Streamline Smartcare

HIPAA 837 Companion Guide for Direct Submitters

Contents

Getting Started

In order to submit a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Implementation Guides & Addenda for the Health Care Claim: Institutional ASC X12N 837 (005010X223A1) and the Health Care Claim: Professional ASC X12N 837 (005010X222A1). The transaction guides can be ordered from the Washington Publishing Company's website at www.wpc-edi.com.

Smartcare Specifications / Requirements

In addition to the required segments and data elements in the 837 Implementation Guides, the following tables document the Smartcare specific requirements for different provider types.

For Medicare Organization Providers and related subparts that are covered entities under HIPAA, the National Provider Identifier (NPI) is required for submitting 837 claims in the Smartcare system. For specific guidance, see Table 1.

You must name your files with a .837 extension

In the table that follows: Usage R=Required, S= Situational

Note that authorization number is required only in cases where your rate is for an alternate site defined in your contract.

Table 1 –Providers

				Medicare Covered Organization Health Care Provider (NPI per site)		
Loop	**Segment ID**	**Segment**	**Data Element ID**	**Data Element**	**Usage**	**Comments**
N/A	REF	Transmission Type Identification	REF02	Transmission Type Code	R	When submitting test records and during production, please use 005010X222A1.
1000A	NM1	Submitter Name	NM103	Name Last or Organization Name	R	Submitter Name is the 'Provider Name' from the Smartcare system and can be found in the Provider Information Banner under the element 'Provider Name'.
1000A	NM1	Submitter Name	NM109	Submitter Identifier	R	Submitter Identifier is the 'Provider ID' is the number found on the Provider Tab when the Provider Information or Contracts page is open
1000B	NM1	Receiver Name	NM103	Name Last or Organization Name	R	SWMBH SUD if submitting Substance Abuse Services, SWMBH MH if submitting Mental Health Services.
1000B	NM1	Rec~~eii~~everName	NM109	Receiver Identifier	R	For Substance Use Claims billed directly to SWMBH SUD - 1871923268 For Mental Health Claims, billed directly to SWMBH MH - 1871923268 Or use the Affiliate's Number below based on the Affiliate you contract with: Barry – 1952357410 Riverwood (Berrien Mental Health Authority) - 1033280763 Pines - 1861430381 Summit Pointe – 1700833555 Van Buren - 1003878554
2010AA	NM1	Billing Provider Name	NM108	Identification Code Qualifier	R	National Provider Identifier (NPI) is mandated for use by the HIPAA regulations. Effective May 23rd 2007. A Qualifier of "XX" must now be submitted.
2010AA	NM1	Billing Provider Name	NM109	Billing Provider Identifier	R	Provider must submit their 10 digit NPI Number
2010BA	NM1	Subscriber	NM109	Subscriber Primary Identifier	R	Subscriber primary identifier is uniquely identified. The primary identifier for each client is equivalent to the "clientID" identified in the Swmbh Smartcare system.
2010BA	DMG	Subscriber Demographic Information	DMG02	Subscriber Birth Date	R	Subscriber birth date is accessible in the Smartcare system.
2010BB	NM1	Payer Name	NM103	Payer Name	R	NM1 Payer Name Segment- Name must be either SWMBH SUD or SWMBH MH. Any other option will not work (when payer is SWMBH). If the NPI numbers do not match, the NPI defaults to SWMBH SUD.

						For Mental Health Claims or MI Healthlink claims, use the Affiliate name you are contracted with for services. Barry County Mental Health Authority Berrien Mental Health Authority Pines Mental Health Authority Summit Pointe Van Buren County CMH
2010BB	NM1	Payer Name	NM108	Identification Code Qualifier	R	Use: PI
2010BB	NM1	Payer Name	NM109	Identification Code	R	For Substance Use or MI Health Link -Claims use the SWMBH NPI 1871923268. Otherwise: Barry – 1952357410 Riverwood (Berrien Mental Health Authority) - 1033280763 Pines - 1861430381 Summit Pointe – 1700833555 Van Buren - 1003878554
2300	REF	Reference ID qualifier	REF01	Identification Code Qualifier	S	Use G1
2300	REF	Prior authorization number	REF02	Prior authorization number	S	Use the Auth Identifier text from Provider Access. Ex. UM-20120822-005

If authorization is not added to the claim line for a claim, the system will use the NPI number to associate to a provider and site. If more than one site associates to the same NPI number, then the claim line will have an error that more than one site is associated to the same NPI.

837 File Validation

Smartcare utilizes 3 levels of validation when processing 837 files

1. File Format Errors
2. Parsing Errors
3. Processing Errors

File Format Errors

Upon submitting an 837 file for processing, the Smartcare system runs through an exhaustive verification of the 837 file to determine if there are any formatting errors in the file. Such errors include, but are not limited to:

- File is not EDI X12 format
- Missing Header Information
- Missing Trailer Information

In the cases in which file format validation fails, there will be no 'Parsing Errors' and no 'Batches' displayed. Additionally, the 997 file text will indicate that the 837 file was rejected.

Parsing Errors

After successfully completing the File Format validation process, the file is then checked for any Parsing Errors. The following validations are handled in the parsing validation:

- Claim charge amount does not match sum of service charge amount
  - This error indicates that there is a discrepancy in the total charge amount submitted for all claims, and the sum of charges for service lines.
- Batch Submitter ID does not match selected Sender's Submitter Id
  - This error indicates that the Submitter ID submitted does not match the Sender Submitter ID setup in Smartcare. See the section for loop 1000A, Segment NM1, Data Element NM109 in the tables above for additional details on how to obtain Submitter ID.
- Batch Submitter Name does not match selected Sender's Submitter Name
  - This error indicates that the Submitter Name submitted does not match the Sender Submitter Name setup in Smartcare. See the section for loop 1000A, Segment NM1, Data Element NM103 in the tables above for additional details on how to obtain Submitter Name.
- Batch has already been imported once.
  - This error indicates that the Batch ID submitted in the 837 file has previously been submitted.

In the cases in which parsing errors occur, processing of the file will stop and no claims will be accepted.

Processing Errors

If no Parsing Errors are found, the file is finally checked for any processing errors. Processing errors are broken out in 2 main types:

1. Claim Errors – Each error code is prefixed by the letter 'C'
2. Claim Line Errors – Each error code is prefixed by the letters 'CL'

The following is the list of processing errors which are validated:

Claim Errors	
Error Code	**Error Description**
C101	'Unknown claim type' (Only Professional or Institutional Allowed)
C102	'Provider/Site not found' (Tax ID / NPI does not exist in Smartcare System)
C103	'Provider/Site not found in Import837SenderProviders' (A valid match exists in the system but is not setup for the Sender/Submitter)
C104	'Client not found' (ClientId does not exist)
C105	'Client is not active'
C106	'Client is not authorized for this provider' (Authorization has not been released to this provider for this client) Error will occur until initial authorization is released to the provider.
C107	'Insurer not found' (Loop 2010BB, Segment NM1, Data Element NM109 does not match the approved list in the tables above see NM1)
C108	'Claim rendering provider not found' (If Rendering Provider is specified but does not exist in the Smartcare system)
C109	'Claim rendering provider not associated with billing provider' (Rendering Provider is setup in the Smartcare system but not linked to the provider solution.
C110	Claim place of service not specified (Value was not specified in 837 file)
C111	Claim place of service not found (Value specified in 837 file does not match any in Smartcare system)
C112	More than one provider/site found for submitted NPI OR No Authorization Found (

Claim Line Errors	
Error Code	**Error Description**
CL101	'Claim line rendering provider not found' (If Rendering Provider is specified but does not exist in the Smartcare system)
CL102	'Claim line rendering provider not associated with billing provider' (Rendering Provider is setup in the Smartcare system but not linked to the provider)
CL103	Claim line place of service not found (Value specified in 837 file does not match any in Smartcare system)