

**The Language of HIPAA:
Deciphering the Transactions and Code Sets**

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Analysis Spreadsheet

Group				Req		Add		Premis	Choice		
Claim/	Pg	Seg	Segment	or		Field to		Cross	in		
Line	#	ID	Description	Sit	Desc	IDX	Hardcode	Walk	Table	SMS	Notes
G	62	TABLE 1	HEADER								
G		ST	Transaction Set Header	R				Premis			
		ST01	Transaction Set Identifier Code	R			837	Premis	837		
		ST02	Transaction Set Control Number	R				Premis			
G	63	BHT	Beginning of Hierarchical Transaction	R				Premis			
		BHT01	Hierarchical Structure Code	R			019	Premis	19		
		BHT02	Transaction Set Purpose Code	R				Premis			
		BHT03	Reference Identification	R				Premis			
		BHT04	Date	R				Premis			
		BHT05	Time	R				Premis			
		BHT06	Transaction Type Code	R			CH	Premis	CH or RP		
G	66	REF	Transmission Type ID	R				Premis			
		REF01	Reference Identification Qualifier	R			87	Premis			
		REF02	Reference Identification	R			Test=004010 X098DA1 / Live=004010 X098A1	Premis			
		REF03	Description	NU							
		REF04	Reference Identifier	NU							
G	67	1000A	SUBMITTER NAME	R							
G	67	NM1	Submitter Name	R				Premis			
		NM101	Entity Identifier Code	R			41	Premis			
		NM102	Entity Type Qualifier	R			2	Premis			
		NM103	Organization Name	R				Premis			
		NM104	First Name	S	If submitting for an individual						
		NM105	Middle Name	S	If submitting for an individual						
		NM106	Name Prefix	NU							
		NM107	Name Suffix	NU							
		NM108	Identification Code Qualifier	R			46	Premis			

Handout 1

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Group				Req		Add		Premis	Choice		
Claim/	Pg	Seg	Segment	or		Field to		Cross	in		
Line	#	ID	Description	Sit	Desc	IDX	Hardcode	Walk	Table	SMS	Notes
		NM109	Identification Code	R				Premis			
		NM110	Entity Relationship code	NU							
		NM111	Entity Identifier Code	NU							
G	71	PER	Submitter EDI Contact Info	R				Premis			
		PER01	Contact Function Code	R			IC	Premis			
		PER02	Name	R				Premis			
		PER03	Communication Number Qualifier	R				Premis			
		PER04	Communication Number	R				Premis			
		PER05	Communication Number Qualifier	S	2ndary Contact, use at discretion of submitter						
		PER06	Communication Number	S	2ndary Contact, use at discretion of submitter						
		PER07	Communication Number Qualifier	S	3rd Contact, use at discretion of submitter						
		PER08	Communication Number	S	3rd Contact, use at discretion of submitter						
		PER09	Contact Inquiry Reference	NU							
G	74	1000B	RECEIVER NAME	R							
G	74	NM1	Receiver Name	R				Premis			
		NM101	Entity Identifier Code	R			40	Premis			
		NM102	Entity Type Qualifier	R			2	Premis			
		NM103	Organization Name	R				Premis			
		NM104	Name First	NU							
		NM105	Name Middle	NU							
		NM106	Name Prefix	NU							
		NM107	Name Suffix	NU							
		NM108	Identification Code Qualifier	R			46	Premis			
		NM109	Identification Code	R				Premis			
		NM110	Entity Relationship code	NU							
		NM111	Entity Identifier Code	NU							
		TABLE 2	Billing/Pay-to Provider Detail								

Handout 1

Analysis Spreadsheet

Group				Req		Add		Premis	Choice		
Claim/	Pg	Seg	Segment	or		Field to		Cross	in		
Line	#	ID	Description	Sit	Desc	IDX	Hardcode	Walk	Table	SMS	Notes
G	77	2000A	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	R	Identifies the original entity who submitted elec claim - billing provider may be a health care provider, billing service, or other representative of the provider						
G	78	HL	Billing/Pay-to Provider Hierarchical Level	R							
		HL01	Hierarchical ID Number	R							
		HL02	Hierarchical Parent ID Number	NU							
		HL03	Hierarchical Level Code	R			20				
		HL04	Hierarchical Child Code	R			1				
G	84	2010AA	BILLING PROVIDER NAME	R	Billing Entity						
G	84	NM1	Billing Provider Name	R							
		NM101	Entity Identifier Code	R			85				
		NM102	Entity Type Qualifier	R			2				
		NM103	Organization Name	R							
		NM104	Name First	S							
		NM105	Name Middle	S							
		NM106	Name Prefix	NU							
		NM107	Name Suffix	S							
		NM108	Identification Code Qualifier	R			24				
		NM109	Identification Code	R							
		NM110	Entity Relationship code	NU							
		NM111	Entity Identifier Code	NU							
G	88	N3	Billing Provider Address	R							
		N301	Address Information	R							
		N302	Address Information	S	If 2nd address line exists						
G	89	N4	Billing Provider CSZ	R							

Handout 1

Payer Grid

Payer	837I	837P	270/271	820/834	835	Sibley
Medicaid	L/T	L/T	Oct	N/A	L/T	?
Blue Cross	L/T	L/T	Sept	T	L/T	T
UHC	L/T	L/T	Oct	N/A	?	L
Cigna	L/T	L/T	Oct	N/A	?	L
Aetna	L/T	L/T	Live	N/A	?	L
Humana	T	T	N/A	N/A	?	T
One Health Plan	T	T	N/A	N/A	?	?
Coventry	T	T	Live	N/A	?	?
PHCS	T	T	N/A	N/A	?	?

Handout 2