Standard companion guide transaction information

Instructions related to transactions based on Accredited Standards Committee (ASC) X12 implementation guides (IGs), version 005010

837 – ANSI X12 version 005010X222A1

Companion guide version number: 7.0

June 12, 2018

Humana.

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Preface

Companion guides (CGs) may contain two types of data: instructions for electronic communications with the publishing entity (communications/connectivity instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (transaction instructions). Either the communications/connectivity component or the transaction instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The communications/connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain a communication exchange.

The transaction instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The transaction instruction component content is limited by ASC X12's copyrights and fair use statement.

Transaction instruction (TI) introduction

Background

Overview of HIPAA legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial healthcare transactions primarily between healthcare providers and plans. HIPAA directs the secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard. HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use code or data element(s) that is/are marked "not used" in the standard's implementation specifications or is/are not in the standard's implementation specification(s).
- Change the meaning or intent of the standard's implementation specification(s).

Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying defining, explanatory or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

Intended use

The transaction instruction component of this companion guide must be used in conjunction with an associated ASC X12 implementation guide. The instructions in this companion guide are not intended to be stand-alone requirements. This companion guide conforms to all the requirements of any associated ASC X12 implementation guide and is in conformance with ASC X12's fair use and copyright statements.

Document purpose

The purpose of the Humana companion guide is to define (for directly connected trading partners) the required values for submission of 837 ANSI X12 Health Care Claim: Professional Version 005010X222A1 transaction(s) to Humana. Humana's companion guide(s) supplement the HIPAA implementation guides and should be used in conjunction with the published HIPAA implementation guides. This document is not intended to convey information that in any way exceeds the requirements or uses of data expressed in the implementation guide. This supplement is solely for the purpose of clarification and facilitation of implementing 837 transaction(s) with Humana.

Included ASC X12 implementation guide

This table lists the X12N implementation guide for which specific transaction instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X222A1	Health Care Claim; Professional (837)

Instruction tables

ISA

005010X222A1 health care claim: professional

Loop ID	Reference	Name	Codes	Notes/comments
Interchange	ISA	Interchange Control Header		Humana requirements
	ISA05	Interchange ID Qualifier	14	"14" DUNS number plus suffix
	ISA08	Interchange Receiver ID	0499441430000	Humana DUNS number

Interchange control header

Humana requires the use of the DUNS number qualifier "14" for ISA05.

Example

ISA*00*   *00*   *14*1234567890000 *14*0499441430000
*110111*1001*^*00501*000000905*0*P:~

GS segment

005010X222A1 health care claim: professional

Loop ID	Reference	Name	Codes	Notes/comments
Functional Group	GS	Functional Group Header		Humana requirements
	GS02	Application Sender's Code	61101 or 61102	61101 – Fee for service 61102 – Encounters
	GS03	Application Receiver's Code	0499441430000	Humana DUNS number

Functional group header

Humana requires the use of the Humana payer ID in GS02 and the application receiver code In GS03. The intent is to identify what type of data is being sent, how the trading partner received that data and if there is a fee to be paid for these transactions.

Example
GS * HC*61102*0499441430000*20111107*0850*47234227*X*005010X222A1~

BHT segment

005010X223A2   health care claim: professional

Loop ID	Reference	Name	Codes	Notes/comments
Header	BHT	Header		Humana requirements
	BHT06	Transaction Type Code	CH, RP	Chargeable claims use CH. Reportable claims use RP.

Beginning of hierarchical transaction

Humana requires BHT06 of CH when chargeable claims are being submitted with GS02 of 61101. Humana requires BHT06 of RP when reportable claims are being submitted with GS02 of 61102. The intent is to identify what type of data is being sent, how the trading partner received that data and if there is a fee to be paid for these transactions.

Example 1
GS * HC*61101*0499441430000*20111107*0850*47234227*X*005010X223A2~
BHT*0019*00*01*20130810*110642*CH~

Example 2
GS * HC*61102*0499441430000*20111107*0850*47234227*X*005010X223A2~
BHT*0019*00*01*20130810*110642*RP~

Subscriber information

005010X222A1 health care claim: professional

Loop ID	Reference	Name	Codes	Notes/comments
2010BA	NM1	Subscriber Information		Humana requirements
	NM109	Subscriber ID		Humana requires the use of the member ID number shown on the Humana insurance card.

Humana requires the use of the member ID number shown on the Humana insurance card.

Example
NM1*IL*1*DOE*JOHN*T**JR*MI*123456789***~

Loop ID	Reference	Name	Codes	Notes/comments
2000B	SBR	Subscriber Information		Humana requirements
	SBR01	Payer Responsibilities Sequence Number Code	Example: P, S, T, A	Code identifying the insurance carrier's level of responsibility for a payment of a claim.
	SBR02	Individual Relationship Code	Example: 18 – Self	Code indicating the relationship between two individuals or entities. The relationship code should reflect how the patient is related to the insured.

	SBR03	Reference Identification	Example: GRP01020102	Reference information as defined for a particular transaction set or as specified by the Reference Identification Qualifier. Note: Policy or group number.
	SBR04	Free-form name	Example: Medicaid	Required when SBR03 is not used and the group name is available. Note: Humana requires the group name "Medicaid" to be used, if applicable.
	SBR09	Claim Filing Indicator Code	Example: MC, MB, OF	Code identifying type of claim is required. Note: Humana requires "MC" for Medicaid.

Humana requires the values in the table above when submitting subscriber information in the SBR segment.

Example
SBR*P**GRP01020102*MEDICAID*****MC~

Unlisted code information

005010X222A2 health care claim: professional

Loop ID	Reference	Name	Codes	Notes/comments
2400	SV1	Professional Service		Humana requirements
	SV101-1	Product Service ID Qualifier	Example: IV, ER	Code identifying the type/source of the descriptive number used in Product Service ID.
	SV101-2	Product and Service ID	Example: HCPCS code list S5497, 81099	A free-form description to clarify the related data elements. Humana requires a description for unspecified or unlisted codes. (See code source.)

	SV101-07	Description	Example: PIC LINE MAINTENANCE	A free-form description to clarify the related data elements and their content. Include NDC number and administered dosage for drug codes. Required when SV101-2 is a nonspecific procedure code. Nonspecific codes may include in their descriptors terms such as the following: not otherwise classified (NDC), other, miscellaneous, prescription drug.
	SV102	Monetary Amount	Example: 1294, 95.35, 5	Submitted service line amount.
	SV103	Unit or Basis of Measurement	Units example: 1, 2, 25	Code specifies the units in which a value is being expressed or a measurement is being taken.
	SV104	Quantity	Example: 1, 5, 15	Numeric value of quantity.

	SV107	Composite Diagnosis Pointer		To identify one or more diagnosis pointers.
	SV107-01	Diagnosis Code Pointer	Example: 1,2,3,4	A pointer to the diagnosis in the order of importance to this service.

Humana requires the values in the table above when submitting unlisted codes in the SV1 segment.

Example
SV1*HC:S5497:::::PIC LINE MAINTENANCE*1974.3*UN*30***1~

TI additional information

Business scenarios

Example

005010X222A1 (837)

Other resources

ACS X12 TR3 implementation guides: http://store.x12.org

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