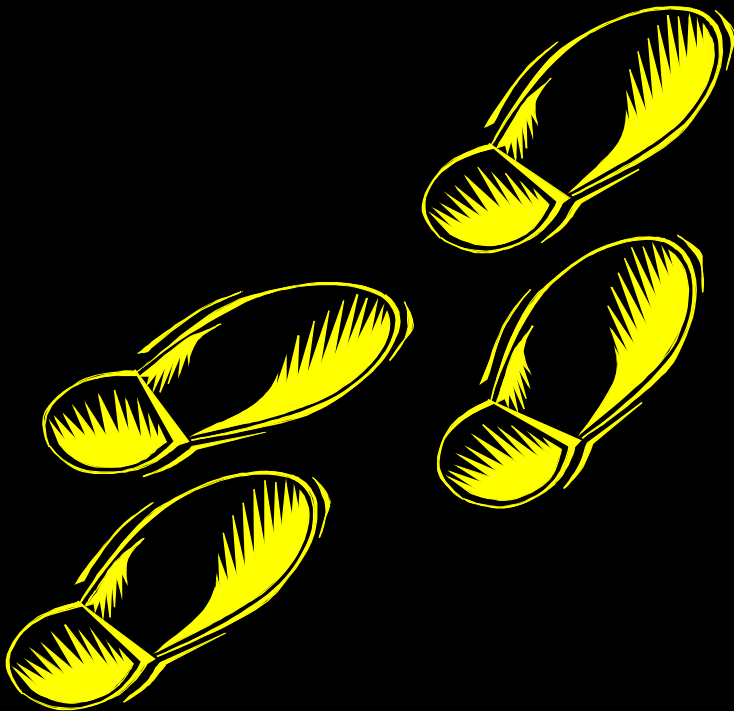

Concurrent Session 204

Transactions and Code Sets:

Its All in the Guides

*The HIPAA
Summit West*

June 21, 2001
San Francisco, CA



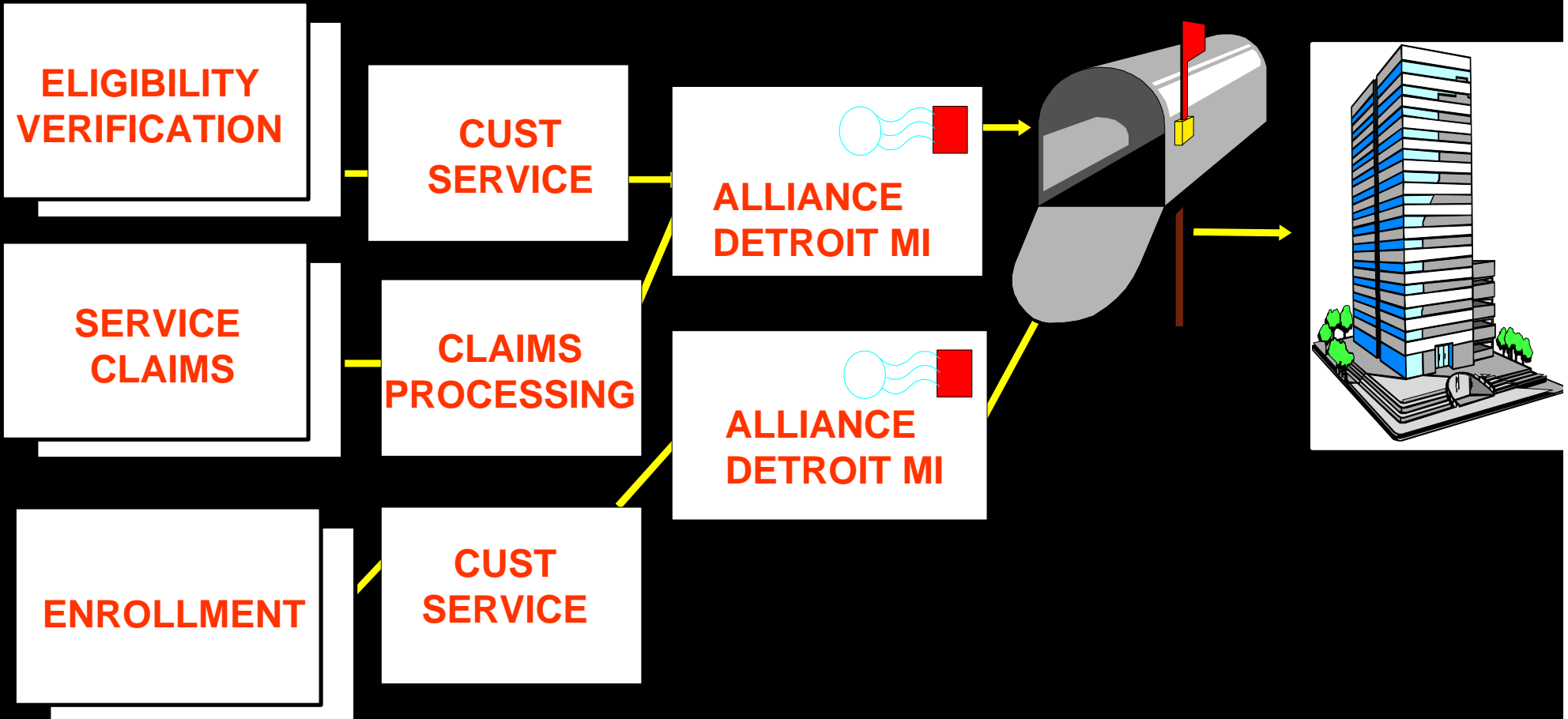
Gary Beatty
gary@wpc-edi.com
Washington Publishing Company
Chair X12 Insurance Subcommittee

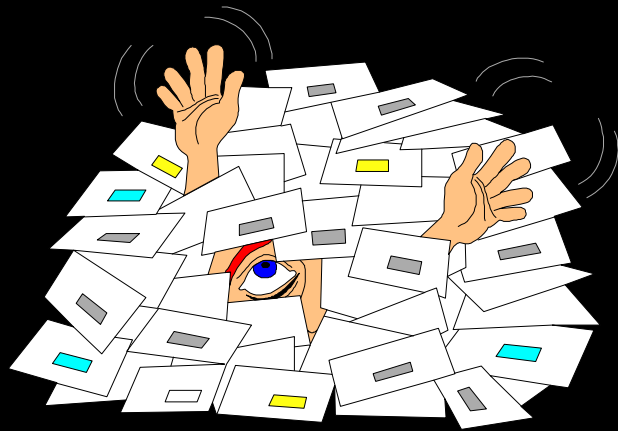


Session Topics

- Describe EDI Process
 - Terminology
 - X12 Syntax / Structure
 - Differences between Standards and Implementation Guides
 - Questions and Answers
-

NORMAL BUSINESS

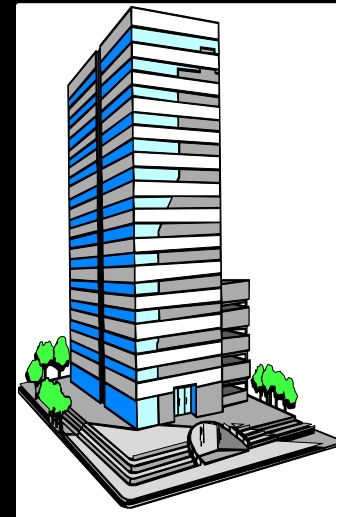
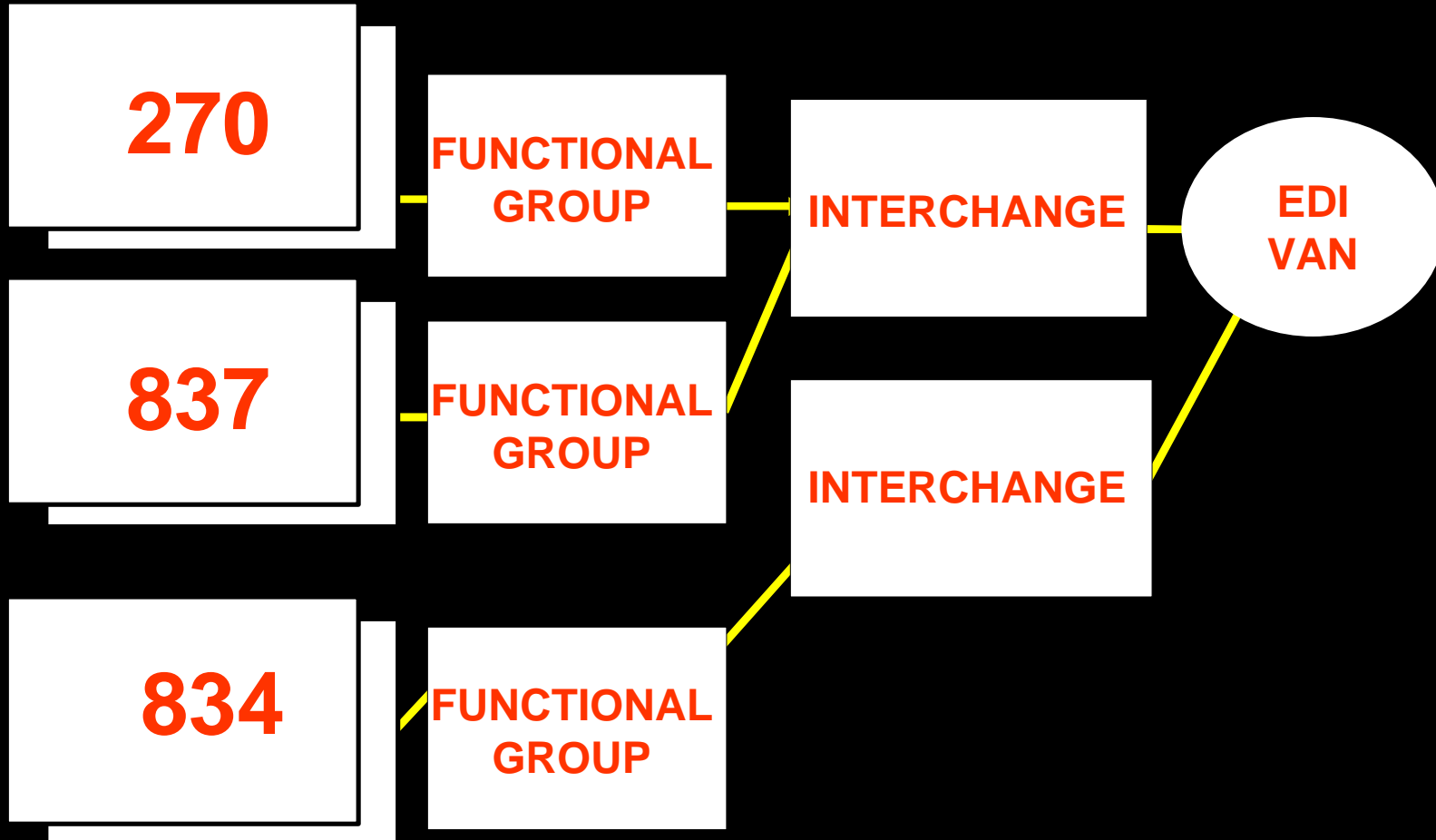




PAPER vs EDI

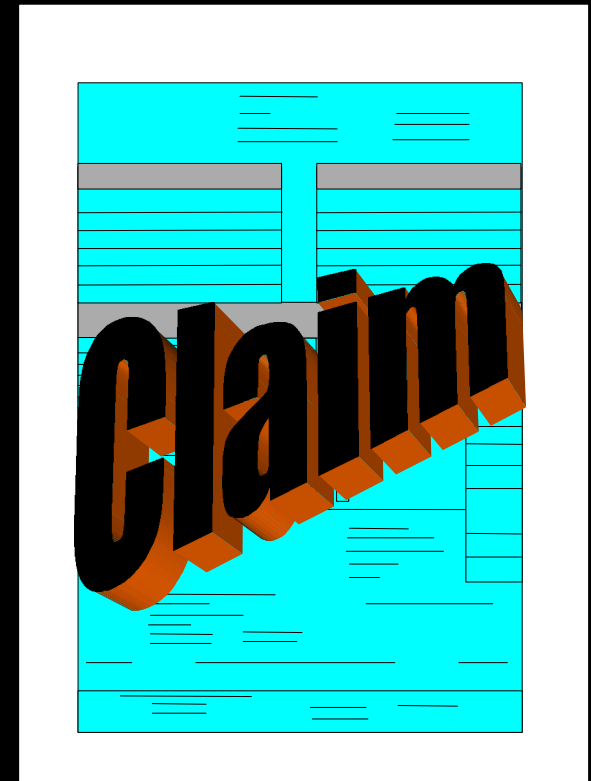
Document -	Transaction
Little Envelope -	Functional Group
Big Envelope -	Interchange
Postal Service -	VAN / Clearinghouse
Courier Delivery -	Point-to-Point
Human Audit -	Machine Audit

EDI Delivery



Standards Language

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



Levels of Standards Documentation

- ANSI X12 Standards Documentation
- Industry Implementation Guidelines
- Trading Partner Profiles



Section I - Transaction Set Tables

Table 1
Header

ST
BHT

Table 2
Detail

HL

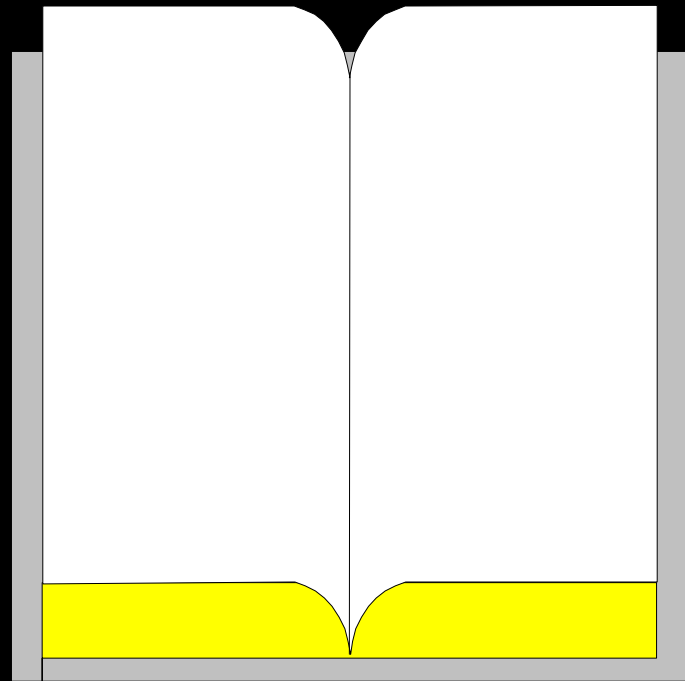
Table 3
Summary

SE

**Related information
usually appears
together.**

Transaction Set Tables

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



STANDARD

837 Health Care Claim

Functional Group ID: **HC**

Table 1 – Header

POS#	SEG ID	NAME	REQ. DES	MAX USE	LOOP REPEAT
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

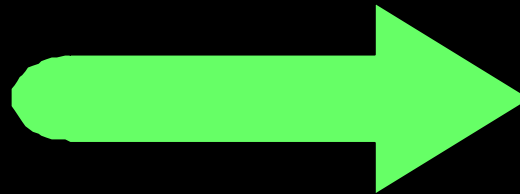
POS#	SEG ID	NAME	REQ. DES	MAX USE	LOOP REPEAT
LOOP ID – 2000					>1
001	HL	Hierarchical Level	M	1	
003	PRV	Provider Information	O	1	
LOOP ID – 2010					10
015	NM1	Individual or Organization Name	O	1	
040	PER	Administration Communication Contact	O	2	
555	SE	Transaction Set Trailer	M	1	

STANDARDS VERSUS IMPLEMENTATION GUIDES

Standards

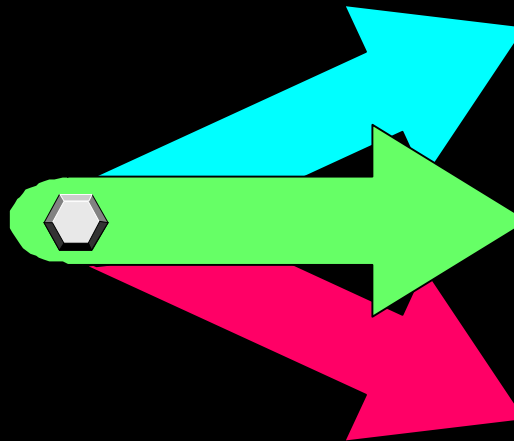
Implementation Guide

Mandatory



Required

Optional



Situational

Not Used

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IMPLEMENTATION

837 Health Care Claim: Professional

Table 1 – Header

PG	POS#	SEG ID	NAME	USAGE	REPEAT	LOOP REPEAT
62	005	ST	Transaction Set Header	R	1	
63	010	BHT	Beginning of Hierarchical Transaction	R	1	
LOOP ID – 1000A SUBMITTER NAME						1
67	020	NM1	Submitter Name	R	1	
71	045	PER	Submitter EDI Contact Information	R	2	

Table 2 – Detail – Billing/Pay-To Provider

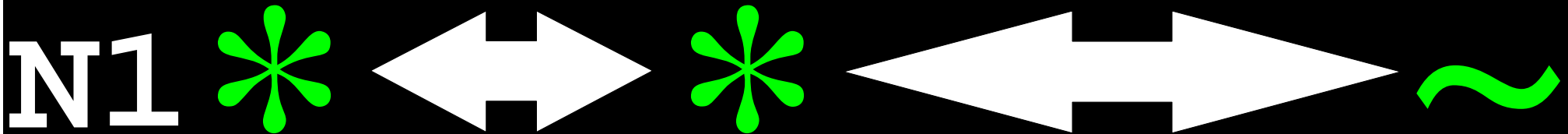
PG	POS#	SEG ID	NAME	USAGE	REPEAT	LOOP REPEAT
LOOP ID – 2000A BILLING/PAY-TO-PROVIDER						>1
77	001	HL	Billing/Pay-to-Provider Hierarchical Level	R	1	
LOOP ID – 2010AA BILLNG PROVIDER NAME						1
84	015	NM1	Billing Provider Name	R	1	

Table 2 – Detail – Subscriber

573	555	SE	Transaction Set Trailer	R	1	
-----	-----	----	-------------------------	---	---	--

SEGMENT

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



IMPLEMENTATION STANDARD

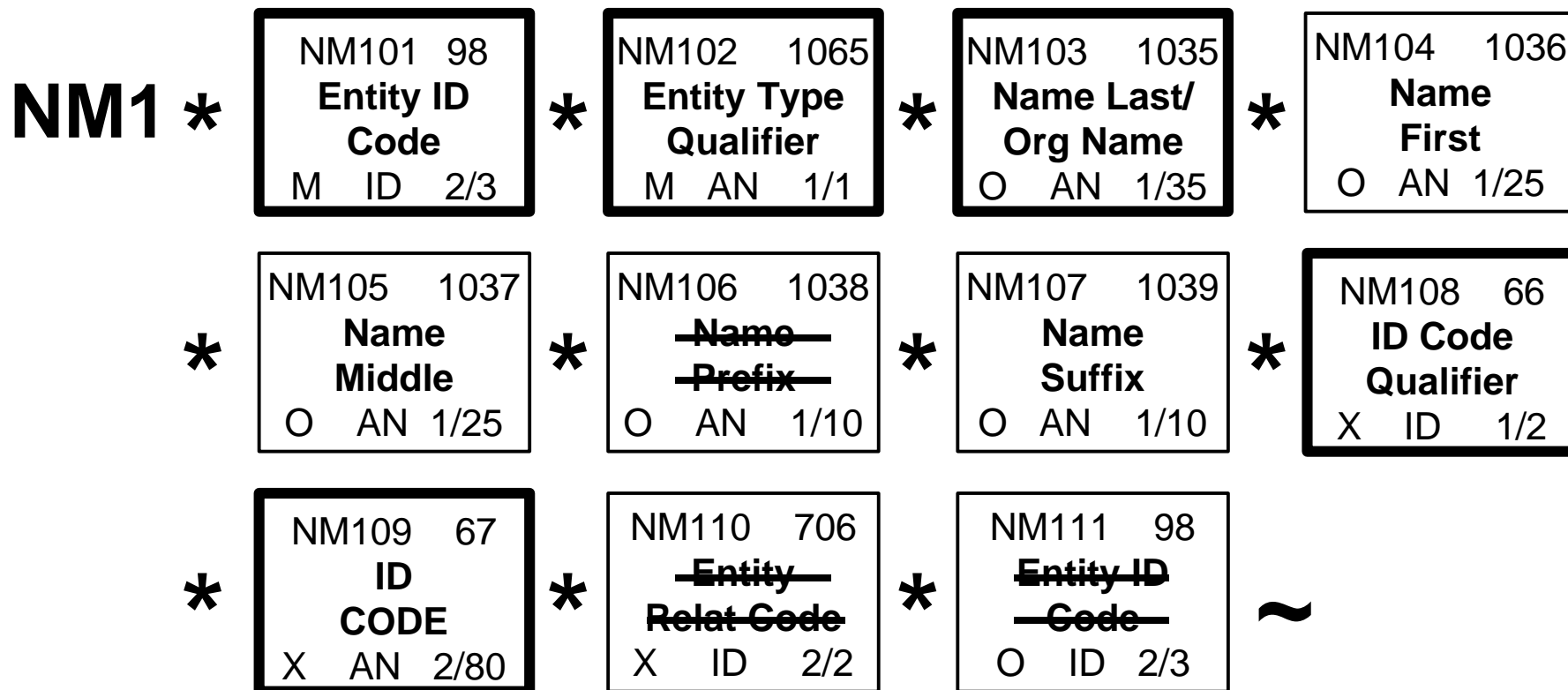
BILLING PROVIDER NAME

NM1 Individual or Organization Name

Level: Header

Syntax: 1. P0809

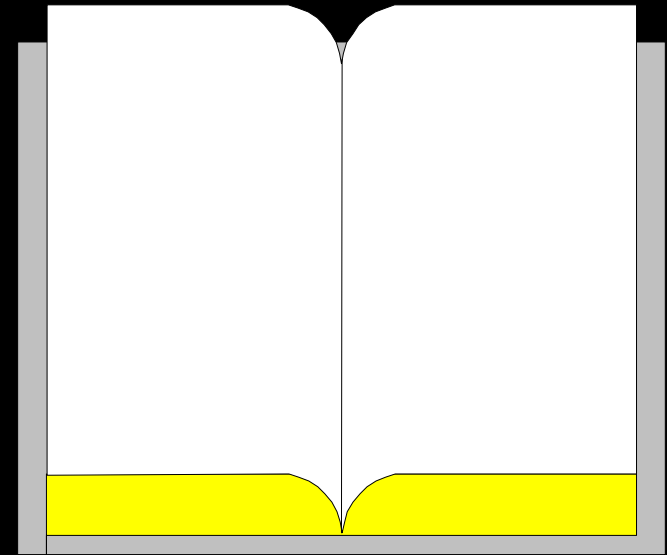
If either NM108 or NM109 is present, then the other is required.





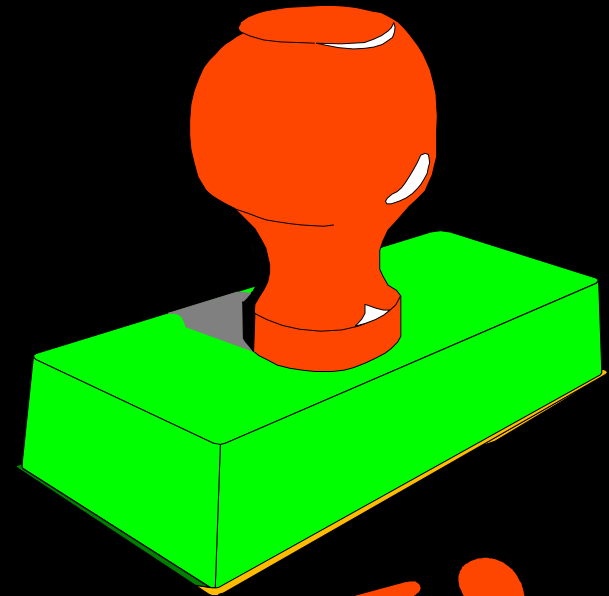
Data Element Dictionary

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



Valid Element Types

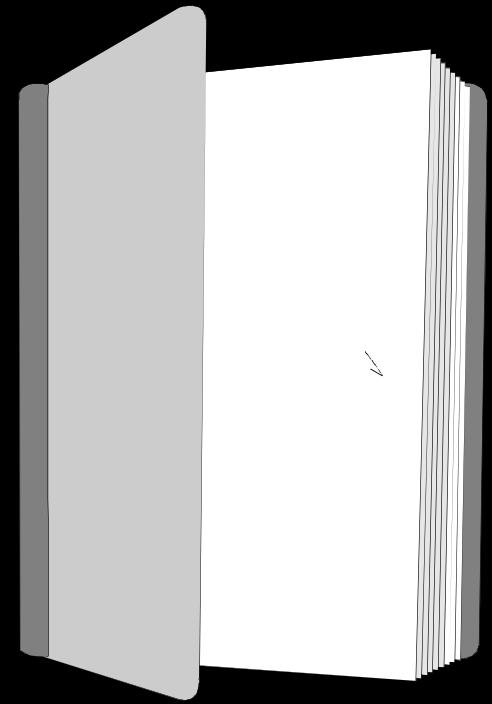
- AN - Alphanumeric
- B - Binary
- Nn - Numeric (n decimals)
- R - Decimal (explicit)
- ID - Code
- DT - Date
- TM - Time



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

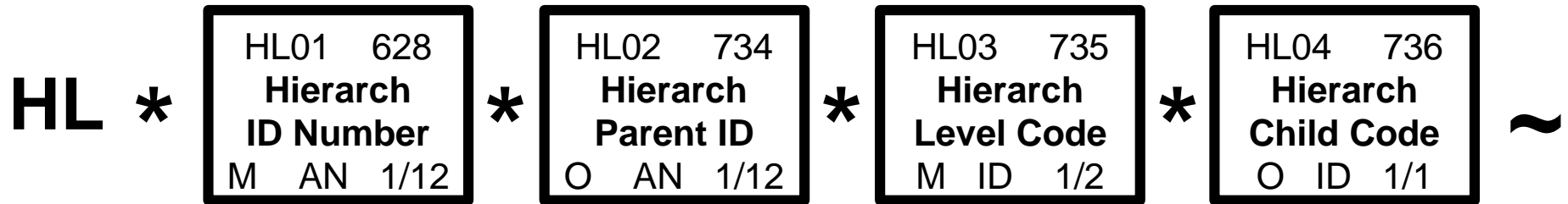
Reese

Sally Peterson
CHIEF FINANCIAL OFFICER

Reese Supply Company
PO Box 1432
Miamitown OH 45432-1432

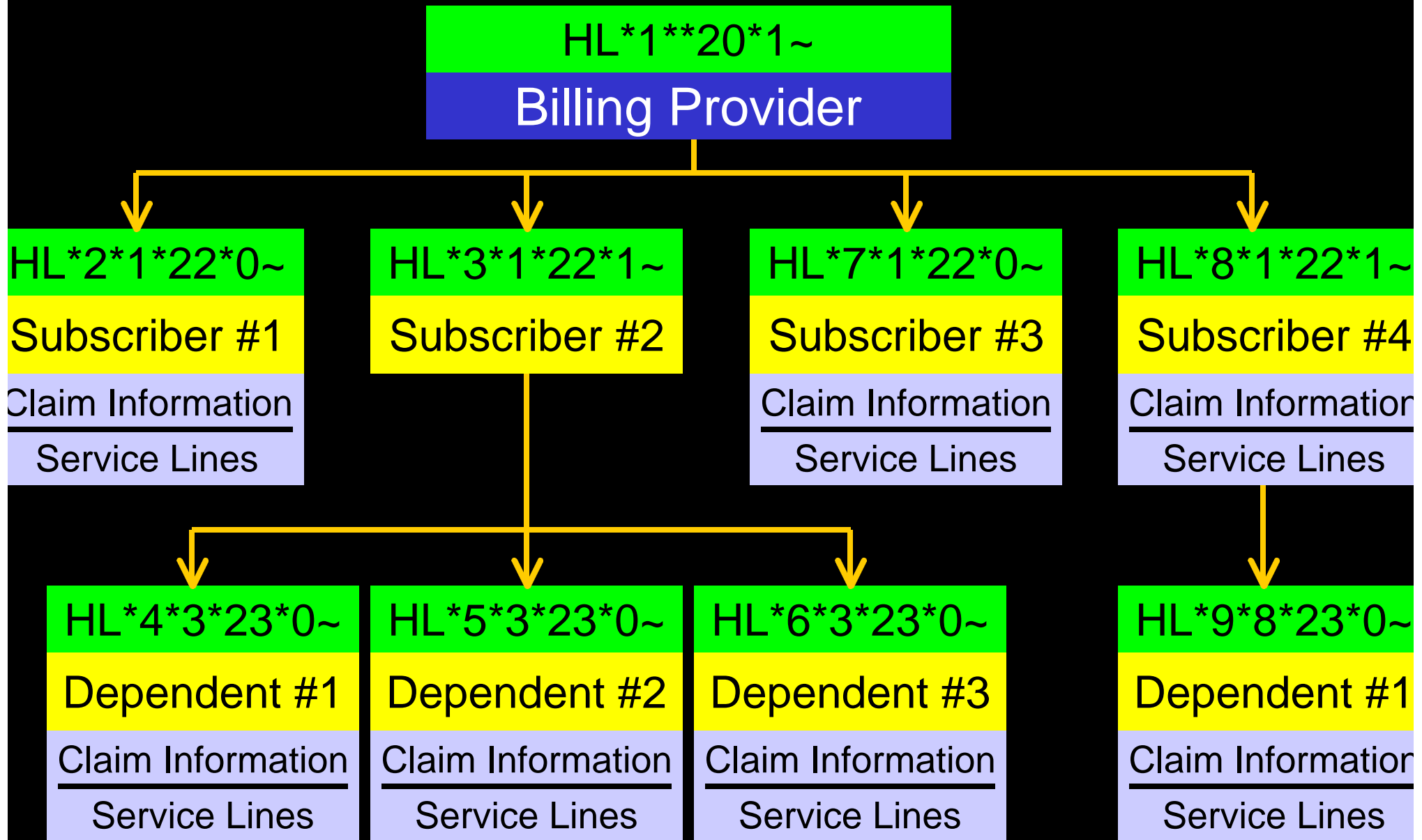
Phone (513) 725-7543
Fax (513) 725-9876
sally@ohio.net

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



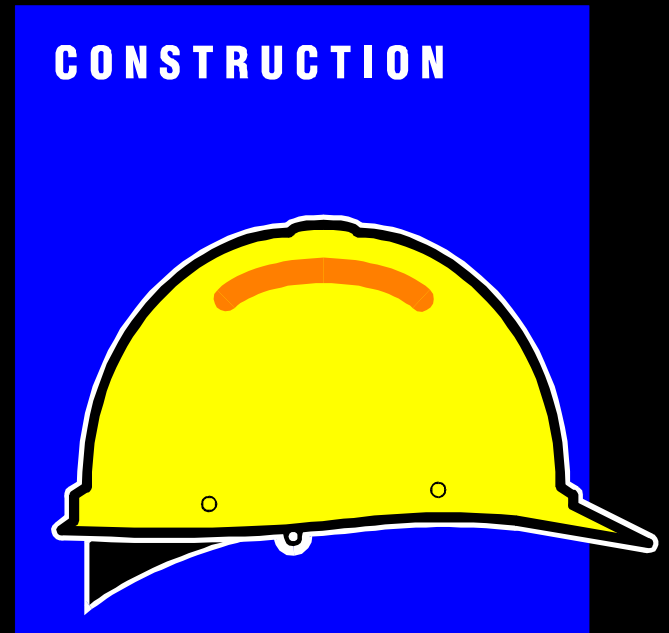
STANDARDS EVOLVE

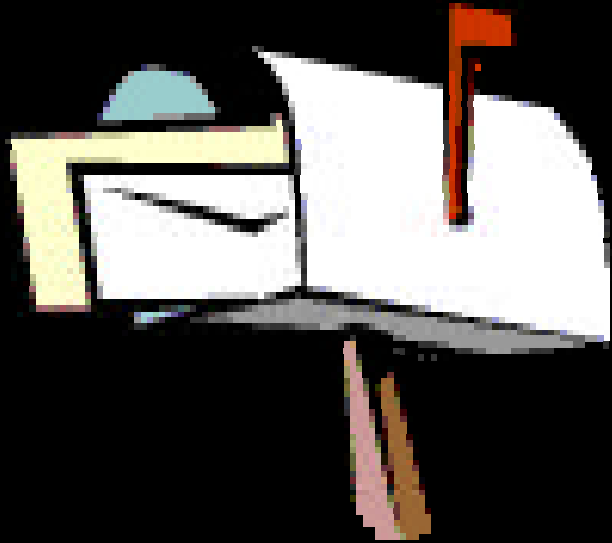
- Working papers
- Three times a year
- ~~Draft~~ standards
- ANSI standards
- Version & release

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

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





Thank You!
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aspe.hhs.gov/admnsimp

? 'S

