



**Sentara Health Plans, Inc. – HIPAA Transaction  
Standard Companion Guide  
837 Professional - HCFA 1500**

**Refers to the X12N Implementation Guide  
ANSI Version 005010X222A1**

The Optima Health 837 Professional Companion Guide is to be used with the HIPAA-AS Implementation Guide, which provides comprehensive information needed to create an ANSI 837 transaction. The Optima Health Companion Guide is used in conjunction with the HIPAA Implementation Guide; it is intended to clarify issues where the HIPAA Implementation Guide provides options or choices to be made. The HIPAA Implementation Guide can be downloaded from the following address: [http://www.wpc-edi.com/hipaa/HIPAA\\_40.asp](http://www.wpc-edi.com/hipaa/HIPAA_40.asp)

**LEGEND for Optima Health Matrix for 837 Professional**

Shaded rows represent segments; Non Shaded rows represent "data elements".

\*All members in the Optima Health system can be uniquely identified using a subscriber/member number. Patient/Dependent loops and hierarchy levels will not be used.

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA	Interchange Control Header		
	ISA07	Interchange ID Qualifier	27	The value must equal 27
	ISA08	Interchange Receiver ID	SHM	With 12 trailing spaces
	ISA11	Interchange Control Standards Identifier	^	Changed for 5010
	ISA16	Component Element Separator	:	Optima Health recommends using a colon (:)
	GS	Functional Group Header		
	GS03	Application Receiver Code	SHM	Identifies Optima Health
1000B	NM1	Receiver Name		
	NM103	Last Name or name of Organization	SHM	
	NM108	Identification Code Qualifier	46	
	NM109	Identification Code	SHM	Identifies Optima Health
2000B	SBR	Subscriber Information		
	SBR09	Claim Filing Indicator Code	ZZ	
2010BA	NM1	Subscriber Name		
	NM108	Identification Code Qualifier	MI	
	NM109	Identification Code		Optima Health member's number without asterisk (E.g., Use 12345601 for 123456*01)
	DMG	Subscriber Demographic Information		
	DMG03	Subscriber Gender Code	M F	Optima Health does not use U for "unknown"
2010BB	NM1	Payer Name		
	NM103	Last Name or name of Organization	SHM	
	NM108	Identification Code Qualifier	PI	Payer Identification
	NM109	Identification Code	SHM	Identifies Optima Health
2010BB	REF	Billing Provider Secondary Identification		Moved from 2010AA for 5010
	REF01	Reference Identification Qualifier	G2	
	REF02	Reference Identification		Optima Health provider number

Loop ID	Reference	Name	Codes	Notes/Comments
2010CA	NM1	Patient Name		
	NM103	Patient Last Name		Member validation is based on first 13 characters of the last name.
	NM104	Patient First Name		Member validation is based on the first 3 characters of the first name.
	NM108	Identification Code Qualifier	MI	
	NM109	Identification Code		Optima Health member's number without asterisk (E.g., Use 12345601 for 123456*01)
2300	CLM	Claim Information		
	CLM05-3	Claim Frequency Type Code		Permissible code values for this sub element: 1 - ORIGINAL (Admit thru Discharge Claim) 6 - CORRECTED (Adjustment of Prior Claim) for reconsideration
2300	NTE	Claim Note		Free text for notes in NTE02
	NTE01	Note Reference Code		ADD
	NTE02	Description		If submitting anesthesia claims provide the anesthesia time in military 24 hour format: Start HHMM Stop HHMM (E.g., Start 1500 Stop 2230)
2300	CRC	EPSDT Referral		
	CRC01	Code Category	ZZ	
	CRC02	Yes/No Condition or Response Code	N or Y	
	CRC03	Condition Indicator		
	CRC04	Condition Indicator		Use if additional condition codes are needed. Use CRC03 list.
	CRC05	Condition Indicator		Use if additional condition codes are needed. Use CRC03 list.
2310B	REF	Rendering Provider Secondary Information		
	REF01	Reference Identification Qualifier	G2	
	REF02	Reference Identifier		Optima Health provider number.
2400	SV	Professional Service		
	SV104	Quantity		Anesthesia claims with qualifier UN in the SV103 should use 15 minute increments to calculate units. 1-15 minutes = 1 unit 15.1-30 minutes = 2 units 30.1-45 minutes = 3 units 45.1-60 minutes = 4 units (ex: 3 hours 5 minutes = 13 units)

**COB Claim Information:**

The Sample Claim Information listed below is used to assist user with understanding the Optima Health requirements for COB Electronic Claim Submission from providers. CPT codes used in example are valid, but no other representation has been made regarding contract or reimbursement. The example is only for demonstration purposes.

**Example Claim:**

CPT Codes	Sample Bill Amount (SV102)	Primary Disallowed Amount (CAS03)	Primary Allowed Amount Calculated (SV102 – CAS03)	Primary Paid Amount (SVD02)	Patient Responsibility Amount (CAS03)
99213	150	60	90	80	10
81000	20	5	15	10	5
71020	85	25	60	50	10
36415	10	2	8	5	3
SUM	265	92	173	145	28

**CLAIM LEVEL 837 Information:**

Loop	Segment	Notes
2300	CLM*000001*265***11:B:1*Y*A*Y*Y*C~	CLM03=Sample Bill Amount (Total Claim Charge Amount)
2320	CAS*PR*1*28	CAS03 = Claim Level Patient Responsible Amount
2320	AMT*D*145	AMT02 = Primary Paid Amount From Primary Payer
		Allowed/Approved Amount From Primary Payer can be calculated as follows: Total Claim Charge Amount 265 Less Primary Disallowed Amount 92 (Sum of CAS03 Disallowed Amt's) Primary Allowed Amount 173

**LINE LEVEL 837 Information:**

Loop	Segment	Notes
2400	SV1*HC:99213*150*UN*1***1~	SV102 = Sample Bill Amount (Line Item Charge Amount)
2430	SVD*99999*80*HC:99213**1*1	SVD01 = Primary Payer ID; SVD02 = Primary Payer Paid Amount
2430	CAS*CO*42*60	CAS03 = Primary Disallowed Amount
2430	CAS*PR*1*10	CAS03 = Patient Responsibility Amount

2400	SV1*HC:81000*20*UN*1***1~	SV102 = Sample Bill Amount (Line Item Charge Amount)
2430	SVD*99999*10*HC:81000**1*1	SVD01 = Primary Payer ID; SVD02 = Primary Payer Paid Amount
2430	CAS*CO*42*5	CAS03 = Primary Disallowed Amount
2430	CAS*PR*1*5	CAS03 = Patient Responsibility Amount

2400	SV1*HC:71020*85*UN*1***1~	SV102 = Sample Bill Amount (Line Item Charge Amount)
2430	SVD*99999*50*HC:71020**1*1	SVD01 = Primary Payer ID; SVD02 = Primary Payer Paid Amount
2430	CAS*CO*42*15	CAS03 = Primary Disallowed Amount
2430	CAS*PR*1*10	CAS03 = Patient Responsibility Amount

2400	SV1*HC:36415*10*UN*1***1~	SV102 = Sample Bill Amount (Line Item Charge Amount)
2430	SVD*99999*5*HC:36415**1*1	SVD01 = Primary Payer ID; SVD02 = Primary Payer Paid Amount
2430	CAS*CO*42*2	CAS03 = Primary Disallowed Amount
2430	CAS*PR*1*3	CAS03 = Patient Responsibility Amount