

KHS 837 Claims Files – Questions and Answers

1. What should be used for the Trading Partner Sender Code?

Use your NPI Number.

2. I am assuming you want our submitted 837 files to generally match your example file (KHS 837 Sample1.txt), with the exception that where KHS is the sender, we would be, and where Medicaid is the receiver, KHS would be. Is that right? I checked and made adjustments that were clear from the sample. However there are several uncertain issues listed below that I would like more info on.

Yes, send your provider name as the sender and 'Kansas Health Solutions' as the receiver.

3. I am basing my comments on the 005010X222 837 Health Care Claim Professional from www.wpc-edi.com. If there is a different or newer source for these data elements please let me know what that is. I don't think any of these issues is clearly resolved in your 837 Companion guide document.

You are working with a current version, but ProviderConnect also will accept 837 files built using the older version, 004010X098 837 Health Care Claim Professional.

****NOTE:** Our sample 837 file was built using the 004010X098 version of the Health Care Claim Professional. ProviderConnect will accept 837 files in either version. The following seven questions are from a user who is working with a newer version and asking about the discrepancies between its guidelines and our sample file.

4. I put the Implementation Convention Reference in the ST03 location:

ST*837*7654321*0004010X098DA1~

You put the Implementation Convention Reference in a REF under the BHT segment:

BHT*0019*00*15*20070614*1330*CH~

REF*87*004010X098A1~

Which is correct/required?

Either is acceptable with ProviderConnect.

5. In Loop 2010AA, after name and address of billing provider, you give a REF line:

REF*1D*888888888A~

I can't find that 1D code in the listed REF lines for 2010AA. Do I need this?

No.

6. You put a REF for the subscriber's SSN in Loop 2010BA:

REF*SY*111223333~

Do I need to do this when I have an SSN on the subscriber?

No, but it can be included.

7. In Loop 2400 CLM05 you use the location code 53::1 instead of 53:B:1. Which is correct/required?

Either way is acceptable with ProviderConnect.

8. In Loop 2400 CLM10 you use the code C instead of P - I can't find the C code. What is it and should I use it?

In the 004010X098 version of the 837 guide, code C = Signed HCFA-1500 Claim Form on file. It is not required, but ProviderConnect will accept either C or P.

9. You include a contract ref line right after the CLM segment:
CN1*05*65~
Is this applicable to us?

It is not required.

10. Your Loop 2310B rendering provider name did not contain a PRV segment for taxonomy codes:
Example PRV*PE*PXC*7654321
I have asked before if this line is necessary - can I ignore it, on the assumption that NPI is all the identification needed for any of our rendering providers?

Per the KHS Companion Guide, page 7, Loop 2000A, Data Element PRV03 – Reference Provider: 'The taxonomy code for the billing provider. Required if the rendering is the same as the billing provider.'

Page 9, Loop 2310B, Data Element PRV03 – Reference Provider:

'The taxonomy code for the rendering provider. Must be submitted when the rendering provider is different than the billing or pay to provider.'

So the PRV03 in Loop 2310B is only required if the rendering provider is different than the billing provider.

11. Your example file has new lines after each segment. I have not seen that before in other files - should I put new lines in when sending to you?

ProviderConnect will accept the file with or without new lines after each segment.

12. In my current 837P file I am sending our full charge for service in the CLM and SV1 segments. Is that the amount that you want in these segments?

Per the 837 guide regarding the Monetary Amount, 'CLM01 is the total amount of all submitted charges of service segments for this claim.' 'SV102 is the submitted charge amount.'

13. We have several providers that are using Internet Explorer 7 or Firefox, and they have run into problems using ProviderConnect. How can users get these to work with ProviderConnect?

In some cases users may experience problems using Provider Connect when using Internet Explorer 7 (IE7). For example the "All Modules" button may not respond. If using IE7, try enabling the scripting options. If this does not work, make sure the main provider connect page is in the Trusted Sites group on the Tools/Internet Options Security tab. Users may also have to lower the security level for the Trusted Sites group from Medium down to Medium-Low or Low.

Regarding FireFox, Provider Connect is not certified using the Fire Fox browser and there are no plans to certify it in the future.

14. In the Companion Guide, there is a note as follows in relation to situationally-required Loop 2000A PRV03: The taxonomy code for the billing provider. Required if the rendering is the same as the billing provider.

I believe in our case many of the services on the form will be “rendered” by our employees acting as providers who have their NPI numbers. Does this make it required that we use this line? If so, is this taxonomy code the NPI or a different number and is it specific to the facility or the individual?

If the service is rendered by an individual with an NPI, the NPI for the rendering provider should be sent. If the service is rendered by an individual without an NPI the billing NPI is used. The taxonomy code is different than the NPI and it is specific to the facility in the case of the PRV segment.

15. I understand from the training that a 997 will not be available after the 837 transmission, at least not by July 1st. Therefore, if we have a problem with headers OR with individual segments our total file will be rejected. We should be able to find a problem with a header fairly easily but it will be almost impossible to locate a segment problem. If we have a blank in a field where there shouldn't be a blank, it can throw the whole segment off and will cause a rejection of the file. A 977 will tell us where the problem is, without it we could spend hours trying to locate it. We would assume that our transmission file would be rejected before ever getting to your exception report, if this should happen. Is that assumption correct?

ProviderConnect does not generate an Acknowledgement. However, in our testing, we've found that only significant format errors cause the file to be rejected before it is transferred and can generate an exception report. Our programmers will monitor for such a transfer error and notify the provider of the error. We encourage you to send sample files to us to test the basic format.

Errors within the file in the Member or Claims segments will generate detail on the exception report. The whole file will not be rejected due to an error at these levels.

16. What Payor ID should be used?

According to the implementation guide and companion guide, loop 2010BB contains a NM1 segment of which data element 09 contains the ID. This ID is listed as '208498601' in the companion guide.