

Colorado Medical Assistance Program Department of Health Care Policy and Financing (DHCPF)

**Health Care Claim Professional (837)
Transaction Standard Companion Guide**

**Companion to Health Care Claim
ASC X12N 837 005010X222
Implementation Guide**

August 2021

Disclosure Statement

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Preface

This Companion Guide to the Health Care Claims (837s) adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with Colorado Medical Assistance Program Department of Health Care Policy and Financing (DHCPF). Transmissions based on this Companion Guide, used in tandem with the **ASC X12N 837 005010X222 and the associated addendum 005010X222A1 Implementation Guides**, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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Table of Contents

1. INTRODUCTION.....	7
SCOPE.....	7
OVERVIEW.....	7
REFERENCES.....	7
ADDITIONAL INFORMATION	8
2. GETTING STARTED	8
TRADING PARTNER REGISTRATION	8
CERTIFICATION AND TESTING OVERVIEW.....	8
3. TESTING WITH THE PAYER.....	8
4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS.....	9
PASSWORDS.....	9
5. CONTACT INFORMATION	9
WORKING WITH COLORADO DHCPF	9
EDI SERVICES	9
6. CONTROL SEGMENTS/ENVELOPES	9
ISA-IEA	9
GS-GE.....	9
ST-SE.....	10
7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS.....	10
8. ACKNOWLEDGEMENTS AND/OR REPORTS	10
9. TRADING PARTNER AGREEMENTS	10
10. TRANSACTION SPECIFIC INFORMATION	10
APPENDIX 1: Change Summary	16

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1. INTRODUCTION

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 (DHHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care 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

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into transition 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 any code or data elements that are marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specifications
- Change the meaning or intent of the standards implementation specifications

SCOPE

The Companion Guide is to be used with, and to supplement the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion Guide is to provide trading partners with a guide to communicate Colorado DHCPF specific information required to successfully exchange transactions.

The Companion Guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claim status request and response transactions to Colorado DHCPF.

OVERVIEW

This section of the Companion Guide will provide guidance for establishing a relationship with Colorado DHCPF for the business purpose of doing Health Care Claims (837s).

REFERENCES

This section specifies additional on-line sources of helpful information related to electronic data interchange (EDI) and X12 transactions.

Workgroup for Electronic Data Interchange (WEDI) – <http://www.wedi.org>
United States Department of Health and Human Services (DHHS) – <http://aspe.hhs.gov/>
Centers for Medicare and Medicaid Services (CMS) – <https://www.cms.gov>
Designated Standard Maintenance Organizations (DSMO) – <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/StandardsSettingandRelatedOrganizations>
National Council of Prescription Drug Programs (NCPDP) – <http://www.ncdp.org/>
National Uniform Billing Committee (NUBC) – <http://www.nubc.org/>
Accredited Standards Committee (ASC X12) – <http://www.x12.org/>
Washington Publishing Company (WPC) at <http://wpc-edi.com/>

Affordable Care Act (ACA) Section 1104 information is at the Centers for Medicare & Medicaid

Services (CMS) website. For information on ACA Administrative Simplification information follow this link: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/index.html>

ADDITIONAL INFORMATION

It is assumed that the trading partner has purchased and is familiar with the ASC X12 Type 3 Technical Report (TR3) being referenced in this Companion Guide. TR3s can be purchased from the ASC X12 store at <https://x12.org/products>.

2. GETTING STARTED

TRADING PARTNER REGISTRATION

Any entity intending to exchange electronic transactions with Colorado DHCPF must agree to the Colorado DHCPF Trading Partner Agreement at the end of the Trading Partner Profile process. A Trading Partner Profile can be completed using the Colorado Medicaid Web Portal link at: <https://colorado-hcp-portal.xco.dcs-usps.com/hcp/provider>.

NOTE: *Providers must be enrolled and approved before registering as a Trading Partner.*

The Colorado Medicaid Web Portal will include the ability for file and report retrieval. Billing Agents and clearinghouses will have the option of retrieving the transaction responses and reports themselves and/or allowing each individual provider the option of retrieval. The trading partner will access the system using their assigned login and password. For information on the Colorado Medicaid Web Portal, go to: <https://colorado-hcp-portal.xco.dcs-usps.com/hcp/provider>.

CERTIFICATION AND TESTING OVERVIEW

All covered entities who submit electronic transactions are required to certify. This includes Clearinghouses, Software Vendors, Provider Groups, and Managed Care Organizations (MCOs). If submitting electronic transactions through one of these agencies, the agency will certify on behalf of the covered entity. Otherwise, the covered entity will need to certify. If submitting electronic transactions through an MCO, information should be received from the MCO with certification requirements.

Results of the system's processing of electronic transactions are reviewed and communicated back via email. Once the test files all pass, a production ID and welcome letter will be sent confirming certification.

3. TESTING WITH THE PAYER

This section contains a detailed description of the testing phase.

Testing is required for Health Care Claims (837s).

Before exchanging production transactions with Colorado DHCPF, each trading partner must complete production authorization testing.

Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

Colorado DHCPF recommends that trading partners submit three successful and unique submissions and receive the associated 999 (accepted) acknowledgement in response in order to obtain approval from Colorado DHCPF to promote to Production.

Trading Partner Authorization Testing is detailed in the Trading Partner Profile Testing Packet for ASC X12 transactions available on the Colorado Electronic Data Interchange (EDI) Support page at : <https://hcpf.colorado.gov/edi-support>.

Questions may be directed to the EDI Helpdesk at 1 (844) 235-2387 , Option 3, or via the Contact Us link at the top of the Portal home page at: <https://colorado-hcp-portal.xco.dcs-usps.com/hcp/provider>.

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

PASSWORDS

Passwords are provided during initial enrollment and can be reset by contacting Provider Relations – Electronic Claims Submission (ECS) Department at 1 (844) 235-2387. These passwords may not be shared.

<https://hcpf.colorado.gov/edi-support>

5. CONTACT INFORMATION

WORKING WITH COLORADO DHCPF

Colorado DHCPF, in an effort to assist the community with their electronic data exchange needs, has the following options available for either contacting a help desk or referencing a website for further assistance:

For general information to go Colorado DHCPF Website: <https://hcpf.colorado.gov>

EDI SERVICES

For EDI support, please contact the Provider Services Call Center at: 1-844-235-2387.

Provider Services Call Center Hours of Operation:

7 a.m. – 5 p.m. MT Monday, Tuesday & Thursday

10 a.m. – 5 p.m. MT Wednesday & Friday.

6. CONTROL SEGMENTS/ENVELOPES

ISA-IEA

This section describes the use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters. (See Section 10 below, Transaction Specific Information)

GS-GE

This section describes the use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Colorado DHCPF expects functional groups to be sent and how Colorado DHCPF

will send functional groups. These discussions will describe how similar transaction sets will be packaged and Colorado DHCPF use of functional group control numbers. (See Section 10 below, Transaction Specific Information)

ST-SE

This section describes the use of transaction set control numbers. (See Section 10 below, Transaction Specific Information)

Transactions (ST-SE envelopes) are limited to a maximum of 5000 CLM segments.

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Payer specific business rule information regarding Colorado DHCPF can be found at the For Our Providers webpage on the Colorado DHCPF website, <http://hcpf.colorado.gov/our-providers>

8. ACKNOWLEDGEMENTS AND/OR REPORTS

The acknowledgement process will create the TA1 and the 999 acknowledgement for the inbound transactions.

9. TRADING PARTNER AGREEMENTS

An EDI Trading Partner is defined as any Colorado DHCPF customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from Colorado DHCPF.

Payers have EDI Trading Partner Agreements (TPA) that accompany the standard Implementation Guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

10. TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Colorado DHCPF has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Colorado DHCPF

In addition to the row for each segment, one or more additional rows are used to describe Colorado DHCPF usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

All Colorado DHCPF clients are considered “subscribers” so they all have individual loops. See the Implementation Guide for additional information.

TPID –This is the number that is assigned to the provider/submitter to uniquely identify their electronic transaction. This may also be referred to as the Electronic Claim Submission (ECS) number or Trading Partner ID.

Health Care Claim Professional (837P)

Loop ID	Reference	Name	Codes	Notes/Comments
HEADER	ISA	Interchange Control Header		<p>The ISA is a fixed-length record with fixed-length elements.</p> <p>Colorado DHCPF constrains all inbound files to a single ISA segment for tracking and balancing.</p> <p>NOTE: Deviating from the standard ISA element sizes will cause the Interchange to be rejected.</p>
	ISA01	Authorization Information Qualifier	00	
	ISA02	Authorization Information		No data is expected in this data element.
	ISA03	Security Information Qualifier	00	
	ISA04	Security Information		No data is expected in this data element.
	ISA05	Interchange ID Qualifier	ZZ	
	ISA06	Interchange Sender ID		Enter the Trading Partner ID (TPID) assigned by the Colorado Medical Assistance Program.
	ISA07	Interchange ID Qualifier	ZZ	
	ISA08	Interchange Receiver ID	COMEDASSIST PROG	
	GS	Functional Group Header		
	GS02	Application Sender's Code		Enter the Trading Partner ID (TPID) assigned by the Colorado Medical Assistance Program.
	GS03	Application Receiver's Code	COMEDASSIST PROG	
	GS08	Version/Release/ Industry Identifier Code	005010X222A1	Standards Approved for Publication by ASC X12 Procedures Review Board.
	ST	Transaction Set Header		
	ST03	Version, Release, or Industry Identifier	005010X222A1	
	BHT	Beginning of Hierarchical Transaction		

Colorado Medical Assistance Program Department of Health Care Policy and Financing (DHCPF) Health Care Claim Professional (837) Transaction Standard Companion Guide

Loop ID	Reference	Name	Codes	Notes/Comments
	BHT06	Claim or Encounter Identifier	CH, RP	For submitting fee-for-service claims, enter the following value: CH For submitting encounter claims, enter the following value: RP NOTE: Fee-for Service and encounter claims must be submitted in separate transaction.
1000B	NM1	Receiver Name		
	NM103	Receiver Name	COLORADO MEDICAL ASSISTANCE PROGRAM	
	NM109	Receiver Primary Identifier	COMEDASSIST PROG	
2000B	SBR	Subscriber Information		
	SBR09	Claim Filing Indicator Code		For Medicare Crossover Claim, enter one of the following values: 16, MA, or MB Otherwise enter the following value: MC
2010BA	NM1	Subscriber Name		
	NM108	Identification Code Qualifier	MI	
	NM109	Subscriber Primary Identifier		Enter the Colorado Medical Assistance Program Client ID
2010BB	NM1	Payer Name		
	NM108	Identification Code Qualifier	PI	
	NM109	Payer Identifier	CO_TXIX	
2300	CLM	Claim Information		
	CLM05-3	Claim Frequency Code	1, 7, 8	Only codes 1, 7, and 8 are recognized for Colorado Medical Assistance Program Claims processing. If code 7 or 8 is used, the Payer Claim Control Number (2300/REF02) must also be included.

Loop ID	Reference	Name	Codes	Notes/Comments
	PWK	Claim Supplemental Information		Colorado Medical Assistance Program does not support the use of this segment at this time.
	REF	Referral Number		
	REF02	Referral Number		Needed for timely filing requirements, please enter the previous Internal Control Number (ICN).
	REF	Payer Claim Control Number		
	REF02	Payer Claim Control Number		Enter the Colorado Medical Assistance Program Internal Control Number (ICN) for the claim that is being adjusted.
	REF	Claim Identifier For Transmission Intermediaries		Colorado Medical Assistance Program requires this segment to be used for all Encounter Claim submissions.

Loop ID	Reference	Name	Codes	Notes/Comments
	REF02	Value Added Network Trace Number		<p>The system does not store any alphabetic characters. If a TCN contains alphabetic characters, only the leading numeric values will be stored in interChange for query and reporting.</p> <ul style="list-style-type: none"> • Ex: TCN received starts with a number – 123A45, the system will store and report 123 as the TCN for the encounter. • Ex: TCN received starts with alphabetic character =A12345, The system will not store and report a TCN for the encounter. <p>The TCN can have no more than 17 numeric characters. If you send a TCN with more than 17 numeric characters, the encounter will reject compliance and the error will be reported in the 999.</p> <p>Enter the Managed Care Entity Claim Number.</p>
	REF	Medical Record Number		
	REF02	Medical Record Number		Maximum length of 30 bytes supported
2320	SBR	Other Subscriber Information		For MCO Encounter claims, the MCO will be considered an Other Payer and the MCO payment information should be included in the last iteration of this loop.

Colorado Medical Assistance Program Department of Health Care Policy and Financing (DHCPF) Health Care Claim Professional (837) Transaction Standard Companion Guide

Loop ID	Reference	Name	Codes	Notes/Comments
	SBR09	Claim Filing Indicator Code		Enter one of the following values, which correctly identifies the type of Medicare coverage provided by the policy: 16, MA, or MB For Managed Care Organization Encounter claims - enter "ZZ" to identify the submitting MCO as a Payer on the claim.
2400	SV1	Professional Service		
	SV101-2	Procedure Code		If a drug is being billed, an appropriate J-code or other drug related HCPCS code must be used.

APPENDIX 1: Change Summary

Date	Change	Responsible Party
March 2017	Original Document	HPE
3/31/2017	Added New EDI Service Telephone Number	HPE
8/1/2017	Rebranding to DXC Technology	DXC Technology, formerly HPE
9/18/2017	Updated the notes/comments for REF02 (Value Added Network Trace Number), links in the various sections, and verbiage in the Certification and Testing Overview section.	DXC
2/23/2018	Updated the notes/comments for Header/ISA.	DXC
8/13/2021	Updating hyperlinks, update REF TCN methodology,	Gainwell Technologies, formerly DXC