



Companion Guide

Arkansas BreastCare

X005010x222A1

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Modification Log

Rev #	Date	Author	Section	Nature of Change
1.0	03/03/11			Draft
1.1	04/29/11	Toni Butler	Loop 2400	Added NTE element
1.2	05/05/11	Toni Butler		Update Version/Release/Industry Identifier Code
1.3	10/31/11	Toni Butler		Release

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This guide

Scope

This document is the Arkansas BreastCare companion guide to the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, *Health Care Claim: Professional, ASC X12N 837 (005010X222A1)*. It is intended for vendors that design software or systems for submitting health care transactions electronically to Arkansas BreastCare. This document supplements, but does not supersede, requirements outlined in the ASC X12N implementation guide.

The Health Insurance Portability and Accountability Act (HIPAA) requires Arkansas BreastCare and other covered entities to comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services. The ASC X12N implementation guides were established as the standards of compliance. This companion guide provides the supplemental requirements specific to Arkansas BreastCare, as permitted within the 837 transaction sets.

To develop and test a system for Arkansas BreastCare 837P transactions, follow both the 837P implementation guide and this companion guide.

Other transactions

For all other HIPAA transactions besides the 837P, Arkansas BreastCare uses the same companion guides as Arkansas Medicaid. Please refer to the Arkansas Medicaid Web site to download the other manuals: www.medicaid.state.ar.us.

Updates

Changes to this guide are published on the Arkansas Medicaid Web site: www.medicaid.state.ar.us.

Contact

See the Arkansas Medicaid Web site for contact information: www.medicaid.state.ar.us.

Links

- Arkansas BreastCare: www.arbreastcare.com
- HIPAA Implementation Guides: www.wpc-edi.com
- Arkansas Medicaid companion guides: www.medicaid.state.ar.us.

Conventions

Most of the companion guide is in table format (see example below). Only loops, elements, or segments with clarifications or comments are listed. For further information, please see the implementation guide for each transaction.

Loop ID – Loop Name	SEG	Element	Comments	Page
Loop 2010BA – Subscriber Name	NM1	NM102	Value = 1	118
		NM103	Length = 2	118
		NM104	Length = 1	118

The table lists the following information:

Loop ID – Loop Name Loop, header, or trailer.

SEG Segment ID.

Element Element ID. Always incorporates the segment ID.

Comments Comments or clarifications for Arkansas BreastCare. Values, data length, and repeats are also listed here. Clarifications in field length only indicate what Arkansas BreastCare uses or returns to process the transaction. Arkansas BreastCare still accepts the minimum and maximum field lengths required by the implementation guide for each element.

Page Page of the implementation guide on which the loop, segment, or element is listed. Page numbers followed by an “A” refer to the addenda to the implementation guide.

Special considerations

Electronic splitting of 837 claim transactions

If an 837P transaction is received with more than 20 details, it will be split into multiple claims with a maximum of 20 details on each resulting claim.

Each split claim receives a unique Internal Control Number (ICN). Each ICN increases by one, starting from the original claim's ICN. Once split, a claim will not be brought together again for processing. However, these split claims are linked within the system. This allows for full claim status request/response (276/277) capability. If necessary, Arkansas BreastCare can identify and reference all split claims from the original claim for purposes such as research.

If any split claim suspends or denies at the header level, some or all of the other split claims associated with the original claim may suspend or deny. If a split claim suspends or denies at the detail level, only that split claim is affected; all other split claims associated with the original claim will not automatically be suspended or denied.

If a claim reversal transaction is submitted for a split claim, only the individual ICN submitted on the reversal transaction will be reversed. In order to reverse the entire original claim, an individual reversal transaction must be submitted for each ICN that resulted when the original claim was split.

A separate 835 is created for each split claim. The 835 does not link to the original claim.

Supplemental data file for rejected claims

When the Arkansas BreastCare system rejects a claim, a supplemental data file is returned in addition to the standard 277 response. The supplemental data file contains detailed error codes to assist with determining the reason for the claim's rejection.

For additional details on this topic, please refer to the "Supplemental data file for rejected transactions" document located on the Arkansas Medicaid Web site under HIPAA Companion Guides (www.medicaid.state.ar.us).

Transaction 837 Health Care Claim: Professional

Loop ID – Loop Name	SEG	Element	Comments	Page
ISA – Interchange Control Header	ISA	ISA01	Value = 00	C.4
		ISA03	Value = 00	C.4
		ISA05	Value = ZZ	C.4
		ISA06	Value = Submitter ID	C.4
		ISA07	Value = 30	C.5
		ISA08	Value = 716007869	C.5
		ISA15	Value = P in production, T in test	C.6
GS – Functional Group Header	GS	GS02	Value = same as ISA06	C.7
		GS03	Value = same as ISA08	C.7
BHT – Beginning of Hierarchical Transaction	BHT	BHT03	Arkansas BreastCare's translator requires that BHT03 be entered and that it is unique per file. The translator rejects files that do not meet this requirement.	72
Loop 1000A – Submitter Name	NM1	NM103	If NM102 = 1, Length = 15 If NM102 = 2, Length = 30	75
		NM104	If NM102 = 1, Length = 10	75
		NM109	Value = BBS Submitter ID Length = 8	75
Loop 1000B – Receiver Name	NM1	NM109	Value = 716007358	80
Loop 2010AA – Billing Provider Name			AR BreastCare maps only the 2010AA Billing Provider information. 2010AB Pay-To Provider information is not used.	88
Loop 2010BA – Subscriber Name	NM1	NM102	Value = 1	122
		NM103	Length = 2	122
		NM104	Length = 1	122

Loop ID – Loop Name	SEG	Element	Comments	Page
		NM108	Value = MI	122
		NM109	Value = Recipient's BreastCare ID Number Length = 10	123
Loop 2010BB – Billing Provider Secondary Identification	REF	REF01	Value=G2	140
		REF02	Length = 9 (Medicaid Provider ID)	141
Loop 2010CA – Patient Name			Arkansas BreastCare does not use the Dependent Loop.	157
Loop 2300 – Claim Information	CLM	CLM01	Length = 20	158
		CLM02	Length = 8	159
		CLM05-3	Value = 1, 7, 8 Arkansas BreastCare processes Values of 1 (Original), 7 (Replacement), or 8 (Void). Other values cause the claim to be rejected.	159
	REF	REF01	Prior Authorization or Referral Number Value = G1 Arkansas BreastCare maps the Prior Authorization number from the 2300 (Claim-level) loop only. The Service Line Prior Authorization number is not mapped.	194
		REF02	Length = 10	195
	REF	REF02	REF01 = F8 Original Reference Number (ICN/DCN) Length = 13	196
	HI	HI01-2	Length = 7	227
		HI02-2	Length = 7	228
		HI03-2	Length = 7	229
		HI04-2	Length = 7	230
		HI05-2	Length = 7	231
HI06-2		Length = 7	232	

Loop ID – Loop Name	SEG	Element	Comments	Page
		HI07-2	Length = 7	233
		HI08-2	Length = 7	234
Loop 2310A – Referring Provider Name	NM1	NM101	Value = DN Arkansas BreastCare maps Referring Provider information at the 2310A (Claim-level) only. Service Line information from 2420F is not mapped.	258
Loop 2310C – Service Facility Location Name	NM1	NM103	Arkansas BreastCare maps Service Facility information at the 2310C (Claim-level) only. Service Line information from 2420C is not mapped. Length = 30	270
	N3	N301	Length = 25	272
		N302	Length = 25	272
	N4	N401	Length = 18	273
		N403	Length = 9	274
Loop 2320 – Other Subscriber Information	SBR		Arkansas Medicaid maps only 2 occurrences of the 2320 loop.	295
	CAS	CAS03	Length = 8	301
		CAS06	Length = 8	301
		CAS09	Length = 8	302
		CAS12	Length = 8	303
		CAS15	Length = 8	303
		CAS18	Length = 8	304
	AMT	AMT02	AMT01 = D Coordination of Benefits (COB) Payer Paid Amount Length = 8	305
Loop 2330A – Other Subscriber Name	NM1	NM102	Value = 1	314
		NM103	Length = 15	314
		NM104	Length = 10	314
		NM108	Value = MI	315

Loop ID – Loop Name	SEG	Element	Comments	Page
		NM109	Length = 20	315
	N3	N301	Length = 25	316
		N302	Length = 25	316
	N4	N401	Length = 18	317
		N403	Length = 9	318
Loop 2330B – Other Payer Name	NM1	NM108	Value = PI	321
		NM109	Length = 4	321
	DTP	DTP03	DTP01 = 573 (Date claim paid) Length = 8	325
	REF	REF01	Value = F8	331
		REF02	Length = 13	331
Loop 2400 – Service Line Number	SV1	SV101-1	Value = HC	352
		SV101-2	Length = 5	353
		SV102	Length = 8	4354
		SV103	Value = UN	355
		SV104	Length = 5	355
		SV105	If SV105 is not sent, the claim-level Place of Service (CLM05-1) is used for the detail.	355
	DTP	DTP03	DTP01 = 472 Date – Service Date Length = 8 for each date (From DOS/To DOS)	380

Loop ID – Loop Name	SEG	Element	Comments	Page						
	NTE	NTE02	<p>NTE01 = ADD (concatenated field length = 7)</p> <table border="1"> <thead> <tr> <th data-bbox="894 321 1142 358">Cycle field name</th> <th data-bbox="1142 321 1415 358">Field description</th> <th data-bbox="1415 321 1791 358">Values/comments</th> </tr> </thead> <tbody> <tr> <td data-bbox="894 358 1142 1393">Result Code</td> <td data-bbox="1142 358 1415 1393">Result code for breast or cervical procedures</td> <td data-bbox="1415 358 1791 1393"> 2 bytes, alphanumeric. Values for Breast procedures: 0 Space = Blank 00 = Assessment is incomplete – need additional imaging evaluation 01= Negative 02= Benign 03 = Probably benign – short interval follow-up indicated 04 = Suspicious abnormality – biopsy should be considered 05 = Highly suggestive of malignancy – appropriate action should be taken 15 = Normal – no abnormality 16 = Cystic Mass 17 = Suspicious for malignancy 18 = Other benign abnormality 19 = No intervention at this time routine follow-up 20 = Short term follow-up 21 = Biopsy/FNA required 22 = No fluid or tissue obtained 23 = Non –suspicious 24 – Suspicious for neoplasm 25 = Hyperplasia 26 = Other benign changes 28 = Invasive breast cancer 29 = Normal breast tissue 38 = Ductal carcinoma in situ 39 = Lobular carcinoma in situ </td> </tr> </tbody> </table>	Cycle field name	Field description	Values/comments	Result Code	Result code for breast or cervical procedures	2 bytes, alphanumeric. Values for Breast procedures: 0 Space = Blank 00 = Assessment is incomplete – need additional imaging evaluation 01= Negative 02= Benign 03 = Probably benign – short interval follow-up indicated 04 = Suspicious abnormality – biopsy should be considered 05 = Highly suggestive of malignancy – appropriate action should be taken 15 = Normal – no abnormality 16 = Cystic Mass 17 = Suspicious for malignancy 18 = Other benign abnormality 19 = No intervention at this time routine follow-up 20 = Short term follow-up 21 = Biopsy/FNA required 22 = No fluid or tissue obtained 23 = Non –suspicious 24 – Suspicious for neoplasm 25 = Hyperplasia 26 = Other benign changes 28 = Invasive breast cancer 29 = Normal breast tissue 38 = Ductal carcinoma in situ 39 = Lobular carcinoma in situ	413
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Loop ID – Loop Name	SEG	Element	Comments		Page	
				<p>2 bytes, alphanumeric. Values for Cervical procedures: 2 Spaces = Blank 01 – Negative (WNL) 02 = Inflammation/infection/HPV changes 03 = Atypical squamous cells of undetermined significance (ASCUS) 04 = Low grade SIL 05 = High grade SIL 06 = Squamous cell cancer 07 = Other 08 = Unsatisfactory 9 = Atypical squamous cells – favors high grade (ASC-H) 14 = CIN-1 15 = CIN-2 17 = CIN-3 18 = Invasive Squamous Cell Carcinoma 19 = Other nonmalignant abnormality 23 = Other abnormality 30 = Atypical glandular cells of undetermined significance (AGUS) 31 = Adenocarcinoma, NOS 32 – Other malignant neoplasms</p>		
			Recommendation Code	Recommendation code for breast or cervical procedures	<p>2 bytes, alphanumeric. Values for breast procedures: 2 Spaces = Blank 01 = Follow routine screening</p>	



Loop ID – Loop Name	SEG	Element	Comments			Page
					02 = Short-term follow-up mammogram (number of months required if using this value) 03 = Diagnostic Mammogram 04 = Repeat Mammogram 05 = Repeat breast exam 06 = Ultrasound 07 = Surgical consultation 08 = Cyst aspirate 09 Biopsy 10 = Treatment indicated 2 bytes, alphanumeric. Values for cervical procedures: 2 Spaces = Blank 01 = Follow routine screening 02 = Short-term follow-up (number of months required if using this value) 03 = Repeat pap smear immediately 04 = Colposcopy 05 = Pelvic Ultrasound 06 = Endometrial biopsy 07 = Gynecologic consultant 08 = Cryotherapy/laser 09 = Hysterectomy 10 = LEEP/LLETZ 11 = Cone	
			Months for Short Term Follow Up	Required if Recommendation code is 2	2 bytes, alphanumeric Values: 2 Spaces = Blank 01-12 indicates number of months	



Loop ID – Loop Name	SEG	Element	Comments	Page		
			Pap Smear Adequacy Code	Pap Smear Adequacy Code	1 byte, alphanumeric 0 = Blank 1 = Satisfactory 2 = Unsatisfactory	
Loop 2420A – Rendering Provider Name			If the detail-level Rendering Provider is not sent, the claim-level Rendering Provider (2310B) or Billing Provider (2010AA) is used for the detail.			
	REF	REF01	Value = G2		435	
		REF02	Length = 9		435	
Loop 2420C – Service Facility Location Name			Arkansas BreastCare maps Service Facility information at the 2310C (Claim-level) only. Service Line information from 2420C is not mapped.		447	
Loop 2420F – Referring Provider Name			Arkansas BreastCare maps Referring Provider information at the 2310A (Claim-level) only. Service Line information from 2420F is not mapped.		465	
Loop 2430 – Line Adjudication Information	CAS	CAS03	Length = 8		486	
		CAS06	Length = 8		486	
		CAS09	Length = 8		487	
		CAS12	Length = 8		487	
		CAS15	Length = 8		488	
		CAS18	Length = 8		489	