



Companion Guide

Arkansas BreastCare

10/3/07
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Modification Log

Rev #	Date	Author	Section	Nature of Change
1.0	9/12/03	Robert Kirkpatrick		
	1/13/05	Denise Felton per Kristine Scott		Added segment K3, element K301, to Loop 2400 Service Line Number
	6/15/05	Denise Felton per Kristine Scott	Loop 2300	To CLM, CLM05-3, added value 7 (Replacement).
			Loops 2320, 2330A, 2330B	Added.
	10/13/05	Kristine Scott	Loops 2310A, 2420F	Deleted – added in error.
	11/17/05	Kristine Scott		Added byte clarification to segment K3, element K301
	09/21/07	Kristine Scott		NPI Update: Revisions to loop 2010AA
	09/21/07	Kristine Scott		Added loop 2310A

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This guide

Scope

This document is the Arkansas BreastCare companion guide to the *National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Professional, ASC X12N 837 (004010X098-A1)*. 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.

Arkansas BreastCare follows the implementation guide for placement of the National Provider Identifier (NPI) for all transactions.

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	B.4
		ISA03	Value = 00	B.4
		ISA05	Value = ZZ	B.4
		ISA06	Value = Submitter ID	B.4
		ISA07	Value = 30	B.4
		ISA08	Value = 716007869	B.4
		ISA15	Value = P in production, T in test	B.4
GS – Functional Group Header	GS	GS02	Value = same as ISA06	B.8
		GS03	Value = same as ISA08	B.8
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.	64
Loop 1000A – Submitter Name	NM1	NM103	If NM102 = 1, Length = 15 If NM102 = 2, Length = 30	69
		NM104	If NM102 = 1, Length = 10	69
		NM109	Value = BBS Submitter ID Length = 8	69
Loop 1000B – Receiver Name	NM1	NM109	Value = 716007358	75
Loop 2010AA – Billing Provider Name			AR BreastCare maps only the 2010AA Billing Provider information. 2010AB Pay-To Provider information is not used. For typical providers, enter NPI in NM109.	84
	NUM	NM108	Value = XX (National Provider Identifier)	
		NM109	Length = 10	

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
		NM108	Value = MI	119
		NM109	Value = Recipient's BreastCare ID Number Length = 10	119
Loop 2010CA – Patient Name			Arkansas BreastCare does not use the Dependent Loop.	157
Loop 2300 – Claim Information	CLM	CLM01	Length = 20	171
		CLM02	Length = 8	172
		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.	173
	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.	228
		REF02	Length = 10	228
	REF	REF02	Original Reference Number (ICN/DCN) Length = 13	230
	HI	HI01-2	Length = 7	266
		HI02-2	Length = 7	266
		HI03-2	Length = 7	267
		HI04-2	Length = 7	268
		HI05-2	Length = 7	268
		HI06-2	Length = 7	269

Loop ID – Loop Name	SEG	Element	Comments	Page
		HI07-2	Length = 7	269
		HI08-2	Length = 7	270
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. For typical providers, enter NPI in NM109.	283
		NM108	Value = XX (National Provider Identifier)	284
		NM109	Length = 10	284
Loop 2310D – Service Facility Location	NM1	NM103	Arkansas BreastCare maps Service Facility information at the 2310D (Claim-level) only. Service Line information from 2420C is not mapped. Length = 30	304
	N3	N301	Length = 25	307
		N302	Length = 25	307
	N4	N401	Length = 18	308
		N403	Length = 9	309
Loop 2320 – Other Subscriber Information	SBR		Arkansas BreastCare maps only 2 occurrences of the 2320 loop.	
	CAS	CAS03	Length = 8	327
		CAS06	Length = 8	327
		CAS09	Length = 8	329
		CAS12	Length = 8	329
		CAS15	Length = 8	330
		CAS18	Length = 8	330
	AMT	AMT02	Coordination of Benefits (COB) Payer Paid Amount Length = 8	332
	AMT	AMT02	Coordination of Benefits (COB) Allowed Amount Length = 8	334

Loop ID – Loop Name	SEG	Element	Comments	Page
Loop 2330A – Other Subscriber Name	NM1	NM102	Value = 1	351
		NM103	Length = 15	351
		NM104	Length = 10	351
		NM108	Value = MI	352
		NM109	Length = 20	352
	N3	N301	Length = 25	354
		N302	Length = 25	354
	N4	N401	Length = 18	355
		N403	Length = 9	356
Loop 2330B – Other Payer Name	NM1	NM108	Value = PI	360
		NM109	Length = 4	361
	DTP	DTP03	Length = 8	367
	REF	REF01	Value = F8	368
		REF02	Length = 13	369
Loop 2400 – Service Line Number	SV1	SV101-1	Value = HC	401
		SV101-2	Length = 5	401
		SV102	Length = 8	402
		SV103	Value = UN	403
		SV104	Length = 5	403
		SV105	If SV105 is not sent, the claim-level Place of Service (CLM05-1) is used for the detail.	404
	DTP	DTP03	Date – Service Date Length = 8 for each date (From DOS/To DOS)	436

Loop ID – Loop Name	SEG	Element	Comments			Page						
	K3	K301	Length = 13									
			<table border="1"> <thead> <tr> <th data-bbox="894 316 1142 349">Cycle field name</th> <th data-bbox="1142 316 1417 349">Field description</th> <th data-bbox="1417 316 1791 349">Values/comments</th> </tr> </thead> <tbody> <tr> <td data-bbox="894 349 1142 1425"> Result Code Bytes 1-2 – these bytes are REQUIRED </td> <td data-bbox="1142 349 1417 1425"> Result code for breast OR cervical procedures </td> <td data-bbox="1417 349 1791 1425"> 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 Continued on next page.. </td> </tr> </tbody> </table>	Cycle field name	Field description	Values/comments	Result Code Bytes 1-2 – these bytes are REQUIRED	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 Continued on next page..			
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Loop ID – Loop Name	SEG	Element	Comments		Page
				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 Bytes 5-6	Required if Recommendation code is 2 2 bytes, alphanumeric Values: 2 Spaces = Blank 01-12 indicates number of months	
			Tumor Size Bytes 7-9	Size of Tumor, Required for procedures 19160, 19162, 19180, 19240 3 bytes, alphanumeric. Values: 3 Spaces = Blank 000 - 999 = cm size	
			Tumor Stage Byte 10	Required if Tumor size is present 1 byte, alphanumeric. Values: Space = Blank 0 - 4 = Tumor Stage	

Loop ID – Loop Name	SEG	Element	Comments	Page	
			Treatment Started Indicator Byte 11	Enter Yes, if surgery, chemotherapy or radiation has been started, otherwise enter No. 1 byte, alphanumeric. Values: Space = Blank Y = Yes N = No	
			Reason for No Treatment Byte 12	Enter reason if treatment is not started 1 byte, alphanumeric. Values: Space = Blank 0 = Refused by client 1 = Lost to follow-up 2 = Transportation problems 3 = Financial problems 4 = Not indicated 5 = Other problems	
			Pap Smear Adequacy Code Byte 13 – this BYTE IS REQUIRED	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 = 1D	507	
		REF02	Length = 9	508	
Loop 2420C – Service Facility Location			Arkansas BreastCare maps Service Facility information at the 2310D (Claim-level) only. Service Line information from 2420C is not mapped.		
Loop 2430 – Line Adjudication Information	CAS	CAS03	Length = 8	560	
		CAS06	Length = 8	561	
		CAS09	Length = 8	562	
		CAS12	Length = 8	563	
		CAS15	Length = 8	564	
		CAS18	Length = 8	565	