HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides Based on ASC X12 version 005010

Instructions Related to 837 Healthcare Institutional & Professional Claims Transactions Based on ASC X12 Implementation Guides, Version 005010

October 2018

Disclosure Statement

The information in this document is subject to change. Changes will be posted via the CarePartners of Connecticut website located at: www.carepartnersct.com/

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Preface

CarePartners of Connecticut is accepting X12 837 Institutional (837I) & X12 837 Professional (837P) Health Care Claims, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The X12 837I and 837P versions of the 5010 Standards for Electronic Data Interchange Technical Report Type 3 and Errata (also referred to as Implementation Guides) for the Health Care Institutional and Professional Claims has been established as the standard for Health Care claims transaction compliance.

This document has been prepared to serve as a CarePartners of Connecticut specific companion guide to the 837I and 837P Transaction Sets. This document supplements but does not contradict any requirements in the 837 I&P Technical Report, Type 3. The primary focus of the document is to clarify specific segments and data elements that should be submitted to CarePartners of Connecticut on the 837 Institutional & Professional Claim Transactions. This document will be subject to revisions as new versions of the 837 Institutional & Professional Health Care Claim Transaction Set Technical Reports are released.

This document has been designed to aid both the technical and business areas. It contains CarePartners of Connecticut specifications for the transactions as well as contact information and key points

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1 INTRODUCTION

In order to submit a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Technical Report & Errata for the Health Care Claim: Institutional ASC X12N 837 (005010X223, 005010X223A1 & 005010X223A2) and The Health Care Claim: Professional ASC X12N 837 (005010X222 & 005010X222A1). The Technical Reports can be ordered from the Washington Publishing Company's website at www.wpc-edi.com. For questions relating to the CarePartners of Connecticut 837 Institutional Claim Transaction, and the 837 Professional Claim Transaction, or testing, please contact the EDI Operations Department at 888-631-7002, Ext. 52994 or email your questions to EDI_CT_Operations@carepartnersct.com.

CarePartners of Connecticut billing guidelines are not included in this document. Please refer to our website at http://www.carepartnersct.com/ for these guidelines, or contact Provider Services at 888-341-1508.

Please note, CarePartners of Connecticut is not responsible for any software utilized by the submitter for the creation of an ASC X12 837I or ASC X12 837P transactions.

SCOPE

The transaction instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

OVERVIEW

The Health Insurance Portability and Accountability Act–Administration Simplification (HIPAA-AS) requires CarePartners of Connecticut and all other covered entities to comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services.

This guide is designed to help those responsible for testing and setting up electronic claim submission transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting and identifies codes and data elements that do not apply to CarePartners of Connecticut. This guide supplements (but does not contradict) requirements in the ASC X12 837 (version 005010X223 and 005010X223A1/A2) or the ASC X12 837 (005010X222 & 005010X222A1) implementation.

This information should be given to the provider's business area to ensure that healthcare claim status responses are interpreted correctly.

REFERENCES

The ASC X12 837 (version 005010X222A1 and 005010X223A2) Implementation Guide for HealthCare Claim Transaction has been established as the standard for claim submission transactions and is available at http://www.wpc-edi.com. CarePartners of Connecticut Web site containing documentation on transactions for providers is located at www.carepartnersct.com.

CarePartners of Connecticut Web site containing documentation on e-transactions for providers is located at https://www.carepartnersct.com/for-providers/provider-resource-center

2 GETTING STARTED

WORKING WITH CAREPARTNERS OF CONNECTICUT

This section describes how to interact with CarePartners of Connecticut EDI Department.

For questions relating to the CarePartners of Connecticut 837 Health Care Transactions or testing, contact the EDI Operations Department at 888-631-7002, Ext. 52994 or e-mail your questions to: EDI_CT_Operations@carepartnersct.com

TRADING PARTNER REGISTRATION

This section describes how to register as a trading partner with CarePartners of Connecticut.

By contacting the EDI Operations group, the Trading partner will be sent a File Exchange Request Form to fill out and return to EDI Operations.

EDI Operations will then assign a Submitter ID to use in your transactions.

The trading partner will then be set up in CarePartners of Connecticut testing environment and the information is sent back to the trading partner so they may begin testing.

3 TESTING WITH THE PAYER

EDI Operations will work with the new submitter to setup a username and password. After establishing a username and password, the submitter can begin sending claim transactions to the test environment.

1. During the testing process, EDI Operations examines submitted test transactions for required elements. EDI Operations also ensures that the submitter gets a response during the testing mode. Submitters are encouraged to review their 999s and 277CA reports for errors.

2. EDI Operations notifies the submitter upon the successful completion of testing.

3. When the submitter is ready to send an 837 transaction to the production mailbox, they are notified by EDI Operations, and given a GO LIVE date to move to the production environment.

4. The submitter's username remains the same when moving from test to production.

5. CarePartners of Connecticut recommends each test file includes no more than 100 claims.

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

TRANSMISSION ADMINISTRATIVE PROCEDURES

Direct Submitters

- Providers interested in submitting electronic claim transactions should contact EDI Operations at CarePartners of Connecticut via email or telephone to request setup. Please refer to section 5 for contact details. A direct submitter EDI setup form can be found in Appendix A- EDI Set-up Form section.

- EDI Operations will coordinate the appropriate process to set up the electronic data interchange. This includes completing enveloping requirements as indicated in the Communications/Connection, section 4.

- Upon setup completion, EDI Operations notifies the submitter and reviews the testing procedures. After this review, test claim files can be sent to CarePartners of Connecticut.

- Upon successful testing between CarePartners of Connecticut and the new submitter, the submitter migrates to a production status.

RE-TRANSMISSION PROCEDURE

CarePartners of Connecticut currently supports re-transmission of transactions, once any errors have been corrected. Please refer to your 999 and 277CA acknowledgement reports for details.

COMMUNICATION PROTOCOL SPECIFICATIONS

This section describes CarePartners of Connecticut communication protocol(s).

The following is a list of technical standards and versions for the HTTP MIME Multipart envelope and eligibility payload:

- HTTP Version 1.1

- SOAP Version 1.2

- TLS v1.2

- Health Care Institutional & Professional Claims Transactions - Version 005010X223A2 - 005010X222A1

- **CAQH MIME** – CarePartners of Connecticut supports the use of HTTP MIME Multipart existing envelope standards and has implemented the HTTP MIME Multipart envelope standards as identified in CAQH   CORE Phase IV Connectivity standards. Please refer to: (https://www.caqh.org/sites/default/files/470_Connectivity_Rule_0_0.pdf).

- The following is a list of technical standards and versions for the HTTP MIME Multipart envelope and eligibility payload:

- HTTP Version 1.1

- TLS v1.2

- MIME Version 1.0

- Health Care Institutional & Professional Claims Transactions - Version 005010X223A2 - 005010X222A1

CAQH SOAP – CarePartners of Connecticut supports the use of HTTP SOAP + WSDL envelope standards as identified in CAQH CORE Phase IV Connectivity standards. Please refer to: (https://www.caqh.org/sites/default/files/470_Connectivity_Rule_0_0.pdf).

CarePartners of Connecticut provides certificates to use in place of a user ID and password for SOAP upon completion of enrollment process.

Message specifications for SOAP Batch Transactions

Batch Submit Transaction	Envelope Element	Specification
	PayloadType	X12_837_Request_005010X223A2
		X12_837_Request_005010X222A1
	ProcessingMode	Batch
	PayloadID	Unique UUID
	PayloadLength	Required
	CheckSum	Checksum for MIME Attached Payload
	Payload	cid of base64 encoded MIME Attachment
	SenderID	ISA06 value as assigned by CarePartners of Connecticut
	ReceiverID	16307
	CORERuleVersion	4.0.0
	Certificate Version	X.509
Batch Submit AckRetrieval Transaction	Envelope Element	Specification
	PayloadType	X12_999_RetrievalRequest_005010X231A1
	ProcessingMode	Batch
	PayloadID	Unique UUID of Inbound 837
	SenderID	ISA06 value = 16307
	ReceiverID	ISA08 value as assigned by CarePartners of Connecticut
	CORERuleVersion	4.0.0
	Certificate Version	X.509

Batch Results Retrieval Transaction	Envelope Element	Specification
	PayloadType	X12_277CA_Request_005010X214
	ProcessingMode	Batch
	PayloadID	Unique UUID of Inbound 837
	SenderID	ISA06 value =16307
	ReceiverID	ISA08 value as assigned by CarePartnersCT
	CORERuleVersion	4.0.0
	Certificate Version	X.509
Batch Results AckSubmit Transaction (Optional)	Envelope Element	Specification
	PayloadType	X12_999_SubmissionRequest_005010X231A1
	ProcessingMode	Batch
	PayloadID	Unique UUID of Inbound 837
	SenderID	ISA06 value as assigned by CarePartners of Connecticut
	ReceiverID	16307
	CORERuleVersion	4.0.0
	Certificate Version	X.509

Note: Changes to CAQH that occur after the writing of this document will override this document.

PASSWORDS

Password assignment and resets are done by the EDI Operations group, (*See Contact Information below in section 5.*)

MAINTENANCE SCHEDULE

The systems used for 837 transactions have a standard maintenance schedule of Sunday 8PM to 12AM EST. The systems are unavailable during this time. Email notifications will be sent notifying submitters of unscheduled system outages.

RULES OF BEHAVIOR

Rules of Behavior for programs that connect to this site:

- Unauthorized use of certificates is not permitted
- Must not deliberately submit batch files that contain Viruses**.**

5 CONTACT INFORMATION

The following sections provide contact information for any questions regarding HIPAA, 837 transactions, EDI, documentation, or training.

For 837 Transaction Questions

The following table provides specific contact information by department and responsibility.

For Questions Regarding…	Contact	Phone Number	Email Address
EDI Claims Submission (i.e., file submissions, claim rejections)	CarePartners of Connecticut EDI Operations	888-631-7002, Ext. 52994	EDI_CT_Operations @carepartnersct.com
Claim Information (i.e., claim denials, payment policies)	CarePartners of Connecticut Provider Services	888-341-1508	
NPI registration and credentialing	CarePartners of Connecticut Provider Information	888-880-8699 Ext. 43153	

Applicable Websites/E-MAIL

This section contains detailed information about useful web sites and email addresses.
http://www.wpc-edi.com/ for corrected examples

http://www.carepartnersct.com/providers

6 CONTROL SEGMENTS/ENVELOPES

Envelope Identifiers

- CarePartners of Connecticut supplies each submitting provider with the Submitter and Sender Identifiers for the envelope elements as a part of the setup process. The Interchange Receiver and Application Receiver IDs depend upon which e-Channel is used.

- For other e-Channels: The Interchange Receiver ID (ISA08) is 16307 and the Application Receiver ID (GS03) is 16307

Setup for 837 INBOUND Transactions

ISA-IEA

This section describes CarePartners of Connecticut use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters

ISA - Interchange Control Header Segment

Segment Name	Seg. ID	Req / Opt	# of Char	Value	Remarks
Authorization Information Qualifier	ISA01	R	2	00	00 - No Authorization Information Present
Authorization Information	ISA02	R	10	<spaces>*	No Authorization Information Present
Security Information Qualifier	ISA03	R	2	00	00 - No Security Information Present
Security Information/ Password	ISA04	R	10	<spaces>*	No Security Information Present
Interchange ID Qualifier/Qualifier for Trading Partner ID	ISA05	R	2	ZZ	Sender Qualifier - Mutually Agreed.
Interchange Sender ID/Trading Partner ID	ISA06	R	15	<SENDER ID>*	Sender's Identification Number
Interchange ID Qualifier/Qualifier for CarePartners of Connecticut ID	ISA07	R	2	**33**	National Association of Insurance Commissioner's Company Code is being used.
Interchange Receiver ID/ CarePartners of Connecticut ID	ISA08	R	15	**16307**	CarePartners of Connecticut - NAIC number: 16307
Interchange Date	ISA09	R	6	<YYMMDD>	Date of the interchange in YYMMDD format
Interchange Time	ISA10	R	4	<HHMM>	Time of the interchange in HHMM format
Repetition Separator	ISA11	R	1	^ (is a typical separator received)	Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator
Interchange Control Version Number	ISA12	R	5	00501	Version number
Interchange Control Number/Last Control Number	ISA13	R	9	<Auto-generated>	Assigned by the interchange sender, must be associated with IEA02 segment
Acknowledgement Request	ISA14	R	1	0	0 - No Acknowledgement Requested
Usage Indicator	ISA15	R	1	<T or P>	T-test data; P-production data
Separator	ISA16	R	1	<Any>	ASCII Value. Component element separator

IEA - Interchange Control Trailer Segment

This segment defines the end of an interchange of zero or more functional groups and interchange-related control segments.

The Input Data column below contains text entered in [bracketed italics] indicates special input data dependent on sender, time, date, etc.

Elements	Size	Name	Input Data	Remarks
IEA01	1/5	Number of Included Functional Groups	[Submitter-specific ID number]	A count of the number of functional groups included in an interchange.
IEA02	9	Interchange Control Number	[Submitter-specific ID number]	A control number assigned by the interchange sender.

GS-GE - Functional Group Header Segment

This section describes CarePartners of Connecticut use of the functional group control segments. It includes a   description of expected application sender and receiver codes. Also included in this section is a   description concerning how CarePartners of Connecticut expects functional groups to be sent and how CarePartners of Connecticut will send functional groups.

These discussions will describe how similar transaction sets will   be packaged and CarePartners of Connecticut use of functional group control numbers.

Segment Name	Seg. ID	Req / Opt	# of Char	Value	Remarks
Functional Identifier Code	GS01	R	2	HC	Health Care Claim.
Application Sender's Code	GS02	R	2/15	*[CarePartners of Connecticut Submitter ID]*	Code identifying party sending transmission
Application Receiver's Code	GS03	R	2/15	**16307**	Code identifying party receiving transmission. National Association of Insurance Commissioner's Company Code is being used.
Date	GS04	R	8	<CCYYMMDD>	Functional Group creation date in CCYYMMDD format
Time	GS05	R	4/8	<HHMM>	Functional Group creation time in HHMM format. Time expressed in 24-hour clock. For example, 3:23 PM is entered as 1523.
Group Control Number	GS06	R	1/9	<#>	Assigned and maintained by the sender, must be associated with GE02 segment GS06
Responsible Agency Code	GS07	R	1/2	X	Accredited Standards Committee X12
Version/Release/Industry Identifier Code	GS08	R	1/12	005010X223A2 or 005010X222A1	Health Care Claim for Institutional Health Care Claim for Professional.

Group Trailer

Segment Name	Seg. ID	Req / Opt	# of Char	Value	Remarks
Number of Transaction Sets Included	GE01	R	1/6	1	Total number of transactional sets included in the functional group or interchange
Group Control Number	GE02	R	1/9	<#>	Assigned number originated and maintained by the sender

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Business Scenarios

Please refer to the business scenarios presented in the Implementation Guides or visit http://www.wpc-edi.com/837 for additional or corrected examples.

Category 1: General Instructions

- All NPIs on claims submitted to CarePartners of Connecticut must be registered with the Provider Information Department prior to transmission. Please call 888-880-8699 Ext. 43153 to verify or register the NPIs of your organization.

- CarePartners of Connecticut will require a valid NPI when NM109 is used in any provider loop and will not accept Provider Secondary Identification as the primary identifier of that provider.

- New submitters must go through the appropriate set-up/authorization process in order to transmit electronic claims with CarePartners of Connecticut. Please refer to the Communications/Connectivity Component of this document for details.

- CarePartners of Connecticut will accept 837 Institutional and 837 Professional Claim Transactions for all business products, however the 837 Institutional and 837 Professional claim files must be sent separately. They cannot be sent on the same file.

- As stated in the technical reports, a maximum of 5000 CLM segments will be accepted by CarePartners of Connecticut.

- CarePartners of Connecticut is adhering to structural specifications for required and situational fields as stated in the technical reports. If the incoming 837I or 837P has a single ST/SE and the structure does not comply, the entire file will fail in the validation process. If the incoming 837I or 837P has multiple ST/SEs, only the failed ST/SEs in the file will fail in the validation process. The submitter receives a 999 acknowledgement for notification of the ST/SEs that failed.

- CarePartners of Connecticut will capture payee information from the Billing Provider Name loop (Loop 2010AA).

- The Pay-To Address Name loop (Loop 2010AB) in 5010 has been changed to enter a separate billing provider address where payments should be sent. Please note that CarePartners of Connecticut will continue making payments to the address on record in our backend system database instead of the addresses submitted in loop 2010AB.

- CarePartners of Connecticut cannot currently support billing for atypical provider type submissions.

- For Frequency Types 5, 7, and 8, (Element CLM05-3), CarePartners of Connecticut's original claim number (Original Reference Number – Element REF02) must be submitted as stated in the technical report. We also strongly recommend sending the Original Reference Number with Frequency Types 2, 3, and 4.

- When contacting CarePartners of Connecticut with questions for claims with Frequency Types 2, 3, 4, 5, 7, and 8, (Element CLM05-3), please use the original claim number even though a new claim number for that submission may be assigned.

- The CarePartners of Connecticut implementation of Coordination of Benefits (COB) Information utilizes claim header information in the COB Header Other Subscriber Information (Loop 2320), Other Subscriber Name (Loop 2330A), and Other Payer Name (Loop 2330B) as well as line level information in the Line Adjudication Information Details (Loop 2430) within the 837 transactions. We strongly recommend closely reviewing these loops in the technical reports before submitting COB information. Many data segments have been changed or deleted.

- Although the HIPAA Transaction Set technical report allows the repeating of Billing Provider Name loop (2010AA Loop) for each claim, the size of transmission files can be reduced by up to 20% by using only one repeat of Billing Provider Name loop followed by all subscriber and claim information for that Provider. Transmission files can be further reduced by grouping the claims of each subscriber together.

- CarePartners of Connecticut only accepts ICD-10 Codes.

- For compliance purposes, CarePartners of Connecticut will only accept qualifier MJ for minutes when billing anesthesia procedure codes. UN is a valid qualifier for procedures other than anesthesia.

- Due to system limitations, CarePartners of Connecticut is unable to accept claims submitted electronically where charges total one million dollars or more.

- Each CarePartners of Connecticut member is uniquely identified by his or her member ID. All members should be considered as subscribers, and providers should submit member ID in Element NM109 of Loop 2010BA. CarePartners of Connecticut will not accept any data in the Patient Loop (2000C) and will REJECT accordingly.

Frequently Asked Questions

General Claim Questions

Q. Who do I contact for setup issues?
A. Contact EDI Operations, EDI_CT_Operations@carepartnersct.com, for all setup issues.

Q. Is there an EDI setup form?
A. Yes, you can find the EDI setup form on the CarePartners of Connecticut Web site (www.carepartnersct.com) or in this guide, (see appendix A-EDI Set-up Form).

Q. What is CarePartners of Connecticut's Payer ID#?
A. Contact EDI Operations by sending email to: EDI_CT_Operations@carepartnersct.com to obtain CarePartners of Connecticut Payer ID number. It is important to make sure your NPI is on file at CarePartners of Connecticut and that you are set up to submit claims via a clearinghouse.

Q. Is My NPI on file at CarePartners of Connecticut?
A. To determine if your NPI is on file, contact our Provider Information Department, 888-880-8699 Ext.43153.

Q. Is there an NPI registration form?
A. Yes, you can find the NPI registration form on the CarePartners of Connecticut Web site. It is located at: https://www.carepartnersct.com/for-providers/provider-resource-center

Q. What should I do if I change Clearinghouses?
A. If you change your clearinghouse, please inform EDI Operations by sending email to: EDI_CT_Operations@carepartnersct.com.

Q. How do I add or delete payees?
A. Contact EDI Operations by sending an email to EDI_CT_Operations@carepartnersct.com to add or delete payees.

Q. Can I send paper claims?
A. Yes. However CarePartners of Connecticut strongly recommends electronic claims submission; when sending paper claims, you must clearly print paper claims on original CMS 1500 or UB04 <u>RED</u> forms.

Q. Will CarePartners of Connecticut accept a P.O. Box or Lock Box in Loop 2010AA?
A. No, P.O. Boxes or Lock Boxes are not allowed in loop 2010AA per the Implementation Guides and claims that contain them will be rejected. As specified in the Implementation Guides, P.O. Box or Lock Box information can be sent in loop 2010AB, Pay-To Address Name, if necessary. However, CarePartners of Connecticut uses the address of record that we have on file.

Q. Will CarePartners of Connecticut accept a 5-digit zip code in loop 2010AA?
A. No, per the Implementation Guides, only 9-digit zip codes can be accepted. If the claim contains a 5-digit zip code, the claim will be rejected.

CarePartners of Connecticut Product Type Questions

Q. Can I send all CarePartners of Connecticut product types in one electronic file?
B. Yes, all products can be submitted in one file. However, the 837 Institutional and 837 Professional claim files must be sent separately. They cannot be sent on the same file.

Direct 837 Claims Questions

Q. Is testing required to send 837 claims to CarePartners of Connecticut?
A.Yes. Please refer to section 3 in this Companion Guide for testing process details.

Q. For how long are 277CA Acknowledgement reports available?
A. The 277CA Acknowledgement reports are retained in your mailbox for one week.

Electronic Funds Transfer

Q. Does CarePartners of Connecticut offer electronic funds transfer (EFT)?
A. CarePartners of Connecticut offers EFT through our partnership with PaySpan Health. Go to the PaySpan Health website at [www.payspanhealth.com.](www.payspanhealth.com) A step-by-step registration guide is available online.

- If you need additional assistance or have questions concerning EFT, please contact PaySpan. Send an email to providersupport@payspanhealth.com or call the Provider Support Team at 877.331.7154, option 1. Provider Support Specialists are available to assist Monday through Friday from 8am to 8pm, Eastern Time.
- Registration with PaySpan is available after the first claim a provider has submitted is adjudicated and paid by CarePartners of Connecticut. The first payment will be in the form of a paper check that will contain the registration instructions

8 ACKNOWLEDGEMENTS AND/OR REPORTS

Acknowledgements

- CarePartners of Connecticut will send an acknowledgement for each 837 transaction sent with the **277CA Health Care Claim Acknowledgment** (See 277CA Companion Guide).

- CarePartners of Connecticut will return the **999 IMPLEMENTATION ACKNOWLEDGMENT FOR HEALTH CARE INSURANCE** as per the Technical Report, Type 3**.** The standard format is below.

ST Transaction Set Header
AK1 Functional Group Response Header
LOOP ID - 2000 - AK2 TRANSACTION SET RESPONSE HEADER
AK2 Transaction Set Response Header
LOOP ID - 2100 - AK2/IK3 ERROR IDENTIFICATION
IK3 Error Identification
CTX Segment Context

CTX Business Unit Identifier
LOOP ID - 2110 - AK2/IK3/IK4 IMPLEMENTATION DATA ELEMENT NOTE
IK4 Implementation Data Element Note
CTX Element Context
IK5 Transaction Set Response Trailer
AK9 Functional Group Response Trailer
SE Transaction Set Trailer

Present On Admission (POA) Indicators

Provider Types Affected

- Hospitals who submit claims to fiscal intermediaries (FI) or Medicare Part A/B Administrative Contractors (A/B MACs) for Medicare beneficiary inpatient services.

- CarePartners of Connecticut recommends that your billing staff is aware of this requirement, and that your physicians and other practitioners and coders are collaborating to ensure complete and accurate documentation, code assignment and reporting of diagnoses and procedures.

Reporting Options and Definitions

N	(No) Not present at the time of inpatient admission
U	(Unknown) Documentation is insufficient to determine if condition is present at time of inpatient admission
W	Not Applicable
Y	(Yes) Present at the time of inpatient admission

- The POA data element on your electronic claims has been moved from the K3 segment (version 4010A1) to the HI - PRINCIPAL DIAGNOSIS and HI - OTHER DIAGNOSIS INFORMATION segments.

  NOTE: The value of "1" has been removed in 5010.

  Example: Below is an example of acceptable coding on an electronic claim:
  HI*BF:4821:::::::N*HI*BF:25000:::::::Y

9 TRADING PARTNER AGREEMENTS

TRADING PARTNERS

An EDI Trading Partner is defined as any CarePartners of Connecticut customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from CarePartners of Connecticut.

CarePartners of Connecticut utilizes the File Exchange Request Form to establish the Trading Partners agreement/set-up forms to process electronic transactions.

10   TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12 Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that CarePartners of Connecticut has   something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with CarePartners of Connecticut

In addition to the row for each segment, one or more additional rows are used to describe CarePartners of Connecticut usage for composite and simple data elements and for any other information.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
BOLDED and SHADED rows represent "loops" or "segments" in the X12N implementation guides.
NON-SHADED rows represent "data elements" in the X12N implementation guides.

005010X223A2 Health Care Claim: Institutional

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	1000A	**NM1**	**Information Source Name**			
72	1000A	NM109	Submitter Identification Code		2/80	The existing trading partners will continue using the six-digit submitter code. CarePartners of Connecticut will work with new trading partners prior to implementation to determine the six-digit submitter code. (Exceptions to the six digit IDs may apply)
94	**2010AB**	**NM1**	**Pay-To Address Name**		**N/A**	**This loop has been changed to indicate a separate address for payments to the Billing Provider. Please note that CarePartners of Connecticut will continue making payments to the address in our backend system database instead of the address submitted in 2010AB.**
109	**2000B**	**SBR**	**Subscriber Hierarchical Level**			
109	2000B	SBR01	Payer Responsibility Sequence Number Code		**1/1**	This data element is NOT a payer counter. It is a code that indicates the order of responsibility for payment.
112	**2010BA**	**NM1**	**Subscriber Name**		**N/A**	
135	**2010CA**	**NM1**	**Patient Name**		**N/A**	**As stated in Section 7: Each CarePartners of Connecticut member is uniquely identified by his or her member ID. All members should be considered as subscribers, and providers should submit member ID in Element NM109 of Loop 2010BA. CarePartners of Connecticut will not accept any data in the Patient Loop (2000C) and will REJECT accordingly.**
166	**2300**	**REF**	**Payer Claim Control Number**			
166	2300	REF02	Reference Identification		**1/50**	For frequency types 5, 7, and 8, Original Reference Number (Claim Number) must be submitted as stated in the technical report. CarePartners of Connecticut also strongly recommends sending the Original Reference Number with frequency types 2, 3, and 4.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
271	2300	HI01-2	Occurrence Code		1/30	If a claim is accident or employment related, CarePartners of Connecticut requires the appropriate occurrence code. We will only process one iteration of HI01.
272	2300	HI01-4	Date Time Period		1/35	If a claim is accident or employment related, CarePartners of Connecticut requires the appropriate occurrence date. We will only process one iteration of HI01
341	**2310E**	**NM1**	**Service Facility Location Name**		**N/A**	**CarePartners of Connecticut REQUIRES that Service Facility Information always matches Billing Provider Information given that the payee should always equal the provider on institutional claims.**
354	**2320**		**Other Subscriber Information**		**N/A**	
354	**2320**	**SBR**	**Other Subscriber Information**		**N/A**	**Required by CarePartners of Connecticut to understand the payer responsibility sequence.**
354	**2320**	**AMT**	**COB Payor Amount Paid**		**N/A**	**CarePartners of Connecticut requires the total amount paid at the claim level**
377	**2330A**	**NM1**	**Other Subscriber Name**		**N/A**	**CarePartners of Connecticut requires this segment for COB claims.**
384	**2330B**	**NM1**	**Other Payer Name**		**N/A**	**CarePartners of Connecticut requires this segment for COB claims.**
476	**2430**	**SVD**	**Line Adjudication Information**		**N/A**	
477	2430	SVD02	Monetary Amount		1/18	CarePartners of Connecticut requires the amount paid by the payer in 2330B for this line.
481	2430	CAS01	Claim Adjustment Group Code	CO – Contractual Obligations	1/2	Used to validate total amount billed in SV1 segment.
481	2430	CAS01	Claim Adjustment Group Code	PR – Patient Responsibility	1/2	Also used to validate total amount billed in SV1 segment. (if applicable)

005010X222A1 Health Care Claim: Professional

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
75	**1000A**	**NM1**	**Submitter Name**			
75	1000A	NM109	Submitter Identifier		2/80	The existing trading partners will continue using the six-digit submitter code. CarePartners of Connecticut will work with new trading partners prior to implementation to determine the six-digit submitter code. (Exceptions to the six digit IDs may apply)
83	**2000A**	**PRV**	**Billing Provider Specialty Information**		**N/A**	**CarePartners of Connecticut recommends providers include the appropriate taxonomy code for the services rendered.**
83	2000A	PRV01	Provider Code	**BI**	1/3	Code identifying the type of provider
83	2000A	PRV02	Code qualifying the Reference Identification	**PXC**	2/3	Health Care Provider Taxonomy Code
83	2000A	PRV03	Reference Identification		1/50	Provider Taxonomy Code
101	**2010AB**		**Pay-To Address Name**		**N/A**	**This loop has been changed to indicate a separate address for payment to the Billing Provider. Please note that CarePartners of Connecticut will continue making payments to the address in our backend system database instead of the address submitted in 2010AB.**
116	**2000B**	**SBR**	**Subscriber Hierarchical Level**			
116	2000B	SBR01	Payer Responsibility Sequence Number Code		1/1	This data element is NOT a payer counter. It is a code that indicates the order of responsibility for payment.
121	**2010BA**	**NM1**	**Subscriber Name**		N/A	
123	2010BA	NM109	Identification Code		2/80	Each CarePartners of Connecticut member is uniquely identified by his or her member ID. Thus we require treating all members as subscribers, and submitting member ID in NM109 of loop 2010BA.
147	**2010CA**	**NM1**	**Patient Name**		**N/A**	**As stated in section 7: Each CarePartners of Connecticut member is uniquely identified by his or her member ID. All members should be considered as subscribers, and providers should be submitting member ID in Element NM109 of Loop 2010BA.** **Thus CarePartners of Connecticut will not accept any data in the Patient Loop (2000C) and will REJECT accordingly.**

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
196	**2300**	**REF**	**Payer Claim Control Number**		**N/A**	
196	2300	REF02	Reference Identification		1/50	For frequency types 5, 7, and 8, Original Reference Number (Claim Number) must be submitted as stated in the technical report. CarePartners of Connecticut also strongly recommends sending Original Reference Number with frequency types 2, 3, and 4.
265	**2310B**	**PRV**	**Rendering Provider Specialty Information**			**CarePartners of Connecticut recommends providers include the appropriate taxonomy code for the services rendered.**
265	2310B	PRV01	Provider Code	**PE**	1/3	Code identifying the type of provider
265	2310B	PRV02	Code qualifying the Reference Identification	**PXC**	2/3	Health Care Provider Taxonomy Code
265	2310B	PRV03	Reference Identification		1/50	Provider Taxonomy Code
320	**2330B**	**NM1**	**Other Payer Name**		**N/A**	**CarePartners of Connecticut requires this segment for COB claims.**
480	**2430**	**SVD**	**Line Adjudication Information**		**N/A**	
481	2430	SVD02	Monetary Amount		1/18	CarePartners of Connecticut requires the amount paid by the payer in 2330B for this line.
485	2430	CAS01	Claim Adjustment Group Code	CO – Contractual Obligation	1/2	Used to validate total amount billed in SV1 segment.
485	2430	CAS01	Claim Adjustment Group Code	PR – Patient Responsibility	1/2	Also used to validate total amount billed in SV1 segment. (if applicable)

APPENDICES

A - EDI Set Up Form

CarePartners of Connecticut

EDI Set-Up Form

Completed forms can be sent to EDI_CT_Operations@carepartnersct.com or faxed to 617.972.1011. EDI Operations will contact you after this information is verified to initiate electronic transactions. Please contact EDI Operations at 888.631.7002, ext. 52994 if you have any questions regarding this form.

PRACTICE, ACCOUNT AND TRANSACTION INFORMATION

Type of practice: ☐ Solo ☐ Group ☐ Billing service ☐ Hospital/facility

Type of account: ☐ New ☐ Existing (indicate changes below)

Transaction type: ☐ 837 Institutional claim ☐ 837 Professional claim

INFORMATION ON SOLO, GROUP, BILLING SERVICE CLIENT(S), HOSPITAL/FACILITY

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Office contact: _____ Practice Tax ID: _____

Telephone: _____ Fax: _____

Email address: _____

Practice Management System/Computer Vendor: _____

Vendor contact name: _____ Telephone: _____

PAYMENT INFORMATION (IF DIFFERENT FROM ABOVE)

Name of payee: _____ National Provider ID: _____

Address: _____

City: _____ State: _____ Zip code: _____

Payee tax ID: _____

PROVIDER INFORMATION

Name of Provider	National Provider ID

This form is also available on the CarePartners of Connecticut Public Provider website: https://www.carepartnersct.com/cpct-pdoc-edi-set-up-form

B - Transaction Examples

837 Institutional Claim Sample:

```
ISA*00*      *00*       *ZZ*Sender ID    *33*16307      *170424*0814*^*00501*006110829*1*P*:
GS*HC* Sender ID*16307*20170424*0814*6110829*X*005010X223A2
ST*837*0001*005010X223A2
BHT*0019*00*6110829N1*20170424*081458*CH
NM1*41*2*ABC SYSTEMS INC*****46* Sender ID
PER*IC*CLAIMS CLEARINGHOUSE*EM*ABC Company@abcc.com
NM1*40*2*CAREPARTNERS OF CONNECTICUT*****46*16307
HL*1**20*1
PRV*BI*PXC*282N00000X
NM1*85*2*MEDICAL CENTER*****XX*1234567890
N3*3801 SPRING STREET
N4*RACINE*WI*534051667
REF*EI*123456789
PER*IC*PATIENT ACCOUNTS*TE*8885551212
NM1*87*2
N3*PO BOX 860004
N4*MINNEAPOLIS*MN*554866000
HL*2*1*22*0
SBR*P*18**CAREPARTNERS OF CONNECTICUT*****CI
NM1*IL*1*DOE*JANE****MI*12345678901
N3*3400 10 AVE
N4*RACINE*WI*53402
DMG*D8*19880227*F
NM1*PR*2*CAREPARTNERS OF CONNECTICUT*****PI*16307
CLM*987654321*1109.2***13:A:1**A*Y*Y
DTP*434*RD8*20170418-20170418
CL1*1*1*01
REF*D9*6110829N1
REF*EA*E2675423
HI*ABK:S8391XA
HI*APR:M25561
HI*ABN:V484XXA
HI*BH:11:D8:20170418
NM1*71*1*SMITH*MAMTA*MALIK***XX*1234567899
PRV*AT*PXC*207P00000X
NM1*72*1*SMITH*MAMTA*MALIK***XX*1234567899
LX*1
SV2*0250**1.2*UN*1
DTP*472*D8*20170418
REF*6R*34289381
LX*2
SV2*0320*HC:73564:RT*343*UN*1
DTP*472*D8*20170418
REF*6R*34289382
LX*3
SV2*0450*HC:99283*765*UN*1
DTP*472*D8*20170418
REF*6R*34289383
SE*47*0001
GE*1*6110829
IEA*1*006110829
```

837 Professional Claim Sample:

```
ISA*00*    *00*     *ZZ*SENDERID    *33*16307      *170424*0253*^*00501*006110824*1*P*:
GS*HC* SENDERID*16307*20170424*0253*6110824*X*005010X222A1
ST*837*0001*005010X222A1
BHT*0019*00*6110824N1*20170424*025343*CH
NM1*41*2*NEBO SYSTEMS INC*****46* SENDERID
PER*IC*CLAIMS CLEARINGHOUSE*EM* ABC Company@abcc.com
NM1*40*2*CAREPARTNERS OF CONNECTICUT*****46*16307
HL*1**20*1
NM1*85*2* ABC HEALTH VENTURE*****XX*1234567896
N3*3471 EAGLE WAY
N4*CHICAGO*IL*606781034
REF*EI*123456789
HL*2*1*22*0
SBR*P*18*4886800******CI
NM1*IL*1*DOE*JANE****MI*98765432101
N3*542 S KATHLEEN DR
N4*ROMEOVILLE*IL*60446
DMG*D8*20040827*F
NM1*PR*2*CAREPARTNERS OF CONNECTICUT*****PI*16307
CLM*123456789321*369***21:B:1*Y*A*Y*Y
DTP*431*D8*20170407
DTP*435*D8*20170407
DTP*096*D8*20170409
REF*D9*6110824N1
REF*EA*GE12447281
HI*ABK:T383X2A*ABF:F322*ABF:T1491
NM1*DN*1*JONES*JOE****XX*1234567890
NM1*82*1*DOE*SHYAMSUNDER****XX*1234567891
PRV*PE*PXC*2084P0800X
NM1*77*2*GOOD HOSPITAL IP*****XX*1234567893
N3*801 S WASHINGTON ST
N4*NAPERVILLE*IL*605407430
LX*1
SV1*HC:99253*369*UN*1***1:2:3
DTP*472*D8*20170408
REF*6R*454902631
SE*35*0001
GE*1*6110824
IEA*1*006110824
```

C - Change Summary

This section describes the differences between the current Companion Guide and previous guide(s).

Revision	Revision Date	Comments
1	10/2018	Version 5010