HIPAA EDI Companion Document
For Direct Submitters

For use with the
All HIPAA EDI Transactions

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Introduction

Insurance Management Services (IMS) will be accepting X12N 837 Institutional (837I) & X12N 837 Professional (837P) Health Care Claims, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The X12N 837I and 837P versions of the 4010 implementation guide and August 2002 addenda for the Health Care Institutional and Professional Claims has been established as the standard for Health Care claims transaction compliance.

Audience

This document has been intended to assist both the technical and business area. It contains IMS specifications for the transactions as well as contact information and key points.

Document Purpose

This document has been prepared to serve as an IMS specific companion guide to the *Transaction Set*s. This document supplements but does not contradict any requirements in the *Transaction Set Implementation Guide*s. The primary focus of the document is to clarify specific segments and data elements that should be submitted to IMS on HIPAA EDI Transactions. This document contains the following sections:

"General Transaction Information" explains the initial step you will need to implement the 837 transactions as well as key points.

"Connecting to IMS" explains how to connect to IMS and send your 837 transactions. It also contains a statement in relation to security.

This document will be subject to revisions as new versions of the *Transaction Set Implementation Guides* are released.

General Transaction Information

Getting Started

In order to submit a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Implementation Guides & Addenda for the Health Care Claim: Institutional ASC X12N 837 (004010X096A1) and the Health Care Claim: Professional ASC X12N 837 (004010X098A1). The transaction guides can be retrieved at the Washington Publishing Company's website at www.wpc-edi.com.

For questions relating to the IMS 837 Institutional Claim Transaction, the IMS 837 Professional Claim Transaction, or testing please contact the IMS EDI Operations Department at 806-373-5944 or email your questions to: edi@imstpa.com.

Please note IMS is not responsible for any software utilized by the submitter for the ASC X12N 837I or ASC X12N 837P transactions.

Key Points

Notes for All Transactions

- IMS will accept 837 Institutional and Professional Claim Transactions for all business products. They must be sent in separate files using a different File Naming Convention. They cannot be sent on the same file.
- As stated in the Implementation Guide, a maximum of 5000 CLM segments will be accepted by IMS
- Multiple GS/GE segments may be sent per file.
- If multiple claims are sent in a single ST/SE loop and an error is found in one of those claims then all the claims in the ST/SE loop will be rejected. If separate ST/SE loops are created for each claim only the claims found in error will be rejected.
- Submitters must go through the appropriate set-up/authorization process in order to transmit electronic claims to IMS. Please refer to the "Connecting with IMS" section of this document before submitting electronic claims.
- IMS is adhering to structural specifications for required and situational fields as stated in the implementation guides. If the incoming 837I or 837P structure does not comply, the file will fail in the validation process. In this situation, IMS EDI Operations will typically contact the submitter within three business days after receipt of file.
- IMS requires certain situational data in order to effectively process claims. For detailed information on this subject please refer to the "IMS Specifications/Requirements" section of this document.
- IMS strongly recommends sending claim information in the Subscriber Loop, given that a unique member ID identifies each IMS member group.
- If Pay-to Provider Information (Loop 2010AB) is not sent in the 837 transactions, IMS will capture payee information from the Billing Provider Information (Loop 2010AA).
- You must submit data using the basic character set as defined in Appendix A of the 4010 Implementation Guide. Any other characters submitted from the extended character set will cause the interchange transmission to be rejected at the ANSI translator.

- IMS Provider Identifiers are required in the Secondary Identification REF Segments until National Provider Identifiers (NPI) are released.
- The IMS implementation of Coordination of Benefits (COB) Information utilizes both the COB Header (Loop 2320) and COB Detail (Loop 2430) within the 837 transactions. IMS strongly recommends closely reviewing these loops in the implementation guide before submitting COB information.
- Although the HIPAA Transaction Set Implementation Guide allows the repeating of Provider Information (2000A Loop) for each claim, the size of transmission files can be reduced by up to 20% by using only one repeat of Provider information followed by all Subscriber and Claim information for that Provider. Grouping the claims of each subscriber together can further reduce file transmission size.

Notes Specific to the 837I Transaction

- As stated in the implementation guide, Service Facility Information (Loop 2310E) should be submitted if the Provider of Services is different from the Pay-to Provider (Loop 2010AB).
- IMS strongly recommends that Service Facility Information always match Pay-to Provider Information, given that the payee should always equal the provider on IMS institutional claims.
- IMS will capture all four Procedure Code Modifiers (Element SV201-3) if sent, but only the first modifier will be utilized during processing.

Notes Specific to the 837P Transaction

- IMS strongly recommends that Rendering Provider Information (Loop 2310B) be sent on all professional claims. If the Rendering Provider Loop is not sent, the grid below determines how IMS will capture the Provider Information.

Loop	Description
Rendering Provider Information (Loop 2310B)	IMS uses this information for the Rendering Provider
Pay-to Provider Information (Loop 2010AB)	IMS uses this information for the Payee. If Loop 2310B is not present, IMS uses this information for the Rendering Provider as well as the Payee.
Billing Provider Information (Loop 2010AA)	IMS uses this information for the Billing Provider. If Loop 2010AB is not present, IMS uses this information for the Payee as well as for the Billing Provider. If neither Loop 2310B nor Loop 2010AB is present, IMS uses this information for the Rendering Provider, Payee, and Billing Provider.

- IMS will capture all four Procedure Code Modifiers (Element SV101-3) if sent, but only the first modifier will be utilized during processing.

IMS Specifications/Requirements

- IMS claim processing requires specialty codes for each provider listed on a claim

Connecting to IMS

Setup Process

Providers interested in submitting electronic claim transactions should contact EDI Operations at IMS via email or telephone for a setup request. Please refer to the "Contact Information" section for details. Both batch and real-time EDI exchange are available for the following transactions:

270/271 (Eligibility request/response)
276/277 (Claim status request/response)

EDI Operations will coordinate the appropriate process to set up an electronic data interchange. ***This includes completing enveloping requirements in Appendix A.***

Upon setup completion, EDI Operations will notify the submitter of the testing procedures. Once EDI Operations reviews testing procedures with the submitter, test claims can be sent to IMS.

Testing

EDI Ops will setup a FTP username and password. Once the username and password are assigned, the submitter can start sending claim transactions to the test environment. IMS will notify the provider upon the successful completion of testing.

During the testing process, IMS will examine submitted test transactions for required elements, and will also ensure that the submitter gets a response during the testing mode. When the submitter is ready to send an 837 transaction to the production mailbox, he/she must notify EDI Operations at IMS, and IMS Information Systems (IS) department will move the submitter to the production environment. The submitter's FTP username remains the same when moving from test to production. Changing passwords is optional upon submitter's request to the EDI Operations Department.

Naming Conventions

The naming conventions for files uploaded to the FTP server are as follows:

Transaction Type	File Naming Convention
837 Institutional (004010X096)	837I*ccyymmddhhmmss*.TXT
837 Professional (004010X098)	837P*ccymmddhhmmss*.TXT
837 Dental (004010X097)	837D*ccyymmddhhmmss*.TXT
270 Eligibility Request (004010X092)	270*ccyymmddhhmmss*.TXT
276 Claims Status Request (004010X093)	276*ccyymmddhhmmss*.TXT
278 Pre-Certification and Referral	278*ccyymmddhhmmss*.TXT

NOTE: *ccyymmddhhmms*s means - *cc* = century (2 digits), *yy* = year (2 digits), *mm* = month of year (2 digits), *dd* =day of month (2 digits), *hh* = hour of day (2 digits, 24 hour clock), *mm* = minutes of hour (2 digits), *ss* = seconds of minute (2 digits)

Security Statement

IMS is continually in the process of analyzing our security procedures to protect the integrity and availability of health information. Please report any security breaches or vulnerabilities related to our FTP server or Internet Web Port to TKSoftware Inc. at 2113 Brewster Rd. Indianapolis IN. 46260

Contact Information

EDI Operations

Email: edi@imstpa.com or info@TKSoftwareInc.com
Phone: (806) 373-5944

Claim Processing

Email: edi@imstpa.com
Phone: (806) 373-5944

Appendix A

Delimiters

Character	Name	Delimiter
*	Asterisk	Data Element Separator
:	Colon	Subelement Separator
~	Tilde	Segment Terminator (May also contain Line Feed character after Tilde)

ISA (Interchange Control Header Segment)

The ISA is a fixed record length segment and all positions within each of the data elements are required. The first element separator defines the element separator used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange.

The Input Data column below contains text in **bold,** or *[bracketed in italics]:*

- Text entered in **bold** indicates standard input data
- Text entered in *[bracketed italics]* indicates special input data dependent on sender, time, date, etc.

Element	Size	Name	Input Data	Remarks
ISA01	2	Authorization Information Qualifier	**00**	No Authorization Information Present.
ISA02	10	Authorization	[Submitter-specific ID number, or ten-space placeholder	If no Authorization information number is present, simply enter 10 spaces in this field.
ISA03	2	Security Information Qualifier	**00**	No Security Information Present.
ISA04	10	Security Information/Password	[Submitter-specific ID number, or ten-space placeholder	If no Authorization information number is present, simply enter 10 spaces in this field.
ISA05	2	Interchange ID Qualifier/Trading Partner	[Submitter-specific ID Number]	Sender qualifier
ISA06	15	Interchange Sender ID/Trading Partner ID	[Submitter-specific ID number]	Sender qualifier
ISA07	2	Interchange ID Qualifier/IMS's Health Plan Qualifier	**01**	DUNS (Dun & Bradstreet)
ISA08	15	Interchange Receiver	**3519800008800**	IMS Health Plan
ISA09	6	Interchange Date	[Enter the date using the format YYMMDD; for example January 1, 2003 would be entered as 030101]	Date of the interchange
ISA10	4	Interchange Time	[Enter the time using the format HHMM; for example, 4:30 PM would be entered as **1630**]	Time of interchange

Element	Size	Name	Input Data	Remarks
ISA11	1	Interchange Control Standards ID	**U**	U.S. EDI Community of ASC X12, TDCC and UCS
ISA12	5	Interchange Control Version Number	**00401**	Version Number
ISA13	9	Interchange Control Number/Last Control Number	[Sender-specific control number]	Assigned and maintained by the interchange sender must be identical to the associated Interchange Trailer, IEA02
ISA14	1	Acknowledgement	**0**	Code sent by the sender to request an interchange acknowledgement (TA1) 0 No Acknowledgement Requested
ISA15	1	Usage Indicator/Acknowledgement Test Indicator	[Enter either **T** or **P**]	T Test Data, P Production Data.
ISA16	1	Component Element (Sub-Element) Separator	**:**	Used to separate component data elements within a composite data structure; must be unique.\n\nASCII Value Component element Separator.

IEA (Interchange Control Trailer Segment)

The Interchange Control Trailer defines the end of an interchange of zero or more functional groups and interchange-related control segments.

Element	Size	Name	Input Data	Remarks
IEA01	1/5	Number of Included Functional Groups	[Submitter-specific id number]	A count of the number of functional groups included in an interchange.
IEA02	9	Interchange Control Number	[Submitter-specific id number]	A control number assigned by the interchange sender

GS (Functional Group Header Segment)

The Functional Group Header Segment indicates the beginning of a functional group and provides control information.

The Input Data column below contains text in **bold,** or *[bracketed in italics]:*
- Text entered in **bold** indicates standard input data
- Text entered in *[bracketed italics]* indicates special input data dependent on sender, time, date, etc.

Element	Size	Name	Input Data	Remarks
GS0l	2	Functional Identifier Code	**HC**	Health Care Claim
GS02	2/15	Application Sender's Code	*[Submitter-specific number]*	Code identifying party sending transmission.
GS03	2/15	Application Receiver's Code	**3519800008800**	Code identifying party receiving transmission
GS04	8	Date	*[Enter the date using the format YYYYMMDD*; for *example, April 1, 2003 would be entered as* 20030401;	Functional Group creation date.
GS05	4/8	Time	*[(Enter the time using the format HHMM; for example, 1:30 PM would be entered as* 1330]	Functional Group creation time. Time expressed in 24-hour clock.
GS0	1/9	Group Control Number/Last Control Number	*[Submitter-specific number]*	Assigned and maintained by the sender, must be identical to the associated functional group trailer, GE-02.
GS0	1/2	Responsible Agency Code	**X**	Accredited Standards Committee X12
GS0	1/12	ANSI Version Code/Functional Ack. Version	**004010X096A1** **004010X098A1**	Health Care Claim for Professional Health Care Claim for Institutional

GE (Functional Group Trailer Segment)

Element	Size	Name	Input Data	Remarks
GE0l	1/6	Number of Transaction Sets Included	*[Submitter-specific number]*	Total number of Transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element.
GE02	1/9	Group Control Number	*[Submitter-specific number]*	Assigned number originated and maintained by the sender.