

# Missouri Inbound 837I 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
<b>Header</b>				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'	
<b>1000A</b>			<b>Submitter Name</b>	R		
	NM1		Submitter Name	R		
		NM108	ID Code Qualifier	R	'46'	
		NM109	ID Code	R	Submitter's Tax ID or another mutually agreeable number	
<b>1000B</b>			<b>Receiver Name</b>			
	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
<b>2000A</b>			<b>Billing/Pay-to Hierarchical Level</b>	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.
<b>2010AA</b>			<b>Billing Provider Name</b>	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			
		REF01	Billing Provider Secondary ID Qualifier	R	'EI'	
		REF02	Billing Provider Secondary ID	R	Billing Provider's Tax ID	
	REF		Billing Provider Secondary Identification	R		
		REF01	Billing Provider Secondary ID Qualifier	R	'G2'	
		REF02	Billing Provider Secondary ID	R	The Billing Provider's CMFHP Legacy Provider ID	Six-digit, numeric
<b>2000B</b>			<b>Subscriber</b>	R		

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Loop	Seg.	Elem.	Description	Req'd	Value	Comment
			<b>Hierarchical Level</b>			
	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'	
<b>2010BA</b>			<b>Subscriber Name</b>	<b>R</b>		
	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 Missouri, the Medicaid ID is 8 digits. CMFHP is able to accept member IDs with a leading 'M'.
<b>2010BC</b>			<b>Payer Name</b>	<b>R</b>		
	NM1		Payer Name	R		
		NM108	ID code Qualifier	R	'PI'	
		NM109	Payer ID code	R	43173	
2300						
<b>2310A</b>			<b>Attending Physician Name</b>	<b>O</b>		<b>This loop is optional</b>
	NM1		Attending Physician Name	S		Required if Loop 2310A is used
		NM108	Attending Physician ID Qualifier	S	'XX'	Required if Loop 2310A is used
		NM109	Attending Physician ID	S	The Attending Physician's NPI	Required if Loop 2310A is used
	PRV		Attending Physician Specialty	O		

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Loop	Seg.	Elem.	Description	Req'd	Value	Comment
		PRV01	Provider Code	S	'AT' for attending physician 'SU' for supervising physician	
		PRV02	Reference Identification Qualifier	S	'ZZ'	
		PRV03	Reference Identification	S	Taxonomy Code	Use a valid taxonomy code as defined by ASC X12N TG2 WG15. Taxonomy codes can be downloaded at: <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a>
	REF		Attending Physician Secondary Identifier	S		
		REF01	Attending Physician Secondary ID Qualifier	S	'EI'	
		REF02	Attending Physician Secondary ID	S	The Attending Physician's Tax ID	
	REF		Attending Physician Secondary Identifier	O		
		REF01	Attending Physician Secondary ID Qualifier	S	'G2'	
		REF02	Attending Physician Secondary ID	S	The Attending Physician's 6 digit CMFHP ID	
<b>2310B</b>			<b>Operating Physician</b>	<b>R</b>		
	NM1		Operating Physician Name	R		
		NM108	Operating Physician ID Qualifier	R	'XX'	
		NM109	Operating Physician ID	R	The Operating Physician's NPI	
	REF		Operating Physician	R		

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Loop	Seg.	Elem.	Description	Req'd	Value	Comment
			Secondary Identifier			
		REF01	Operating Physician Secondary ID Qualifier	R	'E1'	
		REF02	Operating Physician Secondary ID	R	The Operating Physician's Tax ID	
	REF		Operating Physician Secondary Identifier	O		
		REF01	Operating Physician Secondary ID Qualifier	O	'G2'	
		REF02	Operating Physician Secondary ID	O	The Operating Physician's 6 digit CMFHP ID	