

CenCal Health

Standard Companion Guide Transaction Information

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

Companion Guide Version Number: 1.2

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Preface

Companion Guides (CG) 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 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 ASCX12's copyrights and Fair Use statement.

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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 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 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

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

This table lists the X12N Implementation Guides 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)
005010X223A2	Health Care Claim: Institutional (837)

3 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent “segments” in the X12N implementation guide.
NON-SHADED rows represent “data elements” in the X12N implementation guide.

[005010X222A1 Health Care Claim: Professional]

Loop ID	Reference	Name	Codes	Notes/Comments
2300	PWK	Claim Supplemental Information		CenCal Health will accept, but not process / adjudicate claims against this segment. Any additional information must be sent by mail.
2300	NTE	Claim Note		Segment may repeat 11 times (same as institutional claims)
2320	SBR	Other Subscriber Information		10 loops allowed per implementation guide, however, only 1 st Medicare and 1 st non-Medicare other payor information will be processed.
2320	SBR09	Claim Filing Indicator Code		Required for secondary claims. To process claims properly, CenCal must determine if the other payor is Medicare Part A (MA), Medicare Part B (MB), or other (any other valid code).
2330B	DTP03	Claim Check or Remittance Date		Required for secondary claims when secondary information is at the claim level (2300 loop). If not sent, claim will not be processed as secondary.
2300	PWK	Line Supplemental Information		CenCal Health will accept, but not process / adjudicate claims against this segment. Any additional information must be sent by mail.
2400	LX	Service Line Number		Maximum Repeat – 99 Loops
2430	SVD	Line Adjudication Information		CenCal Health processes only 1 st Medicare and 1 st non-Medicare other payor information loops. Must match 2320 SBR09. If sending this loop, 2320.SBR09 is required.

[005010X223A2 Health Care Claim: Institutional]

Loop ID	Reference	Name	Codes	Notes/Comments
2320	SBR	Other Subscriber Information		10 loops allowed per implementation guide, however, only 1 st Medicare and 1 st non-Medicare other payor information will be processed.
2320	SBR09	Claim Filing Indicator Code		Required for secondary claims. To process claims properly, CenCal must determine if the other payor is Medicare Part A (MA), Medicare Part B (MB), or other (any other valid code).
2330B	DTP03	Claim Check or Remittance Date		Required for secondary claims when secondary information is at the claim level (2300 loop). If not sent, claim will not be processed as secondary.
2300	PWK	Line Supplemental Information		CenCal Health will accept, but not process / adjudicate claims against this segment. Any additional information must be sent by mail.
2400	LX	Service Line Number		Maximum Repeat – 99 Loops
2430	SVD	Line Adjudication Information		CenCal Health processes only 1 st Medicare and 1 st non-Medicare other payor information loops. Must match 2320 SBR09. If sending this loop, 2320.SBR09 is required.

4 TI Additional Information

5 TI Change Summary

Version 1.1 – Updated to allow line level secondary information.

Version 1.0 – Initial Version