



**FIRSTCARE Companion Document
ANSI X12N 837 Professional 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.

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

ANSI FIELD	DATA REQUIRED
GS01	HC
GS02	Submitter ID
GS03	FIR001
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	X
GS08	004010X098A1

Transaction Information:

ANSI FIELD	DATA REQUIRED
BHT02	00
BHT06	CH

Transmission Type:

ANSI FIELD	DATA REQUIRED
REF02	004010X098D (Test) or 004010X098 (Production)

Submitter Information:

ANSI FIELD	DATA REQUIRED
Loop 1000A NM109	Submitter ID

Receiver Information:

ANSI FIELD	DATA REQUIRED
Loop 1000B 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

Rendering Provider Information: *This segment is required when the Billing/Pay-To Provider and the Rendering Provider are different.*

ANSI FIELD	DATA REQUIRED
Loop 2310B NM108	XX
NM109	NPI Number

Rendering Provider Information: *This segment is required when the Billing/Pay-To Provider and the Rendering Provider are different.*

ANSI FIELD	DATA REQUIRED
REF01	EI
REF02	Tax ID

Subscriber Information:

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

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

ANSI FIELD	DATA REQUIRED
Loop 2010CA NM109	11 characters

Payer Information:

ANSI FIELD	DATA REQUIRED
Loop 2010BB NM109	94999

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

If the above field is not sent, then the default is mapped from the first service line of the claim:

Loop: 2400
Segment: REF
Element: 02
Element 01 = "6R" Provider Control 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.**

Corrected Claims: The following fields below must be sent on the 837 claim in order for FIRSTCARE to handle as a "corrected claim."

Loop 2300 CLM05-3

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.