

UPMC HEALTH PLAN

ISA Data requirements

Sender/Receiver Values

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

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

- Professional Claims
 - 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
- Institutional claims
 - Loop 2010AA – Billing Provider
 - NM1 segment
 - NM108 = “XX”
 - NM109 = Billing provider NPI
 - REF segment #1
 - REF01 = “EI” or “SY”
 - REF02 = Billing provider Tax ID or SSN
 - Loop 2310A – Attending Provider (if applicable)
 - NM1 Segment
 - NM108 = “XX”
 - NM109 = Attending provider NPI

Notes:

- UPMC will accept claims submitted with legacy identifiers, as long as the provider’s NPI is submitted. The legacy ID will not be used to identify the provider, but the claim will not be rejected.
- In the rare instances where a referring provider does not have an NPI, the UPIN may be submitted to identify provider.

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 should be submitted
- Loop 2010CA – Member Identification (if patient is not the subscriber)
 - NM1 segment
 - NM108 = “MI”
 - NM109 = UPMC HP- assigned member ID (full 11-digits)

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 should contain the price per unit for the drug. UPMC will not use this data , so if it is not known, you may send 0, but the element is required by HIPAA when sending the CTP segment, so you cannot leave it 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. Fractional units will cause a claim denial.
- 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.