string, illustrating the actual record transmission

Business Scenario

The following test sample presents a high-level scenario likely to occur and the subsequent handling typically used by EOHHS EIM/ESM to remit payment. This example is utilizing the 837 Institutional Claim example above to show rejection of claim.

SEG # LOOP
SEGMENT/ELEMENT STRING

1 HEADER
ST TRANSACTION SET HEADER
ST*277*0001*005010X212~

2 BHT BEGINNING OF HIERARCHICAL TRANSACTION
BHT*0010*08*ESM1*20070220*2014*DG~

3 2000A INFORMATION SOURCE LEVEL
HL INFORMATION SOURCE LEVEL
HL**20*1~

4 2100A PAYER NAME
NM1 PAYER NAME
NM1*PR*2*BSAS*****PI*1234~

5 PER PAYER CONTACT INFORMATION
PER*IC*Virtual Gateway Help Desk*TE*8004210938~

6 2000B INFORMATION RECEIVER LEVEL
HL INFORMATION RECEIVER LEVEL
HL*2*1*21*1~

7 2100B INFORMATION RECEIVER NAME
HL INFORMATION RECIEVER NAME
NM1*41*2*ABC SATF*****46*123456789~

8 2000C SERVICE PROVIDER LEVEL
HL SERVICE PROVIDER LEVEL
HL*3*2*19*1~

9 2100C PROVIDER NAME
NM1 PROVIDER NAME
NM1*1P*2*ABC SATF*****XX*987654321~

10 2000D SUBSCRIBER LEVEL
HL SUBSCRIBER LEVEL
HL*4*3*22*0~

11 2100D SUBSCRIBER NAME
NM1 SUBSCRIBER NAME
NM1*IL*1*JONES*MARY*B***MI*24670389600~

12 2200D CLAIM SUBMITTER TRACE NUMBER
TRN CLAIM SUBMITTER TRACE NUMBER
TRN*2*2235057~

13 STC CLAIM LEVEL STATUS INFORMATION
STC*F5:499*20070220**500*0~

14 REF INSTITUTIONAL BILL TYPE IDENTIFICATION
REF*BLT*55A1~

15 DTP CLAIM SERVICE DATE
DTP*472*RD8*20070210-20070214~

16 TRAILER
SE*16*0001~

Data String Example

The following transmission sample illustrates the file format used for an EDI transaction, which includes delimiters and data segment symbols. Note that the sample contains only one ST/SE set within the Functional Group (GS) and only one claim within the ST/SE set. Normally there would be multiple claims within an ST/SE set.

This sample contains a line break after each tilde to provide an easy illustration of where a new data segment begins.

```
ST*277*0001*005010X212~
BHT*0010*08*ESM1*20070220*2014*DG~
HL**20*1~
NM1*PR*2*BSAS*****PI*1234~
PER*IC*Virtual Gateway Help Desk*TE*8004210938~
HL*2*1*21*1~
NM1*41*2*ABC SATF*****46*123456789~
HL*3*2*19*1~
NM1*1P*2*ABC SATF*****XX*987654321~
HL*4*3*22*0~
NM1*IL*1*JONES*MARY*B***MI*24670389600~
TRN*2*2235057~
STC*F5:499*20070220**500*0~
REF*BLT*55A1~
DTP*472*RD8*20070210-20070214~
SE*16*0001~
```

11 Appendices

The Provider Intake XML is utilized by EOHHS for the acceptance of client information from the Providers Practice Management, which will be utilized by the EIM/ESM system.

A. 999 Implementation Acknowledgement Rejection Codes

Data Segment Errors (IK3):

Code Description
1 Unrecognized segment ID
2 Unexpected segment
3 Required segment missing
4 Loop occurs over maximum times
5 Segment Exceeds Maximum Use
6 Segment not in defined transaction set
7 Segment not in proper sequence
8 Segment has data element errors
I4 Implementation “Not Used” segment present
I6 Implementation Dependent segment missing
I7 Implementation loop occurs under minimum times

I8 Implementation segment below minimum use
I9 Implementation Dependent "Not Used" segment present

Data Element Errors (IK4):

Code Description

1 Required data element missing
2 Conditional required data element missing
3 Too many data elements
4 Data element too short
5 Data element too long
6 Invalid character in data element
7 Invalid code value
8 Invalid date
9 Invalid time
10 Exclusion condition violated
12 Too many repetitions
13 Too many components
I10 Implementation "Not Used" data element present
I11 Implementation too few repetitions
I12 Implementation pattern match failure
I13 Implementation Dependent "Not Used" element present
I6 Code value not used in implementation
I9 Implementation dependent data element missing

B. EOHHS EIM/ESM PRE-EDITS

For each of the claim and service line, the EIM/ESM service validates the following pre-edits (pre-edit is a rule only pertains to the processing of batch HIPAA transaction. If a claim fails a pre-edit it will not be recorded in EIM_ESM, but will be followed by the 277 Health Care Payer Unsolicited Claim Status and appropriate Claim Status Category Code (CSCC) and Claim Status Code (CSC) indicating that the claim had failed receipt due to the applicable error):

1. **Activity** (at Claim Level) does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC: 28 Claim submitted to wrong payer.
2. **Client** (at Claim Level) does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC: 33 Subscriber ID not found.
3. **Service Date** (at Service Line Level) does not match enrollment within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 91 Entity not eligible/not approved for dates of service.
4. **Billing Organization** (at Claim Level) does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC: 26 Entity not found.
5. **Rendering Provider Organization** (at Claim Level) (if information is submitted) does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 26 Entity not found.
6. **Service Facility Organization** (at Claim Level) does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 26 Entity not found.
7. **Contract** (at Claim Level) does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 96 No agreement exists with entity.
8. More than one **Contract** (comparing the Claim Level and Service Line Level) exists within the claim; therefore, reject claim CSCC F5 Finalized/Cannot Process and CSC 96 No agreement exists with entity.

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9. **Service Code(s)** (at Service Line Level) contained within the claim does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 499 No rate on file with the payer for this service for this entity.
10. **Diagnosis Code(s)** (at Claim Level) contained within the claim does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 493 Version/Release/Industry ID code not currently supported by information holder.
11. **Taxonomy Code** (at Claim Level) for **Billing Provider** does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 493 Version/Release/Industry ID code not currently supported by information holder.
12. **Taxonomy Code** (at Claim Level) for **Rendering Provider** does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 493 Version/Release/Industry ID code not currently supported by information holder.
13. **Taxonomy Code** (at Service Line Level) for **Rendering Provider** does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 493 Version/Release/Industry ID code not currently supported by information holder.
14. **Facility Code** (at Claim Level) does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 493 Version/Release/Industry ID code not currently supported by information holder.
15. **Claim Frequency Code** (at Claim Level) does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 493 Version/Release/Industry ID code not currently supported by information holder.
16. **Release of Information Code** (at Claim Level) does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 493 Version/Release/Industry ID code not currently supported by information holder.
17. **Delay Reason Code** (at Claim Level) does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSCC F5 Finalized/Cannot Process and CSC 493 Version/Release/Industry ID code not currently supported by information holder.
18. **Claim Frequency Type Code = "6"** (at Claim Level) and the **Claim Original Reference Number does not exist**; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 21 Missing or invalid information.
19. **Claim Frequency Type Code = "7"** (at Claim Level) and the **Claim Original Reference Number does not exist**; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 21 Missing or invalid information.
20. **Claim Frequency Type Code = "8"** (at Claim Level) and the **Claim Original Reference Number does not exist**; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 21 Missing or invalid information.
21. **Claim Frequency Type Code = "1"** (at Claim Level) and the **Claim Original Reference Number does exist**; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 21 Missing or invalid information.
22. **Rendering Provider Organization** (at Service Line Level) (if information is submitted) does not have a Service Delivery Role on Contract and for Activity (at Service Line Level) ; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 96 No agreement with entity.
23. **Service Facility Organization** (at Service Line Level) does not have a Service Delivery Role on Contract and for Activity (at Service Line Level); therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 96 No agreement with entity.
24. **Billing Organization** is not the Contracting Organization within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 96 No agreement exists with entity.
25. **Rendering Provider** (at Claim Level) (if information is submitted) does not have a Service Delivery Role on Contract and for Activity (at Claim Level); therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 96 No agreement with entity.
26. **Service Facility Organization** (at Claim Level) does not have a Service Delivery Role on Contract and for Activity (at Claim Level); therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 96 No agreement with entity.
27. **Provider or Supplier Signature Indicator** (at Claim Level) does not exist within the system;

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therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 493 Version/Release/Industry ID code not currently supported by information holder.

28. **Medicare Assignment Code** (at Claim Level) does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 493 Version/Release/Industry ID code not currently supported by information holder.
29. **Assignment of Benefits Indicator** (at Claim Level) does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 493 Version/Release/Industry ID code not currently supported by information holder.
30. **Attachment Report Type Code** or **Attachment Transmission Code** does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 493 Version/Release/Industry ID code not currently supported by information holder.
31. **Release of Information Code** (at Claim Level) does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 493 Version/Release/Industry ID code not currently supported by information holder.
32. **Patient Signature Source Code** (at Claim Level) does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 493 Version/Release/Industry ID code not currently supported by information holder.
33. **Rendering Provider Organization** (at Service Line Level) (if information is submitted)does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 26 Entity not found.
34. **Service Facility Organization** (at Service Line Level) does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 26 Entity not found.
35. **Facility Code** (at Service Line Level) does not exist within the system; therefore, reject claim with CSCC F5 Finalized/Cannot Process and CSC 493 Version/Release/Industry ID code not currently supported by information holder.
36. **Unit or Basis for Measurement Code** does not exist within the system; therefore, reject claims with CSCC F5 Finalized/Cannot Process and CSC 493 Version/Release/Industry ID code not currently supported by information holder.
37. **Claim Filing Indicator Code** does not exist within the system; therefore, reject claims with CSCC F5 Finalized/Cannot Process and CSC 493 Version/Release/Industry ID code not currently supported by information holder.
38. **Contract Code** does not exist within the system; therefore reject claims with CSCC F5 Finalized/Cannot Process and CSC 96 Version/Release/Industry ID code not currently supported by information holder.
39. **Duplicate Services** exist within same batch which have matching activity, contract code, subscriber primary identifier, service code and service date; therefore reject claims with CSCC F5 Finalized/Cannot Process and CSC 54 Version/Release/Industry ID code not currently supported by information holder.

Prior Authorization Number(s), Medical Record Number, Contract Code received at the claim level are assumed at the service line level unless otherwise overridden by information contained at that level. Therefore, when information comes in, if there is a Prior Authorization Number(s), Medical Record Number, and/or Contract Code received at the claim level, but not at the service line level, the system shall persist the information at the service line level for each service.

C. Links to HIPAA Resources

Centers for Medicare & Medicaid Services (http://www.cms.hhs.gov/hipaa/hipaa2/default.asp) - Read the final rules, proposed rules, as well as FAQ's from the source. Also, go here to get the HIPAA Model Compliance Extension Form.

U.S. Department of Health & Human Services (http://www.hhs.gov/ocr/hipaa) - Office of Civil Rights, in charge of enforcement of privacy. You can read all the Rules and proposed rules, as well as some FAQ's from the source.

Association for Electronic Health Care Transactions (http://www.afehct.org/) - This industry group has a HCFA-1500 to X12-837 crosswalk document on their web site, and will soon post one for the UB-92.

Workgroup for Electronic Data Interchange (WEDI) (http://www.wedi.org/); the site provides implementation materials and information regarding NPRMs.

Health Privacy Project at Georgetown University (http://www.healthprivacy.org/) has summaries of state health privacy laws in several states and the list of states is growing.

The American Hospital Association
(http://www.hospitalconnect.com/aha/key_issues/hipaa/index.html) maintains extensive online HIPAA resources