

**West Virginia HIPAA  
HEALTH CARE CLAIM: PROFESSIONAL  
Companion Guide 837**

**Version 1.1**

**Released  
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## RECORD OF CHANGE

DATE	DESCRIPTION OF CHANGE	ORIGINATOR	BMS APPROVED
4/1/04	Loop 2300 REF01 page 228 – Reference Identification Qualifier typographical error corrected 'GI' to be 'G1'	Scott Twigg	

## COMPANION GUIDE PURPOSE

This companion guide document for the transaction type listed below further defines situational and required data elements that are used for processing claims for programs administered by West Virginia Bureau for Medical Services. This document is not the complete EDI transaction format specifications.

- Health Care Claim: Professional Transaction  
ASC X12N 837(004010X098) May 2000
- Addenda Health Care Claim: Professional Transaction  
ASC X12N 837(004010X098A1) October 2002

## CONTROL STRUCTURE DEFINITIONS

### ISA - INTERCHANGE CONTROL HEADER SEGMENT

Reference	Definition	Values
ISA01	Authorization Information Qualifier	00
ISA02	Authorization Information	[space fill]
ISA03	Security Information Qualifier	00
ISA04	Security Information	[space fill]
ISA05	Interchange ID Qualifier	ZZ
ISA06	Interchange Sender ID	WVSUBID????? Replace '?????' with the unique number found on your West Virginia Transaction Information Form.
ISA07	Interchange ID Qualifier	ZZ
ISA08	Interchange Receiver ID	WV_MMIS_4UNISYS
ISA09	Interchange Date	The date format is YYMMDD
ISA10	Interchange Time	The time format is HHMM
ISA11	Interchange Control Standards Identifier	U
ISA12	Interchange Control Version Number	00401
ISA13	Interchange Control Number	Must be identical to the interchange trailer IEA02 (defined by sending Trading Partner)
ISA14	Acknowledgment Request	1
ISA15	Usage Indicator	T= Test Data P = Production Data
ISA16	Component Element Separator	:

### IEA - INTERCHANGE CONTROL TRAILER

Reference	Definition	Values
IEA01	Number of included Functional Groups	Count of included Functional Groups
IEA02	Interchange Control Number	Must be identical to the value in ISA13

## GS – FUNCTIONAL GROUP HEADER

Reference	Definition	Values
GS01	Functional Identifier Code	HC = Health Care Claim (837)
GS02	Application Sender's Code	Must be identical to the value in ISA06
GS03	Application Receiver's Code	WV_MMIS_4UNISYS
GS04	Date	The date format is CCYYMMDD
GS05	Time	The time format is HHMM
GS06	Group Control Number	Assigned and maintained by the sender
GS07	Responsible Agency Code	X
GS08	Version/Release/Industry Identifier Code	004010X098A1

## GE – FUNCTIONAL GROUP TRAILER

Reference	Definition	Values
GE01	Number of Transaction Sets Included	Number of Transaction Sets Included
GE02	Group Control Number	Must be identical to the value in GS06

## VALID DELIMITERS FOR WEST VIRGINIA MEDICAID

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A

## TRANSMISSION CONSTRAINTS

1. Only one Interchange per transmission
2. Only one transaction type per interchange
3. Maximum of 5,000 claims per transmission
4. Single transmission file size must be less than 4MB

## FIELD DEFINITIONS

Label	Column Definition
A	The name of the loop as documented in the appropriate HIPAA 837 Implementation Guide.
B	A loop ID number used to identify a group of segments that are collectively repeated in a serial fashion up to a specified maximum number of times as documented in the appropriate 837 Implementation Guide.
C	The HIPAA field position number and segment number as specified in the appropriate 837 Implementation Guide.
D	The data element name and page number as indicated in the appropriate 837 HIPAA Implementation Guide.
E	The Values and Comments further describing the appropriate 837 Implementation Guide field data that West Virginia Medicaid will accept.

## COMPANION GUIDE FOR THE 837 PROFESSIONAL TRANSACTION

Loop Name	Loop ID	HIPAA Field Position/ Segment	HIPAA Data Element Name/Page Number from Implementation Guide	Valid Values And/or Comments
A	B	C	D	E
Beginning of Hierarchical Transaction		010-BHT02	Transaction Set Purpose Code Pg 64	'00' Original
Beginning of Hierarchical Transaction		010-BHT06	Transaction Type Code Pg 65	'CH' Chargeable
Submitter Name	1000A	020-NM109	Identification Code Pg 69	<b>WVSUBID?????</b> Replace '?????' with the unique number found on your West Virginia Transaction Information Form.
Submitter Name	1000A	045-PER03	Communication Number Qualifier Pg 73	'TE' Telephone Minimum requirement, PER 05 –PER08 may also be sent.
Receiver Name	1000B	020-NM103	Name Last or Organization Name Pg 75	WV_MMIS_4UNISYS
Receiver Name	1000B	020-NM109	Identification Code Pg 75	WV_MMIS_4UNISYS

The EDI formatting location of Pay-To, Billing, and Referring Provider Information is dependant upon the situation being billed. Below are the circumstances and EDI billing locations of this information.

**Billing Provider Location**

Page 84 Loop 2010AA

Billing Provider Name	2010AA	035-REF01	Reference Identification Qualifier Pg 92	'1D' Medicaid Provider Number (not a group number)
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**Pay-To Provider Location**

*Alternate Location 1:*

Pay-To Provider is the same as the Billing Provider

Page 84 Loop 2010AA

Billing Provider Name	2010AA	035-REF01	Reference Identification Qualifier Pg 92	'1D' Medicaid Provider Number (rendering/servicing)
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*Alternate Location 2:*

Pay-To Provider is not the same as the Billing Provider

Page 99 Loop 2010AB

Pay-To Provider Name	2010AB	035-REF01	Reference Identification Qualifier Pg 106	'1D' Medicaid Provider Number (Medicaid group provider number)
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**Referring Provider Location**

Required when billing for PAAS enrolled members.

Page 282 Loop 2310A

Referring Provider Secondary Identification	2310A	271-REF01	Reference Identification Qualifier Pg 288	'1D' Medicaid Provider Number
Referring Provider Secondary Identification	2310A	271-REF02	Reference Identification Pg 289	PAAS Medicaid Provider Number

<b>Loop Name</b>	<b>Loop ID</b>	<b>HIPAA Field Position/ Segment</b>	<b>HIPAA Data Element Name/Page Number from Implementation Guide</b>	<b>Valid Values And/or Comments</b>
<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
Subscriber Hierarchical Level	2000B	001-HL04	Hierarchical Child Code Pg 109	'0' No subordinate HL Segment in the Hierarchical Structure
Subscriber Information	2000B	005-SBR09	Claim Filing Indicator Code Pg 112	'MC' Medicaid For all programs
Subscriber Name	2010BA	015-NM102	Entity Type Qualifier Pg 118	'1' Person
Subscriber Name	2010BA	015-NM108	Identification Code Qualifier Pg 119	'MI' Member Identification Number
Subscriber Name	2010BA	015-NM109	Identification Code Pg 119	West Virginia Medicaid 10 digit Recipient Number
Payer Name	2010BB	015-NM103	Name Last or Organization Name Pg 131	WV_MMIS_4UNISYS
Payer Name	2010BB	015-NM108	Identification Code Qualifier Pg 131	'PI' Payer Identification
Payer Name	2010BB	015-NM109	Identification Code Pg 131	WV_MMIS_4UNISYS
Claim Information	2300	130-CLM01	Claim Submitter's Patient Account / Identifier Number Pg 171	Patient Control Number
Claim Information	2300	130-CLM05-3	Claim Frequency Type Code Addenda Pg 22	'1' Original '7' Replacement '8' Void
Claim Information	2300	130-CLM06	Yes/No Condition or Response Code Pg 174	'Y' Yes
Claim Information	2300	130-CLM08	Yes/No Condition or Response Code Pg 175	'Y' Yes

<b>Loop Name</b>	<b>Loop ID</b>	<b>HIPAA Field Position/ Segment</b>	<b>HIPAA Data Element Name/Page Number from Implementation Guide</b>	<b>Valid Values And/or Comments</b>
<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
Claim Information	2300	1362-CLM11-1	Related Causes Code Pg 176	'AA' – Auto Accident 'OA' – Other Accident
Prior Authorization or Referral Number	2300	180-REF01	Reference Identification Qualifier Pg 228	'G1' Prior Authorization Number
Prior Authorization or Referral Number	2300	180-REF02	Reference Identification Prior Authorization or Referral Number Pg 228	Assigned Prior Authorization Number
Health Care Diagnosis Code	2300	231-HI01-2	Industry Code Diagnosis Code Pg 266	Required on all claims. Transportation claims use 799.0 when unknown.
Coordination Of Benefits (COB) Payer Paid Amount	2320	300-AMT02	Monetary Amount Payer Paid Amount Pg 332	
Professional Service	2400	370-SV101-1	Product/Service ID Qualifier Pg 401	'HC' HCPCS
Professional Service	2400	370-SV105	Facility Code Value Place of Service Code Pg 404	Refer to Implementation Guide for Valid Values. (Transportation use 99)
Professional Service	2400	370-SV107-1	Diagnosis Code Pointer Pg 405	
Professional Service	2400	370-SV111	Yes/No Condition or Response Code EPSDT Indicator Pg 406	Refer to Implementation Guide for Valid Values (Required on all EPSDT claims)
Professional Service	2400	370-SV112	Yes/No Condition or Response Code Family Planning Indicator Pg 406	Refer to Implementation Guide for Valid Values (Required on all Family Planning claims)
Ambulance Transport Information	2400	195-CR103	Ambulance Transport Code Pg 413	'I' Initial Trip 'X' Round Trip

Loop Name	Loop ID	HIPAA Field Position/ Segment	HIPAA Data Element Name/Page Number from Implementation Guide	Valid Values And/or Comments
B	C	D	E	F
Line Adjustment	2430	545-CAS01	Claim Adjustment Group Code Pg 560	'CR' Correction and Reversals
Line Adjustment	2430	545-CAS02	Claim Adjustment Reason Code Pg 560	For adjustment reason codes see <a href="http://wpc-edi.com">http://wpc-edi.com</a>
Line Adjustment	2430	545-CAS03	Monetary Amount Adjusted Amount Line Level Pg 560	
Line Adjustment	2430	545-CAS04	Quantity/Adjusted Units – Line Level Pg 560	