

# 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	
<b>INTERCHANGE CONTROL HEADER</b>												
	ISA		M			R	INTERCHANGE CONTROL HEADER					
	GS		M			R	FUNCTIONAL GROUP HEADER					
<b>TABLE 1 HEADER</b>												
62	ST		M		1/1	R	TRANSACTION SET HEADER					
63	BHT		M		1/1	R	BEGINNING OF HIERARCHICAL TRANSACTION					
66	REF		O		1/1	R	TRANSMISSION TYPE IDENTIFICATION					
<b>LOOP 1000 A</b>												
						R	SUBMITTER NAME					
67	NM1		O		1/1	R	SUBMITTER NAME					
71	PER		O		1/1	R	SUBMITTER EDI CONTACT INFORMATION					
	PER03	365	X	ID	2/2	R	Communication Number Qualifier	ED EM FX TE	Electronic Data Interchange Access Number Electronic Mail Facsimile Telephone	TE EM	EyeMed will provide either a telephone number or an email address.	
<b>LOOP 1000 B</b>												
						R	RECEIVER NAME					
74	NM1		O		1/1	R	RECEIVER NAME					
<b>LOOP 2000 A</b>												
						R	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL					
77	HL		M		1/1	R	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL					
<b>LOOP 2010 AA</b>												
						R	BILLING PROVIDER NAME					
84	NM1		O		1/1	R	BILLING PROVIDER NAME					
88	N3		O		1/1	R	BILLING PROVIDER ADDRESS					
88	N4		O		1/1	R	BILLING PROVIDER CITY/STATE/ZIP CODE					
<b>LOOP 2000 B</b>												
						R	SUBSCRIBER HIERARCHICAL LEVEL					
108	HL		M		1/1	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	
	SBR04	93	O	AN	1/60	S	Insured Group Name				Known as Plan Name	
	SBR09	1032	O	ID	1/2	S	Claim Filing Indicator Code		"12" Preferred Provider Organization (PPO)	12	Expected code from EyeMed is Preferred Provider Organization (PPO)	
<b>LOOP 2010 BA</b>												
						R	SUBSCRIBER NAME					
117	NM1		O		1/1	R	SUBSCRIBER NAME					
	NM108	66	X	ID	1/2	S	Identification Code Qualifier	MI ZZ	Member Identification Number Mutually Defined	MI	EyeMed will provide the member ID.	
121	N3		O		0/1	S	SUBSCRIBER ADDRESS					
122	N4		O		0/1	S	SUBSCRIBER CITY/STATE/ZIP CODE					
124	DMG		O		0/1	S	SUBSCRIBER DEMOGRAPHIC INFORMATION					
<b>LOOP 2010 BB</b>												
						R	PAYER NAME					
130	NM1		O		1/1	R	PAYER NAME					
137	REF		O		0/3	S	PAYER SECONDARY IDENTIFICATION					
<b>LOOP 2000 C</b>												
						S	PATIENT HIERARCHICAL LEVEL					
152	HL		M		1/1	S	PATIENT HIERARCHICAL LEVEL					
154	PAT		O		1/1	R	PATIENT INFORMATION					
<b>LOOP 2010 CA</b>												
						R	PATIENT NAME					
157	NM1		O		1/1	R	PATIENT NAME					
	NM108	66	X	ID	1/2	S	Identification Code Qualifier	MI ZZ	Member Identification Number Mutually Defined	MI	EyeMed will provide the member ID.	
161	N3		O		1/1	R	PATIENT ADDRESS					
162	N4		O		1/1	R	PATIENT CITY/STATE/ZIP CODE					
164	DMG		O		1/1	R	PATIENT DEMOGRAPHIC INFORMATION					

837 Health Care Claim Submission											
Pg#	Seg	DE	Req	PIC	Min Max	Use	Description	X12 Codes	X12 Code Definition	Values	Notes
<b>LOOP 2300</b>											
<b>R CLAIM INFORMATION</b>											
166	CLM		O		1/1	R	CLAIM INFORMATION				
	CLM07	1359	0	ID	1/1	R	Medicare Assignment Code	A B C P	Assigned Assignment Accepted on Clinical Lab Services Only Not Assigned Patient Refuses to Assign Benefits	C	Expected code value from EyeMed is Not Assigned
	CLM08	1073	0	ID	1/1	R	Benefits Assignment Certification Indicator	Y N	Yes No	Y	Expected code value from EyeMed is Yes
	CLM09	1359	0	ID	1/1	R	Release of Information Code	A I M N O Y	See IG	Y	Expected code value from EyeMed is Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
200	DTP		O		0/1	S	DATE - HEARING AND VISION PRESCRIPTION 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	Expected code value from EyeMed is a Prior Authorization Number
229	REF		O		0/1	S	ORIGINAL REFERENCE NUMBER (ICN/DCN)				
265	HI		O		0/1	S	HEALTH CARE DIAGNOSIS CODE				
<b>LOOP 2310 B</b>											
<b>S RENDERING PROVIDER NAME</b>											
290	NM1		O		0/1	S	RENDERING PROVIDER NAME				
	NM108	66	X	ID	1/2	R	Identification Code Qualifier	24 34 XX	Employer's Identification Number Social Security Number Health Care Financing Administration National Provider Identifier	24	Expected code value from EyeMed is "24".
293	PRV		O		1/1	R	RENDERING PROVIDER SPECIALTY INFORMATION				
<b>LOOP 2310 D</b>											
<b>S SERVICE FACILITY LOCATION</b>											
303	NM1		O		0/1	S	SERVICE FACILITY LOCATION NAME				
	NM101	98	M	ID	2/3	R	Entity Identifier Code	77 FA LI TL	Service Location Facility Independent Lab Testing Laboratory	77	Expected code value from EyeMed is "77"--Service Location
	NM108	66	X	ID	1/2	S	Identification Code Qualifier	24 34 XX	Employer's Identification Number Social Security Number Health Care Financing Administration National Provider Identifier	24	Expected code value from EyeMed is "24"--Employer's ID Number
307	N3		O		0/1	R	SERVICE FACILITY LOCATION ADDRESS				
308	N4		O		0/1	R	SERVICE FACILITY LOCATION CITY/STATE/ZIP				
<b>LOOP 2400</b>											
<b>S SERVICE LINE</b>											
398	LX		O		1/1	R	SERVICE LINE				
400	SV1		O		1/1	R	PROFESSIONAL SERVICE				
	SV103	355	X	ID	2/2	R	Unit or Basis for Measurement Code	F2 MJ UN	International Units Minutes Units	UN	EyeMed will provide measurement in Units
435	DTP		O		1/1	R	DATE - SERVICE DATE				

837 Health Care Claim Submission											
Pg#	Seg	DE	Req	PIC	Min Max	Use	Description	X12 Codes	X12 Code Definition	Values	Notes
	DTP02	1250	M	ID	2/3	R	Date Time Period Format Qualifier	D8 RD8	Date Expressed in Format CCYYMMDD Range of Dates Expressed in Format CCYYMMDD - CCYYMMDD	D8	EyeMed will provide the service date
472	REF		O		1/1	S	LINE ITEM CONTROL NUMBER				
484	AMT		O		1/1	S	SALES TAX AMOUNT				
572	SE		M		1/1	R	TRANSACTION SET TRAILER				
	GE		M			R	FUNCTIONAL GROUP TRAILER				
	IEA		M			R	INTERCHANGE CONTROL TRAILER				

LOCATION	USE	NAME	NOTES
<b>Loops not sent by EyeMed</b>			
Loop 2010 AB	S	Pay-to Provider Name	
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	
<b>Segments not sent by EyeMed</b>			
<b>Loop 1000 A</b>		<b>Submitter Name</b>	
	N2	S	Additional Submitter Name Information
<b>Loop 1000 B</b>		<b>Receiver Name</b>	
	N2	S	Receiver Additional Name Information
<b>Loop 2000 A</b>		<b>Billing/Pay-to Provider Hierarchical Level</b>	
	PRV	S	Billing/Pay-to Provider Specialty Information
	CUR	S	Foreign Currency Information
<b>Loop 2010 AA</b>		<b>Billing Provider Name</b>	
	N2		Additional Billing Provider Name Information

LOCATION		USE	NAME	NOTES
	REF	S	Billing Provider Secondary Information	
	REF	S	Credit/Debit Card Billing Information	
	PER	S	Billing Provider Contact Information	
<b>Loop 2000 B</b>			<b>Subscriber Hierarchical Level</b>	
	PAT	S	Patient Information	
<b>Loop 2010 BA</b>			<b>Subscriber Name</b>	
	N2	S	Additional Subscriber Name Information	
	REF	S	Subscriber Secondary Information	
	REF	S	Property and Casualty Claim Number	
<b>Loop 2010 BB</b>			<b>Payer Name</b>	
	N2	S	Additional Payer Name Information	
	N3	S	Payer Address	
	N4	S	Payer City/State/Zip Code	
<b>Loop 2010 CA</b>			<b>Patient Name</b>	
	N2	S	Additional Patient Name Information	
	REF	S	Patient Secondary Identification	
	REF	S	Property and Casualty Claim Number	
<b>Loop 2300</b>			<b>Claim Information</b>	
	DTP	S	Date - Order Date	
	DTP	S	Date - Initial Treatment	
	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	
	DTP	S	Date - Authorized Return to Work	
	DTP	S	Date - Admission	
	DTP	S	Date - Discharge	
	DTP	S	Date - Assumed and Relinquished Care Dates	

LOCATION		USE	NAME	NOTES
	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	Clinical Laboratory Improvement Amendment (CLIA) Number	
	REF	S	Repriced Claim Number	
	REF	S	Adjusted Repriced Claim Number	
	REF	S	Investigational Device Exception 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	
	CR7	S	Home Health Care Plan Information	
<b>Loop 2310 B</b>			<b>Rendering Provider Name</b>	
	N2	S	Additional Rendering Provider Name Information	
	REF	S	Rendering Provider Secondary Identification	
<b>Loop 2310 D</b>			<b>Service Facility Location</b>	
	N2	S	Additional Service Facility Location Name Information	
	REF	S	Service Facility Location Secondary Identification	
<b>Loop 2400</b>			<b>Service Line</b>	
	SV4	S	Prescription Number	

LOCATION		USE	NAME	NOTES
	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	
	REF	S	Prior Authorization or Referral Number	
	REF	S	Mammography Certification Number	
	REF	S	Clinical Laboratory Improvement Amendment (CLIA) Number	
	REF	S	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	
	REF	S	Immunization Batch Number	
	REF	S	Ambulatory Patient Group (APG)	
	REF	S	Oxygen Flow Rate	

LOCATION		USE	NAME	NOTES
	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	
<b>Elements not sent by EyeMed</b>				
<b>Loop 1000 A</b>			<b>Submitter Name</b>	
	<b>NM1</b>		<b>Submitter Name</b>	
	NM104	S	Submitter First Name	
	NM105	S	Submitter Middle Name	
	<b>PER</b>		<b>Submitter EDI Contact Information</b>	
	PER05	S	Communication Number Qualifier	
	PER06	S	Communication Number	
	PER07	S	Communication Number Qualifier	
	PER08	S	Communication Number	
<b>Loop 2010 AA</b>			<b>Billing Provider Name</b>	
	<b>NM1</b>		<b>Billing Provider Name</b>	
	NM104		Billing Provider First Name	
	NM105		Billing Provider Middle Name	
	NM107		Billing Provider Name Suffix	
	<b>N4</b>		<b>Billing Provider City/State/Zip Code</b>	
	N404	S	Billing Provider Country Code	
<b>Loop 2000 B</b>			<b>Subscriber Hierarchical Level</b>	
	<b>SBR</b>		<b>Subscriber Information</b>	
	SBR05	S	Insurance Type Code	
	SBR09	S	Claim Filling Indicator Code	
<b>Loop 2010 BA</b>			<b>Subscriber Name</b>	
	N404	S	Country Code	
<b>Loop 2000 C</b>			<b>Patient Hierarchical Level</b>	
	<b>PAT</b>		<b>Patient Information</b>	
	PAT05	S	Date Time Period Format Qualifier	
	PAT06	S	Patient Death Date	
	PAT07	S	Unit or Basis for Measurement Code	

LOCATION		USE	NAME	NOTES
	PAT08	S	Patient Weight	
	PAT09	S	Pregnancy Indicator	
<b>Loop 2010 CA</b>			<b>Patient Name</b>	
	<b>N4</b>		<b>Patient City/State/Zip Code</b>	
	N404	S	Country Code	
<b>Loop 2300</b>			<b>Claim Information</b>	
	<b>CLM</b>		<b>Claim Information</b>	
	CLM10	S	Patient Signature Source Code	
	CLM11	S	Related Causes Information	
	CLM11 - 2	S	Related Causes Code	
	CLM11 - 3	S	Related Causes Code	
	CLM11 - 4	S	Auto Accident State or Province Code	
	CLM11 - 5	S	Country Code	
	CLM12	S	Special Program Indicator	
	CLM20	S	Delay Reason Code	
	<b>HI</b>		<b>Health Care Diagnosis Code</b>	
	HI102	S	Health Care Code Information	
	HI103	S	Health Care Code Information	
	HI104	S	Health Care Code Information	
	HI105	S	Health Care Code Information	
	HI106	S	Health Care Code Information	
	HI107	S	Health Care Code Information	
	HI108	S	Health Care Code Information	
<b>Loop 2310 B</b>			<b>Rendering Provider Name</b>	
	<b>NM1</b>		<b>Rendering Provider Name</b>	
	NM105	S	Rendering Provider Middle Name	
	NM107	S	Rendering Provider Name Suffix	
<b>Loop 2310 D</b>			<b>Service Facility Location</b>	
	<b>N4</b>		<b>Service Facility Location City/State/Zip</b>	
	N404	S	Country Code	
<b>Loop 2400</b>			<b>Service Line</b>	
	<b>SV</b>		<b>Professional Service</b>	
	SV105	S	Place of Service Code	
	SV107	S	Composite Diagnosis Code Pointer	
	SV111	S	EPSDT Indicator	
	SV112	S	Family Planning Indicator	

LOCATION		USE	NAME	NOTES
	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 <b>not</b> listed in the "Data Not Picked Up" worksheet				
If an element is <b>not</b> required (= "O" or "X") and is not mapped, the element is listed in the "Data Not Picked Up" worksheet				