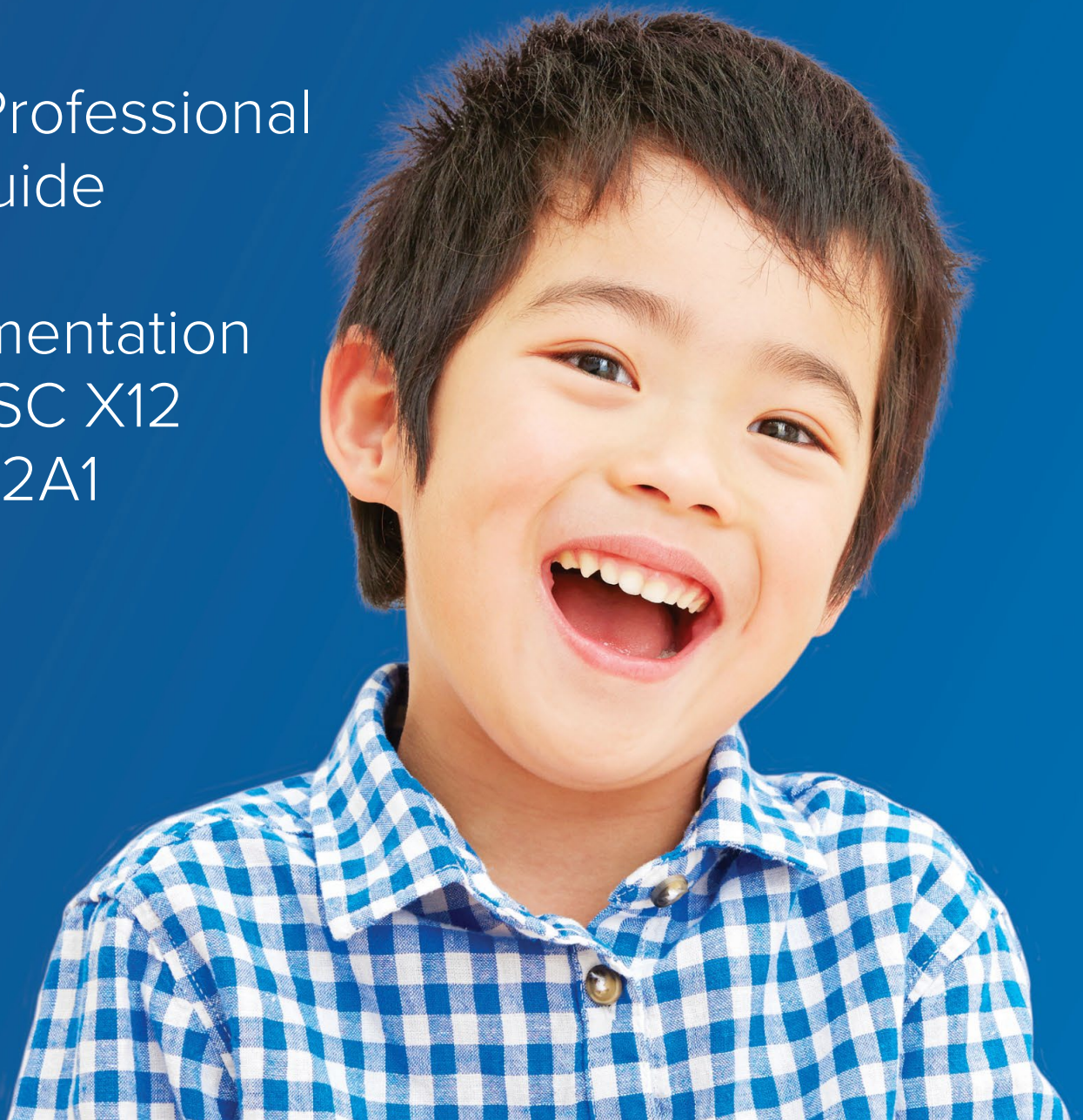




Health Care Claim Professional (837) Companion Guide

Refers to the Implementation
Guides Based on ASC X12
version 005010X222A1

May 2022



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Preface

The Affordable Care Act (ACA) mandates implementation of Administrative Simplification operating rules to promote greater uniformity in the exchange of electronic health care data. The Committee on Operating Rules for Information Exchange (CORE) is part of the Council for Affordable Quality Healthcare (CAQH) initiative. CAQH CORE has authored operating rules to be implemented in phases for HIPAA-standard electronic data interchange (EDI) transactions, including the Health Care Claim Professional(837).

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Acme Health Plan. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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Introduction

Scope

The HIPAA transaction implementation guides for Electronic Data Interchange (EDI) transactions are called Technical Reports, Type 3 (TR3s). These TR3s provide guidelines for submitting and receiving HIPAA-standard EDI transactions. The TR3s require transmitters and receivers to make certain determinations. The VBA Health Care Claim Professional (837) Companion Guide does not replace the HIPAA ASC X12N TR3s, nor does it attempt to amend any of the information therein. It does not impose any additional obligations that are not permitted to be imposed by the HIPAA standards for electronic transactions. If inconsistencies exist between the terms of this companion guide and the TR3(s), the relevant TR3(s) will govern with respect to HIPAA edits. The VBA Companion Guide will govern with respect to business edits.

The VBA Health Care Claim Professional (837) Companion Guide provides supplemental information to the Trading Partner Agreement (TPA) that exists between VBA and its electronic trading partners. Trading partners should refer to their TPA for guidelines pertaining to any legal conditions surrounding implementation of EDI transactions and code sets. Information contained in this companion guide is not intended to amend, revoke, contradict, or otherwise alter the terms and conditions of the TPA. If there is an inconsistency with the terms of this guide and the terms of the TPA, the terms of the TPA shall govern.

Overview

HIPAA requires that the health care industry in the United States comply with the EDI standards as established by the Secretary of Health and Human Services. The ASC X12 837 v005010X222A1 is the established standard for the health care claim professional (837) transaction.

The companion guide contains assumptions, conventions, determinations or data specifications that are related for all provider, vendors and other submitters of the 837 transactions. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to send HIPAA-compliant files to VBA.

References

This companion guide should be used in conjunction with the HIPAA mandated, Health Care Claim Professional (837) 005010x222A1 Technical Report 3 (TR3).

Additional Information

The reader of this companion guide is assumed to be a provider who has established a provider record with VBA and/or the provider's designated billing agent (billing service or clearinghouse) that transmits to or receives electronic data from VBA. For the purposes of this document, the reader may be referred to as a trading partner or a provider.

In addition to the 837 Companion Guide, trading partners are encouraged to conduct other HIPAA-standard EDI transactions when conducting business with VBA. Before, during and after the claim submission process, electronic transactions help maximize administrative efficiencies, reduce unnecessary paper waste, decrease the need to conduct time-consuming telephone transactions, increase security of VBA members' protected health information and promote greater accuracy with faster completion of each transaction. For additional information on the variety of EDI transactions available and/or supported by VBA, refer to the [HIPAA EDI](#) page of www.vbaplans.com.

Getting Started

Working with VBA

Vision Benefits of America (VBA) offers a flexible, standards-compliant platform for supporting the electronic exchange of benefit and enrollment maintenance information to further streamline and automate the manual efforts usually associated with maintaining such information in multiple systems.

VBA will serve as your partner in the efforts to establish a successful integration solution.

Trading Partner Registration

VBA receives a completed EDI Electronic Claims Request form from the contracted provider, vendor, billing service or clearinghouse on behalf of the provider. Once the trading partner information is verified, a link to the companion guide on the VBA website and a copy of the 837 Trading Partner-Specific Transaction Information to the sender of the form.

Certification and Testing Overview

This section provides a general overview of what to expect during any certification and testing phases.

- Sender must provide static IP address and SFTP credentials will be established.
- All test files must be submitted via SFTP.
- VBA will provide a summary of test claims and scenarios needed
- Provide a sample 837 of most common procedures with at least 25 claims
- The expectation is to complete a minimum of 3 test runs
- ISA15 should be 'T' for all test files.
- Test claims will be validated against VBA's test system and will not be submitted for payment.

Testing with the Payer

Overview

VBA utilizes two (2) different levels of validation when processing 837 transactions. The first level of validation is “Message Validation” that determines whether VBA will accept the submitted transaction request. The second level of validation occurs after VBA accepts a transaction for processing. This validation determines if the transaction was able to be successfully processed against the existing data and business rules of VBA’s enterprise architecture.

Message Validation

Files may be rejected upon receipt for the following reasons:

1. Syntax Errors – such as invalid segments, segment order, testing for number values in numeric data elements, etc.
2. NM109 should be a minimum/maximum of four digits.
3. Ending segments improperly with extra delimiters such as `**~` or `*~`
4. Using special characters not part of the Basic character or Extended Character Set.
5. PER Segment – invalid phone numbers – format should be AAABBBCCCC (AAA-Area Code) (BBB – Telephone Number prefix) (CCC – telephone #).
6. Missing policyholder or dependents birthdates.
7. Missing policyholder addresses.
8. Missing or invalid authorization numbers.
 - REF*G1 (authorization number) are a minimum of 10 digits. Example: REF*G1*0123456789~
9. Claim is out of balance.
10. SV107, Composite Diagnosis Code Pointer, should match the number of diagnosis codes in the file (SV107)-2400 Service Line Number

Connectivity with the Payer/Communications

VBA will establish SFTP credentials to be provided to the sender.

Process Flows

- An 837P file is sent by the sender to VBA.
- A 999 transaction is returned to the sender to indicate if the file passed syntax level validation within the front-end system.
- A TA1 transaction is returned to the sender to verify the envelopes only.
- The 277CA Claims Acknowledgement transaction acknowledges claims within the file that have been received, rejected or sent to VBA's adjudication system for processing.

Transmission Administrative Procedures

You will receive 999, TA1, and 277CA transactions when you submit an 837 file.

Retransmission

Files that have been rejected can be retransmitted on the same day.



The file name of the retransmitted file can be the same as the original file, however the Interchange Control Number ISA13 and IEA02 must be changed and identical

Communication Protocols

Files can be placed on VBA's SFTP site (<sftp://ftp.vbaplans.com:22>).

Test files must be placed in the test directory and production files must be placed in the production directory.

Passwords

If you cannot connect, check to see if the static IP of the sender has changed. Please send the new static IP to mis@vbaplans.com to be safelisted.

Contact Information EDI

EDI Customer Service

If you need assistance with an EDI 837 transaction accepted by VBA, please contact mis@vbaplans.com.

EDI Technical Assistance

For assistance with provider vendor, clearinghouse or billing questions and/or technical support, contact your vendor.

Provider Service Number

You may contact VBA Provider Relations at 1-800-432-4966 opt. 6 to speak to a Provider Relations Representative for assistance. Our representatives are available to answer your questions Monday through Friday, 8:30am to 6:00pm ET

Applicable Websites/E-mail

A copy of the 837 Companion Guide can be found at www.vbaplans.com or can be requested at mis@vbaplans.com.

Control Segments/Envelopes ISA-IEA

Control Segments apply to all transactions and include the ISA and GS Segments. These segments are part of every transmission structure. The parameters outlined below are applicable to provider clearinghouses that have a direct connection with VBA.

ISA-IEA

This section describes VBA's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information and delimiters. All positions within each of the data elements must be filled. The ISA segment can be considered a fixed record length segment.

ISA05 – Will be assigned ZZ or 30

ISA06 – is individually assigned by VBA to each trading partner

ISA07 – ZZ

ISA08 – VBA

ISA15 – defines whether the transaction is a T(est) or P(roduction)

GS-GE

This section describes VBA's use of the functional group control segments. It includes a description of expected application sender and receiver codes.

GS02 – is the same as ISA06

GS03 – is the same as ISA08

VBA-Specific Business Rules and Limitations

- All 837 transactions must be submitted via SFTP.
- Claim rejections that have not been accepted by VBA must be corrected and resubmitted.
- Must use agreed upon procedure codes (CPT and HCPCS).
- When NM101 is 77, NM109 must be the NPI2 for service locations.
- Once 837 is in production, Provider Portal Access will be available for claims review only. Access for claims submission or adjustment on the portal will be discontinued.
- Claims adjustments cannot be accepted on the 837 file.

Acknowledgements

- 999 Transaction Acknowledgment is sent upon receipt of the 837 transaction. This file informs the sender that the 837 transaction has been received by the payer.
- 277CA Claims Acknowledgment is sent after receiving an 837 transaction.
- TA1 Transaction Acknowledgement is sent upon receipt of an 837 transaction.

Trading Partner Agreements

This section contains general information concerning Trading Partner Agreements (TPA). An actual TPA may optionally be included in an appendix.

Trading Partners

An EDI Trading Partner is defined as any VBA customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from VBA.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

Transaction-Specific Information

The below information should be used in conjunction with the HIPAA mandated, Health Care Claim Professional (837) 005010x222A1 Technical Report 3 (TR3).

Loop ID	Seg ID	Element ID	Element Description	Element Values / Format	Element Note	Required / Situational/ Optional	Value to Pass
	ISA	01	Authorization Info Qualifier	00 = No Auth Info		R	00
	ISA	02	Authorization Info	BLANK	Space fill 10 characters	R	Spaces
	ISA	03	Security Info Qualifier	00 = No Security Info		R	00
	ISA	04	Security Info	BLANK	Space fill 10 characters	R	Spaces
	ISA	05	Interchange ID Qualifier	01 - Duns (Dun & Bradstreet) 14 - Duns Plus Suffix 20 - Health Industry Number (HIN) 27 - HCFA Carrier Identification Number 28 - HCFA Fiscal Intermediary Identification Number 29 - HCFA Medicare Provider and Supplier Identification Number 30 - U.S. Federal Tax Identification Number 33 - NAIC Company Code ZZ - Mutually Defined		R	VBA Assigned
	ISA	06	Interchange Sender ID	Sender Tax ID or Mutually Defined ID	Left justify and space fill to 15 total characters	R	VBA Assigned
	ISA	07	Receiver ID Qualifier	ZZ = Mutually Defined		R	ZZ
	ISA	08	Receiver ID	VBA	Left justify and space fill to 15 total characters	R	VBA
	ISA	09	Interchange Date	YYMMDD		R	File generation date
	ISA	10	Interchange Time	HHMM		R	File generation time
	ISA	11	Repetition Separator	^		R	^
	ISA	12	Interchange Control Version #	00501		R	00501

Loop ID	Seg ID	Element ID	Element Description	Element Values / Format	Element Note	Required / Situational/ Optional	Value to Pass
	ISA	13	Interchange Control #		The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02	R	Control Number
	ISA	14	Acknowledgement Requested	0 = No Acknowledgement Requested 1 = Interchange Acknowledgement Requested		R	0 or 1
	ISA	15	Usage Indicator	P = Prod T = Test		R	This will need to be set to 'T' while testing and then changed to 'P' before going live.
	ISA	16	Component Element Separator	">" or ":"	Component Separator	R	> or :
			Segment Terminator	~	Segment terminator may not be a Carriage Return, Line Feed, New Line or any combination thereof.	R	~
	GS	01	Functional ID Code	HC		R	HC
	GS	02	Sender ID	SAME AS ISA06		R	(Trading Partner Specific)
	GS	03	Receiver ID	SAME AS ISA08		R	VBA
	GS	04	Date	CCYYMMDD		R	File generation date
	GS	05	Time	HHMM		R	File generation time
	GS	06	Group Control Number		Client/TPA generated	R	Control Number
	GS	07	Responsible Agency Code	X		R	X
	GS	08	Version/Release Code	005010X222A1		R	005010X222A1
	ST	01	Transaction ID Code	837		R	837
	ST	02	Transaction Set Control #		Client/TPA generated	R	Control Number

Loop ID	Seg ID	Element ID	Element Description	Element Values / Format	Element Note	Required / Situational/ Optional	Value to Pass
	ST	03	Implementation Convention Reference	005010X222A1		R	005010X222A1
	SE	01	Number of Included Segments	Segment count including ST and SE		R	Transaction Segment Count
	SE	02	Transaction Set Control Number		The Transaction Set Control Number, SE02, must be identical to the Transaction Set Control Number ST02	R	Must be identical to ST02
	GE	01	Number of Transactions Sets Included		Total number of transaction sets included in the functional group or interchange (transmission) group	R	
	GE	02	Group Control Number		The data interchange control number in GE02 must be identical to GS06, Group Control Number	R	Must be identical to GS06
	IEA	01	Number of Included Functional Groups		A count of the number of functional groups included in an interchange	R	
	IEA	02	Interchange Control Number		A control number assigned by the interchange sender	R	Must be identical to ISA13

Appendices

This appendix contains free format text descriptions of typical business scenarios. The transmission examples for an 837P claims transaction are included in Transaction Examples.

Implementation Checklist

1. Receive completed EDI Electronic Claims Request Form from provider.
2. Receive static IP address of the sender
3. Establish SFTP credentials
4. VBA and trading partner will collaborate on test data and scenarios.
5. ISA15 must be 'T' for all test transactions and 'P' for all production transactions.
6. VBA will provide a Trading Partner Transaction Information document that contains: ISA05-08, GS02-GS03.
7. Successfully submit a test file that passes all VBA gateway edits and validation requirements. At this point, the file will be forwarded on for further testing.
8. Successfully process a test file that meets validation requirements, this is the final step that leads to approving the move from test to production.
9. Identify sender primary contact

Transmission Examples

```

ISA*00*      *00*      *ZZ*987654321  *ZZ*VBA      *210926*1645*^*00501*000000001*0*T*:~
GS*HC*987654321*VBA*20210926*164548*1*X*005010X222A1~
ST*837*000000001*005010X222A1~
BHT*0019*00*000000001*20210925*164548*CH~
NM1*41*2*SUBMITTER NAME*****46*987654321~
PER*IC*SUBMITTER CUSTOMER SERVICE*TE*800111111~
NM1*40*2*VISION BENEFITS OF AMERICA *****46*53953~
HL*1**20*1~
NM1*85*2*PROVIDER 1*****XX*1234567893~
N3*3055 LEBANON PIKE~
N4*NASHVILLE*TN*372149888~
    
```

REF*EI*123456789~
PER*IC*CUSTOMER SERVICE*TE*615111111~
HL*2*1*22*0~
SBR*P*18*52001*****CI~
NM1*IL*1*DOE*JOHN****MI*1234~
N3*123 MAIN ST~
N4*NASHVILLE*TN*31415~
DMG*D8*19770923*M~
REF*SY*000001234~
NM1*PR*2*VBA*****PI*53953~
CLM*PCN000001*311***21:B:1*Y*A*Y*Y~
DTP*435*D8*20210923~
REF*D9*022616614238921~
REF*G1*3943090393~
HI*ABK:B2681*ABF:B2682~
NM1*77*2*ANYWHERE CLINIC~
N3*9200 W WISCONSIN AVE~
N4*MILWAUKEE*WI*532263522~
LX*1~
SV1*HC:V2020:25*100*UN*1***1:2~
DTP*472*D8*20210921~
REF*6R*EP081318619275698-01~
LX*2~
SV1*HC:V2781*195*UN*1***1~
DTP*472*D8*20210921~
REF*6R*EP081318619275698-02~

LX*3~
SV1*HC:V2744*16*UN*1***1:2~
DTP*472*D8*20210921~
REF*6R*EP081318619275698-03~
SE*40*000000001~
GE*1*1~
IEA*1*000000001~

Frequently Asked Questions

Frequently asked questions contain a compilation of questions and answers relative to VBA and its trading partners.

Q: Should files always use tilde (~)-for the segment terminator

A: Yes '~' should always be used for the for the segment terminator

Q: How should telephone numbers be formatted when submitted?

A: AAABBBCCCC – AAA –area code, BBB is the telephone number prefix and CCCC is the telephone number (e.g., (534)224-2525 would be represented as 5342242525).

Q: How should postal codes (zip codes) be formatted in the file?

A: The zip code should be 5 or 9 digits if the member lives in the USA. If outside of the USA, refer to the TR3 (e.g., 12345-1234 would be represented as 123451234)

Q: Is the dependent's SSN required on the file?

A: No, only the last four digits of the member's SSN number is required.

Q: Can I use the provider portal and submit a claim on an 837 claim?

A: No, portal access for claim submission will be discontinued once 837 files are in production.

Q: Can I submit an adjustment for a claim on an 837 file?

A: No you cannot submit claims adjustments on an 837 file.

Change Summary

The Change Summary log below will be used to document revisions that are made after the initial publication of this guide.

Version	Date	Change Description
V1	1/2022	Added reference to EDI Electronic Claims Request form.
V2	5/2022	Added additional instructions for testing scenarios and FAQs.