IEHP 5010 837I INSTITUTIONAL COVERED CALIFORNIA CLAIMS COMPANION GUIDE

Standard Companion Guide (CG) Transaction Information
IEHP Covered California

Effective January 1, 2024

IEHP Instructions related to Implementation Guides (IG) based

On X12 Version 005010X223A2
Health Care Claim: Institutional (837I)

Companion Guide Version Number: 1.0
2024

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Introduction

The Purpose of the Companion Guide:

This document will outline a definitive statement of what Submitters must provide in their ANSI ASC X12N 837I Health Care Claims files.

This document does not outline the technical interface environment; including connectivity requirements and protocols

This document is to describe and provide you with specific Loops, Segments and Data Elements that are required to exchange X12N 837I transactions with IEHP and which are specific to IEHP.

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 TR3. 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 TR3's and is in conformance with ASC X12's Fair Use and Copyright statements.

Definitions:

Loop ID	The Implementation Guide's identifier for a data loop within a transaction; the data loop consists of specific segments as identified in the HIPAA ANSI standard.
Segment ID	The Implementation Guide's identifier for a data segment.
Element ID	The Implementation Guide's identifier for a data element within a segment.
Element Name	A data element name as shown in the Implementation Guide. When the industry name differs from the Data Element Dictionary name, the more descriptive industry name is used.
Element Definition / Length	How the data element is defined in the Implementation Guide. For ISA and IEA Segments only, fields are of fixed lengths and are present whether or not they are populated. For this reason, field lengths are provided in this column after element definitions.
Valid Values	The valid values from the Implementation Guide that are used by IEHP.

Definition/Format	Definitions of valid values used by IEHP and additional information about IEHP data element requirements.

Intended Use

You will see changes to the IEHP 837 Claims Companion Guide (CG) however, we would like to stress there is no change in how you complete your 837 files.
Per the X12 organization which oversees the X12 837 transaction data, elements which are in both the Companion Guide (CG) and 837 Implementation Guide (IG) had to be removed from the Companion Guide (CG) and will be reflected only in the Implementation Guide (IG).
For example, the Billing Provider address data at Loop ID 2300 Segment 2010AA was removed from the Companion Guide (CG) but is still reflected in the Implementation Guide (IG) and is required.
Implementation Guides (IG) / TR3 available for purchase from X12 at https://x12.org.

File Size Limitations

ISA/ IEA transaction sets should not exceed 5,000 claims.

Contact Information

For further questions regarding claims submissions, please email edispecialist@iehp.org

Implementation

The below instructions are expected to be used in in conjunction with an associated ASC X12 TR3 Implementatation Guide (IG). The table does not represent all of the fields necessary for a successful transaction. The following loops and segments are elements that IEHP would like you to pay special attention to when creating this electronic transaction.

ISA Segment - Interchange Control Header

Ref Desc	Name	Code/Definition	Length
ISA01	Authorization Information Qualifier	No Authorization Sent “00”	2/2
ISA02	Authorization Information	(Filled with spaces)	10/10
ISA03	Security Information Qualifier	No Security Information “00”	2/2
ISA04	Security Information	(Filled with Spaces)	10/10
Ref Desc	Name	Code/Definition	Length
ISA05	Interchange ID Qualifier (Sender)	Mutually Defined “ZZ”	2/2
ISA06	Interchange Sender ID	IEHP Assigned 3 Digit Sender ID	15/15
ISA07	Interchange ID Qualifier (Receiver)	Mutually Defined “ZZ”	2/2
ISA08	Interchange Receiver ID	IEHP Receiver ID “IEHPCCA”	15/15
ISA11	Repetition Separator	Carat “^ “Repetition Separator	1/1
ISA14	Acknowledgment Requested	“1” IEHP will produce a 999 and a possible TA1 depending on the severity of the file issue.	1/1
ISA15	Interchange Usage Indicator	**Production Data** “P” **Test** “ T”	1/1
ISA16	Component Element Separator	Component Element Terminator Colon “ : ”	1/1

Ref Desc	Name	Code/Definition	Length
GS01	Functional Identifier Code	Health Care Claim “ HC”	2/2
GS02	Application Sender’s Code	IEHP Assigned 3 Digit Sender ID	2/15
GS03	Application Receiver’s Code	IEHPCCA = IEHP Covered California	2/15

GS06	Group Control Number	Must be unique within a single transmission that is, within a single ISA to IEA enveloping structure. Value GS06 should be unique within all transmission over a period of time to be determined by the Sender.	1/9
GS08	Version/Release/Industry Identifier Code	005010X223A2	1/12

BHT – Beginning of Hierarchical Transaction

Ref Desc	Name	Code/Definition	Length
BHT06	Transaction Type Code	Chargeable "CH"	2/2

Loop 1000A – NM1 – Submitter Name

Ref Desc	Name	Code/Definition	Length
NM109	Sender Primary Identifier	Assigned by IEHP. Same as ISA06	**2/80**

Loop 1000A -PER- Submitter EDI Contact Information

Ref Desc			
PER03	Communication Number Qualifier	Telephone "TE" Note: IEHP Expected Value	2/2
PER05	Communication Number Qualifier	Email Address "EM"	2/2

Loop 1000B -NM1- Receiver Name Information

Ref Desc	Name	Code/Definition	Length
NM102	Entity Type Qualifer	Non-Person Entity "2"	1/1
NM103	Name Last or Organization Name	Inland Empire Health Plan "IEHP"	1/60
NM109	Primary Identifier	IEHPCCA = IEHP Covered California Note: Must match GS03	2/80

Loop 2000A – PRV – Billling Provider Specialty Information

Ref Desc	Name	Code/Definition	Length
PRV01	Provider Code		1/3
PRV03	Provider Taxonomy Code	Taxonomy Code always required for submissions	1/50

Loop 2010AA -NM1- Billing Provider Name Information

Ref Desc	Name	Code/Definition	Length
NM108	Identification Code Qualifier	National Provider Identifier (NPI) “XX”	1/2
NM109	Identification Code	Billing Provider Identifier (NPI)	2/80

Loop 2010AA-N4- Billing Provider City, State, Zip Code Information

Ref Desc	Name	Code/Definition	Length
N403	Postal Code	Billing Provider Postal Zone or Zip The full (9) digit Zip Code is required. If last (4) digits are not available, populate with “9998”.	3/15

Loop 2000B -SBR- Subscriber Information

Usage	Ref Des.	Name	Code	Note
R	SBR01	Payer Responsibility Sequence Number Code	P or S	P = If IEHP is Primary S = If IEHP is Secondary **NOTE:** Please send primary and secondary claims through your 837 Claim Submissions
S	SBR02	Individual Relationship Code		Refer to TR3

Loop 2010BA –NM1- Subscriber Name

Ref Desc	Name	Code/Definition	Length
NM108	Subsciber ID Qualifier.	Member Identification Number “MI”	1/2

Ref Desc	Name	Code/Definition	Length
NM109	Subscriber Primary Identifier	or Covered CA Member ID	2/80

Loop 2010BB -NM1- Payer Name

Ref Desc	Name	Code/Definition	Length
NM109	Payer Identifier	IEHPCCA = IEHP Cover California	2/8

Loop 2000C -HL- Patient Hierarchical Level

Usage	Ref Des.	Name	Code	Note
S	HL	Patient Hierarchical Level		Refer to TR3

Loop 2000C -PAT- Patient Information

Usage	Ref Des.	Name	Code	Note
R	PAT01	Individual Relationship Code		Refer to TR3

Loop 2010CA -NM1- Patient Name

Usage	Ref Des.	Name	Code	Note
R	NM101	Entity Identifier Code	QC	QC = Patient
S	NM102	Entity Type Qualifier	1	1 = Person
R	NM103	Last Name or Organization		
S	NM104	First Name		
S	NM105	Middle Name		

Loop 2300 -CLM- Claim Information

Ref Desc	Name	Code/Definition	Length
CLM01	Claim Submitter's Identifier	Patient Control Number Must be a unique number when Claim Frequency Type Code (CLM05-3) = "1".	1/38
CLM02	Total Claim Charge Amount	Total Claim Charge Amount Must balance to the sum of all SV2 Service Line Charge Amounts **NOTE: No Leading Zero Allowed**	1/18
CLM05-3	Claim Frequency Type Code	1=Original claim submission 2=Interim- First Claim 3=Interim- Continuing Claim 4=Interim- Last Claim 7 = Replacement 8 = Deletion or Void 9=Final Claim for a Home Health PPS Episode	1/1

Loop 2300 -REF- Payer Claim Control Number – Required for Void and Replacement claims

Ref Des.	Name	Code/Definition	Length
REF01	Reference Identification Qualifier	Original Reference Number "F8"	2/3
REF02	Claim Control Number	Identifies DCN from original Claim when submitting replacements and voids (when CLM05-03 is 7 or 8)	1/50

2300 -REF- Claim Identifier for Transmission Intermediaries

Ref Des.	Name	Code/Definition	Length
REF01	Reference Identification Qualifier	Original Reference Number "D9"	2/3

REF02	Payer Claim Control Number	Required - Unique claim number for all submissions.	1/50

Fequently Asked Questions

Q: What is the role of the Clearinghouse?
A: The term "Health Care Clearinghouse" is defined as a public or private entity that processes or facilitates the processing of nonstandard data elements of health information into standard data elements. Clearinghouse will provide for the collection of the information needed to successfully exchange EDI transaction between provider and the payer. Clearinghouse will establish consistent editing acknowledgment & error handling of the Electronic Data Interchange(EDI) transaction across the network providers.

Q:Will the National Provider Identification (NPI) number be required for claims submission?
A: Yes, NPI will be required.

Q: Is there a limit on how many Claims can be submitted in one transaction?
A: Yes, ISA/ IEA transaction sets should not exceed 5,000 claims.

Q: Can we submit more than one file per day?
A: Yes, however the file naming convention will need to be incremented **per the instructions** outlined in section 6D2, Claims Processing File Naming Convention.

Q: Can we submit additional service lines not captured in Original claim accepted by IEHP?
A: If original claim is accepted but missing services lines, IEHP prefers to receive a new claim (paper or electronic) containing only the additional service lines (excluding service lines previously accepted).

Reference

IEHP's website where the EDI manual and other resources are located:

https://ww3.iehp.org/en/providers/provider-manuals

X12 Implementation guides (TR3) can be purchased from this site:

https://x.12.org

Workgroup for Electronic Data Interchange in Healthcare:

http://www.wedi.org

Contact Information

IT Production Support Department Group Email Address :
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