PGBA.

A CELERIAN GROUP COMPANY

Veterans Administration (VA) Community Care Network (CCN)

**HIPAA Transaction
Standard Companion Guide**

**ASC X12N 837 (005010X223A2)
Health Care Claim Institutional**

**Version 1.3
July 2021**

Disclosure Statement

Please note that the information in this guide is subject to change.

The use of this document is solely for the purpose of clarification. The information describes specific requirements to be used in processing PGBA, LLC ASC X12/005010X223A2 Health Care Claim (837) transactions.

The claim responses sent by PGBA should not be interpreted as a guarantee of payment. Payment of benefits remains subject to all Health Plan terms, limits, conditions, exclusions and the member's eligibility at the time services are rendered.

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 PGBA, LLC. 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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PGBA 837I 5010 Companion Guide

1. INTRODUCTION

Scope

Providers, billing services and clearinghouses are advised to use the ASC X12N 005010X223A2 Health Care Claim Institutional (837) Implementation Guide as a basis for their submission of institutional claims. This companion document should be used to clarify the business rules for 837I data content requirements, batch file acknowledgment, connectivity, response time, and system availability specifically for submissions through the system.

Overview

The purpose of this document is to introduce and provide information about PGBA's CAQH solution for submitting batch 837 transactions.

References

CAQH CORE Phase IV	www.caqh.org/benefits.php
ASC X12 TR3s	http://store.x12.org/store.

Additional Information

- Submitters must have Internet (HTTPS) connection capability to receive 837I responses.
- The submitter must be associated with at least one provider in the PGBA provider database.
- Only batch 837 inbound files are supported.
- This system supports PGBA members only.

2. GETTING STARTED

Working with PGBA

Providers, billing services, and clearinghouses interested in submitting 837I claims via PGBA should contact the EDI Help Desk at 1-800-259-0264, option 1.

Trading Partner Registration

Trading partners must enroll with the PGBA EDI Gateway (EDIG). Prospective trading partners must complete and submit an EDIG Trading Partner Enrollment Form and the Trading Partner Agreement. Send an email to PGBA.EDI@pgba.com to request documents or ask questions.

3. TESTING WITH PGBA

Trading Partners must complete basic transaction submission testing with PGBA. Tests must be performed for each X12 transaction type.

EDIG is available to assist with new Trading Partner testing Monday – Friday, from 9:00 AM to 5:00 PM EST.

Table 1: Testing Process

Testing Steps	Test Instructions
Test Plan	EDIG and the trading partner agree to a predefined set of test data with expected results. In addition, a plan must be developed for a test to production transition that considers volume testing and transaction acceptance ratios.
Connectivity	EDIG-supported connectivity protocols are listed in section 4 of this Companion Guide.
Security	EDIG will validate approved trading partners are submitting transactions allowed per PGBA enrollment applications.
Data Integrity	Data integrity is determined by EDIG's TR3 editor. Testing cannot progress until a trading partner's data receives no TR3 edit errors. EDIG expects there may be an occasional situation in which a trading partner's TR3 edit interpretation differs from PGBA's interpretation. EDIG will work with the trading partner to resolve such differences on an individual basis.
Acknowledgment/ Response Transactions	Trading partners must demonstrate the ability to receive acknowledgment and response transactions.
Results Analysis	EDIG and the trading partner will review acknowledgment and response transactions for consistency with the predefined expected results.

Transition from Test to Production Status

When test results have satisfied the test plan and the Trading Partner Agreement has been executed, the trading partner's submission status is changed from test to production. At this time the trading partner can begin to receive production transaction data.

Testing URLs for Batch through the HTTPS channel

Information regarding the HTTPS channel can be found in the Web Service Integration Requirements for External Partners in the EDIG GPNet User manual. Send an email to PGBA.EDI@pgba.com to request a copy of the EDIG GPNet User manual.

SOAP: https://services.pgba.com/QA/9080/COREElectronicDataInterchange

https://services.pgba.com/PRODUCTION/9080/COREElectronicDataInterchange

MIME: https://services.pgba.com/QA/mimeapi/9080/COREElectronicDataInterchange

https://services.pgba.com/PRODUCTION/mimeapi/9080/COREElectronicDataInterchange

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Trading Partner Registration Process Flow

To access the 837 application, potential Trading Partners need to register and obtain a trading partner ID from EDIG.

Figure 1 illustrates the high-level process for successfully registering as a Trading Partner and receiving 837 transactions:

Figure 1:   Process for Submitting 837 Transactions
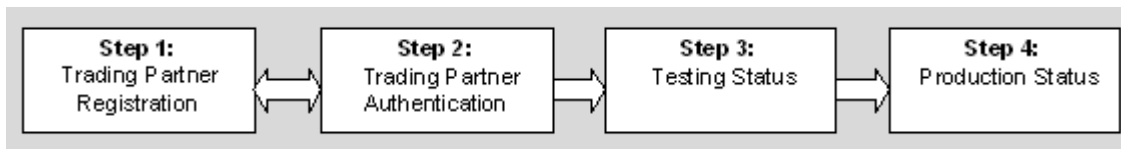
Step 1: Trading Partner Registration
Complete and submit the Trading Partner Enrollment Form and the Trading Partner Agreement. See the GETTING STARTED section of this Companion Guide.

Step 2: Trading Partner Authentication
EDIG will verify the information on the Trading Partner Agreement Form and approve or deny any Submitter ID requests.

Step 3: Testing Phase
EDIG will coordinate with a Trading Partner to send test transactions and verify that all systems involved can properly submit and receive X12 TR3 compliant transactions.

Step 4: Production Phase
Once testing is complete, a Trading Partner can begin submitting 837 transactions.

Detailed information regarding Communication protocol specifications, Batch File Responses, Administrative Procedures including Schedule, Availability, Downtime Notification and Re-transmission Procedures can be found in the EDIG GPNet User Manual. Send an email to PGBA.EDI@pgba.com to request a copy of the EDIG GPNet User manual.

Security

All Trading Partners must assume full responsibility for the privacy and security of all beneficiary data. PGBA holds Clearinghouse Submitters responsible for the privacy and security of claim submissions sent directly to them from Providers and requires them to be able to associate each inquiry with a Provider. Provider authentication must be established by the Clearinghouse outside of the transaction.

5. CONTACT INFORMATION

EDI Customer Service

For general inquiries contact the EDI Customer service Help Desk at 1-800-259-0264, option 1 or PGBA.EDI@pgba.com.

EDI Technical Assistance

All inquiries and comments regarding Trading Partner registration, connectivity set-up, transaction testing, and 837 transaction receipts should be directed to EDIG Operations.

EDIG Operations is available at 800-868-2505 or EDIG.OPS@PalmettoGBAservices.com Monday through Friday, from 8:00 AM to 5:00 PM EST.

NOTE: The EDIG Operations email account is monitored during normal business hours. Emails are typically answered within 3 business days.

6. CONTROL SEGMENTS/ENVELOPES

The following sections describe the 837 transaction requirements to be used in conjunction with the requirements outlined in the ASC X12 TR3. Adhering to these requirements will help ensure that transactions received by the 837 application will pass the specified business edits.

All references to the ASC X12 837 TR3 assume the version referenced in section 1 of this Companion Guide.

Interchange Control Structure (ISA/IEA)

Table 2 describes the values to be populated in the ISA segment of the 837 transaction. The IEA segment should be populated as instructed by the ASC X12 TR3.

Table 2: 837 ISA Segment Rules

ISA01	Authorization Info Qualifier	03
ISA03	Security Information Qualifier	00
ISA05	Interchange ID Qualifier	01, 14, 20, 22, 27, 28, 29, 30, 33, ZZ (selected by trading partner)
ISA06	Interchange Sender ID	Assigned by trading partner
ISA07	Interchange ID Qualifier	30 (qualifier indicating U.S. Federal Tax Identification Number)
ISA08	Interchange Receiver ID	Destination Entity U.S. Federal Tax Identification Number*
ISA09	Interchange Date	Populated by trading partner
ISA11	Repetition Separator	Assigned by trading partner
ISA13	Interchange Control Number	Assigned by the trading partner (must be unique for 12 months)
ISA14	Acknowledgment Requested	Assigned by the trading partner
ISA15	Usage Indicator	P, T (production or test indicator)
ISA16	Component Element	Separator Assigned by the trading partner

Functional Group Structure (GS/GE)

Table 3 describes the values populated in the GS segment of the 837 transaction. The GE segment is populated as instructed by the ASC X12 837 TR3.

Table 3: 837 GS Segment Rules

GS01	Functional Identifier	Code Populated by trading partner
GS02	Application Sender's Code	EDIG assigned trading partner ID
GS03	Application Receiver's Code	Destination Entity U.S. Federal Tax Identification Number. Must be same as ISA08.*
GS06	Group Control Number	Assigned by trading partner (value must remain unique for one year)
GS08	Version/Release/Industry Identifier	Code populated by trading partner

Transaction set control numbers (ST/SE)

Trading Partners should follow the ST/SE guidelines outlined in the 837 TR3.

7. PAYER-SPECIFIC BUSINESS RULES AND LIMITATIONS

This section describes the business rules and limitations of the 837 application.

All references to the ASC X12 837 TR3 assume the version referenced in section 1 of this Companion Guide.

General Structural Notes

- Trading Partners should follow the ISA/IEA and GS/GE guidelines for HIPAA in Appendix C of the TR3 and follow the 999 and TA1 guidelines outlined in the Implementation Acknowledgement for Health Care Insurance.

- Trading Partners must follow the character set guidelines as defined in Section B.1.1.2.2 of the TR3.

- PGBA uses the delimiters in Table 4.

Table 4: 837 Delimiters

Character	Name	Delimiter
*	Asterisk	Data Element Separator
>	Greater Than	Component Element Separator
~	Tilde	Segment Terminator
^	Carat	Repetition Separator

8. ACKNOWLEDGEMENTS AND ERROR CODES

Report Inventory

This table lists acknowledgment and response transactions returned to the trading partner when EDI Gateway receives HIPAA X12 transactions.

Transaction	Interchange Acknowledgment	TR3 Edit Results	Payer SIG Edit Results	Payer Appl. Edit Results
837*	**TA1**	**999** is returned only to report errors.	Proprietary claim response reports.	Proprietary claim response reports.
837**	**TA1**	**999**[†]	Proprietary claim response reports.	Proprietary claim response reports.

* Batch of one: The most simple, singular request is contained in the ST/SE for a transaction.
** Batch of many: All other record groupings.
[†] X12 Technical Report 3s (also known as Implementation Guides) are available that include format specifications for each transaction. The ASC X12 TR3s that detail the full requirements for these transactions are available at http://store.x12.org/store.

Table 5 lists the business requirement edits that appear on the response reports for claims accepted at the compliance level (999) but rejected at the business level (RPT/RSP).

Table 5: 837 Business Requirement Edits

Error Code	Edit Description
A53	**BIRTHING CENTER REV CODE-MUST BE OUTPATIENT** **If the Service Line Revenue code (2400 | SV201) is '724' then the second digit of the Facility Type Code (2300 | CLM05-1) must not be '1'.**
BH9	**ADMITTING DIAGNOSIS INVALID OR NOT ENTERED** **The admitting diagnosis (2300 | HI01-2 is invalid.**
B02	**INVALID BILL CLASS - OF TYPE BILL** **The second digit of the Facility Type Code (2300 | CLM05-1) must equal '1', '2', '3', '4', '5', '6', '7', or '8'.**
BT4	**PROC INVALID FOR DOS**
B20	**REVENUE CODE ------- INVALID** **Revenue code (2400 | SV201) not valid.**
B22	**REVENUE CODE ------- TOTAL CHARGE INVALID** **The Service Line Charge Amount (2400 | SV203) must be > zero on each occurrence/line item (excluding revenue codes 0001,0022 and 0023).**
B37	**SURGERY PROC REQD WITH SURGERY REVENUE CODE** **If the service line revenue code range is '360' thru '369', then the Principal Procedure Code (2300 | HI01-2, 2300 | HI02-2, 2300 | HI03-2, 2300 | HI04-2, 2300 | HI05-2) must be valid code. Only applies to inpatient claims with accommodations revenue code.**
B59	**IMBEDDED BLANKS IN SPONSOR NAME** **Spaces/blanks in Sponsor's Last Name (2010BA | NM103) or Sponsor's First Name (2010BA | NM104)**
B67	**COND CODE-OCC CODE INCONSISTENT - EMP RELATED** **If occurrence code (2300 | HI01-2) = '04', then condition code (2300 | HI01-2) must be '02'**
B79	**1ST OCC CODE ----- DATE NOT VALID (2300 | HI01-4)**
B80	**2ND OCC CODE ----- DATE NOT VALID (2300 | HI02-4)**
B81	**3RD OCC CODE ----- DATE NOT VALID (2300 | HI03-4)**
B82	**4TH OCC CODE ----- DATE NOT VALID (2300 | HI04-4)**
B83	**5TH OCC CODE ----- DATE NOT VALID (2300 | HI05-4)**
DGQ	**NDC# MUST BE 11 DIGITS** **2410 LIN03 must be 11 digits when LIN02 = N4.**
DP1	**Duplicate of claim submitted same day**
DUP	**DUP – Duplicate of a claim paid in last 60 days**
EB6	**S AND R CODE NOT COMPATIBLE W/DIAGNOSIS CODE** **Sex code (2010BA | DMG03 or 2010CA | DMG03) or relationship code (2000B | SBR02 OR 2000C | PAT01) are not compatible with gender or age specific diagnosis (2300 | HI).**
E05	**INVALID DATE OF BIRTH, ENTER AS CCYYMMDD**

Error Code	Edit Description
H16	**CHARGE MUST BE GREATER THAN ZERO**
H64	**STATE IS INVALID** **A) The Subscriber's State (2010BA/N402) or Patient's state (2010CA/N402) must be a valid state.** **B) If the Patient or Subscriber's (2010BA/N401, 2010CA/N401) city name is (first four bytes) 'APO' or 'FPO', then state must be one of the following 'AA', 'AC','AE' or 'AP'.**
H65	**INVALID SPONSOR ID** **The Subscriber's Primary Identifier (2010BA/NM09) must be numeric and less than 12 bytes.**
H68	**SUBS/SPON LAST/FIRST NAME MISSING OR INVALID** **Subscriber Name (2010BA | NM103 | NM104) must be alphabetic.**
H83	**STATE AND ZIP CODE INCONSISTENT** **State (2010AA, 2010BA / N402) and Zip Code (2010AA, 2010BA / N403) must be consistent.**
HP3	**INVALID HCPCS CODE (2400 / SV202)**
HTC	**INVALID TREATMENT AUTHORIZATION CODE (2300/REF02 WITH G1 QUALIFIER) For bill types equal to 322,332,327,337,328,329 or 339 that do not have condition code 21, are not for maternity or children under age 18, and the effective From Date of Service of the episode is on or after 01/01/08, the treatment authorization code must have the following format: Positions 1, 2, 5, 6 and 9 must be numeric. Positions 3, 4, 7 and 8 must be alphabetic. Position 10 must contain 1 or 2. Positions 11-18 must be alphabetic.**
NB1	**BABY DIAG ON CHILD, NEED TOA=4 & SOA= 5 OR 6** **If the Diagnosis code "Industry code" (2300 |HI01-2, HI02-2) or other diagnosis code (2300 | HI01-2, HI01-2, HI02-2, HI03-2, HI04-2, HI05-2, HI06-2, HI07-2, HI08-2, HI10-2, HI11-2, HI12-2) is 'V300' thru 'V399', '7600' thru 7799' and the Admission type code (2300 |Cl101) is '4' then the Admission source code (2300 |Cl102) value must be '5' or '6'.**
NP1	**INVALID BILLING PROVIDER NPI - (2010AA/NM109). Billing NPI missing or invalid. NPI required for this loop and must pass Luhn-10. Must provide NPI if eligible.**
NP7	**INVALID SERVICE FACILITY LOCATION ID NPI - (2310E/NM109). Service facility NPI missing or invalid. NPI required when this loop is sent and must pass Luhn-10.**
N04	**DUT'S MUST EQUAL 1** **Units must be at least 1 (2400 / SV205)**
PCI	**PRIOR CLAIM NUMBER INVALID**
PST	**2000B/2320 SBR MUST BE P, S OR T**
PTD	**DATE OF SERVICE REQUIRED ON ALL LINES** **For outpatient claims, the Service line date (2400 |DTP03) must be valid.**
QSE	**PRINCIPAL DIAGNOSIS IS NOT VALID (2300 |HI01-2)**
QSF	**PRINCIPAL DIAGNOSIS CANNOT CONTAIN AN E-CODE (2300 |HI01-2)**
Q69	**1ST DIAGNOSIS IS NOT VALID (2300 |HI01-2)**
Q70	**2ND DIAGNOSIS IS NOT VALID (2300 | HI02-2)**
Q71	**3RD DIAGNOSIS IS NOT VALID (2300 | HI03-2)**
Q72	**4TH DIAGNOSIS IS NOT VALID (2300 | HI04-2)**
Q73	**5TH DIAGNOSIS IS NOT VALID (2300 | HI05-2)**
Q74	**6TH DIAGNOSIS IS NOT VALID (2300 | HI06-2)**
Q75	**7TH DIAGNOSIS IS NOT VALID (2300 | HI07-2)**

Error Code	Edit Description
Q76	8TH DIAGNOSIS IS NOT VALID (2300 | HI08-2)
QD9	9TH DIAGNOSIS IS NOT VALID (2300 | HI09-2)
QDA	10TH DIAGNOSIS IS NOT VALID (2300 | HI10-2
QDB	11TH DIAGNOSIS IS NOT VALID (2300 | HI11-2)
QDC	12TH DIAGNOSIS IS NOT VALID (2300 | HI12-2)
QDD	13TH DIAGNOSIS IS NOT VALID (2300 | HI13-2)
QDE	14TH DIAGNOSIS IS NOT VALID (2300 | HI14-2)
QDF	15TH DIAGNOSIS IS NOT VALID (2300 | HI15-2)
QDG	16TH DIAGNOSIS IS NOT VALID (2300 | HI16-2)
QDH	17TH DIAGNOSIS IS NOT VALID (2300 | HI17-2)
QDI	18TH DIAGNOSIS IS NOT VALID (2300 | HI18-2)
QDJ	19TH DIAGNOSIS IS NOT VALID (2300 | HI19-2)
QDK	20TH DIAGNOSIS IS NOT VALID (2300 | HI20-2)
QDL	21ST DIAGNOSIS IS NOT VALID (2300 | HI21-2)
QDM	22ND DIAGNOSIS IS NOT VALID (2300 | HI22-2)
QDN	23RD DIAGNOSIS IS NOT VALID (2300 | HI23-2)
QDO	24TH DIAGNOSIS IS NOT VALID (2300 | HI24-2)
QSD	PRINCIPAL SURGICAL CODE INVALID (2300 | HI01-1)
Q78	1ST PROCEDURE CODE IS INVALID (2300 | HI01-2)
Q79	2ND PROCEDURE CODE IS INVALID (2300 | HI02-2)
Q80	3RD PROCEDURE CODE IS INVALID (2300 | HI03-2)
Q81	4TH PROCEDURE CODE IS INVALID (2300 | HI04-2)
Q82	5TH PROCEDURE CODE IS INVALID (2300 | HI05-2)
Q83	6TH PROCEDURE CODE IS INVALID (2300 | HI06-2)
RPO	NEED PROVIDER PHYSICAL ADDRESS IN 2010AA OR 2310E.
008	INVALID BLOOD PINTS REPLACED If the Value code (2300 |HI01-2, HI02-2, HI03-2, HI04-2, HI05-2, HI06-2, HI07-2, HI08-2, HI09-2, HI10-2, HI11-2, HI12-2) is '39', the Value code associated amount (2300 |HI01-5, HI02-5, HI03-5, HI04-5, HI05-5, HI06-5, HI07-5, HI08-5, HI09-5, HI10-5, HI11-5, HI12-5) must be numeric.
365	MORE SPECIFIC DIAGNOSIS REQUIRED (2300 / HI)
BG5	STATE AND ZIP CODE INCONSISTENT-Institutional
BT4	PROC INVALID FOR DOS (2400|SV01-02)
DGQ	NDC# MUST BE 11DIGITS (2410|LIN03)
DP1	Duplicate of claim submitted same day
DUP	DUP – Duplicate of a claim paid in last 60 days
EB6	S AND R CODE NOT COMPATIBLE W/ DIAGNOSIS CODE (2400|SV101-2) or (2300|HI) is gender or age specific.
H09	TOTAL CHARGE MUST BE GREATER THAN ZERO (2300|CLM02)
H10	FROM DATE NOT ENTERED OR IS INVALID (2400 | DTP03)

Error Code	Edit Description
H16	**CHARGE MUST BE GREATER THAN ZERO** (2400 | SV102)
H64	**STATE IS INVALID** (2010CA|N402)
H65	**INVALID SPONSOR ID** (2010BA|NM09)
H68	**SUBS/SPON LAST/FIRST NAME MISSING OR INVALID** (2010BA|NM103)
H76	**AMT PD BY OTHER CARRIER INVALID** (2320|AMT02)
LFN	**NO MEMBER ID MATCH FOUND SEND 9 byte SSN, 17 byte MVIICN, or 10 byte EDIPI**
LFM	**MULTIPLE MEMBER ID MATCHES FOUND SEND 9 byte SSN, 17 byte MVIICN, or 10 byte EDIPI**
LM1	**MODIFIER 1 IS INVALID** [2400|SV101-3]
LM2	**MODIFIER 2 IS INVALID** [2400|SV101-4]
LM3	**MODIFIER 3 IS INVALID** [2400|SV101-5]
LM4	**MODIFIER 4 IS INVALID** [2400|SV101-6]
N04	**DUT'S MUST EQUAL 1** (2400|SV101-2)
NP1	**INVALID BILLING PROVIDER NPI** (2010AA|NM109)
NP4	**INVALID REFERRING PROVIDER NPI** (2310A|NM109)
NP5	**INVALID PAY-TO-PROVIDER NPI** (2010AB|NM109)
NP6	**INVALID RENDERING PHYSICIAN NPI** (2310B|NM109)
NP7	**INVALID SERVICE FACILITY LOCATION NPI** (2310D|NM109)
PST	**PAYER RESPONSIBILITY CODE MUST EQUAL P, S or T** (2000B|2320)
QSE	**PRINCIPAL DIAGNOSIS IS NOT VALID** (2300|HI01-2)
QSF	**PRINCIPAL DIAGNOSIS CANNOT CONTAIN AN E-CODE** (2300|HI01-2)
Q69	**FIRST DIAGNOSIS IS NOT VALID** (2300|HI01-2)
Q70	**SECOND DIAGNOSIS IS NOT VALID** (2300|HI02-2)
Q71	**THIRD DIAGNOSIS IS NOT VALID** (2300|HI03-2)
Q72	**FOURTH DIAGNOSIS IS NOT VALID** (2300|HI04-2)
Q73	**FIFTH DIAGNOSIS IS NOT VALID** (2300|HI05-2)
Q74	**SIXTH DIAGNOSIS IS NOT VALID** (2300|HI06-2)
Q75	**SEVENTH DIAGNOSIS IS NOT VALID** (2300|HI07-2)
Q76	**EIGHTH DIAGNOSIS IS NOT VALID** (2300|HI08-2)
REF	**REFERRING 2310A¦REF01 MUST = G2**
RPO	**NEED PROVIDER PHYSICAL ADDRESS** (2010AA OR 2310C)
RXO	**DUPLICATE DIAGNOSIS CODE**
SSC	**SUBMIT WITH SSN, EDI PI (10) or MVI ICN (17)**
SSE	**RESUBMIT A 9 DIGIT SSN or 10 DIGIT EDI PI**
SLO	**SERVICE 2310C¦REF01 MUST = G2**
SUP	**SUPERVISING 2310D¦REF01 MUST = G2**
S04	**ORDERING 2420E¦REF01 MUST = G2**
365	**MORE SPECIFIC DIAGNOSIS REQUIRED** (2300 | HI01-2,etc.)

9. TRADING PARTNER AGREEMENTS

Trading Partner enrollment is required to submit 837 claims. Refer to the GETTING STARTED section of this Companion Guide under Trading Partner Registration for information regarding enrollment as a Trading Partner.

The trading partner must be set up as a submitter of the transaction on the Trading Partner table for electronic claims.

Trading Partners may not receive transactions to be executed as Usage Indicator (ISA15) = "P" until testing has been accomplished and approval to receive production transactions has been given.

10. TRANSACTION SPECIFIC INFORMATION

All references to TR3 in this section assume the ASC X12 TR3 837 version referenced in section 1 of this Companion Guide.

837 Health Care Claim Transaction

This section describes the values required by PGBA in the 837 Health Care Claim transaction.

Any segments or elements not referenced in Table 6 should be sent on the 837 per TR3.

Information Source Level Structures

Table 6: Header

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that PGBA has something additional, over and above, the information in the IGs. That information can:
1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with PGBA and its subsidiaries' health plans.

In addition to the row for each segment, one or more additional rows are used to describe PGBA usage for composite and simple data elements and for any other information.

Page #	Loop ID	Reference	Name	Codes	Notes/Comments
71	N/A	BHT02	Transaction Set Purpose Code	00	All claim files must indicate "00" Original transmission
72	N/A	BHT06	Transaction Type Code	CH	All non-subrogation claims must be "CH" chargeable
75	1000A	NM109	Submitter Identifier		Must be assigned Trading Partner Submitter ID
80	1000B	NM103	Name Last or Organization Name		PGBA VA CCN
80	1000B	NM109	Receiver Primary Identifier		841160004 – region 4 841160005 – region 5
122	2010BA	NM102	Entity Type Qualifier	1	Entity type qualifier for subscriber name must = 1
157	2300	CLM	Claim Information		Can occur 100 times

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Page #	Loop ID	Reference	Name	Codes	Notes/Comments
157	2300	CLM08	Related Causes Code		'Y', 'N', 'W'
242	2300	HI	Condition Information		AA', 'AB', 'AD' = 'Y'
295	2320	SBR	Other Subscriber Information		Only 2 repeats of other subscriber allowed
354	2400	SV102	Monetary Amount	< 100000	Total charge at the line must be less than $100,000 AND >0 except revenue codes 0180, 0022, 0023 and 0024.

APPENDIX A – IMPLEMENTATION CHECKLIST

PGBA suggests entities use this information as a checklist of steps to become a submitter:

- Read and review the EDI Gateway Technical Communications User's Manual.
- Contact PGBA Technology Support Center at 803-736-5980 or 800-868-2505 with questions.
- Get user ID and password.
- Send at least one test transaction. (These tests must be performed for each different transaction type that a trading partner is approved to submit to EDIG.)
- Get approved to submit transaction in production.

APPENDIX B – SAMPLE 837

This test example includes the minimum required data elements for a PGBA inbound 837 institutional health care claim.

```
ISA*03*7GWNNNNAAN*00*        *ZZ*7GWNNNNAAN    *30*841160005
*200920*0445*^*00501*016077440*1*P*:~GS*HC*7GWNNNNAAN*841160005*20200920*0445*016077440*X*005010
X223A2~ST*837*H5ACB9A61*005010X223A2~BHT*0019*00*H5ACB9A61*20200920*0445*CH~NM1*41*2*TRADIN
GPARTNER*****46*7GWNNNNAAN~PER*IC*SUPPORT*TE8005551555~NM1*40*2*PGBA
VACCN*****46*841160005~HL*1**20*1~NM1*85*1*PHYSICIAN*MY****XX*1568888888~N3*4150 ANYROAD
DRIVE~N4*ANCHORAGE*AK*920037368~REF*EI*444444444~PER*IC*CONTACT*TE*9999999999~HL*2*1*22*0~S
BR*P*18**PGBA VACCN*****VA~NM1*IL*1*PERSON*CHARLIE****MI*123456789~N3*2694 BOULDER POINTE
CT~N4*ANCHORAGE*AK*920037368~DMG*D8*19581216*M~NM1*PR*2*PGBA VACCN*****PI*TWVACCN~
CLM*002800137928*1265***83:A:1**A*Y*Y~DTP*434*RD8*20170830-
20170830~CL1*9*1*01~REF*D9*ZEPO2252129223X49~REF*G1*707285769~REF*EA*2BD01BCBCFA54C2DA8BDDB
2537FD5B96~HI*ABK:K5900~HI*APR:K5900~NM1*71*1*PHYSICIAN MD*J
ESUS*A***XX*1568444444~PRV*AT*PXC*261QA1903X~LX*1~SV2*0490*HC:45378*1265*UN*1~DTP*472*D8*201
70830~REF*6R*CPSJGTJQO1V7~SE*37*0001~GE*1*16077440~IEA*1*016077440~
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APPENDIX C – TRADING PARTNER ENROLLMENT

Enrollment with the EDI Gateway requires prospective trading partners to complete and submit the PGBA EDIG Trading Partner Enrollment Form and the Trading Partner Agreement. The purpose of the PGBA EDIG Trading Partner Enrollment Form is to enroll providers, software vendors, clearinghouses and billing services as trading partners and recipients of electronic data. It is important you follow these instructions and complete all the required information. We will return incomplete forms to the applicant, which could delay the enrollment process.

The enrollment form is in the Appendix of the EDI Gateway Technical Communications User's Manual and is also available upon request from our EDI department. You should complete enrollment forms electronically and email them to EDIG.OPS@PalmettoGBAservices.com. Use your TAB key to move forward through the form fields or click your cursor in a desired field or box. Be sure to save the file after you have completed the form.

The Trading Partner Agreement is a legal document. All trading partners are required to print, complete and return the originally signed hard copy via mail prior to being moved to production status. The PGBA Trading Partner Agreements are available upon request from our EDI department.

If you are a prospective PGBA, LLC trading partner, print and mail a hard copy of the completed Trading Partner Agreement or fax to:

PGBA, LLC
Attention: EDIG Operations
PO Box 17151
Augusta, GA 30903

Fax#: 803-264-9864

APPENDIX D – CLEARINGHOUSE TRADING PARTNER AGREEMENT

Contact PGBA.EDI@pgba.com for a PGBA Direct Submitter/Clearinghouse Trading Partner Agreement.

APPENDIX E – REVISION HISTORY

Table 6 provides a summary of changes made to this document.

Table 6: Document Revision History

Version	Date	Description of Changes
1.0	03/17/2021	PGBA VA CCN Companion Guide
1.1	04/15/2021	Update APPENDIX B – SAMPLE 837
1.2	06/18/2021	Update Table 5: 837 Business Requirement Edits, Section 10: TRANSACTION SPECIFIC INFORMATION and APPENDIX B – SAMPLE 837
1.3	07/01/2021	Update Section 10: Table 6