State of Washington
837 Dental Healthcare Claim
Companion Guide

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Disclaimer

This companion guide contains data clarifications derived from specific business rules that apply exclusively to Washington State Medicaid processing for Washington State HCA. The guide also includes useful information about sending and receiving data to and from the Washington State ProviderOne system.

Revision History

Documented revisions are maintained in this document through the Revision History Table shown below. All revisions made to this companion guide after the creation date are noted along with the date, page affected, and reason for the change.

Revision Level	Date	Page	Description	Change Summary
WAMMIS-CG-837CLAIMS-5010-01-01	12/17/10		Initial Document	
WAMMIS-CG-837D-CLAIMS-5010-01-01	2/15/11		Review comments incorporated	
WAMMIS-CG-837P-CLAIMS-5010-01-01	9/20/2012		Update per ASC X12 recommendations	

Contents

Disclaimer ii

Revision History iii

1 Introduction 5

1.1 Document Purpose 5
1.1.1 Intended Users 6
1.1.2 Relationship to HIPAA Implementation Guides 6
1.2 Transmission Schedule 6

2 Technical Infrastructure and Procedures 7

2.1 Technical Environment 7
2.1.1 Communication Requirements 7
2.1.2 Testing Process 7
2.1.3 Who to contact for assistance 8
2.2 Upload batches via Web Interface 9
2.3 Set-up, Directory, and File Naming Convention 14
2.3.1 SFTP Set-up 14
2.3.2 SFTP Directory Naming Convention 14
2.3.3 File Naming Convention 15
2.4 Transaction Standards 16
2.4.1 General Information 16
2.4.2 Data Format 16
2.4.3 Data Interchange Conventions 17
2.4.4 Acknowledgement Procedures 17
2.4.5 Rejected Transmissions and Transactions 17

3 Transaction Specifications 18

1 Introduction

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. This requires Washington State Health Care Authority (HCA) to adopt standards to support the electronic exchange of administrative and financial health care transactions between covered entities (health care providers, health plans, and healthcare clearinghouses).

The intent of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of electronic data interchange standards in health care. The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards.

1.1 Document Purpose

Companion Guides are used to clarify the exchange of information on HIPAA transactions between the HCA ProviderOne system and its trading partners. HCA defines trading partners as covered entities that either submit or retrieve HIPAA batch transactions to and from ProviderOne.

This Companion Guide is intended for trading partner use in conjunction with the ASC X12N Implementation Guides listed below. The ASC X12 TR3s that detail the full requirements for all HIPAA mandated transactions are available at http://store.x12.org/store/

The Standard Implementation Guide for Claim Transaction is:

- Healthcare Claim: Dental (837) 005010X224

HCA has also incorporated all of the approved 837 Dental Addenda listed below.

- Healthcare Claim: Dental (837) 005010X224A1
- Healthcare Claim: Dental (837) 005010X224E1

1.1.1 Intended Users

Companion Guides are to be used by members/technical staff of trading partners who are responsible for electronic transaction/file exchanges.

1.1.2 Relationship to HIPAA Implementation Guides

Companion Guides are intended to supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for format, content, and field values can be found in the Implementation Guides. This Companion Guide describes the technical interface environment with HCA, including connectivity requirements and protocols, and electronic interchange procedures. This guide also provides specific information on data elements and the values required for transactions sent to or received from HCA.

Companion Guides are intended to supplement rather than replace the standard Implementation Guide for each transaction set. The information in these documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

1.2 Transmission Schedule

N/A

2 Technical Infrastructure and Procedures

2.1 Technical Environment

2.1.1 Communication Requirements

This section will describe how trading partners can send 837 Transactions to HCA using two methods:

- Secure File Transfer Protocol (SFTP)
- ProviderOne Web Portal

2.1.2 Testing Process

Completion of the testing process must occur prior to submitting electronic transactions in production to ProviderOne. Testing is conducted to ensure the following levels of HIPAA compliance:

1. Level 1 – Syntactical integrity: Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 or NCPDP syntax, and compliance with X12 and NCPDP rules.
2. Level 2 – Syntactical requirements: Testing for HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. It will also include testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via an X12 code list or table.

Additional testing may be required in the future to verify any changes made to the ProviderOne system. Changes to the formats may also require additional testing. Assistance is available throughout the testing process.

Trading Partner Testing Procedures

1. ProviderOne companion guides and trading partner enrollment package are available for download via the web at http://hrsa.dshs.wa.gov/hipaa
2. The Trading Partner completes the Trading Partner Agreement and submits the signed agreement to HCA.

   Submit to: HCA HIPAA EDI Department
   PO Box 45562
   Olympia, WA 98504-5562

For Questions call 1-800-562-3022 ext. 16137

3. The trading partner is assigned a Submitter ID, Domain, Logon User ID and password.
4. The trading partner submits all HIPAA test files through the ProviderOne web portal or Secure File Transfer Protocol (SFTP).
   - Web Portal URL: https://www.waproviderone.org/edi
   - SFTP URL: sftp://ftp.waproviderone.org/
5. The trading partner downloads acknowledgements for the test file from the ProviderOne web portal or SFTP.
6. If ProviderOne system generates a positive TA1 and positive 999 acknowledgements, the file is successfully accepted. The trading partner is then approved to send 837 HIPAA files in production.
7. If the test file generates a negative TA1 or negative 999 acknowledgments, then the submission is unsuccessful and the file is rejected. The trading partner needs to resolve all the errors reported on the negative TA1 or negative 999 and resubmit the file for test. Trading partners will continue to test in the testing environment until they receive a positive TA1 and positive 999.

2.1.3 Who to contact for assistance

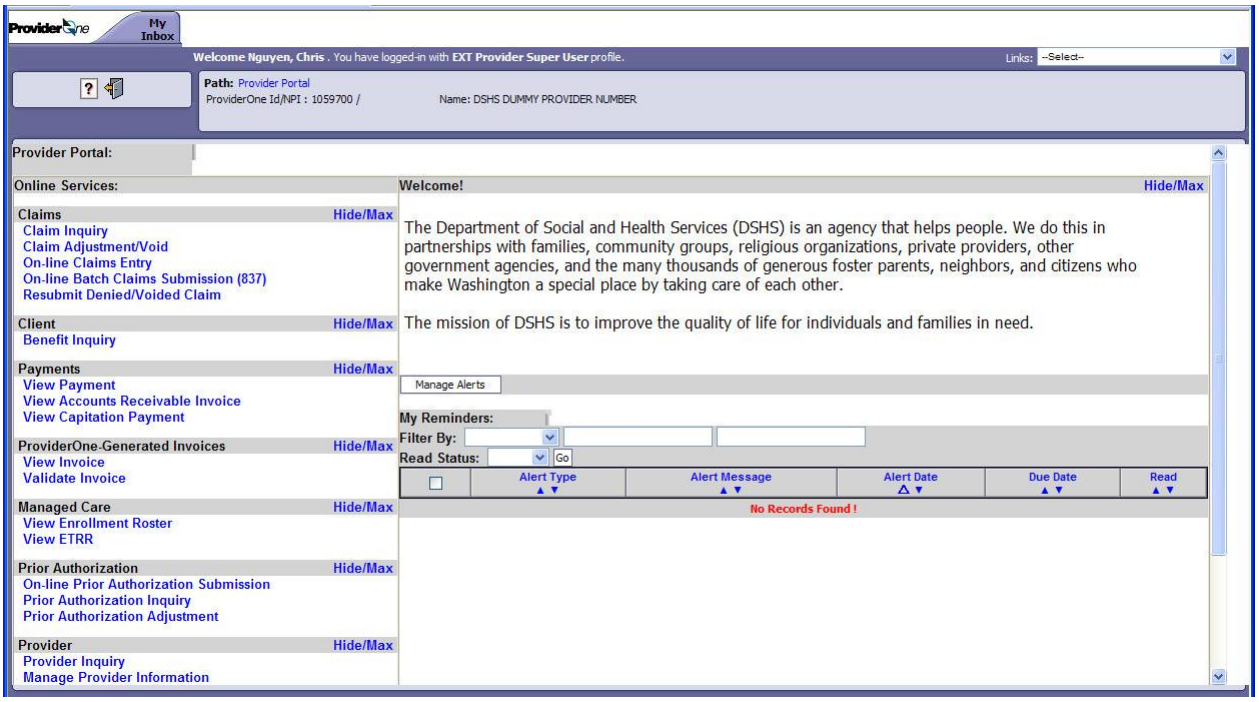
- Email: hipaa-help@hca.wa.gov
  - All emails result in the assignment of a Ticket Number for problem tracking

- Information required for initial email:
  - Name
  - Phone Number
  - Email Address
  - 7 digit ProviderOne ID Number
  - NPI
  - HIPAA File Name
  - Detailed Description of Issue
  - HIPAA Transaction

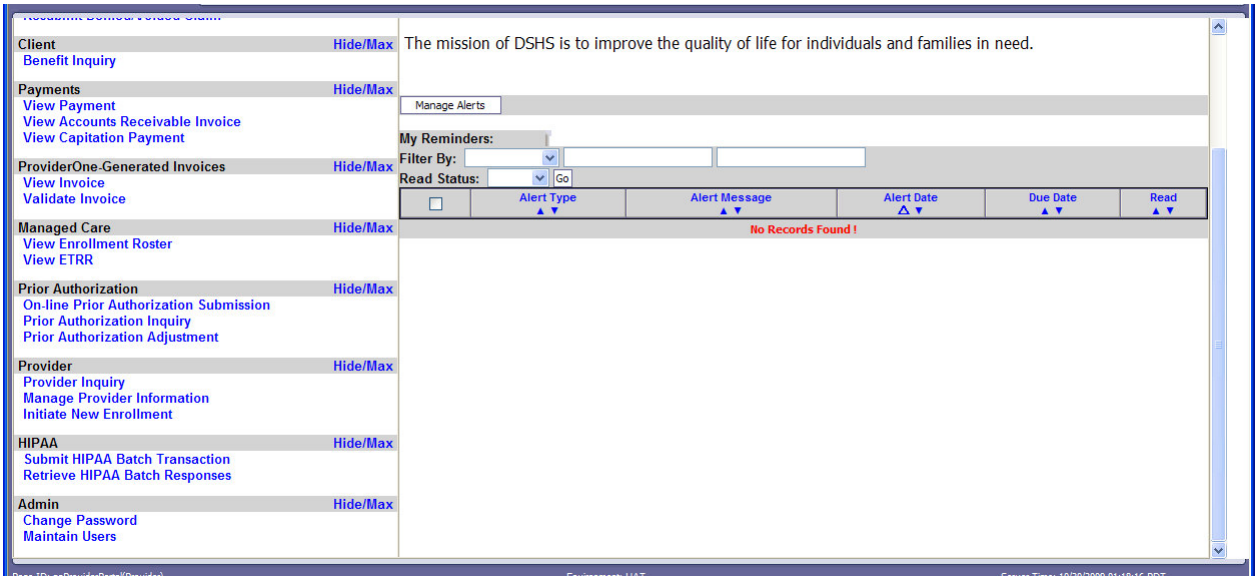
- Information required for follow up:
  - Assigned Ticket Number

2.2 Upload batches via Web Interface

Log into the ProviderOne Portal, select the appropriate security profile and the following options will be viewable to the user:

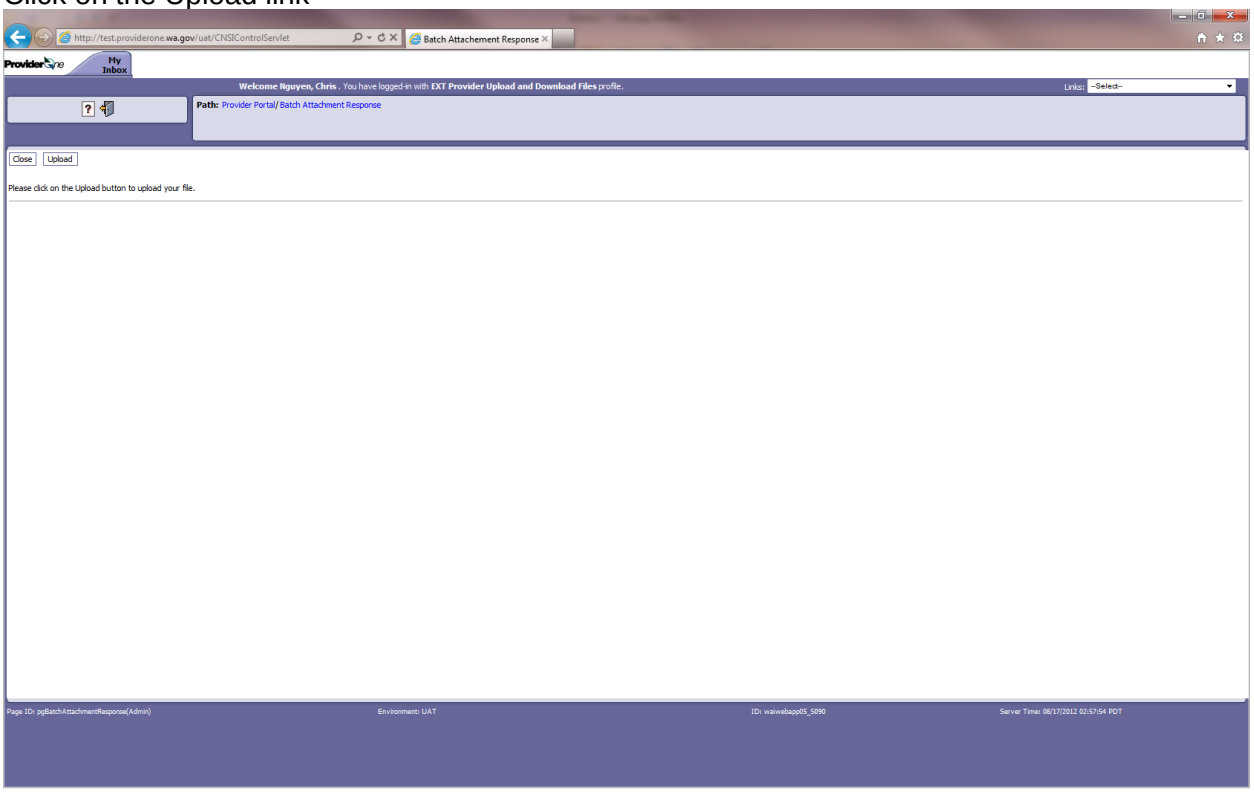


Scroll down to the HIPAA heading to manage the submission and retrieval of HIPAA transactions.

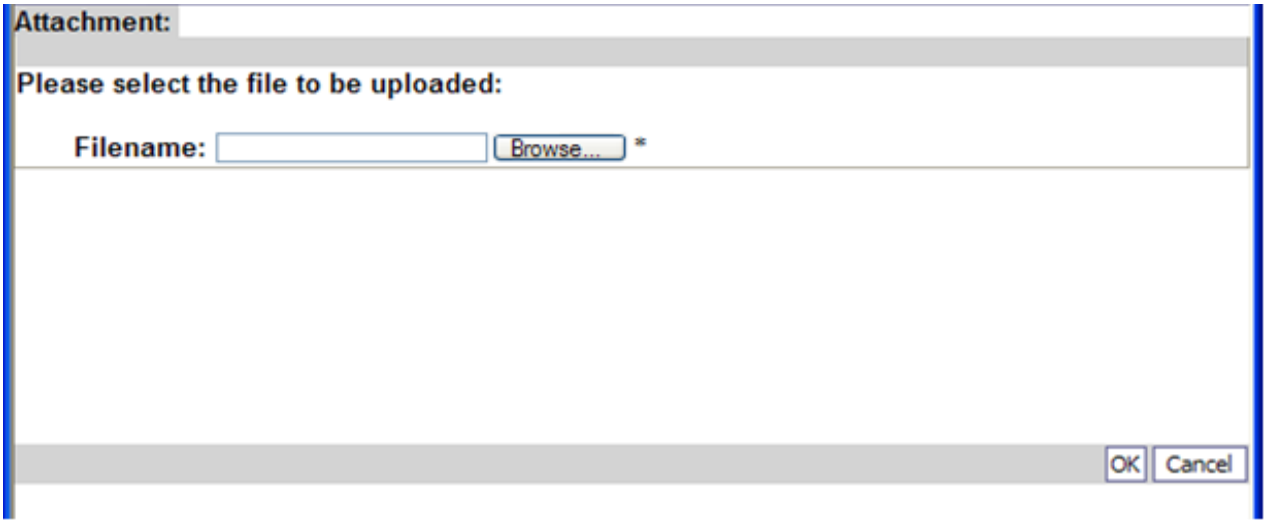


Follow these steps to upload a HIPAA file:

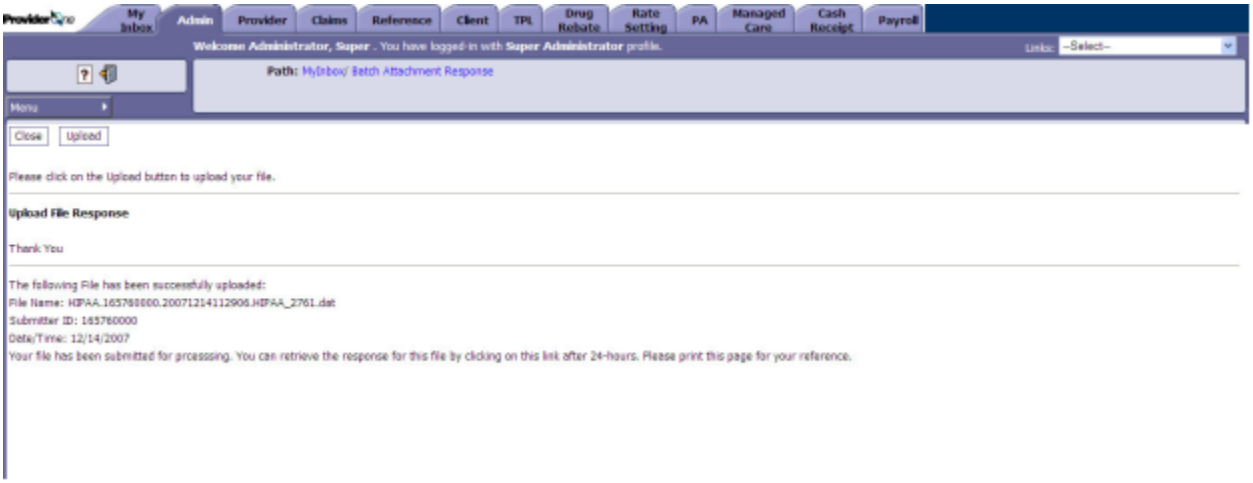
Click on the Upload link



On the file upload page click on the Browse button to attach HIPAA file from local file system. After selecting the file from the local file system, press OK to start the upload.



Once the Ok button is selected, a confirmation message is displayed on the screen along with transmission details. This message only means the file was submitted.

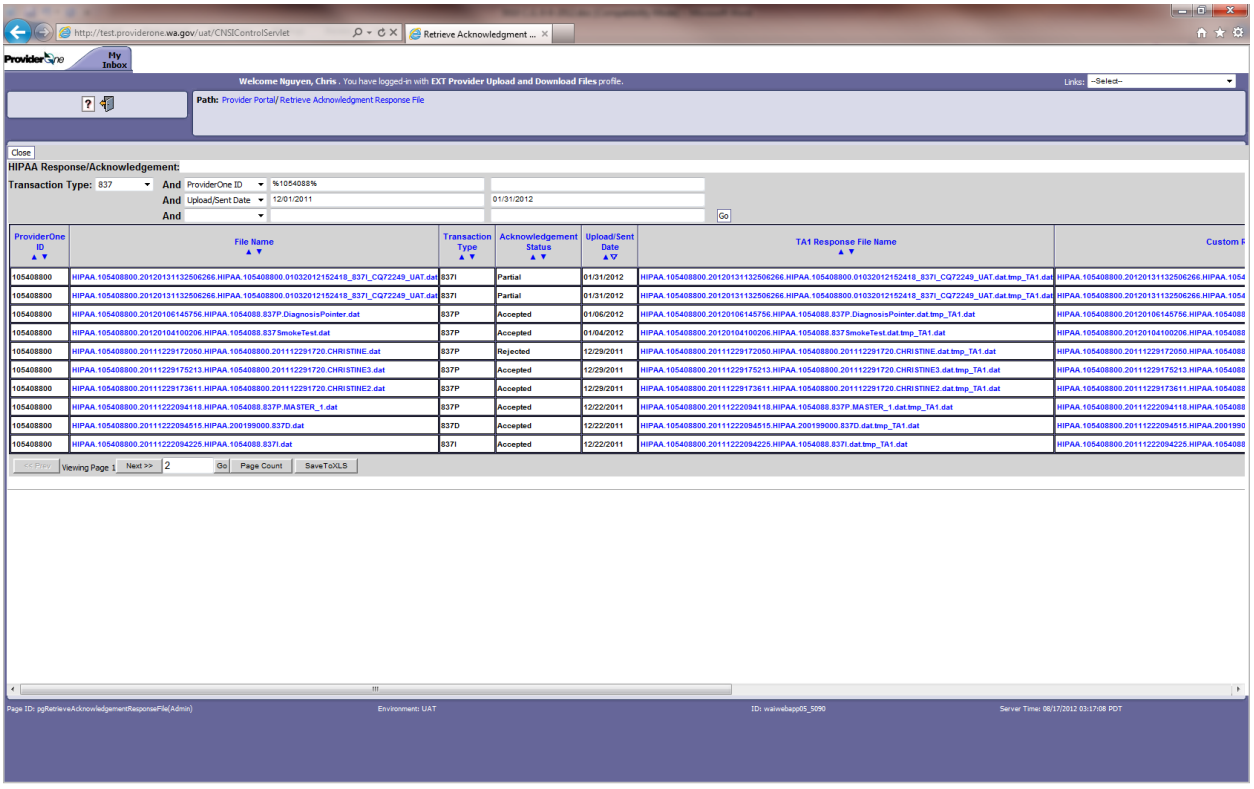


To determine if the file was successfully validated and processed go back to the ProviderOne main page, select Retrieve HIPAA Batch Response, and follow these steps:

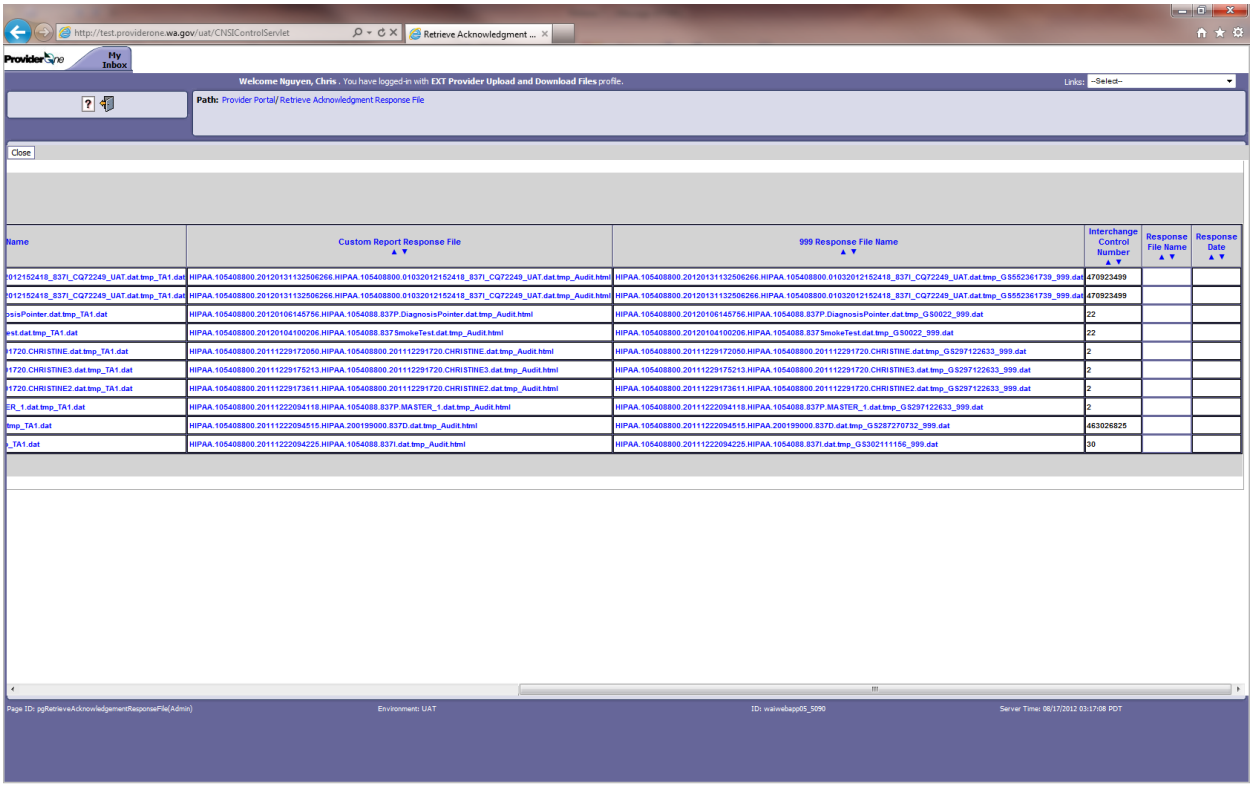
- Select 837 from the Transaction Type drop down menu
- There are 3 filter boxes available that contain the following filter criteria that you can use to search for your submitted HIPAA file
    - File Name
    - ProviderOne ID
    - Response Date
    - Upload/Sent Date
- An example of a search would be %Your ProviderOne ID%
    - The % are considered wildcard searches
- Click on Go once you entered all the necessary filters. Keep in mind you can enter up to 3 filters to refine the search of your submitted HIPAA transaction
- All the HIPAA transactions that match your search criteria should return on the page
- Click on the down arrow in the Upload/Sent Date column to sort the most current files to least current files

- Now look for Accepted or Rejected in the Acknowledgement Status Column. Accepted means the file will be processed. Rejected means the file will not be processed due to errors. Partial means some of the file was processed but not all of it due to errors.

- The Custom Report is a user friendly report that lets you know what caused the file to reject



Be sure to scroll to the right side of the screen to see all of the transactions available.



Name	Custom Report Response File	999 Response File Name	Interchange Control Number	Response File Name	Response Date
012152418_837I_CQ72249_UAT.dat.tmp_TA1.dat	HIPAA.105408800.20120131132506266.HIPAA.105408800.01032012152418_837I_CQ72249_UAT.dat.tmp_Audit.html	HIPAA.105408800.20120131132506266.HIPAA.105408800.01032012152418_837I_CQ72249_UAT.dat.tmp_GS552361739_999.dat	470923499		
012152418_837I_CQ72249_UAT.dat.tmp_TA1.dat	HIPAA.105408800.20120131132506266.HIPAA.105408800.01032012152418_837I_CQ72249_UAT.dat.tmp_Audit.html	HIPAA.105408800.20120131132506266.HIPAA.105408800.01032012152418_837I_CQ72249_UAT.dat.tmp_GS552361739_999.dat	470923499		
osisPointer.dat.tmp_TA1.dat	HIPAA.105408800.20120106145756.HIPAA.1054088.837P.DiagnosisPointer.dat.tmp_Audit.html	HIPAA.105408800.20120106145756.HIPAA.1054088.837P.DiagnosisPointer.dat.tmp_GS0022_999.dat	22		
est.dat.tmp_TA1.dat	HIPAA.105408800.20120104100206.HIPAA.1054088.837SmokeTest.dat.tmp_Audit.html	HIPAA.105408800.20120104100206.HIPAA.1054088.837SmokeTest.dat.tmp_GS0022_999.dat	22		
1720.CHRISTINE.dat.tmp_TA1.dat	HIPAA.105408800.20111229172050.HIPAA.105408800.201112291720.CHRISTINE.dat.tmp_Audit.html	HIPAA.105408800.20111229172050.HIPAA.105408800.201112291720.CHRISTINE.dat.tmp_GS297122633_999.dat	2		
1720.CHRISTINE3.dat.tmp_TA1.dat	HIPAA.105408800.20111229175213.HIPAA.105408800.201112291720.CHRISTINE3.dat.tmp_Audit.html	HIPAA.105408800.20111229175213.HIPAA.105408800.201112291720.CHRISTINE3.dat.tmp_GS297122633_999.dat	2		
1720.CHRISTINE2.dat.tmp_TA1.dat	HIPAA.105408800.20111229173611.HIPAA.105408800.201112291720.CHRISTINE2.dat.tmp_Audit.html	HIPAA.105408800.20111229173611.HIPAA.105408800.201112291720.CHRISTINE2.dat.tmp_GS297122633_999.dat	2		
ER_1.dat.tmp_TA1.dat	HIPAA.105408800.20111222094118.HIPAA.1054088.837P.MASTER_1.dat.tmp_Audit.html	HIPAA.105408800.20111222094118.HIPAA.1054088.837P.MASTER_1.dat.tmp_GS297122633_999.dat	2		
tmp_TA1.dat	HIPAA.105408800.20111222094515.HIPAA.200199000.837D.dat.tmp_Audit.html	HIPAA.105408800.20111222094515.HIPAA.200199000.837D.dat.tmp_GS287270732_999.dat	463026825		
_TA1.dat	HIPAA.105408800.20111222094225.HIPAA.1054088.837I.dat.tmp_Audit.html	HIPAA.105408800.20111222094225.HIPAA.1054088.837I.dat.tmp_GS302111156_999.dat	30		

2.3 Set-up, Directory, and File Naming Convention

2.3.1 SFTP Set-up

Trading partners can email hipaa-help@hca.wa.gov for information on establishing connections through the SFTP server. Upon completion of set-up, they will receive additional instructions on SFTP usage.

2.3.2 SFTP Directory Naming Convention

There would be two categories of folders under Trading Partner's SFPT folders:

1. **TEST – Trading Partners should submit and receive their test files under this root folder**
2. **PROD – Trading Partners should submit and receive their production files under this root folder**

Following folder will be available under TEST/PROD folder within SFTP root of the Trading Partner:

'HIPAA_Inbound' - This folder should be used to drop the Inbound files that needs to be submitted to HCA

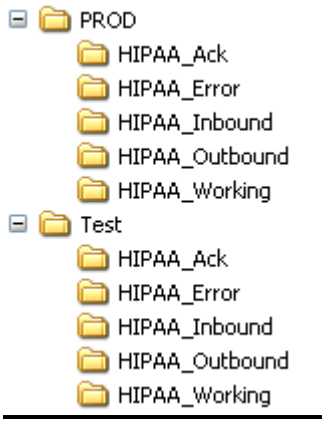
'HIPAA_Ack' - Trading partner should look for acknowledgements to the files submitted in this folder. TA1, 999 and custom error report will be available for all the files submitted by the Trading Partner

'HIPAA_Outbound' – X12 outbound transactions generated by HCA will be available in this folder

'HIPAA_Error' – Any inbound file that is not HIPAA compliant or is not recognized by ProviderOne will be moved to this folder

'HIPAA Working' – There is no functional use for this folder at this time

Folder structure will appear as:



2.3.3 File Naming Convention

The HIPAA Subsystem Package is responsible for assisting ProviderOne activities related to Electronic Transfer and processing of Health Care and Health Encounter Data, with a few exceptions or limitations.

HIPAA files are named:

For Inbound transactions:

HIPAA.<TPId>.<datetimestamp>.<originalfilename>.<dat>

Example of file name: HIPAA.101721500.122620072100_P_1.dat

- <TPId> is the Trading Partner Id
- <datetimestamp> is the Date timestamp
- <originalfilename> is the original file name which is submitted by the trading partner
- All HIPAA submitted files MUST BE **.dat** files or they will not be processed

2.4 Transaction Standards

2.4.1 General Information

HIPAA standards are specified in the Implementation Guide for each mandated transaction and modified by authorized Addenda

An overview of requirements specific to the transaction can be found in the 837 Implementation Guide. Implementation Guides contain information related to:

- Format and content of interchanges and functional groups
- Format and content of the header, detailer and trailer segments specific to the transaction
- Code sets and values authorized for use in the transaction
- Allowed exceptions to specific transaction requirements

Transmission sizes are limited based on two factors:

- Number of Segments/Records allowed by HCA
- HCA file size limitations

HCA limits the size of the transaction (ST-SE envelope) to a maximum of 5,000 CLM segments.

HCA limits a file size to 50 MB while uploading HIPAA files through the ProviderOne web portal and 100 MB through FTP.

2.4.2 Data Format

Delimiters

The ProviderOne will use the following delimiters on outbound transactions:

- Data element separator - Asterisk (*)
- Sub-element Separator - colon (:)
- Segment Terminator - Tilde (~)

Phone Numbers

Phone numbers are presented as contiguous number strings, without dashes or parenthesis markers. For example, the phone number (800) 555-1212 should be presented as 8005551212. Area codes should always be included.

2.4.3 Data Interchange Conventions

When accepting 837 Healthcare Claim transactions from trading partners, HCA follows HIPAA standards. These standards involve Interchange (ISA/IEA) and Functional Group (GS/GE) Segments or “outer envelopes”. All 837 Transactions should follow the HIPAA guideline. Please refer to the 837 Implementation Guide for ISA/IEA envelop, GS/GE functional group and ST/SE transaction specifications. Specific information on how individual data elements are populated by HCA on ISA/IEA and GS/GE envelopes are shown in the table beginning later in this section.

The ISA/IEA Interchange Envelope, unlike most ASC X12 data structures has fixed field length. The entire data length of the data element should be considered and padded with spaces if the data element length is less than the field length.

HCA accepts 837 transaction files with single ISA/IEA and GS/GE envelopes. 837 transactions (with their limit of 5,000 CLM segments within an ST/SE envelop), can have multiple ST/SE envelops within the same GS/GE envelope.

2.4.4 Acknowledgement Procedures

Once the file is submitted by the trading partner and is successfully received by the ProviderOne system, a response in the form of TA1 and 999 acknowledgment transactions will be placed in appropriate folder (on the FTP server) of the trading partner. The ProviderOne system generates positive TA1 and positive 999 acknowledgements, if the submitted HIPAA file meets HIPAA standards related to syntax and data integrity. For files, which do not meet the HIPAA standards a negative TA1 and/or negative 999 are generated and sent to the trading partner.

2.4.5 Rejected Transmissions and Transactions

837 Healthcare Claims will be rejected if the file does not meet HIPAA standards for syntax, data integrity and structure (Strategic National Implementation Process (SNIP) type 1 and 2).

3 Transaction Specifications

837 DENTAL

Page	Loop	Segment	Data Element	Element Name	Comments
INTERCHANGE CONTROL HEADER					
App.C.4	ENVELOPE	ISA	01	Authorization Information Qualifier	Please use '00'
App.C.4	ENVELOPE	ISA	03	Security Information Qualifier	Please use '00'
App.C.4	ENVELOPE	ISA	05	Interchange ID Qualifier	Please use 'ZZ'
App.C.4	ENVELOPE	ISA	06	Interchange Sender ID	Please use the 9-digit ProviderOne ID followed by spaces
App.C.5	ENVELOPE	ISA	07	Interchange ID Qualifier	Please use 'ZZ'
App.C.5	ENVELOPE	ISA	08	Interchange Receiver ID	Please enter '77045' followed by spaces
App.C.5	ENVELOPE	ISA	11	Interchange Control Standards Identifier	Please Use '^'
App.C.6	ENVELOPE	ISA	16	Component Element Separator	Please use ':'

FUNCTIONAL GROUP HEADER					
App.C.7	ENVELOP	GS	02	Application Sender's Code	Please use the 9-digit ProviderOne ID
App.C.7	ENVELOP	GS	03	Application Receiver's Code	Please use '77045'
Beginning of Hierarchical Transaction					
66	HEADER	BHT	02	Transaction Set Purpose Code	Please use '00'
67	HEADER	BHT	06	Transaction Type Code	Please use 'CH'
Loop ID 1000A - Submitter Name					
70	1000A	NM1	09	Identification Code	Please use the 9-digit ProviderOne ID
Loop ID - 1000B Receiver Name					
75	1000B	NM1	03	Name Last or Organization Name	Please use 'WA State HCA'
75	1000B	NM1	09	Identification Code	Please use '77045'
Loop ID 2000A - Billing Specialty Information					
78	2000A	PRV			NOTE: HCA requires the PRV segment to be submitted as the Taxonomy Code impacts adjudication
Loop ID 2000B - Subscriber Information					
113	2000B	SBR	09	Claim Filing Indicator Code	Please use 'MC'

Loop ID 2010BA - Subscriber Name					
116	2010BA	NM1	09	Identification Code	Please enter 11 digit ProviderOne Client ID ProviderOne Client ID is 9 numeric digits followed by 'WA' Example is 123456789WA
Subscriber Demographic Information					
120	2010BA	DMG			NOTE: HCA requires the DMG segment to be submitted as the patient is always the subscriber
Loop ID 2010BB - Payer Name					
125	2010BB	NM1	03	Name Last or Organization Name	Please use 'WA State HCA'
125	2010BB	NM1	09	Identification Code	Please use '77045'
Payer Address					
126	2010BB	N3	01	Address Information	Please use 'Claims Processing'
126	2010BB	N3	02	Address Information	Please use 'PO BOX 9248'
Payer City/State/Zip Code					
127	2010BB	N4	01	City Name	Please use 'Olympia'
127	2010BB	N4	02	State or Province Code	Please use 'WA'
128	2010BB	N4	03	Postal Code	Please use '98504'
Loop ID 2300 - Payer Claim Control Number					

168	2300	REF	02	Reference Identification	Please enter 18 digit Transaction Control Number (TCN) of claim when CLM05-3 indicates the claim is an replacement or void