

Optum/Care Improvement Plus

Healthcare Claim: 837 Companion Guide

Versions: 005010X222A1
005010X223A2

Updated December , 2016

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Preface

How to Best Use This Document

This companion guide for the Healthcare Claim: 837 Transaction has been created to use in conjunction with the standard Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to claims processing for Optum/Care Improvement Plus. This Companion Guide is subject to change.

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Highlights

To promote efficient, accurate electronic transaction processing, please note:

- Each user is assigned a 6-digit ACS EDI Direct Trading Partner ID.
- Logon User Name is 8 characters.
- Logon User ID (password) is 9 characters.
- All dates are in the CCYYMMDD format.
- All date/times are in the CCYYMMDDHHMM format.
- The XL Health/Care Improvement Plus Receiver ID/Payer ID **77082**
- The EDI Direct Communications Document includes information about transmission methods, responses and testing. This document downloaded from <https://www.conduent.com/edi/gateway/implementation-guides/>

Transaction Description – V5010.A1 & V5010.A2

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted (and),
- Parameters in the implementation guide that provide options.

Many of the data elements included in the Companion Guides are business requirements and are not necessarily required per the ASC standard. Inclusion of a 'Business-Required' data field, as defined by this Companion Guide, may aid in the delivery of a positive response.

EDI Direct is the Clearinghouse that will manage the receipt and delivery of the Optum/Care Improvement Plus claim files. EDI Direct will not be able to answer billing questions or provide an explanation of claim denials. Please contact Optum/Care Improvement Plus Provider Relations for more information at 1-866-679-3119.

*** Please note the page numbers listed below in each of the tables represent the corresponding page number in the Healthcare Claim: 837 Implementation Guide for this transaction.**

Header-ISA/GS

*Page	Loop	Segment	Data Element	Industry Name	Comments
Interchange Control Header (ISA)					
C.4	Envelope	ISA	01	Authorization Information Qualifier	00
C.4	Envelope	ISA	02	Authorization Information	10 spaces
C.4	Envelope	ISA	03	Security Information Qualifier	00
C.4	Envelope	ISA	04	Security Information	10 spaces
C.4	Envelope	ISA	05	Interchange ID Qualifier:	ZZ
C.4	Envelope	ISA	06	Interchange Sender ID	6-digit trading partner ID Note: Please make sure the submitter ID or Trading Partner ID is left justified with trailing spaces for a total of 15 characters. Do not use leading ZEROS .

*Page	Loop	Segment	Data Element	Industry Name	Comments
C.5	Envelope	ISA	07	Interchange ID Qualifier: Mutually Defined	ZZ
C.5	Envelope	ISA	08	Interchange Receiver ID	100000 Note: Please make sure the Receiver ID is left justified with trailing spaces for a total of 15 characters. Do not use leading ZEROS .
C.6	Envelope	ISA	15	Interchange Usage Indicator	Test = T Prod = P
Functional Group Header (GS)					
C.7	Envelope	GS	02	Application Sender's Code	6-digit trading partner ID
C.7	Envelope	GS	03	Application Receiver's Code	77082
C.8	Envelope	GS	08	Version/Release/Industry Identifier Code	837P=005010X222A1 837I=005010X223A2

Healthcare Claim: 837 – Professional

*Page	Loop	Segment	Data Element	Industry Name	Comments
Submitter Name (Loop 1000A)					
75	1000A	NM1	02	Entity Type Qualifier	2
75	1000A	NM1	09	Submitter Identifier	6-digit trading partner ID
Receiver Name (Loop 1000B)					
80	1000B	NM1	03	Receiver Name	Optum/Care Improvement Plus
80	1000B	NM1	09	Receiver Primary Identifier	77082
2010AA Billing Provider Loop					
91	2010AA	N3	01	Billing Provider Address	N301 must be an address, not a post office box. N301 must not contain the following exact phrases(not case sensitive): "Post Office Box", "P.O. BOX", "PO BOX", "P O BOX", "LOCK BOX", "LOCK BIN"
94	2010AA	REF	01	Reference Identification Qualifier	Use "EI" to indicate Employer's Identification Number/Tax Identification Number (EIN/TIN).
94	2010AA	REF	02	Reference Identification	Billing Provider Employer's Identification Number
2010BA Subscriber Loop					
122	2010BA	NM1	03	Last Name	Subscriber Last Name must be larger than 2 bytes
123	2010BA	NM1	09	Subscriber Primary Identifier	9 byte SSN
2300 Claim Loop					
190	2300	AMT	02	Patient Paid Amount	Patient Paid Amount cannot be greater than Billed Amount

*Page	Loop	Segment	Data Element	Industry Name	Comments
229	2300	HI	01	Principal Diagnosis Qualifier Code	"BK" is required
229	2300	HI	02	Principal Diagnosis Code	Principal Diagnosis Code is required
2310C Service Facility Loop					
274	2310C	N3	01	Service Facility Address	N301 must be an address, not a post office box. N301 must not contain the following exact phrases(not case sensitive): "Post Office Box", "P.O. BOX", "PO BOX", "P O BOX", "LOCK BOX", "LOCK BIN"

Healthcare Claim: 837 – Institutional

*Page	Loop	Segment	Data Element	Industry Name	Comments
Submitter Name (Loop 1000A)					
72	1000A	NM1	02	Entity Type Qualifier	2
72	1000A	NM1	09	Submitter Identifier	6-digit trading partner ID
Receiver Name (Loop 1000B)					
77	1000B	NM1	03	Receiver Name	Optum/Care Improvement Plus
77	1000B	NM1	09	Receiver Primary Identifier	77082
2010AA Billing Provider Loop					
87	2010AA	N3	01	Billing Provider Address	N301 must be an address, not a post office box. N301 must not contain the following exact phrases(not case sensitive): "Post Office Box", "P.O. BOX", "PO BOX", "P O BOX", "LOCK BOX", "LOCK BIN"
90	2010AA	REF	01	Reference Identification Qualifier	Use "EI" to indicate Employer's Identification Number/Tax Identification Number (EIN/TIN).
90	2010AA	REF	02	Reference Identification	Billing Provider Employer's Identification Number
2010BA Subscriber Loop					
113	2010BA	NM1	03	Last Name	Subscriber Last Name must be larger than 2 bytes
114	2010BA	NM1	09	Subscriber Primary Identifier	9 byte SSN
2300 Claim Loop					
186	2300	HI	01-1	Principal Diagnosis Qualifier Code	"BK" is required
187	2300	HI	01-2	Principal Diagnosis Code	Principal Diagnosis Code is required

*Page	Loop	Segment	Data Element	Industry Name	Comments
2310A Attending Provider Loop					
323	2310A	NM1	09	Identification Code	NPI is required on Attending when present and required for emergency trips.
2310B Operating Physician Name					
330	2310A	NM1	09	Identification Code	NPI is required on Operating Physician Loop when present.
2310C Service Facility Loop					
346	2310C	N3	01	Service Facility Address	N301 must be an address, not a post office box. N301 must not contain the following exact phrases(not case sensitive): "Post Office Box", "P.O. BOX", "PO BOX", "P O BOX", "LOCK BOX", "LOCK BIN"