

EyeMed Vision Care

HEALTH CARE CLAIM: PROFESSIONAL

Companion Document to ASC X12N 837 (004010X098A1)

Welcome to EyeMed Vision Care's HIPAA TCS implementation process. We have developed this guide to assist you in preparing to trade HIPAA 837 Professional Claim transactions with us.

This Companion Guide to the ASC X12N 837 Implementation Guide adopted under HIPAA clarifies and specifies the data content for data that is electronically transmitted to EyeMed. Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guide, are compliant with both X12 syntax and the HIPAA Implementation Guide. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guide adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the HIPAA Implementation Guide.

This document is to be used as a companion to the HIPAA Implementation Guide for trading enrollment transactions with EyeMed Vision Care. The first section describes the loops and segments EyeMed will capture, along with specific data element requirements and guidelines. The second section describes the situational loops, segments, and data elements that EyeMed will *not* be capturing; therefore, you are not required to include these when you trade with us.

We look forward to testing with you and establishing an effective trading relationship.

837 Health Care Claim Submission											
Pg#	Seg	DE	Req	PIC	Min Max	Use	Description	X12 Codes	X12 Code Definition	Values	Notes
INTERCHANGE CONTROL HEADER											
	ISA		M			R	INTERCHANGE CONTROL HEADER				
	GS		M			R	FUNCTIONAL GROUP HEADER				
TABLE 1 HEADER											
62	ST		M		1/1	R	TRANSACTION SET HEADER				
63	BHT		M		1/1	R	BEGINNING OF HIERARCHICAL TRANSACTION				
LOOP 2010 AA											
						R	BILLING PROVIDER NAME				
84	NM1		O		1/1	R	BILLING PROVIDER NAME				
LOOP 2010 AB											
						S	PAY-TO PROVIDER NAME				
99	NM1		O		0/1	S	PAY-TO PROVIDER NAME				
LOOP 2000 B											
						R	SUBSCRIBER HIERARCHICAL LEVEL				
110	SBR		O		1/1	R	SUBSCRIBER INFORMATION				
	SBR03	127	O	AN	1/30	S	Insured Group or Policy Number				Known as Group Code or Plan ID provided by EyeMed
	SBR04	93	O	AN	1/60	S	Insured Group Name				Known as Plan Name
LOOP 2010 BA											
						R	SUBSCRIBER NAME				
117	NM1		O		1/1	R	SUBSCRIBER NAME				
	NM108	66	X	ID	1/2	S	Identification Code Qualifier			MI	Use Member Identification Number
LOOP 2000 C											
						S	PATIENT HIERARCHICAL LEVEL				
154	PAT		O		1/1	R	PATIENT INFORMATION				
LOOP 2010 CA											
						R	PATIENT NAME				
157	NM1		O		1/1	R	PATIENT NAME				
	NM108	66	X	ID	1/2	S	Identification Code Qualifier			MI	Use Member Identification Number
161	N3		O		1/1	R	PATIENT ADDRESS				
162	N4		O		1/1	R	PATIENT CITY/STATE/ZIP CODE				
	N403	116	O	ID	3/15	R	Postal Code				EyeMed will pick up the first 5 positions of "Postal Code".
164	DMG		O		1/1	R	PATIENT DEMOGRAPHIC INFORMATION				
166	REF		O		0/1	S	PATIENT SECONDARY IDENTIFICATION				
	REF01	128	M	ID	2/3	R	Reference Identification Qualifier	1W 23 IG SY	Member Identification Number Client Number Insurance Policy Number Social Security Number	SY	EyeMed will pick up the code "SY" (Social Security Number) and will ignore all other values.
LOOP 2300											
						R	CLAIM INFORMATION				
166	CLM		O		1/1	R	CLAIM INFORMATION				
	CLM05 - 1	1331	M	AN	1/2	R	Facility Type Code		See Implementation Guide for Code List	11 99	Other codes don't apply
200	DTP		O		0/1	S	DATE - HEARING AND VISION PRESCRIPTION DATE				
182	DTP		O		0/1	S	DATE - INITIAL TREATMENT				
180	DTP		O		0/1	S	DATE - ORDER DATE				
220	AMT		O		0/1	S	PATIENT AMOUNT PAID				
227	REF		O		0/1	S	PRIOR AUTHORIZATION OR REFERRAL NUMBER				
	REF01	128	M	ID	2/3	R	Reference Identification Qualifier	9F G1	Referral Number Prior Authorization Number	G1	EyeMed will pick up code "G1" and will ignore all other values.
229	REF		O		0/1	S	CLAIM ORIGINAL REFERENCE NUMBER (ICN/DCN)				
265	HI		O		0/1	S	HEALTH CARE DIAGNOSIS CODE				
LOOP 2310 B											
						S	RENDERING PROVIDER NAME				
290	NM1		O		0/1	S	RENDERING PROVIDER NAME				
LOOP 2310 D											
						S	SERVICE FACILITY LOCATION				
303	NM1		O		0/1	S	SERVICE FACILITY LOCATION				

837 Health Care Claim Submission											
Pg#	Seg	DE	Req	PIC	Min Max	Use	Description	X12 Codes	X12 Code Definition	Values	Notes
	NM101	98	M	ID	2/3	R	Entity Identifier Code	77 FA LI TL	Service Location Facility Independent Lab Testing Laboratory	77	EyeMed will expect service location
307	N3		O		0/1	R	SERVICE FACILITY LOCATION ADDRESS				
308	N4		O		0/1	R	SERVICE FACILITY LOCATION CITY/STATE/ZIP				
310	REF		O		0/1	S	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION				
	REF01	128	M	ID	2/3	R	Reference Identification Qualifier		See Implementation Guide for Code List	LU	EyeMed will pick up code "LU" (Location Number) and will ignore all other values.
LOOP 2400						S	SERVICE LINE				
400	SV1		O		1/1	R	PROFESSIONAL SERVICE				
	SVC101-1	235	M	ID	2/2	R	Product/Service ID Qualifier		See Implementation Guide for Code List	HC	EyeMed expects to see Health Care Financing Administration Common Procedure Coding System (HCPCS) codes
435	DTP		O		1/1	R	DATE - SERVICE DATE				
472	REF		O		1/1	S	LINE ITEM CONTROL NUMBER				
484	AMT		O		1/1	S	SALES TAX AMOUNT				
	SE		M			R	TRANSACTION SET TRAILER				
	GE		M			R	FUNCTIONAL GROUP TRAILER				
	IEA		M			R	INTERCHANGE CONTROL TRAILER				

LOCATION	USE	NAME	NOTES
Loops not picked up by EyeMed			
Loop 2010 BC		S	Responsible Party Name
Loop 2010 BD		S	Credit/Debit Card Holder Name
Loop 2305		S	Home Health Care Plan Information
Loop 2310 A		S	Referring Provider Name
Loop 2310 C		S	Purchased Service Provider Name
Loop 2310 E		S	Supervising Provider Name
Loop 2320		S	Other Subscriber Information
Loop 2330 A		S	Other Subscriber Name
Loop 2330 B		S	Other Payer Name
Loop 2330 C		S	Other Payer Patient Information
Loop 2330 D		S	Other Payer Referring Provider
Loop 2330 E		S	Other Payer Rendering Provider
Loop 2330 F		S	Other Payer Purchased Service Provider
Loop 2330 G		S	Other Payer Service Facility Location
Loop 2330 H		S	Other Payer Supervising Provider
Loop 2420 A		S	Rendering Provider Name
Loop 2420 B		S	Purchased Service Provider Name
Loop 2420 C		S	Service Facility Location
Loop 2420 D		S	Supervising Provider Name
Loop 2420 E		S	Ordering Provider Name
Loop 2420 F		S	Referring Provider Name
Loop 2420 G		S	Other Payer Prior Authorization or Referral Number
Loop 2430		S	Line Adjudication Information
Loop 2440		S	Form Identification Code
Segments not picked up by EyeMed			
Loop 1000 A			Submitter Name
	N2	S	Additional Submitter Name Information
Loop 1000 B			Receiver Name
	N2	S	Additional Receiver Name Information
Loop 2000 A			Billing/Pay-To Provider Hierarchical Level
	PRV	S	Billing/Pay-To Provider Specialty Information
	CUR	S	Foreign Currency Information
Loop 2010 AA			Billing Provider Name
	N2	S	Additional Billing Provider Name Information

LOCATION		USE	NAME	NOTES
	REF	S	Billing Provider Secondary Identification	
	REF	S	Credit/Debit Card Billing Information	
	PER	S	Billing Provider Contact Information	
Loop 2010 AB			Pay-To Provider Name	
	N2	S	Additional Pay-To Provider Name Information	
	REF	S	Pay-To Provider Secondary Identification	
Loop 2000 B			Subscriber Hierarchical Level	
	PAT	S	Patient Information	
Loop 2010 BA			Subscriber Name	
	N2	S	Additional Subscriber Name Information	
	N3	S	Subscriber Address	
	N4	S	Subscriber City/State/Zip Code	
	DMG	S	Subscriber Demographic Information	
	REF	S	Subscriber Secondary Identification	
	REF	S	Property and Casualty Claim Number	
Loop 2010 BB			Payer Name	
	N2	S	Additional Payer Name Information	
	N3	S	Payer Address	
	N4	S	Payer City/State/Zip Code	
	REF	S	Payer Secondary Identification	
Loop 2010 CA			Patient Name	
	N2	S	Additional Patient Name Information	
	REF	S	Property and Casualty Claim Number	
Loop 2300			Claim Information	
	DTP	S	Date - Referral Date	
	DTP	S	Date - Date Last Seen	
	DTP	S	Date - Onset of Current Illness/Symptom	
	DTP	S	Date - Acute Manifestation	
	DTP	S	Date - Similar Illness/Symptom Onset	
	DTP	S	Date - Accident	
	DTP	S	Date - Last Menstrual Period	
	DTP	S	Date - Last X-Ray	
	DTP	S	Date - Estimated Date of Birth	
	DTP	S	Date - Disability Begin	
	DTP	S	Date - Disability End	
	DTP	S	Date - Last Worked	

LOCATION	USE	NAME	NOTES
	DTP	S	Date - Authorized Return to Work
	DTP	S	Date - Admission
	DTP	S	Date - Discharge
	DTP	S	Date - Assumed and Relinquished Care Dates
	PWK	S	Claim Supplemental Information
	CN1	S	Contract Information
	AMT	S	Credit/Debit Card Maximum Amount
	AMT	S	Total Purchased Service Amount
	REF	S	Service Authorization Exception Code
	REF	S	Mandatory Medicare (Section 4081) Crossover Indicator
	REF	S	Mammography Certification Number
	REF	S	Claim Laboratory Improvement Amendment (CLIA) Number
	REF	S	Repriced Claim Number
	REF	S	Adjusted Repriced Claim Number
	REF	S	Investigational Device Exemption Number
	REF	S	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries
	REF	S	Ambulatory Patient Group (APG)
	REF	S	Medical Record Number
	REF	S	Demonstration Project Identifier
	K3	S	File Information
	NTE	S	Claim Note
	CR1	S	Ambulance Transport Information
	CR2	S	Spinal Manipulation Service Information
	CRC	S	Ambulance Certification
	CRC	S	Patient Condition Information: Vision
	CRC	S	Homebound Indicator
	HCP	S	Claim Pricing/Repricing Information
Loop 2310 B			Rendering Provider Name
	PRV	S	Rendering Provider Specialty Information
	N2	S	Additional Rendering Provider Name Information

LOCATION		USE	NAME	NOTES
	REF	S	Rendering Provider Secondary Identification	
Loop 2310 D			Service Facility Location	
	N2	S	Additional Service Facility Location Name Information	
Loop 2400			Service Line	
	SV4	S	Prescription Number	
	PWK	S	DMERC CMN Indicator	
	CR1	S	Ambulance Transport Information	
	CR2	S	Spinal Manipulation Service Information	
	CR3	S	Durable Medical Equipment Certification	
	CR5	S	Home Oxygen Therapy Information	
	CRC	S	Ambulance Certification	
	CRC	S	Hospice Employee Indicator	
	CRC	S	DMERC Condition Indicator	
	DTP	S	Date - Certification Revision Date	
	DTP	S	Date - Referral Date	
	DTP	S	Date - Begin Therapy Date	
	DTP	S	Date - Last Certification Date	
	DTP	S	Date - Order Date	
	DTP	S	Date - Date Last Seen	
	DTP	S	Date - Test	
	DTP	S	Date - Oxygen Saturation/Arterial Blood Gas Test	
	DTP	S	Date - Shipped	
	DTP	S	Date - Onset of Current Symptom/Illness	
	DTP	S	Date - Last X-Ray	
	DTP	S	Date - Acute Manifestation	
	DTP	S	Date - Initial Treatment	
	DTP	S	Date - Similar Illness/Symptom Onset	
	QTY	S	Anesthesia Modifying Units	
	MEA	S	Test Result	
	CN1	S	Contract Information	
	REF	S	Repriced Line Item Reference Number	
	REF	S	Adjusted Repriced Line Item Reference Number	

LOCATION		USE	NAME	NOTES
	REF	S	Prior Authorization or Referral Number	
	REF	S	Mammography Certification Number	
	REF	S	Clinical Laboratory Improvement Amendment (CLIA) Identification	
	REF	S	Referring Clinical Improvement Amendment (CLIA) Facility Identification	
	REF	S	Immunization Batch Number	
	REF	S	Ambulatory Patient Group (APG)	
	REF	S	Oxygen Flow Rate	
	REF	S	Universal Product Number (UPN)	
	AMT	S	Approved Amount	
	AMT	S	Postage Claimed Amount	
	K3	S	File Information	
	NTE	S	Line Note	
	PS1	S	Purchased Service Information	
	HSD	S	Health Care Services Delivery	
	HCP	S	Line Pricing/Repricing Information	
Elements not picked up by EyeMed				
Loop 2000 B			Subscriber Hierarchical Level	
	SBR		Subscriber Information	
	SBR02	S	Relationship Code	
	SBR05	S	Insurance Type Code	
	SBR09	S	Claim Filling Indicator Code	
Loop 2000 C			Patient Hierarchical Level	
	PAT		Patient Information	
	PAT05	S	Date Time Period Format Qualifier	
	PAT06	S	Patient Death Date	
	PAT07	S	Unit or Basis for Measurement Code	
	PAT08	S	Patient Weight	
	PAT09	S	Pregnancy Indicator	
Loop 2300			Claim Information	
	CLM		Claim Information	
	CLM10	S	Patient Signature Source Code	
	CLM11	S	Accident/Employment/Related Causes	
	CLM11 - 2	S	Related Causes Code	
	CLM11 - 3	S	Related Causes Code	

LOCATION		USE	NAME	NOTES
	CLM11 - 4	S	Auto Accident State or Province Code	
	CLM11 - 5	S	Country Code	
	CLM12	S	Special Program Indicator	
	CLM16	S	Participation Agreement	
	CLM20	S	Delay Reason Code	
	HI		Health Care Diagnosis Code	
	HI02	S	Health Care Code Information	
	HI03	S	Health Care Code Information	
	HI04	S	Health Care Code Information	
	HI05	S	Health Care Code Information	
	HI06	S	Health Care Code Information	
	HI07	S	Health Care Code Information	
	HI08	S	Health Care Code Information	
Loop 2400			Service Line	
	SV1		Professional Service	
	SV105	S	Place of Service Code	
	SV107	S	Composite Diagnosis Code Pointer	
	SV107 - 2	S	Composite Diagnosis Code Pointer	
	SV107 - 3	S	Composite Diagnosis Code Pointer	
	SV107 - 4	S	Composite Diagnosis Code Pointer	
	SV111	S	EPSDT Indicator	
	SV112	S	Family Planning Indicator	
	SV115	S	Co-Pay Status Code	
Guidelines for Interpreting Companion Guide:				
If Usage = "Not Used", the element/segment is omitted from the Companion Guide and "Data Not Picked Up" worksheet				
Element Names are from Industry Standard, if available				
If an element is required but is not mapped, the element is not listed in the "Data Not Picked Up" worksheet				
If an element is not required (= "O" or "X") and is not mapped, the element is listed in the "Data Not Picked Up" worksheet				