
Encounter Data System

Standard Companion Guide Transaction Information

Instructions related to the 837 Health Care Claim: Institutional
Transaction based on ASC X12 Technical Report Type 3 (TR3), Version
005010X223A2

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Preface

The Encounter Data System (EDS) Companion Guide contains information to assist Medicare Advantage Organizations (MAOs) and other entities in the submission of encounter data. The EDS Companion Guide is under development and the information in this version reflects current decisions and will be modified on a regular basis. All versions of the EDS Companion Guide are identified by a version number which is located in the version control log on the last page of the document. Users should verify they are using the most current. Questions regarding the contents of the EDS Companion Guide should be directed to eds@ardx.net.

Table of Contents

- 1.0 Introduction
 - 1.1 Scope
 - 1.2 Overview
 - 1.3 References
 - 1.4 Additional Information

- 2.0 Contact Information
 - 2.1 CSSC
 - 2.2 eds@ardx.net
 - 2.3 Applicable websites/email

- 3.0 Control segments/envelopes
 - 3.1 ISA-IEA
 - 3.2 GS-GE
 - 3.3 ST-SE

- 4.0 Transaction Specific Information
 - 4.1 837-I Transaction Specific Table

- 5.0 Acknowledgements and/or Reports
 - 5.1 TA1
 - 5.2 999
 - 5.3 277CA

- 6.0 Appendices
 - 6.1 Business Scenarios – Under Development
 - 6.2 Data String Example - Under Development
 - 6.3 File Map – Under Development
 - 6.4 Revision History Log

1.0 Introduction

1.1 Scope

The CMS Encounter Data System (EDS) Companion Guide for the 837-I transactions addresses how MAOs and other entities conduct Institutional claim HIPAA standard electronic transactions with CMS. CMS' Encounter Data transaction system supports transactions adopted under HIPAA, as well as additional supporting transactions described in this guide.

This Companion Guide must be used in conjunction with the associated 837-I Implementation Guide (TR3). The instructions in this Companion Guide are not intended to be a stand-alone requirements document.

1.2 Overview

This Companion Guide includes information needed to begin and maintain communication exchange with CMS. The information is organized in the sections listed below:

- Contact Information: This section includes telephone and fax numbers for EDS.
- Control Segments/Envelopes: This section contains information needed to create the ISA/IEA, GS/GE, and ST/SE control segments for transactions to be supported by EDS.
- Acknowledgements and Reports: This section contains information on all transaction acknowledgements sent by EDS, including the TA1, 999, and 277CA.
- Transaction Specific Information: This section describes how X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment with CMS specific information in addition to the information in the IGs. That information can contain:
 - Limits on the repeat of loops, or segments
 - Limits on the length of a simple data element
 - Specifics on a sub-set of the IGs internal code listings
 - Clarifications of the use of loops, segments, composite and simple data elements
 - Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with CMS.

In addition to the row for each segment, one (1) or more additional rows are used to describe EDS' usage for composite or simple data elements and for any other information.

1.3 References

MAOs and other entities must use the ASC X12N IG adopted under the HIPAA Administrative Simplification Electronic Transaction rule. CMS' Encounter Data Participant Guides, and CMS' EDS Companion Guidelines for development of EDS transactions. These documents will soon be accessible at the following:

www.cssoperations.com.

Additionally, the EDS submitter guidelines and application, testing documents, 5010 companion guides, and Encounter Data Participant Guides can be found at the location.

MAOs and other entities must use the most current national standard code lists applicable to the 5010 transaction. The code lists may be accessed at the Washington Publishing Company (WPC) website:

<http://www.wpc-edit.com>

The applicable code lists are as follows:

- Claim Adjustment Reason Code
- Claim Status Category Codes
- Claim Status Codes

2.0 Contact Information

2.1 The Customer Service and Support Center (CSSC)

The Customer Service and Support Center (CSSC) personnel are available for questions from 8:00A.M. – 7:00P.M. EST, Monday-Friday, with the exception of federal holidays and can be contacted at 1-877-534-CSSC (2772).

2.2 Applicable websites/email

The following websites provide information to assist in EDS submission:

Resource	Web Address
Encounter Data Participant Guides	www.cssoperations.com
EDS Email	eds@ardx.net
ANSI ASC X12 TR3 Implementation Guides	www.wpc-edi.com
Washington Publishing Company Health Care Code Sets	www.wpc-edi.com
CMS Edits Spreadsheet	http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp
EDS Email	eds@ardx.net

3.0 Control Segments/Envelopes

3.1 ISA-IEA

The term interchange denotes the ISA-IEA envelope that is transmitted. Interchange control is achieved through several “control” components, as defined in Table 2. The interchange control number is contained in data element ISA13 of the ISA segment. The identical control number must also occur in data element IEA02 of the IEA segment. All elements in the ISA-IEA interchange must be populated. There are several elements within the ISA-IEA interchange that must be populated specifically for encounter data purposes. Table 2 below provides EDS Interchange Control (ISA-IEA) specific elements.

Note: Only those elements that required commentary are presented in the table.

Legend	
SHADED	rows represent segments in the X12N Implementation Guide
NON-SHADED	rows represent data elements in the X12N Implementation Guide

Table 2 – ISA-IEA INTERCHANGE ELEMENTS

Loop ID	Reference	Name	Codes	Notes/Comments
ISA		Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	No authorization information present
	ISA02	Authorization Information		Use 10 blank spaces
	ISA03	Security Information Qualifier	00	No security information present
	ISA04	Security Information		Use 10 blank spaces
	ISA05	Interchange ID Qualifier	ZZ	CMS expects to see a value of "ZZ" to designate that the code is mutually defined
	ISA06	Interchange Sender ID		EN followed by Contract ID Number
	ISA07	Interchange ID Qualifier	ZZ	CMS expects to see a value of "ZZ" to designate that the code is mutually defined
	ISA08	Interchange Receiver ID	80881	
	ISA13	Interchange Control Number		Must be a fixed length with nine (9) characters and match IEA02
	ISA14	Acknowledgement Requested	1	Acknowledgement Requested

Table 2 – ISA-IEA INTERCHANGE ELEMENTS (CONTINUED)

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA15	Usage Indicator	T P	Test Production
IEA		Interchange Control Trailer		
	IEA02	Interchange Control Number		Must match the value in ISA13

3.2 GS-GE

The functional group is outlined by the functional group header (GS segment) and the functional group trailer (GE segment). The functional group header starts and identifies one or more related transaction sets and provides a control number and application identification information. The functional group trailer defines the end of the functional group of related transaction sets and provides a count of contained transaction sets.

All elements in the GS-GE functional group must be populated. There are several elements within the GS-GE that must be populated specifically for encounter data collection. Table 3 provides EDS functional group (GS-GE) specific elements.

Note: Only those elements that require commentary are presented in the table.

TABLE 3 - GS-GE FUNCTIONAL GROUP ELEMENTS

Loop ID	Reference	Name	Codes	Notes/Comments
GS		Functional Group Header		
	GS02	Application Sender's Code		EN followed by Contract ID Number
	GS03	Application Receiver's Code	80881	This value must match the value in ISA08
	GS06	Group Control Number		This value must match the value in GE02
	GS08	Version/Release/Industry Identifier Code	005010X223A2	
GE		Functional Group Trailer		
	GE02	Group Control Number		This value must match the value in GS06

3.3 ST-SE

The transaction set (ST-SE) contains required, situational, and unused loops, segments, and data elements. The transaction set is outlined by the transaction set header (ST segment) and the transaction set trailer (SE segment). The transaction set header identifies the start and identifies the transaction set. The transaction set trailer identifies the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments. There are several elements that must be populated specifically for encounter data purposes. Table 5 provides EDS transaction set (ST-SE) specific elements.

Note: Only those elements that required commentary are presented in the table.

TABLE 5 - ST-SE TRANSACTION SET HEADER AND TRAILER ELEMENTS

Loop ID	Reference	Name	Codes	Notes/Comments
ST		Transaction Set Header		
	ST01	Transaction Set Identifier Code	837	
	ST02	Transaction Set Control Number		This value must match the value in SE02
	ST03	Implementation Convention Reference	005010X223A2	
SE		Transaction Set Trailer		
	SE01	Number of Included Segments		Must contain the actual number of segments within the ST-SE
	SE02	Transaction Set Control Number		This value must be match the value in ST02

4.0 837 Institutional: Data Element Table

Within the ST-SE transaction set, there are multiple loops, segments, and data elements that provide billing provider, subscriber, and patient level information. The May 2006 ASC X12 005010X223 Implementation Guide, as modified by the Type 2 Errata document, is the primary source for definitions, data usage, and requirements. Transactions must be submitted with the revisions in the errata and the transaction version must be identified as 005010X223A2.

The 837 Institutional Data Element table identifies only those elements within the X12N Implementation Guide that require comment within the context of EDS submission. Table 6 identifies the 837 Institutional Implementation Guide by loop name, segment name and identifier, and data element name

and identifier for cross reference. Not all data elements listed in the table below are required, but if they are used, the table reflects the values CMS expects to see.

TABLE 6 - 837 INSTITUTIONAL HEALTH CARE CLAIM

Loop ID	Reference	Name	Codes	Notes/Comments
1000A	NM1	Submitter Name		
	NM102	Entity Type Qualifier	2	Non-Person Entity
	NM109	Submitter Identifier		EN followed by Contract ID Number
1000A	PER	Submitter EDI Contact Information		
	PER03	Communication Number Qualifier	TE	It is recommended that MAOs and other entities populate the submitter's telephone number
	PER05	Communication Number Qualifier	EM	It is recommended that MAOs and other entities populate the submitter's email address
	PER07	Communication Number Qualifier	FX	It is recommended that MAOs and other entities populate the submitter's fax number
1000B	NM1	Receiver Name		
	NM102	Entity Type Qualifier	2	Non-Person Entity
	NM103	Receiver Name		EDSCMS
	NM109	Receiver ID	80881	Identifies CMS as the receiver of the transaction and corresponds to the value in ISA08 Interchange Receiver ID
2010AA	NM1	Billing Provider Name		
	NM108	Billing Provider ID Qualifier	XX	NPI Identifier
	NM109	Billing Provider Identifier		Must be populated with a ten digit number, begin with 1, 2, 3, or 4 and have the correct check digit in the 10 th position.
2010AA	N4	Billing Provider City, State, Zip Code		
	N403	Zip Code		The full nine (9) digits of the ZIP Code are required. If the last four (4) digits of the ZIP code are not available, populate a default value of "9999".
2000B	SBR	Subscriber Information		
	SBR01	Payer Responsibility Number Code	S	EDSCMS is considered the destination (secondary) payer

TABLE 6 - 837 INSTITUTIONAL HEALTH CARE CLAIM (CONTINUED)

Loop ID	Reference	Name	Codes	Notes/Comments
	SBR09	Claim Filing Indicator Code	16	Must be populated with a value of 16 – Health Maintenance Organization Medicare Risk. Must be identical to the value populated in Loop 2320, SBR09.
2010BA	NM1	Subscriber Name		
	NM108	Subscriber Id Qualifier	MI	Must be populated with a value of MI – Member Identification Number
	NM109	Subscriber Primary Identifier		This is the subscriber’s Health Insurance Claim (HIC) number. Must match the value in Loop 2330A, NM109.
2010BB	NM1	Payer Name		
	NM103	Payer Name		EDSCMS
	NM108	Payer ID Qualifier	PI	Must be populated with the value of PI – Payer Identification
	NM109	Payer Identification	80881	
2010BB	REF	Other Payer Secondary Identifier		
	REF01	Contract ID Identifier	2U	
	REF02	Contract ID Number		MAO or other entities Contract ID number
2010BB	N3	Payer Address		
	N301	Payer Address Line	7500 Security Blvd	
2010BB	N4	Payer City, State, ZIP Code		
	N401	Payer City Name	Baltimore	
	N402	Payer State	MD	
	N403	Payer ZIP Code	212441850	
2300	CLM	Claim Information		
	CLM02	Total Claim Charge Amount		Must balance to the sum SV2 service lines in Loop 2400.

TABLE 6 - 837 INSTITUTIONAL HEALTH CARE CLAIM (CONTINUED)

Loop ID	Reference	Name	Codes	Notes/Comments
	CLM05-3	Claim Frequency Type Code	1 2 3 4 7 8	1=Original claim submission 2=Interim – First Claim 3=Interim – Continuing Claim 4=Interim – Last Claim 7=Replacement 8=Deletion
2300	DTP	Date – Admission Date/Hour		
	DTP02	Date Time Period Format Qualifier	D8	D8=CCYYMMDD
2300	DTP	Discharge Hour		
	DTP03	Discharge Time		Hours (HH) are expressed as “00” for midnight, “01” for 1A.M., and so on through “23” for 11P.M. Minutes (MM) are expressed as “00” through “59”. If the actual minutes are not known, use a default of “00”.
2300	PWK	Claim Supplemental Information		
	PWK01	Report Type Code	09	Populated for chart review submissions only
	PWK02	Attachment Transmission Code	AA	Populated for chart review submissions only. Available upon request at provider site
2300	CN1	Contract Information		
	CN101	Contract Type Code	05	Populated for capitated/ staff model arrangements
2300	NTE	Billing Note		
	NTE02	Billing Note Text		If a claim is denied in the MAO or other entities’ adjudication system, the claim denial reason should be populated through a free-form text with a maximum of 80 alpha-numeric characters
2300	REF	Payer Claim Control Number		
	REF02	Payer Claim Control Number		Identifies ICN from original claim when submitting adjustment or chart review data.
2320	SBR	Other Subscriber Information		

TABLE 6 - 837 INSTITUTIONAL HEALTH CARE CLAIM (CONTINUED)

Loop ID	Reference	Name	Codes	Notes/Comments
	SBR01	Payer Responsibility Sequence Number Code	P T	P=Primary (when MAOs or other entities populate the payer paid amount) T=Tertiary (when MAOs or other entities populate a true COB)
	SBR09	Claim Filing Indicator Code	16	Must be identical to the value in Loop 2000B, SBR09
2320	CAS	Claim Level Adjustments		
	CAS01	Claim Adjustment Group Code	CR OA	Correction/Replacement Deletion
	CAS02	Claim Adjustment Reason Code	223	To be used for all adjustments, including replacements and deletions.
	CAS03	Claim Adjustment Amount		Populate the actual amount adjusted or "0.00" if there is no adjustment amount.
2320	AMT	COB Payer Paid Amount		
	AMT02	Payer Paid Amount		MAO and other entity's paid amount
2320	AMT	Remaining Patient Liability		
	AMT02	Remaining Patient Liability		Remaining amount to be paid by patient
2320	OI	Coverage Information		
	OI03	Benefits Assignment Certification Indicator		Must match the value in Loop 2300, CLM08
2330A	NM1	Other Subscriber Name		
	NM108	Identification Code Qualifier	MI	
	NM109	Subscriber Primary Identifier		Must match the value in Loop 2010BA, NM109
2330B	NM1	Other Payer Name		
	NM108	Identification Code Qualifier	XV	
	NM109	Other Payer Primary Identifier		MAO or other entity's Contract ID number. Must match the value in Loop 2010BB, REF02.
2330B	N3	Other Payer Address		
	N301	Other Payer Address Line		MAO or other entity's address
2330B	N4	Other Payer City, State, ZIP Code		
	N401	Other Payer City Name		MAO or other entity's City Name

TABLE 6 - 837 INSTITUTIONAL HEALTH CARE CLAIM (CONTINUED)

Loop ID	Reference	Name	Codes	Notes/Comments
	N402	Other Payer State		MAO or other entity's State
	N403	Other Payer ZIP Code		MAO or other entity's ZIP Code. The full nine (9) digits of the ZIP Code are required. If the last four (4) digits are not available, populate a default value of "9999".
2330B	REF	Other Payer Claim Adjustment Indicator		Must be populated because the claim is being sent in the payer-to-payer COB model, and the destination payer is secondary to the payer identified in this loop.
	REF01	Reference Identification Qualifier	T4	
	REF02	Other Payer Claim Adjustment Indicator	Y	
2400	NTE	Third Party Organization Note		
	NTE02	Third Party Organization Text		If service line denies in MAO and other entities' adjudication system, service line denial reason is populated here as a free-form text with a maximum of 80 characters.
2430	SVD	Line Adjudication Information		
	SVD01	Other Payer Primary Identifier		Must match the value in Loop 2330B, NM109

5.0 Acknowledgements and Reports

5.1 TA1 – Interchange Acknowledgement

As the interchange envelope enters the EDFES, the EDI translator performs TA1 validation of the ISA/IEA, which is the X12 interchange. The TA1 validates the interchange stage at the X12 interchange level and reviews the ISA/IEA interchange and their consistency with the data contained. Errors found in this stage will cause the entire X12 interchange to be rejected with no further processing.

MAOs and other entities will receive a TA1 interchange report acknowledging the syntactical incorrectness of an X12 interchange header ISA and trailer IEA, and the envelope's structure. Encompassed in the TA1 is the interchange control number, interchange date and time, interchange acknowledgement code, and interchange note code. The interchange control number, date, and time

are identical to those that were populated on the original 837-I or 837-P ISA line, which allows for MAOs and other entities to associate the TA1 with a specific file previously submitted.

Within the TA1 segment, MAOs and other entities will be able to determine if the interchange was rejected by examining the interchange acknowledgement code (TA104) and the interchange note code (TA105). The interchange acknowledgement code stipulates whether the interchange (ISA/IEA) rejected due to syntactical errors. An “R” will be the value in the TA104 data element if the interchange was rejected due to errors. The interchange note code is a numeric code that notifies MAOs and other entities of the specific error. The TA1 interchange acknowledgment report is generated and returned within 24 hours after submitting the interchange if a fatal error occurs. If a TA1 interchange control structure error is identified, MAOs and other entities must correct the error and resubmit the interchange file.

5.2 999 – Functional Group Acknowledgement

After the interchange passes the TA1 edits, the next stage of editing is to apply Implementation Guide (IG) edits and verify the syntactical correctness of the functional group(s) (GS/GE). Functional groups allow for like data to be organized within an interchange; therefore, more than one (1) functional group with multiple claims within the functional group can be populated in a file. The 999 acknowledgement report provides information on the validation of the GS/GE functional group(s) and their consistency with the data contained. The 999 report provides MAOs and other entities information on whether the functional group(s) were accepted or rejected.

If a file has multiple GS/GE segments and errors occurred at any point within one of the syntactical and IG level edit validations, that GS/GE segment will be rejected and processing will continue to the next GS/GE segment. For instance, if a file is submitted with three (3) functional groups and the second functional group encounters errors, the first functional group will be accepted the second functional group will be rejected and processing will continue to the third functional group.

The 999 transaction set is designed to report on adherence to IG level edits and CMS standard syntax errors as depicted in the CMS edit spreadsheet. Three (3) possible acknowledgement values are:

- “A” – Accepted
- “R” – Rejected
- “E” – Accepted with non-syntactical errors

When viewing the 999 report, MAOs and other entities should navigate to the IK5 and AK9 segments. If an “A” is displayed in the IK5 and AK9 segments, the claim file is accepted and will continue processing. If an “R” is displayed in the IK5 and AK9 segments, an IK3 and an IK4 segments will be displayed. These segments indicate what loops and segments contain the error that needs correcting so the interchange can be resubmitted. The third element in the IK3 segment tells the loop that contains the error. The first element in the IK3 and IK4 indicate the segment and element that contain the error. The third element in the IK4 segment indicates the reason code for the error.

5.3 277CA – Claim Acknowledgement

After the file is accepted at the interchange and functional group levels, the third level of editing occurs at the transaction set level within the CEM in order to create the Claim Acknowledgement Transaction (277CA) report. The CEM checks the validity of the values within the data elements. For instance, data element N403 must be a valid nine (9) digit zip code. If a non-existent zip code is populated, the CEM will reject the encounter.

The 277CA is used to return a reply of "accepted" or "rejected" at the claim level of the encounter. Acceptance at this level is based on the WPC and the CMS edits spreadsheet, and will apply to individual encounters within an ST-SE transaction. The 277CA is an unsolicited acknowledgement report from CMS to MAOs and other entities. For those encounters not accepted, the 277CA will detail additional actions required of MAOs and other entities in order to correct and resubmit those encounters.

It is important to read the entire 277CA, as the report appearance may vary depending on if there were rejected encounters and the number of functional groups of encounters sent. If an MAO or other entity receives a 277CA indicating an encounter was rejected, the MAO or other entity must resubmit the encounter until the 277CA indicates no errors were found.

If an encounter is accepted, the 277CA will provide the ICN assigned to that encounter. The ICN segment for the accepted encounter will be located in REF segment, REF01=IK and REF02=ICN. The ICN is a unique 13-digit number.

If an encounter is rejected, the 277CA will provide edit information in the STC segment. The STC03 data element will indicate whether the encounter was accepted or rejected. If the STC03 is populated with a value of "WQ", the claim was accepted. If the STC03 data element is populated with a value of "U", the encounter is rejected and the STC01 data element will list the acknowledgement code.

837-I Transaction Example – Under Development

The following example will present three (3) formats for the data contained within the 837-I claim:

- 1) A business scenario typical within encounter data processing
- 2) A data string illustrating the actual record transmission
- 3) A file map that allows participants to see all submitted data elements and their relationship to the entire transaction