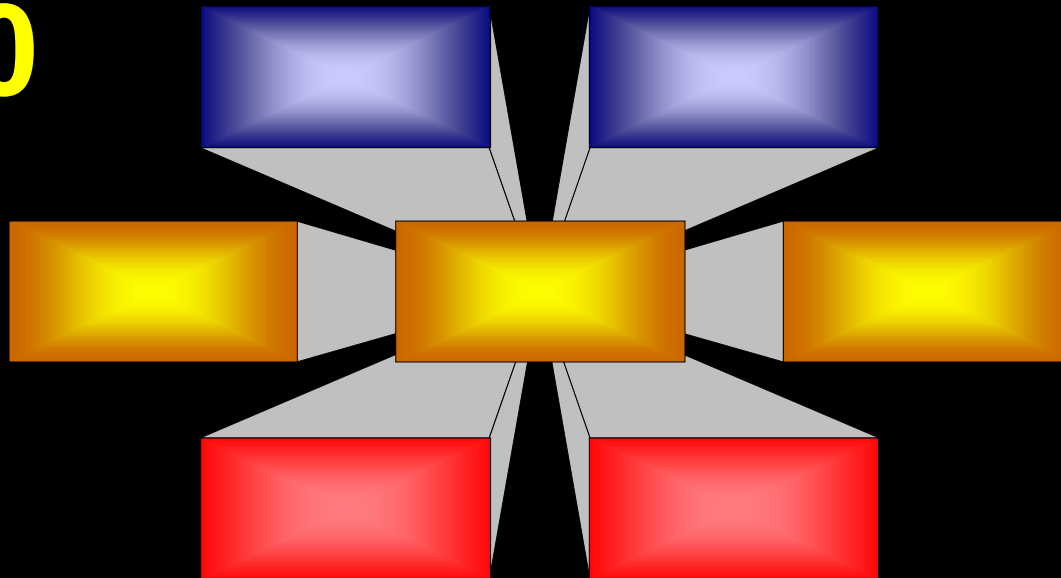


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# HIPAA Implementation Guides

## Down and Dirty

004010



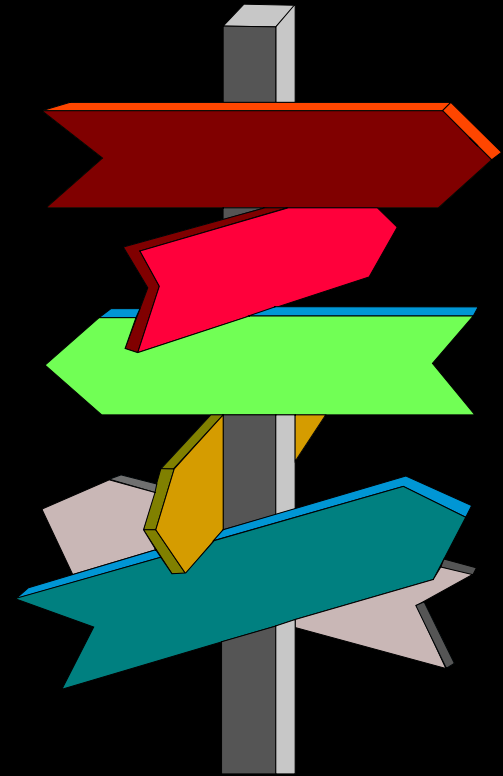
Who needs to understand them?

---

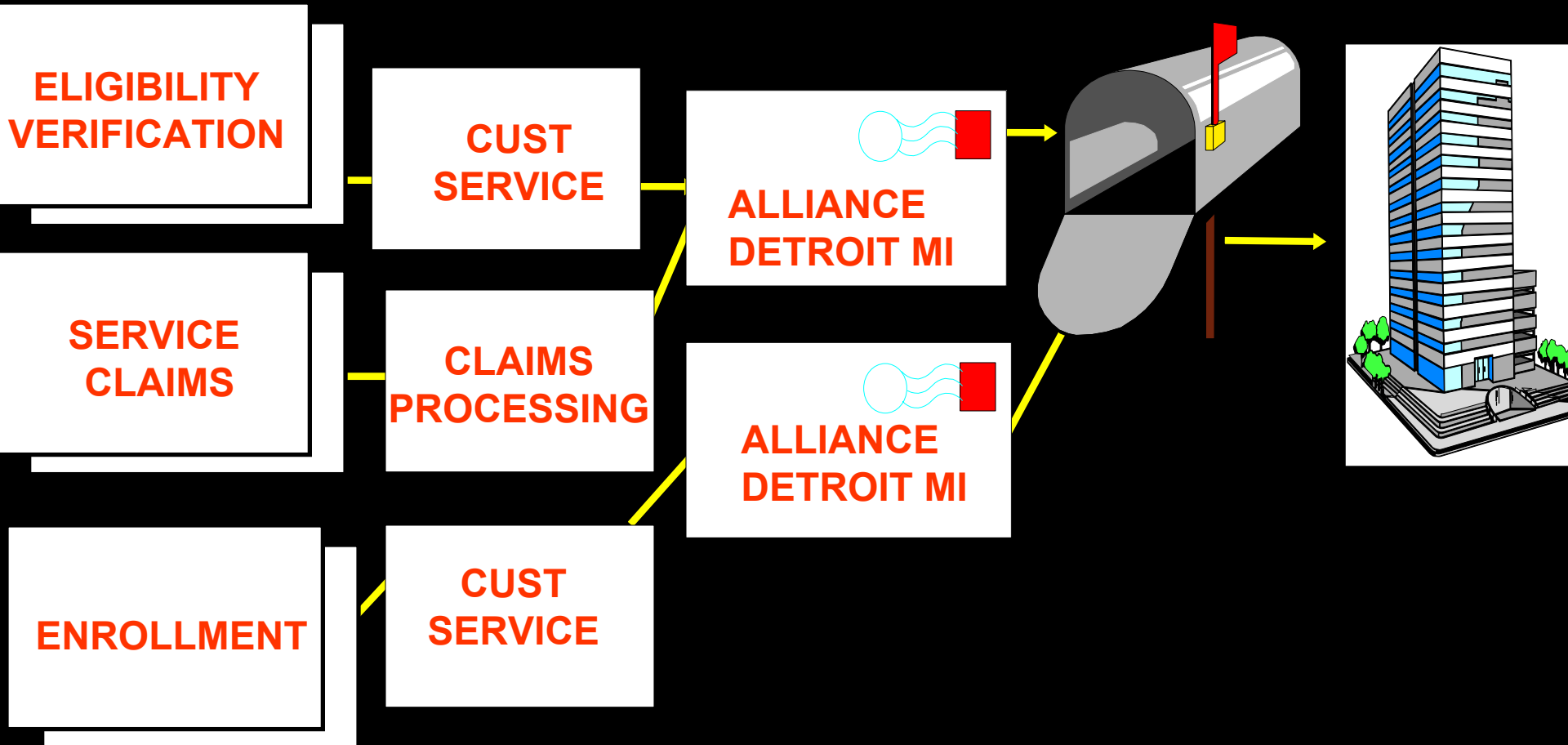
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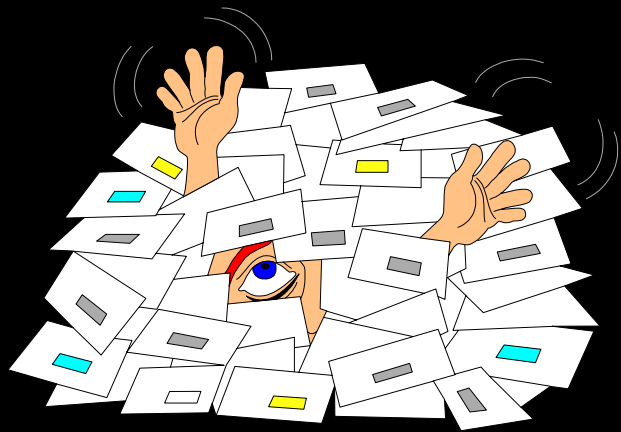
# Session Objectives

- Standards support business activity
- Introduce standards documentation
- Introduce standards implementation guidelines
- Develop sample 837 transaction set



# NORMAL BUSINESS

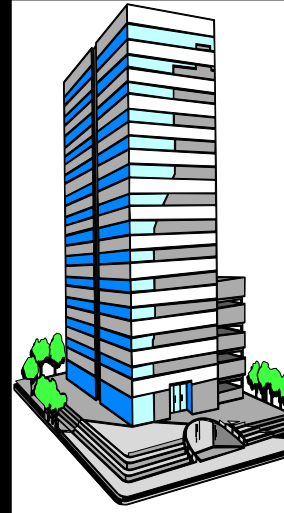
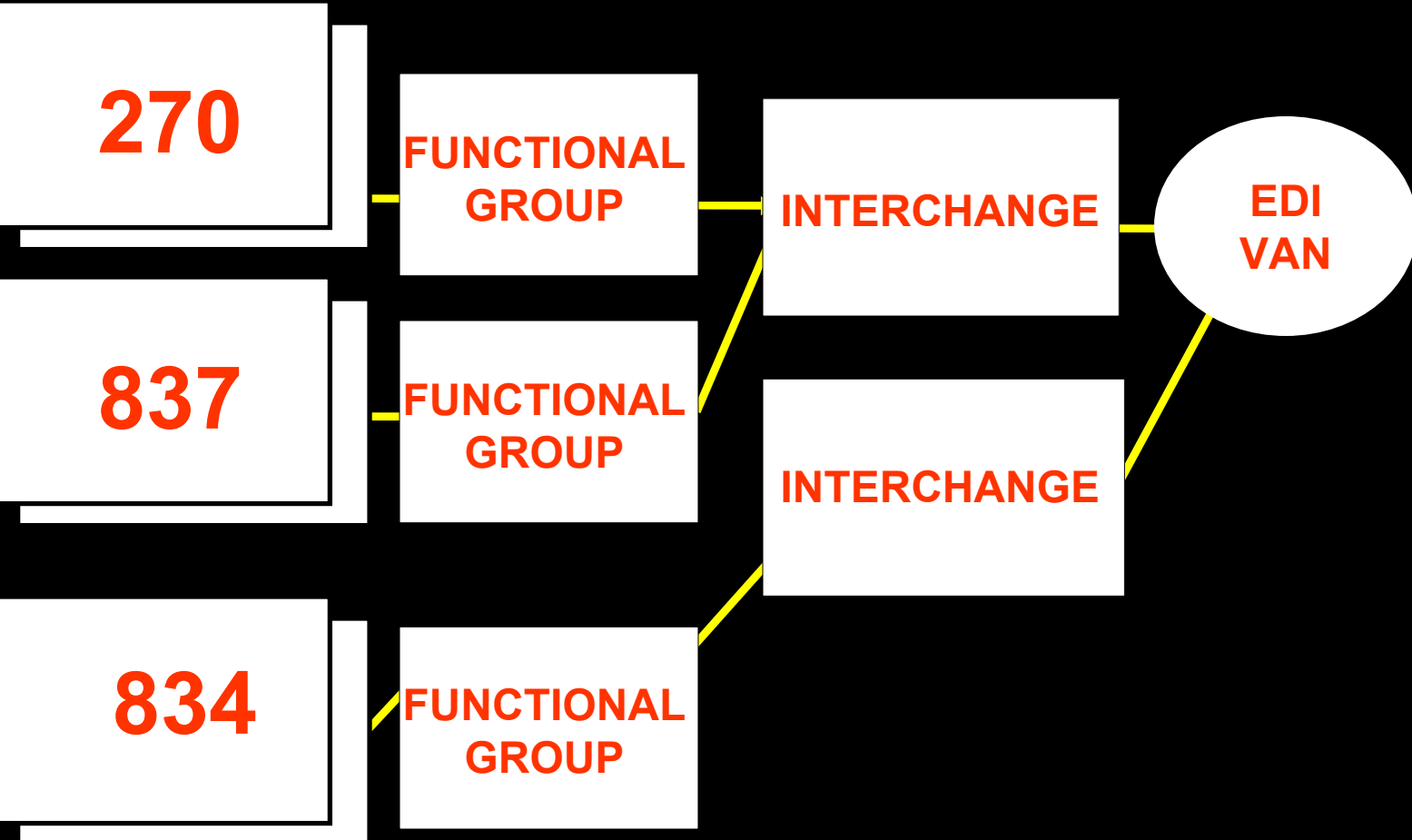




# PAPER vs EDI

Document -	Transaction
Little Envelope -	Functional Group
Big Envelope -	Interchange
Postal Service -	VAN
Courier Delivery -	Point-to-Point
Human Audit -	Machine Audit

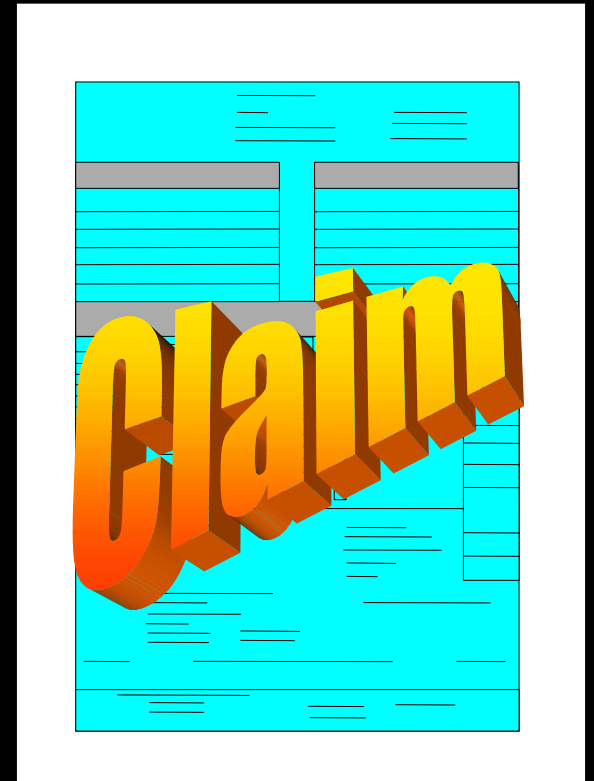
# EDI Delivery



---

# Standards Language

Document -	Transaction
Line -	Segment
Phrase -	Composite Element
Word -	Simple Element
Code -	Identifier
Punctuation -	Delimiters
Grammar -	Syntax



---

# SIMPLE AND COMPOSITE DATA ELEMENTS

1\*PR\*ABC INS CO\*PI\*ABC47~  
OO\*JP\*8\*F:L~



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# Levels of Standards Documentation

ANSI X12 Standards Documentation

Industry Implementation Guidelines

Trading Partner Profiles





# Section I - Transaction Set Tables

The diagram shows an open book with a yellow cover. The left page contains three table headers: 'Table 1 Header', 'Table 2 Detail', and 'Table 3 Summary'. The right page contains three rectangular boxes: the top box contains 'ST' and 'BHT', the middle box contains 'HL', and the bottom box contains 'SE'.

<b>Table 1</b> <b>Header</b>	<b>ST</b> <b>BHT</b>
<b>Table 2</b> <b>Detail</b>	<b>HL</b>
<b>Table 3</b> <b>Summary</b>	<b>SE</b>

**Related information usually appears together.**

# STANDARD

## 337 Health Care Claim

Functional Group ID: **HC**

### Table 1 – Header

POS#	SEG ID	NAME	REQ.	DES	MAX USE	LOOP REPEAT
005	<b>ST</b>	Transaction Set Header		M	1	
010	<b>BHT</b>	Beginning of Hierarchical Transaction		M	1	
LOOP ID – 1000						10
020	<b>NM1</b>	Individual or Organization Name		O	1	
045	<b>PER</b>	Administration Communication Contact		O	2	

### Table 2 – Detail

POS#	SEG ID	NAME	REQ.	DES	MAX USE	LOOP REPEAT
LOOP ID – 2000						>1
001	<b>HL</b>	Hierarchical Level		M	1	
003	<b>PRV</b>	Provider Information		O	1	
LOOP ID – 2010						10
015	<b>NM1</b>	Individual or Organization Name		O	1	
040	<b>PER</b>	Administration Communication Contact		O	2	
555	<b>SE</b>	Transaction Set Trailer		M	1	

# IMPLEMENTATION

## 337 Health Care Claim: Professional

### Table 1 – Header

PG	POS#	SEG ID	NAME	USAGE	REPEAT	LOOP REPEAT
2	005	ST	Transaction Set Header	R	1	
3	010	BHT	Beginning of Hierarchical Transaction	R	1	
LOOP ID – 1000A SUBMITTER NAME						1
7	020	NM1	Submitter Name	R	1	
1	045	PER	Submitter EDI Contact Information	R	2	

### Table 2 – Detail – Billing/Pay-To Provider

PG	POS#	SEG ID	NAME	USAGE	REPEAT	LOOP REPEAT
LOOP ID – 2000A BILLING/PAY-TO-PROVIDER						>1
7	001	HL	Billing/Pay-to-Provider Hierarchical Level	R	1	
LOOP ID – 2010AA BILLNG PROVIDER NAME						1
4	015	NM1	Billing Provider Name	R	1	

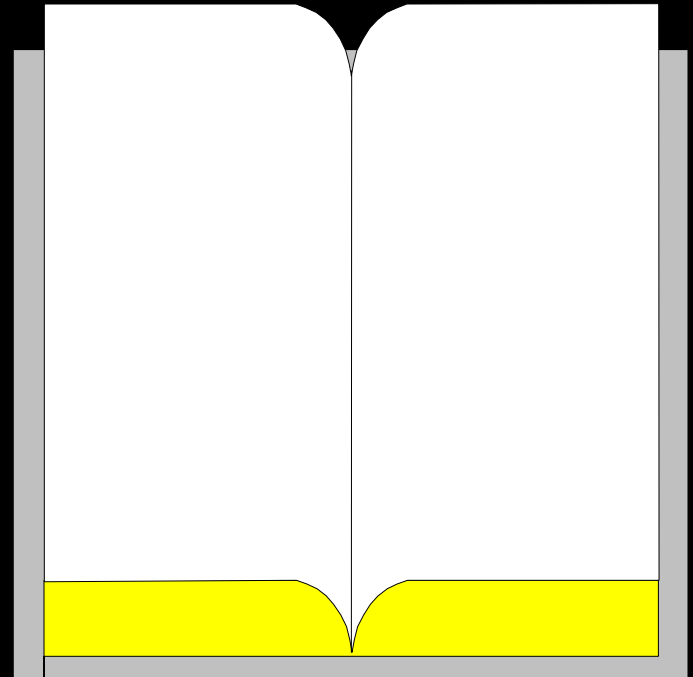
### Table 2 – Detail – Subscriber

73	555	SE	Transaction Set Trailer	R	1	
----	-----	----	-------------------------	---	---	--

---

# Transaction Set Tables

- Permitted segments
  - Required order
  - Presence requirement
    - How many
      - Loops



# IMPLEMENTATION STANDARD

## RECEIVER NAME

### NM1 Individual or Organization Name

Level: Header

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

**NM1 \***

NM101	98
<del>Entity ID</del>	<del>Code</del>
M	ID 2/3

\*

NM102	1065
<del>Entity Type</del>	<del>Qualifier</del>
M	ID 1/1

\*

NM103	1035
<del>Name Last/</del>	<del>Org Name</del>
O	AN 1/35

\*

NM104	1036
<del>Name</del>	<del>First</del>
O	AN 1/25

\*

NM105	1037
<del>Name</del>	<del>Middle</del>
O	AN 1/25

\*

NM106	1038
<del>Name</del>	<del>Prefix</del>
O	AN 1/10

\*

NM107	1039
<del>Name</del>	<del>Suffix</del>
O	AN 1/10

\*

NM108	66
ID Code	Qualifier
X	ID 1/2

\*

NM109	67
ID	CODE
X	AN 2/80

\*

NM110	706
<del>Entity</del>	<del>Relat Code</del>
X	ID 2/2

\*

NM111	98
<del>Entity ID</del>	<del>Code</del>
O	ID 2/3

~

# IMPLEMENTATION STANDARD

# BILLING PROVIDER NAME

## NM1 Individual or Organization Name

Level: Header

Syntax: **1. P0809**

If either NM108 or NM109 is present, then the other is required.

**NM1 \***

NM101 98  
Entity ID  
Code  
M ID 2/3

\*

NM102 1065  
Entity Type  
Qualifier  
M ID 1/1

\*

NM103 1035  
Name Last/  
Org Name  
O AN 1/35

\*

NM104 1036  
Name  
First  
O AN 1/25

\*

NM105 1037  
Name  
Middle  
O AN 1/25

\*

NM106 1038  
~~Name~~  
~~Prefix~~  
O AN 1/10

\*

NM107 1039  
Name  
Suffix  
O AN 1/10

\*

NM108 66  
ID Code  
Qualifier  
X ID 1/2

\*

NM109 67  
ID  
CODE  
X AN 2/80

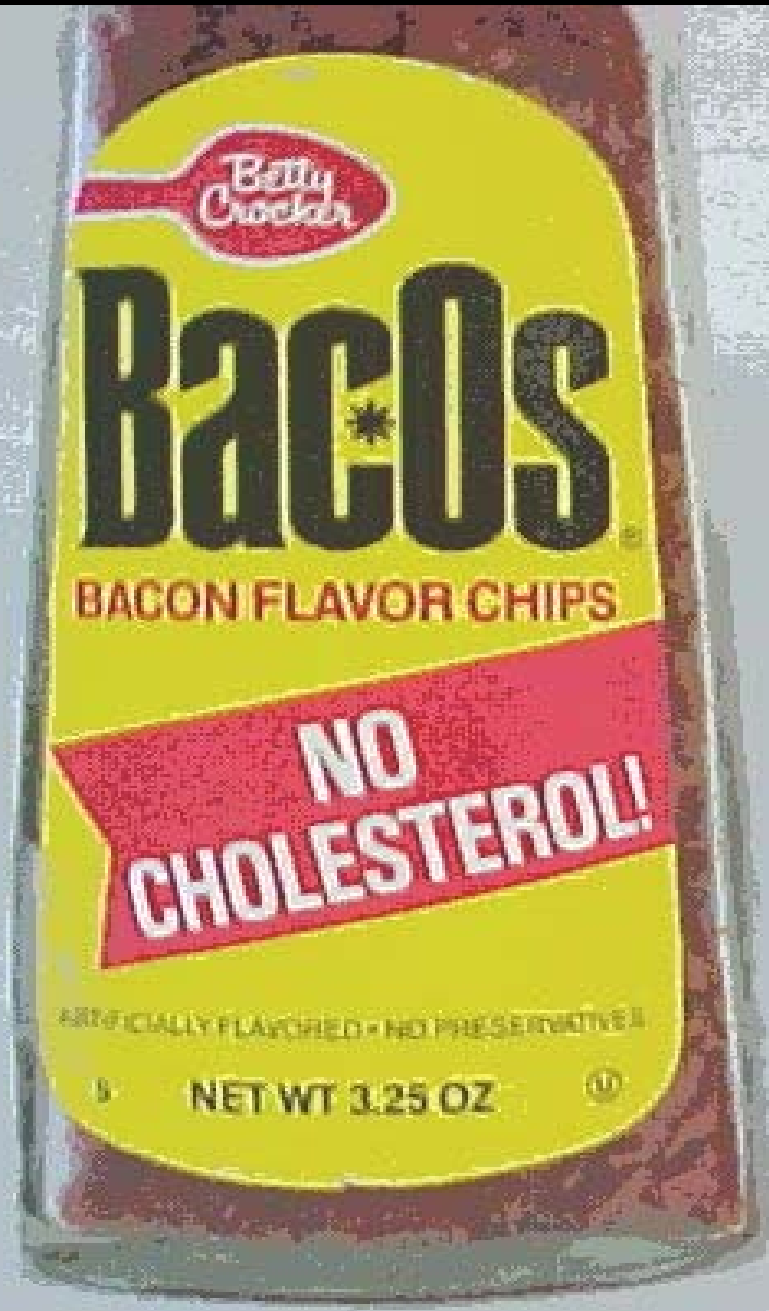
\*

NM110 706  
~~Entity~~  
~~Relat Code~~  
X ID 2/2

\*

NM111 98  
~~Entity ID~~  
~~Code~~  
O ID 2/3

~



Betty Crocker  
**Baco's**  
BACON FLAVOR CHIPS

**NO CHOLESTEROL!**

ARTIFICIALLY FLAVORED • NO PRESERVATIVES  
NET WT 3.25 OZ



Betty Crocker  
**Baco's**  
BACON FLAVOR CHIPS  
ARTIFICIALLY FLAVORED

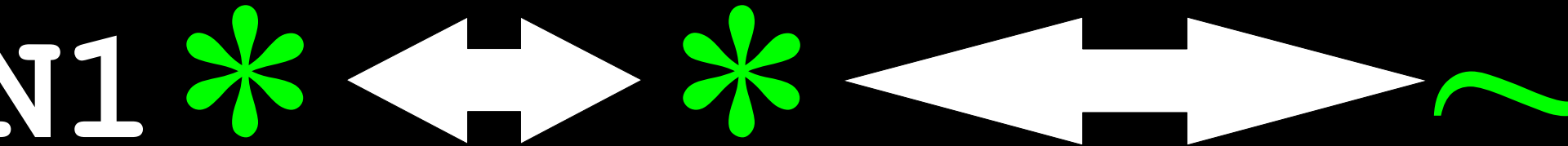
**CRUNCHY!**

NET WT 1.95 OZ (92g)

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# SEGMENT

- An ordered collection of elements
- Elements are variable length
- Elements are delimited by element separators
- Segment ends with segment terminator

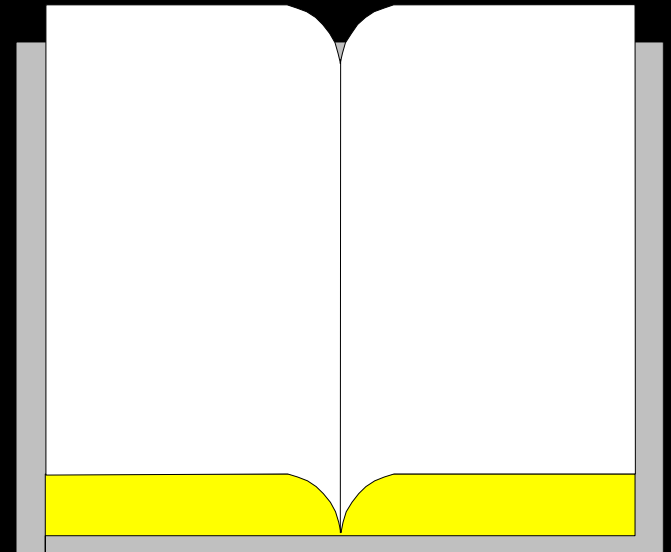




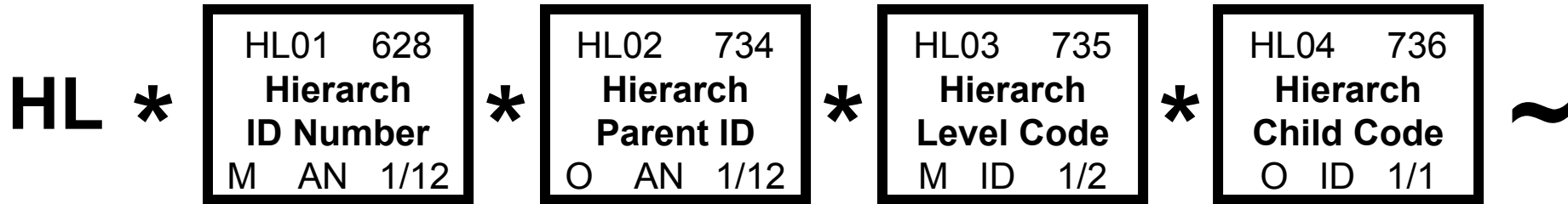
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# Data Element Dictionary

- Listed numerically
- Same in all segments
- Data & position vary
- Length min & max
- Code lists
- Type of data



# HL Hierarchical Level



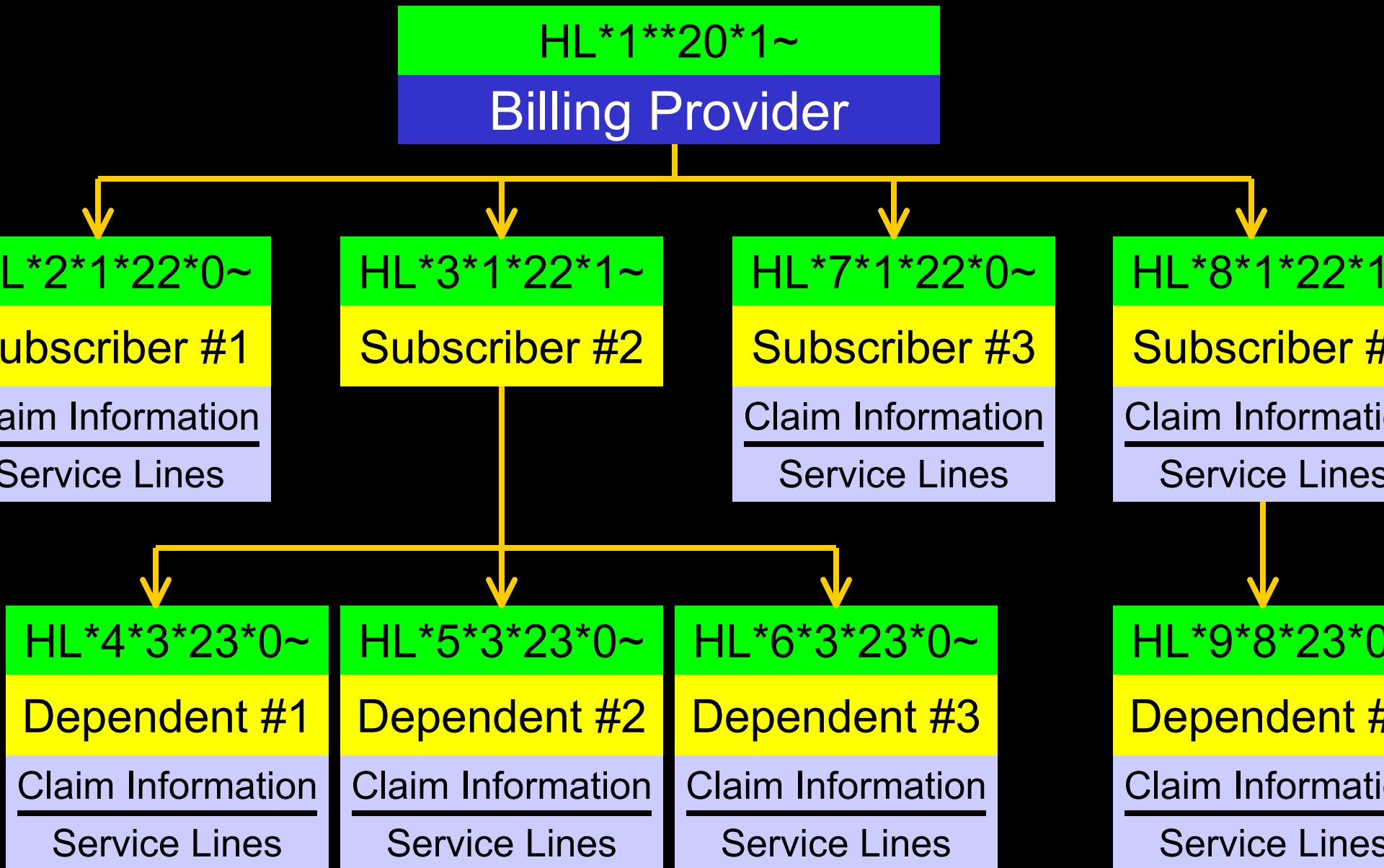
**HL01          628          Hierarchical ID Number**  
The first HL01=1, in subsequent HL segments the value is incremented by 1.

**HL02          734          Hierarchical Parent Number**  
The HL02 identifies the HL01 that is the parent of this HL segment.

**HL03          735          Hierarchical Level Code**  
“20” = Billing Provider  
“22” = Subscriber – Child to Billing Provider  
“23” = Dependent – Child to Subscriber

**HL04          736          Hierarchical Child Code**  
“0” No Subordinate HL Segment  
“1” Additional Subordinate HL Data Segment

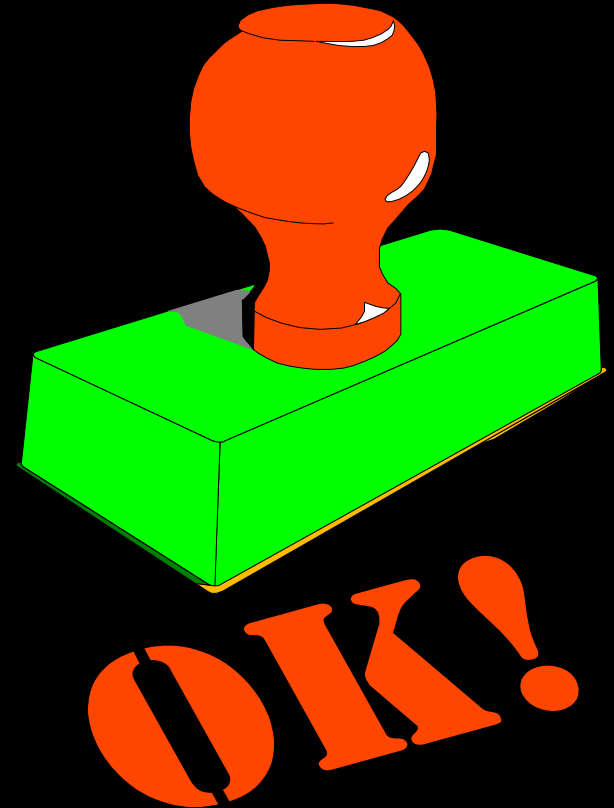
# Hierarchical Levels in Health Care Claims



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# Valid Element Types

- AN - Alphanumeric
- B - Binary
- Nn - Numeric (n decimals)
- R - Decimal (explicit)
- ID - Code
- DT - Date
- TM - Time

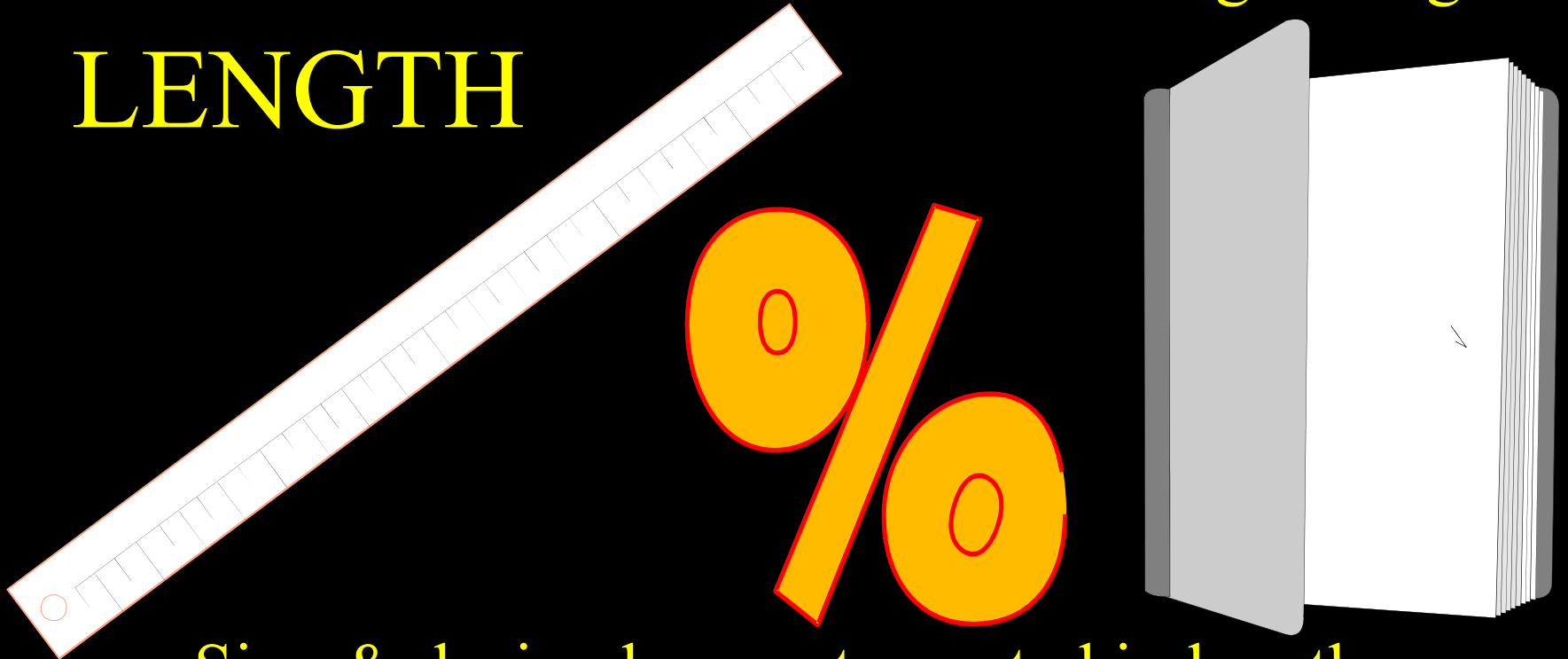


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AN 6/6 - Exactly 6 characters long

R 7/10 - From 7 to 10 digits long

**LENGTH**



Sign & decimal are not counted in length.

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# QUALIFIER & VALUE

- Pairs elements (qualifier & value)
- Flexible transaction definitions
- Reuse elements

Reese

Sally Peterson

CHIEF FINANCIAL OFFICER

Reese Supply Company

PO Box 1432

Miamitown OH 45432-1432

**Phone** (513) 725-7543

**Fax** (513) 725-9876

sally@ohio.net

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# STANDARDS EVOLVE

- Working papers
- Three times a year
- Draft standards
- ANSI standards
- Version & release

001000	ANSI - 1983
002000	ANSI - 1986
002040	Draft X12 May 89
003000	ANSI - 1992
003020	Draft X12 Oct 91
003021	Draft X12 Feb 92
004000	ANSI - 1997
004010	Draft X12 Oct 97

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# CHANGES

# INVOICE



- Simplify data.
  - Eliminate transactions.
  - Utilize status information rather than batch data.
  - Reengineer business processes.
  - Exchange information more frequently.
-



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# Session Summary



- ✓ Standards are based on business requirements.
  - ✓ There are multiple details to coordinate.
  - ✓ One person should not make all decisions.
  - ✓ The business process will change over time.
-