Health Net

- ♦ Trading Partner guidelines for 837 5010 professional and institutional submissions.
- ♦ To be added to HN 837 companion guides.

Items covered by this document

- ✓ ST / SE Standards
- ✓ ISA / GS Standards (encounter)
- ✓ Provider Id – Mandatory Required Fields

ST / SE Standards
Health Net requires at least one ST and one SE record per Submitter ID within a submission.

This means that Health Net requires one ST and one SE for each unique occurrence of the 1000A NM109 Submitter ID field.

Health Net does not want any additional ST/SE records than this. X12 file formats are hierarchical in nature. To send additional levels of ST/SE records on a submission increases the run time to process files in our Translator and EDI Front-end applications.

We have noted that some submitters are sending a unique instance of ST/SE records for every claim/encounter within the submission. Our Translator is able to process a unique instance ST/SE combination.

ISA / GS Standards
Our standards are shown below.

837 Inbound Transaction (Health Net is the Receiver)

X12 Data Element	Description	Values Used	Comments

Direct or Clearinghouse Rule – for receiver id

X12 Data Element	Description	Values Used	Comments
ISA07	Receiver Qualifier	30 or ZZ	30 or ZZ
ISA08	Receiver Id	As agreed upon	Health Net of CA Tax Id (954402957)

Direct or Clearinghouse Rule – for GS03 field

X12 Data Element	Description	Values Used	Comments
GS03	Receiver's Code	As agreed upon	Identifies HN health plan encounters submission

Professional 837

Provider Id – Professional (See tables below)

1. A **NPI**, **Tax ID** or Social Security Number, and **State License ID** must be sent in the **Billing Provider** Loop. The Billing Provider state and zip code is required when the address is in the United States.

2. The **NPI** and **CA State License ID** must be provided in the 2310 claim loop for the **Referring Provider** of the claim/encounter.

3. The **NPI** and **CA State License ID** must be provided in the 2310 claim loop for the **Rendering Provider** of service for the claim/encounter.

4. Service Facility is required if different than the Billing Provider. The **NPI** and **State License ID** must be provided on the claim in the 2310 claim loop for the **Service Facility**, if present

Billing Provider

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2000A	PRV	PRV01	BI	Provider Code
2000A	PRV	PRV02	PXC	Reference Qualifier
2000A	PRV	PRV03		Billing Provider Taxonomy Code
2010AA	NM1	NM108	XX	Qualifier
2010AA	NM1	NM109		Billing Provider NPI
2010AA	REF	REF01	EI or SY	ID Qualifier
2010AA	REF	REF02		Tax ID No. Social Security No.
2010AA	REF	REF01	0B	License No. Qualifier
2010AA	REF	REF02		State License No.
2010AA	REF	REF01	1G	UPIN Qualifier
2010AA	REF	REF02		UPIN
2010AA	REF	N301		Billing Provider Address
2010AA	REF	N401		Billing Provider City
2010AA	N4	N402		Billing Provider State
2010AA	N4	N403		Billing Provider Zip Code

Referring Provider (Claim Loop) Entity Type 1 = Person

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2310A	NM1	NM108	XX	Qualifier
2310A	NM1	NM109		Referring Provider NPI
2310A	PRV	PRV02	ZZ	Reference Qualifier
2310A	PRV	PRV03		Referring Provider Taxonomy Code
2310A	REF	REF01	0B	License No. Qualifier
2310A	REF	REF02		CA State License No.
2310A	REF	REF01	1G	UPIN Qualifier
2310A	REF	REF02		UPIN

Rendering Provider (Claim Loop) Entity Type 1 = Person

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2310B	NM1	NM108	XX	Qualifier
2310B	NM1	NM109		Rendering Provider NPI
2310B	PRV	PRV01	PE	Provider Code
2310B	PRV	PRV02	PXC	Reference Qualifier
2310B	PRV	PRV03		Rendering Provider Taxonomy Code
2310B	REF	REF01	0B	License No. Qualifier
2310B	REF	REF02		CA State License No.
2310B	REF	REF01	1G	UPIN Qualifier
2310B	REF	REF02		UPIN

Co-Pay, Co-insurance, Deductible, Ambulance Transport and National Drug Code (PAD) - Professional (See tables below)

1. Patient co-pay paid or responsibility amount is required on all professional encounters.

2. Patient coinsurance, copayment and deductible is required on all professional encounters in Loop 2430 in the x12 837 CAS*PR segment when patient responsibility is greater than 0.

3. Ambulance Transport is required on all professional encounters when billing for ambulance or non-emergency transportation. (CLM05-01 is '41' or '42').

4. The National Drug Code (NDC) is required on all Physicians Administered Drugs (PAD). A PAD is any covered drug provided or administered to a patient which is billed by a provider other than a pharmacy. Includes any method of administration and is not limited to injectable drugs.

Patient Amount Paid (Claim Loop)

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2300	AMT	AMT01	F5	Qualifier
2300	AMT	AMT02		Monetary Amount – Patient Responsibility Amount Zero (0) or greater

Ambulance Transport Information (Claim Loop required when CLM05-01 is '41' or '42')

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2300	CR1	CR101	LB	Unit or Basis for Measurement Code (Pound) – Required if known
2300	CR1	CR102		Patient Weight - Required if known
2300	CR1	CR104	(A,B,C,D, or E)	Ambulance Transport Reason
2300	CR1	CR105	DH	Unit or Basis for Measurement Code (Miles)
2300	CR1	CR106		Transport Distance

Ambulance Transport Pick-Up Location (Claim Loop required when CLM05-01 is '41')

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2310E	NM1	NM101	PW	Entity Identifier Code
2310E	NM1	NM102	2	Entity Type Qualifier (Non-Person)
2310E	N3	N301		Pick-up Address
2310E	N4	N401		Pick-up City
2310E	N4	N402		Pick-up State if in USA or Canada
2310E	N4	N403		Pick-up Zip Code if in USA or Canada
2310E	N4	N404		Pick-up Country if outside USA or Canada

Ambulance Transport Drop-Off (Claim Loop required when CLM05-01 is '41')

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2310F	NM1	NM101	45	Entity Identifier Code
2310F	NM1	NM102	2	Entity Type Qualifier (Non-Person)
2310F	NM1	NM103		Last Name or Organization Name of Ambulance transport drop-off location (Required if known)

Other Subscriber Information (Claim Level)

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2000B	SBR	SBR01	S	S = Secondary
2000B	SBR	SBR02	18	Required if loop 2000C is NOT present
2000B	SBR	SBR09		Insurance Type Code 16 = HMO Medicare Risk CI = Commercial HM = Health Maintenance Org
2320	SBR	SBR01	P	Payer Responsibility Sequence Number Code
2320	AMT	AMT01	D	Payor Amount Paid Qualifier
2320	AMT	AMT02		Payer Paid Amount (0 or greater) Must balance to the sum of the SVD service line(s) amount in Loop 2340 NOTE: If Loop 2320 CAS is present Loop 2430 SVD02 minus (-) Loop 2320 CAS Monetary Amount(s) = AMT D
2320	AMT	AMT01	EAF	Non-Covered Charges – Actual Qualifier
2320	AMT	AMT01		Non-Covered Charge Amount NOTE: Do not use if Line Level (Loop 2430) Remaining Patient Liability AMT is used. If the claim paid has any line level details, do not use at the claim level, use the 2430 loop.
2320	AMT	AMT01	A8	Allowed Qualifier
2320	AMT	AMT01		Allowed Amount NOTE: Amount reported must equal the Total Claim Charge in Loop 2300 CLM02. Do not use if either the Prior Payer AMT, or CAS segments are used.
2320	OI	OI03	N, Y, W	Yes/No Condition or Response Crosswalk of CLM08
2320	OI	OI06	I, Y	Release of Information Code Crosswalk of CLM09

Other Subscriber Information

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2330A	NM1	NM1		Other Subscriber Name
2330A	NM1	NM108		Identification Code Qualifier
2330A	NM1	NM109		Identification Code Delegated Medical Groups Member ID / Subscriber ID
2330A	N4	N401		City
2330A	N4	N402		State
2330A	N4	N403		Zip Code
2330B	NM1	NM103		Payer Name Last or Organization Name
2330B	NM1	NM108	PI	Identification Code Qualifier
2330B	NM1	NM109		Identification Code
2330B	DTP	DTP01	573	Date Time Qualifier Note: Can be sent in either Loop 2330B or 2430
2330B	DTP	DTP02	D8	Qualifier
2330B	DTP	DTP03		CCYYMMDD Payment Date

Line Adjudication Information (Line Loop)

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2430	SVD	SVD01		Other Payer Primary Identifier (same as Loop 2330B NM109)
2430	SVD	SVD02		Monetary Amount NOTE: Loop 2400 SV103 (Prof) Line Item Charge Amount Loop minus (-) Loop 2340 CAS Monetary Amount(s) = SVD02
2430	SVD	SVD03		Procedure Code
2430	SVD	SVD06		Quantity
2430	CAS	CAS01	CO, CR, OA, PI, PR	Line Adjustment Group Code CO = Contractual Obligation CR = Correction and Reversals OA = Other Adjustment PI = Payer Initiated Reductions **PR = Patient Responsibility** NOTE: When submitting **Member Cost Share** use code **PR** and include the appropriate Claim Adjustment Reason Code in (CAS02) as listed below.
2430	CAS	CAS02, CAS05, CAS08	1, 2, 3	Line Adjustment Reason Code Member Cost Share (PR qualifier), reason codes: 1 = Deductible Amount 2 = Coinsurance Amount 3 = Co-payment Amount Claim Adjustment Reason Codes are available via Washington Publishing: http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/
2430	CAS	CAS03, CAS06,		Monetary Amount

		CAS09		
2430	DTP	DTP01	573	Payment Date
2430	DTP	DTP02	D8	
2430	DTP	DTP03		CCYYMMDD Payment Date
2430	AMT	AMT01	EAF	Remaining Patient Liability
2430	AMT	AMT02		Monetary Amount

Drug Idenification (Line Loop)

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2410	LIN	LIN02	N4	Qualifier
2410	LIN	LIN03		11 digit National Drug Code without hyphens
2410	CTP	CTP04		National Drug Unit Count
2410	CTP	CTP05		Composite Unit of Measure
2410	CTP	CTP05-1	F2,GR,ME, ML, UN	Unit or Basis for Measurement code

Institutional 837

Provider Id scenarios – Institutional (See tables below)

1. A **NPI** and **Tax ID** must be sent in the **Billing Provider Loop**. The Billing Provider state and zip code is required when the address is in the United States.

2. The **NPI** and **CA State License ID** must be provided in the 2310 claim loop for the **Attending Provider** of the claim/encounter.

3. Service Facility is required if different than the Billing Provider. The **NPI** and **State License ID** must be provided on the claim in the 2310 claim loop for the **Service Facility**, if present.

4. The **NPI** and **CA State License ID** must be provided in the 2310 claim loop for the **Referring Provider** of the claim/encounter.

5. The **NPI** and **CA State License ID** must be provided in the 2310 claim loop for the **Rendering Provider** of service for the claim/encounter.

Billing Provider

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2000A	PRV	PRV01	BI	Provider Code
2000A	PRV	PRV02	PXC	Reference Qualifier
2000A	PRV	PRV03		Billing Provider Taxonomy Code
2010AA	NM1	NM108	XX	Qualifier
2010AA	NM1	NM109		Billing Provider NPI
2010AA	REF	REF01	EI	Employer's ID No. Qualifier
2010AA	REF	REF02		Tax ID
2010AA	N3	N301		Billing Provider Address

2010AA	N4	N401		Billing Provider City
2010AA	N4	N402		Billing Provider State
2010AA	N4	N403		Billing Provider Zip Code

Attending Physician (Claim Loop) Entity Type 1 = Person

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2310A	NM1	NM108	XX	Qualifier
2310A	NM1	NM109		Referring Provider NPI
2310A	PRV	PRV01	AT	Provider Code
2310A	PRV	PRV02	PXC	Reference Qualifier
2310A	PRV	PRV03		Rendering Provider Taxonomy Code
2310A	REF	REF01	0B	License No. Qualifier
2310A	REF	REF02		CA State License No.
2310A	REF	REF01	1G	UPIN Qualifier
2310A	REF	REF02		UPIN
2310A	REF	REF01	G2	Provider Commercial Qualifier
2310A	REF	REF02		Provider Commercial No.

Operating Physician (Claim Loop) Entity Type 1 = Person

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2310B	NM1	NM108	XX	Qualifier
2310B	NM1	NM109		Operating Provider NPI
2310B	REF	REF01	0B	License No. Qualifier
2310B	REF	REF02		CA State License No.
2310B	REF	REF01	1G	UPIN Qualifier
2310B	REF	REF02		UPIN
2310B	REF	REF01	G2	Provider Commercial Qualifier
2310B	REF	REF02		Provider Commercial No.

Rendering Provider (Claim Loop) Entity Type 1 = Person

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2310D	NM1	NM108	XX	Qualifier
2310D	NM1	NM109		Rendering Provider NPI
2310D	REF	REF01	0B	License No. Qualifier
2310D	REF	REF02		CA State License No.
2310D	REF	REF01	1G	UPIN Qualifier
2310D	REF	REF02		UPIN
2010D	REF	REF01	G2	Provider Commercial Qualifier
2010D	REF	REF02		Provider Commercial No.

Service Facility (Claim Loop- Required on all records if different than Loop 2010AA)

Loop Id	Segment Id	Reference Designator	Values	Descriptions

2010E	NM1	NM108	XX	Qualifier
2010E	NM1	NM109		Service Facility NPI
2010E	REF	REF01	0B	License No. Qualifier
2010E	REF	REF02		State License No.
2010E	REF	REF01	G2	Provider Commercial Qualifier
2010E	REF	REF02		Provider Commercial No.
2010E	N4	N402		Billing Provider State
2010E	N4	N403		Billing Provider Zip Code

Referring Provider (Claim Loop) Entity Type 1 = Person

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2310F	NM1	NM108	XX	Qualifier
2310F	NM1	NM109		Referring Provider NPI
2310F	REF	REF01	0B	License No. Qualifier
2310F	REF	REF02		CA State License No.
2310F	REF	REF01	1G	UPIN Qualifier
2310F	REF	REF02		UPIN
2310F	REF	REF01	G2	Provider Commercial Qualifier
2310F	REF	REF02		Provider Commercial No.

Admission Date, Co-Pay, Admitting Diagnosis, Patient Reason for Visit Code and National Drug Code (PAD) - Institutional (See tables below)

1. The patient responsibility amount (co-pay) is required on all institutional encounters.
2. Patient coinsurance, copayment and deductible is required on all professional encounters in Loop 2430 in the x12 837 CAS*PR segment when Patient Responsibility is greater than 0.
3. Admission Date and Admitting Diagnosis Code is required on all inpatient visits. Patient Reason for Visit is required on all outpatient visits.
4. The National Drug Code (NDC) is required on all Physicians Administered Drugs (PAD). A PAD is any covered drug provided or administered to a patient which is billed by a provider other than a pharmacy. Includes any method of administration and is not limited to injectable drugs.

Admission Date (Claim Loop required on inpatient claims)

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2300	DTP	DTP01	435	Admission Qualifier
2300	DTP	DTP02	D8 (CCYYMMDD), DT (CCYYMMDDHHMM)	Date Time Period Format Qualifier
2300	DTP	DTP03		Admission Date and Hour

Patient Estimated Amount Due (Claim Loop)

Loop	Segment	Reference		

Id	Id	Designator	Values	Descriptions
2300	AMT	AMT01	F3	Qualifier
2300	AMT	AMT02		Monetary Amount – Patient Responsibility Amount Zero (0) or greater

Admitting Diagnosis (Claim Loop required on inpatient claims)

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2300	HI	-01	ABJ or BJ	Qualifier
2300	HI	-02		Admitting Diagnosis Code

Patient Reason for Visit (Claim Loop required on outpatient visits)

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2300	HI	-01	APR or PR	Qualifier
2300	HI	-02		Patient Reason for Visit

Other Subscriber Information (Claim Level)

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2000B	SBR	SBR01	S	S = Secondary
2000B	SBR	SBR02	CI or 16	Insurance Type Code 16 = HMO Medicare Risk CI = Commercial HM = Health Maintenance Org
2320	SBR	SBR01	P	Payer Responsibility Sequence Number Code
2320	AMT	AMT01	D	Payor Amount Paid Qualifier
2320	AMT	AMT02		Payer Paid Amount (0 or greater) Must balance to the sum of the SVD service line(s) amount in Loop 2340
2320	AMT	AMT01	EAF	Amount Owed Qualifier
2320	AMT	AMT02		Remaining Patient Liability NOTE: Do not use if Line Level (Loop 2430) Remaining Patient Liability AMT is used. If the claim paid has any line level details, do not use at the claim level,, use the 2430 loop.
2320	AMT	AMT01	A8	Non-Covered Amount – Actual Qualifier
2320	AMT	AMT02		Non-Covered Charge Amount NOTE: Amount reported must equal the Total Claim Charge in Loop 2300 CLM02. Do not use if either the Prior Payer AMT, or CAS segments are used.
2320	OI	OI03	N, Y, W	Yes/No Condition or Response NOTE: Crosswalk of Loop 2300 CLM08
2320	OI	OI06	I, Y	Release of Information Code NOTE: Crosswalk of Loop 2300 CLM09

Other Subscriber Information

Loop	Segment	Reference		

Id	Id	Designator	Values	Descriptions
2330A	NM1	NM1		Other Subscriber Name
2330A	NM1	NM108		Identification Code Qualifier
2330A	NM1	NM109		Identification Code Delegated Medical Groups Member ID / Subscriber ID
2330A	N4	N401		City
2330A	N4	N402		State
2330A	N4	N403		Zip Code
2330B	NM1	NM103		Payer Name Last or Organization Name
2330B	NM1	NM108	PI	Identification Code Qualifier
2330B	NM1	NM109		Payer Identification Code
2330B	DTP	DTP01	573	Date Time Qualifier
2330B	DTP	DTP02	D8	Format Qualifier
2330B	DTP	DTP03		CCYYMMDD Payment Date

Line Adjudication Information (Line Level)

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2430	SVD	SVD01		Payer Primary Identifier NOTE: Must match Loop 2330B NM109 Payer Identification Code
2430	SVD	SVD02		Monetary Amount NOTE: Loop 2430 CAS03 and SVD02 must balance to Loop 2400 SV203 (Insti) Line Item Charge Amount
2430	SVD	SVD03		Procedure Code
2430	SVD	SVD04		Revenue Code
2430	SVD	SVD05		Quantity
2430	CAS	CAS01	CO, CR, OA, PI, PR	Line Adjustment Group Code CO = Contractual Obligation CR = Correction and Reversals OA = Other Adjustment PI = Payer Initiated Reductions **PR = Patient Responsibility** NOTE: When submitting **Member Cost Share** use code **PR** and include the appropriate Claim Adjustment Reason Code in (CAS02) (1,2,3) as listed below.
2430	CAS	CAS02	PR (1, 2, 3)	Line Adjustment Reason Code Member Cost Share (PR qualifier), appropriate reason codes: 1 = Deductible Amount 2 = Coinsurance Amount 3 = Co-payment Amount Claim Adjustment Reason Codes are available via Washington Publishing: http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/
2430	CAS	CAS03		Monetary Amount NOTE: Loop 2430 CAS03 and SVD02 must balance to Loop 2400 SV103 (Prof) or SV203 (Insti) Line Item Charge Amount

2430	DTP	DTP01	573	Date Time Qualifier
2430	DTP	DTP02	D8	Format Qualifier
2430	DTP	DTP03		CCYYMMDD Payment Date
2430	AMT	AMT01	EAF	Remaining Patient Liability Qualifier
2430	AMT	AMT02		Monetary Amount

Drug Idenification (Line Loop)

Loop Id	Segment Id	Reference Designator	Values	Descriptions
2410	LIN	LIN02	N4	Qualifier
2410	LIN	LIN03		11 digit National Drug Code without hyphens
2410	CTP	CTP03		Unit Price
2410	CTP	CTP04		National Drug Unit Count
2410	CTP	CTP05		Composite Unit of Measure
2410	CTP	CTP05-1	F2, GR, ME, ML, UN	Unit or Basis for Measurement Code