
UPMC HEALTH PLAN

HIPAA EDI Companion Guide
For
837 Professional Claims File

Companion Guide Version: 0.1

**Refers to the Implementation Guide Based on X12
Version 005010X222A1**

Overview

Batch file submissions

UPMC Health Plan accepts electronic claims in data file transmissions.

Providers who have existing relationships with clearinghouses should check with them regarding their ability to submit claims to UPMC Health Plan, and for specific payer IDs to be used. These clearinghouses are then responsible for reformatting the provider claim submissions to meet HIPAA standards and forwarding their claims on to the Health Plan.

In addition to clearinghouse claim submission, providers are able to submit their claims directly to UPMC Health Plan. Claim files can either be uploaded via a secure provider online connection, or via an automated FTP process using various secure methods including PGP encryption.

In order to submit EDI files directly to the Health Plan via upload on the provider portal, providers must:

- Use billing software that allows the generation of a HIPAA-compliant 837 professional or institutional file
- Have a sample 837 file exported from their billing system containing only UPMC Health Plan claims
- Have a computer with Internet access
- Have the ability to download and install a free Active-X secure FTP add-on,
- Complete testing and become certified with UPMC Health Plan

If you are interested in HIPAA-compliant EDI file submission, please refer to the additional set-up documents on this website. You can follow up with additional questions to the HealthPlanEDI@upmc.edu distribution group.

837 ISA Data Requirements

Sender/Receiver Values

- ISA05 = ZZ
- ISA06 = Submitter tax ID (or another pre-determined value)
- ISA07 = 33
- ISA08 = 95216
- ISA12 = 00501
- GS02 = Submitter tax ID (or another pre-determined value)
- GS03 = 95216
- GS08 = 005010X222A1

Note:

UPMC Health Plan uses the data submitted in the ISA06, ISA08, ISA09, ISA10, and ISA13 to determine duplicate files, so no two files should be submitted with the same data in all of the aforementioned ISA fields.

Provider/Facility Identification Numbers

- Loop 2010AA – Billing Provider
 - NM1 segment
NM108 = “XX”
NM109 = Billing provider NPI
 - REF segment
REF01 = “EI” or “SY”
REF02 = Billing provider tax ID or SSN
- Loop 2310A – Referring Provider (if applicable)
 - NM1 Segment
NM108 = “XX”
NM109 = Referring provider NPI
- Loop 2310B – Rendering Provider
 - NM1 Segment
NM108 = “XX”
NM109 = Rendering provider NPI

Subscriber/Member Identification Number

- Loop 2010BA – Subscriber Identification
 - NM1 segment
 - NM108 = “MI”
 - NM109 =
 - UPMC HP-assigned member ID (full 11-digits) of subscriber
 - For UPMC *for You* (Medicaid), 10-digit state assigned recipient ID
 - **Required.**
- Loop 2010CA – Patient Identification
 - No dependent level data (NM1*QC) should be sent within an 837 Electronic Claims file. All UPMC Health Plan members can be uniquely identified by Member ID number. According to the 5010 rules, no dependent level data should be sent if all members can be uniquely identified with a member ID, so this loop should not be submitted for UPMC Health Plan claims. UPMC has recognized the difficulties this has caused many providers, so it is acceptable to submit the member name, gender, and date of birth in the 2010CA loop, but submission of a member ID in this loop will cause a claim rejection

Requirements for submission of NDC data

The two segments required by UPMC related to proper submission of NDC data are the LIN and CTP segments which are located in the 2410 loop.

Below is an example of how the LIN and CTP segments should appear. In this example the * is the element delimiter and the ~ is the segment delimiter.

LIN**N4*57894003001~

- LIN01 is to be left blank
- LIN02 should contain N4 (this indicates the next element contains the NDC code)
- LIN03 should contain the actual NDC code – full 11 digits, no dashes

CTP***0*3*UN~

- CTP01 is to be left blank
- CTP02 is to be left blank
- CTP03 is to be left blank.
- CTP04 should contain the number of units
- CTP05 should contain the code for the unit of measure. This data will not be used by UPMC, but it is required by HIPAA when the CTP segment is submitted. With this in mind, you can submit the appropriate 2 character unit of measure code (F2, GR, ML, UN), or you may always send as UN.

In addition to these two new segments the standard required SV1 segment in the 2400 loop should contain the “J” code with it corresponding units. Below is an example of how the J-code and units should be sent.

SV1*HC:J1745*100*UN*30*11**1:2:3~

General Notes

- Each service line must be submitted with a non-zero unit value.
- Each claim must be submitted with a primary diagnosis code.
- UPMC will accept up to 99 service lines per claim. Any encounter with more than 99 service lines should be submitted on separate claims.

837 Professional Transaction Sample

Data Element	Value
Subscriber:	Clark S. Kent
Subscriber Address:	123 Fake St. Pittsburgh, PA 15123
Sex:	M
DOB:	May 3, 2006
Insurance ID#:	000000001-02
Payer ID #:	987654321
Patient:	Clark S. Kent
Primary Payer:	UPMC Health Plan
Submitter:	Line Medical Associates
EDI #:	010101010
Receiver:	UPMC Health Plan
EDI #:	101010101
Service Provider:	William J. Line, MD
Provider #	222222222
Address:	123 Pepper St. Pittsburgh, PA 15123
Contact Person and Number	Kevin, 412-454-1000
Patient Account Number	666666666
Date of Service:	4/5/2011
Place of Service:	Office
Principal Diagnosis Code:	V053
Secondary Diagnosis Codes:	V068 V0382
Revenue Codes	
Services:	HC
Professional Services Rendered:	90744 90698 90670
Line Item Charge Amounts	\$15.76, \$15.76, \$15.76
Total Charges:	\$47.28

Example 837 Data String

The following transmission sample illustrates the file format used for an EDI transaction, which includes delimiters and data segment symbols. The sample includes the ISA (Interchange Control) and GS (Functional Group) portions of a transmission, and only one ST/SE segment. This sample contains a line break after each tilde to provide an easy illustration of where a new data segment begins.

```
ISA*00*      *00*      *ZZ*010101010   *33*95216   *110406*0857^*00501*000000312*1*P*:~
GS*HC*010101010*95216*20110406*0857*312*X*005010X222A1~
ST*837*0001*005010X222A1~
BHT*0019*00*1*20110406*085755*CH~
NM1*41*2*LINE MEDICAL ASSOCIATES*****46*010101010~
PER*IC*KEVIN*TE*4124541000~
NM1*40*2*UPMC*****46*95216~
HL*1**20*1~
PRV*BI*ZZ*208000000X~
NM1*85*1*LINE*WILLIAM*J***XX*01010101~
N3*123 PEPPER ST~
N4*PITTSBURGH*PA*15123~
REF*EI*260110222~
PER*IC* KEVIN*TE*4124541000~
HL*2*1*22*0~
SBR*P*18**BEST UPMC FOR YOU*****CI~
NM1*IL*1*KENT*CLARK*S***MI*00000000101~
N3*123 FAKE STREET~
N4*PITTSBURGH*PA*15123~
DMG*D8*20060503*M~
NM1*PR*2*UPMC HEALTH PLAN*****PI*95216~
N3*1 CHATHAM CENTER 112 WASHINGTON*PO BOX 2995~
N4*PITTSBURGH*PA*15230~
CLM*2152414902600312*47.28***11::1*Y*A*Y*Y*B~
DTP*304*D8*20110405~
DTP*431*D8*20110405~
REF*D9*21524 149026~
HI*BK:V053*BF:V068*BF:V0382~
NM1*77*2*DOCTORS OFFICE*****XX*010101010~
N3*123 PEPPER ST~
N4*PITTSBURGH*PA*15123~
LX*1~
SV1*HC:90744*15.76*UN*1*11**1~
DTP*472*D8*20110405~
LIN**N4*00006498100~
LX*2~
SV1*HC:90698*15.76*UN*1*11**2~
DTP*472*D8*20110405~
LIN**N4*49281051005~
LX*3~
SV1*HC:90670*15.76*UN*1*11**3~
DTP*472*D8*20110405~
SE*41*0001~
GE*1*312~
IEA*1*000000312~
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