
17. IEHP MISDIRECTED OUTBOUND PROFESSIONAL CLAIMS COMPANION GUIDE

Standard Companion Guide (CG) Transaction Information

Effective January 1, 2024

IEHP Instructions related to Implementation Guides (IG) based

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

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.

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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 the X12 website at <https://x12.org>.

File Size Limitations

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

Test File Location

Submitter ID/ 5010/Misdirect/Test/Outbound

Production Location

Submitter ID/5010/Misdirect/Outbound

Image Location

Submitter ID /5010/Misdirect/Images-

Claims that were sent to IEHP as paper claims, the accompanying TIF files are named in the REF*D9 segment of the claim.

Contact Information

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

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Parent Misdirect Naming Convention

The naming convention for Professional Parent EDI Misdirect files consists of the following:

- A. All file names start with the IPA's Five (5)-Digit Payer ID
- B. The 6th through 11th characters for the date the file was created, MMDDYY
- C. The 12th character is 'P' for Professional claims
- D. The 13th through 15th characters is the file sequence identifier sent on the same day, 001-999

* This would only be used if we need to send more than 1 file a day

Example 1st File: NBA04042623P001.837

Example 2nd File: NBA04042623P002.837

Parent/Child Misdirect Naming Convention

The naming convention for Professional Parent/Child EDI Misdirect files consists of the following:

- A. All file names start with the IPA's Five (5)-Digit Payer ID
- B. The 6th through 11th characters for the date the file was created, MMDDYY
- C. The 12th character is 'P' for Professional claims
- D. The 13th through 15th characters is the file sequence identifier sent on the same day, 001-999
- E. The 16th digit is “_”
- F. The 17th – 19th digits are the three-digit IPA code

* This would only be used if we need to send more than 1 file a day

Example 1st File: NBA04042623P001_0LB.837

Example 2nd File: NBA04042623P002_0LB.837

Clearinghouse Misdirect Naming Convention

The naming convention for Professional Clearinghouse EDI Misdirect files consists of the following:

- A. All file names start with the Clearinghouses three-digit Trading Partner ID
- B. The 4th through 9th characters for the date the file was created, MMDDYY
- C. The 10th character is 'P' for Professional claims

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D. The 11th through 13th characters is the file sequence identifier sent on the same day, 001-999

E. The 14th digit is “_”

F. The 15th – 19th digits consists of the Five (5)-Digit Payer ID utilized for Misdirect claim routing

** This would only be used if we need to send more than 1 file a day*

Example 1st File: NBA042623P001_0LB04.837

Example 2nd File: NBA042623P002_0LB04.837

Implementation

The below instructions are expected to be used in parallel with the Technical Report Type 3 (TR3) Implementation 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 Des.	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
ISA05	Interchange ID Qualifier (Sender)	Mutually Defined “ZZ”	2/2
ISA06	Interchange Sender ID	IEHP Sender ID “00303”	15/15
ISA07	Interchange ID Qualifier (Receiver)	Mutually Defined “ZZ”	2/2
ISA08	Interchange Receiver ID	IPA’s 5 Digit Payer ID	15/15
ISA11	Repetition Separator	Carat “^” Repetition Separator	1/1
ISA12	Interchange Control Version Number	00501 Version	5/5
ISA13	Interchange Control Number	Must be identical to IEA02	9/9

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ISA14	Acknowledgment Requested	1 = Interchange acknowledgment Requested (TA1).	1/1
ISA15	Interchange Usage Indicator	T = Test, P = Production	1/1
ISA16	Component Element Separator	Component Element Terminator Colon “:”	1/1

GS Segment - Functional Group Header

Ref Desc	Name	Code/Definition	Length
GS01	Functional Identifier Code	Health Care Claim “HC”	2/2
GS02	Application Sender’s Code	IEHP Sender ID “00303”	2/15
GS03	Application Receiver’s Code	IPA’s 5 Digit Payer ID	2/15

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GS06	Group Control Number	<p>Must be unique within a single transmission that is, within a single ISA to IEA enveloping structure.</p> <p>GS06 should be unique within all transmission over a period to be determined by the Sender.</p>	1/9
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BHT – Beginning of Hierarchical Transaction

Ref Desc	Name	Code/Definition	Length
BHT06	Transaction Type Code	Charging “CH”	2/2

Loop 1000A- NM1- Submitter Name Information

Ref Desc	Name	Code/Definition	Length
NM101	Entity Identifier Code	41=Submitter	2/3
NM102	Entity Type Qualifier	2= Non-Person Entity	1/1
NM103	Name Last or Organization Name	IEHP	1/60
NM109	Sender Primary Identifier Check ID List	IEHP Sender ID “00303”	2/80

Loop 1000A -PER- Submitter EDI Contact Information

Ref Desc	Name	Code/Definition	Length
PER03	Communication Number Qualifier	“EM” Electronic Mail	2/2
PER04	Communication Number	Email Address “edi@iehp.org”	2/2

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Loop 1000B -NM1- Receiver Name Information

Ref Desc	Name	Code/Definition	Length
NM102	Entity Type Qualifier	Non-Person Entity “2”	1/1
NM103	Name Last or Organization Name	IPA’s Name	1/60
NM109	Identification Code	IPA’s 5 Digit Payer ID	2/80

Loop 2010AA -NM1- Billing Provider Name Information

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

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

Ref Des.	Name	Code/Definition	Length
N403	Postal Code	If the last (4) digits are not available, IEHP will populate with “9998”	2/30

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Loop 2010BA –NM1- Subscriber Name Information

Ref Des.	Name	Code/Definition	Length
NM108	Subscriber ID Qualifier	MI = Member Identification Number	1/2
NM109	Identification Code	IEHP-14-digit IEHP ID, Client Identification Number (CIN) or the Medicare Beneficiary Identifier (MBI) (MBI is for Dual Choice members only)	2/80

Loop 2010BB -NM1- Payer Name

Ref Des.	Name	Code/Definition	Length
NM103	Payer Name	IPA's Name	1 /60
NM109	Payer Identifier	IPA's Payer ID	2/8

Loop 2300 - DTP Segment – Repricer Received Date

Ref Des.	Name	Code/Definition	Length
DTP01	Date/Time Qualifier	Received "050"	3/3
DTP02	Date Time Period Format Qualifier	D8=CCYYMMDD	1/35
DTP03	Date Time Period	The date the claim was received by IEHP	1/35

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Loop 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	The DCN that was submitted on claim	1/50

Loop 2300 – NTE – Claim Note

Ref Des.	Name	Code/Definition	Length
NTE01	Note Reference Code	ADD	3/3
NTE02	Description	IEHP MISDIRECT	1/80

Reference

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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://x12.org>

Workgroup for Electronic Data Interchange in Healthcare:

<http://www.wedi.org>

Contact Information:

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