



5010 Simplified Gap Analysis Institutional Claims

Based on ASC X12 837 v5010 TR3 X223A2

Version 2.0 August 2010



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OVERVIEW

PURPOSE

Claim submitters typically enter the billing information into a Practice Management System or billing system that provides data-entry screens. The format that is transmitted out of that system may not be known by the person using the system. This makes it difficult for the billing office to determine their gaps with regards to the HIPAA data content. The purpose of this document is to provide a tool that removes the formatting from the data content included in the X12 005010 HIPAA Technical Report 3 (TR3) X223A2. The information is presented in logical groupings rather than in the order of the TR3.

ROLE OF CLEARINGHOUSE

The Administrative Simplification Act allows the clearinghouse to take in non-standard formats and translate them into the standard format. In order to ensure that the standard format is compliant, the clearinghouse must receive the required data content from the provider regardless of the format that the provider is using to transmit the data. This document outlines the rules for the data content to help claim submitters determine what they need to do to reach a state of compliance for the type of services that they perform.

ROLE OF SOFTWARE VENDOR

As stated above, the clearinghouse can only translate the data content into the standard format if the content is present in the transaction. The software vendor must ensure that the provider can enter the required data into the system for transmission either directly to the payer or through a clearinghouse. If the software does not have the ability to generate the ASC X12 837 (005010X223A2), the claims cannot be sent directly to the payer and must go through a clearinghouse for translation. The provider should use this document to determine whether the software being used in the collection of data for electronic submission meets the HIPAA requirements. If gaps are found, the provider should work with their vendor to ensure that the gaps will be accounted for prior to the mandated date.

TECHNICAL REPORT 3 (TR3)

This document should be used along with the X12 5010 Institutional TR3 X223A2. To obtain your copy of the TR3 and Errata visit the X12 Web Site at:

<http://www.X12.org>
Health Care Claims: Institutional 837
ASC X12 837 (005010X223A2)

TEXT LEGEND



White Text - Green Background

Indicates a grouping of information. The groups of information are outlined in the section of this overview titled Grouping of Information.

Black Text - Orange Background

Indicates a subgroup of information that is REQUIRED on all claims regardless of the provider or procedures being rendered.

White Text - Orange Background

Indicates a subgroup of information that is SITUATIONALLY REQUIRED based on the services or situation presented in the claim.

Black Text - White Background

Indicates a Data Element that is SITUATIONALLY REQUIRED based on the services or situation presented in the claim. The * indicates that there is also a code change for this element.

Red Text - White Background

Indicates a Data Element that is REQUIRED whenever the subgroup of information is used. The * indicates that there is also a code change for this element.

Black Text - Green Background

Indicates a Data Element new in 005010 X222A1 that is SITUATIONALLY REQUIRED based on the services or situation presented in the claim.

Red Text - Green Background

Indicates a Data Element new in 005010 X222A1 that is REQUIRED based on the services or situation presented in the claim.

Black Text - Gray Background

Indicates a Data Element removed in 005010 X222A1 that was in the 004010 X098A1.

Black Text - Yellow Background

Indicates a Data Element changed in 005010 X222A1 with the Errata.

GROUPING OF INFORMATION

OVERVIEW

The information in this document has been divided into logical groups of information. The intent is to present the information in a similar manner to the data-entry screens and claim forms typically used by claim submitters.

INPATIENT VS. OUTPATIENT

The I/O indicator to the left of the Data Element indicates when a data element is applicable to Inpatient Claims (I) only or Outpatient Claims (O) only. When no indicator is present, the content applies to both inpatient and outpatient claims.

BATCH LEVEL INFORMATION

Reflects the data pertaining to the Billing Provider and Pay-to Address.

HIGH LEVEL INFORMATION

Reflects the data pertaining to the subscriber and patient. This information would apply to the entire claim.

CLAIM/BILL INFORMATION

Applies to the entire claim and all service-lines within the claim. Some of the data can be overridden at the service line level. Information in this group is applicable to most claims regardless of the provider or procedures being performed.

SPECIALTY CLAIM/BILL INFORMATION

Applies to specific claim types as indicated in the subgroup heading. Required data in these subgroups are only required for the specific claim type.

SERVICE LINE INFORMATION

The data in this group is specific to the procedure or service that is being rendered. If some of the data in this group is carried at the claim level, the service-line information should only be entered when different from the claim. Information in this group is applicable to most claims regardless of the provider or procedures being performed.

SPECIALTY SERVICE LINE INFORMATION

The data in this group is used for specific claim types as indicated in the subgroup heading. Required data in these subgroups is only required for the specific claim type.

GROUPING OF INFORMATION

SECONDARY BILLING

COB Claim/Line Information

Used for submitting claims to a secondary payer(s). The information should be cross walked from the remittance advice of the payer(s) and should reflect the adjudication information.

OTHER INFORMATION

Repriced Claim/Line Information

Used only by third party repricers to carry the repricing information for adjudication purposes and must never be submitted by a provider.

Clearinghouse/Van Information

Added by the clearinghouse or VAN for tracking purposes.

Subrogation

Used by Medicaid to submit claims to a Health Plan for reimbursement.

WORKERS' COMPENSATION

Subscriber Information

Workers' Compensation Bills are different from Group Health Claims when reporting Subscriber Information. In Workers' Compensation Bills the Subscriber is the Employer of the Patient.

Other Information

Based on State Jurisdiction data elements listed in the specialty section for Workers' Compensation Bills may be required. Providers should check with the State Department of Workers' Compensation for the jurisdiction of the bill to determine the requirements.

5010 GAP ANALYSIS SIMPLIFIED FOR INSTITUTIONAL CLAIM 837 VERSION 5010 X223A2

Batch Level Information

Billing Provider

Taxonomy Code

Currency Code

Organization Name

NPI

Address 1

Address 2

City Name

State / Province Code

Postal Zone or Zip Code

Country Code

Country Subdivision Code

EIN

Secondary Identifiers

State License Number

Blue Cross Number

Blue Shield Number

Medicare Number

Medicaid Number

Medicaid Number

CHAMPUS Id Number

UPIN

Facility ID Number

PPO Number

HMO Number

Clinic Number

Commercial Number

Site Number

Location Number

SSN

State industrial Acc Number

Contact Name

Communication Number

Email

Telephone Extension

FAX

Telephone

Pay-to Address

Taxonomy Code

Organization Name

Primary Identifier

NPI

EIN

SSN

Address 1

Address 2

City Name

State / Province Code

Postal Zone or Zip Code

Country Code

Country Subdivision Code

Secondary Identifiers

State License Number

Blue Cross Number

Blue Shield Number

Medicare Number

Medicaid Number

UPIN

CHAMPUS ID

Facility ID Number

PPO Number

HMO Number

Clinic Number

Commercial Number

Site Number

Location Number

UPIN

State Industrial Acc Number

High Level Information

Subscriber (Employer)

Payer Responsibility Code*

Group or Policy Number

Group Name

Claim Filing Indicator Code*

Last/Org Name

First Name

Middle Name or Initial

Name Suffix

Primary Identifier

Member ID

Standard Unique Health Identifier*

Secondary Identifiers

HIS Health Record Number

Member ID

Insurance Policy Number

SSN

Other Subscriber Information

Individual Relationship Code*

Date of Birth

Gender

Address 1

Address 2

City Name

State / Province Code

Postal Zone or Zip Code

Country Code

Country Subdivision Code

Patient

Individual Relationship Code*

Last Name

First Name

Middle Name or Initial

Name Suffix

Member Identification Number

HIPAA Individual Identifier

Address 1

Address 2

City Name

State or Province Code

Postal Zone or Zip Code

Country Code

Country Subdivision Code

Date of Birth

Gender

Secondary Identifiers

IHS Number

Member Id

Insurance Policy Number

SSN

Payer (11 Repeats)

Payer Name

Primary Identifier

Payer Identification

CMS Plan ID

Address 1

Address 2

City Name

State / Province Code

Postal Zone or Zip Code

Country Code

Country Subdivision Code

Secondary Identifiers*

EIN

Claim Office Number

NAIC Number

TIN

Billing Provider Secondary Identifiers

Billing Provider Payer Assigned ID

Billing Provider Location Number

Assignment or Plan Participation Code*

Benefits Assignment Indicator*

Release of Information Code*

Referral Number

Prior Authorization Number

Payer Claim Control Number

High Level Information

Responsible Party

Last/Org Name

First Name

Middle Name or Initial

Name Suffix

Address 1

Address 2

City Name

State / Province Code

Postal Zone or Zip Code

Country Code

Claim/Bill Information

Generic Claims		
Patient Control Number	Present on Admission Indicator (12)	Contract Information
Total Claim Charge Amount	Diagnosis Related Group (DRG) Code	Contract Type Code
Facility Type Code	Other Diagnosis Type Code*	Contract Amount
Claim Frequency Code	Other Diagnosis (12)	Contract Percentage
Provider or Supplier Signature Indicator	Present on Admission Indicator (12)	Contract Code
Explanation of Benefits Indicator	Principal Procedure Type Code*	Terms Discount Percentage
Delay Reason Code*	Principal Procedure Code	Contract Version Identifier
Discharge Time	Principal Procedure Date	Rendering Provider
Statement From and To Date	Other Procedure Type Code*	Last Name
Admission Date and Hour	Other Procedure Code (12)	First Name
Admission Type Code	Procedure Date (12)	Middle Name or Initial
Admission Source Code	Occurrence Span Code (12)	Name Suffix
Patient Status Code	Occurrence Span Code Date (12)	Primary Identifier
Payer Estimated Claim Due Amount	Occurrence Code (12)	NPI
Patient Responsibility Amount	Occurrence Code Date (12)	Secondary Identifiers
Patient Amount Paid	Value Code (12)	State License Number
Service Authorization Exception Code	Value Code Amount (12)	UPIN
Investigational Device Exemption Identifier	Condition Code (12)	Commercial Number
Medical Record Number	Covered Days	Location Number
Demonstration Project Identifier	Coinsurance Days	
Peer Review Authorization Number	Lifetime Reserve Days	
Document Control Identifier	Non-covered Days	
Fixed Format Information	Supplemental Information (Repeat 10)	
Claim Note Text	Attachment Report Type Code*	
Billing Note Text	Attachment Transmission Code*	
Principal Diagnosis Type Code*	Attachment Control Number	
Principal Diagnosis Code	Attachment Description	
Present on Admission Indicator		
Admitting Diagnosis		
Patient Reason for Visit (3)		
E-Code Diagnosis Type Code*		
External Cause of Injury Code (12)		

Claim/Bill Information

Attending Physician

Last Name

First Name
 Middle Name or Initial
 Name Suffix
 Primary Identifier
 EIN
 SSN
 NPI
 Provider Taxonomy Code
 Secondary Identifiers
 State License Number
 Blue Cross Number
 Blue Shield Number
 Medicare Number
 Medicaid Number
 UPIN
 CHAMPUS Number
 Commercial Number
 Location Number
 Network ID
 State Industrial Acc Number

Service Facility Location

Organization Name

Primary Identifier
 EIN
 SSN
 NPI
Address 1
 Address 2
City Name
 State / Province Code
 Postal Zone or Zip Code
 Country Code
 Country Subdivision Code
 Secondary Identifiers
 State License Number
 Blue Cross Number
 Blue Shield Number
 Medicare Number
 Medicaid Number
 UPIN
 CHAMPUS Number
 Facility ID Number
 Clinic Number
 Commercial Number
 Site Number
 Location Number
 Network ID
 State Industrial Acc Number

Supervising Provider Information

Last Name

First Name
 Middle Name or Initial
 Name Suffix
 Primary Identifier
 EIN
 SSN
 NPI
 Secondary Identifiers
 State License Number
 Blue Cross Number
 Blue Shield Number
 Medicare Number
 Medicaid Number
 UPIN
 CHAMPUS Number
 Commercial Number
 Location Number
 Network ID Number
 State Industrial Acc Number

Other Operating Physician Information

Last Name

First Name
 Middle Name or Initial
 Name Suffix
 Primary Identifier
 NPI
 Secondary Identifiers
 State License Number
 UPIN
 Commercial Number
 Location Number

Claim/Bill Information

Referring Provider Information

- Last Name
- First Name
- Middle Name or Initial
- Name Suffix
- Primary Identifier
- NPI
- Secondary Identifiers
- State License Number
- UPIN
- Commercial Number

Other Provider

- Last Name
- First Name
- Middle Name
- Name Suffix
- Primary Identifier
- EIN
- SSN
- NPI
- Secondary Identifiers
- State License Number
- Blue Cross Number
- Blue Shield Number
- Medicare Number
- Medicaid Number
- UPIN
- CHAMPUS Number
- Commercial Number
- Location Number
- Network ID
- State Industrial Acc Number

Specialty Claim/Bill Information

Related Causes	Home Health Claims	Number of Visits
Auto Accident State Code	Prognosis Indicator	Frequency Period
EPSDT Claims	Service From Date	Frequency Count
Certification Condition Indicator	Certification Period	Duration of Visits Units
EPSDT Condition Code (1)	Diagnosis Date	Duration of Visits
EPSDT Condition Code (2)	Skilled Nursing Facility Indicator	Calendar Pattern Code
Worker Comp/Disability/P&C Claims	Medicare Coverage Indicator	Delivery Pattern Time Code
Patient Secondary Identifiers	Certification Type Indicator	Home Health Treatment Plan
Member Id	Surgery Date	Treatment Code (12)
SSN	Surgical Procedure Type Code	
Property Casualty Claim Number	Surgical Procedure Code	
	Provider Order Date	
	Last Visit Date	
	Provider Contact Date	
	Last Discharge Date	
	Last Admission Date	
	Patient Discharge Facility Type Code	
	Diagnosis Date - 1	
	Diagnosis Date - 2	
	Diagnosis Date - 3	
	Diagnosis Date - 4	
	Code Category	
	Certification Condition Indicator	
	Functional Limitation Code (5)	
	Code Category	
	Certification Condition Indicator	
	Activities Permitted Code (5)	
	Code Category	
	Certification Condition Indicator	
	Mental Status Code (5)	
	Discipline Type Code	
	Visits Prior to Recertification Date Count	
	Certification Period Projected Visit Count	

Service Line Information

Generic Claims	Rendering Provider	Supervising Provider Information
Service Line Revenue Code	Last Name	Last Name
Procedure Type Code*	First Name	First Name
Procedure Code	Middle Name or Initial	Middle Name or Initial
Procedure Modifier 1	Name Suffix	Name Suffix
Procedure Modifier 2	Primary Identifier	Primary Identifier
Procedure Modifier 3	NPI	EIN
Procedure Modifier 4	Secondary Identifiers	SSN
Description	State License Number	NPI
Line Item Charge Amount	UPIN	Secondary Identifiers
Unit Type Code*	Commercial Number	State License Number
Service Unit Count	Location Number	Blue Cross Number
Unit Rate	Attending Physician	Blue Shield Number
Non-covered Charge Amount	Last/Org Name	Medicare Number
<input type="radio"/> Service Date	First Name	Medicaid Number
Assessment Date	Middle Name	UPIN
Line Item Control Number	Name Suffix	CHAMPUS Number
Service Tax Amount	EIN	Commercial Number
Facility Tax Amount	SSN	Location Number
Supplemental Information (Repeat 10)	NPI	Network ID
Attachment Report Type Code*	Secondary Identifiers	State Industrial Acc Number
Attachment Transmission Code*	State License Number	Other Operating Physician Information
Attachment Control Number	Blue Cross Number	Last Name
	Blue Shield Number	First Name
	Medicare Number	Middle Name or Initial
	Medicaid Number	Name Suffix
	UPIN	Primary Identifier
	CHAMPUS Number	NPI
	Commercial Number	Secondary Identifiers
	Location Number	State License Number
	Network ID	UPIN
	State Industrial Acc Number	Commercial Number
		Location Number

Service Line Information

Referring Provider Information

- Last Name
- First Name
- Middle Name or Initial
- Name Suffix
- Primary Identifier
- NPI
- Secondary Identifiers
- State License Number
- UPIN
- Commercial Number

Other Provider

- Last Name
- First Name
- Middle Name or Initial
- Name Suffix
- Primary Identifier
- EIN
- SSN
- NPI
- Secondary Identifiers
- State License Number
- Blue Cross Number
- Blue Shield Number
- Medicare Number
- Medicaid Number
- UPIN
- CHAMPUS Number
- Commercial Number
- Location Number
- Network ID
- State Industrial Acc Number

Specialty Service Line Information

Drug Claims

National Drug Code

Drug Unit Price

National Drug Unit Count

Drug Unit Type

Prescription Number

Secondary Billing Information

COB Claim Information

CAS Code (5)

Adjustment Reason Code (6)

Adjustment Amount (6)

Adjustment Quantity (6)

Payer Paid Amount*

Remaining Patient Liability

Total Allowed Amount

Total Submitted Charge Amount

DRG Outlier Amount

Total Medicare Paid Amount

Medicare Paid at 100% Amount

Medicare Paid at 80% Amount

Paid From Part A Medicare Trust Fund Amount

Paid From Part B Medicare Trust Fund Amount

Total Non-Covered Charge Amount

Total Denied Amount

| Covered Days or Visits Count

| Lifetime Reserve Days Count

| Lifetime Psychiatric Days Count

| Claim DRG Amount

| MIA Claim Payment Remark Code (5)

| Claim Disproportionate Share Amount

| Claim MSP Pass-through Amount

| Claim PPS Capital Amount

| PPS-Capital FSP DRG Amount

| PPS-Capital HSP DRG Amount

| PPS-Capital DSH DRG Amount

| Old Capital Amount

| PPS-Capital IME Amount

| PPS-OHS DRG Amount

| Cost Report Day Count

| PPS-OFS DRG Amount

| Claim PPS Capital Outlier Amount

| Claim Indirect Teaching Amount

| Nonpayable Professional Component Amount

| PPS-Capital Exception Amount

○ Reimbursement Rate

○ HCPCS Payable Amount

○ MOA Claim Payment Remark Code (5)

○ Claim ESRD Payment Amount

○ Nonpayable Professional Component Amount

Adjudication or Payment Date

Other Payer Claim Adjustment Indicator

Other Payer Claim Control Number

COB Line Information

Service Line Paid Amount

Product or Service ID Qualifier

Procedure Code

Procedure Modifier 1

Procedure Modifier 2

Procedure Modifier 3

Procedure Modifier 4

Procedure Code Description

Service Line Revenue Code

Paid Service Unit Count

Bundled Line Number

CAS Group Code (5)

Adjustment Reason Code (6)

Adjustment Amount (6)

Adjustment Quantity (6)

Adjudication or Payment Date

Remaining Patient Liability

Other Information

Repriced Claim Information

Repricer Received Date
 Repriced Claim Number
 Adjusted Repriced Claim Number

Pricing Methodology

Repriced Allowed Amount

Repriced Savings Amount
 Repricing Organization Identifier
 Repricing Per Diem or Flat Rate Amount
 Repriced Approved DRG Code
 Repriced Approved Amount
 Repriced Approved Revenue Code
 Repriced Approved Procedure Type Code
 Repriced Approved HCPCS Code
 Repriced Approved Unit Type Code
 Repriced Approved Service Unit Count
 Reject Reason Code
 Policy Compliance Code
 Exception Code

Repriced Line Information

Repriced Line Item Reference Number
 Adjusted Repriced Line Number
 Line Note Text

Pricing Methodology

Repriced Allowed Amount

Repriced Savings Amount
 Repriced Organization Identifier
 Repricing Per Diem or Flat Rate Amount
 Repriced Approved APG Code
 Repriced Approved APG Amount
 Repriced Approved Revenue Code
 Repriced Procedure Type Code*
 Repriced Procedure Code
 Repriced Approved Unit Type Code
 Repriced Approved Service Unit Count
 Reject Reason Code
 Policy Compliance Code
 Exception Code

Credit-Debit Information

Secondary Identifiers
 System Number
 Bank Assigned Security Identifier
 Electronic Payment Reference Number
 Standard Industry Classification (SIC)
 Location Number
 Rate Code Number
 Store Number
 Terminal Code
 Cardholder Last/Org Name
 Cardholder First Name
 Cardholder Middle Name or Initial
 Cardholder Name Suffix
 Primary Identifier
 Authorization Number
 Acceptable Source Purchaser ID
 Maximum Amount

Clearinghouse/Van Information

Value Added Network Trace Number

Other Information

Pay-to Plan (Subrogation Claims)

Organization Name

Primary Identifier

Payer ID

CMS Plan ID

Address 1

Address 2

City Name

State / Province Code

Postal Zone or Zip Code

Country Code

Country Subdivision Code

Secondary Identifiers

Payer ID

Claim Office Number

NAIC Number

Tax Identification Number