5. 837 DATA SUBMISSION AND TECHNICAL REQUIREMENTS

This section provides additional detail about the file submission and specific characteristics about the file and file expectations. Review of this section will help the technical advisor, vendor or developer create the custom 837 claim file and format it according to WHAIC specifications. If you follow these guidelines, the file will process accurately, efficiently and with minimal edits.

Common question: If your vendor or file developer asks what the file type should be, we say the file should look like a claim file format. The file must be structurally correct with loops and segments to meet the 837 standards, meaning our parser will not work if it does not meet the ASC X12 Implementation Guide. We do not have or require file extensions like.txt.

Specifications of the following HIPAA 5010 inbound transactions:

837I sample file: https://www.whainfocenter.com/WHAInfoCenter/media/DataSubmitters/837I_Sample-File.pdf

837P sample file: https://www.whainfocenter.com/WHAInfoCenter/media/DataSubmitters/837P_SampleFile.pdf

837R sample file: https://www.whainfocenter.com/WHAInfoCenter/media/DataSubmitters/837R-Sample-File.pdf

The 837 WIpop claims file **DO NOT have** file extension requirements.

5.1 Interchange Control Header (ISA06)

WHAIC manages two data submission environments - one for test and one for production, therefore the data submitter is choosing the environment; the use of the ISA15 segment is not necessary or required.

An uploaded 837 file must contain data for only one facility. The facility number in ISA06, GS02, and NM109 in loop 1000A must all match the facility number specified when the file is uploaded. In other words, if the user specifies that the uploaded file is for facility 043 (Aurora - Hartford) but the file contains data and field identifiers for facility 124 (Aurora - Sheboygan), the file will be rejected.

5.2 WHAIC 837 File Handler and De-Identification Program

WHAIC does not allow patient names. Users can upload through the WIpop File Handler system. WIpop submitters can upload the file(s) with patient names directly through the WIpop application system. The functionality is embedded in the system to replace and discard the patient's name to create the UCID. This program executes a Windows console program which resides behind the scenes to remove names. Alternatively, facilities may create their own program to replace patients' names with a 64-character Unique Case Identifier (**UCID**) in their 837 claims file using a custom methodology. The UCID employs a name standardization algorithm (New York State Identification and Intelligence System) and then hashes the result to produce a 64-character ID – please contact WHAIC if this is the chosen method

The primary purpose of the UCID is to assist facilities in identifying when a readmission occurs at a different facility from where the original admission or ambulatory surgery occurred. In addition, to preserve historical trends, Batch Files will be rejected if a patient name is detected.

In order to create the 64-character UCID and scrub the patient names from the file, the user must select the first option in the WIpop File Upload page: This option first creates the UCID and scrubs the names, then uploads the file to our system

Step 2. Upload Method:

- Create Encrypted Patient Identifier and Upload File (AKA Black Box) 0
- Upload 837 Claim file (file contains encrypted patient identifier) 1

5.3 Delimiters in the Segment of the file

A delimiter is a character used to separate two data elements or component elements or to terminate a segment. The delimiters are an integral part of the data. Delimiters are specified in the interchange header segment, ISA. The ISA segment can be considered implementation compliant with this guide to be a 105 byte fixed length record, followed by a segment terminator.

- the data element separator is byte number 4;
- the repetition separator is byte number 83;
- the component element separator is byte number 105; and,
- the segment terminator is the byte that immediately follows the component element separator.

Once specified in the interchange header, the delimiters are not to be used in a data element value elsewhere in the interchange. For consistency, this implementation guide uses the delimiters shown below in Delimiters Table, in all examples of the EDI transmissions.

File Delimiters

Character	Name	Delimiter
*	Asterisk	Data Element Separator
٨	Carat	Repetition Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator

5.4 Special Characters in the Claims Data

The use of the following special characters should be used within the claim data as defined below.

Period	Dash	Colon
	-	:
Ex: Charges 111.11	Ex: source of payment, ex. AAA-01 Ex: Element format is UCID UCID is characters 1 – 64	Ex: Race:Ethnicity DMG05 value of 5:2:3 is treated as Race = 5, Ethnicity = 2, Race2 = 3

5.5 Mapping Rules and 837 File Specifications

This section addresses a variety of issues that will facilitate the 837 Claims Submission Process. Only the sections and segments that are required or situational **and apply** to the WHAIC data collection requirements, or that are different from the ANSI 837 Guide sections are written in this manual.

The file must be structurally correct with loops and segments to meet the 837 standards, meaning our parser will not work if it does not meet the ASC X12 Implementation Guide.

Fields marked Situational **does not** mean optional. For example, Attending NPI is required on inpatient records, but the field says situational because it is not required on outpatient records.

- Only loops, segments, and data elements valid for the HIPAA 837I (005010X223A2), 837P (005010X222A1) and 837R (005010X225A2) will be translated. Deviating from the Technical Report Guidelines and submitting invalid data will cause the file/batch to reject.
- Uploaded files are not limited in total size, but a single transaction (ST SE envelope) can have no more than 5,000 CLM segments or 10 million characters. Files exceeding either limit will be rejected.
- WIpop max upload size is 100 megabytes. Files larger than 100 megabytes need to split it.

When a HIPAA compliant ANSI 837 Institutional or Reporting formatted file with the additional required fields, including all mapped fields listed below, is submitted the data file should pass the WIpop Edits. Data elements listed as "Situational" or "Not Used" in the ANSI 837 Institutional Guide but REQUIRED by WHAIC are listed below.

WHAIC file and technical support is available Monday through Friday, 8:00 a.m. to 4:00 p.m. The system is available to collect and accept data from submitters seven (7) days a week, twenty-four (24) hours a day. The secure electronic system for notification is available seven (7) days a week, twenty-four (24) hours a day to the Submitter for retrieval of information.

If you cannot find the answers to your questions within this manual, FAQ, or other available resources, please use the contact information below. All file issues will be addressed during normal business hours within 24-48 hours.

Cindy Case	Justin Flory	Heather Scambler
Director, Data Management & Integrity	Health Care Data Programmer	Program Specialist
ccase@wha.org	837 Technical and File related.	hscambler@wha.org
whainfocenter@wha.org	jflory@wha.org	whainfocenter@wha.org
All things WIpop or file submission related.	whainfocenter@wha.org	General WIpop or redirected questions.

5.6 **<u>8371</u>** (Hospital) Institutional Claims Data Specifications

837I Crosswalk and WIpop Map - Summary Table of required elements

Uploaded files are not limited in total size, but a single transaction (ST – SE envelope) can have no more than 5,000 CLM segments or 10 million characters. Files exceeding either limit will be rejected.

This document notes only the loops and elements relevant to WHAIC data collection specifications as defined by the State Statute. It is not intended to serve as a complete 837 reference, and not all requirements for a valid 837 file are specified. Elements not mentioned in this document will be discarded by WHAIC prior to the file processing in WIpop, if supplied.

Fields defined, created, or updated in WIpop by WHAIC from the 837 claims file.

Patient Type (`1' Inpatient & `2' outpatient)	Place of Service (Blank if INP)	Principal Procedure on OP Records
Principal Procedure Date	Additional Procedures	
Principal Procedure Modifier(s)	Additional Procedure Modifier(s)	Leave of Absence Days

Legend

Name	Data Edit/ Name	Description
R	Required	Data Element Must be Submitted for the data type and must not be blank
S	Situational	Required based upon values in the claim/EMR or other elements
0	Optional	This element is not required and may be left blank, however, if submitted, it will be edited.