

SHARES

837P Companion Guide

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Introduction

The SHARES 837P Companion Guide is designed to be used in conjunction with the HIPAA Implementation Guide. The SHARES companion guide defines specific requirements for the submittal and processing of claims within the 3C Recovery and Health Care Network SHARES claims management system.

This guide includes a sample transaction set and layout for the ASC X12N 837 005010X222A1 Health Care Claim Professional transaction derived from sample MITS claims. Currently claims submitted to the MITS system using a tilde segment delimiter will be accepted by SHARES.

SHARES 837 Guidelines

SHARES Interchange Requirements

The following values are required as noted in the ISA/GS segments and Loops below.

- ISA 05 = ZZ
- ISA 06 = Agency/Sender Tax ID or NPI
- ISA 07 = ZZ
- ISA 08 = SHARES837
- GS 02 = Agency/Sender Tax ID or NPI
- GS 03 = SHARES837
- 1000A NM1 09 = Sender Tax ID or NPI
- 1000B NM1 09 = SHARES837
- 2010BB NM1 03 = SHARES
- 2010BB NM1 09 = SHARES

Transaction Segment Delimiters and Terminators

Required SHARES delimiters and terminators are listed in the table below. Claims that use other values will be rejected by the SHARES system.

Segment Delimiter	'*' Asterick
Composite Element Delimiter	':' Colon
Segment Terminator	'~' Tilde

Claim Matching

The SHARES client ID (CID) is now required for all 837 transactions within the SHARES claims processing system. The system matches clients by the SHARES ID along with several matching iterations that include the client name, date of birth and SSN. Providers are matched first by the National Provider Identifier (NPI). If there is no match on the NPI the system will match by the provider's Taxpayer Identification Number (TIN). If either the NPI or TIN are not matched the SHARES claims system has the ability to match on the first 15 characters of the provider's address. All unmatched claims will appear

on the Electronic Claims Processing Report (ECP) Inventory Report distributed to agency iPC download directories after a claims submission.

Service Line Unit Conversions

The SHARES system is unable to process decimals. With various services, whole units will now need to be divided by 4. As an example, a previous MACSIS single 60-minute unit of service will need to be billed as 4 15 minute units. For instance, an H0031 assessment of 1 unit = 60 minutes should be billed as 4 x 15 minute units within SHARES. **Please refer to the handout SHARES Procedure Code Conversions from MACSIS or Board Specific Levels of Care for further information.**

File Names

The following file naming convention is required when submitting files.

<Board Acronym><Provider ID><Daily Increment><Date>

- Board Acronym – HAMI
- SHARES Provider ID – DDDD
- Daily Increment – Starts at 01 and increments by 1 for each file sent daily
- Date – YYYYMMDD

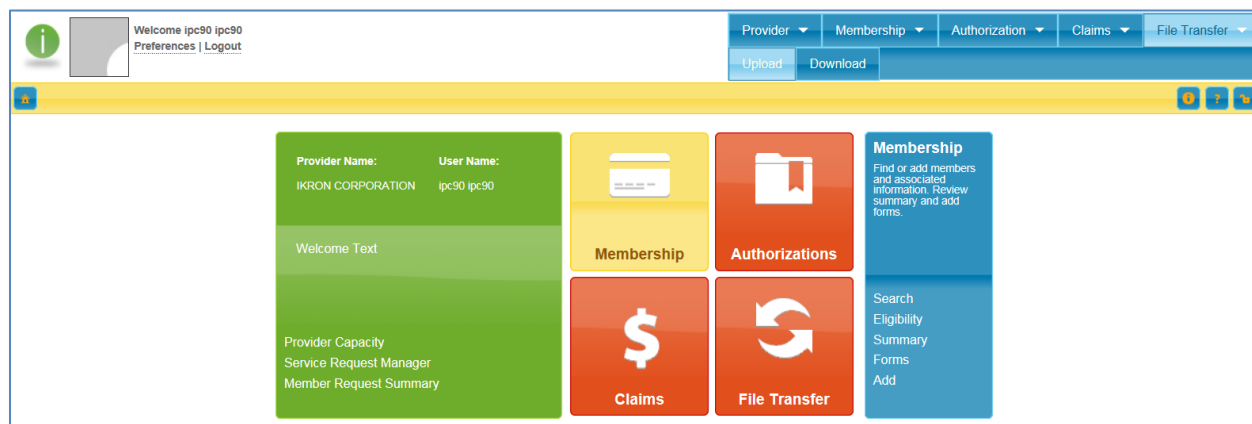
Example: HAMI15870120151209.txt

File extensions should be one of the following to transmit successfully: .txt, .x12. File compression is not supported by the SHARES system and only ASCII text will be processed.

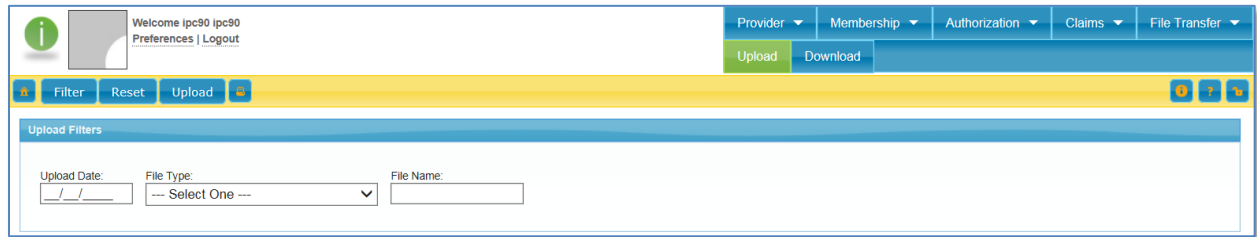
Claims Submission

All 837 Claim batches will be uploaded by agency staff manually through the SHARES Provider Connect (iPC) File Transfer Menu. To upload an 837 batch, follow the steps outlined below.

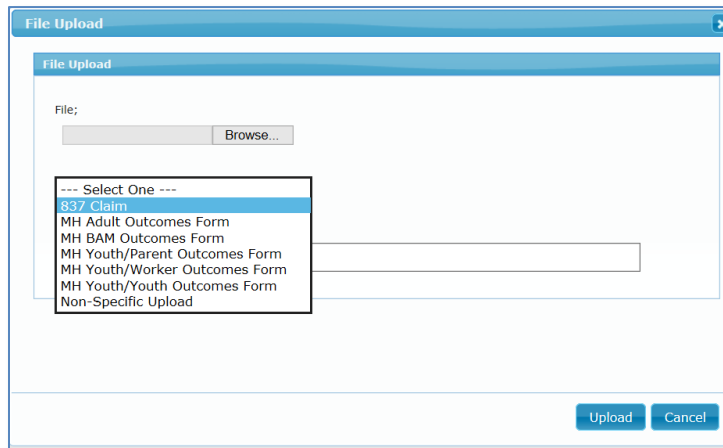
From the Provider Connect home screen select **File Transfer** and then select **Upload**.



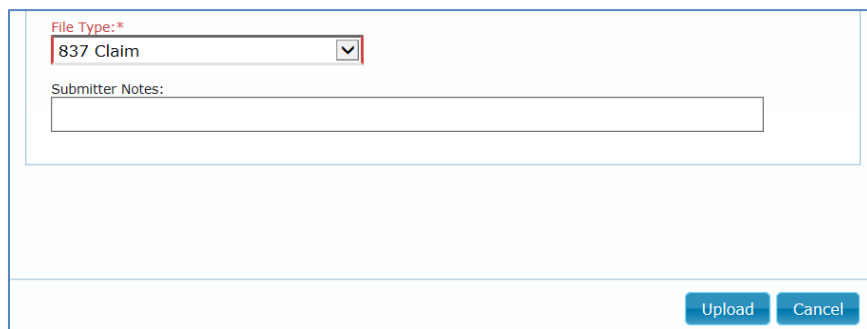
Click **Upload**.



Select **Browse** to locate the 837 batch and choose **837 Claim** from the **File Type** menu.



After selecting the X12 837 file enter notes for agency and board reference as needed. Click **Upload** to transfer the batch.



View the file upload status in the following screen. Additionally, a date filter can be used to view previously submitted files.



Filter
Reset
Upload

Upload Filters

Upload Date:	File Type:	File Name:
<input type="text" value="11/20/2015"/>	<input style="border-bottom: 1px solid #ccc;" type="text" value="837 Claim"/>	<input type="text"/>

Upload Status

Upload Date	File Name	File Type	Size	Result
11/20/2015	837-Test.txt	837 Claim	842 kb	Successful

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Functional Acknowledgment – 999 Transactions

Each successful upload of an 837 meeting 5010 standards will generate a 999-transaction file available for download by the submitting agency. The 999 file will follow ANSI standards. If the 837 batch is rejected due to compliance reasons the 999 Functional Acknowledgements will not be generated.

It is the submitting agency’s responsibility to research and correct any compliance issues prior to resubmittal. If the 999 does not appear within the agency iPC download directory within an hour the file has typically been rejected. At this point an agency should refer to EDI error checking software such as Liaison EDI Notepad or similar software to troubleshoot the error.

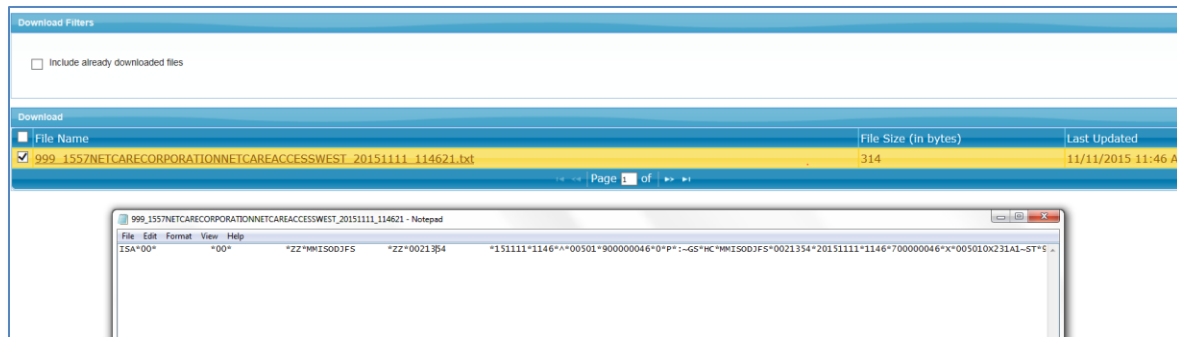
If further assistance is needed after the local EDI error check, agencies may submit a Self-Service Center ticket to receive assistance from HCMHR SB or the software vendor.

To download a 999 Transaction, follow the steps below. From the Provider Connect home screen select **File Transfer** and then select **Download**.

Provider
Membership
Authorization
Claims
File Transfer

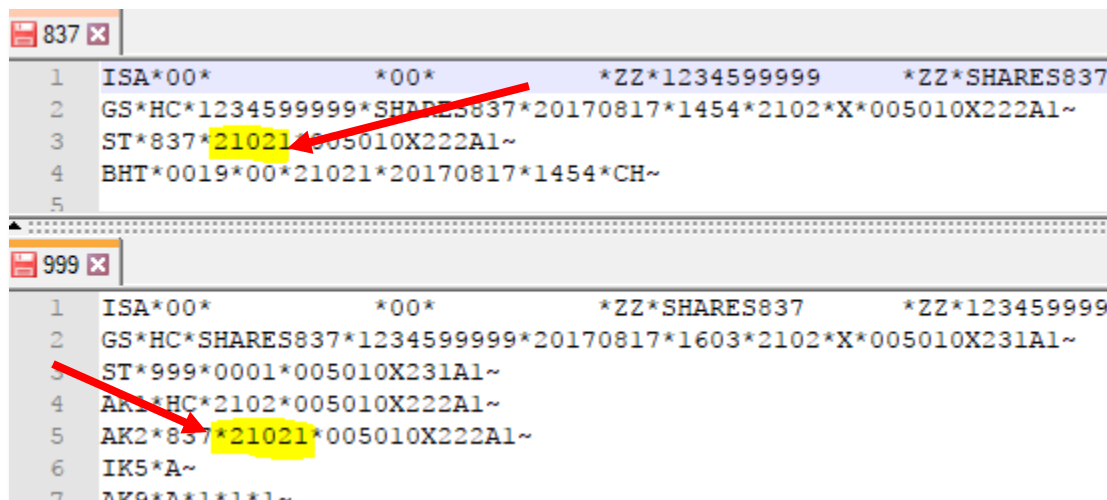
Upload
Download

Double click on the file link to view the 999 and save the viewed file to your local machine through the file menu.



Tracing 999s To Inbound Files

The inbound 837 filename will not be included in the resulting 999 filenames or within its segments. However, the 999 Loop 2000 AK202 Transaction Set Control Number can be traced to the 837's Transaction Set Header ST02 (Transaction Set Control Number). See example below.



Common File Rejection Reasons

- 1SA06 Interchange Sender ID – Agency sending less than 15 characters
- GS08 Functional Group Header Industry Control Code --Missing "A1" appendix
- Loop 2010BA DMG02 Subscriber Demographics --Client Birthdate Missing
- Loop 2400 Service Line --Maximum loop requirement exceeded. SHARES only allows 50 service lines per claim
- Loop 2000A --Agency sending Line Adjudication Information segment (SVD) without correlating Date of Adjudication (DTP) segment

837P Transaction Set

ISA Interchange Control Header

The Interchange Control Header starts and identifies an electronic interchange of functional groups.

Example Segment : ISA*00* *00* *ZZ*0099999999

*ZZ*SHARES837*141124*1622^^*00501*900000046*0*P*:

Loop	SEG ID	Element	Required	Industry Name	Specifications
Header	ISA		R	Interchange Control Header	
		ISA01	R	Authorization Information Qualifier	00 – No Security Information Transmitted
		ISA02	R	Authorization Information	10 Blank Spaces
		ISA03	R	Security Information Qualifier	00 – No Authorization Information Transmitted
		ISA04	R	Security Information	10 Blank Spaces
		ISA05	R	Interchange ID Qualifier	ZZ
		ISA06	R	Interchange Sender ID	EDI envelope Sender Identifier published by the sender. String datatype 15 character.
		ISA07	R	Interchange ID Qualifier	ZZ
		ISA08	R	Receiver ID	SHARES837
		ISA09	R	Interchange Date	YYMMDD
		ISA10	R	Interchange Time	HHMM
		ISA11	R	Repetition Separator	“^”
		ISA12	R	Interchange Control Version Number	00501 – Indicates Version of ISA/IEA Envelope
		ISA13	R	Interchange Control Number	Positive number identical to IEA02. Increments by 1 for each subsequent file created each day. Resets daily.
		ISA14	R	Acknowledgement Requested	0 – TA1 Acknowledgement Not Requested
		ISA15	R	Usage Indicator	P – Production Data
		ISA16	R	Component Element Separator	: Delimiter used to separate components within one data structure

GS Segment

The Functional Group Header segment indicates the beginning of a functional group and provides control information. Segment Example:

GS*HC*9999999999*SHARES837*20141124*1622*700000046*X*005010X222A1

Loop	SEG ID	Element	Required	Industry Name	Specifications
Header	GS		R	Functional Control Group Header	
		GS01	R	Healthcare Claim	HC



		GS02	R	Application Sender's Code	Code Used to Identifier unit sending information
		GS03	R	Application Receiver's Code	SHARES837
		GS04	R	Creation Date	CCYYMMDD
		GS05	R	Creation Time	HHMM
		GS06	R	Group Control Number	Assigned by sender. Must be identical to GE02
		GS07	R	Standards Committee X12	X
		GS08	R	Industry ID Code	005010X222A1

ST Segment

The Transaction Set Header is used to indicate the start of a transaction Set and to assign a control number. Segment Example: ST*837*000000045*005010X222A1

Loop	SEG ID	Element	Required	Industry Name	Specifications
Header	ST		R	Transaction Set Header	
		ST01	R	Healthcare Claim	837 - Healthcare Claim
		ST02	R	Transaction Set Control Number	First ST in GS = 0001 Increments 1 Per GS ST02 and SE02 must be identical
		ST03	R	Implementation Reference	005010X222A1

BHT Segment

The Beginning of Hierarchical Transaction segment defines the business hierarchical structure of the transaction set and identifies the business purpose and includes reference data. Segment Example: BHT*0019*00*45*20141124*1622*CH

Loop	SEG ID	Element	Required	Industry Name	Specifications
Header	BHT		R	Beginning of Hierarchal Transaction	
		BHT01	R	Hierarchical Structure Code	0019
		BHT02	R	Transaction Set Purpose Code	00
		BHT03	R	Originator Application Transaction Identifier	First BHT in ST = 1, Increments 1 per ST
		BHT04	R	Transaction Set Creation Date	CCYYMMDD
		BHT05	R	Transaction Set Creation Time	HHMM
		BHT06	R	Claim Identifier	CH (Chargeable)



Loop 1000A - Submitter Name

The Submitter Name Loop 1000A supplies the full name of the organization creating and formatting the transaction. Example Segments: NM1*41*2*MH/AOD CORPORATION*****46*0012345678~
PER*IC*JOHN SMITH*TE*5139468468*FX*513999999

Loop	SEG ID	Element	Required	Industry Name	Specifications
1000A	NM1		R	Submitter Name Information	
		NM101	R	Entity Identifier Code	41 – Claim Submitter
		NM102	R	Entity Type Qualifier	2 – Non-Person Entity
		NM103	R	Organization Name	String Datatype 60 Character Max
		NM104	R	Creation Date	CCYYMMDD
		NM105	R	Creation Time	HHMM
		NM108	R	Group Control Number	46 - ETIN: Electronic Transmitter ID Number
		NM109	R	Identification Code	Submitter NPI or Submitter Tax ID
1000A	PER		R	Submitter EDI Contact Information	
		PER01	R	Contact Function Code	IC - Information Contact
		PER02	S	Submitter Contact Name	User Defined String 60 Character Max
		PER03	R	Communication Number Qualifier	TE - Phone
		PER04	R	Communication Number	Submitter telephone number
		PER05	S	Communication Number Qualifier	FX - FAX
		PER06	S	Communication Number	Submitter fax number
		PER07	S	Communication Number Qualifier	EM – Electronic Mail
		PER 08	S	Communication Number	Submitter email address

Loop 1000B - Receiver Name Information

Loop 1000B is used to supply the receiving organization's name information. Example Segment:
NM1*40*2*HAMILTON CO MHR SB*****46*SHARE837

Loop	SEG ID	Element	Required	Industry Name	Specifications
1000B	NM1		R	Receiver Name Information	
		NM101	R	Entity Identifier Code	40 (Receiver)
		NM102	R	Entity Type Qualifier	2 (Non Person :Entity)
		NM103	R	Receiver Name	County Board Specific
		NM108	R	Identification Code Qualifier	46 (Electronic Transmitter Identification Number - ETIN)
		NM109	R	Receiver Primary Identifier	SHARES837

Loop 2000A – Billing Provider Hierarchical Level

The Billing Provider Hierarchical Level identifies dependences among data segments and levels within a hierarchy. Example Segment: HL*1**20*1

Loop	SEG ID	Element	Required	Industry Name	Specifications
2000A	HL		R	Hierarchical Level	
		HL01	R	Hierarchical ID Number	Begins with 1 and increment by 1 for each HL used. Possible to Include this record for each claim.
		HL03	R	Hierarchical Level Code	20 – Information Source
		HL04	R	Hierarchical Child Code	1 (Additional Subordinate HL data segment in this hierarchical structure)

Loop 2010AA - Billing Provider Information

2010AA Loop is used to define identifying information about the billing provider. This includes name, address, tax and contact information. Example segments below:

```
NM1*85*2*AOD/MH CORPORATION*****XX*134999999~N3*999 MAIN
STREET~N4*CINCINNATI*OH*45202-0001~REF*EI*310999999~PER*IC*TEX
JOHNSON*TE*5139468648~
```

Loop	SEG ID	Element	Required	Industry Name	Specifications
2010AA	NM1		R	Billing Provider Name Information	
		NM101	R	Entity Identifier Code	85 – Billing Provider
		NM102	R	Entity Type Qualifier	2 – Non-Person Entity
		NM103	R	Billing Provider Organization Name	String datatype 60 char max
		NM108	S	ID Code Qualifier	XX
		NM109	S	Billing Provider ID	National Provider Identifier
2010AA	N3		R	Billing Provider Address	
		N301	R	Billing Provider Address Line 1	String datatype 55 char max
		N302	S	Billing Provider Address Line 2	String datatype 55 char max
2010AA	N4		R	Billing Provider City State Zip	
		N401	R	Billing Provider City	String datatype 30 char max
		N402	S	Billing Provider State	Implementation Guide
		N403	S	Billing Provider ZIP Code	Implementation Guide
2010AA	REF		R	Billing Provider Tax Identification	
		REF01	R	Reference Identification Qualifier	EI
		REF02	R	Billing Provider Identifier	Employer ID Number
2010AA	PER		R	Billing Provider Contact Information	
		PER01	R	Contact Function Code	IC – Information Contact
		PER02	S	Billing Provider Contact Name	String datatype 60 char max
		PER03	R	Communication Qualifier	EM - Electronic Mail, FX - Fax, TE - Telephone
		PER04	R	Communication Number	Agency Contact Phone Number



Loop 2000B - Subscriber Hierarchical Level

Loop 2000B Subscriber Hierarchical Level contains information specific to a client in the SBR segment.

Segment Examples: HL*2*1*22*0~SBR*P*18*****ZZ~

Loop	SEG ID	Element	Required	Industry Name	Specifications
2000B	HL		R	Hierarchical Level	
		HL01	R	Hierarchical ID Number	Incremented by 1 from previous HL Segment
		HL02	R	Hierarchical Parent ID Number	Must = HL01 from previous Loop 2000A
		HL03	R	Hierarchical Level Code	22 - Subscriber
		HL04	R	Hierarchical Child Code	0 - Additional Subordinate HL data segment in this hierarchical structure
2000B	SBR		R	Subscriber Information	
		SBR01	R	Payer Responsibility Sequence Number	P - Primary, S -Secondary, T – Tertiary or last resort
		SBR02	S	Individual Relationship Code	18 – Self
		SBR09	R	Claim Filing Indicator Code	ZZ Mutually defined

Loop 2010BA - Subscriber Information

Loop 2010BA is used to provide the name, unique Identifier, location and demographics of a named party or client. Segment Examples: NM1*IL*1*SMITH*JOHN*T***MI*299999~N3*1234 APPLE

COURT~N4*CINCINNATI*OH*45201~DMG*D8*19920101*M~

Loop	SEG ID	Element	Required	Industry Name	Specifications
2010BA	NM1		R	Subscriber Name Information	
		NM101	R	Entity Identifier	IL (Insured)
		NM102	R	Entity Type Qualifier	1 (Person)
		NM103	R	Subscriber Last Name	String datatype 60-character max
		NM104	S	Subscriber First Name	String datatype 35-character max
		NM105	S	Subscriber Middle Name	String datatype 25-character max
		NM107	S	Subscriber Suffix	String datatype 10-character max
		NM108	S	ID Code Qualifier	MI - Member ID
		NM109	S	Subscriber Primary Identifier	SHARES ID/MAC SIS ID The ID will cutover to SHARES ID only date TBD.
2010BA	N3		S	Subscriber Address	
		N301	R	Subscriber Address Line 1	String datatype 55-character max
		N302	S	Subscriber Address Line 2	String datatype 55-character max
2010BA	N4		S	Subscriber City State and Zip	
		N401	R	Subscriber City Name	String datatype 30-character max
		N402	R	Subscriber State Name	State ID 2 characters
		N403	R	Subscriber Zip	Billing provider Zip Code Identifier
2010BA	DMG		S	Subscriber Demographics	
		DMG01	R	Date Format Qualifier	D8 (CCYYMMDD)
		DMG02	R	Subscriber Birthdate	Client's DOB CCYYMMDD
		DMG03	R	Subscriber Gender	M (Male), F (Female), U (Unknown)



Loop 2010BB - Payer Information

The NM1 Section of Loop 2010BB is used to provide information about the payer organization. Example

Segment: NM1*PR*2*SHARES*****PI*SHARES

Loop	SEG ID	Element	Required	Industry Name	Specifications
2010BB	NM1		R	Payer Name Information	
		NM101	R	Entity Identifier Code	PR (Payer)
		NM102	R	Entity Type Qualifier	2 (Non-Person Entity)
		NM103	R	Payer Name	SHARES (currently MACSIS)
		NM108	R	Identification Code Qualifier	PI (Payer Identification)
		NM109	R	Payer ID	SHARES (currently MACSIS)

Loop 2300 - Claim Information

The Claim Information (CLM) segment defines basic data about a professional claim. The Healthcare Diagnosis segment contains the diagnosis information. Example Segments:

CLM*999900N*106.65***53:B:1*Y*A*Y*Y*P~HI*BK:2989

Loop	SEG ID	Element	Required	Industry Name	Specifications
2300	CLM		R	Claim Information	
		CLM01	R	Claim Submitter's Identifier	38 Character Max – Identifier used by a submitter for tracking. Typically echoed back in an 835
		CLM02	R	Claim Total Charge Amount	Monetary Amount Decimal
		CLM05-1	R	Facility Code	53 -Community Mental Health Center, 11 – Office, Varies
		CLM05-2	R	Facility Code Qualifier	B – Place of Service Code
		CLM05-3	R	Claim Frequency Code	1=original; 6=corrected; 7=replacement 8=void Removed per addenda
		CLM06	R	Provider Signature on File	Y – Yes N - No
		CLM07	R	Provider Accept Code	A - Assigned
		CLM08	R	Benefits Assignment Certification ID	Y
		CLM09	R	Release of Information Code	Y (Y - Yes, Provider has signed statement permitting release, I - Informed Consent to Release),
		CLM10	S	Patient Signature Source Code	P – Signature Generated by Provider
2300	HI		S	Healthcare Diagnosis Code	
		HI01-1	R	Diagnosis Code Type	ABK International Classification of Diseases, Clinical Modification ICD-10-CM Principal Diagnosis or BK International Classification of Diseases Clinical Modification ICD-9-CM Principal Diagnosis
		HI01-2	R	Diagnosis Code	Principal Diagnosis



Loop 2400 - Service Line

Loop 2400 describes claimed services. It defines the service line number, the professional services provided and service dates and times. Segment Example:

LX*1~SV1*HC:H0036:HE:UK*106.65*UN*5***1~DTP*472*D8*20141105

Loop	SEG ID	Element	Required	Industry Name	Specifications
2400	LX		S	Service Line Number	
		LX01	R	Service Line Count	1 Increments by 1 for additional Service Lines
2400	SV1		S	Professional Service	
		SV101	R	Composite Medical Procedure Identifier	
		SV101-1	R	Procedure Type Code	HC - HCPCs Codes
		SV101-2	R	Procedure Code	String 48-character max
		SV101-3	S	Procedure Modifier 1	Board Specific
		SV101-4	S	Procedure Modifier 2	Board Specific
		SV101-5	S	Procedure Modifier 3	Board Specific
		SV101-6	S	Procedure Modifier 4	Board Specific
		SV102	R	Line Item Charge Amount	Please Refer to HCMHRB Level of Care Documentation
		SV103	R	Unit or Basis of Measurement Code	MJ – Minutes, UN -Units
		SV104	R	Service Units or Minutes	Please Refer to HCMHRB Level of Care Documentation
		SV105	S	Place of Service Code	Required if place of service is different from CLM05-1, Code Source 237
		SV107-01 SV107-02 SV107-03	R	Diagnosis Code Pointer	Composite field. A pointer to the diagnosis code in order of importance to this service. Values 1-12
2400	DTP		R	Service Line Date	
		DTP01	R	Date/Time Qualifier	472 - Service
		DTP02	R	Date/Time Format Qualifier	D8 - CCYYMMDD
		DTP03	R	Service Date	Date of Service CCYYMMDD
2400	REF		R	Reference Information	
		REF01	R	Reference Identification Qualifier	6R=Provider Control Number
		REF02	R	Reference Identification	String datatype 60-character max

Type equation here.

Transaction Trailer Information

The Transaction Set Trailer (SE) indicates the end of the transaction set and provides a count of transmitted segments. The SE segment is followed by the Functional Group Trailer (GE) and the Interchange Control Trailer (IEA). These segments define the end of the Functional Group and Interchange respectively. Example: SE*24*000000045~GE*1*700000046~IEA*1*900000046

Loop	SEG ID	Element	Required	Industry Name	Specifications
Trailer	SE		R	Transaction Set Trailer	
		SE01	R	Transaction Segment Count	Total number of segments included in a transaction set including ST and SE
		SE02	R	Transaction Set Control Number	Matches ST02 Starts with 0001 and increments for each ST within a GE
Trailer	GE		R	Functional Group Trailer	
		GE01	R	Number of Transaction Sets Included	Numeric – Total number of transaction sets
		GE02	R	Group Control Number	Numeric – Matches GS06
Trailer	IEA		R	Interchange Control Trailer	
		IEA01	R	Number of Included Functional Groups	Numeric – Count of functional groups included in an interchange.
		IEA02	R	Interchange Control Number	Numeric number assigned by interchange sender matches ISA13