

Southwest Michigan

BEHAVIORAL HEALTH

Care Management Import 837 User Guide

V05/01/2022

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Questions or Concerns?

Contact providersupport@swmbh.org for more information!

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.

Getting Import 837 Permissions

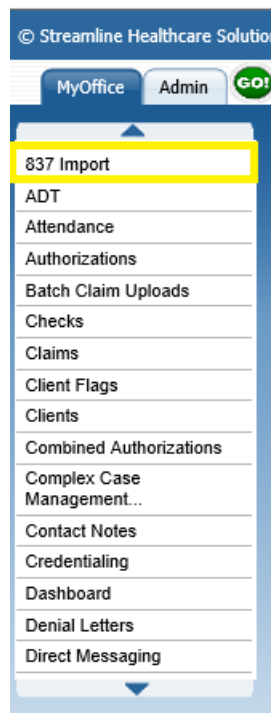
All User Account management activities can be managed by completing an [SWMBH's Online User form](#), and following just a few easy steps;

1. Complete Questions 1 & 2 on the page, identifying yourself and what type of account activity you would like to complete.
2. Complete the General Disclaimer as well
3. Enter user related information on the following two pages.
4. Complete question 10, if applicable.

If you already have an account, but do not have access to the Import 837 Banner, please contact providersupport@swmbh.org

Import 837 Navigation

From the application, users are able to navigate to the Import 837 Banner to manage all their 837, 835 and 299 Acknowledgement needs;



Questions or Concerns?

Contact providersupport@swmbh.org for more information!

MyOffice Admin **GO!** Type OR Select

Import837List (1)

All Senders All Files Import Date From: 12/18/2017 To: 12/18/2017 **Apply Filter**

Sender	Import Date	Processed	File Name	File Date	Charges	Claim Lines	UnProcessed	Control No.	Batches
	12/18/2017	Yes	ACE 1034 Test File.txt	11/06/2017	\$1,173.00	20		00000603	1

- The **Sender** banner indicated the provider agency importing the file.
- The **Import Date** represents the date the file was uploaded.
- The **Processed** column indicates whether or not ALL claims in the file were successfully processed;
 - Processed = made it into the application and are available for adjudication.
 - Note that this column is only representative of all files being processed (Y/N), if 99 of 100 claims within a file have processed, this means 99 of the 100 claims have successfully made it into the application, yet the Processed column will still be No.
- The **File Date** column represents the date the file was generated (not imported into the SWMBH Care Management application).
- **Claim Lines** represents the total number of claims included in the file.
- **UnProcessed** represents to the total number of claims the application was not able to import (see errors).

Users are able to drill down into specific components of each file by clicking one of the following hyperlinks;

- **Import Date**, allows users to navigate to a 837 File Detail summary page, where they are able to Export the entire file, a 997 Acknowledgement, Reprocess the file or view additional file details;

837 File Details

Summary

837 File ID: 6190	Sender Name:	Import Date: 12/18/2017	Sender ID: 36
File Name: ACE 1034 Test File.txt	Date: 11/06/2017	Control Number: 00000603	
Receiver ID: 1871923268	Ack. Requested: Yes	Processed: Yes	# of Batches: 1
Total Charges: \$1,173.00	Total Claims: 15	Claim Lines: 20	# of Segments:

Unprocessed: 0

File Text **Export** **Acknowledgement 997** **Export**

```

ISA*00*  *00*  *ZZ*729  *ZZ*1871923268  *ZZ*729
+171106*9729*~00501*00000603*1*P*~
GS*HC**1871923268*20171106*0729*603*X*005010X22A1~
ST*837*0603*005010X22A1~
BHT*001*00*0003*20171106*0729*CH~
BMA18A838UBK03Chin CondorRRRACR730...
    
```

Parsing Errors

Line Number	Error Message	Data Text
No data to display		

Batches

Batch Id	Ctrl No.	Type Code	Submitter Name	Submitter Id	Charges	Claims	Claim Lines	Unprocessed	Segments
Show File	5514	0603	005010X22A1	729	\$1,173.00	15	20		301

- **Claim Lines**, allows users to navigate to a listpage showing details of each claim line included in the 837 file (processed or not), including the **Error Description** for any unprocessed claims;

GO!

837 Import Claim Lines (20)

File ID: Batch ID:

Import Date From: To:

ID	Provider	Client	DOS	Revenue Code	Procedure Code	Charges	Processed	File	Batch	Error Description
629751			09/21/2017		90834	\$85.00	Yes	6190	5514	
629752			09/28/2017		90837	\$90.00	Yes	6190	5514	
629753			08/31/2017		90832	\$45.00	Yes	6190	5514	
629754			08/28/2017		H0004	\$36.00	Yes	6190	5514	
629755			08/17/2017		90837	\$90.00	Yes	6190	5514	
629756			08/29/2017		H0004	\$36.00	Yes	6190	5514	
629757			09/29/2017		90832	\$45.00	Yes	6190	5514	
629758			08/29/2017		H0004	\$36.00	Yes	6190	5514	
629759			08/21/2017		90837	\$90.00	Yes	6190	5514	
629760			08/31/2017		90832	\$45.00	Yes	6190	5514	
629761			09/14/2017		90832	\$45.00	Yes	6190	5514	
629762			09/21/2017		90832	\$45.00	Yes	6190	5514	
629763			09/28/2017		90832	\$45.00	Yes	6190	5514	
629764			08/28/2017		H0004	\$72.00	Yes	6190	5514	
629765			08/30/2017		H0004	\$18.00	Yes	6190	5514	
629766			08/29/2017		H0004	\$72.00	Yes	6190	5514	
629767			08/30/2017		90834	\$85.00	Yes	6190	5514	
629768			08/23/2017		90834	\$85.00	Yes	6190	5514	
629769			08/30/2017		H0004	\$36.00	Yes	6190	5514	
629770			08/30/2017		H0004	\$72.00	Yes	6190	5514	

Users are also able to select the ID hyperlink in order to navigate to claim-level details;

ations | SWMBH 4x Train | 11/08/2017 | Jake Smith

Type OR Select

837 Claim Line Details

Show File Segment

Claim

Provider Number:	Provider Name: Victory Clinica...	Tax ID:	383159579
Provider NPI: 1447383500	Provider Taxonomy Code:	Control Number:	00000603
Subscriber Number: 335017	Last Name:	First Name:	Acc #: 31858
Payer ID TEST PLAN	Claim Control #:	Charges:	\$220.00

Claim Line

Claim Line ID: 629751	Service Line #: 1	Line Item Control Number: 561051
Date Of Service: 09/21/2017	Revenue Code:	Procedure Code: 90834
Authorization #:	Charges:	\$85.00

Rendering Provider

Provider Number:	Provider Name:	Tax ID:
Provider NPI: 1447383500	Provider Taxonomy Code:	

Errors

Error Code	Error Description
No data to display	

File Specifications

Medicare Covered Organization Health Care Provider (NPI per site)						
Loop	Segment ID	Segment	Data Element ID	Data Element	Usag e	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 SWMBH Care Management Application 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	Receiver Name	NM109	Receiver Identifier	R	For Substance Use Claims billed directly to SWMBH SUD – 1063944585 For Mental Health Claims, billed directly to SWMBH MH – 1871923268
2010AA	NM1	Billing Provider Name	NM108	Identification Code Qualifier	R	National Provider Identifier (NPI) is mandated for use by the HIPAA regulations.
2010AA	NM1	Billing Provider Name	NM109	Billing Provider Identifier	R	Provider must submit their 10 digit NPI Number*
2010AA	REF	Billing Provider Name	REF02	Billing Provider Reference Identification	S	In the event submitter utilizes the name NPI for more than one site. Use this segment to identify the specific site for each claim. <i>e.g., REF*OB*PP-SSSS [PP=ProviderID, SSSS=SiteID] *</i> *Please contact providersupport@swmbh.org for data elements specific to your agency.
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", found in the SWMBH Care Management Application.
2010BA	DMG	Subscriber Demographic Information	DMG02	Subscriber Birth Date	R	Subscriber birth date is accessible in the SWMBH Care Management Application.

Questions or Concerns?
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2010BB	NM1	Payer Name	NM103	Payer Name	R	Variable user defined field.
2010BB	NM1	Payer Name	NM108	Identification Code Qualifier	R	Use: PI
2010BB	NM1	Payer Name	NM109	Identification Code	R	SWMBH MH: 1871923268 SWMBH SUD: 1063944585
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. <i>e.g., UM-20120822-005</i>

* 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, and require an Authorization Number to be added to the file in order to process

Validation and Error Troubleshooting

837 File Validation

The SWMBH Care Management Application 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 SWMBH Care Management Application 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:

Questions or Concerns?
Contact providersupport@swmbh.org for more information!

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 (common error when an NPI is utilized with more than one Site). Contact providersupport@swmbh.org for more information.

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)

837 Clearinghouse

Summary

SWMBH partners with Availity, LLC for the purpose of acting as a Claims Clearinghouse for agencies interested in billing through a third party. Agencies submitting claims through Availity are responsible for adhering the same file specifications outlined in this Companion Document. It's recommended that any agency interested in maximizing their claims reconciliation to have at least one user with login credentials to the SWMBH Care Management for the purpose of monitoring claims status and other documentation, such as RAs and Client IDs, in real time.

Registering with Availity, LLC.

Registration is necessary to submit claims via the Availity clearinghouse. Please follow the following steps in order to begin;

1. Navigate to <https://www.availity.com/>
2. Select the 'Register' option to begin;



AVAILITY PORTAL

LOGIN

REGISTER

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3. Select the appropriate Organization Type. *Note that agencies who partner with their own Claims Clearinghouse may have an existing relationship with Availity and should reach out to them in order to manage this process.*
4. Use one or both of the following keys to register for SWMBH Payers;
 - a. A3268: SOUTHWEST MICHIGAN BEHAVIORAL HEALTH MENTAL HEALTH (SWMBH MH)
 - b. A4585: SOUTHWEST MICHIGAN BEHAVIORAL HEALTH SUBSTANCE USE DISORDER (SWMBH SUD)
5. Once registered, a member of the Availity Support Team will provide any additional guidance.

Standards & Conditions

- Once a provider agency has established a relationship with the Availity, LLC clearinghouse, paper claims will no longer be accepted from the provider agency absent special exception.
- Provider agencies are wholly responsible for adhering to the file specs of the SWMBH 837 Companion Guide for the purpose of submitting an 837 File for claims payment.
- Provider agencies are wholly responsible for monitoring the progress of their claims and should contact providersupport@swmbh.org with any questions or concerns.
- Although further changes are not anticipated at the time of this draft, the SWMBH 837 Companion Guide is subject to change at SWMBH's discretion. Providers will be notified if any changes to the SWMBH 837 File Spec are made.

Questions or Concerns?

Contact providersupport@swmbh.org for more information!