

Kansas Inbound 837P Companion Guide for Children's Mercy Family Health Partners

The purpose of this document is to provide assistance to CMFHP Trading Partners and to ensure accurate and timely claims submissions. This companion guide contains procedures and file specifications required for submitting claims/encounters electronically. This guide supplements, but doesn't contradict or replace any requirements in the Implementation Guides (<http://www.wpc-edi.com>).

CMFHP accepts all 837's in the HIPAA-required Addenda format (004010X096A1).

Method of transmission:

File Transfer (FTP) using PGP file encryption

Testing prior to accepting claims into our system:

Should consist of a variety of at least 25 claims

Segments:

EDI files should be submitted as 1 continuous string of text with no trailing blanks.

Delimiters: Industry Standard

Data element separator = *Asterisk

Sub-element separator = :Colon

Segment terminator = ~Tilde

Multiple submissions: There are no restrictions for multiple submissions:

We can accept multiple ISA-IEA envelopes within a single file.

We can accept multiple GS-GE envelopes within a single ISA-ISE.

We can accept multiple ST-SE envelopes within a single GS-GE.

We prefer a single billing provider (2000 loop) within a single ST-SE envelope.

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File Requirements to process an institutional claim:

| Loop | Seg. | Elem. | Description | Req'd | Value | Comment |
|---------------|------|-------|--------------------------------|-------|---|---------|
| Header | | | | R | | |
| | ISA | | | R | | |
| | | ISA05 | Sender ID Qualifier | R | 'ZZ' | |
| | | ISA06 | Sender ID | R | To be mutually agreed upon during setup and testing | |
| | | ISA07 | Receiver ID Qualifier | R | 'ZZ' | |
| | | ISA08 | Receiver ID | R | To be mutually agreed upon during setup and testing | |
| | GS | | | R | | |
| | | GS02 | Sender Code | R | To be mutually agreed upon during setup and testing | |
| | | GS03 | Receiver Code | R | To be mutually agreed upon during setup and testing | |
| | BHT | | Begin Hierarchical Transaction | R | | |
| | | BHT02 | Transaction Set Purpose Code | R | '00' | |
| 1000A | | | Submitter Name | R | | |
| | NM1 | | Submitter Name | R | | |
| | | NM108 | ID Code Qualifier | R | '46' | |
| | | NM109 | ID Code | R | Submitter's Tax ID or another mutually agreeable number | |
| 1000B | | | Receiver Name | | | |
| | NM1 | | Receiver Name | | | |
| | | NM108 | ID Code Qualifier | R | '46' | |
| | | NM109 | ID Code | R | Submitter's Tax ID or another mutually agreeable number | |

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| Loop | Seg. | Elem. | Description | Req'd | Value | Comment |
|---------------|------|-------|---|-------|--|---|
| 2000A | | | Billing/Pay-to Hierarchical Level | R | | |
| | HL | | Hierarchical Level | R | | |
| | | HL01 | Hierarchical ID Number | R | Unique numeric value | Must be unique within each ~ST/~SE pair |
| | PRV | | Provider Information | R | | Required because the NPI is being sent. |
| | | PRV02 | Reference ID Number | R | 'ZZ' | |
| | | PRV03 | Provider Taxonomy Code | R | 10-character taxonomy code of the subpart performing the services. | Providers should send CMFHP a list of taxonomy codes they will be using. Per the ANSI X12 standard- Taxonomy can only be sent in loop 2000A or loop 2310B, not both. |
| 2010AA | | | Billing Provider Name | R | | |
| | NM1 | | Billing Provider Name | R | | |
| | | NM108 | Billing Provider ID Code Qualifier | R | 'XX' | |
| | | NM109 | Billing Provider ID Code | R | The Billing Provider's NPI | |
| | REF | | Billing Provider Secondary Identification | R | | |
| | | REF01 | Billing Provider Secondary ID Qualifier | R | 'EI' | |
| | | REF02 | Billing Provider Secondary ID | R | Billing Provider's Tax ID | |
| | REF | | Billing Provider Secondary Identification | O | | |
| | | REF01 | Billing Provider Secondary ID Qualifier | O | 'G2' | |

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| Loop | Seg. | Elem. | Description | Req'd | Value | Comment |
|---------------|------|-------|--|-------|--|--|
| | | REF02 | Billing Provider Secondary ID | O | The Billing Provider's CMFHP Legacy Provider ID | Six-digit, numeric |
| 2000B | | | Subscriber Hierarchical Level | R | | |
| | HL | | Subscriber Hierarchical Level | R | | |
| | | HL01 | Hierarchical ID Number | R | | |
| | | HL02 | Hierarchical Parent ID | R | | |
| | | HL03 | Hierarchical Level Code | R | '22' | |
| | | HL04 | Hierarchical Child Code | R | '0' | |
| 2010BA | | | Subscriber Name | R | | |
| | NM1 | | Subscriber Name | R | | |
| | | NM103 | Member Last Name | R | The Member's Last Name | |
| | | NM104 | Member First Name | R | The Member's First Name | |
| | | NM108 | Member ID Qualifier | R | 'MI' | |
| | | NM109 | Member ID | R | Member's Medicaid I/D | In Kansas, the Medicaid ID is 11 digits beginning with 001. CMFHP is able to accept member IDs with the leading zeros stripped off. |
| 2010BC | | | Payer Name | R | | |
| | NM1 | | Payer Name | R | | |
| | | NM108 | ID code Qualifier | R | 'PI' | |
| | | NM109 | Payer ID code | R | 31472 | |
| 2300 | | | | | | |
| 2310A | | | Referring Provider Name | O | | This loop is optional |
| | NM1 | | Referring Name | O | | |
| | | NM108 | Referring Provider ID Qualifier | O | 'XX' | |

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| Loop | Seg. | Elem. | Description | Req'd | Value | Comment |
|--------------|------|-------|---|----------|---|---|
| | | NM109 | Referring Provider ID | O | The Referring Provider's NPI | |
| | REF | | Referring Provider Secondary Identifier | O | | |
| | | REF01 | Referring Provider Secondary ID Qualifier | O | 'EI' | |
| | | REF02 | Referring Provider Secondary ID | O | The Referring Provider's Tax ID | |
| | REF | | Referring Provider Secondary Identifier | O | | |
| | | REF01 | Referring Provider Secondary ID Qualifier | O | 'G2' | |
| | | REF02 | Referring Provider Secondary ID | O | The Referring Provider's 6 digit CMFHP ID | |
| 2310B | | | Rendering Provider | R | | |
| | NM1 | | Rendering Provider Name | R | | |
| | | NM108 | Rendering Provider ID Qualifier | R | 'XX' | |
| | | NM109 | Rendering Provider ID | R | The Rendering Provider's NPI | |
| | PRV | | Referring Provider Specialty | O | | |
| | | PRV01 | Provider Code | O | 'AT' for Referring Provider 'SU' for supervising physician | |
| | | PRV02 | Reference Identification Qualifier | O | 'ZZ' | |
| | | PRV03 | Reference Identification | O | Taxonomy Code | Use a valid taxonomy code as defined by ASC X12N TG2 WG15. Taxonomy codes can be downloaded at: |

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| Loop | Seg. | Elem. | Description | Req'd | Value | Comment |
|------|------|-------|---|-------|---|---|
| | | | | | | http://www.wpc-edi.com |
| | REF | | Rendering Provider Secondary Identifier | O | | |
| | | REF01 | Rendering Provider Secondary ID Qualifier | O | 'E1' | |
| | | REF02 | Rendering Provider Secondary ID | O | The Rendering Provider's Tax ID | |
| | REF | | Rendering Provider Secondary Identifier | O | | |
| | | REF01 | Rendering Provider Secondary ID Qualifier | O | 'G2' | |
| | | REF02 | Rendering Provider Secondary ID | O | The Rendering Provider's 6 digit CMFHP ID | |