



Companion Guide

The Health Insurance Portability and Accountability Act (HIPAA) requires Providers, Payers, and Clearinghouses to comply with certain EDI standards as established by the Secretary of Health and Human Services.

The ANSI X12N 837 Institutional transaction has been established as the transaction to be used for submission of institutional claims and encounters. The Technical Report Type 3 (TR3), also known as the Implementation Guide, for this transaction is available electronically at www.wpc-edi.com.

This document has been prepared as a ZirMed specific companion document to that TR3 and to provide instructions to providers for some of the data elements. This companion guide document supplements, but does not contradict any requirements in the Health Care Claim: Institutional (837) 5010 Technical Report Type 3.

837 Institutional Claims Version 5010

Revised August 20, 2010

Envelope and Key Identifier Fields

837 Field	Data
ISA05 (Sender ID Qualifier)	It is customary for the sender to designate the values in these fields. However, if you are unsure of what to send, ZirMed suggests "ZZ" (ISA05) and your Client Account ID (ISA06).
ISA06 (Sender ID)	
ISA07 (Receiver ID Qualifier)	ZZ
ISA08 (Receiver ID)	ZIRMED
ISA15 (Usage Indicator)	The value sent in this field will be used to determine the Test/Production status of a file. However, ZirMed does have the ability to ignore this field if necessary. Please contact ZirMed (Customer Service) if assistance is required.
GS02 (Application Sender Code)	Client Account ID* assigned by ZirMed
GS03 (Application Receiver Code)	ZIRMED
1000A (Submitter)	While not a requirement, ZirMed prefers that the 1000A loop contain information about the organization rather than the billing provider.
1000A NM103	Client Account Name
1000A NM109	Client Account ID* (assigned by ZirMed)
1000B (Receiver)	While not a requirement, ZirMed prefers that the 1000B loop contain information about ZirMed rather than the payer to whom the claim is being submitted.
1000B NM103	ZIRMED
1000B NM109	ZIRMED
2010BB NM109 (Payer ID)	If your account is set to use ZirMed's Payer Name Matching feature, what you submit in this field will be ignored as ZirMed will override this data with the Payer ID of the payer to whom you have name matched. However, if your account is NOT set to utilize ZirMed's Payer Name Matching feature, you must populate this field with the ZirMed assigned Payer ID for the payer to whom the claim is submitted.

** If you are a billing service or are otherwise utilizing ZirMed's parent/child account feature, you should send the Client Account ID of the CHILD account in these fields.*

Claim Filing Indicator Code - 2000B SBR09

This field is populated from our internal payer table. Therefore, ZirMed does not utilize any value submitted in this field.

Total Claim Charge Amount - 2300 CLM02

ZirMed will always calculate this field by adding the charge on all service lines. Any value submitted to ZirMed in this field will be replaced with the calculated total of all service line charge amounts.

Dates

All dates must be valid calendar dates submitted in CCYYMMDD format.

Limitations on Loop and Segment Repeats

ZirMed places **no** specific limit on any of the following beyond the limits specified in the TR3:

- Number of segments per loop
- Number of loops per transaction set, functional group, or interchange
- Number of CLM (claim) segments per transaction set, functional group, or interchange
- Number of transaction sets per functional group or interchange
- Number of functional groups per interchange
- Number of interchanges per logical or physical file
- Number of logical files per physical file

Other Notes

- ZirMed will accept characters from the extended character set. However, to comply with requirements in the TR3, we will in most cases either convert certain characters to appropriate characters in the basic character set (e.g., convert lower case letters to upper case) or remove invalid characters when forwarding claims to payers. ZirMed will, however, accept, accept the '@' symbol from the extended character set and will pass it along to the ultimate recipient.
- Professional and Institutional claims may not be batched together within the same ISA/IEA. Each must be batched within its own ISA/IEA envelope and in its own physical file.
- ZirMed accepts zipped (compressed) files as well as unzipped (uncompressed) files.
- ZirMed does not utilize the information in the ISA05, ISA06, GS02, or loop 1000A to identify the submitter of the transaction. The submitter is derived from the client account to which the file is uploaded or by the FTP user. However, populating these values as requested in this Companion Guide will aid customer support efforts.
- ZirMed recommends diagnosis codes to be sent without the embedded decimal point. However, codes with decimal points are accepted. The decimal will be removed when the claim is forwarded to the payer.

Change Log

8/20/2010

- Revised verbiage for ISA15 data field