

Data Clarifications for the 837 Institutional Claim, V. 5010-Enrollment 837 Files

This document is intended as a **companion** to the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional, ASC X12N 837 (005010X222A1)**. It contains data clarifications authorized by Vaya Health. Clarifications include:

- Identifiers to use when a national standard has not been adopted
- Parameters in the implementation guide that provide options

Implementation guides are available on Washington Publishing Company's website at www.wpc-edi.com for current HIPAA transaction standards for the 837, Health Care Claim: Institutional (ASC X12N, version **005010X222A1**).

Critical additional notes

You are responsible for keeping track of your file names and contents.

This document specifically does not address every data element, whether required or optional, nor every scenario nor situation that the National Implementation Guides address. It is vital that you, your software vendor or claim service provider conform to the specifications as detailed in the National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional. The purpose of this document is to assist you in the proper completion for submission to Vaya Health. Information provided in this guide is subject to change.

Acknowledgements

A 999 Acknowledgement report will be sent to the trading partner's DOWNLOAD area for retrieval. This report serves as the acknowledgement of the submission of a file. Typically, 999 Acknowledgement reports are available within moments of submission.

If you have questions or need additional assistance, contact EDI@vayahealth.com.

Page	Loop	Segment	Data Element	Comments
	Header	ISA	ISA03	Use "00" – no security information present.
			ISA05	Use "ZZ" –mutually defined.
			ISA06	Use the provider number or submitter ID assigned to you by Vaya Health.
			ISA07	Use "ZZ" – mutually defined.
			ISA08	Use "13010."
	Header	GS	GS02	Use the submitter ID/mailbox number issued by Vaya Health. This is the same value as provided in the ISA06.
			GS03	Use "13010."
	1000A		NM108	Use "46" – Electronic Transmitter Identification Number (ETIN) established by a trading partner agreement.
			NM109	Use the provider number or submitter ID assigned to you by Vaya Health. This is the same value as provided in the ISA06.
	1000B	NM1	NM103	Use "Vaya Health."
			NM109	Use "13010."
	2000A	PRV	PRV01	Use "BI" to indicate billing provider.
			PRV02	Use qualifier "PXC" – Health Care Provider Taxonomy Code. Note: not required for atypical providers.
			PRV03	Provider taxonomy codes, as maintained by the National Uniform Claim Committee, are available at http://www.wpc-edi.com/reference/codelists/healthcare/health-care-provider-taxonomy-code-set/ . Submit the provider taxonomy that best fits provider type and specialty for the billing provider.
	2000B	SBR	SBR09	Use "11" for state claims, "MC" for Medicaid.
	2010BA	NM1	NM102	Use "1" to indicate the subscriber is a person.
			NM108	Use "MI" – Member Identification Number Qualifier.
			NM109	For state claims, enter the member's identification number assigned by Vaya Health. For Medicaid, use the member's 10-digit Medicaid ID.
	2010BB	NM1	NM108	Use "PI."
			NM109	Use "13010."
		REF	REF01	Use "G2" to report atypical provider data.
			REF02	Used by atypical providers to report Medicaid provider number
	2310F	NM		For N.C. Medicaid, use to report Carolina Access PCP authorization information.
	2310F	NM	NM103	When Carolina Access PCP is a group or office, provide name of organization as the provider last name or UNKNOWN.
			NM109	For N.C. Medicaid, this element is used to report the NPI of the Carolina ACCESS primary care physician.
		REF		For N.C. Medicaid, used to report Carolina Access Override information, when required.
			REF01	For N.C. Medicaid, use a value of "G2" to report Carolina Access Override number.
			REF02	For N.C. Medicaid, use Carolina Access issued override number.
	2410	LIN		For N.C. Medicaid, this loop is required when submitting a drug-related HCPCS procedure code.
			LIN03	For N.C. Medicaid, enter the National Drug Code in this field, when applicable.
		CTP	CTP04	Enter the numeric quantity in this field.
			CTP05-1	Enter the unit of measurement that corresponds to the value enter in the CTP04.
		REF	REF01	Use "VY" for a link sequence number of the compound drug.
			REF02	Only the first ten bytes of the reference number will be used.