



**PGBA.**

A CELERIAN GROUP COMPANY

# **TRICARE West**

## **HIPAA Transaction Standard Companion Guide**

**ASC X12N 837 (005010X223A2)  
Health Care Claim Institutional**

**Version 1.0  
October 2017**

### **Disclosure Statement**

Please note that the information in this guide is subject to change. Any changes will be available at [www.TRICARE-West.com](http://www.TRICARE-West.com).

This transaction set can be used to submit institutional claims for a subscriber or a dependent under the subscriber's policy.

The use of this document is solely for the purpose of clarification. The information describes specific requirements to be used in processing PGBA, LLC ASC X12/005010X223A2 Health Care Claim (837) transactions.

The claim responses sent by PGBA should not be interpreted as a guarantee of payment. Payment of benefits remains subject to all Health Plan terms, limits, conditions, exclusions and the member's eligibility at the time services are rendered.

## **Preface**

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with PGBA, LLC. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

Disclosure Statement.....	2
Preface .....	3
<b>1. INTRODUCTION.....</b>	<b>6</b>
Scope.....	6
Overview.....	6
References.....	6
Additional Information.....	6
<b>2. GETTING STARTED .....</b>	<b>6</b>
Working with PGBA.....	6
Trading Partner Registration.....	6
<b>3. TESTING WITH PGBA .....</b>	<b>6</b>
Table 1: Testing Process.....	7
Transition from Test to Production Status.....	7
Testing URLs for Batch through the HTTPS channel.....	7
<b>4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS.....</b>	<b>8</b>
Trading Partner Registration Process Flow.....	8
Figure 1: Process for Submitting 837 Transactions.....	8
Detailed information regarding Communication protocol specifications, Batch File Responses, Administrative Procedures including Schedule, Availability, Downtime Notification and Re-transmission Procedures can be found in the EDIG User Manual which is available on the EDI page at <a href="http://www.TRICARE-West.com">www.TRICARE-West.com</a> . .....	8
Security.....	8
<b>5. CONTACT INFORMATION .....</b>	<b>9</b>
EDI Customer Service.....	9
EDI Technical Assistance .....	9
<b>6. CONTROL SEGMENTS/ENVELOPES .....</b>	<b>9</b>
Interchange Control Structure (ISA/IEA) .....	9
Table 2: 837 ISA Segment Rules.....	10
Functional Group Structure (GS/GE).....	10
Table 3: 837 GS Segment Rules .....	11
Transaction set control numbers (ST/SE).....	11
<b>7. PAYER-SPECIFIC BUSINESS RULES AND LIMITATIONS .....</b>	<b>11</b>
General Structural Notes .....	11
Table 4: 837 Delimiters .....	12
<b>8. ACKNOWLEDGEMENTS AND ERROR CODES .....</b>	<b>12</b>
Report Inventory .....	12
Table 5: 837 Business Requirement Edits.....	13
<b>9. TRADING PARTNER AGREEMENTS.....</b>	<b>16</b>
<b>10. TRANSACTION SPECIFIC INFORMATION.....</b>	<b>17</b>
837 Health Care Claim Transaction.....	17
Information Source Level Structures .....	17
Table 6: Header .....	17
<b>APPENDIX A – IMPLEMENTATION CHECKLIST .....</b>	<b>19</b>
<b>APPENDIX B – SAMPLE 837 .....</b>	<b>19</b>
<b>APPENDIX C – TRADING PARTNER ENROLLMENT .....</b>	<b>19</b>

<b>APPENDIX D – CLEARINGHOUSE TRADING PARTNER AGREEMENT .....</b>	<b>20</b>
<b>APPENDIX E – REVISION HISTORY .....</b>	<b>21</b>
Table 6: Document Revision History .....	21

## 1. INTRODUCTION

### Scope

Providers, billing services and clearinghouses are advised to use the ASC X12N 005010X223A2 Health Care Claim Institutional (837) Implementation Guide as a basis for their submission of institutional claims. This companion document should be used to clarify the business rules for 837I data content requirements, batch file acknowledgment, connectivity, response time, and system availability specifically for submissions through the system.

### Overview

The purpose of this document is to introduce and provide information about PGBA's CAQH solution for submitting batch 837 transactions.

### References

CAQH CORE Phase IV	<a href="http://www.caqh.org/benefits.php">www.caqh.org/benefits.php</a>
ASC X12 TR3s	<a href="http://www.wpc-edi.com">www.wpc-edi.com</a>
Trading Partner agreements	<a href="http://www.TRICARE-West.com">www.TRICARE-West.com</a>
EDIG Technical User's Manual	<a href="http://www.TRICARE-West.com">www.TRICARE-West.com</a>

### Additional Information

- Submitters must have Internet (HTTPS) connection capability to receive 837I responses.
- The submitter must be associated with at least one provider in the PGBA provider database.
- Only batch 837 inbound files are supported.
- This system supports PGBA members only.

## 2. GETTING STARTED

### Working with PGBA

Providers, billing services, and clearinghouses interested in submitting 837I claims via PGBA should visit the Electronic Filing page under the Provider section at [www.TRICARE-West.com](http://www.TRICARE-West.com). There are several electronic claim filing options available. See section 5 for contact information if you have any questions.

### Trading Partner Registration

Trading partners must enroll with the PGBA EDI Gateway (EDIG). Prospective trading partners must complete and submit an EDIG Trading Partner Enrollment Form and the Trading Partner Agreement. Documents can be found on the EDI page at [www.TRICARE-West.com](http://www.TRICARE-West.com).

## 3. TESTING WITH PGBA

Trading Partners must complete basic transaction submission testing with PGBA. Tests must be performed for each X12 transaction type.

EDIG is available to assist with new Trading Partner testing Monday – Friday, from 9:00 AM to 5:00 PM EST.

**Table 1: Testing Process**

Testing Steps	Test Instructions
<b>Test Plan</b>	EDIG and the trading partner agree to a predefined set of test data with expected results. In addition, a plan must be developed for a test to production transition that considers volume testing and transaction acceptance ratios.
<b>Connectivity</b>	EDIG-supported connectivity protocols are listed in section 4 of this Companion Guide.
<b>Security</b>	EDIG will validate approved trading partners are submitting transactions allowed per PGBA enrollment applications.
<b>Data Integrity</b>	Data integrity is determined by EDIG’s TR3 editor. Testing cannot progress until a trading partner’s data receives no TR3 edit errors. EDIG expects there may be an occasional situation in which a trading partner’s TR3 edit interpretation differs from PGBA’s interpretation. EDIG will work with the trading partner to resolve such differences on an individual basis.
<b>Acknowledgment/Response Transactions</b>	Trading partners must demonstrate the ability to receive acknowledgment and response transactions.
<b>Results Analysis</b>	EDIG and the trading partner will review acknowledgment and response transactions for consistency with the predefined expected results.

**Transition from Test to Production Status**

When test results have satisfied the test plan and the Trading Partner Agreement has been executed, the trading partner’s submission status is changed from test to production. At this time the trading partner can begin to receive production transaction data.

**Testing URLs for Batch through the HTTPS channel**

Information regarding the HTTPS channel can be found in the Web Service Integration Requirements for External Partners on the EDI page at [www.TRICARE-West.com](http://www.TRICARE-West.com).

SOAP: <https://services.pgba.com/QA/9080/COREElectronicDataInterchange>

MIME: <https://services.pgba.com/QA/mimeapi/9080/COREElectronicDataInterchange>

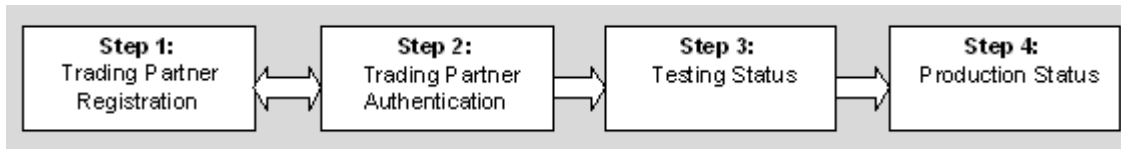
## 4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

### Trading Partner Registration Process Flow

To access the 837 application, potential Trading Partners need to register and obtain a trading partner ID from EDIG.

Figure 1 illustrates the high-level process for successfully registering as a Trading Partner and receiving 837 transactions:

**Figure 1: Process for Submitting 837 Transactions**



#### **Step 1: Trading Partner Registration**

Complete and submit the Trading Partner Enrollment Form and the Trading Partner Agreement. See the GETTING STARTED section of this Companion Guide.

#### **Step 2: Trading Partner Authentication**

EDIG will verify the information on the Trading Partner Agreement Form and approve or deny any Submitter ID requests.

#### **Step 3: Testing Phase**

EDIG will coordinate with a Trading Partner to send test transactions and verify that all systems involved can properly submit and receive X12 TR3 compliant transactions.

#### **Step 4: Production Phase**

Once testing is complete, a Trading Partner can begin submitting 837 transactions.

Detailed information regarding Communication protocol specifications, Batch File Responses, Administrative Procedures including Schedule, Availability, Downtime Notification and Re-transmission Procedures can be found in the EDIG User Manual which is available on the EDI page at [www.TRICARE-West.com](http://www.TRICARE-West.com).

### **Security**

All Trading Partners must assume full responsibility for the privacy and security of all beneficiary data. PGBA holds Clearinghouse Submitters responsible for the privacy and



security of claim submissions sent directly to them from Providers and requires them to be able to associate each inquiry with a Provider. Provider authentication must be established by the Clearinghouse outside of the transaction.

## 5. CONTACT INFORMATION

### EDI Customer Service

For general inquiries contact the EDI Customer service Help Desk at 1-800-325-5920, option 2 or [EDI.TRICARE@PGBA.com](mailto:EDI.TRICARE@PGBA.com).

### EDI Technical Assistance

All inquiries and comments regarding Trading Partner registration, connectivity set-up, transaction testing, and 837 transaction receipts should be directed to EDIG Operations.

EDIG Operations is available at 800-868-2505 or [EDIG.OPS@PalmettoGBA.com](mailto:EDIG.OPS@PalmettoGBA.com) Monday through Friday, from 8:00 AM to 5:00 PM EST.

NOTE: The EDIG Operations E-mail account is monitored during normal business hours. E-mails are typically answered within 3 business days.

## 6. CONTROL SEGMENTS/ENVELOPES

The following sections describe the 837 transaction requirements to be used in conjunction with the requirements outlined in the ASC X12 TR3. Adhering to these requirements will help ensure that transactions received by the 837 application will pass the specified business edits.

All references to the ASC X12 837 TR3 assume the version referenced in section 1 of this Companion Guide.

### Interchange Control Structure (ISA/IEA)

Table 2 describes the values to be populated in the ISA segment of the 837 transaction. The IEA segment should be populated as instructed by the ASC X12 TR3.

**Table 2: 837 ISA Segment Rules**

ISA01	Authorization Info Qualifier	03
ISA02	Authorization Information	EDIG assigned Trading Partner ID
ISA03	Security Information Qualifier	00
ISA04	Security Information	None
ISA05	Interchange ID Qualifier	01, 14, 20, 22, 27, 28, 29, 30, 33, ZZ (selected by trading partner)
ISA06	Interchange Sender ID	Assigned by trading partner
ISA07	Interchange ID Qualifier	30 (qualifier indicating U.S. Federal Tax Identification Number)
ISA08	Interchange Receiver ID	Destination Entity U.S. Federal Tax Identification Number*
ISA09	Interchange Date	Populated by trading partner
ISA10	Interchange Time	Populated by trading partner
ISA11	Repetition Separator	Assigned by trading partner
ISA12	Interchange Control Version Number	00501
ISA13	Interchange Control Number	Assigned by the trading partner (must be unique for 12 months)
ISA14	Acknowledgment Requested	Assigned by the trading partner
ISA15	Usage Indicator	P, T (production or test indicator)
ISA16	Component Element	Separator Assigned by the trading partner

**Functional Group Structure (GS/GE)**

Table 3 describes the values populated in the GS segment of the 837 transaction. The GE segment is populated as instructed by the ASC X12 837 TR3.

**Table 3: 837 GS Segment Rules**

GS01	Functional Identifier	Code Populated by trading partner
GS02	Application Sender's Code	EDIG assigned trading partner ID
GS03	Application Receiver's Code	Destination Entity U.S. Federal Tax Identification Number. Must be same as ISA08.*
GS04	Date	Populated by trading partner
GS05	Time	Populated by trading partner
GS06	Group Control Number	Assigned by trading partner (value must remain unique for one year)
GS07	Responsible Agency Code	X
GS08	Version/Release/Industry Identifier	Code populated by trading partner

**Transaction set control numbers (ST/SE)**

Trading Partners should follow the ST/SE guidelines outlined in the 837 TR3.

**7. PAYER-SPECIFIC BUSINESS RULES AND LIMITATIONS**

This section describes the business rules and limitations of the 837 application.

All references to the ASC X12 837 TR3 assume the version referenced in section 1 of this Companion Guide.

**General Structural Notes**

- Trading Partners should follow the ISA/IEA and GS/GE guidelines for HIPAA in Appendix C of the TR3 and follow the 999 and TA1 guidelines outlined in the Implementation Acknowledgement for Health Care Insurance.
- Trading Partners must follow the character set guidelines as defined in Section B.1.1.2.2 of the TR3.
- PGBA uses the delimiters in Table 4.

**Table 4: 837 Delimiters**

Character	Name	Delimiter
*	Asterisk	Data Element Separator
>	Greater Than	Component Element Separator
~	Tilde	Segment Terminator
^	Carat	Repetition Separator

## 8. ACKNOWLEDGEMENTS AND ERROR CODES

### Report Inventory

This table lists acknowledgment and response transactions returned to the trading partner when EDI Gateway receives HIPAA X12 transactions.

Transaction	Interchange Acknowledgment	TR3 Edit Results	Payer SIG Edit Results	Payer Appl. Edit Results
837*	TA1	999 is returned only to report errors.	Proprietary claim response reports.	Proprietary claim response reports.
837**	TA1	999 <sup>†</sup>	Proprietary claim response reports.	Proprietary claim response reports.

\* Batch of one: The most simple, singular request is contained in the ST/SE for a transaction.

\*\* Batch of many: All other record groupings.

<sup>†</sup> X12 Technical Report 3s (also known as Implementation Guides) are available that include format specifications for each transaction. The ASC X12 TR3s that detail the full requirements for these transactions are available at <http://store.x12.org/store>.

Table 5 lists the business requirement edits that appear on the response reports for claims accepted at the compliance level (999) but rejected at the business level (RPT/RSP).

**Table 5: 837 Business Requirement Edits**

Error Code	Edit Description
A53	<b>BIRTHING CENTER REV CODE-MUST BE OUTPATIENT</b> If the Service Line Revenue code (2400   SV201) is '724' then the second digit of the Facility Type Code (2300   CLM05-1) must not be '1'.
BH9	<b>ADMITTING DIAGNOSIS INVALID OR NOT ENTERED</b> The admitting diagnosis (2300   HI01-2) is invalid.
B02	<b>INVALID BILL CLASS - OF TYPE BILL</b> The second digit of the Facility Type Code (2300   CLM05-1) must equal '1', '2', '3', '4', '5', '6', '7', or '8'.
BT4	<b>PROC INVALID FOR DOS</b>
B20	<b>REVENUE CODE ----- INVALID</b> Revenue code (2400   SV201) not valid.
B22	<b>REVENUE CODE ----- TOTAL CHARGE INVALID</b> The Service Line Charge Amount (2400   SV203) must be > zero on each occurrence/line item (excluding revenue codes 0001,0022 and 0023).
B37	<b>SURGERY PROC REQD WITH SURGERY REVENUE CODE</b> If the service line revenue code range is '360' thru '369', then the Principal Procedure Code (2300   HI01-2, 2300   HI02-2, 2300   HI03-2, 2300   HI04-2, 2300   HI05-2) must be valid code. Only applies to inpatient claims with accommodations revenue code.
B59	<b>IMBEDDED BLANKS IN SPONSOR NAME</b> Spaces/blanks in Sponsor's Last Name (2010BA   NM103) or Sponsor's First Name (2010BA   NM104)
B67	<b>COND CODE-OCC CODE INCONSISTENT - EMP RELATED</b> If occurrence code (2300   HI01-2) = '04', then condition code (2300   HI01-2) must be '02'
B79	<b>1ST OCC CODE ----- DATE NOT VALID (2300   HI01-4)</b>
B80	<b>2ND OCC CODE ----- DATE NOT VALID (2300   HI02-4)</b>
B81	<b>3RD OCC CODE ----- DATE NOT VALID (2300   HI03-4)</b>
B82	<b>4TH OCC CODE ----- DATE NOT VALID (2300   HI04-4)</b>
B83	<b>5TH OCC CODE ----- DATE NOT VALID (2300   HI05-4)</b>
DGQ	<b>NDC# MUST BE 11 DIGITS</b> 2410 LIN03 must be 11 digits when LIN02 = N4.
DP1	<b>Duplicate of claim submitted same day</b>
DUP	<b>DUP - Duplicate of a claim paid in last 60 days</b>
EB6	<b>S AND R CODE NOT COMPATIBLE W/DIAGNOSIS CODE</b> Sex code (2010BA   DMG03 or 2010CA   DMG03) or relationship code (2000B   SBR02 OR 2000C   PAT01) are not compatible with gender or age specific diagnosis (2300   HI).
E05	<b>INVALID DATE OF BIRTH, ENTER AS CCYYMMDD</b>
H16	<b>CHARGE MUST BE GREATER THAN ZERO</b>
H64	<b>STATE IS INVALID</b> A) The Subscriber's State (2010BA/N402) or Patient's state (2010CA/N402) must be a valid state. B) If the Patient or Subscriber's (2010BA/N401, 2010CA/N401) city name is (first four bytes) 'APO' or 'FPO', then state must be one of the following 'AA', 'AC', 'AE' or 'AP'.

Error Code	Edit Description
H65	<b>INVALID SPONSOR ID</b> The Subscriber's Primary Identifier (2010BA/NM09) must be numeric and less than 12 bytes.
H68	<b>SUBS/SPON LAST/FIRST NAME MISSING OR INVALID</b> Subscriber Name (2010BA   NM103   NM104) must be alphabetic.
H83	<b>STATE AND ZIP CODE INCONSISTENT</b> State (2010AA, 2010BA / N402) and Zip Code (2010AA, 2010BA / N403) must be consistent.
HP3	<b>INVALID HCPCS CODE (2400 / SV202)</b>
HTC	<b>INVALID TREATMENT AUTHORIZATION CODE (2300/REF02 WITH G1 QUALIFIER)</b> For bill types equal to 322,332,327,337,328,329 or 339 that do not have condition code 21, are not for maternity or children under age 18, and the effective From Date of Service of the episode is on or after 01/01/08, the treatment authorization code must have the following format: Positions 1, 2, 5, 6 and 9 must be numeric. Positions 3, 4, 7 and 8 must be alphabetic. Position 10 must contain 1 or 2. Positions 11-18 must be alphabetic.
NB1	<b>BABY DIAG ON CHILD, NEED TOA=4 &amp; SOA= 5 OR 6</b> If the Diagnosis code "Industry code" (2300   HI01-2, HI02-2) or other diagnosis code (2300   HI01-2, HI01-2, HI02-2, HI03-2, HI04-2, HI05-2, HI06-2, HI07-2, HI08-2, HI10-2, HI11-2, HI12-2) is 'V300' thru 'V399', '7600' thru 7799' and the Admission type code (2300   C1101) is '4' then the Admission source code (2300   C1102) value must be '5' or '6'.
NP1	<b>INVALID BILLING PROVIDER NPI - (2010AA/NM109).</b> Billing NPI missing or invalid. NPI required for this loop and must pass Luhn-10. Must provide NPI if eligible; otherwise submit TRICARE provider number.
NP7	<b>INVALID SERVICE FACILITY LOCATION ID NPI - (2310E/NM109).</b> Service facility NPI missing or invalid. NPI required when this loop is sent and must pass Luhn-10.
N04	<b>DUT'S MUST EQUAL 1</b> Units must be at least 1 (2400 / SV205)
PST	<b>2000B/2320 SBR MUST BE P, S OR T</b>
PTD	<b>DATE OF SERVICE REQUIRED ON ALL LINES</b> For outpatient claims, the Service line date (2400   DTP03) must be valid.
QSE	<b>PRINCIPAL DIAGNOSIS IS NOT VALID (2300   HI01-2)</b>
QSF	<b>PRINCIPAL DIAGNOSIS CANNOT CONTAIN AN E-CODE (2300   HI01-2)</b>
Q69	<b>1ST DIAGNOSIS IS NOT VALID (2300   HI01-2)</b>
Q70	<b>2ND DIAGNOSIS IS NOT VALID (2300   HI02-2)</b>
Q71	<b>3RD DIAGNOSIS IS NOT VALID (2300   HI03-2)</b>
Q72	<b>4TH DIAGNOSIS IS NOT VALID (2300   HI04-2)</b>
Q73	<b>5TH DIAGNOSIS IS NOT VALID (2300   HI05-2)</b>
Q74	<b>6TH DIAGNOSIS IS NOT VALID (2300   HI06-2)</b>
Q75	<b>7TH DIAGNOSIS IS NOT VALID (2300   HI07-2)</b>
Q76	<b>8TH DIAGNOSIS IS NOT VALID (2300   HI08-2)</b>
QD9	<b>9TH DIAGNOSIS IS NOT VALID (2300   HI09-2)</b>
QDA	<b>10TH DIAGNOSIS IS NOT VALID (2300   HI10-2)</b>
QDB	<b>11TH DIAGNOSIS IS NOT VALID (2300   HI11-2)</b>
QDC	<b>12TH DIAGNOSIS IS NOT VALID (2300   HI12-2)</b>
QDD	<b>13TH DIAGNOSIS IS NOT VALID (2300   HI13-2)</b>
QDE	<b>14TH DIAGNOSIS IS NOT VALID (2300   HI14-2)</b>
QDF	<b>15TH DIAGNOSIS IS NOT VALID (2300   HI15-2)</b>
QDG	<b>16TH DIAGNOSIS IS NOT VALID (2300   HI16-2)</b>
QDH	<b>17TH DIAGNOSIS IS NOT VALID (2300   HI17-2)</b>
QDI	<b>18TH DIAGNOSIS IS NOT VALID (2300   HI18-2)</b>

Error Code	Edit Description
QDJ	<b>19TH DIAGNOSIS IS NOT VALID (2300   HI19-2)</b>
QDK	<b>20TH DIAGNOSIS IS NOT VALID (2300   HI20-2)</b>
QDL	<b>21ST DIAGNOSIS IS NOT VALID (2300   HI21-2)</b>
QDM	<b>22ND DIAGNOSIS IS NOT VALID (2300   HI22-2)</b>
QDN	<b>23RD DIAGNOSIS IS NOT VALID (2300   HI23-2)</b>
QDO	<b>24TH DIAGNOSIS IS NOT VALID (2300   HI24-2)</b>
QSD	<b>PRINCIPAL SURGICAL CODE INVALID (2300   HI01-1)</b>
Q78	<b>1ST PROCEDURE CODE IS INVALID (2300   HI01-2)</b>
Q79	<b>2ND PROCEDURE CODE IS INVALID (2300   HI02-2)</b>
Q80	<b>3RD PROCEDURE CODE IS INVALID (2300   HI03-2)</b>
Q81	<b>4TH PROCEDURE CODE IS INVALID (2300   HI04-2)</b>
Q82	<b>5TH PROCEDURE CODE IS INVALID (2300   HI05-2)</b>
Q83	<b>6TH PROCEDURE CODE IS INVALID (2300   HI06-2)</b>
RPO	<b>NEED PROVIDER PHYSICAL ADDRESS IN 2010AA OR 2310E.</b>
008	<b>INVALID BLOOD PINTS REPLACED</b> If the Value code (2300   HI01-2, HI02-2, HI03-2, HI04-2, HI05-2, HI06-2, HI07-2, HI08-2, HI09-2, HI10-2, HI11-2, HI12-2) is '39', the Value code associated amount (2300   HI01-5, HI02-5, HI03-5, HI04-5, HI05-5, HI06-5, HI07-5, HI08-5, HI09-5, HI10-5, HI11-5, HI12-5) must be numeric.
365	<b>MORE SPECIFIC DIAGNOSIS REQUIRED (2300 / HI)</b>
BG5	<b>STATE AND ZIP CODE INCONSISTENT-Institutional</b>
BT4	<b>PROC INVALID FOR DOS (2400 SV01-02)</b>
DGQ	<b>NDC# MUST BE 11DIGITS (2410 LIN03)</b>
DP1	<b>Duplicate of claim submitted same day</b>
DUP	<b>DUP – Duplicate of a claim paid in last 60 days</b>
EB6	<b>S AND R CODE NOT COMPATIBLE W/ DIAGNOSIS CODE (2400 SV101-2) or (2300 HI) is gender or age specific.</b>
H09	<b>TOTAL CHARGE MUST BE GREATER THAN ZERO (2300 CLM02)</b>
H10	<b>FROM DATE NOT ENTERED OR IS INVALID (2400   DTP03)</b>
H16	<b>CHARGE MUST BE GREATER THAN ZERO (2400   SV102)</b>
H64	<b>STATE IS INVALID (2010CA N402)</b>
H65	<b>INVALID SPONSOR ID (2010BA NM09)</b>
H68	<b>SUBS/SPON LAST/FIRST NAME MISSING OR INVALID (2010BA NM103)</b>
H76	<b>AMT PD BY OTHER CARRIER INVALID (2320 AMT02)</b>
LM1	<b>MODIFIER 1 IS INVALID [2400 SV101-3]</b>
LM2	<b>MODIFIER 2 IS INVALID [2400 SV101-4]</b>
LM3	<b>MODIFIER 3 IS INVALID [2400 SV101-5]</b>
LM4	<b>MODIFIER 4 IS INVALID [2400 SV101-6]</b>
N04	<b>DUT'S MUST EQUAL 1 (2400 SV101-2)</b>
NP1	<b>INVALID BILLING PROVIDER NPI (2010AA NM109)</b>
NP4	<b>INVALID REFERRING PROVIDER NPI (2310A NM109)</b>
NP5	<b>INVALID PAY-TO-PROVIDER NPI (2010AB NM109)</b>
NP6	<b>INVALID RENDERING PHYSICIAN NPI (2310B NM109)</b>
NP7	<b>INVALID SERVICE FACILITY LOCATION NPI (2310D NM109)</b>
PST	<b>PAYER RESPONSIBILITY CODE MUST EQUAL P, S or T (2000B 2320)</b>
QSE	<b>PRINCIPAL DIAGNOSIS IS NOT VALID (2300 HI01-2)</b>
QSF	<b>PRINCIPAL DIAGNOSIS CANNOT CONTAIN AN E-CODE (2300 HI01-2)</b>
Q69	<b>FIRST DIAGNOSIS IS NOT VALID (2300 HI01-2)</b>

Error Code	Edit Description
Q70	<b>SECOND DIAGNOSIS IS NOT VALID</b> (2300   HI02-2)
Q71	<b>THIRD DIAGNOSIS IS NOT VALID</b> (2300   HI03-2)
Q72	<b>FOURTH DIAGNOSIS IS NOT VALID</b> (2300   HI04-2)
Q73	<b>FIFTH DIAGNOSIS IS NOT VALID</b> (2300   HI05-2)
Q74	<b>SIXTH DIAGNOSIS IS NOT VALID</b> (2300   HI06-2)
Q75	<b>SEVENTH DIAGNOSIS IS NOT VALID</b> (2300   HI07-2)
Q76	<b>EIGHTH DIAGNOSIS IS NOT VALID</b> (2300   HI08-2)
REF	<b>REFERRING 2310A   REF01 MUST = G2</b>
RPO	<b>NEED PROVIDER PHYSICAL ADDRESS</b> (2010AA OR 2310C)
RXO	<b>DUPLICATE DIAGNOSIS CODE</b>
SLO	<b>SERVICE 2310C   REF01 MUST = G2</b>
SUP	<b>SUPERVISING 2310D   REF01 MUST = G2</b>
S04	<b>ORDERING 2420E   REF01 MUST = G2</b>
365	<b>MORE SPECIFIC DIAGNOSIS REQUIRED</b> (2300   HI01-2,etc.)

## 9. TRADING PARTNER AGREEMENTS

Trading Partner enrollment is required to submit 837 claims. Refer to the GETTING STARTED section of this Companion Guide under Trading Partner Registration for information regarding enrollment as a Trading Partner.

The trading partner must be set up as a submitter of the transaction on the Trading Partner table for electronic claims.

Trading Partners may not receive transactions to be executed as Usage Indicator (ISA15) = "P" until testing has been accomplished and approval to receive production transactions has been given.



## 10. TRANSACTION SPECIFIC INFORMATION

All references to TR3 in this section assume the ASC X12 TR3 837 version referenced in section 1 of this Companion Guide.

### 837 Health Care Claim Transaction

This section describes the values required by PGBA in the 837 Health Care Claim transaction.

Any segments or elements not referenced in Table 6 should be sent on the 837 per TR3.

### Information Source Level Structures

**Table 6: Header**

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that PGBA has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with PGBA and its subsidiaries' health plans.

In addition to the row for each segment, one or more additional rows are used to describe PGBA usage for composite and simple data elements and for any other information.

Page #	Loop ID	Reference	Name	Codes	Notes/Comments
71	N/A	BHT02	Transaction Set Purpose Code	00	All claim files must indicate "00" Original transmission
72	N/A	BHT06	Transaction Type Code	CH	All non-subrogation claims must be "CH" chargeable
75	1000A	NM109	Submitter Identifier		Must be assigned Trading Partner Submitter ID
80	1000B	NM103	Name Last or Organization Name		TRICARE

PGBA 837I 5010 Companion Guide

80	1000B	NM109	Receiver Primary Identifier		Must be 571132733
122	2010BA	NM102	Entity Type Qualifier	1	Entity type qualifier for subscriber name must = 1
157	2300	CLM	Claim Information		Can occur 100 times
157	2300	CLM08	Related Causes Code		'Y', 'N', 'W'
242	2300	HI	Condition Information		AA', 'AB', 'AD' = 'Y'
295	2320	SBR	Other Subscriber Information		Only 2 repeats of other subscriber allowed
350	2400	LX	Service Line Number		Can occur 50 times
354	2400	SV102	Monetary Amount	< 100000	Total charge at the line must be less than \$100,000 AND >0 except revenue codes 0180, 0022 and 0023.

## APPENDIX A – IMPLEMENTATION CHECKLIST

PGBA suggests entities use this information as a checklist of steps to become a submitter:

- Read and review the EDI Gateway Technical Communications User's Manual.
- Contact PGBA Technology Support Center at 803-736-5980 or 800-868-2505 with questions.
- Get user ID and password.
- Send at least one test transaction. (These tests must be performed for each different transaction type that a trading partner is approved to submit to EDIG.)
- Get approved to submit transaction in production.

## APPENDIX B – SAMPLE 837

This test example includes the minimum required data elements for a PGBA inbound 837 institutional health care claim.

```
ISA*03*7GWnnnnaan*00*      *ZZ*7GWnnnnaan  *ZZ*571132733
*170901*1059^A*00501*016077440*1*P*:-GS*HC*7GWnnnnaan*571132733*20170901*1059*16077440*X*0050
10X223A2~ST*837*0001*005010X223A2~BHT*0019*00*16077440*20170901*1059*CH~NM1*41*2*VENDOR
SYSTEMS*****46*7GWnnnnaan~PER*IC*VENDOR*TE*7065551555*EM*TECHNICAL@VENDOR.COM~NM1*4
0*2*TRICARE WEST*****46*99726~HL*1**20*1~NM1*85*2*HOSPITAL ENDOSCOPY CENTER OF EL
PASO*****XX*1033888888~N3*1300 MANY DRIVE*SUITE 180~N4*EL
PASO*TX*799024838~REF*EI*621777777~NM1*87*2~N3*PO BOX
300000~N4*NASHVILLE*TN*372305250~HL*2*1*22*0~SBR*P*18*****CH~NM1*IL*1*POLKIDOT*SHE*SHAN**
*MI*00777777700~N3*11637 MUCH DUNE DR~N4*EL
PASO*TX*79934~DMG*D8*19990206*F~NM1*PR*2*TRICARE WEST*****PI*99726~N3*P O BOX
7064~N4*CAMDEN*SC*290217064~CLM*002800137928*1265***83:A:1**A*Y*Y~DTP*434*RD8*20170830-
20170830~CL1*9*1*01~REF*D9*ZEPO2252129223X49~REF*G1*707285769~REF*EA*2BD01BCBCFA54C2DA
8BDDDB2537FD5B96~HI*ABK:K5900~HI*APR:K5900~NM1*71*1*PHYSICIAN MD*J
ESUS*A***XX*1568444444~PRV*AT*PXC*261QA1903X~LX*1~SV2*0490*HC:45378*1265*UN*1~DTP*472*D8*
20170830~REF*6R*CPSJGTJQO1V7~SE*37*0001~GE*1*16077440~IEA*1*016077440~
```

## APPENDIX C – TRADING PARTNER ENROLLMENT

Enrollment with the EDI Gateway requires prospective trading partners to complete and submit the PGBA EDIG Trading Partner Enrollment Form and the Trading Partner Agreement. The purpose of the PGBA EDIG Trading Partner Enrollment Form is to enroll providers, software vendors, clearinghouses and billing services as trading partners and recipients of electronic data. It is important you follow these instructions and complete all the required information. We will return incomplete forms to the applicant, which could delay the enrollment process.

The enrollment form is in the Appendix of the EDI Gateway Technical Communications User's Manual and is also available at the HIPAA Critical Center. You should complete enrollment forms electronically and email them to [EDIG.OPS@PalmettoGBA.com](mailto:EDIG.OPS@PalmettoGBA.com). Use your TAB key to move forward through the form fields or click your cursor in a desired field or box. Be sure to save the file after you have completed the form.

The Trading Partner Agreement is a legal document. All trading partners are required to print, complete and return the originally signed hard copy via mail prior to being moved to production status. The PGBA Trading Partner Agreements can be found at the HIPAA Critical Center. The PGBA Trading Partner Agreement can be found on [www.TRICARE-West.com](http://www.TRICARE-West.com) in the Electronic Claims Filing section.

If you are a prospective PGBA, LLC trading partner, print and mail a hard copy of the completed Trading Partner Agreement to:

**Palmetto GBA**  
**Attention: EDIG Operations, AG-280**  
**2300 Springdale Drive, Building One**  
**Camden, SC 29020-1728**

## **APPENDIX D – CLEARINGHOUSE TRADING PARTNER AGREEMENT**

The agreement can be downloaded from [www.TRICARE-West.com](http://www.TRICARE-West.com) "Electronic Filing" Page.

## APPENDIX E – REVISION HISTORY

Table 6 provides a summary of changes made to this document.

**Table 6: Document Revision History**

Version	Date	Description of Changes
1.0	10/01/2017	Add T2017 TRICARE West companion guide.