5010 Clarification Manual for Non-Medicaid – Professional

Data Clarifications for the 837 Professional Claim, V. 5010

Effective Date: 01/28/2025

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

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

The Implementation Guide is available on the X12 website (https://x12.org/products) for current HIPAA transaction standards for the 837, Health Care Claim: Professional (ASC X12N, version **005010X222A1**).

Critical Additional Notes:

- **You are responsible for keeping track of your file names and contents.**
- **Claims may not be submitted in the production environment until testing with Vaya is complete.**

This document does not address every data element, whether required or optional, nor every scenario nor situation 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: Professional. The purpose of this document is to help you properly submit claim files to Vaya. Information provided in this guide is subject to change.

The process for providers and clearinghouses to submit additional documentation for claims processing through their CrushFTP connection works in parallel with the 837I/837P file.

The **/In** folder on provider and clearinghouse CrushFTP sites will have a subfolder, **/In/ ClaimSupportDocuments /**, where additional documentation such as forms, itemized invoices, notes, etc., can be uploaded. In the claim that corresponds to the document(s), Loop 2300, segment PWK*OZ*FT*AC*UPLOADEDFILE NAME~, the last element (UPLOADFILENAME) is the Document File Name. There should be no spaces or special characters in the last element, and the maximum length is 50 characters.

Acknowledgements

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

Effective April 1, 2013, if the information associated with any of the claims in the 837P ST-SE batch is not correctly formatted from a syntactical perspective, all claims between the ST-SE will be rejected.

If you have questions, please email 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 Submitter ID assigned to you by Vaya
			ISA07	Use “ZZ” – Mutually Defined
			ISA08	Use “13010”
	Header	GS	GS02	Use the Submitter ID/Mailbox # issued by Vaya. This is the same value as provided in the ISA06.
			GS03	Use “13010”
	1000A		NM108	Use “46” - Electronic Transmitter Identification Number (ETIN)
			NM109	Use the Submitter Number assigned to you by Vaya. 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
			PRV03	Provider Taxonomy Codes, as maintained by the National Uniform Claim Committee, are available at https://x12.org/codes/provider-taxonomy-codes. Submit the Provider Taxonomy that best fits provider type and specialty for the billing provider.
	2000B	SBR	SBR09	Use "11" for non-Medicaid claims
	2010BA	NM1	NM102	Use “1” to indicate the subscriber is a person
			NM108	Use “MI” – Member Identification Number Qualifier.
			NM109	Enter the recipient’s identification number assigned by Vaya
	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
	2300	PWK	PWK01	Submit ‘’OZ’’
			PWK02	Submit “FT”
			PWK06	Submit “Name of the Supporting Document;” the maximum field length must not exceed 50 characters
	2310B	REF	REF01	Use “G2” to report atypical provider data

Page	Loop	Segment	Data Element	Comments
			REF02	Use the NC Medicaid-issued provider number
	2320	AMT	AMT01	Uses “D” – Payer Amount qualifier code in this AMT segment; no other qualifiers used in claims processing
			AMT02	Enter the amount collected from private insurance
	2400	SV1	SV101-01	Use “HC” – HCFA HCPC Codes
	2410	LIN		This loop is required when submitting a drug-related HCPCS procedure code
			LIN03	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 entered in the CTP04
		REF	REF01	Use “VY” for a link sequence number of the compound drug
			REF02	Only the first 10 digits of the reference number will be used
	2420A		REF01	Use “G2” when billing for atypical rendering providers
			REF02	Used by atypical rendering providers to report the NC Medicaid-issued provider number