HIPAA X 12 Transaction Standards

Companion Guide

837 Professional/ Institutional Health Care Claim

Version 5010

Trading Partner Companion Guide Information and Considerations

837P/837I

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Overview

The Companion Guide provides Centene trading partners with guidelines for submitting 5010 version of 837 Professional Claims. The Centene Companion Guide documents any assumptions, conventions, or data issues that may be specific to Centene business processes when implementing the HIPAA ASC X12N 5010A Technical Reports Type 3 (TR3). As such, this Companion Guide is unique to Centene and its affiliates.

This document does NOT replace the HIPAA ASC X12N 5010A Technical Reports Type 3 (TR3) for electronic transactions, nor does it attempt to amend any of the rules therein or impose any mandates on any trading partners of Centene. This document provides information on Centene- 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 Technical Reports Type 3, their structure and content. Information contained within the HIPAA TR3s has not been repeated here although the TR3s have been referenced when necessary.

The Companion Guide provides supplemental information to the Trading Partner Agreement (TPA) that exists between Centene and its trading partners. Refer to the TPA for guidelines pertaining to Centene legal conditions surrounding the implementations of EDI transactions and code sets. Refer to the Companion Guide for information on Centene business rules or technical requirements regarding the implementation of HIPAA compliant 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.**

Rules of Exchange

The Rules of Exchange section details the responsibilities of trading partners in submitting or receiving electronic transactions with Centene.

Transformation Confirmation

Transmission confirmation may be received through one of two possible transactions: the TA1 Interchange Acknowledgement or the 999 Functional 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.

Confirmations of transmissions, in the form of TA1 or 999 transactions, should be received within 24 hours of batch submissions, and usually sooner. Senders of transmissions should check for confirmations within this time frame.

Batch Matching

Senders of batch transmissions should note that transactions are unbundled during processing, and rebundled so that the original bundle is not replicated. Trace numbers or patient account numbers should be used for batch matching or batch balancing.

TA1 Interchange Acknowledgement

The TA1 Interchange Acknowledgement provides senders a positive or negative confirmation of the transmission of the ISA/IEA Interchange Control.

999 Functional Acknowledgement

The 999 Functional Acknowledgement reports on all Implementation Guide edits from the Functional Group and transaction Sets.

Duplicate Batch Check

To ensure that duplicate transmissions have not been sent, Centene checks five values within the ISA for redundancy:

- ISA06
- ISA08
- ISA09
- ISA10
- ISA13

Collectively, these numbers should be unique for each transmission. A duplicate ISA/IEA receives a TA1 response of “025” (Duplicate Interchange Control Number).

To ensure that Transaction Sets (ST/SE) have not been duplicated within a transmission, Centene checks the ST02 value (the Transaction Set Control Number), which should be a unique ST02 within the Functional Group transmitted. Duplicate Transaction Sets (ST/SE) return a 999 Functional Acknowledgement with an IK502 value of “23” (Transaction Set Control Number not unique within the Functional Group).

Claims Processing

Acknowledgements

Senders receive two forms of acknowledgement transactions: the TA1 transaction to acknowledge the Interchange Control Envelope (ISA/IEA) of a transaction, and 999 transaction to acknowledge the Functional Group (GS/GE) and Transaction Set (ST/SE). At the claim level of a transaction, the only acknowledgement of receipt is the return of the Claim Audit Report.

Coordination of Benefits (COB) Processing

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

Note: Primary and secondary coverage for the same claim will not be processed simultaneously. Claims that contain both primary and secondary coverage must be broken down into two claims. File the primary coverage first and submit the secondary coverage after the primary coverage claim has been processed. Submitters can be assured that the primary coverage claim has been processed upon receipt of the EOP or ERA. 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.

Code Sets

Only standard HCPCS-CPT codes, valid at the time of the date(s) of service, should be used.

Centene does not require the use of National Drug Codes (NDC) by non-retail pharmacies. J-code submissions are acceptable.

Corrections and Reversals

The 837 TR3 defines what values submitters must use to signal to payers that the inbound 837 contains a reversal or correction to a claim that has previously been submitted for processing. For both Professional and Institutional 837 claims, 2300 CLM05-3 (Claim Frequency Code) must contain a value for the National UB Data Element Specification Type List Type of Bill Position 3. Values supported for corrections and reversals are:

5 = "Late Charges Only" Claim
7 = Replacement of Prior Claim
8 = Void/Cancel of Prior Claim

Data Format/Content

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

Dates

The following statements apply to any dates within an 837 transaction:

- 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) within birthdates are 18, 19, or 20.
- Dates that include hours should use the following format: CCYYMMDDHHMM.
- Use Military format, or numbers from 0 to 23, to indicate hours. For example, an admission date of 201006262115 defines the date and time of June 26, 2010 at 9:15 PM.
- 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 the patient's service date.

Decimals

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.

Monetary and Unit Amount Values

Centene accepts all compliant data elements on the 837 Professional Claim; however, monetary or unit amount values that are in negative numbers are rejected.

Delimiters

Delimiters are characters used to separate data elements within a data string. Delimiters used by Centene 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, and the colon (:) for component separation. *Please note that the pipe symbol (|) and or line feed cannot be used as delimiters.*

Phone Numbers

Phone numbers should be presented as contiguous number strings, without dashes or parenthesis markers. For example, the phone number (336) 555-1212 should be presented as 3365551212. Area codes should always be included.

Time Frames for Processing

Batch claims are moved through the adjudication process at cycles throughout the day. The last cycle of processing for the day occurs at 8 PM for Professional Health Care Claims. Batches must have passed through an initial validation process to reach the adjudication process cycle. Senders should allow time for validation and submit transactions by 7 PM to make the last processing cycle of the day.

Identification Codes and Numbers

General Identifiers

Federal Tax Identifiers

Any Federal Tax Identifier (Employer ID or Social Security Number) used in a transmission should omit dashes or hyphens. Centene sends and receives only numeric values for all tax identifiers.

Sender Identifier

The Sender Identifier is presented at the Interchange Control (ISA06) of a transmission. Centene expects to see the sender's Federal Tax Identifier (ISA05, qualifier 30) for this value. In special circumstances, Centene will accept a "Mutually Defined" (ZZ) value. Senders wishing to submit a ZZ value must confirm this identifier with Centene EDI.

Payer Identifier

Centene uses a different Payer ID for each healthplan under its umbrella of healthplans.

Plan	Receiver ID	Payer ID
	ISA08/GS03 837I & 837P	**NM109 when NM101 = PR 837I & 837P**
AZ - Bridgeway Health Solutions	68054	68054
AZ - Cenpatico Behavioral Health	68048	68048
FL - Sunshine State Health Plan	68057	68057
FL - Cenpatico Behavioral Health	68058	68058
GA - Peach State Health Plan	68049	68049
GA - Cenpatico Behavioral Health	68050	68050
IL - Illinicare Health Plan	68066	68066
IL - Cenpatico Behavioral Health	68065	68065
IN - Managed Health Services	39186	39186
IN - Cenpatico Behavioral Health	68052	68052
KS – Kansas Sunflower State Health Plan	421406317	68069
KS - Cenpatico Behavioral Health	421406317	68068
KY - Kentucky Spirit	68067	68067
KY - Cenpatico Behavioral Health	68068	68068
LA – Louisiana Healthcare Connections	421406317	68069
MA - CelticCare health Plan	68060	68060
MA - Cenpatico Behavioral Health	68061	68061

MA – MPCH/Centurion	421406317	42140
Medicare Advantage	68056	68056
MO – Missouri Home State Health Plan	421406317	68069
MO – Cenpatico Behavioral Health	421406317	68068
MS - Magnolia Health Plan	68062	68062
OH - Buckeye Community Health Plan	32004	32004
OH - Cenpatico Behavioral Health	68051	68051
SC - Absolute Total Care	68055	68055
SC - Cenpatico Behavioral Health	68059	68059
TX - Superior Health Plan	39188	39188
TX - Cenpatico Behavioral Health	68053	68053
WA – Coordinated Care	421406317	68069
WI - Managed Health Services	39187	39187
WI - Cenpatico Behavioral Health	68046	68046

Provider Identifiers

National Provider Identifiers (NPI)

HIPAA regulation mandates that providers use their NPI for electronic claims submission. The NPI is used at the record level of HIPAA transactions; for 837 claims, it is placed in the 2010AA loop. See the 837 Professional Data Element table for specific instructions about where to place the NPI within the 837 Professional file. The table also clarifies what other elements must be submitted when the NPI is used.

Billing provider

The Billing Provider Primary Identifier should be the group/organization ID of the billing entity, filed only at 2010AA. This will be a Type 2 (Group) NPI unless the Billing provider is a sole proprietor and processes Ol claims and remittances with a Type 1 (Individual) NPI.

Rendering Provider

When providers perform services for a subscriber/patient, the service will need to be reported in the Rendering Provider Loop (2310B or 2420A) You should only use 2420A when it is different than 2310B. Please see the Rendering Provider section for more information.

Referring Provider

Centene has not requirement for Referring Provider information beyond that prescribed by the X12 implementation guide (TR3).

Atypical Provider

A typical providers are not always assigned an NPI number, however, if an Atypical provider has been assigned an NPI, then they need to follow the same requirements as a medical provider. An Atypical provider which provides non-medical services is not required to have an NPI number (i.e. carpenters, transportation, etc). Atypical providers need only send the Provider Tax ID in the REF segment and their Medicaid number or Health Plan identifier in the Billing Provider Secondary Identification – 2010BB - REF segment.

Subscriber Identifiers

Submitters must use the entire identification code as it appears on the subscriber's card in the 2010BA element.

Claim Identifiers

Centene issues a claim identification number upon receipt of any submitted claim. The ASC X12 Technical Reports (Type 3) may refer to this number as the Internal Control Number (ICN), Document Control Number (DCN), or the Claim Control Number (CCN). It is provided to senders in the Claim Audit Report and in the CLP segment of an 835 transaction. ***When submitting a claim adjustment, this number must be submitted in the Original Reference Number (ICN/DCN) segment, 2300, REF02.***

Centene returns the submitter's Patient Account Number (2300, CLM01) on the Claims Audit Report and the 835 Claim Payment/Advice (CLP01).

Connectivity Media for Batch Transactions

Secure File Transfer

Centene encourages trading partners to consider a secure File Transfer Protocol (FTP) transmission option. Centene offers two options for connectivity via FTP.

- Method A – the trading partner will push transactions to the Centene FTP server and Centene will push outbound transactions to the Centene FTP server.
- Method B – The Trading partner will push transactions to the Centene FTP server and Centene will push outbound transactions to the trading partner's FTP server.

Encryption

Centene offers the following methods of encryption SSH/SFTP, FTPS (Auth TLS), FTP w/PGP, HTTPS (Note this method only applies with connecting to Centene's Secure FTP. Centene does not support retrieve files automatically via HTTPS from an external source at this time.) If PGP or SSH keys are used they will shared with the trading partner. These are not required for those connecting via SFTP or HTTPS.

Direct Submission

Centene also offers posting an 837 batch file directly on the Provider Portal website for processing.

Edits and Reports

Incoming claims are reviewed first for HIPAA compliance and then for Centene business rules requirements. The business rules that define these requirements are identified in the 837 Professional Data Element Table below, and are also available as a comprehensive list in the 837 Professional Claims – Centene Business Edits Table. HIPAA TR3 implementation guide errors may be returned on either the TA1 or 999 while Centene business edit errors are returned on the Centene Claims Audit Report.

Reporting

The following table indicates which transaction or report to review for problem data found within the 837 Professional Claim Transaction.

Transaction Structure Level	Type of Error or Problem	Transaction or Report Returned
ISA/IEA Interchange Control		TA1 (Negative)
GS/GE Functional Group ST/SE Segment Detail Segments	HIPAA Implementation Guide violations	999 (Negative) Centene Claims Audit Report (a proprietary confirmation and error report)
Detail Segments	Centene Business Edits (see 837 Profession Claim Centene Business Edits for details)	Centene Claims Audit Report (a proprietary confirmation and error report)

Note: Centene does not return an unsolicited 277 response for any 837 Claim.

Security Validation Messages

Centene has a variety of edits to ensure the security of data transmission within the Transaction Set or ST/SE portion of a transmission. These security checks or edits are in addition to the verification of identifiers within the Interchange Control envelope and Functional Group. The edits involve validating information that has been exchanged between Centene and its business partners via the Trading Partner Questionnaire form. These edits stop the processing of a Billing Loop within a transaction set (ST/SE batch), prior to any business edits performed on the detailed segments. Subsequent loops within the transaction set will not be affected if they pass security validation.

The table below provides a list of messages health care providers may receive in their Centene Claims Audit Report if there are problems with security clearance within a loop of a transaction set. Adjacent to the messages are possible explanations for the edit and suggestions for rectifying it.

Audit Report - Rejection Reason Codes and Explanation

Error Code	Rejection Reason
01	Invalid Mbr DOB
02	Invalid Mbr
06	Invalid Prv
07	Invalid Mbr DOB & Prv
08	Invalid Mbr & Prv
09	Mbr not valid at DOS
10	Invalid Mbr DOB; Mbr not valid at DOS
12	Prv not valid at DOS
13	Invalid Mbr DOB; Prv not valid at DOS
14	Invalid Mbr; Prv not valid at DOS
15	Mbr not valid at DOS; Invalid Prv
16	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Prv
17	Invalid Diag
18	Invalid Mbr DOB; Invalid Diag
19	Invalid Mbr; Invalid Diag
21	Mbr not valid at DOS; Prv not valid at DOS
22	Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS
23	Invalid Prv; Invalid Diag
24	Invalid Mbr DOB; Invalid Prv; Invalid Diag
25	Invalid Mbr; Invalid Prv; Invalid Diag
26	Mbr not valid at DOS; Invalid Diag
27	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Diag
29	Prv not valid at DOS; Invalid Diag

Error Code	Rejection Reason – cont'd
30	Invalid Mbr DOB; Prv not valid at DOS; Invalid Diag
31	Invalid Mbr; Prv not valid at DOS; Invalid Diag
32	Mbr not valid at DOS; Prv not valid; Invalid Diag
33	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Prv; Invalid Diag
34	Invalid Proc
35	Invalid Mbr DOB; Invalid Proc
36	Invalid Mbr; Invalid Proc
38	Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag
39	Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag
40	Invalid Prv; Invalid Proc
41	Invalid Mbr DOB, Invalid Prv; Invalid Proc
42	Invalid Mbr; Invalid Prv; Invalid Proc
43	Mbr not valid at DOS; Invalid Proc
44	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Proc
46	Prv not valid at DOS; Invalid Proc
48	Invalid Mbr; Prv not valid at DOS; Invalid Proc
49	Mbr not valid at DOS; Invalid Prv; Invalid Proc
51	Invalid Diag; Invalid Proc
52	Invalid Mbr DOB; Invalid Diag; Invalid Proc
53	Invalid Mbr; Invalid Diag; Invalid Proc
55	Mbr not valid at DOS; Prv not valid at DOS; Invalid Proc
57	Invalid Prv; Invalid Diag; Invalid Proc
58	Invalid Mbr DOB; Invalid Prv; Invalid Diag; Invalid Proc
59	Invalid Mbr; Invalid Prv; Invalid Diag; Invalid Proc

Error Code	Rejection Reason – cont'd
60	Mbr not valid at DOS; Invalid Diag; Invalid Proc
61	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Diag; Invalid Proc
63	Prv not valid at DOS; Invalid Diag; Invalid Proc
64	Invalid Mbr DOB; Prv not valid at DOS; Invalid Diag; Invalid Proc
65	Invalid Mbr; Prv not valid at DOS; Invalid Diag; Invalid Proc
66	Mbr not valid at DOS; Invalid Prv; Invalid Diag; Invalid Proc
67	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Prv; Invalid Diag; Invalid Proc
72	Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag; Invalid Proc
73	Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag; Invalid Proc
74	Services performed prior to Contract Effective Date
75	Invalid units of service
76	Original Claim Number Required
81	Invalid units of service, Invalid Pvr
83	Invalid units of service, Invalid Pvr, Invalid Mbr
89	Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag
92	Invalid Mbr; Invalid Prv; Invalid Proc
93	Mbr not valid at DOS; Invalid Proc

If you believe you have received one of these messages erroneously after verifying the information in question, contact the EDI Help Desk at (800) 225-2573 ext 25525 or e-mail them at EDIBA@Centene.com.

837: Data Element Table

The 837 Data Element Table identifies only those elements within the X12 5010 Technical Report implementation guide that requirement comment within the context of Centene business processes. The 837 Data Element Table references the guide by loop name, segment name and identifier, element name and identifier. The Data Element Table also references the Centene Business Edit Code Number if there is an edit applicable to the data element in question. The Centene Business Edit Code numbers

appear on the Claims Audit Report, along with a narrative explanation of the edit. For a list of the error messages and their respective code numbers, see 'Audit Report - Rejection Reason Codes and Explanation' above.

The Centene business rule comments provided in this table do not identify if elements are required or situational according to the 837 Implementation guides. It is assumed that the user knows the designated usage for the element in question. Not all elements listed in the table below are required, but if they are, the table reflects the values Centene expects to see.

837 Health Care Claim						
Loop ID	**Segment Type**	**Segment Designator**	**Element ID**	**Data Element**	**Centene Business Edit Code number**	**Centene Business Rules**
2010AA	NM1	Billing Provider Name				
			NM109	Identification Code		Use the valid Billing provider NPI.
2010BA	NM1	Subscriber Name				
			NM103-NM105	Name (Last, First, Middle)		Centene processes all alpha characters, dashes, spaces, apostrophes, or periods. No other special characters are processed.
			NM109	ID Code		The member ID number should appear as it does on the membership card.
	DMG	Demographic Information				
			DMG03	Gender Code		Centene will only accept M and F values.
2010BB	NM1	Payer Name				
			NM103	Last Name or Organization Name		Use the health plan listed under the Payer ID section of this document.