

## Chapter 4 Companion Guide 837 Professional

This companion guide for the ASC X12N 837 Professional Healthcare Claim transaction has been created for use in conjunction with the *ASC X12N 837 004010A1* Professional Healthcare Claim Implementation Guide. It should not be considered a replacement for the *ASC X12N 837 004010A1* Professional Healthcare Claim Implementation Guide, but rather used as an additional source of information.

### Reference Information

The implementation guide for the ASC X12 837 004010A1 Healthcare Claim: Professional is available through the Washington Publishing Company, [www.wpc-edi.com](http://www.wpc-edi.com).

Instructions for Texas specific requirements are also provided in Chapter 3 Texas Workers' Compensation Requirements. When the application for Texas workers' compensation is different than the HIPAA implementation, it is identified in the following table:

Loop	Segment or Element	Value	Description	Texas Workers' Compensation Instructions
	<b>BHT</b>		<b>Beginning of Hierarchical Transaction</b>	
	BHT06	CH	Claim or Encounter Identifier	Value must be 'CH' Chargeable.
<b>1000A</b>	<b>PER</b>		<b>Submitter Contact Information</b>	
	PER03	TE	Communication Number Qualifier	Value must be 'TE' Telephone Number.
	PER04		Communication Number	Value must be the Telephone Number of the submitter.
<b>2010AA</b>	<b>REF</b>		<b>Billing Provider Secondary Identifiers</b>	Required when the billing provider is a licensed health care provider.
	REF01	0B	Reference Identification Qualifier	One occurrence of this REF Segment must have a value '0B' – State License Number.
	REF02		Reference Identification	State License Number
<b>2010AB</b>	<b>REF</b>		<b>Pay-to Provider Secondary Identifiers</b>	Required when the Pay-to-Provider is a licensed health care provider.
	REF01	0B	Reference Identification Qualifier	One occurrence of this REF Segment must have a value '0B' – State License Number.
	REF02		Reference Identification	State License Number
<b>2000B</b>	<b>HL</b>		<b>Subscriber Hierarchical Level</b>	In Workers' Compensation, the Subscriber is the Employer
<b>2000B</b>	<b>SBR</b>		<b>Subscriber Information</b>	In Workers' Compensation, the Subscriber is the Employer
	SBR01	P	Payer Responsibility Sequence Number Code	Value must be 'P' -Primary Payer.
	SBR04		Group of Plan Name	Required when the Employer Department Name/Division is applicable and is different than the Employer reported in Loop 2010BA NM103.
	SBR09	WC	Claim Filing Indicator Code	Value must be 'WC' – Workers' Compensation.
<b>2010BA</b>	<b>NM1</b>		<b>Subscriber Name</b>	In Workers' Compensation, the Subscriber is the Employer. The name will usually be a non-person entity (i.e., an organization or company name).
<b>2000C</b>	<b>PAT</b>		<b>Patient Information</b>	
	PAT01	20	Patient's Relationship to Insured	Value must be '20' - Employee
<b>2010CA</b>	<b>NM1</b>		<b>Patient Name</b>	
	NM108	MI	Identification Code Qualifier	Value must be 'MI' – Member Identification Number
	NM109		Primary Identifier	Member Identification Number. Enter patient's ID (if SSN is not available, use driver's license number + jurisdiction, green card number + ZY, visa number + TA, or passport number + ZZ).
<b>2010CA</b>	<b>REF</b>		<b>Property &amp; Casualty Claim Number</b>	Workers' compensation claim number assigned by the insurance carrier. Required for workers' compensation

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Loop	Segment or Element	Value	Description	Texas Workers' Compensation Instructions
				medical bills submitted electronically.
<b>2300</b>	<b>CLM</b>		<b>Claim Information</b>	
	CLM11-1	EM	Related Cause Codes	Value must be 'EM' - Employment
	CLM11-2	AA OA	Related Cause Codes	Use appropriate code value of 'AA' Automobile Accident or 'OA' Other Accident when reporting that another related cause is present.
<b>2300</b>	<b>PWK</b>		<b>Claim Supplemental Information</b>	Required when submitting attachments related to the medical bill.
	PWK01		Report Type Code	Use appropriate code value or 'OZ' when report is a jurisdictional report.
	PWK02		Report Transmission Code	
	PWK05	AC	Identification Code Qualifier	Value must be 'AC' Attachment Control Number
	PWK06		Attachment Control Number	When report type code is a Jurisdictional Report, providers should enter the Jurisdictional Type Code followed by the Attachment Control Number.
<b>2300</b>	<b>K3</b>		<b>File Information</b>	Required after January 1, 2009 when submitting a bill that is a duplicate or an appeal.
	K301		State Data Requirement	Resubmission Condition Code – Enter the Condition Code Qualifier 'BG' followed by the appropriate resubmission code.  'W2' - Duplicate of Original 'W3' - 1 <sup>st</sup> Level appeal (request for reconsideration or appeal with insurance carrier) 'W4' - 2 <sup>nd</sup> Level appeal (resubmitted after receipt of TDI decision) 'W5' - 3 <sup>rd</sup> Level appeal (resubmitted after receipt of hearing or judicial decision) <i>Example: BGW3</i>
<b>2310A</b>	<b>REF</b>		<b>Referring/PCP Provider Secondary Identifiers</b>	Required when loop 2310A used.
	REF01	0B	Reference Identification Qualifier	One occurrence of this REF Segment must have a value '0B' – State License Number.
	REF02		Reference Identification	State License Number. When a health care provider does not have a state license number, refer to the Health Care Provider's State License Number Requirement in Chapter 3 of these guides.
<b>2310B</b>	<b>REF</b>		<b>Rendering Provider Secondary Identifiers</b>	Required when loop 2310B used.
	REF01	0B	Reference Identification Qualifier	One occurrence of this REF Segment must have a value '0B' – State License Number.
	REF02		Reference Identification	State License Number. When a health care provider does not have a state license number, refer to the Health Care Provider's State License Number Requirement in Chapter 3 of these guides.
<b>2310D</b>	<b>REF</b>		<b>Service Facility Location Secondary Identifiers</b>	Required when loop 2310D used and the Service Facility Location is a licensed health care facility.
	REF01	0B	Reference Identification Qualifier	One occurrence of this REF Segment must have a value '0B' – State License Number.
	REF02		Reference Identification	State License Number
<b>2420A</b>	<b>REF</b>		<b>Rendering Provider Secondary Identifiers</b>	Required when loop 2420A used.
	REF01	0B	Reference Identification Qualifier	One occurrence of this REF Segment must have a value '0B' – State License Number.
	REF02		Reference Identification	State License Number. When a health care provider does not have a state license number, refer to the Health Care Provider's State License Number Requirement in Chapter 3 of these guides.