837 5010 Institutional Claims Standard Companion Guide for Submitters

Companion Guide Version: 1.0

837I Inbound Claims (Sending to MDOL)

Overview

The purpose of this document is to inform your technical staff/programming department/software provider of the requirements that must be addressed to begin creating, testing, and eventually transmitting your claims in the HIPAA compliant format.

Please check the MDOL web site periodically for future updates, changes and additions to this document.

(Over and above the information listed below, the 837I transaction MUST follow ANSI standard rules and guidelines for compliance as set forth in the 005010X223A2 Implementation Guide (see www.wpc-edi.com for further information))

Envelope/Interchange Control Information

The following values are required in the noted ISA/GS/ST elements:

> ISA05 = ZZ
> ISA06 = The 6 Character Acct. Number Assigned by MDOL (UBxxxI, etc.)
> ISA07 = ZZ
> ISA08 = MDONLINE
> ISA14 = 0 (No TA1 Interchange Acknowledgement Generated)
> ISA15 = P to denote a Production File, T for a Test File

> GS02 = The 6 Character Acct. Number Assigned by MDOL (same value as ISA06)
> GS03 = MDONLINE (same value as ISA08)

ST02/SE02 = The Value of ISA13 (without leading zeros) with the addition of three digits to begin with "001" and increment by one for every ST-SE iteration within the GS-GE boundary.

(**Example:** If the value of ISA13 is '000000135', ST02 and SE02 should be set to 135001 for the first ST-SE iteration, and subsequently 135002, 135003, etc. for the remaining sets within the GS-GE boundary.)

1000A NM109 = The 6 Character Acct. Number Assigned by MDOL (same value as ISA06)
1000B NM109 = MDONLINE (same value as ISA08)

MDOL Requirements

Keeping in mind that MDOL serves as a clearinghouse in functionality, submitted 837I transactions will be sent to various insurance carriers/vendors. We have no control over what is required by these entities to adjudicate claims; consequently, some of the data requirements may be slightly more than the standard calls for.

Accurate PRV segments must be supplied even though the segment's usage is listed as "Situational" in the Implementation Guide. The annotation states that it is "Required when adjudication is known to be impacted by provider taxonomy codes."

Additional REF segments may be needed when identifying group and/or individual provider identification numbers. This will be handled/communicated on a case-by-case basis.

Testing Procedures

MDOL will only accept 837I Health Care Claims in the ANSI Standard 005010X223A2 file format or Print Image claims. Print Image paper claims (i.e., the Claim(s) in Print Image format) shall be supplied to ensure an accurate comparison of generated data. In addition, at least one print image claim should have every UB04 field populated to ensure proper mapping of fields.

Functional Acknowledgements (999 Transactions)

Every 837I file received and processed will generate a 999 document for transmission back to the sender. The 999 will follow ANSI standards in format and content.

If the file is rejected for compliance issues, the MDOL Electronic Submission Report and Submittal Report will not be generated for the rejected entity. It is up to the client/provider/submitter (and/or their respective software vendor) to research and correct any errors in the case of compliance rejections.