Hennepin Health

837p Standard Companion Guide

Refers to the Implementation Guides Based on ASC X12 version 005010

CORE v5010 Master Companion Guide

March 2025

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Hennepin Health. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1 INTRODUCTION

OVERVIEW

This document highlights information that is specific to Hennepin Health. The information presented in this document is intended to be used *in addition* to the guidelines set forth by relevant state and federal agencies.

REFERENCES

Entities subject to Minnesota Statutes, section 62J.536 and related rules must follow the data content and other transaction specific information of the applicable Minnesota Uniform Companion Guides. Copies of the Minnesota Uniform Companion Guides are available at no charge from the Minnesota Department of Health.

WORKING WITH HENNEPIN HEALTH

Hennepin Health follows the legislative standards outlined in Minnesota statute 62J.536. Per this statute, all claims submitted to Hennepin Health must be submitted electronically, following American National Standards Institute, Accredited Standards Committee X12 standard transactions or National Council for Prescription Drug Program (NCPDP) standards. No paper claim submissions will be accepted.

Providers are required to adhere to State of Minnesota Uniform Companion guide requirements and the Administrative Uniformity Committee (AUC) Best Practices for claims submission. These documents are available on the AUC website.

Hennepin Health contracts with **Payer Connectivity Services (PCS)**, part of Change Healthcare, to receive, test, and send HIPAA-compliant mandated transactions. Services provided by PCS can be performed in batch transactions, or as real-time transactions.

TRADING PARTNER REGISTRATION

Hennepin Health does not contract directly with providers as trading partners. **Payer Connectivity Services (PCS),** on behalf of Hennepin Health, works with several clearinghouses. If you would like to become a trading partner with Hennepin Health, please contact one of the clearinghouses listed below:

Clearinghouse Name	Phone	Website
Availity (835 only)	800-282-4548	www.availity.com
Smart Data Solutions	855-297-4436	www.sdata.us/what-we-do/clearinghouse/clearinghouse
Change Healthcare/Optum (legacy RelayHealth)	800-527-8133	www.changehealthcare.com
HealthEC, via MN e-Connect	877-444-7194	www.mneconnect.healthec.com
Office Ally	866-575-4120	www.officeally.com

If you are unable to send electronic institutional and professional claims and/or electronic replacement/cancel claims, Hennepin Health, along with several other large Minnesota group purchasers, have secured the services HealthEC LLC (formerly IGI) to provide free Web-based services for provider data entry of ANSI X12 837 v5010 and AUC compliant claims, via the MN e-Connect Portal.

Availity is not a direct submitter of 837 (claims) transactions to Hennepin Health. Providers using Availity as their claims submission clearinghouse can contact Availity directly if you would like to know how these are routed to Hennepin Health.

Electronic Remittance Advises (ERAs) will be sent to the same clearinghouse submitting the 837 transactions on behalf of the service provider. If you would like the ERA to be sent to a different clearinghouse than the one used for claims submissions, follow the steps in the implementation checklist Hennepin Health's 835 Companion Guide.

2 TESTING WITH THE PAYER

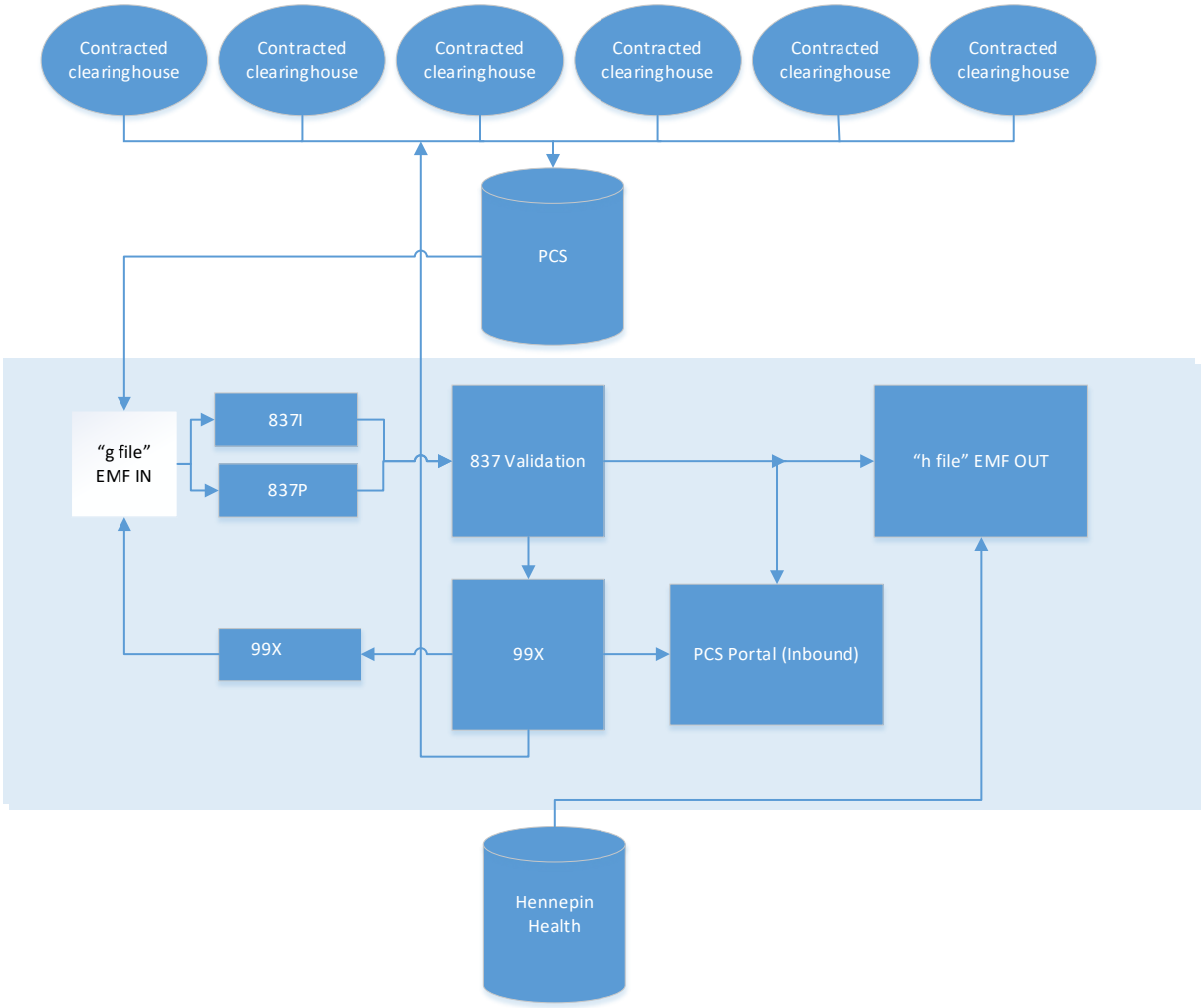
If testing is required, testing will be conducted by your selected clearinghouse in conjunction with Payer Connectivity Services. Please contact your selected clearinghouse for testing requirements.

3 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

PORTAL-SUBMITTED CLAIMS

Providers may submit Claims via their account on Change Healthcare's ConnectCenter Portal.

PROCESS FLOW DIAGRAM



4 CONTACT INFORMATION

EDI CUSTOMER SERVICE
Email: chc_pcssupport@optum.com

EDI TECHNICAL ASSISTANCE
Email: chc_pcssupport@optum.com

PROVIDER SERVICE NUMBER
Phone: 877-411-7271

5 CONTROL SEGMENTS/ENVELOPES EXAMPLES

ISA-IEA
ISA*00* *00* *ZZ* {Sender ID} *ZZ*6005801
*181203*2127*^*00501*000002459*0*P*:~
IEA*1*000002459~

6005801 is Hennepin Health's receiver ID

GS-GE
GS*HC*133052274*{RECEIVING UNIT}*20181203*212718*2459*X*005010X222A1~
GE*380*2459~

6 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

MINNESOTA STATUTES
Entities subject to Minnesota Statutes, section 62J.536 and related rules must follow the data content and other transaction specific information of the applicable Minnesota Uniform Companion Guides. Copies of the Minnesota Uniform Companion Guides are available at no charge from the Minnesota Department of Health.

SNIP TESTING
Hennepin Health applies SNIP 1-3 edits and custom SNIP 4 & 5 edits to all incoming 837p and 837i transactions.

NON-CONTRACTED PROVIDERS
Non-contracted providers: Prior to submitting a claim, you must complete and submit a provider information form (PDF) and a W9 for non-contracted providers form (PDF). These forms can be found at: Forms / formulary | Hennepin Health. To prevent a delay in your claim being processed, please make sure the form is filled out accurately and completely. If you have any questions regarding claim inquiries, please contact Provider Services at 612-596-1036, press 2 (800-647-0550), TTY 711 from 8 a.m. to 4:30 p.m., Monday through Friday.

BILLING NAME AND ADDRESS STANDARDS
In order to expedite claims processing and ensure proper payment, Hennepin Health strongly recommends that billing providers fill out all address-related fields following USPS Address Standards. In addition, please use the business name that matches the name as submitted on any W-9 forms or other contractual documents filed with Hennepin Health. Doing so will eliminate errors and ensure prompt and accurate payment.

7 ACKNOWLEDGEMENTS AND/OR REPORTS

In addition to the standard 999 and 277CA acknowledgement transactions, Hennepin Health provides a custom response report for each 837 received. The report contains more detailed, user-friendly language that is intended to assist providers who may have limited EDI transaction knowledge. The custom report is sent at the same time as the standard 999 and 277CA responses.

CUSTOM REPORT EXAMPLE

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+++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++

File Receive Date:              MM/DD/YYYY
File Name:                      g0000123_000123458_HH_YYYYMMDD_NNNNNNN.837x.edi
Submitter:                      OFFICEALLY
Interchange Control Number:     001234567

Error Severity Legend:          2 - Warning, 3 - Error, 4 - Fatal
+++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++

Billing Provider ID:            {TAX ID}
Group Control Number:           1234567


Claim_ID #                Member_ID            DOB           Sex       Member_Name           Claim_Amount    Clearinghouse_ID     Error Severity  Reject Claim Error Message
------------------------- -------------------- ----------     -        --------------------- ------------    -------------------- --------------  --------------------------
{PATIENT CONTROL #}       009876543            MM/DD/YYYY     U        {LAST NAME}           $543.21         NNNNNNNNN            3               {REJECTION REASON}
                                                                                                                                  2               {WARNING REASON}
------------------------- -------------------- ----------     -        --------------------- ------------    -------------------- --------------  --------------------------


CLAIMS Rejected:             1                                    $543.21
CLAIMS Accepted:             0                                    $0.00
-----------------------------------------------------------------------------------------------------------------
CLAIMS Total:                1
+++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++
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8 TRANSACTION SPECIFIC INFORMATION

The transaction-specific information for entities subject to Minnesota Statutes, section 62J.536 and related rules is incorporated by reference from the applicable Minnesota Uniform Companion Guides. Copies of the Minnesota Uniform Companion Guides are available at no charge from the Minnesota Department of Health. Readers are referred to the MUCG for information and instructions to comply with Minnesota's requirements.

In addition to any requirements set forth by the Minnesota Uniform Companion Guides and the v5010 ASC X12N Implementation Guides, Hennepin Health makes the following recommendations for usage of the data elements listed below:

Page #	Table	Loop ID	POS #	Segment	Name	Data Element	Notes/Comments
79	Header	1000B	0200	NM1	Receiver Name	NM103	Value should be "Hennepin Health"
79	Header	1000B	0200	NM1	Receiver Name	NM109	Value should be "6005801"
83	Billing Provider Detail	2000A	0300	PRV	Billing Provider Specialty Information	PRV02	If taxonomy code is provided, it must be a valid code from CODE SOURCE 682: Health Care Provider Taxonomy
87	Billing Provider Detail	2010AA	0150	NM1	Billing Provider Name	NM102	Acceptable values: "1" should be used for **Sole proprietors:** The Billing Provider may be an individual only when the health care provider performing services is an independent, unincorporated entity. In these cases, the Billing Provider is the individual whose social security number is used for 1099 purposes. That individual's NPI is reported in NM109, and the individual's Tax Identification Number must be reported in the REF segment of this loop. The individual's NPI must be reported when the individual provider is eligible for an NPI. See section 1.10.1 (Providers who are Not Eligible for Enumeration). "2" should be used for non-person entities (i.e. hospital, clinic)
94	Billing Provider Detail	2010AA	0350	REF	Billing Provider Tax Identification	REF01	Send qualifier EI signaling Tax ID
96	Billing Provider Detail	2010AA	0350	REF	Billing Provider UPIN/License Information	REF02	Send Tax ID
101	Billing Provider Detail	2010AB	0150	NM1	Pay-to Address Name		Only required when the address for payment is different than that of the Billing Provider. Do not send if this information is the same as the billing provider.
106	Billing Provider Detail	2010AC	0150	NM1	Pay-to Plan Name		We do not use 837 data for subrogation purposes. Do not send.
108	Billing Provider Detail	2010AC	0250	N3	Pay-to Plan Address		We do not use 837 data for subrogation purposes. Do not send.
109	Billing Provider Detail	2010AC	0300	N4	Pay-to Plan City, State, ZIP Code		We do not use 837 data for subrogation purposes. Do not send.
111	Billing Provider Detail	2010AC	0350	REF	Pay-to Plan Secondary Identification		We do not use 837 data for subrogation purposes. Do not send.
113	Billing Provider Detail	2010AC	0350	REF	Pay-to Plan Tax Identification Number		We do not use 837 data for subrogation purposes. Do not send.
116	Subscriber Detail	2000B	0050	SBR	Subscriber Information	SBR02	All Hennepin Health plan members are considered the subscriber. Value should be "18"
116	Subscriber Detail	2000B	0050	SBR	Subscriber Information	SBR09	File indicator is necessary and required for correct processing of COB claims
119	Subscriber Detail	2000B	0070	PAT	Patient Information		If a provider chooses to include PAT info, the data must match the SBR information
121	Subscriber Detail	2010BA	0150	NM1	Subscriber Name		Subscriber name must match exactly to subscriber information as found in the Hennepin Health system; to validate, use ConnectCenter, MN-ITS, or call Hennepin Health Provider Services.
127	Subscriber Detail	2010BA	0320	DMG	Subscriber Demographic Information		Birthdate and gender must match exactly to subscriber information as found in the Hennepin Health system; to validate, use ConnectCenter, MN-ITS, or call Hennepin Health Provider Services.

130	Subscriber Detail	2010BA	0350	REF	Property and Casualty Claim Number		This segment is not a HIPAA requirement as of this writing.
133	Subscriber Detail	2010BB	0150	NM1	Payer Name	NM103	Payer name is "Hennepin Health"
140	Subscriber Detail	2010BB	0350	REF	Billing Provider Secondary Information		If the provider is a health care provider as defined under federal standards, then the only identifier that is valid is the NPI with the exception of the billing loop. For the billing provider, a secondary identifier of the TIN is also required.
140	Subscriber Detail	2010BB	0350	REF	Reference Identification Qualifier	REF01	Send G2 Qualifier if provider has an UMPI
140	Subscriber Detail	2010BB	0350	REF	Billing Provider Secondary Identifier	REF02	Send UMPI if applicable (with the G2 Qualifier in REF01).
142	Patient Detail	2000C	0010	PAT	Patient Information		All Hennepin Health members are considered subscribers. Do not use.
147	Patient Detail	2010CA	0150	NM1	Patient Name		All Hennepin Health members are considered subscribers. Do not use.
152	Patient Detail	2010CA	0320	DMG	Patient Demographic Information		All Hennepin Health members are considered subscribers. Do not use.
209	Claim Information	2300	1900	NTE	Note/ Special Instructions	NTE02	For ambulance claims, use to indicate multiple trips on the same day. Include pick-up date and time.
223	Claim Information	2300	2200	CRC	EPSDT Referral		If code S0302 is billed, one of four acceptable procedure codes (NU, ST, AV, S2) must also be present
257	Patient Detail	2310A	2500	NM1	Referring Provider Name		If this segment is used, the referring provider must be an individual person.
260	Patient Detail	2310A	2710	REF	Referring Provider Secondary Information	REF02	Atypical providers should enter their UMPI here and G2 qualifier in REF 01.
262	Patient Detail	2310B	2500	NM1	Rendering Provider Name	NM102	If rendering provider is listed, the rendering provider must be an individual. Situationally required, depending on procedure code billed. See Hennepin Health Provider Resources for current D412 procedure code list: https://hennepinhealth.org/providers/electronic-transactions-guidelines
267	Patient Detail	2310B	2710	REF	Rendering Provider Secondary Identification	REF02	Atypical providers should enter their UMPI here and G2 qualifier in REF 01.
283	Patient Detail	2310D	2710	REF	Supervising Provider Secondary Information	REF02	Atypical providers should enter their UMPI here and G2 qualifier in REF 01.
299	Patient Detail	2320	2950	CAS	Claim Level Adjustments		If other insurance is noted, this segment must be populated
305	Patient Detail	2320	3000	AMT	Coordination of Benefits (COB) Payer Paid Amount		If other insurance is noted, this segment must be populated
306	Patient Detail	2320	3000	AMT	Coordination of Benefits (COB) Total Non-Covered Amount		If other insurance is noted, this segment must be populated
307	Patient Detail	2320	3000	AMT	Remaining Patient Liability		If other insurance is noted, this segment must be populated
350	Patient Detail	2400	3650	LX	Service Line Number		The Service Line LX segment must begin with one and is incremented by one for each additional service line of a claim.
362	Patient Detail	2400	4200	PWK	Line Supplemental Information		Complete the AUC Cover Sheet for Health Care Claims (required for all attachments in Minnesota). Do not use the AUC Appeals Cover Sheet. Use the AUC Uniform Cover Sheet only for electronic claims that require an attachment. Do not use the AUC Uniform Cover Sheet without an attachment control number (ACN) or to submit authorization requests that require attachments.
366	Patient Detail	2400	4200	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator		Complete the AUC Cover Sheet for Health Care Claims (required for all attachments in Minnesota). Do not use the AUC Appeals Cover Sheet. Use the AUC Uniform Cover Sheet only for electronic claims that require an attachment. Do not use the AUC Uniform Cover Sheet without an attachment control number (ACN) or to submit authorization requests that require attachments.
399	Patient Detail	2400	4700	REF	Prior Authorization		Common carrier providers must include prior authorization number

411	Patient Detail	2400	4800	K3	File Information		Follow AUC standards for worker's compensation insurance state code and/or tooth number/oral cavity
423	Drug Identification	2410	4930	LIN	Drug Identification		Visit https://minnesota.primetherapeutics.com/drug-lookup for current list
426	Drug Identification	2410	4940	CTP	Drug Quantity		Always required if Drug Identification is present
428	Drug Identification	2410	4950	REF	Prescription or Compound Drug Association Number		Tied to Drug Identification and Drug Quantity
430	Rendering Provider Name	2420A	5000	NM1	Rendering Provider Name		If rendering provider is listed, the rendering provider must be an individual. Situationally required, depending on procedure code billed. See Hennepin Health Provider Resources for current list: https://hennepinhealth.org/providers/resources
434	Rendering Provider Name	2420A	5250	REF	Rendering Provider Secondary Identification		Atypical providers should enter their UMPI here and G2 qualifier in REF 01.

APPENDICES

1. IMPLEMENTATION CHECKLIST

☐ Register as a provider with Minnesota Healthcare Programs (MHCP).
☐ MHCP requires a Provider Identifier – an NPI via CMS or, for providers who are not required/eligible to obtain an NPI, an UMPI assigned during their MHCP registration.
- Note: Doulas must also apply and be registered into the MN Active Doula Registry.

☐ Register the business with the MN Secretary of State (SOS) and pay required fees.
☐ Register with a clearinghouse (see above for list of available clearinghouses).
☐ Enroll in automated clearinghouse (ACH) funds transfer with Hennepin County.
☐ Create and sign a contract with Hennepin Health to join the network and be reimbursed.
☐ Verify the registered Clearinghouse sends the provider's enrollment to Hennepin Health for review and approval.

Non-contracted providers:

☐ Prior to submitting a claim, you must complete and submit a provider information form and a W-9 for non-contracted providers form. Non-contracted providers do not have signed agreements with Hennepin Health; they are considered out of network.

2. BUSINESS SCENARIOS

A. RENDERING PROVIDER REQUIREMENTS:

Hennepin Health tests all incoming 837 Professional transactions against its Rendering Provider requirements. This will return or reject claims with specific procedure codes where an individual (person) billing or rendering provider is needed but not included (See Hennepin Health's EDI page (Additional Claim Submission Requirements section) for a full and current D412 procedure code list). The testing of incoming 837 professional transactions for the inclusion of an individual rendering provider when needed, will take into consideration both Billing and Rendering provider segments of an 837 Professional transaction:

1. The Billing provider may be an individual only when the health care provider performing services is an independent, unincorporated entity. When a HCPCS code on the list is submitted and the transaction does not include a rendering provider segment at either the claim header or service line levels, the billing provider needs to be a person and not an organization (NM1✻85✻1).

Examples:
Billing Provider Name Segment, Loop 2010AA
a) NM1∗85∗2∗ABC Group Practice∗∗∗∗∗XX∗1234567890~

-If HCPC on the list, this claim will be rejected

b) NM1∗85∗1∗Public∗John∗Q∗∗∗XX∗1234567890

-If HCPC code submitted is on list, this claim will be accepted.

2. When a HCPCS code on the list is submitted and the Billing Provider Name is an organization (NM1∗85∗2∗), the transaction must contain a Rendering Provider Segment (person) either at the claim or service line levels (NM1∗82∗1). If either of these segments are not present or these are presented as an organization, then the claim is rejected.

Examples:
Rendering Provider Segments Loops 2310B and 2420A – (Required when the Rendering Provider information is different than that carried in Loop ID-2010AA - Billing Provider)

a) NM1∗82∗1∗DOE∗JANE∗C∗∗∗XX∗1234567804~

-If HCPC code submitted on list and Billing Provider is an organization, claim is accepted

b) NM1∗82∗2∗HCMC∗∗∗∗∗XX∗1234567804~

-If HCPC code submitted on list and Billing Provider is an organization, claim will be rejected.

B. SOLE PRIOPRIETOR

The Billing Provider may be an individual only when the services were performed by, and will be paid to, an independent, non-incorporated individual. In these cases, the Billing Provider is the individual whose Tax Identification Number (TIN) is used for IRS Form 1099 purposes. That individual's NPI is reported in NM109, and the individual's TIN must be reported in the REF segment of Loop ID-2010AA. The individual's NPI must be reported when the individual provider is eligible for an NPI.

Example:
NM1*85*1*First name*last****XX*NPI~
N3*123 Down D St~
N4*MPLS*MN*554041234~
REF*EI*TIN~

C. BILLING FOR NEWBORNS

All Hennepin Health members are considered the Subscriber on the plan. DO NOT write the parent's name in either the patient or subscriber loops. Doing so will result in rejection of the claim.

The name on a newborn's account may initially be set to a generic name (i.e. "Baby Girl", "Baby Boy"), then updated as their paperwork is processed through DHS. We recommend checking the member's information on the Hennepin Health portal to find the current member name information. Check HH eligibility and use member's name exactly.

D. AMBULANCE SERVICE BILLING

Hennepin Health follows Medicare coding guidelines for emergency ambulance services in accordance with guidelines from Minnesota AUC. Only ambulance HCPCS codes and modifiers, as defined by the Centers for Medicare and Medicaid Services (CMS), can be used to bill for emergency medical services (ambulance). Authorization is required for ambulance companies providing NEMT services.

When billing for multiple trips provided on the same day, use the NTE- CLAIM NOTE segment (Loop 2300- Claim Information) to provide additional information to substantiate the need for multiple trips on the same date.

The provider should use the claims note to indicate when one of the two trips provided is a second trip and not a duplicate.

Example:
• First claim - NTE*ADD*DOS 08/06/2019 First XPRT same day, pick up time 7:55 PM~
• Second Claim - NTE*ADD*DOS 08/06/2019 Second XPRT same day, pick up time 11:00 PM~