

# SmartCare

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**HIPAA 837 Companion Guide for Direct Submitters**

## Contents

HIPAA 837 Companion Guide for Direct Submitters .....	1
Note from ADAMH.....	2
Getting Started.....	3
Provider Specifications / Requirements for SmartCare .....	3
837 File Validation .....	5
File Format Errors .....	5
Parsing Errors.....	5
Processing Errors.....	6

## Note from ADAMH

**This document has been provided from the SmartCare vendor (Streamline) as general guidance to be shared with provider agencies in the ADAMH network in order to offer preliminary guidance regarding configuration of 837 files. Additional guidance and more specific instructions will be provided in the course of agency billing set-up and testing.**

## Getting Started

In order to submit a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Implementation Guides & Addenda for the Health Care Claim: Institutional ASC X12N 837 (005010X223A1) and the Health Care Claim: Professional ASC X12N 837 (005010X222A1). The transaction guides can be ordered from the Washington Publishing Company's website at [www.wpc-edi.com](http://www.wpc-edi.com).

## Provider Specifications / Requirements for SmartCare

Table 1 below addresses requirements for provider agencies that are covered entities under HIPAA.

Additional requirements for submission include but are not limited to the following:

- The National Provider Identifier (NPI) is required for submitting 837 claims.
- You must name your files with a .837 extension.

Table 1 – Covered Entity Health Care Provider						
Loop	Segment ID	Segment	Data Element ID	Data Element	Usage R=Required S= Situational	Comments
N/A	REF	Transmission Type Identification	REF02	Transmission Type Code	R	When submitting test records and during production, please use 005010X222A1.
1000A	NM1	Submitter Name	NM103	Name Last or Organization Name	R	This is the provider agency name as it appears in SmartCare. <b>The specific name used in the system will provided to you by ADAMH.</b>
1000A	NM1	Submitter ID	NM109	Submitter Identifier	R	This is the organizational NPI for your provider agency as it appears in SmartCare. <b>The specific NPI used in the system will provided to you by ADAMH.</b>
1000B	NM1	Receiver Name	NM103	Name Last or Organization Name	R	Provider agencies should use <b>ADAMH Franklin</b> for this field.
1000B	NM1	RecieverID	NM109	Receiver Identifier	R	Provider agencies should use the ADAMH Board's NPI for this field. The NPI is <b>1124621131</b> .

2010AA	NM1	Billing Provider Name	NM108	Identification Code Qualifier	R	A Qualifier of "XX" must now be submitted.
2010AA	NM1	Billing Provider Name	NM109	Billing Provider Identifier	R	This is the organizational NPI for your provider agency as it appears in SmartCare. <b>The specific NPI used in the system will provided to you by ADAMH.</b>
2010BA	NM1	Subscriber	NM109	Subscriber Primary Identifier	R	Subscriber primary identifier is uniquely identified. The primary identifier for each client is the Client ID and can be seen in Smartcare under Client Information > General tab.
2010BA	DMG	Subscriber Demographic Information	DMG02	Subscriber Birth Date	R	Subscriber birth date is accessible in the Smartcare system.
2010BB	NM1	Payer Name	NM103	Payer Name	R	Provider agencies should use <b>ADAMH Franklin</b> for this field.
2010BB	NM1	Payer Name	NM108	Identification Code Qualifier	R	Use the code PI.
2010BB	NM1	Payer ID	NM109	Identification Code	R	Provider agencies should use the ADAMH Board's NPI for this field. The NPI is <b>1124621131</b> .
2300	REF	Reference ID qualifier	REF01	Identification Code Qualifier	S	Use the code G1.
2300	REF	Prior authorization number	REF02	Prior authorization number	S	Not applicable
2400	NTE	Line Note	NTE01	"ADD"	R	
2400	NTE	Line Note	NTE02	Service time ("SVCTIME HHMM-HHMM")	R	Start and End time the service was provided. Ex. "SVCTIME 0500-1000" (representing 5AM to 10AM).

## 837 File Validation

SmartCare utilizes three levels of validation when processing 837 files:

1. File Format Errors
2. Parsing Errors
3. Processing Errors

### File Format Errors

Upon submitting an 837 file for processing, the SmartCare system runs through an exhaustive verification of the 837 file to determine if there are any formatting errors in the file. Such errors include, but are not limited to:

- File is not EDI X12 format
- Missing Header Information
- Missing Trailer Information

In the cases in which file format validation fails, there will be no 'Parsing Errors' and no 'Batches' displayed. Additionally, the 997 file text will indicate that the 837 file was rejected.

### Parsing Errors

After successfully completing the File Format validation process, the file is then checked for any Parsing Errors. The following validations are handled in the parsing validation:

- Claim charge amount does not match sum of service charge amount:
  - This error indicates that there is a discrepancy in the total charge amount submitted for all claims, and the sum of charges for service lines.
- Batch Submitter ID does not match selected Sender's Submitter ID:
  - This error indicates that the Submitter ID submitted does not match the Sender Submitter ID setup in ProviderAccess. See the section for loop 1000A, Segment NM1, Data Element NM109 in the tables above for additional details on how to obtain Submitter ID.
- Batch Submitter Name does not match selected Sender's Submitter Name:
  - This error indicates that the Submitter Name submitted does not match the Sender Submitter Name setup in ProviderAccess. See the section for loop 1000A, Segment NM1, Data Element NM103 in the tables above for additional details on how to obtain Submitter Name.
- Batch has already been imported once:
  - This error indicates that the Batch ID submitted in the 837 file has previously been submitted.

In the cases in which parsing errors occur, processing of the file will stop and no claims will be accepted.

## Processing Errors

If no Parsing Errors are found, the file is finally checked for any processing errors. Processing errors are broken out in two main types:

1. Claim Errors – Each error code is prefixed by the letter ‘C’
2. Claim Line Errors – Each error code is prefixed by the letters ‘CL’

The following is the list of processing errors which are validated:

Claim Errors		
Error Code	Error Description	
C101	'Unknown claim type'	Only Professional or Institutional Allowed
C102	'Provider/Site not found'	Tax ID / NPI does not exist
C103	'Provider/Site not found in Import837SenderProviders'	A valid match exists in the system but is not setup for the Sender/Submitter
C104	'Client not found'	ClientId does not exist
C105	'Client is not active'	
C106	'Client is not authorized for this provider'	Authorization has not been released to this provider for this client
C107	'Insurer not found'	Loop 2010BB, Segment NM1, Data Element NM109 does not match the approved list in the tables above see NM1
C108	'Claim rendering provider not found'	If Rendering Provider is specified but does not exist
C109	'Claim rendering provider not associated with billing provider'	Rendering Provider is setup but not linked to the provider - do not put any information about rendering Provider info into the 837 file (Segment - NM1*82)
C110	'Claim place of service not specified'	Value was not specified in 837 file
C111	'Claim place of service not found'	Value specified in 837 file does not match any in system
C112	'More than one provider/site found for submitted NPI' OR 'No Authorization Found'	
C113	'Provider/site not found'	
C114	'Principal diagnosis is invalid'	
C115	'Other diagnosis 1 is invalid'	
C116	'Other diagnosis 2 is invalid'	
C117	'Other diagnosis 3 is invalid'	
C118	'Admission diagnosis is invalid'	

Claim Line Errors		
Error Code	Error Description	
CL101	'Claim line rendering provider not found'	If Rendering Provider is specified but does not exist in the system
CL102	'Claim line rendering provider not associated with billing provider'	Rendering Provider is setup in the system but not linked to the provider
CL103	'Claim line place of service not found'	Value specified in 837 file does not match any in system