ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

837 Standard Companion Guide Transaction Information (Claims)

Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010

Companion Guide Version Number: 0.1
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Transaction Instruction (TI)

1. TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry 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 health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations 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

1.1.2 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 any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

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

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

1.2 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 documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2. Included ASC X12 Implementation Guides

Unique ID	Name
005010X222	Health Care Claim: Professional (837)
005010X223	Health Care Claim: Institutional (837)
005010X224	Health Care Claim: Dental (837)

3. Instruction Tables

3.1 837 Health Care Claim: Professional – Claims

Loop ID	Reference	Name 837-P 5010 A1 FFS	Codes	Notes/Comments
				Glossary: **NOT USED BY AHCCCS** - AHCCCS does not use the segment or element for processing or updating of the adjudication system (PMMIS). The field may still be required by a Validator. - Follow TR3 guidelines.
				Blue = Header segments
				Light Blue = Billing Provider Detail Segments
				Green = Subscriber Detail Segments
				Yellow = Claim Level Segments
				Orange = Line Level Segments
	ISA	**INTERCHANGE CONTROL HEADER**		
	ISA06	Interchange Sender ID	Five byte AHCCCS sender ID	
	ISA08	Interchange Receiver ID	AHCCCS866004791	
___	**GS**	**FUNCTIONAL GROUP HEADER**		
	GS02	Application Sender Code	Five byte AHCCCS sender ID	
	GS03	Application Receiver Code	AHCCCS866004791	
	GS08	Version Identifier Code	005010X222A1	
	ST	**TRANSACTION SET HEADER**		
	ST03	Implementation Convention Reference	005010X222A1	

Loop ID	Reference	Name 837-P 5010 A1 FFS	Codes	Notes/Comments
	BHT	**BEGINNING OF HIERARCHICAL TRANSACTION**		
	BHT06	Claim or Encounter ID	CH	
1000A	**NM1**	**SUBMITTER NAME**		
	NM109	Submitter Identifier	Five byte AHCCCS sender ID	
1000B	**NM1**	**RECEIVER NAME**		
	NM103	Receiver Name	AHCCCS	
	NM109	Receiver Primary Identifier	866004791	
2010AB	**NM1**	**PAY-TO ADDRESS NAME**	SEGMENT NOT USED BY AHCCCS	AHCCCS will use the PMMIS pay-to address, providers need to ensure they have their correct pay-to address in PMMIS
2010BA	**NM1**	**SUBSCRIBER NAME**		
2010BA	NM109	Subscriber Primary Identifier	AHCCCS MEMBER ID (9 bytes)	
2010BB	**NM1**	**SUBSCRIBER NAME**		
2010BB	NM108	Identification Code Qualifier	PI	
2010BB	NM109	Payer Identifier	866004791	
2010BB	**REF**	**BILLING PROVIDER SECONDARY IDENTIFICATION**		Atypical Provider Only
2010BB	REF01	Reference Identification Qualifier	Expect G2	
2010BB	REF02	Payer Additional Identifier		format 00aaaaaall - two leading zeros - aaaaaa = AHCCCS Provider Reg ID - ll = pay to location code
2310A	**REF**	**REFERRING PROVIDER SECONDARY IDENTIFICATION**		Atypical Provider Only
2310A	REF01	Reference Identification Qualifier	Expect G2	
2310A	REF02	Referring Provider Secondary Identifier		format 00aaaaaall - two leading zeros - aaaaaa = AHCCCS Provider Reg ID - ll = pay to location code
2310B	**REF**	**RENDERING PROVIDER SECONDARY IDENTIFICATION**		Atypical Provider Only
2310B	REF01	Reference Identification Qualifier	Expect G2	
2310B	REF02	Rendering Provider Secondary Identifier		format 00aaaaaall - two leading zeros - aaaaaa = AHCCCS Provider Reg ID - ll = pay to location code
2420F	**REF**	**REFERRING PROVIDER SECONDARY IDENTIFICATION**		Atypical Provider Only
2420F	REF01	Reference Identification Qualifier	Expect G2	
2420F	REF02	Referring Provider Secondary Identifier		format 00aaaaaall - two leading zeros - aaaaaa = AHCCCS Provider Reg ID - ll = pay to location code

3.2 837 Health Care Claim: Institutional - Claims

Loop ID	Reference	Name 837-I 5010 A2 FFS	Codes	Notes/Comments
				Glossary: **NOT USED BY AHCCCS** - AHCCCS does not use the segment or element for processing or updating of the adjudication system (PMMIS). The field may still be required by a Validator. - Follow TR3 guidelines.
				Blue = Header segments
				Light Blue = Billing Provider & Pay To Segments
				Green = Subscriber & Payer Segments
				Yellow = Claim Level Segments
				Purple = Other Subscriber Info Segments
				Orange = Line Level Segments
	ISA	**INTERCHANGE CONTROL HEADER**		
	ISA06	Interchange Sender ID	Five byte AHCCCS sender ID	
	ISA08	Interchange Receiver ID	AHCCCS866004791	
	GS	**FUNCTIONAL GROUP HEADER**		
	GS02	Application Sender Code	Five byte AHCCCS sender ID	
	GS03	Application Receiver Code	AHCCCS866004791	
	GS08	Version Identifier Code	005010X223A2	
	ST	**TRANSACTION SET HEADER**		
	ST03	Implementation Convention Reference	005010X223A2	
	BHT	**BEGINNING OF HIERARCHICAL TRANSACTION**		
	BHT06	Claim or Encounter ID	CH	
1000A	**NM1**	**SUBMITTER NAME**		
1000A	NM109	Submitter Identifier	Five byte AHCCCS sender ID	
1000B	**NM1**	**RECEIVER NAME**		
1000B	NM103	Receiver Name	AHCCCS	
1000B	NM109	Receiver Primary Identifier	866004791	
2010AB	**NM1**	**PAY-TO ADDRESS NAME**	SEGMENT NOT USED BY AHCCCS	AHCCCS will use the PMMIS pay-to address, providers need to ensure they have their correct pay-to address in PMMIS
2010BA	**NM1**	**SUBSCRIBER NAME**		
2010BA	NM109	Subscriber Primary Identifier	AHCCCS Member ID	

Loop ID	Reference	Name 837-I 5010 A2 FFS	Codes	Notes/Comments
2010BB	**NM1**	**PAYER NAME**		
2010BB	NM108	Identification Code Qualifier	PI	
2010BB	NM109	Payer Identifier	866004791	
2310A	**REF**	**ATTENDING PROVIDER SECONDARY ID**		Atypical provider Only
2310A	REF01	Reference Identification Qualifier	G2	
2310A	REF02	Secondary Identifier		format 00aaaaaall - two leading zeros - aaaaaa = AHCCCS Provider Reg ID - ll = pay to location code
2310B	**REF**	**OPERATING PHYSICIAN SECONDARY ID**		Atypical provider Only
2310B	REF01	Qualifier	G2	
2310B	REF02	Secondary Identifier		format 00aaaaaall - two leading zeros - aaaaaa = AHCCCS Provider Reg ID - ll = pay to location code
2310C	**REF**	**OTHER OPERATING PHYSICIAN SECONDARY ID**		Atypical provider Only
2310C	REF01	Reference Identification Qualifier	G2	
2310C	REF02	Rendering Provider Secondary Identifier		format 00aaaaaall - two leading zeros - aaaaaa = AHCCCS Provider Reg ID - ll = pay to location code
2310E	**REF**	**SERVICE FACILITY LOCATION SECONDARY ID**		Atypical provider Only
2310E	REF01	Reference Identification Qualifier	G2	
2310E	REF02	Laboratory or Facility Secondary Identifier		format 00aaaaaall - two leading zeros - aaaaaa = AHCCCS Provider Reg ID - ll = pay to location code
2310F	**REF**	**REFERRING PROVIDER SECONDARY ID**		Atypical provider Only
2310F	REF01	Reference Identification Qualifier	G2	
2310F	REF02	Referring Provider Secondary Identifier		format 00aaaaaall - two leading zeros - aaaaaa = AHCCCS Provider Reg ID - ll = pay to location code
2320	**MIA**	**INPATIENT ADJUDICATION INFORMATION**	# of days actually paid on a inpatient claim	Under Review
2320	MIA01	Covered Days or Visits Count	Expect # of days actually paid on a inpatient claim	Under Review

3.3 837 Health Care Claim: Dental – Claims

Loop ID	Reference	Name 837-D 5010 A2 FFS	Codes	Notes/Comments
				Glossary: **NOT USED BY AHCCCS** - AHCCCS does not use the segment or element for processing or updating of the adjudication system (PMMIS). The field may still be required by a Validator. - Follow TR3 guidelines.
				Blue = Header segments
				Light Blue = Billing Provider & Pay To Segments
				Green = Subscriber / Payer/ Patient Segments
				Yellow = Claim Level Segments
				Orange = Line Level Segments
	ISA	**Interchange Control Header**		
	ISA06	Interchange Sender ID	Five byte AHCCCS sender ID	
	ISA08	Interchange Receiver ID	AHCCCS866004791	
	GS	**Functional Group Header**		
	GS02	Application Sender Code	Five byte AHCCCS sender ID	
	GS03	Application Receiver Code	AHCCCS866004791	
	GS08	Version Identifier Code	005010X224A2	
	ST	**Transaction Set Header**		
	ST03	Implementation Convention Reference	005010X224A2	
	BHT	**Beginning of Hierarchical Transaction**		
	BHT06	Claim or Encounter ID	CH	
1000A	**NM1**	**Submitter Name**		
1000A	NM109	Submitter Identifier	Five byte AHCCCS sender ID	
1000B	**NM1**	**Receiver Name**		
1000B	NM103	Receiver Name	AHCCCS	
1000B	NM109	Receiver Primary Identifier	866004791	
2010BA	**NM1**	**Subscriber Name**		
2010BA	NM109	Subscriber Primary Identifier	Expect AHCCCS Member ID	
2010BB	**NM1**	**Payer Name**		
2010BB	NM108	Identification Code Qualifier	PI	
2010BB	NM109	Payer Identifier	866004791	
2010BB	**REF**	**Billing Provider Secondary ID**		Atypical provider Only
2010BB	REF01	Reference Identification Qualifier	Expect "G2"	

Loop ID	Reference	Name 837-D 5010 A2 FFS	Codes	Notes/Comments
2010BB	REF02	Payer Additional Identifier		format 00aaaaaall - two leading zeros - aaaaaa = AHCCCS Provider Reg ID - ll = pay to location code
2310A	**REF**	**Referring Provider Secondary Identifier**		Atypical provider Only
2310A	REF01	Reference Identification Qualifier	Expect 'G2'	
2310A	REF02	Referring Provider Secondary Identifier		format 00aaaaaall - two leading zeros - aaaaaa = AHCCCS Provider Reg ID - ll = pay to location code
2310B	**REF**	**Rendering Provider Secondary ID**		Atypical provider Only
2310B	REF01	Reference Identification Qualifier	Expect 'G2'	
2310B	REF02	Rendering Provider Secondary Identifier		format 00aaaaaall - two leading zeros - aaaaaa = AHCCCS Provider Reg ID - ll = pay to location code
2420A	**NM1**	**Rendering Provider Name**		**SEGMENT NOT USED BY AHCCCS Business Rule - AHCCCS doesn't recognize multiple rendering providers or Assistant Surgeons on one claim.**
2420B	**NM1**	**Assistant Surgeon Name**		**SEGMENT NOT USED BY AHCCCS Business Rule - AHCCCS doesn't recognize multiple rendering providers or Assistant Surgeons on one claim.**

4. TI Additional Information

4.1 Business Scenarios

4.1.1 837 Professional Transaction Notes - Claims

4.1.2 837 Institutional Transaction Notes - Claims

4.1.3 837 Dental Transaction Notes - Claims

4.2 Payer Specific Business Rules and Limitations

4.3 Frequently Asked Questions

None available at this time.

4.4 Other Resources

5. TI Change Summary

#	Location & Section	Revision
0.1		• Original Draft Version