

837 Companion Guide Version 1.0

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1. Introduction

1.1 What is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates the establishment of national standards for electronic transmission of health data and ensuring privacy protection. The Administrative Simplification provisions of HIPAA, Title II, require the Department of Health and Human Services to establish national standards for electronic healthcare transactions and national identifiers for providers, health plans and employers. It also addresses the security and privacy of health data. Adopting these standards improves the efficiency and effectiveness of the nation's healthcare system by encouraging the widespread use of electronic data interchange in health care.

Falling Colors (FC), as a covered entity and payor accepts X12 837 Professional (837P) and Institutional (837I) Health Care Claims as mandated by the administrative simplification provisions of HIPAA.

1.2 Purpose

This document has been prepared as an implementation guide and to clarify when conditional data elements and segments must be used for Falling Colors reporting, and identify those codes and data elements that do not apply to FC. This companion guide document *supplements*, but does not contradict any requirements in the 837 version 5010 implementation guide. This companion is to be used in conjunction with the X12 implementation guide. The implementation guides for all HIPAA transactions are available from Washington Publishing Company and are available electronically to download at www.wpc-edi.com/HIPAA.

This document will be subject to revisions as new versions of the X12 837 Professional and Institutional Health Care Claim Transaction Set Implementation Guides are released.

1.3 Intended Audience

The intended audience for this document is the technical department/team responsible for submitting electronic claims transactions to Falling Colors. In addition, this information should be communicated and coordinated with the provider's billing office to ensure the required billing information is provided to their billing agent/submitter.

2. Transaction Submission Procedures

2.1 Submission Methods

Providers/trading partners may submit 837 claim transactions using Claim MD www.claim.md.

2.2 Submission Procedures

Providers can enroll with Claim MD at <https://www.claim.md/fallingcolors/> and submit claims via manual entry or via electronic upload of an 837P or 837I. There is No Cost to the provider for submitting claims directly to Falling Colors via Claim MD. (Existing Claim MD customers do not need to re-enroll, but will just submit a claim using payer ID FCC20.)

Providers can also submit claims to Claim MD via an already established relationship with their own Clearinghouse. Please ask your Clearinghouse to contact Claim MD at (855) 757-6060.

3. Reports

Reports will be available to providers/trading partners via Claim MD using their Reporting link.

4. Response Files

The following response files will be available to providers:

- 999 Implementation Acknowledgement
- 277 Healthcare Information Status Notification
- 835 Electronic Remittance Advise

5. Considerations

5.1 Transactions Supported (inbound)

The following inbound files will be supported:

- 837 Professional Health Care Claim
- 837 Institutional Health Care Claim

5.2 Size/Maximum Limitations

Claims files submitted in *production* mode cannot exceed 5000 claims (CLM segments) in any one file.

6. Instruction Set

The following tables contain rows for each segment that require supplemental instructions but does not contradict any requirements in the 837 version 5010 implementation guide.

Legend
Bolded and Shaded rows represent loops in the X12N implementation guide
Non-Shaded rows represent data elements in the X12N implementation guide

6.1 Health Care Claim Institutional

Loop ID	Reference	Name	Comments
1000B	NM1	Receiver Name	
1000B	NM103	Receiver Name	Value=Falling Colors
1000B	NM109	Receiver ID	Value=FCC20
2010AA	NM1	Billing Provider	

2010AA	NM101		Value =85
2010AA	NM103	Billing Provider Name	
2010AA	NM109	Identification Code	Billing Provider NPI
2000B			
	SBR02		Value = 18
2010BA	NM1	Subscriber Name	
2010BA	NM103	Subscriber Last Name	
2010BA	NM104	Subscriber First Name	
2010BA	DMG02	Subscriber Date of Birth	
2010BA	NM109	Identification Code	This ID is the unique ClientID from the BHSDStar system for this individual.
2010BB	NM1	Payer	
2010BB	NM103	Payer Name	Value=Falling Colors
2010BB	NM109	Payer ID	Value=FCC20
2310A	NM1	Attending Provider	
2310A	NM109	Attending Provider NPI	
2310A	REF	G2	If the rendering provider does not have an NPI use the Staff ID from the BHSDStar system.

6.2 Health Care Claim Professional

Loop ID	Reference	Name	Comments
1000B	NM1	Receiver Name	
1000B	NM103	Receiver Name	Falling Colors
1000B	NM109	Receiver ID	Value=FCC20
2010AA	NM1	Billing Provider	
2010AA	NM101		Value=85
2010AA	NM103	Billing Provider Name	
2010AA	NM109	Identification Code	Billing Provider NPI
2000B			
	SBR02		Value=18
2010BA	NM1	Subscriber Name	
2010BA	NM103	Subscriber Last Name	
2010BA	NM104	Subscriber First Name	
2010BA	DMG02	Subscriber Date of Birth	

2010BA	NM109	Identification Code	This ID is the unique ClientID from the BHSDStar system for this individual.
2010BB	NM1	Payer	
2010BB	NM103	Payer Name	Value=Falling Colors
2010BB	NM109	Payer ID	Value=FCC20
2310B	NM1	Rendering Provider	
2310B	NM109	Rendering Provider NPI	
2310B	REF	G2	If the rendering provider does not have an NPI use the Staff ID from the BHSDStar system.
2310C	NM1	Facility Location	
2310C	NM103	Location Name	Name of the Facility where the service was rendered
2310C	NM109	Location NPI	NPI of the Facility where the service was rendered

7. Additional Information

- All staff administering services must be registered in the BHSDStar system along with their NPI and licensure/certification.
- Falling Colors will require a valid NPI when NM109 is used in any provider loop and will not accept Provider Secondary Identification after the mandated NPI Implementation date.
- New submitters must go through the appropriate submission procedure to transmit electronic claims with Falling Colors. Please refer to Transmission Submission Procedures Section 2.0 of this document for details.
- Falling Colors will accept 837 Institutional and 837 Professional Claims, however the 837 Institutional and 837 Professional claim files must be sent separately. They cannot be sent on the same file.
- The maximum medical claims accepted in a file is 5000 and maximum hospital claims is 500.
- Falling Colors is adhering to structural specifications for required and situational fields. If the incoming 837I or 837P has a single ST/SE and the structure does not comply, the entire file will fail in the validation process. If the incoming 837I or 837P has multiple ST/SEs, only the failed ST/SEs in the file will fail in the validation process. The submitter receives a 999 acknowledgement for notification for the ST/SEs that failed.
- Falling Colors will capture payee information from the Billing Provider Name loop (Loop 2010AA).
- Only ICD-10 Codes will now be accepted based on the regulatory compliance effective date of October 1, 2014.

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- Although the HIPAA Transaction Set technical report allows the repeating of Billing Provider Name loop (2010AA Loop) for each claim, the size of transmission files can be reduced by up to 20% by using only one repeat of Billing Provider Name loop followed by all subscriber and claim information for that Provider. Transmission files can be further reduced by grouping the claims of each subscriber together.
 - The Pay-To Address Name loop (Loop 2010AB) in 5010 has been changed to enter a separate billing provider address where payments should be sent. Please note that Falling Colors will continue making payments to the Billing address on record in BHSDStar instead of the addresses submitted in loop 2010AB.

8. Questions

For any questions email support@bhsdstar.org.