

eviCore healthcare Standard Companion Guide

NYNM Contracted Providers

X12 Professional Claims

Includes instructions related to transactions based on ASC X12 Implementation Guides,
Version 005010

837 Professional Claims: 005010X222A1

Preface

Companion Guides may contain two types of data; instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every Companion Guide. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the Companion Guide when the publishing entity wants to convey the information needed to commence and maintain communication exchange. The Transaction Instruction component is included in the Companion Guide when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

Disclaimer

This information is provided by eviCore healthcare for education and awareness use only. Even though all information in these documents is believed to be correct at the time of writing, these documents are for educational purposes only and do not purport to provide legal advice. If you require legal advice, you should consult with an attorney. The information provided here is for reference use only and does not constitute the rendering of legal, financial, or other professional advice or recommendations by eviCore healthcare. The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict any requirements in the ASCX12N implementation guides.

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Communications/Connectivity Introduction

1. Scope

This document is to be used as a companion document to the Health Insurance Portability and Accountability Act (HIPAA) Implementation Guides. It is designed to provide the information necessary to facilitate electronic interchange of healthcare transactions with *eviCore healthcare*. Electronic Data Interchange, or EDI, is a way of sending information from one computer to another. EDI helps providers and payers maintain a flow of vital information by enabling the transmissions of claims and managed care transactions.

EDI connects providers, payers and other health care partners using computers and communication networks or modems and ordinary phone lines. It allows you to send and receive vital healthcare information electronically. Information is sent from your billing or practice management system to an EDI network where it is verified for accuracy and then sent straight through to the payer's computer systems.

2. References

ASC X12 005010 Health Care Claim: Professional (837P)

You can purchase this copyrighted guide from the ASC X12 store at <http://store.x12.org/>.

For information on the HIPAA ASC X12 005010 transaction sets along with the errata for each, visit <http://wpc-edi.com>, and select the appropriate category from the list provided.

Getting Started

1. Claims Channel 360 Access

Claims Channel 360 is an on-line system through which a provider can submit claims directly to eviCore healthcare, view claims reports, view claim status, register for Electronic Funds Transfer (EFT), and access their text Remittance Advices as well as electronic 835 files.

In order to utilize the benefits of Claims Channel 360, Providers must first register for access.

Registration Instructions:

- Visit www.claimschannel360.com
- From the home page, select 'Sign Up'
- Complete the on-line Registration Form
- Once the on-line Registration Form is complete:
 - Select Submit Form
- EDI will reply to your request with the Username/Password assigned to your practice

Login Instructions:

Visit www.claimschannel360.com

- From the home page, select 'Secure Login'
- From the Web VPN page, enter your Username/Password assigned by EDI
 - Login is Case Sensitive and must be entered exactly as provided by EDI
- Once connected to the Web VPN, the next screen will require you to log into Claims Channel 360
- From the Claims Channel 360 login page, enter your Username/Password assigned by EDI
 - Use the same Login information that you entered on the Web VPN page

2. Electronic Funds Transfer (EFT) Registration

From the Claims Channel 360 home page (Menu options on the left):

- Select 'Indirect Submitters' or 'Submitter Services'
 - Menu title will vary depending on your account set-up
- Select 'EFT and Remittances'
- Select 'EFT Acct Mgmt'

From the Vendors screen you will see a list of vendor numbers associated with your participating locations. You will need to register each vendor number separately for EFT payments.

- You will begin by clicking the first vendor number listed
- The Direct Deposit Authorization Agreement will appear
- Complete Agreement by filling in the required fields
 - Certain fields will be pre-populated
- Select 'Submit When Complete' at the bottom of the screen
- You will receive a prompt to confirm your information
 - No modifications can be made at this time
 - Once confirmed, select 'submit'
- Print and sign the completed hard-copy form
- Mail the signed agreement and a voided check from the intended account to:
eviCore healthcare
Attention: Finance Department
400 Buckwalter Place Blvd
Bluffton, SC 29910

Once Finance has received the signed agreement and voided check a pre-note test will be sent to your bank. Following a successful pre-note test your status will change to 'EFT Enabled' and you will begin receiving electronic deposits for your claim payments.

3. Direct Claims Submission Set-Up

Direct Claims Submission through Claims Channel 360 will allow your practice to upload claims files directly to eviCore healthcare allowing for reduction of mail handling costs and delays, reduction in processing time and costs, instant notification of claims errors, and detailed batch and claims statistics. To become a direct submitter you will need to:

- Contact eviCore healthcare EDI for instructions
- Contact your software vendor to ensure you can submit a HIPAA compliant ASCX125010 837P file
 - Your software vendor should refer to the eviCore healthcare Companion Guide designed for NYNM Contracted Providers to obtain guidelines for claim submission to eviCore healthcare.
- Your software vendor will need to assist you in configuring a test file
- You will need to provide the test file to eviCore healthcare EDI for review
- eviCore healthcare EDI will review the test file and communicate the results
- Upon completion of a successful test file, you will be granted access to begin submitting claims files direct using Claims Channel 360.

Please note: You may contact eviCore healthcare's EDI Department at edi@evicore.com to complete the set-up process for direct claims submission.

Claims Channel 360 Functions

1. Direct Claims Submission

File Requirements:

Claim should be in TXT format

Claim file should be no larger than 10MB

File name length should be 30 characters or less

The patient's Health Plan name **must** be present on each claim

Communication Protocols:

Virtual Private Network (VPN): This method will allow clients to upload their files through a secure point-to-point VPN "tunnel" connection over the internet.

Acceptable File Formats:

eviCore healthcare accepts X12 transactions in a continuous stream using delimiters, (e.g. ~ tilde) to denote the end of the data. However, some communication protocols require the data to be in wrapped 80-byte format. eviCore healthcare accepts both formats.

Upload a claim or batch file:

From the Claims Channel 360 home page (Menu options on the left):

- Select 'Submitter Services'
- Select 'Claims'
- Select 'Batch Claims'
- Batch Claim upload screen will appear
- Select the following from the drop down box
 - Purpose of transmission 'Production'
 - Health Plan: NYNM
 - Use the browse button to locate the file on your network
 - Once the file is selected verify the file name is correct
 - Select Upload

Validation:

After the file is submitted, you will receive an Implementation Acknowledgment (999). The 999 will be available via ClaimsChannel360 under 'Pick up 999'

A 999 file-level acknowledgment is not a guarantee that your claims were accepted. Once the file is acknowledged, eviCore healthcare ensures that the required fields are present and readable.

eviCore healthcare Processing Hours:

eviCore healthcare accepts claim files 7 days a week, 24 hours a day

Transmission Administrative Procedures:

eviCore healthcare 837/batch claim process only supports original claims. Therefore 'Void Type' is not supported.

HIPAA defines a 'Claim Frequency Type Code' in Loop 2300, Segment CLM 05-3. The various types are "Original", "Corrected", "Replacement", or "Void".

It is a critical detail to know that eviCore healthcare will treat all inbound claims as "Original".

2. Claim Inquiry Tool

From the Claims Channel 360 home page (Menu options on the left):

- Select 'Indirect Submitters' or 'Submitter Services'
 - Menu title will vary depending on your account set-up
- Select 'Claims'
- Select 'Inquiry'
- From the Claims Inquiry screen you are given various search options
 - Claim Number
 - Last Name
 - Patient ID
 - Rendering Physician ID
 - Rendering Physician Name
 - Date of Service

The fewer fields filled in on the inquiry search screen the wider the search will be. The date range must be set to at least one day prior to the DOS and one day after the DOS in order to capture the claims.

- Once you have entered your search criteria, select 'Search for Claims'
- This will bring you to the "Claim Inquiry Results" screen
 - Select the form number to view claim detail

3. Remittance Advice

Text Remittance Advice

From the Claims Channel 360 home page (Menu options on the left):

- Select 'Indirect Submitters' or 'Submitter Services'
 - Menu title will vary depending on your account set-up
- Select 'EFT and Remittances'
- Select 'Remittance Advices'

From the Remittance Advices page:

- A list of available text Remittance Advices will be displayed
- Select the Remittance Advice you would like to view
- The Remittance Advice will open in a new window
- The Remittance Advice is available to view, save to your local network, and print

Remittance – 835 File

From the Claims Channel 360 home page (Menu options on the left):

- Select 'Indirect Submitters' or 'Submitter Services'
 - Menu title will vary depending on your account set-up
- Select 'EFT and Remittances'
- Select 'Remittance-835'

From the 835 Files page:

- A list of available 835 files will be displayed
- Right click the desired file, select "Save Target As"
- Save File to your local network

Once your 835 file has been saved to your local network, your software vendor will assist you in establishing a process to upload the file to your system

Transaction Instructions

1. Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guide and is in conformance with ASC X12's Fair Use and Copyright statements.

2. ASC X12 Implementation Guides

This table lists the X12 Implementation Guides for which specific transaction instructions apply.

Unique ID	Name
005010X222A1	Health Care Claim: Professional

3. Control Segments/Envelopes

Control Segments/Envelopes are used to provide information about the trading partner and the type of information contained within the transmission.

Use Your U.S. Federal Tax Identification Number in the Application Sender's Code (GS02) data element. The Tax Identification Number reported in this segment must match the Tax Identification Number submitted in ISA06.

The Application Receiver Code (GS03) should contain the NYNM Payor ID 11334 and should match ISA08.

ISA	Element Name	Value	Description
ISA05	Interchange ID Qualifier	30	(Your) U.S. Federal Tax Identification Number
ISA06	Interchange Sender ID	(Your) Tax ID	(Your) U.S. Federal Tax Identification Number
ISA07	Interchange ID Qualifier	ZZ	Mutually Defined
ISA08	Interchange Receiver ID	11334	NYNM Payor ID

4. Instruction Table

The following table contains one or more rows for each segment for which a supplemental instruction is needed.

Loop	Segment	Qualifier	Description	CMS-1500
2000B	SBR04		The patient's Health Plan must be present for each claim	11C
2010AA	NM101	85	Identifies Billing Provider	
2010AA	NM108	XX = NPI	NPI required	
2010AA	NM109	NPI of the Billing Provider	Billing Provider Organizational NPI Must use your own organizational or individual NPI. Do not submit using NYNM's NPI.	33A
2010AA	REF01	EI = Tax ID	Identifies Tax ID of the Billing Provider	
2010AA	REF02	Tax ID of the Billing Provider	(Your) Federal Tax ID Must use your own practice Tax ID. Do not submit using NYNM's Tax ID.	25
2010BA	NM101	IL	Identifies Subscriber	
2010BA	NM103		Subscriber Last Name	4
2010BA	NM104		Subscriber First Name	4
2010BA	NM108	MI	Member Identification Number	
2010BA	NM109		If the Subscriber is the Patient, then populate with Member ID	1A
2010BB	NM101	PR	Identifies the Payer	
2010BB	NM103		Submit the following based on the member's health plan:	11C
			Fidelis	
			Wellcare	
			ElderPlan	
2010BB	NM108	PI	Payer Identification	
			Submit the following:	
			Fidelis = FIDEL	
			Wellcare = WELLC	
2010BB	NM109		ElderPlan = ELDER	
			Agewell = AGEWE	
2010CA	NM101	QC	Identifies Patient	

2010CA	NM103		Patient's Last Name	2
2010CA	NM104		Patient's First Name	2
2310A	NM101	DN	Identifies Referring Provider	
2310A	NM108	XX = NPI	NPI Required	
2310A	NM109	Referring Provider NPI	Referring Provider's Individual NPI Number	17b
2310B	NM101	82	Identifies Rendering Provider	
2310B	NM108	XX = NPI	NPI required	
2310B	NM109	Rendering Provider NPI	Rendering Provider's Individual NPI Number	24J

Paper Claims Submission

Original Claims:

eviCore Healthcare (NYNM)
PO Box 620
Lake Katrine, NY 12449

Appeals, COB, Corrected Claims:

Please note: A CMS-1500 Form inclusive of all CPT Codes related to the DOS is required when you submit an appeal.

eviCore healthcare (NYNM)
PO Box 640
Lake Katrine, NY 12449

Important Information

Amerigroup (HealthPlus) Claims:

PCP: For Dos 4/1/2015 and forward submit claims directly to Amerigroup using your own Tax ID number.

Specialists: For DOS 5/1/2015 and forward submit claims directly to Amerigroup using your own Tax ID number.

Each claim submitted to eviCore (NYNM) for processing MUST contain the member's actual health plan name.

- When submitting on Paper, the health plan name must be present in box 11C
- When submitting electronically, the health plan name must be present in Loop 2010BB, NM103

Please do not submit the health plan name as NYNM or New York Network Management.

Contact Information

- eviCore healthcare EDI
edi@evicore.com
- NYNM Claims Assistance and Customer Service
 - <http://nynmonline.com/webforms/Default.aspx>
 - 1-888-511-5208 extension 1