



**FIRSTCARE Companion Document  
ANSI X12N 837 Institutional Health Care Claim**

The Health Insurance Portability and Accountability Act of 1996 is the acronym for HIPAA. HIPAA legislation requires that Health Plans, Providers and Clearinghouses follow set transaction standards. The implementation guide for the ANSI ASC X12N 837 claim transactions can be found at [www.wpc-edi.com](http://www.wpc-edi.com).

**This document provides specific data requirements for ANSI 837 professional claims processing for FIRSTCARE beginning 05/23/08.**

**HEADER INFORMATION:**

ANSI FIELD	DATA REQUIRED
ISA01	<b>00</b>
ISA02	All spaces
ISA03	<b>00</b>
ISA04	All spaces
ISA05	<b>ZZ</b>
ISA06	Submitter ID
ISA07	<b>ZZ</b>
ISA08	<b>FIR001</b>
ISA09	Interchange Date in the format of 'YYMMDD'
ISA10	Interchange Time in the format of 'HHMM'
ISA11	<b>U</b>
ISA12	<b>00401</b>
ISA13	Interchange control number, must be identical to the IEA02
ISA14	<b>1</b>
ISA15	'T' for Test or 'P' for production
ISA16	*

ANSI FIELD	DATA REQUIRED
GS01	<b>HC</b>
GS02	Submitter ID
GS03	<b>FIR001</b>
GS04	Group Creation Date in the format of 'CCYYMMDD'
GS05	Creation Time in the format of 'HHMM'
GS06	Group Control Number assigned by the Sender
GS07	<b>X</b>
GS08	<b>004010X096A1</b>

**Transaction Information:**

ANSI FIELD	DATA REQUIRED
BHT02	<b>00</b>
BHT06	<b>CH</b>

**Transmission Type:**

ANSI FIELD	DATA REQUIRED
REF02	004010X096DA1 (Test) or 004010X096A1 (Production)

**Submitter Information:**

ANSI FIELD	DATA REQUIRED
Loop 1000A NM109	Submitter ID

**Receiver Information:**

ANSI FIELD	DATA REQUIRED
Loop 1000B NM103	FIRSTCARE
NM109	94999

**Billing Provider Information:** *This segment is required.*

ANSI FIELD	DATA REQUIRED
Loop 2010AA NM108	XX
NM109	NPI Number

**Billing Provider Information:** *This segment is required.*

ANSI FIELD	DATA REQUIRED
REF01	EI
REF02	Tax ID

**Pay-To Provider:** *Required if the Pay-to Provider is a different entity than the Billing Provider.*

ANSI FIELD	DATA REQUIRED
Loop 2010AB NM108	XX
NM109	NPI Number

**Pay-To Provider:** *Required if the Pay-to Provider is a different entity than the Billing Provider.*

ANSI FIELD	DATA REQUIRED
REF01	EI
REF02	Tax ID

**Attending Physician:** *Required on all inpatient claims.*

ANSI FIELD	DATA REQUIRED
Loop 2310A NM108	<b>XX</b>
NM109	NPI Number

**Operating Physician:** *Required on all claims with a surgical procedure code.*

ANSI FIELD	DATA REQUIRED
Loop 2310A NM108	<b>XX</b>
NM109	NPI Number

**Subscriber Information:**

ANSI FIELD	DATA REQUIRED
Loop 2000B SBR09	<b>12, 15, 16, CI, MC</b>
Loop 2010BA NM109	11 characters

**Payer Information:**

ANSI FIELD	DATA REQUIRED
Loop 2010BC NM109	<b>94999</b>

**Patient Information:** *This element is **required** when the patient is different from the Subscriber.*

ANSI FIELD	DATA REQUIRED
Loop 2010CA NM109	11 characters (FIRSTCARE Member Number)

**EOP Account Numbers:** The account number that appears on the FIRSTCARE paper EOP's are mapped from:

Loop: 2300  
Segment: REF  
Element: 02  
When Element 01 = "EA" Medical Record Number

**\*\*\*Please note the account number field on the EOP can only accommodate 12 bytes. Therefore, the data that is mapped from either field above will only map the first 12 bytes.**

**Patient Control Number:** The patient control number that appears on the FIRSTCARE paper EOP is mapped from:

Loop: 2300 (Claim Level)  
Segment: CLM  
Element: 01

**\*\*\*Please note the Patient Control Number field on the EOP can only accommodate 20 bytes.**

**Corrected Claims/Late Charges:** In order for FIRSTCARE to identify claim as a "corrected claim" or a "late charge", the following fields below must be sent:

**Loop 2300 CLM05-3**

5 (when the type of bill is 115)  
7=Replacement  
8=Void

**Loop 2300 REF02 (Original Reference Number)**

REF01=F8  
REF02=FIRSTCARE Original Claim number

**Connectivity:** To establish connectivity with FIRSTCARE, please contact our EDI Team at [EDI@FirstCare.com](mailto:EDI@FirstCare.com).