

**West Virginia HIPAA  
HEALTH CARE CLAIM: NURSING HOME  
Companion Guide 837**

**Version 1.0**

**Released  
March 2004**

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## RECORD OF CHANGE

DATE	DESCRIPTION OF CHANGE	ORIGINATOR	DMS APPROVED

## 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: Institutional Transaction  
ASC X12N 837(004010X096) May 2000
- Addenda Health Care Claim: Institutional Transaction  
ASC X12N 837(004010X096A1) 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	004010X096A1

## 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 INSTITUTIONAL 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 58	'00' Original
Beginning of Hierarchical Transaction		010-BHT06	Transaction Type Code Pg 59	'CH' Chargeable
Submitter Name	1000A	020-NM109	Identification Code Pg 63	<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 65	'TE' Telephone Minimum requirement, PER 05 –PER08 may also be sent.
Receiver Name	1000B	020-NM103	Name Last or Organization Name Pg 68	WV_MMIS_4UNISYS
Receiver Name	1000B	020-NM109	Identification Code Pg 68	WV_MMIS_4UNISYS

## **Billing Provider Location**

Page 76 Loop 2010AA

Billing Provider Name	2010AA	035-REF01	Reference Identification Qualifier Pg 83	'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 76 Loop 2010AA

Billing Provider Name	2010AA	035-REF01	Reference Identification Qualifier Pg 83	'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 91 Loop 2010AB

Pay-To Provider Name	2010AB	035-REF01	Reference Identification Qualifier Pg 98	'1D' Medicaid Provider Number (rendering/servicing)
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Loop Name	Loop ID	HIPAA Field Position/ Segment	HIPAA Data Element Name/Page Number from Implementation Guide	Valid Values And/or Comments
<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
Subscriber Hierarchical Level	2000B	001-HL04	Hierarchical Child Code Pg 100	'0' No Subordinate HL Segments
Subscriber Hierarchical Level	2000B	005-SBR09	Claim filing Indicator Code Pg 104	'MC' Medicaid
Subscriber Name	2010BA	015-NM102	Entity Type Qualifier Pg 109	'1' Person
Subscriber Name	2010BA	015-NM108	Identification Code Qualifier Pg 110	'MI' Member Identification Number
Subscriber Name	2010BA	015-NM109	Identification Code Patient Primary Identifier Pg 110	West Virginia Medicaid 10 digit Recipient Number
Payer Name	2010BC	015-NM103	Name Last or Organization Name Pg 127	WV_MMIS_4UNISYS
Payer Name	2010BC	015-NM108	Identification Code Qualifier Pg 127	'PI' Payer Identification
Payer Name	2010BC	015-NM109	Identification Code Pg 128	WV_MMIS_4UNISYS
Claim Information	2300	130-CLM06	Yes/No Condition or Response Code Pg 160	'Y' Yes
Claim Information	2300	130-CLM08	Yes/No Condition or Response Code Pg 160	'Y' Yes
Discharge Hour	2300	135-DTP03	Date Time Period Discharge Hour Pg 166	Discharge hour
Claim Information	2300	135-DTP02	Date Time Period Format Qualifier Pg 167	'RD8' Range of Dates (From-Thru Dates of service)
Admission Date/Hour	2300	135-DTP03	Date Time Period Admission Date and Hour Pg 170	Original MDS Admit Hour
Institutional Claim Code	2300	140-CL101	Admission Type Code Pg 171	

Loop Name	Loop ID	HIPAA Field Position/ Segment	HIPAA Data Element Name/Page Number from Implementation Guide	Valid Values And/or Comments
C	D	E	F	G
Institutional Claim Code	2300	140-CL102	Admission Source Code Pg 172	
Institutional Claim Code	2300	140-CL103	Patient Status Code Pg 172	
Claim Information	2300	782-AMT02	Monetary Amount Pg 183	Patient Resource Amount
Claim Information	2300	190-NTE02	Description Claim Note Text Pg 209	PAAS Provider Number
Other Diagnosis Information	2300	231-HI01-2	Industry Code Pg 233	Use appropriate Reference
Principal Procedure Information	2300	231-HI01-1	Code List Qualifier Code Pg 242	'BR' International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure
Principal Procedure Information	2300	231-HI01-2	Industry Code Principal Procedure Code Pg 243	Principal Procedure Code
Principal Procedure Information	2300	231-HI01-4	Date Time Period Pg 243	
Other Procedure Information	2300	231-HI01-1	Code List Qualifier Code Pg 244	'BQ' International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
Other Procedure Information	2300	231-HI01-2	Industry Code Procedure Code Pg 245	Other Procedure Code
Other Procedure Information	2300	231-HI01-4	Date Time Period Procedure Date Pg 245	
Claim Quantity	2300	240-QTY01	Quantity Qualifier Pg 306	'CA' Covered -Actual 'NA' Number of non-covered days
Service Facility Name	2310E	271-REF01	Reference Identification Qualifier Pg 357	'1J' Facility ID Number

Loop Name	Loop ID	HIPAA Field Position/ Segment	HIPAA Data Element Name/Page Number from Implementation Guide	Valid Values And/or Comments
C	D	E	F	G
Institutional Service Line	2400	C003 – SV202	Composite Medical Procedure Identifier Pg 446	Required if SV201 – Revenue Code is 0550 SV202-1 = 'ZZ' SV202-2 = HIPPS Codes (AAA00-AAA29)
Institutional Service Line	2400	375-SV206	Unit Rate Service Line Rate Pg 449	Required when Revenue Code is 0183 0185 0189 0190 0550
Institutional Service Line	2400	375-SV207	Monetary Amount Line Item Denied Charge or Non-Covered Charge Amount Pg 449	
Institutional Service Line	2400	1250 – DTP02	Date Time Period Format Qualifier Pg 457	'D8'
Institutional Service Line	2400	1251 – DTP02	Date Time Period Pg 457	Use the date services were first rendered
Institutional Service Line	2400	1251 – DTP03	Date Time Period Pg 459	Assessment Reference Date (ARD)
Service Line Adjustment	2430	545-CAS01	Claim Adjustment Group Code Pg. 495	'CR' Correction and Reversals
Service Line Adjustment	2430	545-CAS02	Claim Adjustment Reason Code Pg 496	For adjustment reason codes see <a href="http://wpc-edi.com">http://wpc-edi.com</a>
Service Line Adjustment	2430	545-CAS03	Monetary Amount Adjustment Amount Pg 496	
Service Line Adjustment	2430	545-CAS04	Quantity Pg 496	