



COMPANION DOCUMENTATION

837 Professional Health Care Claim

**Administered by
Unison Administrative Services
300 Oxford Drive
Monroeville, PA 15146**

INTRODUCTION

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Unison Administrative Services (UAS) comply with the mandated EDI standards for health care as established by the Secretary of Health and Human Services. UAS recognizes the administrative efficiencies that can be gained from the HIPAA transactions and contracted with ENVOY, a subsidiary of WebMD, to make these transactions accessible to the provider community. Please utilize the HIPAA implementation guides for the corresponding transactions. The implementation guides can be found at the Washington Publishing Company's website and downloaded free of charge (http://www.wpc-edi.com/hipaa/HIPAA_40.asp). Additional information regarding the standards for electronic transaction are available at the Department of Health and Human Services website (<http://aspe.hhs.gov/admsimp/final/txfin00.htm>).

PURPOSE

The companion guides produced by UAS are designed to be used in conjunction with the implementation guides that are posted on the Washington Publishing Company website. Due to the evolving nature of the HIPAA regulations these documents are subject to change as updates occur to UAS' adjudication procedures or as legislation is updated or revised. The sole purpose of the documentation is for clarification and to outline specific requirements for the transactions.

SPECIAL NOTES

- Electronic submissions may be sent at anytime 24 hours a day, 7 days week. Electronic claims received by UAS's clearinghouse before 9:30 PM EST will be sent to UAS the following business day.
- Unison Health Plan's trading partner ID: **251756858**
- Provider must use the health plan's provider identifier. *
- Please use the patient identifier found on the health plan's member identification card. *
- **Please reference the Health Care Claim Professional 837 implementation guide (004010X098A1).**

** Indicates additional information provided within the data element description section.*

DATA ELEMENT DESCRIPTIONS

<u>IG PAGE</u>	<u>LOOP</u>	<u>SEGMENT</u>	<u>DATA ELEMENT</u>	<u>COMMENTS</u>
91	2010AA	REF	REF01 - Reference Identification Qualifier	Use "G2" - Provider Commercial Number
91	2010AA	REF	REF02 - Billing Provider Secondary Identifier	Use the health plan's 12 character ID
110	2000B	SBR	SBR09 - Claim Filing Indicator Code	Use "CI" - Commercial Insurance Company
117	2010BA	NM1	NM108 - Identification Code Qualifier	Use "MI" - Member Identification Number
117	2010BA	NM1	NM109 - Subscriber Primary Identifier	Use the health plan's 9 or 10 character ID as seen on the member ID card
296	2310B	REF	REF01 - Reference Identification Qualifier	Use "N5" - Provider Plan Network Identification Number
296	2310B	REF	REF02 - Rendering Provider Secondary Identifier	Use the health plan's 12 character ID

Data Requirements for Submitting NDC Codes Electronically:

<u>IG PAGE</u>	<u>LOOP</u>	<u>SEGMENT</u>	<u>DATA ELEMENT</u>	<u>COMMENTS</u>
400	2400	SV1	SV101-2 – Product/Service ID	Please populate with the J-HCPCS code.
403	2400	SV1	SV104 – Quantity	Please populate with the J-code number of units
Addenda 71	2410	LIN	LIN02 – Product/Service ID Qualifier	“N4” – National Drug Code in 5-4-2 Format
Addenda 71	2410	LIN	LIN03 – Product/Service ID	Please populate with the National Drug Code
Addenda 74	2410	CTP	CTP04 – Quantity	National Drug Unit Count
Addenda 74	2410	CTP	CTP05-1 – Unit/Basis of Measurement	Populate with valid code qualifier from the 837P addenda
Addenda 77	2410	REF	REF01 – Code Qualifier	“XZ” – Pharmacy Prescription Number
Addenda 77	2410	REF	REF02 – Prescription Number	Populate with the Prescription Number

Data Requirements for Coordination of Benefits

It is necessary to provide UAS with coordination of benefits at the service line level. The line level information is needed for accurate adjudication and reporting to state agencies. Please review and submit the service line information that is outlined in the grid that spans the next two pages:

<u>IG PAGE</u>	<u>LOOP</u>	<u>SEGMENT</u>	<u>DATA ELEMENT</u>	<u>COMMENTS</u>
318	2320	SBR	SBR01 – Payer Responsibility Sequence Code Number Code	Use "P" – Primary Use "S" – Secondary Use "T" – Tertiary
318	2320	SBR	SBR03– Insured Group or Policy Number	Group or Policy Number found on ID Card
318	2320	SBR	SBR05 – Insurance Type Code	Please select qualifier from 837P Implementation Guide
342	2320	DMG	DMG02 – Other Insured Date of Birth	Policy holder's Date of Birth
350	2330A	NM1	NM103 – Other Insured Last Name	Last Name of policy holder
350	2330A	NM1	NM104 – Other Insured First Name	First Name of policy holder
350	2330A	NM1	NM109 – Other Insured Identifier	Identifier found on policy holder's ID card
359	2330B	NM1	NM103 – Other Payer Name	Organization Name
350	2330B	NM1	NM109 – Other Payer Primary Identifier	Organization's NAIC number
485	2400	AMT	AMT01 – Amount Qualifier Code	Use "AAE" – Approved Amount
486	2400	AMT	AMT02 – Approved Amount	Approved Amount
554	2430	SVD	SVD01 - Other Insured Identifier	Must match NM109 from 2320B
554	2430	SVD	SVD02 - Other Insured Paid Amount	Amount paid for line item in SVD03-2
554	2430	SVD	SVD03-2 – Procedure Code	Procedure Code
558	2430	CAS	CAS02 (05,08, etc....) – Claim Adjustment Reason Code	Use "1" - Deductible
558	2430	CAS	CAS02 (05,08, etc....) – Claim Adjustment Reason Code	Use "2" – Co-insurance

558	2430	CAS	CAS02 (05,08, etc....) – Claim Adjustment Reason Code	Use “3” – Co-payment
566	2430	DTP	DTP03 – Payment Date	Paid Date by Other Insured

Corrected Claim Submission Data Elements:

To adjudicate a corrected claim please submit the following indicator and original health plan claim number:

<u>IG PAGE</u>	<u>LOOP</u>	<u>SEGMENT</u>	<u>DATA ELEMENT</u>	<u>COMMENTS</u>
174	2300	CLM	CLM05-3 – Claim Frequency Type Code	Use "7" – Replacement
229	2300	REF	REF01– Reference Qualification Indicator	Use “F8” – Original Reference Number
229	2300	REF	REF02– Reference Identification	Enter the health plans claim number (12 digits) Example: 000123123400

Data Requirements for Submitting EPSDT Screening Services Electronically:

To receive payment for a complete EPSDT screening service, UAS must be billed as follows:

- The national code for EPSDT screening (S0302)
- Age-appropriate procedure codes for management and evaluation services
- Diagnosis code V20.2 must be noted as the primary diagnosis
- Populate the following EPSDT indicators when applicable:

IG PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
171	2300	CLM	CLM12 – Special Program Code	Use "01" – EPSDT
400	2400	SV1	SV111– EPSDT Indicator	Use "Y" – EPSDT involvement
214	2300	PWK	PWK01– Report Type Code	Use "B4" – Referral Form
214	2300	PWK	PWK02– Report Transmission Code	Use "AA" – Available on Request at Provider Site
214	2300	NTE	NTE01– Note Reference Code	Use "ADD" – Additional Information
214	2300	NTE	NTE02– Description	Use "YO" – Other Use "YV" – Vision Use "YH" – Hearing Use "YB" – Behavioral Use "YM" – Medical Use "YD" – Dental

EDI INQUIRES & TROUBLE SHOOTING

If you are interested in submitting electronic transactions or have EDI issues please contact UAS’ Provider Services Department at 1-800-600-9007.

To assist the Provider Services Representative with EDI issues please have the following:

- 12 Character health plan provider identification number
- NEIC Report R022 – Provider Daily Statistics
- NEIC Report R026 – Acceptance Report by Provider
- NEIC Report R059 – Unprocessed Claim Report

If you are having any problems, contact Emdeon Customer Support at 1-877-469-3263, officesupport@emdeon.com, or your clearinghouse.