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Implementation Date: March 24, 2006

2005 Revised American National Standards Institute X12N 837 Professional Health Care Claim Companion Document

Note: This article was updated on October 26, 2012, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Physicians and suppliers who submit electronic X12N 837 claim forms to Medicare carriers, including durable medical equipment regional carriers (DMERCs).

Background

The Centers for Medicare & Medicaid Services (CMS) is updating the current inbound 837 Professional companion document to provide revisions, correct errors, and implement additional language to cover the new National Provider Identifier (NPI).

This companion document, which is attached to CR4260, supplements (but does not contradict) the X12N 837 Professional Implementation Guide and clarifies Medicare carrier and DMERC expectations regarding data/claim submission, processing, and adjudication. The revised companion guide will be available through your Medicare carrier and DMERC via their newsletter, web site, and and/or list serve postings.

Key Points

The most important changes to the X12N 837 Professional Health Care Claim Companion Document clarify the specific processing or adjudication of the X12 837, and include the following:

Additions

- New NPI information statement – *“The National Provider Identifier (NPI) must be submitted in the NM109 segment (NM108 = XX)”*;

Disclaimer

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- Revised taxonomy code set statement for an updated Washington Publishing Company URL, which is <http://www.wpc-edi.com/codes/taxonomy>;
- New “Application Receiver Code” title to GS03 statement;

Corrections/Clarifications

- Corrected qualifier statement to show that only valid qualifiers may be submitted and qualifiers submitted for Medicare processing that are not defined for use by Medicare could result in claim/transaction rejection;
- Correction of the SV104 anesthesia value statement - changing “units” to “minutes” and correcting the Implementation Guide page reference from “400” to “403”;
- Clarification of the SV104 and PS102 language to show that negative values submitted in these fields could result in claim rejection.

Additional Information

Please note the following message, which will be included in the revised X12N 837 companion document:

“The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicare, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The X12N 837 implementation guides have been established as the standards of compliance for submission of claims for all services, supplies, equipment, and health care other than retail pharmacy prescription drug claims. The implementation guides for each X12 transaction adopted as a HIPAA standard are available electronically at <http://www.wpc-edi.com> on the Internet. This companion document supplements, but does not contradict any requirements in the X12N 837 Professional Implementation Guide.”

Relevant Links

CR4260 is the official instruction issued to your carrier, including your DMERC, regarding this change. CR4260 may be found by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R871CP.pdf> on the CMS website.

Please contact your local carrier or DMERC if you have questions about this issue. To find the toll free phone number, go to <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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