MARYLAND
Department of Health

MARYLAND DEPARTMENT OF HEALTH

MEDICAL CARE PROGRAM

COMPANION GUIDE FOR
837 HEALTHCARE CLAIM PROFESSIONAL ENCOUNTER
VERSION 005010X222A1

May 01, 2017

Version 2.2

Health Care Claim Professional Encounter - 837

Introduction:

This Companion Guide contains a subset of the data content established for the Health Care Claim Transaction Set (837). This transaction can be used to submit health care claim/encounter billing information from providers of health care services to Maryland Medicaid, either directly or through an intermediary (i.e., clearinghouses, etc.).

This Companion Guide governs electronic billing of professional services on an ASC X12 837- Professional (005010X222A1) transaction. Please refer to Maryland Medicaid Billing Instructions for specific services to be billed using this transaction.

This guide is not to be used as a substitution for the 837 Health Care Claim Implementation Guide. The objective of this document is to clarify what information is needed by a Maryland Medicaid Trading Partner where multiple values exist and/or specific values are needed.

All alpha characters must be in upper case. Data must be in ASCII format. Leading zeros for data elements such as Provider Number, Recipient ID, must not be suppressed. These data fields should be handled as alphanumeric. Transactions not complying with ASC X12N formatting or data compliance will be rejected prior to adjudication. An ASC X12N 997 or 999 transaction will be used to convey the rejection and may include an associated reason. The Trading Partner will have the choice of receiving either a 997 or 999 acknowledgment transaction.

Always use the 2000B Subscriber Loop (Subscriber Hierarchical Level), since for Maryland Medicaid, the Patient is always the Subscriber.

HI Segment Mapping Clarification

The following provides clarification for mapping HI segments where the occurrence is 2 (or more). In instances where the HI segment occurs 2 (or more) times, it is required that all Data Elements (DEs) of the first occurrence of the HI will be used. In most cases, this provides up to 12 DEs to use to convey the appropriate information for that HI instance. For example:

Correct Mapping: `HI*BH:42:D8:20041123*BH:25:D8:20020719`

Incorrect Mapping: `HI*BH:42:D8:20041123`
`HI*BH:25:D8:20020719`

DHMH will only map DEs within the first HI segment and requests that any needed information to adjudicate a claim is made available in the first HI segment instance.

Transmission Considerations
Trading Partners are requested to follow the 837 Implementation Guide recommendations to limit the number of CLMs within a transaction (ST-SE envelope) to 5,000. (See section 1.3.2 of the 837 Professional Implementation Guide) In cases where the Trading Partner needs to transmit several 5000 CLM files, DHMH recommends uploading the files one at a time in five minute intervals to avoid file submission problems.

Trading partners are requested to use unique Group Control Numbers (GS06) for all interchanges submitted to DHMH. This provides ease of tracking for the Trading Partner for reconciliation, easy identification for DHMH support staff for troubleshooting, identifying Functional Acknowledgements and verifying results.

This Companion Guide can be found on the State of Maryland Department of Health Web site at:
https://health.maryland.gov/HIPAA/Pages/transandcodesets.aspx

Maryland Medicaid Companion Guide - 837 Professional Encounter

LEGEND:
SHADED rows represent "segments" in the X12N implementation guide
NON-SHADED rows represent "data elements" in the X12N implementation guide

Page #	Loop ID	Reference	Name	Codes	Length	Note/Comment
C.3		**ISA**	**Interchange Control Header**			
C.4		ISA01	Authorization Information Qualifier	00		
C.4		ISA03	Security Information Qualifier	00		
C.4		ISA05	Interchange ID Qualifier			Agreed upon during trading partner set-up
C.4		ISA06	Interchange Sender ID			Agreed upon during trading partner set-up
C.5		ISA07	Interchange ID Qualifier	ZZ		
C.5		ISA08	Interchange Receiver ID			526002033MCPP - Production 526002033MCPT - Test
C.6		ISA14	Acknowledgment Requested	0		No TA1 returned. Note: A 997 or a 999 will be returned.

Page #	Loop ID	Reference	Name	Codes	Length	Note/Comment
C.6		ISA15	Usage Indicator			T for Test Data P for Production Data
C.7		**GS**	**Functional Group Header**			
C.7		GS02	Application Sender's Code			Agreed upon during trading partner set-up
C.7		GS03	Applications Receiver's Code			MMISENC
C.8		GS08	Version/Release/Industry Identifier Code			005010X222A1
74	**1000A**	**NM1**	**Submitter Name**			
75		NM109	Submitter Primary Identifier			Same as GS02
94	**1000B**	**NM1**	**Receiver Name**			
80		NM103	Receiver Name			Maryland Medical Care Program
80		NM109	Receiver Primary Identifier			526002033MCP
88	**2010AA**	**NM1**	**Billing Provider Name**			
89		NM108	Identification Code Qualifier	XX	2	
89		NM109	Identification Code		10	National Provider ID
121	**2010BA**	**NM1**	**Subscriber Name**			
122		NM108	Identification Code Qualifier	MI	2	
122		NM109	Subscriber Primary Identifier		11	Patient's Maryland Medical Assistance Number
133	**2010BB**	**NM1**	**Payer Name**			
134		NM103	Payer Name			MCO Organization Name
134		NM108	Payer Qualifier	PI	2	
134		NM109	Payer Identifier			Maryland Medicaid assigned MCO Identifier
136	**2010BB**	**NM4**	**Payer City, State, Zip Code**			
136		NM401	Payer City			Baltimore
136		NM402	Payer State	MD	2	
137		NM403	Payer Zip Code			21201

Page #	Loop ID	Reference	Name	Codes	Length	Note/Comment
142	**2000C**		**Patient Hierarchical Level**			**This loop will not be supported by Maryland Medicaid since the subscriber is always the patient**
196	2300	REF	**Payer Claim Control Number**			Used for submitting Void and Replace Encounters
196		REF01	Reference Identification qualifier	F8	2	Qualifier for ICN to Credit
196		REF02	Payer Claim Control Number		17	ICN to Credit
202	2300	REF	Claim Identifier For Transmission Intermediaries			
202		REF01	Reference Identification qualifier	D9	2	Use when sending additional account number
203		REF02	Claim Number		30	Use for additional account number (Patient Account Number)
423	**2410**		**Drug Identification**			**This loop will be used to convey NDC information: NDC, Qty, UOM, price paid by the MCO.**
423	2410	LIN	Drug Identification			
425		LIN02	Product/Service ID Qualifier	N4	2	Use when sending NDC
425		LIN03	National Drug Code		11	NDC value
426	2410	CTP	Drug Quantity			
426		CTP04	Quantity		10	Quantity amount of drug used. Precision of 3 decimal positions. (i.e. 1234567.123)
425		CTP05	NDC UOM Code	F2 GR ME ML UN	2	NDC UOM codes (see IG for values)
428	2410	REF	Prescription Or Compound Drug Association Number			Used only for identifying compound drug ingredients in multiple service lines within

Page #	Loop ID	Reference	Name	Codes	Length	Note/Comment
						the claim.
428		REF01	Reference Identification qualifier	VY	2	Code qualifier for link seq number
429		REF02	Link Sequence Number		50	Use for additional account number (Patient Account Number)
480	**2430**		**Line Adjudication Information**			**This loop will be used to convey the paid amount to the provider by the MCO and date paid for the associated service line.**
480	2430	SVD	Service Line Adjudication Information			
480		SVD01	Identification Code			SVD01 data element must = 2010BB data element NM109
481		SVD02	Service Line Paid Amount		9	Total amount paid to the provider by the MCO for the associated service line. **For a compound drug**, send the total NDC amount paid for the compound in all NDC service lines that make up the compound.
490	2430	DTP	Drug Quantity			
490		DTP01	Date Time Qualifier	573	3	Date Claim Paid
490		DTP03	Adjudication Date		8	The date the claim was adjudicated by the MCO for payment to the provider for the associated service line. . Format CCYYMMDD