

Utah Specific Transaction Instructions ENCOUNTER RECORD

837 Health Care Claim: Professional
ASCX12N 837 (005010X222)

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all health insurance payers in the United States, comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The ANSI ASC X12N 837P Version 5010 implementation guide has been established as the standard of compliance. For encounter records, Utah Medicaid will implement the Errata corrections for the Health Care Claim: Professional (005010X222). The implementation guide is available electronically at www.wpc-edi.com. The following supplemental requirements are specific to Utah Medicaid and are intended to serve as a companion guide to the HIPAA ANSI X12N implementation guide.

Requirements:

1. An Electronic Commerce Agreement must be in place. The form is available at www.UHIN.com.
2. A Utah Medicaid EDI Enrollment form must be completed and on file prior to the submission of encounter records. The form is available at http://www.health.utah.gov/hipaa/medicaid_pcn.htm. Transactions submitted without an Electronic Transmitter Identification Number (ETIN) or Trading Partner Number (TPN) on file with Medicaid will be rejected back to the sender.
3. 837 encounter records may be sent anytime 24 hours a day, 7 days a week.

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Page	Element No.	Data Element	Values / Comments
72	640	Claim or Encounter Identifier	"RP"
75	67	Submitter Primary Identification Number	Electronic Address – Trading Partner Number (TPN)
80	1035	Receiver Name	"Utah Medicaid – MCO"
80	67	Receiver Primary Identifier	"HT000004-002"
88	98	Entity Identifier	85 – Billing Provider
88	1065	Entity Type Qualifier	1- Person 2- Non Person
88	1035	Billing Prov Last Name	This would be the info of the provider rendering service. PMHP – if person rendering the service is on staff, this should be the PMHP info. To report who the rendering staff member is, use the 2310B loop with the identifier code of 82 (see page 290 of the implementation guide) in addition to the 2010AA. HMO/CHIP – if the billing provider is a clinic, the rendering provider number needs to be supplied in the 2310 B loop (REF01 = '1D', REF02 = Medicaid ID) see pg. 296 of guide
88	1036	Billing Prov First Name	
89	1037	Billing Prov Middle Name	
89	66	ID Code Qualifier	XX - NPI

Page	Element No.	Data Element	Values / Comments
86	67	ID Code	NPI Number Only
92	128	Reference ID Qualifier	"EI" – Medicaid Provider Number
92	127	Billing Provider Secondary ID Number	Tax ID
111	128	Reference ID Qualifier	2U
111	127	Reference ID	Medicaid ID
122	1065	Entity Type Qualifier	"1"
122	1035	Subscriber Last Name	
122	1036	Subscriber First Name	
122	1037	Subscriber Middle Name	
122	66	Identification Code Qualifier	"MI"
123	67	Subscriber Primary Identifier	Use the 10 digit identifier assigned by Utah Medicaid. Do not submit hyphens or spaces.
127	1251	Subscriber Birth Date	
128	1068	Subscriber Gender Code	Valid codes are F, M, U
134	66	Payer ID Type	'PI' = MCO State Assigned Medicaid ID
134	67	Payer ID	MCO State Assigned Medicaid ID
158	1028	Patient Control Number	This number needs to be unique even if a replacement is being done

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Page	Element No.	Data Element	Values / Comments
159	782	Total Claim Charge Amount	Usual and customary amount charged by provider for service.
159	1331	Place of Service	
159	1325	Claim Submission Reason Code	1 – Original 7 – Replacement 8 – Void
161	1363	Release of info from client	
186	1166	Contract Information	Use '05' when the plan has a capitated arrangement with the billing provider
188	522	Amount Qualifier Code	Use F5 to indicate Patient Amount Paid. This is where the co-pay will be put.
188	782	Monetary Amount	
209	363	Claim Note	Use 'Add' for all reasons
210	352	Claim Note Information (for entire claim)	<p>Claim Entry Date (date claim entered MCO system) -- Start with 'E' and enter date in format CCYYMMDD</p> <p>Claim Paid/Adjudicated Date – Start with 'A' and enter date in format CCYYMMDD</p> <p>SPMI/SED Status – Start with 'S' and enter 'Y' or 'N' (PMHP only, SPMI is adults, SED is child)</p> <p>Payment Amount – Start with 'P' and enter amount. Use explicit decimal.</p> <p>Denial Reason – Start with 'D' and enter denial reason</p>

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Page	Element No.	Data Element	Values / Comments
196	127	Claim Original Reference Number	Original Transaction Control Number (TCN) if correcting, replacing or voiding a record.
226	1271	Principal Diagnosis	
226	1270	Code list qualifier code	ABK ICD-10 BK ICD-9
266	1271	Other Diagnoses	
267	128	Reference Identification	G2
267	127	ID	Only use if REF01 is used. This will be used when the billing provider is a clinic to identify the rendering provider. (Medicaid Provider number)
301	1033	Patient Responsibility	If SBR05 and SBR01 indicates Medicare, use PR to indicate the patient responsibility
301	1034	Reason Code	1 – Deductible 2 - Coinsurance
301	782	Monetary Amount	Amount client is responsible to pay after Medicare
301	1033	MCO Paid Amount	Use CO – Contractual Obligation
301	1034	Reason Code	
301	782	Monetary Amount	Amount MCO paid for this claim
296	1138	Payer Responsibility Sequence Number Code	P - Primary payer S – Secondary Payer T – Tertiary Payer
297	1336	Insurance Type Code	

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Page	Element No.	Data Element	Values / Comments
305	522	Amount Qualifier Code	Use 'D' to indicate Payer Amount Paid and put COB amount in AMT02.
305	782	COB Payer Paid Amount	Amount paid by other payer for service.
351	C003	Product or Service Code and Modifiers	HCPCS codes and modifiers for service rendered.
351		Procedure codes and modifiers	For CHIP pharmacy use J3490
354	782	Line Item Charge Amount	Usual and customary amount charged by provider for service.
355	355	Units or Basis for Measurement Code	MJ – Minutes (for anesthesia only) UN – Unit
355	380	Service Unit Count	
356	1328	Diagnosis Code Pointer	1 - 12
357	1073	EPSDT Indicator	Y
357	1073	Family Planning Indicator	Y
380	1250	Date Time Period Format – Date of Service	If single date "D8", if range "RD8" in CCYYMMDD format
381	1251	Service Date	
413	363	Line Note	Use 'Add' for all reasons
413	352	Line Note Information	Payment Amount – Start with 'P' and enter amount Denial Reason – Start with 'D' and enter denial reason Review on Modifier 25 – Start with L and use 25 – "L25"

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Page	Element No.	Data Element	Values / Comments
417	1473	Zero Pricing Indicator	Use 00 When the line has been denied by the plan and should not be used for duplicate checking.
417	782	Zero Pricing Indicator Amount	Put in 0, ONLY when there is 00 in HCP01. If the line should be used then do not send in segment HCP
425	235	Product/Service ID	N4 – National Drug Code
425	234	NCD	NDC is required on all drugs containing a NDC in addition to the HCPCS/CPT code. Do not submit hyphens or spaces.
426	380	Quantity	National Drug Unit Count
427	355	Units qualifier	GR – Gram ME – Milligram ML – Milliliter UN - Unit
479	67	ID Code	Use MCO Payer ID
480	782	TPL Amount	TPL Amount for this Line
485	1033	MCO Paid Amount	Use CO – Contractual Obligation
486	1034	Reason Code	
486	782	Monetary Amount	Amount MCO paid for this line.

ERRORS THAT WILL RETURN ON THE 277CA

Professional HMO Edits					
Status Category Code	Status Code	Status Entity Code	Reject Encounter	MMCS Status Description	WPC -EDI Status Description(Standard)
A6	26	1E	Y	Recipient ID missing (not submitted on encounter)	Entity not found.
A7	26	1E	Y	Recipient ID not on file	Entity not found.
A4	35	1E	Y	No match found on history for replacement	Claim/encounter not found.
A4	35	1E	Y	No match found on history for replacement	Claim/encounter not found.
A4	35	1E	Y	No match found on history for void	Claim/encounter not found.
A6	35	1E	Y	Previous TCN not present for replacement/void code	Claim/encounter not found.
A3	54	1E	Y	Possible duplicate encounter.	Duplicate of a previously processed claim/line.
A2	86	1E	N	Diagnosis to sex mismatch	Diagnosis and patient gender mismatch.
A3	88	1E	Y	Recipient ineligible during service period	Entity not eligible for benefits for submitted dates of service.
A3	97	1E	Y	Recipient enrolled with another plan during service Period	Patient eligibility not found with entity.
A3	97	1E	Y	Recipient enrollment not reflected on system	Patient eligibility not found with entity.
A7	122	1E	Y	Invalid Claim frequency code	Missing/invalid data prevents payer from processing claim.
A6	122	1E	Y	Missing claim frequency code	Missing/invalid data prevents payer from processing claim.
A6	122	1E	Y	Replacement/void code not present for previous TCN	Missing/invalid data prevents payer from processing claim.
A3	122	1E	Y	TCN has already been replaced	Missing/invalid data prevents payer from processing claim.
A3	122	1E	Y	TCN has already been voided	Missing/invalid data prevents payer from processing claim.
A7	125	1E	Y	Recipient name does not match file name	Entity's name.
A6	125	1E	Y	Recipient name missing	Entity's name.
A2	126	1E	N	Zip code is invalid	Entity's address.
A2	126	1E	N	Zip code is missing	Entity's address.
A6	153	1E	Y	Rendering Provider ID missing	Entity's id number.
A1	153	1E	N	Invalid/Missing State Assigned Medicaid ID	Entity's id number
A7	158	1E	Y	Month and year does not match file month and year	Entity's date of birth
A6	158	1E	Y	Recipient DOB missing	Entity's date of birth
A6	178	1E	Y	Charges missing	Submitted charges.
A6	178	1E	Y	Total Charges missing	Submitted charges.
A6	183	1E	Y	Other payer amount missing	Amount entity has paid.

Professional HMO Edits					
Status Category Code	Status Code	Status Entity Code	Reject Encounter	MMCS Status Description	WPC -EDI Status Description(Standard)
A6	183	1E	Y	Plan Paid Amount missing	Amount entity has paid.
A3	187	1E	Y	From date after submit date	Date(s) of service.
A6	187	1E	Y	From date of service missing	Date(s) of service.
A3	188	1E	Y	Encounter is greater than 12 months FROM DOS	Statement from-through dates.
A3	188	1E	N	From-through service dates cannot span more than one month	Statement from-through dates.
A7	188	1E	Y	Service through date after submit date	Statement from-through dates.
A7	188	1E	Y	Service through date prior to service from date	Statement from-through dates.
A3	247	1E	Y	Must contain at least one service line	Line information.
A7	249	1E	Y	Place of service invalid	Place of service.
A6	249	1E	Y	Place of service missing	Place of service.
A7	254	1E	Y	Primary Diagnosis code Invalid	Primary diagnosis code.
A6	254	1E	Y	Primary Diagnosis code Missing	Primary diagnosis code.
A7	255	1E	Y	Diagnosis code not on file	Diagnosis code.
A7	453	1E	Y	Modifier invalid	Procedure Code Modifier(s) for Service(s) Rendered
A7	453	1E	Y	Modifier invalid for procedure code	Procedure Code Modifier(s) for Service(s) Rendered
A7	454	1E	Y	Procedure code invalid	Procedure code for services rendered.
A6	454	1E	Y	Procedure code missing or non-covered for non-traditional	Procedure code for services rendered.
A1	454	1E	Y	Too many proc. Code T1015 for client for year	Procedure code for services rendered
A1	454	1E	Y	Procedure code for non-traditional is invalid	Procedure code for services rendered
A2	474	1E	N	Procedure to sex mismatch	Procedure code and patient gender mismatch
A7	476	1E	N	Max units exceeded	Missing or invalid units of service
A6	476	1E	Y	Units missing or non-covered for non-traditional	Missing or invalid units of service
A6	477	1E	Y	Diagnosis code x-ref missing	Diagnosis code pointer is missing or invalid
A7	477	1E	Y	Diagnosis code x-ref Invalid	Diagnosis code pointer is missing or invalid
A2	478	1E	N	Patient control number is missing	Claim submitter's identifier (patient control number) is missing

Professional PMHP Edits					
Status Category Code	Status Code	Status Entity Code	Reject Encounter	MMCS Status Description	WPC -EDI Status Description(Standard)
A6	21	1E	N	Missing SPMI indicator	
A6	26	1E	Y	Recipient ID missing (not submitted on encounter)	Entity not found.
A7	26	1E	Y	Recipient ID not on file	Entity not found.
A4	35	1E	Y	No match found on history for replacement	Claim/encounter not found.
A4	35	1E	Y	No match found on history for replacement	Claim/encounter not found.
A4	35	1E	Y	No match found on history for void	Claim/encounter not found.
A6	35	1E	Y	Previous TCN not present for replacement/void code	Claim/encounter not found.
A3	54	1E	Y	Possible duplicate encounter	Duplicate of a previously processed claim/line.
A2	86	1E	N	Diagnosis to sex mismatch	Diagnosis and patient gender mismatch.
A3	88	1E	Y	Recipient ineligible during service period	Entity not eligible for benefits for submitted dates of service.
A2	97	1E	N	Recipient enrolled with another plan during service Period	Patient eligibility not found with entity.
A2	97	1E	N	Recipient enrollment not reflected on system	Patient eligibility not found with entity.
A7	122	1E	Y	Invalid Claim frequency code	Missing/invalid data prevents payer from processing claim.
A6	122	1E	Y	Missing claim frequency code	Missing/invalid data prevents payer from processing claim.
A6	122	1E	Y	Replacement/void code not present for previous TCN	Missing/invalid data prevents payer from processing claim.
A3	122	1E	Y	TCN has already been replaced	Missing/invalid data prevents payer from processing claim.
A3	122	1E	Y	TCN has already been voided	Missing/invalid data prevents payer from processing claim.
A7	125	1E	Y	Recipient name does not match file name	Entity's name.
A6	125	1E	Y	Recipient name missing	Entity's name.
A2	126	1E	N	Zip code is invalid	Entity's address.
A2	126	1E	N	Zip code is missing	Entity's address.
A6	153	1E	Y	Rendering Provider ID missing	Entity's id number.
A7	158	1E	Y	Month and year does not match file month and year	Entity's date of birth
A6	158	1E	Y	Recipient DOB missing	Entity's date of birth
A6	178	1E	Y	Charges missing	Submitted charges.
A6	178	1E	Y	Total Charges missing	Submitted charges.

Professional PMHP Edits					
Status Category Code	Status Code	Status Entity Code	Reject Encounter	MMCS Status Description	WPC -EDI Status Description(Standard)
A6	21	1E	N	Missing SPMI indicator	
A6	26	1E	Y	Recipient ID missing (not submitted on encounter)	Entity not found.
A7	26	1E	Y	Recipient ID not on file	Entity not found.
A4	35	1E	Y	No match found on history for replacement	Claim/encounter not found.
A4	35	1E	Y	No match found on history for replacement	Claim/encounter not found.
A4	35	1E	Y	No match found on history for void	Claim/encounter not found.
A6	35	1E	Y	Previous TCN not present for replacement/void code	Claim/encounter not found.
A6	183	1E	Y	Other payer amount missing	Amount entity has paid.
A6	183	1E	Y	Plan Paid Amount missing	Amount entity has paid.
A3	187	1E	Y	From date after submit date	Date(s) of service.
A6	187	1E	Y	From date of service missing	Date(s) of service.
A3	188	1E	Y	Encounter is greater than 12 months FROM DOS	Statement from-through dates.
A3	188	1E	Y	From-through service dates cannot span more than one month	Statement from-through dates.
A7	188	1E	Y	Service through date after submit date	Statement from-through dates.
A7	188	1E	Y	Service through date prior to service from date	Statement from-through dates.
A6	188	1E	N	MCO's Paid Date Missing	
A6	188	1E	N	MCO's Entry Date Missing	
A3	247	1E	Y	Must contain at least one service line	Line information.
A7	249	1E	Y	Place of service invalid	Place of service.
A6	249	1E	Y	Place of service missing	Place of service.
A7	254	1E	Y	Primary Diagnosis code Invalid	Primary diagnosis code.
A6	254	1E	Y	Primary Diagnosis code Missing	Primary diagnosis code.
A7	255	1E	Y	Diagnosis code not on file	Diagnosis code.
A7	453	1E	Y	Modifier invalid	Procedure Code Modifier(s) for Service(s) Rendered
A7	453	1E	Y	Modifier invalid for procedure code	Procedure Code Modifier(s) for Service(s) Rendered
A7	454	1E	Y	Procedure code invalid	Procedure code for services rendered.
A6	454	1E	Y	Procedure code missing	Procedure code for services rendered.
A2	474	1E	N	Procedure to sex mismatch	Procedure code and patient gender mismatch
A7	476	1E	N	Max units exceeded	Missing or invalid units of service
A6	476	1E	Y	Units missing	Missing or invalid units of service
A6	477	1E	Y	Diagnosis code x-ref missing	Diagnosis code pointer is missing or invalid
A7	477	1E	Y	Diagnosis code x-ref Invalid	Diagnosis code pointer is missing or invalid

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A6	26	1E	Y	Recipient ID missing (not submitted on encounter)	Entity not found.
A7	26	1E	Y	Recipient ID not on file	Entity not found.
A4	35	1E	Y	No match found on history for replacement	Claim/encounter not found.
A4	35	1E	Y	No match found on history for replacement	Claim/encounter not found.
A4	35	1E	Y	No match found on history for void	Claim/encounter not found.
A6	35	1E	Y	Previous TCN not present for replacement/void code	Claim/encounter not found.
A2	478	1E	N	Patient control number is missing	Claim submitter's identifier (patient control number) is missing

Professional CHIP Edits					
Status Category Code	Status Code	Status Entity Code	Reject Encounter	MMCS Status Description	WPC -EDI Status Description(Standard)
A6	26	1E	Y	Recipient ID missing (not submitted on encounter)	Entity not found.
A7	26	1E	Y	Recipient ID not on file	Entity not found.
A4	35	1E	Y	No match found on history for replacement	Claim/encounter not found.
A4	35	1E	Y	No match found on history for replacement	Claim/encounter not found.
A4	35	1E	Y	No match found on history for void	Claim/encounter not found.
A6	35	1E	Y	Previous TCN not present for replacement/void code	Claim/encounter not found.
A3	54	1E	Y	Possible duplicate encounter.	Duplicate of a previously processed claim/line.
A2	86	1E	N	Diagnosis to sex mismatch	Diagnosis and patient gender mismatch.
A3	88	1E	Y	Recipient ineligible during service period	Entity not eligible for benefits for submitted dates of service.
A3	97	1E	Y	Recipient enrolled with another plan during service Period	Patient eligibility not found with entity.
A3	97	1E	Y	Recipient enrollment not reflected on system	Patient eligibility not found with entity.
A7	122	1E	Y	Invalid Claim frequency code	Missing/invalid data prevents payer from processing claim.
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A6	122	1E	Y	Replacement/void code not present for previous TCN	Missing/invalid data prevents payer from processing claim.
A3	122	1E	Y	TCN has already been replaced	Missing/invalid data prevents payer from processing claim.
A3	122	1E	Y	TCN has already been voided	Missing/invalid data prevents payer from processing claim.
A7	125	1E	Y	Recipient name does not match file name	Entity's name.
A6	125	1E	Y	Recipient name missing	Entity's name.
A2	126	1E	N	Zip code is invalid	Entity's address.
A2	126	1E	N	Zip code is missing	Entity's address.
A6	153	1E	Y	Rendering Provider ID missing	Entity's id number.
A1	153	1E	N	Invalid/Missing State Assigned Medicaid ID	Entity's id number
A7	158	1E	Y	Month and year does not match file month and year	Entity's date of birth
A6	158	1E	Y	Recipient DOB missing	Entity's date of birth
A6	178	1E	Y	Charges missing	Submitted charges.
A6	178	1E	Y	Total Charges missing	Submitted charges.
A6	183	1E	Y	Other payer amount missing	Amount entity has paid.
A6	183	1E	Y	Plan Paid Amount missing	Amount entity has paid.

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A3	188	1E	N	From-through service dates cannot span more than one month	Statement from-through dates.
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A6	249	1E	Y	Place of service missing	Place of service.
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A6	254	1E	Y	Primary Diagnosis code Missing	Primary diagnosis code.
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A7	453	1E	Y	Modifier invalid for procedure code	Procedure Code Modifier(s) for Service(s) Rendered
A7	454	1E	Y	Procedure code invalid	Procedure code for services rendered.
A2	474	1E	N	Procedure to sex mismatch	Procedure code and patient gender mismatch
A7	476	1E	N	Max units exceeded	Missing or invalid units of service
A6	477	1E	Y	Diagnosis code x-ref missing	Diagnosis code pointer is missing or invalid
A7	477	1E	Y	Diagnosis code x-ref Invalid	Diagnosis code pointer is missing or invalid
A2	478	1E	N	Patient control number is missing	Claim submitter's identifier (patient account number) is missing