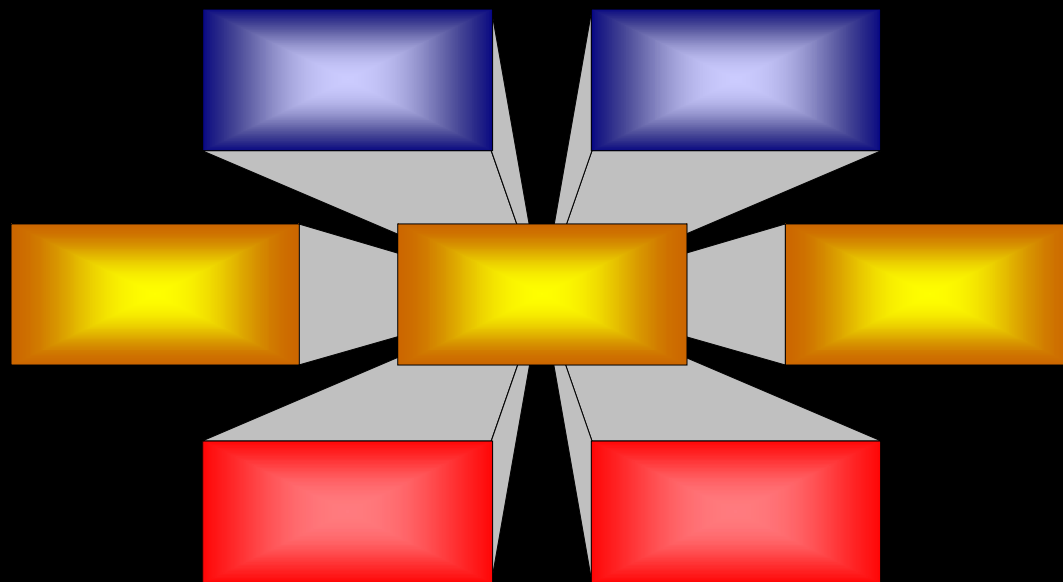

HIPAA Implementation Guides

Down and Dirty

Dan Petrosky September 8, 2005

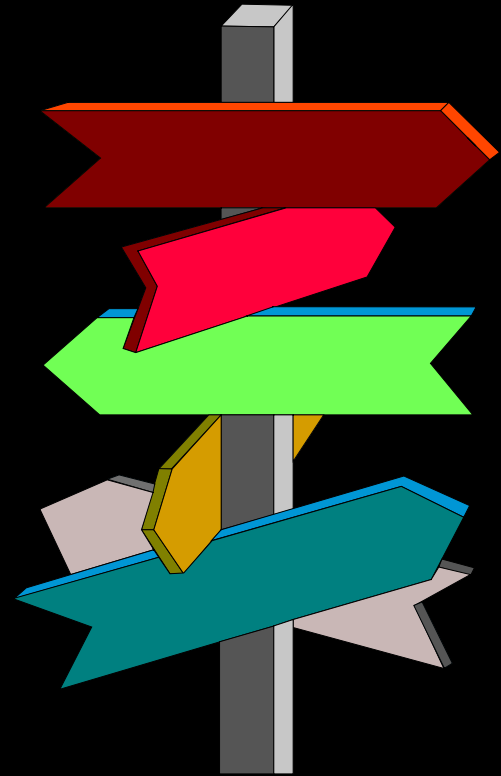


004010

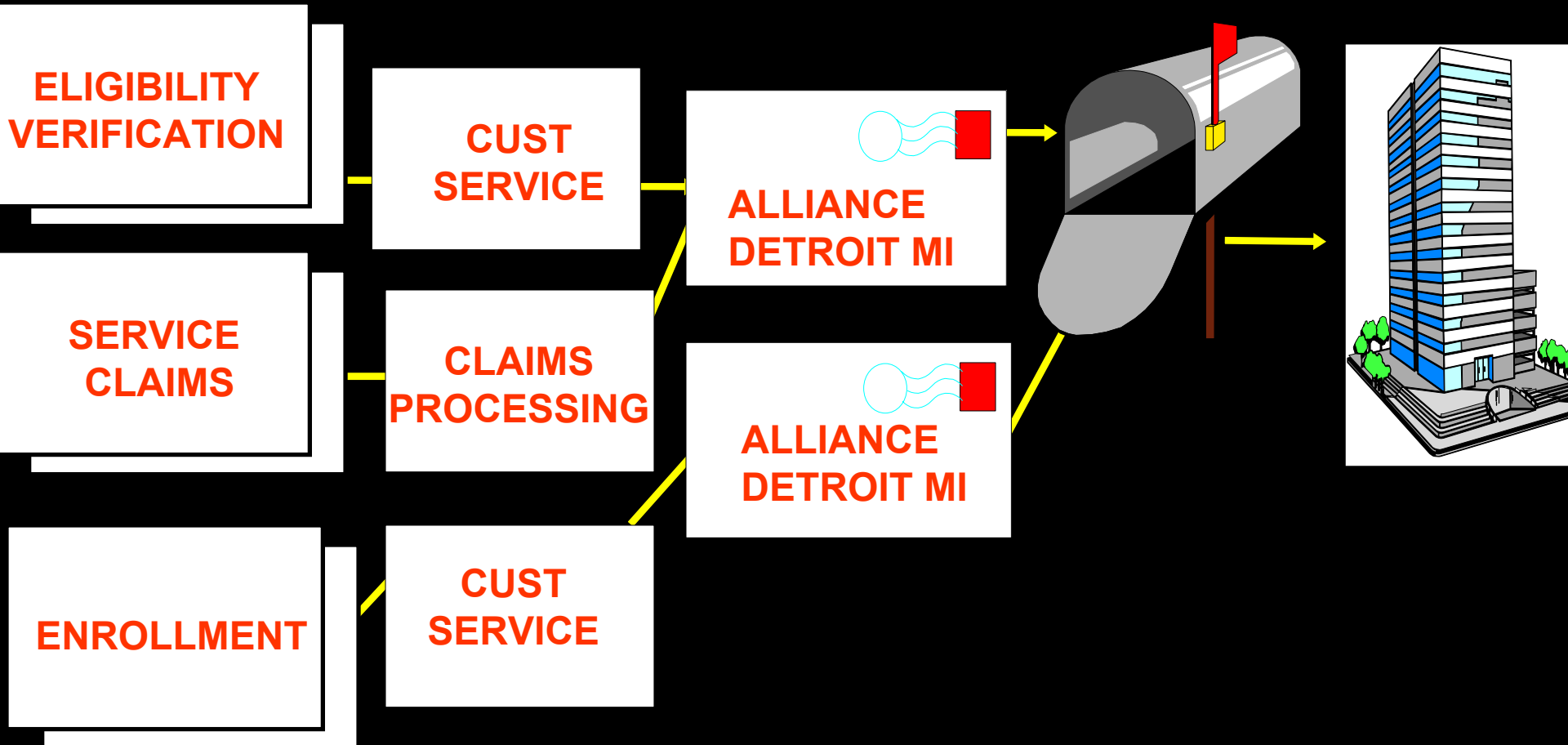
Who needs to understand them?

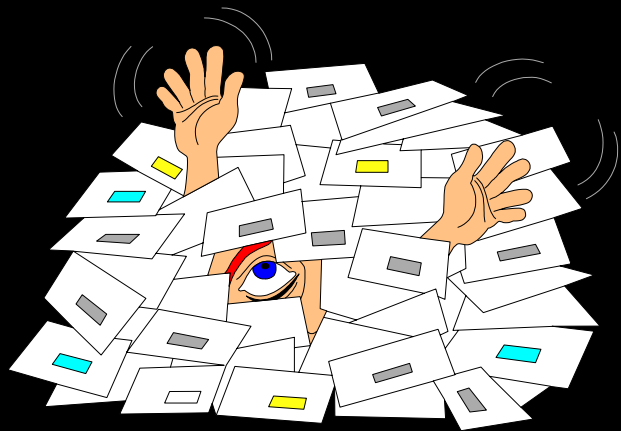
Session Objectives

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



NORMAL BUSINESS

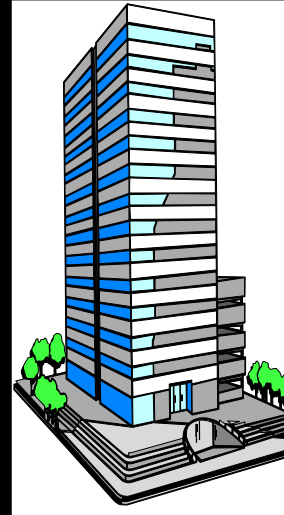
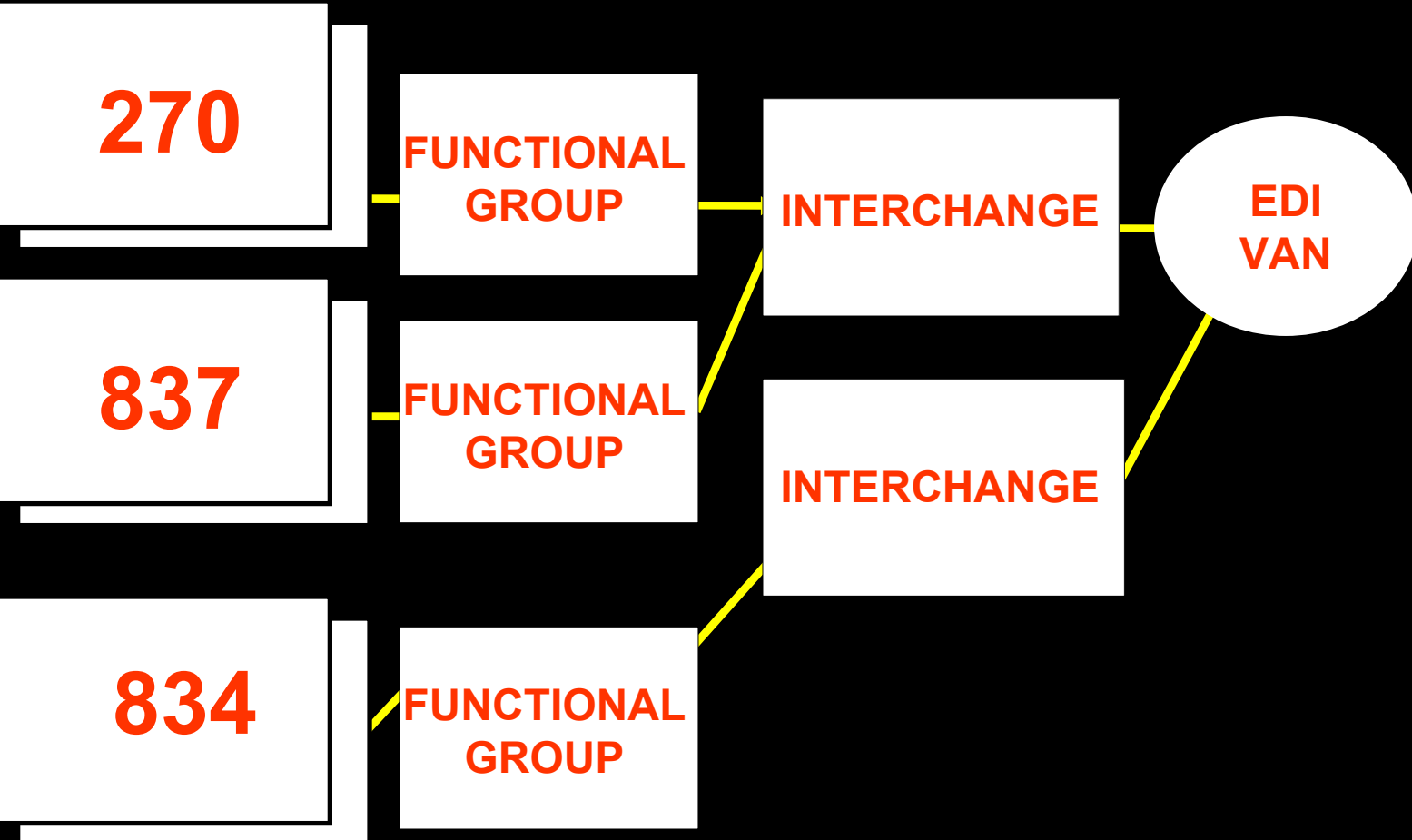




PAPER vs EDI

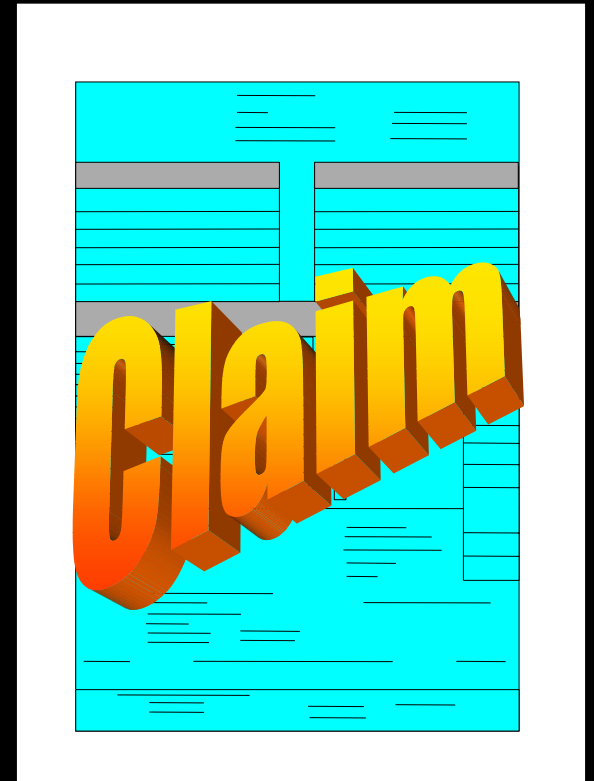
Document -	Transaction
Little Envelope -	Functional Group
Big Envelope -	Interchange
Postal Service -	VAN
Courier Delivery -	Point-to-Point
Human Audit -	Machine Audit

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~



Levels of Standards Documentation

ANSI X12 Standards Documentation

Industry Implementation Guidelines

Trading Partner Profiles



Section I - Transaction Set Tables

The diagram illustrates the relationship between table types and their data fields. On the left page, three tables are listed: Table 1 (Header), Table 2 (Detail), and Table 3 (Summary). On the right page, three rectangular boxes represent data fields: the top box contains 'ST' and 'BHT', the middle box contains 'HL', and the bottom box contains 'SE'. The bottom of the book is highlighted in yellow.

Table 1 Header	ST BHT
Table 2 Detail	HL
Table 3 Summary	SE

Related information usually appears together.

STANDARD

337 Health Care Claim

Functional Group ID: **HC**

Table 1 – Header

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

Table 2 – Detail

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

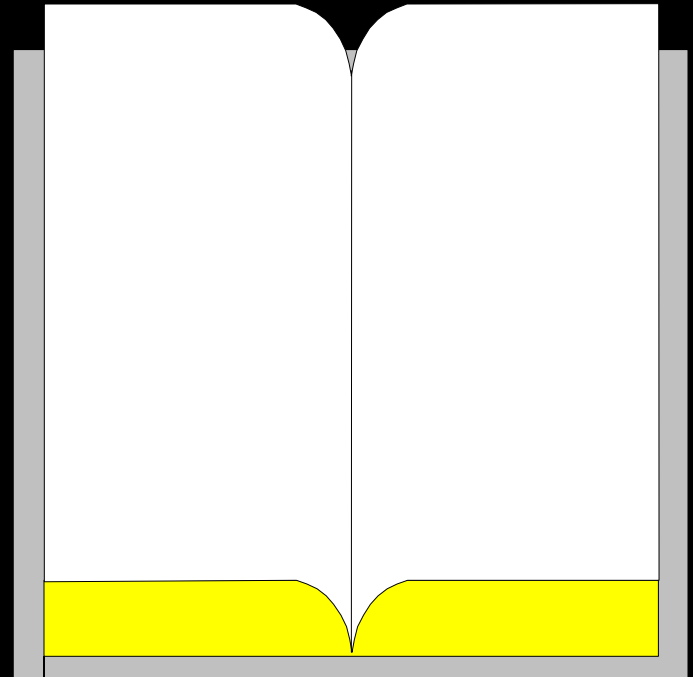
PG	POS#	SEG ID	NAME	USAGE	REPEAT	LOOP REPEAT
LOOP ID – 2000A BILLING/PAY-TO-PROVIDER						>1
7	001	HL	Billing/Pay-to-Provider Hierarchical Level	R	1	
LOOP ID – 2010AA BILLNG PROVIDER NAME						1
4	015	NM1	Billing Provider Name	R	1	

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
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

~

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

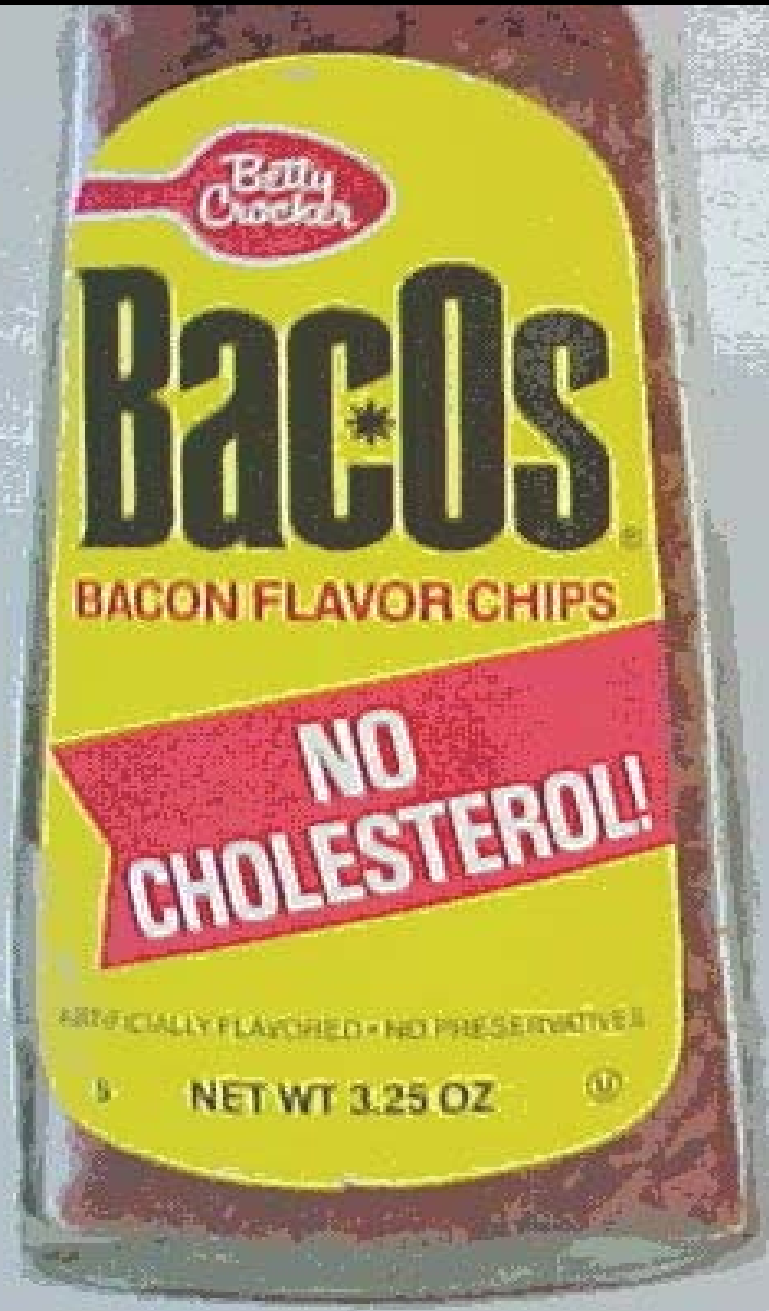
*

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

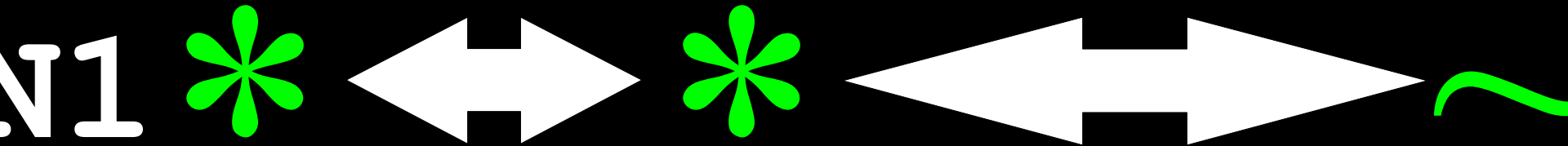
CRUNCHY!

NET WT
1.95 OZ (92g)

©

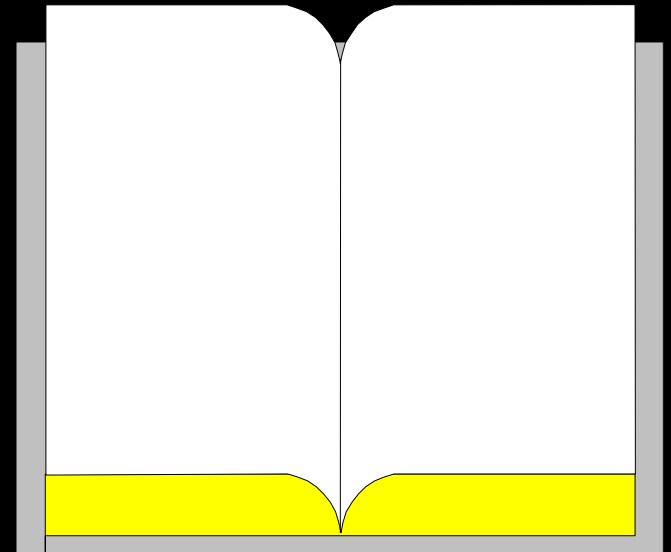
SEGMENT

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

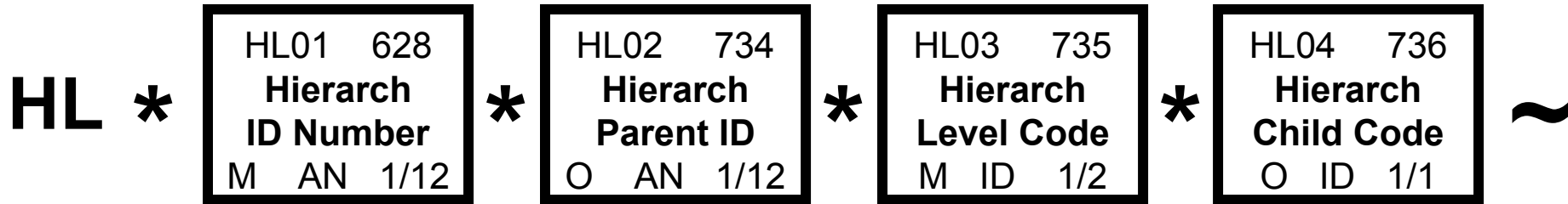


Data Element Dictionary

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



HL Hierarchical Level



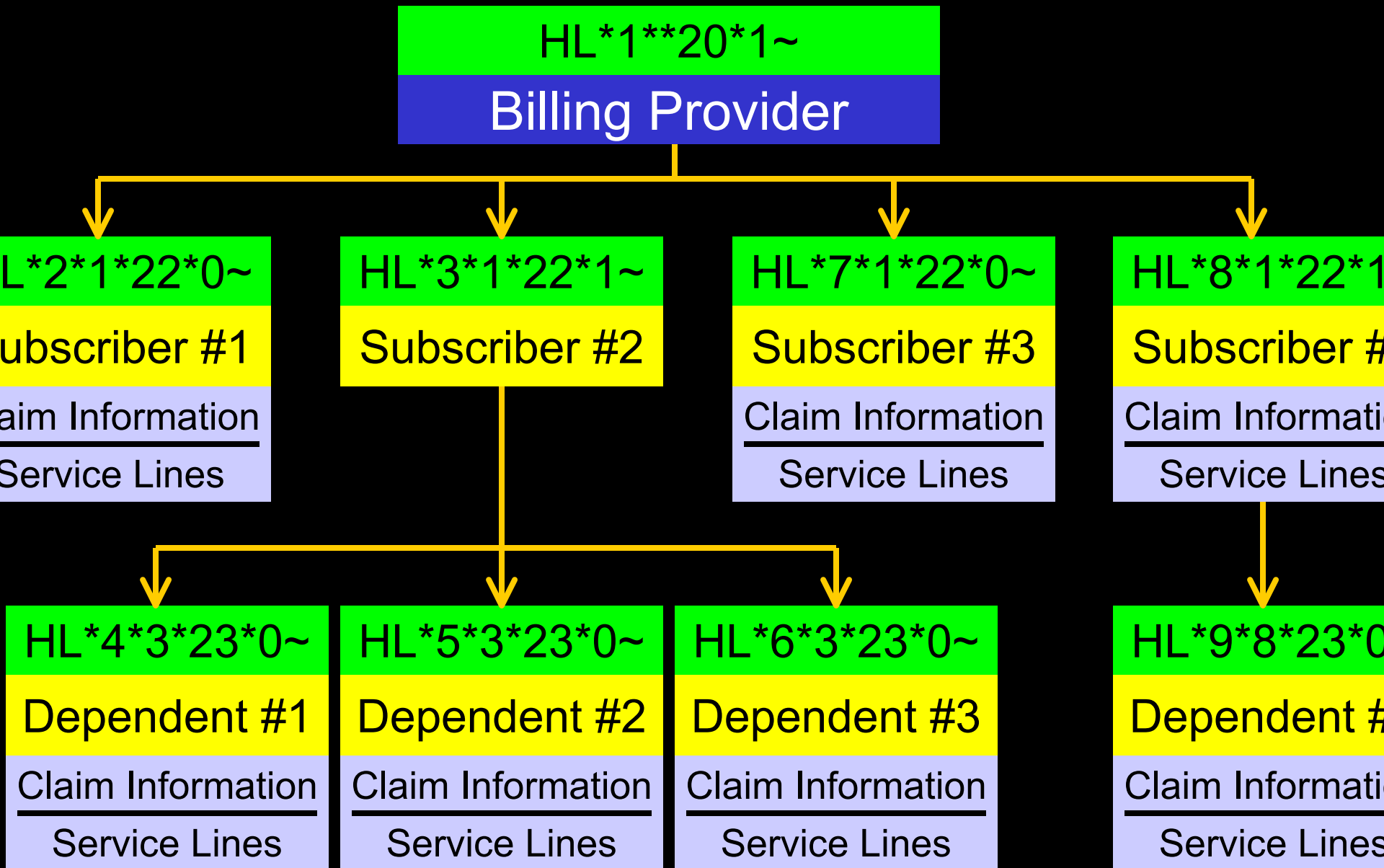
HL01 628 Hierarchical ID Number
The first HL01=1, in subsequent HL segments the value is incremented by 1.

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

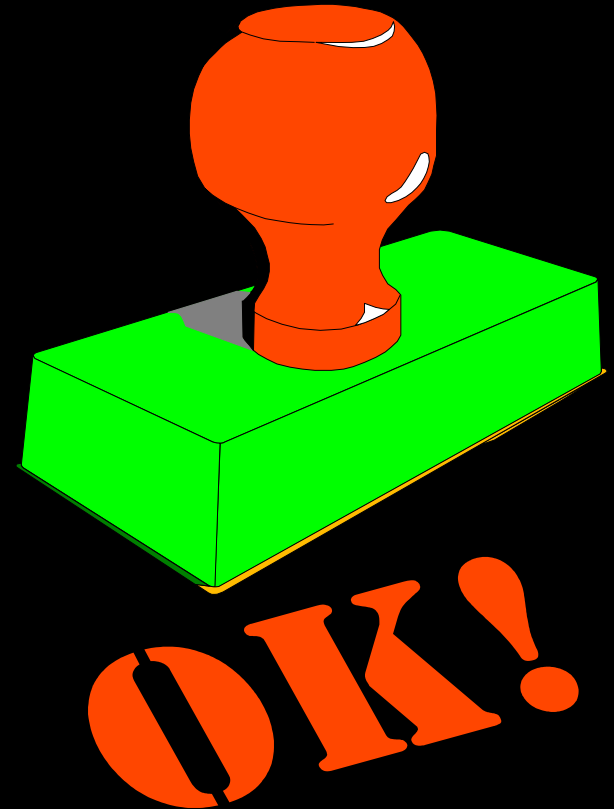
HL04 736 Hierarchical Child Code
“0” No Subordinate HL Segment
“1” Additional Subordinate HL Data Segment

Hierarchical Levels in Health Care Claims



Valid Element Types

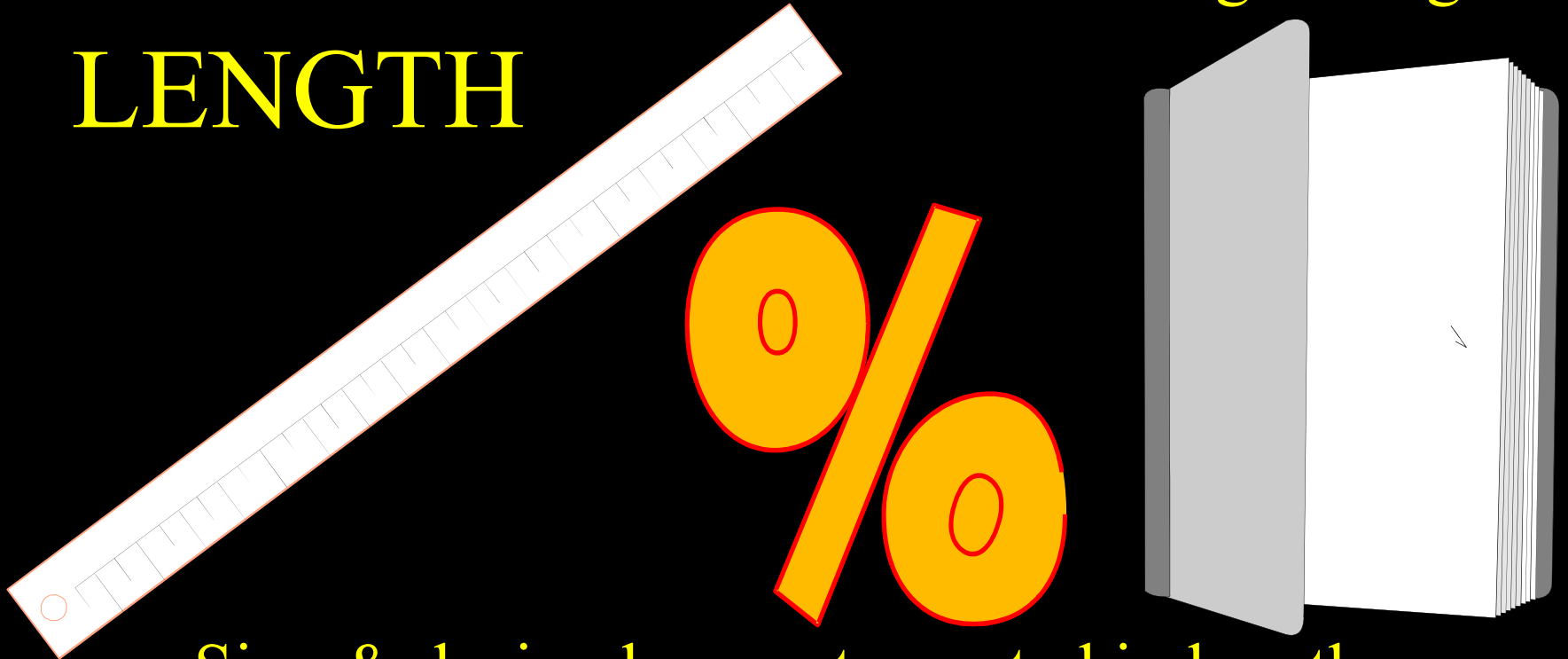
- AN - Alphanumeric
- B - Binary
- Nn - Numeric (n decimals)
- R - Decimal (explicit)
- ID - Code
- DT - Date
- TM - Time



AN 6/6 - Exactly 6 characters long

R 7/10 - From 7 to 10 digits long

LENGTH



Sign & decimal are not counted in length.

QUALIFIER & VALUE

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

Reese

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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

CHANGES

INVOICE



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

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.
-