# Chapter 5 Companion Guide 837 Institutional

This companion guide for the ASC X12N 837 Institutional Healthcare Claim transaction has been created for use in conjunction with the *ASC X12N 837 004010A1* Institutional Healthcare Claim Implementation Guide. It should not be considered a replacement for the *ASC X12N 837 004010A1* Institutional 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: Institutional is available through the Washington Publishing Company, 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 |
|---|---|---|---|---|
| | **BHT** | | **Beginning of Hierarchical Transaction** | |
| | BHT06 | CH | Claim or Encounter Identifier | Value must be 'CH' Chargeable. |
| **1000A** | **PER** | | **Submitter Contact Information** | |
| | PER03 | TE | Communication Number Qualifier | Value must be 'TE' Telephone Number. |
| | PER04 | | Communication Number | Value must be the Telephone Number of the submitter. |
| **2010AA** | **REF** | | **Billing Provider Secondary Identifiers** | 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 |
| **2010AB** | **REF** | | **Pay-to Provider Secondary Identifiers** | 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 |
| **2000B** | **HL** | | **Subscriber Hierarchical Level** | In Workers' Compensation, the Subscriber is the Employer |
| **2000B** | **SBR** | | **Subscriber Information** | 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. |
| **2010BA** | **NM1** | | **Subscriber Name** | In Workers' Compensation, the Subscriber is the Employer. The name will usually be a non-person entity (i.e., an organization or company name). |
| **2000C** | **PAT** | | **Patient Information** | |
| | PAT01 | 20 | Patient's Relationship to Insured | Value must be '20' - Employee |
| **2010CA** | **NM1** | | **Patient Name** | |
| | 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). |
| **2010CA** | **REF** | | **Property & Casualty Claim Number** | Workers' compensation claim number assigned by the |

| Loop | Segment or Element | Value | Description | Texas Workers' Compensation Instructions |
|------|------|------|------|------|
| | | | | insurance carrier. Required for workers' compensation medical bills submitted electronically. |
| **2300** | **PWK** | | **Claim Supplemental Information** | 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. |
| **2300** | **HI** | | **Occurrence Information** | At least one Occurrence Code must be entered with value of '04' Accident/Employment Related. The Occurrence Date related to this Occurrence Code must be the Date of Occupational Injury/Illness. |
| **2300** | **HI** | | **Condition Information** | Required when a condition code applies. Required after January 1, 2009 when submitting a bill that is a duplicate or an appeal.<br><br>Resubmission condition codes include:<br>'W2' - Duplicate of Original<br>'W3' - 1st Level appeal (request for reconsideration or appeal with insurance carrier)<br>'W4' - 2nd Level appeal (resubmitted after receipt of TDI decision)<br>'W5' - 3rd Level appeal (resubmitted after receipt of hearing or judicial decision)<br><br>Condition codes are reported in the appropriate data element within this data segment, such as HI01-2, HI02-2, HI03-2, etc… |
| **2310A** | **REF** | | **Attending Physician Secondary Identifiers** | 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 |
| **2310B** | **REF** | | **Operating Physician Secondary Identifiers** | 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 |
| **2310E** | **REF** | | **Service Facility Location Secondary Identifiers** | Required when loop 2310E 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 |