



emdeon®

## **X12 Institutional & Professional Claims**

### **Standard Companion Guide: Communications / Connectivity & Transaction Information**

**Instructions related to transactions based  
on ASC X12 Implementation Guides,  
version 005010**

**837 Professional Claim 005010X222A1  
837 Institutional Claim 005010X223A2**

**Companion Guide Version Number: 1.0**

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## Preface

Companion Guides (CG) may contain two types of data: instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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# Emdeon Communications/Connectivity Instruction

# 1 Communications/Connectivity Introduction

## 1.1 Scope

This document is to be used as a companion document to the Health Insurance Portability and Accountability Act (HIPAA) Implementation Guides. It is designed to provide the information necessary to facilitate electronic interchange of healthcare transactions with Emdeon. Electronic Data Interchange, or EDI, is a way of sending information from one computer to another. EDI helps providers and payers maintain a flow of vital information by enabling the transmission of claims and managed care transactions.

EDI connects providers, payers and other health care partners using computers and communications networks or modems and ordinary phone lines. It allows you to send and receive vital healthcare information electronically. Information is sent from your billing or practice management system to an EDI network where it is verified for accuracy and then sent straight through to the payer's computer systems.

At Emdeon, we partner with hundreds of practice management system vendors to bring you connectivity to our network. Upon request, we can supply you with a list of our Networked Partners.

As an industry leader with decades of experience, Emdeon provides EDI solutions and connectivity to more than 500,000 providers and 1,200 payers for claim, ERA and real-time eligibility and benefit verification transactions. With Emdeon, you will benefit through:

- The nation's largest clearinghouse with the greatest provider reach in the industry
- Multiple transaction types in HIPAA-compliant formats
- Available data verification and edits that reduces rejections
- No additional software to install
- Expert and efficient implementation

## 1.2 Overview

This section is composed of the following sections:

- **Section 1 Communications/Connectivity Introduction:** Scope, overview, and related references.

- **Section 2 Getting Started:** How to interact with Emdeon's implementation team, how to register as a trading partner and complete payer enrollment, and an overview of testing and certification.
- **Section 3 Testing with Emdeon:** Details about the testing and certifying process.
- **Section 4 Connectivity with Emdeon/Communications:** Transmission administrative procedures, communication protocols, and security protocols.
- **Section 5 Contact Information:** How to get help.
- **Section 6 Control Segments/Envelopes:** ISA/ISE and GS/GE values specific to Emdeon.
- **Section 7 Acknowledgements:** Information about Emdeon's use of acknowledgements.
- **Section 8 Change Log:** List of changes to this guide, in reverse-chronological order.

## 1.3 References

### 1.3.1 ASC X12 Type 3 Technical Reports

ASC X12 publishes implementation guides, known as Type 3 Technical Reports (TR3's), which define the data contents and compliance requirements for the health care implementation of the ASC X12N/005010 transaction sets. The following TR3's are referenced in this guide:

- ASC X12N/005010X222A1 Health Care Claim: Professional (837P)
- ASC X12N/005010X223A2 Health Care Claim: Institutional (837I)

You can purchase these copyrighted guides from the ASC X12 store at <http://store.x12.org/>.

### 1.3.2 Emdeon Web Resources

The following resources are available on Emdeon's website ([www.emdeon.com](http://www.emdeon.com)):

#### 1.3.2.1 Payer List

The payer list at [www.emdeon.com/payerlists/](http://www.emdeon.com/payerlists/) provides information about the payers Emdeon supports, including the payer ID and the payer's enrollment requirements.



See **Trading Partner Registration** for more information and instruction on payer lists and the enrollment process.

### 1.3.2.2 Enrollment Information

For enrollment forms and instructions, see [www.emdeon.com/enrollment](http://www.emdeon.com/enrollment).

### 1.3.2.3 HIPAA Assistance

For information on the HIPAA ASC X12 005010 transaction sets along with the errata for each, visit [www.hipaasimplified.com/](http://www.hipaasimplified.com/), and select the appropriate category from the list provided.

## 2 Getting Started

Offering dedicated resources and on-going communication and support, Emdeon's team of highly trained professionals helps business partners experience accurate and timely implementation for claim and ERA transaction capability. As an implementing partner, you will receive:

- A single business contact throughout the implementation process
- Continuous communication & status updates
- Detailed implementation project plans
- Reliable, flexible, secure systems and state-of-the-art technology
- Post-production monitoring

The Emdeon Implementation department works with two sets of users – new and converting. Before embarking on your implementation process, please review the options with your Emdeon contact.

### 2.1 Working Together

The Submitter Implementation Department at Emdeon works with a diverse group of customers that include practice management software vendors, clinics, hospitals, etc. Each customer type has unique requirements and processes required to do business. With that in mind, Emdeon structured the implementation process to prepare customers to submit production transactions with a high degree of comfort and knowledge.



*For customers following a guided implementation, any concerns should be discussed with your primary contact in Account Management or Implementation*

*before contacting customer or technical support.*

During the Implementation process, the customer becomes familiar with Emdeon system processes, edits, reports, resources, and enrollment. In addition to a structured implementation process, Emdeon offers access to its services and payers through a variety of communication methods.

Existing trading partners that are introducing a new line of business will need to work with Account Management to complete the necessary documentation for a new transaction type. New trading partners are assigned an Implementation Analyst (IA) once the contract is approved. The IA or Account Representative will be your primary contact throughout the implementation process.

In addition, throughout your association with Emdeon, you will have access to the following support resources:

- ON24/7, our all hours customer service portal, allows our Trading Partners direct access to our Activity Tracking application,
- Emdeon Vision, our web-based claim management application, and
- Our Community Portal, a third-party X12N validation and certification site, to allow your organization to verify X12N syntax and HIPAA rules prior to submission.

All issues or concerns while in production or self-directed implementation should be logged to ON24/7. For customers following a guided implementation, any concerns should be discussed with your primary contact in Account Management or Implementation before contacting customer or technical support. All other inquiries may be resolved via the Provider Direct Line at 866-742-4355.

## 3 Trading Partner Registration

### 3.1 Enrollment

Enrollment is required to set up your system with access to the payers and transactions you need. This may include both Emdeon Setup and Payer Registration. Though your Emdeon contact will guide you through the process, this section is provided for your reference. After completing your Emdeon Enrollment, you may continue to Payer Enrollment. Emdeon provides the payer enrollment forms and manages the approval process for our trading partners. Enrollment includes the following processes:

- Payer List Review
- Emdeon Setup
- Payer Registration

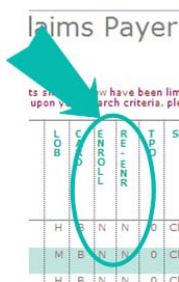
### 3.1.1 Payer List Review

To determine if the transaction type you are interested in is available from the payer(s) desired, you will need to review the Payer List. The Payer List also indicates what, if any, Payer enrollment is required. To generate the payer list, follow the steps below.



*The information on the Payer List provides a guide to the registration requirements. For confirmation, please review the instructions and details associated with the payer under the Enrollment Forms section of the web site.*

1. From the Emdeon web site ([www.emdeon.net](http://www.emdeon.net)), select the Payer Lists link under the Resources section of the left-hand navigation panel.
2. Click the Medical / Hospital / Dental Payers link (<https://access.emdeon.com/PayerLists/>) to launch the Payer Lists page.
3. Make your choices from the fields present to narrow the results.
4. Click the View List button to view your results. Alternatively, click the Download List button to generate a spreadsheet file for use locally.
5. Assuming you filtered your list to include only the payers applicable to your organization and line of business, review the results for the payer requirements. Use the View Legend button for a brief description of each column.



The screenshot shows a table with columns labeled 'Enroll', 'Re-Enroll', and 'First-time'. A red arrow points to the 'Enroll' column. The table content is partially obscured but shows values like 'Y', 'N', and 'O'.

The fields important to the Emdeon enrollment process are the *Enroll* and *Re-Enroll* columns, which contain the values described below:

#### Enroll Column

This column provides an indicator that describes the **first-time** enrollment requirements for the payer.

*“First-time” refers to the clearinghouse you use to submit your claims. Though you may be submitting to the payer, if your clearinghouse is new to the payer, you will need to complete a first-time enrollment to associate your organization with your new clearinghouse in the payer’s system.*

The **Enroll** column may display one of the following values, defined below:

Indicator	Definition	Description
A	(A)UTO APPROVED	A value of A indicates that Payer Registration and Emdeon Setup is required, In addition, before you may begin transmitting, you will need to receive Payer Approval – authorization directly from the payer. OR CLAIMS WILL REJECT
N	(N)OT REQUIRED	A value of N indicates that no registration, setup, or approval notification is required for this payer.
P	(P)ROVIDER	A value of P indicates that you will need to contact the payer to determine the enrollment requirements in Payer Registration. No Emdeon Setup is required. Do not begin claims submission until all payer requirements have been met.
R	(R)EGISTRATION	A value of R indicates that Payer Registration and Emdeon Setup are required. For claims, do not submit claims until you receive Emdeon Approval – authorization notification from Emdeon
S	(S)ETUP ONLY	A value of S indicates that only Emdeon Setup is required. No approval is necessary.

### Re-Enroll Column

This column provides a single indicator that describes the payer's *re-enrollment* requirements. Payer re-enrollment is necessary for new transactions *if you are currently submitting claims to this payer*. The **Re-Enr** column may display one of the following values, defined below:

Indicator	Definition	Description
A	(A)UTO APPROVED	A value of A indicates that Emdeon Setup and Payer Registration are required. In addition, before you may begin transmitting, you will need to receive Payer Approval – authorization directly from the payer.
N	(N)OT REQUIRED	A value of N indicates that no re-registration, setup, or approval notification is required for this payer.
P	(P)ROVIDER	A value of P indicates that you will need to contact the payer to determine the enrollment requirements in Payer Registration. No Emdeon setup is required. Do not begin claims submission until all payer requirements have been met.
R	(R)EGISTRATION	A value of R indicates that Payer Registration and Emdeon Setup are required. For claims, do not submit claims until you receive Emdeon Approval – authorization notification from Emdeon
S	(S)ETUP ONLY	A value of S indicates that this is that only Emdeon Setup is required. No approval is necessary.

Once you identify the payer re-enrollment requirements, follow the appropriate procedures below.



*After completing the enrollment requirements, in many cases you will need to wait for approval from Emdeon or the Payer before you may submit claims.*

### 3.1.2 Emdeon Setup

Emdeon enrollment consists of providing the information that enables a submitter to send and receive claims and ERA information.

1. From the Emdeon web site ([www.emdeon.net](http://www.emdeon.net)), select the **Payer Lists** link under the *Resources* section of the left-hand navigation panel.
2. Click the *Enrollment Forms* link (<http://www.emdeon.com/enrollment/>) to launch the **Payer Enrollment** page.
3. To setup your system with Emdeon or to make modifications to your existing setup, select the **Setup Forms** link at the bottom of the **Enrollment Categories** panel.



*All other links open the payer-specific provider enrollment forms for the selected category.*

4. From the page that appears, select the appropriate form from the list. Each form is defined in under the **Setup Forms** topic below.
5. Submit the completed forms to the contact information at the bottom of the form.

#### Setup Forms

To enroll with Emdeon, you will use one or more of the forms described below. All forms are available under the **Setup Forms** category on the **Payer Enrollment** ([www.emdeon.com/enrollment](http://www.emdeon.com/enrollment)) page of the Emdeon web site.

##### Provider Setup Form (PSF)

Use the PSF associated with your line of business (Claims, ERA, or Real Time) to initiate your Emdeon Setup. This form is for *new Emdeon partners* or existing partners with a new software vendor.

##### Change Delete (CDF) form

Use the CDF associated with your line of business (Real-Time/Claims or ERA) if you are an *existing Emdeon partner* and need to modify your payer associations. This form is also needed when re-enrolling if the **Re-Enr** column includes **S**, **R**, or **A**.

### Change of Vendor letter (COV)

Use the COV to notify Emdeon that you have changed software vendors. The COV letter must be signed and submitted with a new PSF.

### ERA Merge Group PSF

Use the ERA Merge Group PSF if you require specific routing instructions for their remittance files. This form allows you to provide explicit ERA routing instructions to Emdeon.

### Emdeon ePayment Enrollment Multiple Accounts

Use this form to identify multiple accounts and associated payers for electronic fund transfers.

### Emdeon ePayment Enrollment Single Account

Use this form to identify a single account for electronic fund transfers.

### 3.1.3 Payer Registration

From the Emdeon web site ([www.emdeon.net](http://www.emdeon.net)), select the **Payer Lists** link under the *Resources* section of the left-hand navigation panel.

1. Click the *Enrollment Forms* link (<http://www.emdeon.com/enrollment/>) to launch the **Payer Enrollment** page.
2. Select the appropriate line of business from the **Enrollment Categories** panel.
3. Locate the payer on the resulting page and follow the link to access the necessary form.



*Some links may redirect you to another site or may simply provide the payer-specific form.*

4. Submit the completed form to the location noted within the form.

## 3.2 Certification and Testing Overview

Testing consists of submitting claims, validating the data, and certifying multiple transmissions.

Certification for a new implementation requires the successful submission of 100 test claims with a validation percentage that meets or exceeds 95%. Certification for a conversion project begins by submitting the same volume of test claims as a full day's production volume in a minimum of three files. The rejection rate on the test claims in a conversion project cannot exceed the current production-level rejection rate.

Once you receive 5010 certification, you may begin submitting 5010-certified transactions within the production environment.

## 4 Testing with Emdeon

During testing, Emdeon gives our vendors a guided implementation process with an Implementation Analyst or a self-directed process using ON24/7, Emdeon's customer self-service portal.



*Your Implementation Analyst or Account Representative will provide you with login information and instruction to ON24/7. See the EDI Customer Service section for more information on ON24/7.*

Every project is guided to the point that connectivity is assured and a fundamental understanding of the Emdeon process is reached, but with the release of 5010, all vendors will be able to access the 5010 Conversions module of ON24/7 to test transactions independently. This functionality provides the ability to initiate a format conversion project, upload test files, engage in two-way communications with Emdeon and generate file- and claim-level reports to guide your 5010 conversion project.

Both implementation approaches follow the requirements and guidelines described under the topics listed below.

- Test Process
- Acceptable File Formats
- Allowable Character Set
- Emdeon Processing Hours

Before you begin your project, please discuss the options available with your Implementation Analyst or Account Representative.

## 4.1 Test Process

Once connectivity is established, testing a new implementation or a format conversion is a three-step process:

- Submission
- Validation
- Certification



*Please review the Control Segments/Envelopes section before submitting files.*

### 4.1.1 Submission

The process of submitting test files varies based on the selected platform and the implementation method. Discuss the options (see the *Communication Protocols* section) with your Implementation Analyst or Account Representative for the best approach.

In a guided implementation, you will log a ticket to the ON24/7 application that includes the following information:

- Tracking/Reference number
- Number of claims submitted
- Time and date of submission
- Submitter ID
- Line of Business

This ticket provides your Implementation Analyst with the information needed to process the files.

Self-directed format conversion projects will require a similar ticket, but will not require an Emdeon personal response. In both scenarios, processing will complete within 24 hours.

### 4.1.2 Validation

After the file is submitted, you will receive a **File Syntax Acknowledgement** (997) or an **Implementation Acknowledgement** (999) within 24 hours. Use the received acknowledgement to verify that the file was received and the file structure can be processed. If the acknowledgement indicates failure, take the corrective steps necessary and resubmit.



*A 997 or 999 file-level acknowledgement is not a guarantee that your claims were accepted.*

Once the file is acknowledged, Emdeon ensures that the required fields are present and readable. The results of this verification are provided in the **Emdeon Batch Transaction Report**, which is delivered to your client mailbox.

#### 4.1.3 Certification

Certification for a new implementation requires the successful submission of 100 test claims with a 95% acceptance rate. Certification for a conversion begins by submitting the same number of test claims as an average day's production volume in a minimum of three files. The rejection rate on the test claims in a conversion project cannot exceed the current production-level rejection rate.

You will receive confirmation from your Implementation Analyst in the form of a certification letter. Once certified, you will receive the credentials and authorization necessary to submit in live production.

#### 4.1.4 Emdeon Processing Hours

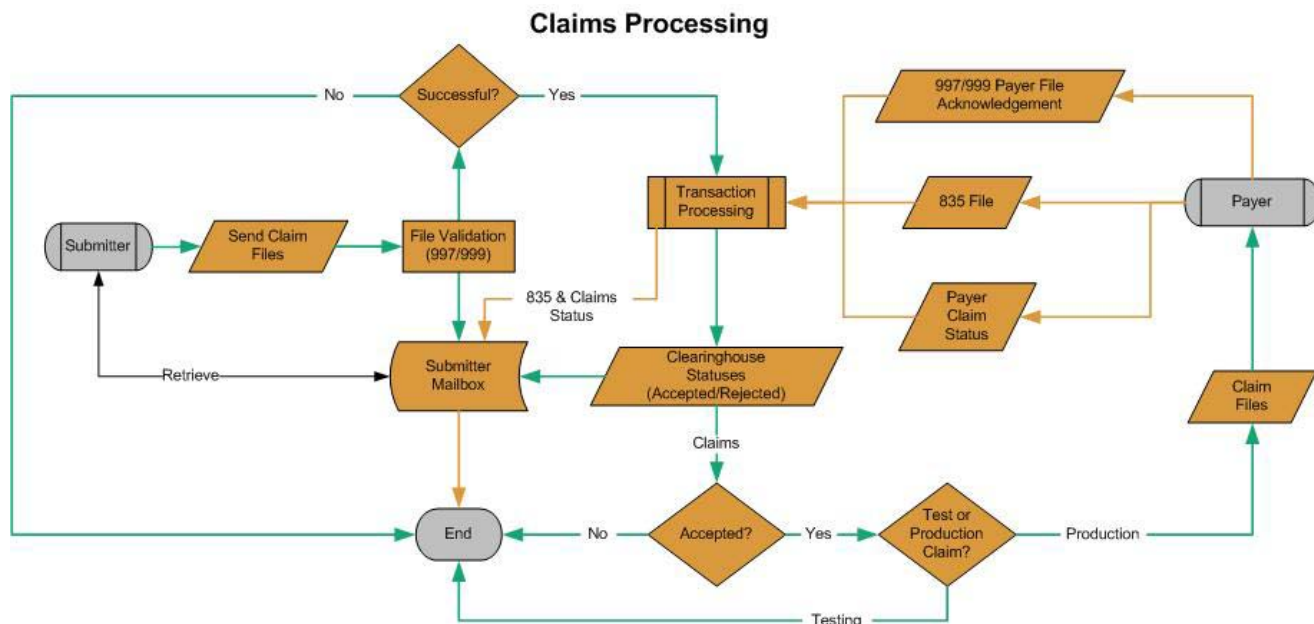
Claim files may be submitted at any time of the day or night except for Sunday from 1:00 a.m. to 7:00 a.m. CST, which may be used for planned systems maintenance. Claims are processed and delivered throughout the day beginning at 5:00 a.m. central time Monday through Saturday. Claim file delivery times and frequency are based on a pre-determined schedule that has been agreed upon by Emdeon and each Payer.

Even though claims may be submitted at any time, daily processing Monday through Friday ceases at 8:30 p.m. CST. All data files *completely* received at cut-off will be formatted for batch production processing. Any file submitted after the cut-off times will be held and accumulated until processing resumes the following weekday.

## 5 Connectivity with Emdeon / Communications

### 5.1 Process Flows

Below is the illustrated flow of claims processing.



In summary, the Submitter sends a file marked as (P)roduction or (T)est as indicated using a P or T in segment in ISA15. The file is validated for required elements and syntax. The results of the validation are posted to the Submitter’s mailbox for the Submitter to retrieve as desired. If the file passes validation, it continues to Transaction Processing. The results are available in statuses generated through the Clearinghouse. At this point, Test transactions and rejected production claims end their EDI workflow. Accepted production claims continue to the Payer.

The Payer returns an acknowledgement at the point that they receive the processed 837 claim files. During the Payer’s processing, most payers will return a claim status message. Once the claim has been adjudicated at the Payer, an 835 response is returned to Emdeon. After Emdeon processing completes, Emdeon logs the Acknowledgements and sends all Payer responses to the Submitter’s mailbox.

### 5.2 Transmission Administrative Procedures

#### 5.2.1 Retransmission Procedures

Emdeon does not routinely perform retransmissions. When there is a problem with the file submitted to Emdeon, it is the responsibility of the Trading Partner to resubmit.

## 5.3 Communication Protocols

Emdeon allows connections using multiple protocols. Each communication method is described below. Your Emdeon resource will discuss each option and provide detailed configuration guidance as needed.

### 5.3.1 Sterling Gentran®

IBM® Sterling Gentran® is a third party product providing an EDI and data translation solution that supports multiple protocols. Emdeon supports connectivity with this product through one of the methods listed below. Once the protocol is installed, work with Emdeon's technical staff for the credentials to connect.

**Secure File Transfer Protocol (SFTP):** A secure FTP protocol provided by a third party service of your choosing.

**Sterling® Connect:Direct:** Formerly Network Data Mover (NDM), Connect:Direct is a point-to-point file transfer software designed to handle high volume processing efficiently.

### 5.3.2 CommServer

CommServer is an old style dial-up / modem bulletin board system, which allows asynchronous file transfers. Clients receive credentials to upload claim files and download reports securely.



*If you have a dedicated internet connection at your site, Emdeon strongly encourages submitters to choose one of the FTP communication methods below rather than CommServer dial-up.*

### 5.3.3 File Transfer Protocol (FTP)

FTP is a standard network protocol designed to copy individual files from one host to another. Emdeon supports three FTP methods, described below. Each require a dedicated internet connection at the submitter's site.

**FTP Internet-PGP:** Direct connect or aggregating submitters should use this communication method. This method secures file exchange through an Emdeon FTP account and Emdeon-supplied encryption keys.

**Internet Transaction Services (ITS):** ITS allows clients to FTP claims via a secure Emdeon portal communication method. Credentials are defined by Emdeon and delivered by your Implementation Analyst.

**Virtual Private Network (VPN):** This method will allow clients to FTP their files through a secure point-to-point VPN “tunnel” connection over the internet. There is additional cost associated with this method.

### 5.3.4 Communication Standards

Regardless of the method selected, file submissions must follow specific guidelines. Your Implementation Analyst or Account Representative should provide the technical specifics to electronically submit your files to Emdeon using the selected Communication Protocol. In addition, all transmissions should follow the guidelines below.

#### Acceptable File Formats

Emdeon accepts X12 transactions in a continuous stream using delimiters to denote the end of the data. However, some communications protocols require the data to be in wrapped 80-byte format. Emdeon accepts both formats. Trading Partners who wish to use a continuous stream must inform the Implementation Analyst prior to testing with Emdeon.

#### Allowable Character Set

Emdeon supports the Basic Character Set and Extended Character Set as defined by the American National Standards Institute (ANSI) with the exceptions below.



*Please refer to page three in Appendix B of the ASC X12N TR3 for more information on the ANSI Character Sets.*

The characters below are used as delimiters in the claim translations. Please refer to the **Delimiters** section in the **Transaction Instruction** portion of this guide.

- \* (Asterisk)
- ^ (Carat)
- :
- ~ (Tilde)

In addition, under all circumstances the following characters are removed from the content prior to transmitting to the receiver.

- & (Ampersand)
- < (Less than)
- > (Greater than)
- ' (Single quote)

## 6 Contact Information

### 6.1 EDI Customer Service

#### ON24/7

Emdeon's ON24/7 portal enables Emdeon business partners to submit, receive, and update service requests as well as access other support applications and tools via a single web-based application. ON24/7 is the support tool of choice for Emdeon channel partners and direct submitters, as it is web-based and available 24 hours, 7 days a week year-round. As a single source for support, it provides our partners with the ability to report and receive service requests or escalations and automated, up-to-date statuses in a secure, online portal.

Once your Emdeon representative provides you with the credentials, use the link below:

 <https://clientsupport.emdeon.com>

#### Phone Support

Support is available Monday through Friday from 7:00 a.m. to 7:00 p.m. central time on the Provider Direct line 866-742-4355.

### 6.2 Applicable Websites

The address for the Emdeon website is [www.emdeon.com](http://www.emdeon.com). Visit Emdeon's HIPAA Simplified ([www.hipaasimplified.com](http://www.hipaasimplified.com)) for a detailed Gap Analysis and other HIPAA 5010 Documents including FAQs, Issues and Challenges, and other artifacts.

## 7 Control Segments/Envelopes

Control Segments / Envelopes are used to provide information about the trading partner and the type of information contained within the transmission. The Control Segments for most of the health care transactions are comprised of an Envelop (ISA-IEA); a Functional Group Header (GS/GE); and a Transaction Set (ST/SE). Information about the Interchange and Functional Group are contained in Appendix C of the TR3 documents.

### 7.1 ISA-IEA

Information in the Interchange Control Header must represent the information necessary to identify trading partners. Prior to implementing with Emdeon, a submitter and receiver of the transactions must obtain their trading partner numbers. These will be provided during the initial implementation.

The ISA/IEA Segment elements all have a minimum and maximum set to the same value. This requires that all positions within this segment must be filled. For example, the Emdeon receiver identification number in ISA08 is a 9 digit number making it necessary to complete the length of the element with spaces before ending the element with the delimiter (\*).

The Interchange Acknowledgement is the TA1 and Emdeon will return a TA1 Acknowledgement upon request of the submitter by indicating a value of 1 in ISA14. All errors within the ISA/IEA will result in a TA1 with a rejection status.

ISA	ELEMENT NAME	SUBMITTERS	RECEIVERS
ISA01	Authorization Information Qualifier	00	
ISA03	Security Information Qualifier	00	
ISA05	Interchange ID Qualifier	ZZ	
ISA06	Interchange Sender ID	Vendor Tax ID or unique identifier assigned during initial implementation.	133052274 + 6 spaces
ISA07	Interchange ID Qualifier	ZZ	
ISA08	Interchange Receiver ID	133052274 + 6 spaces	Vendor Tax ID or unique identifier assigned during initial implementation.
ISA09	Interchange Date		Generated by translator and set to the date <u>Emdeon</u> created the file.
ISA10	Interchange Time		Generated by translator and set to the time <u>Emdeon</u> created the file.
ISA11	Repetition Separator <sup>1</sup>	^	
ISA16	Component Sub-element Separator <sup>1</sup>	:	
1 See <i>Delimiters</i> in the Transaction Instruction section for more information			

## 7.2 GS-GE

Element	Value	Additional Notes and Conditions
GS02	The Emdeon Sender/Receiver code is 133052274. The Payer Sender/Receiver code is The Vendor's nine-digit Tax ID or unique value assigned during implementation.	
GS03		
GS04		Generated by translator and set to the date <u>Emdeon</u> created the file.
GS05		Generated by translator and set to the time <u>Emdeon</u> created the file.

## 8 Acknowledgements and Reports

### 8.1 Acknowledgements

#### 8.1.1 Submitter Acknowledgment Guidance

The following lists the Emdeon implementation guidance for supporting claim acknowledgement transactions in response to a submitted 837 5010 claim file.



*Emdeon strongly recommends that submitters accept claim acknowledgement transaction responses.*

#### **837 5010 Claim File received from Submitters:**

Emdeon generated acknowledgement transactions in response to an 837 5010 claim file received from a submitting trading partner:

- Emdeon shall provide a 005010 TA1 Interchange Acknowledgement provided it is requested by the submitter (ISA14=1)
- Emdeon shall provide either a 999 Implementation Acknowledgement or a 997 Functional Acknowledgement based on submitter preference.
- 005010X231A1 999 Implementation Acknowledgement for Healthcare Insurance
- 005010X230 997 Functional Acknowledgment for Healthcare Insurance
- Emdeon will offer both a human readable or standard X12 response for both the 999 and 997
- Emdeon will advise the sending trading partner of syntax errors only when Emdeon cannot technically accept the file due to critical syntax errors. Emdeon will accept files / transactions whenever technically possible for downstream validation resulting in an Emdeon claim level rejection or clean claim to the payer.



*Emdeon will not report any implementation guide rule errors in 999 reporting.*

- Emdeon shall provide claim level clearinghouse validation reporting of the acceptance or rejection status of the claim. The reporting options are:
  - Emdeon Vision for Claim Management,
  - Emdeon Reporting – Human Readable, Portrait or Landscape
  - Emdeon Reporting - Machine Readable
  - 004040X167 277 Healthcare Claim Acknowledgment

- 005010X214 277 Healthcare Claim Acknowledgment (277CA)
- Both 277 versions will include support of claim level STC12 (free-form text). This will be utilized to support Emdeon structured Standardized Messaging
- 005010X221A1 835 Healthcare Claim Payment Advice



*Per the WEDI Acknowledgement Requirements White Paper, ([www.wedi.org](http://www.wedi.org)) the WEDI recommended responses to an 837 5010 claim file submission are as follows:*

- 005010 TA1 Interchange Acknowledgement
- 005010X231A1 999 Implementation Acknowledgement for Healthcare Insurance
- 005010X214 277 Healthcare Claim Acknowledgment
- 005010X221A1 835 Claim Payment

### 8.1.2 Receiver Acknowledgment Guidance

The following documents the Emdeon implementation guidance for supporting claim acknowledgement transactions received in response to an Emdeon 837 5010 file submission to a receiving trading partner.



*Emdeon strongly recommends that payers return acknowledgement, claim status, and ERA transaction responses.*

#### 837 5010 Claim File received from Emdeon:

Payer generated claim acknowledgement and status transactions in response to an 837 5010 claim file sent from Emdeon:

- Emdeon shall accept a 005010 TA1 Interchange Acknowledgement in response to an 837 5010 claim file sent from Emdeon
- Emdeon shall accept either a 999 Implementation Acknowledgement or 997 Functional Acknowledgement based on payer preference
- 005010X231A1 999 Implementation Acknowledgement for Healthcare Insurance
- 005010X230 997 Functional Acknowledgment for Healthcare Insurance
  - Emdeon shall accept the following claim level status responses to an 837 5010 claim file:
- 005010X214 277 Healthcare Claim Acknowledgment (Includes support of claim level STC12 free-form text.)

- 005010X213 277: Health Care Claim Request For Additional Information
- 005010X228 277: Health Care Claim Pending Status Information
- Emdeon shall also continue to support the following:
  - Emdeon Claim Status Overlay (CSO) Format
  - Payer Proprietary Claim Status Reporting
  - All existing X12 acknowledgement transaction versions
  - Emdeon will accept the following claim payment remittance advice
- 005010X221A1 835 Claim Payment/Advice
- Emdeon will also continue to support the following:
  - All existing X12 Claim Payment Remittance Advice versions
  - Payer Proprietary Remittance Advice



*Per the WEDI Acknowledgement Requirements White Paper, ([www.wedi.org](http://www.wedi.org)) the recommended four responses to an 837 5010 claim file are as follows:*

- 005010 TA1 Interchange Acknowledgement
- 005010X231A1 999 Implementation Acknowledgement for Healthcare Insurance
- 005010X214 277 Healthcare Claim Acknowledgment
- 005010X221A1 835 Claim Payment/Advice

## 8.2 Reports

### 8.2.1 Online Reporting

Emdeon Vision for Claim Management is a web-based portal that enables end-to-end visibility of healthcare claims from the point of submission through payer adjudication. It can be used in a standalone mode but may also be integrated with physician office systems. Emdeon Vision for Claim Management is a simple yet powerful tool for day-to-day accounts receivable monitoring, error corrections, and claim tracking. Interactive dashboard reporting also helps office staff and management analyze their claim rejections, including the top reasons for rejections.

Emdeon Vision Mobile is an extension of the web-based program and offers healthcare providers a quick glimpse into the claim management side of their practice from their portable handheld device. Physicians can identify trends or potential issues while monitoring their practice remotely via the mobile application.

## 8.2.2 Reports Inventory

The table below lists the text-readable reports generated from Emdeon's processing system and returned to the submitter's Emdeon electronic mailbox.

**Table 1 - Claims Submitter Reports 03/2010**

Report #	Emdeon Report Title	Average Delivery Timing	Purpose of the Report
RPT-00	Customer Alert Message	Daily-Includes CSA message input for 24 hours for one Submitter/Provider.	The RPT-00 report is intended for Vendors only or for Vendors and Providers depending upon the Vendors preference. The RPT-00 is a listing of all pertinent Customer Service announcements for the processing day.
RPT-01	Daily Batch Receipt Report	Daily–includes files processed within past 24 hours	Summation of all submitted Batches, RPT-02 reports, for a Submitter. Rejected batches are sorted to the front of the report detail.
RPT-02	File Status Report	Within 4 hours of time file submitted to Emdeon	Provides an initial analysis of the file, by displaying file status of accepted or rejected and a description of the status. It also indicates the total number of claims and \$ value if the file contains valid claims. The RPT-02 report is generated within a few hours after the file has been received from the clearinghouse. In order for the RPT-02 to be generated, a submitter's transmitted file must be received and opened by the clearinghouse with the file's Summary record residing in the Repository database. There is no sorting of information within the report.
RPT-03	File Summary Report	Within 48 hours of time file submitted to Emdeon	Provides summarized information on the quantity of accepted, rejected, and pending claims, as well as the total number of claims received by Emdeon for each submitted file. In order for the RPT-03 to generate, all claims contained within the submitter's file need to be processed and contain status record information. There is no sorting of information within the report.
RPT-04	File Detail Summary Report	Within 48 hours of time file submitted to Emdeon	Contains a detail summary of the file submitted for processing. It provides a file roll-up listing all accepted, rejected, and pending claims contained in each file submitted to Emdeon. It also contains payer name/id and status of claim. In order for the RPT-04 to generate, all claims contained within the submitter's file need to be processed and contain status record information. Information is sorted by Customer and then by Patient (Last Name, First Initial, Middle Initial).
RPT-04A	Amended File Detail Summary Report	Daily – includes claims with an amended status within past 24 hours	Contains a detailed listing of all claims for which the status was amended during the previous processing day. Claim statuses are amended when a pending claim is processed and/or a claim is reprocessed at Emdeon. It also contains payer name/id and amended status of the claim. Information is sorted by Customer and then by Patient (Last Name, First Initial, Middle Initial).
RPT-05	Batch & Claim Level Rejection Report	Within 48 hours of time file submitted to Emdeon	Contains rejected batches and claims listed with detailed error explanations. In order to prevent 'lost' claims, the RPT-05 report must be reviewed and worked after each file transmission. Claims that are listed as rejected are not forwarded to the payer(s) for processing. These rejected claims must be corrected and re-submitted (either electronically or on paper) for processing. In order for the RPT-05 to generate, all claims contained within the submitter's file need to be processed and contain status record information. Information is sorted by Customer and then by Patient (Last Name, First Initial, Middle Initial).

Report #	Emdeon Report Title	Average Delivery Timing	Purpose of the Report
RPT-05A	Amended Batch & Claim Level Rejection Report	Daily – includes claims with an amended status within past 24 hours	Contains rejected batches and claims listed with detailed error explanations. In order to prevent 'lost' claims, the RPT-05A report must be reviewed and worked after each file transmission. Claims that are listed as rejected are not forwarded to the payer(s) for processing. These rejected claims must be corrected and re-submitted (either electronically or on paper) for processing. The RPT-05A is generated on a daily basis and includes all claims for which the status was amended to Reject during the previous processing day. Information is sorted by Customer and then by Patient (Last Name, First Initial, Middle Initial).
RPT-08	Provider Monthly Summary	Monthly – by the 5th calendar day	Displays the number and \$ value of claims accepted and forwarded by Emdeon for the month. Monthly and Y-T-D Totals for both accepted and rejected claims are included as well as the provider's top 25 errors for the month. Information is sorted by Customer ID, Payer, and Error Frequency.
RPT-10	Provider Claim Status Report	Daily – includes payer status updates received within past 24 hours	Contains information provided by payers who receive claims from Emdeon for adjudication. Not all payers who receive claims from Emdeon provide information for this Claim Status Report, and the amount/frequency of information produced will vary from payer to payer. The RPT-10 does not return Unprocessed, Request for Additional Information or Rejected statuses. This report is generated daily for each submitter for payer status updates received within the previous 24 hours. Information is sorted by Customer ID, Status, and then by Payer.
RPT-11	Special Handling/Unprocessed Claims Report	Daily – includes payer status updates received within past 24 hours	Contains information provided by payers who receive claims from Emdeon for adjudication. Not all payers who receive claims from Emdeon provide information for this report, and the amount/frequency of information produced will vary from payer to payer. The RPT-11 returns Unprocessed, Request for Additional Information and Rejected Statuses only. This report is generated daily for each submitter for payer status updates received within the previous 24 hours. Information is sorted by Customer ID, Status, and then by Payer.

## 9 CCI Change Summary

Date	Version	Change Description
1/25/2011	1.0	Final Review

# Emdeon Transaction Instruction

# 1 Transaction Instruction (TI) Introduction

## 1.1 Background

### 1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

### 1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

### 1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

## 1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

## 2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X223A2	Health Care Claim: Institutional
005010X222A1	Health Care Claim: Professional

## 3 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

### 3.1 Delimiters

Emdeon has adopted the TR3 recommendations for delimiters. Trading Partners who wish to implement different delimiters need to work with their Implementation Analyst or Account Representation prior to testing with Emdeon.

Type of Delimiter	Symbol	Definition
Data Element	*	Asterisk
Repetition Separator	^	Carat
Component Element Separator	:	Colon
Segment Terminator	~	Tilde

### 005010X223A2 Institutional Health Care Claim

LoopID	Segment	Description	Default	CG Comment
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LoopID	Segment	Description	Default	CG Comment
2000A	CUR02	Currency Code		X12 Syntax - Trailing Space(s) will be used if value does not meet Min/Max requirement.
2010AA	N403	Billing Provider Postal Zone or Zip Code	9998	TR3 - '9998' will be used for + 4 of ZIP code if no value is present.
2010AC	NM109	Pay-To Plan Primary Identifier		X12 Syntax - Trailing Space(s) will be used if value does not meet Min/Max requirement.
2010BA	NM109	Subscriber Primary Identifier		X12 Syntax - Trailing Space(s) will be used if value does not meet Min/Max requirement.
2010BA	N301	Subscriber Address Line 1	XX	TR3 - 'XX' will be used if no value is present.
2010BB	NM103	Payer Name	XX	TR3 - 'XX' will be used if no value is present.
2010BB	NM109	Payer Primary Identifier		Must be a valid Payer ID from the Emdeon Payer List.
2300	DTP03	Discharge Time	00	TR3 - '00' will be used for minutes if inbound value only includes hour.
2300	DTP03	Admission Date and Hour	00	TR3 - '00' will be used for minutes if inbound value only includes hour.
2300	CL101	Admission Type Code	9	TR3 - '9' will be used if no value is present.
2300	PWK01	Attachment Report Type Code	OZ	TR3 - 'OZ' will be used if no value is present.
2300	PWK02	Attachment Transmission Code	AA	TR3 - 'AA' will be used if no value is present.
2300	PWK06	Attachment Control Number	XXX	TR3 - 'XXX' will be used if value is not present and the Attachment Transmission Code is By Mail, Electronically Only, E-Mail, File Transfer or By Fax. Trailing Space(s) will be used if value does not meet Min/Max requirement.
2310E	NM103	Laboratory or Facility Name	XX	TR3 - 'XX' will be used if no value is present.
2310E	N403	Service Facility Location Postal Zone or Zip Code	9998	TR3 - '9998' will be used for + 4 of ZIP code if no value is present.
2330A	NM103	Other Subscriber Organization Name	XX	TR3 - 'XX' will be used if no value is present.
2330A	NM108	Identification Code Qualifier	MI	TR3 - 'MI' will be used if no value is present.

LoopID	Segment	Description	Default	CG Comment
2330A	NM109	Other Subscriber Primary Identifier	999999999	X12 Syntax - Trailing Space(s) will be used if value does not meet Min/Max requirement. TR3 - '999999999' will be used if no value is present.
2330B	NM103	Other Payer Organization Name	XX	TR3 - 'XX' will be used if no value is present.
2330B	NM109	Other Payer Primary Identifier	00000	X12 Syntax - Trailing Space(s) will be used if value does not meet Min/Max requirement. TR3 - '00000' will be used if no value is present for secondary or tertiary payers and no claim or line level payment information is reported.
2330B	DTP03	Adjudication or Payment Date	19990101	TR3 - '19990101' will be used if no value is present and no line level payment information is present.
2400	PWK01	Attachment Report Type Code	OZ	TR3 - 'OZ' will be used if no value is present.
2400	PWK02	Attachment Transmission Code	AA	TR3 - 'AA' will be used if no value is present.
2400	PWK06	Attachment Control Number	XXX	TR3 - 'XXX' will be used if value is not present and the Attachment Transmission Code is By Mail, Electronically Only, E-Mail, File Transfer or By Fax. Trailing Space(s) will be used if value does not meet Min/Max requirement.
2410	CTP04	National Drug Unit Count		TR3 - Service Line Unit Count will be used if NDC Unit Count is not present.
2410	CTP05-1	Code Qualifier		TR3 - Service Line Unit Qualifier will be used if NDC Unit Qualifier is not present.
2420A	NM103	Operating Physician Last Name	XX	TR3 - 'XX' will be used if no value is present.
2420B	NM103	Other Operating Physician Last Name	XX	TR3 - 'XX' will be used if no value is present.
2420C	NM103	Rendering Provider Last Name	XX	TR3 - 'XX' will be used if no value is present.
2420D	NM103	Referring Provider Last Name	XX	TR3 - 'XX' will be used if no value is present.
2430	SVD01	Other Payer Primary Identifier		X12 Syntax - Trailing Space(s) will be used if value does not meet Min/Max requirement.

## 005010X222A1 Professional Health Care Claim

Loop	Segment	Description	Default	CG Comments
2000A	CUR02	Currency Code		X12 Syntax - Trailing Space(s) will be used if value does not meet Min/Max requirement.
2010AA	N403	Billing Provider Postal Zone or Zip Code	9998	TR3 - '9998' will be used for + 4 of ZIP code if no value is present.
2010AC	NM109	Pay-to Plan Primary Identifier		X12 Syntax - Trailing Space(s) will be used if value does not meet Min/Max requirement.
2010BA	NM109	Subscriber Primary ID		X12 Syntax - Trailing Space(s) will be used if value does not meet Min/Max requirement.
2010BB	NM103	Payer Organization Name	XX	TR3 - 'XX' will be used if no value is present.
2010BB	NM109	Payer Primary Identifier		Must be a valid Payer ID from the Emdeon Payer List.
2300	CLM05-3	Claim Frequency Code	1	TR3 - '1' will be used if no value is present.
2300	CLM06	Provider or Supplier Signature Indicator	Y	TR3 - 'Y' will be used if no value is present.
2300	CLM07	Assignment or Plan Participation Code	C	TR3 - 'C' will be used if no value is present.
2300	PWK01	Attachment Report Type Code	OZ	TR3 - 'OZ' will be used if no value is present.
2300	PWK02	Attachment Transmission Code	AA	TR3 - 'AA' will be used if no value is present.
2300	PWK06	Attachment Control Number	XXX	TR3 - 'XXX' will be used if value is not present and the Attachment Transmission Code is By Mail, Electronically Only, E-Mail, File Transfer or By Fax. Trailing Space(s) will be used if value does not meet Min/Max requirement.
2310A	NM103	Referring Provider Last Name	XX	TR3 - 'XX' will be used if no value is present.
2310B	NM103	Rendering Provider Organization Name	XX	TR3 - 'XX' will be used if no value is present.
2310B	NM103	Rendering Provider Last Name	XX	TR3 - 'XX' will be used if no value is present.
2310C	NM103	Service Facility Location Name	XX	TR3 - 'XX' will be used if no value is present.
2310C	N403	Service Facility Location Postal Zone or Zip Code	9998	TR3 - '9998' will be used for + 4 of ZIP code if no value is present.

Loop	Segment	Description	Default	CG Comments
2310D	NM103	Supervising Provider Last Name	XX	TR3 - 'XX' will be used if no value is present.
2320	SBR09	Claim Filing Indicator Code	11	TR3 - '11' will be used if no value is present.
2330A	NM103	Other Subscriber Organization Name	XX	TR3 - 'XX' will be used if no value is present.
2330A	NM108	Identification Code Qualifier	MI	TR3 - 'MI' will be used if no value is present.
2330A	NM109	Other Subscriber Primary Identifier	999999999	X12 Syntax - Trailing Space(s) will be used if value does not meet Min/Max requirement. TR3 - '999999999' will be used if no value is present.
2330B	NM103	Other Payer Organization Name	XX	TR3 - 'XX' will be used if no value is present.
2330B	NM109	Other Payer Primary Identifier	00000	X12 Syntax - Trailing Space(s) will be used if value does not meet Min/Max requirement. TR3 - '00000' will be used if no value is present for secondary or tertiary payers and no claim or line level payment information is reported.
2330B	DTP03	Adjudication or Payment Date	19990101	TR3 - '19990101' will be used if no value is present and no line level payment information is present.
2420A	NM103	Rendering Provider Organization Name	XX	TR3 - 'XX' will be used if no value is present.
2420A	NM103	Rendering Provider Last Name	XX	TR3 - 'XX' will be used if no value is present.
2420C	NM103	Laboratory or Facility Name	XX	TR3 - 'XX' will be used if no value is present.
2420C	N403	Laboratory or Facility Postal Zone or Zip Code	9998	TR3 - '9998' will be used for + 4 of ZIP code if no value is present.
2420D	NM103	Supervising Provider Last Name	XX	TR3 - 'XX' will be used if no value is present.
2420E	NM103	Ordering Provider Last Name	XX	TR3 - 'XX' will be used if no value is present.
2420F	NM103	Referring Provider Last Name	XX	TR3 - 'XX' will be used if no value is present.
2430	SVD01	Other Payer Primary Identifier		X12 Syntax - Trailing Space(s) will be used if value does not meet Min/Max requirement.

## 4 TI Additional Information

### 4.1 Business Scenarios

### 4.2 Payer Specific Business Rules and Limitations

#### 4.2.1 CMS Enforcement Guidelines for HIPAA

Payers who continue to operate under contingency plans under the Centers for Medicare and Medicaid Services (CMS) enforcement guidelines for HIPAA present special challenges. Such payers may accept claims transactions in a HIPAA format but may not be prepared to accept or use all of the data content. Emdeon continues to work with both submitters and receivers of claim transactions to ensure that the EDI transactions continue to flow. Providers should begin to submit data content using the rules in the HIPAA Implementation Guides. Emdeon will enforce X12 syntax rules for all claims going to receivers of the 837 transaction. Claims that fail to meet the syntax requirements will be rejected and must be corrected and resubmitted by the submitter. Emdeon will not reject claims that do not contain all required data content unless instructed to do so by trading partners.

#### 4.2.2 Available Emdeon Defaults (Optional)

Upon request of the receivers, Emdeon will provide default values. Use of such default values will enable receivers with translators or other adjudication software that might otherwise reject claims to accept transactions that may not have all of the data required by the Implementation Guides but have the proper data required for adjudication.

Emdeon will generally create the methodology used to determine when to create segments and loops with defaulted data according to the following rules:

- If partial data exists within a loop or segment but other required data is missing, Emdeon will default the required data elements within that segment or loop as listed in the Companion Guide. For example, when the provider identifiers are received without a name, Emdeon will default 'XX' in the provider's name in order to forward the identifier on to the receiver. If no default value is listed in the Companion Guide, Emdeon will not default data for that element.
- Emdeon will not create a situational loop that contains all defaulted data. Situational Loops will only be created when at least one data element is sent by the claim submitter.

### 4.3 Frequently Asked Questions

See below.

### 4.4 Other Resources

Visit Emdeon's HIPAA Simplified ([www.hipaasimplified.com](http://www.hipaasimplified.com)) for a detailed Gap Analysis and other HIPAA 5010 Documents including FAQs, Issues and Challenges, and other artifacts.

## 5 TI Change Summary

Date	Version	Change Description
2/17/2011	1.0	Final Review

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Emdeon is a leading provider of revenue and payment cycle solutions that connect payers, providers and patients to improve the healthcare business processes.

To learn more about our company, our services, and our commitment to improving healthcare, visit our website at [www.emdeon.com](http://www.emdeon.com).



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