



## **OA COMPANION GUIDE**

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### Institutional (837I) Claims

Standard Companion Guide Transaction Information

Refers to the Implementation Guides Based on X12 Version 005010X223A2

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# INTRODUCTION

## DISCLOSURE STATEMENT

Disclosure, distribution and copying of this guide is permitted, however, changes to items found in this guide may occur at any time without notice. The intended purpose and use of this guide is to provide information in reference to the Health Care Claim: Institutional (837I).

Office Ally, Inc. will be referred to as OA throughout this guide.

## PREFACE

This Companion Document to the ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronic health data with OA. Transmissions based on this companion document, used in tandem with the X12N Implementation Guides, are compliant with both 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.

Companion Guides (CG) 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 CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG 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.

## SCOPE

This Companion document supports the implementation of a batch processing application.

OA will accept inbound submissions that are formatted correctly in X12 terms. The files must comply with the specifications outlined in this companion document as well as the corresponding HIPAA implementation guide.

OA EDI applications will edit for these conditions and reject files that are out of compliance.

This companion document will specify everything that is necessary to conduct EDI for this standard transaction. This includes:

- Specifications on the communications link
- Specifications on the submission methods
- Specifications on the transactions

## OVERVIEW

This companion guide compliments the ASC X12N implementation guide currently adopted from HIPAA.

This companion guide will be the vehicle that OA uses with its trading partners to further qualify the HIPAA adopted implementation guide. This companion guide is compliant with the corresponding HIPAA implementation guide in terms of data element and code sets standards and requirements.

Data elements that require mutual agreement and understanding will be specified in this companion guide. Types of information that will be clarified within this companion are:

- Qualifiers that will be used from the HIPAA implementation guides to describe certain data elements
- Situational segments and data elements that will be utilized to satisfy business conditions
- Trading partner profile information for purpose of establishing who we are trading with for the transmissions exchanged

## REFERENCES

ASC X12 publishes implementation guides, known as Type 3 Technical Reports (TR3's), which define the data contents and compliance requirements for the health care implementation of the ASC X12N/005010 transaction sets. The following TR3 is referenced in this guide:

- Health Care Claim: Institutional – 837I (005010X223A2)

The TR3 may be purchased through Washington Publishing Company (WPC) at <http://www.wpc-edi.com>

## ADDITIONAL INFORMATION

Electronic Data Interchange (EDI) is the computer-to-computer exchange of formatted business data between trading partners. The computer system generating the transactions must supply complete and accurate information while the system receiving the transactions must be capable of interpreting and utilizing the information in ASC X12N format, without human intervention.

The transactions must be sent in a specific format that will allow our computer application to translate the data. OA supports the standard transactions adopted from HIPAA. OA maintains a dedicated staff for the purpose of enabling and processing X12 EDI transmissions with its trading partners.

It is the goal of OA to establish trading partner relationships and to conduct EDI as opposed to paper information flows whenever and wherever possible.

# CONTACT INFORMATION



**Business Hours: Monday thru Friday 6:00am PST to 5:00pm PST**  
**After Hours Support is also available giving you 24/7 coverage!**

Email: [info@officeally.com](mailto:info@officeally.com) or [support@officeally.com](mailto:support@officeally.com)

<b>Customer Service:</b>	(360) 975-7000	Option 1
<b>Technical Support:</b>	(360) 975-7000	Option 2
<b>Enrollments:</b>	(360) 975-7000	Option 3
<b>Scheduling (FREE Training Appointments):</b>	(360) 975-7000	Option 5

<b>General Fax Number:</b>	(360) 896-2151
<b>Enrollments Fax Number:</b>	(360) 314-2184
<b>Accounting (Auto Pay) Fax Number:</b>	(360) 953-8427

**Live Chat Available (6am – 5pm PST):** Click [HERE](#) or enter <https://support.officeally.com/> into your browser to access Live Chat, Claim Rejection Solutions, Troubleshooter, News and more!

**Online Video Tutorials:** Click [HERE](#) or enter <http://tv.officeally.com/> into your browser to access video tutorials covering Online Claim Entry, Inventory Reporting, Secondary Claims and more!

## WORKING WITH OFFICE ALLY, INC.

At Office Ally, we understand how important it is to have an easy-to-use, efficient, and streamlined claim process for your practice. You'll receive payments up to 4 times faster when you submit electronically and know within hours if an issue occurs with one of your claims!

### **Office Ally Benefits:**

- Submit Claims Electronically to thousands of Payers for FREE
- No Contracts to sign
- FREE Set up and Training
- FREE 24/7 Customer Support
- No more paper EOB's! Electronic Remittance Advice (ERA) available for select payers
- Use your existing Practice Management Software to submit claims electronically
- Detailed Summary Reports
- Online Claim Correction
- Inventory Reporting (historical claims inventory)

Video Introduction to Office Ally's Service Center: [Service Center Introduction](#)

## SUBMITTER REGISTRATION

Submitters (Provider/Biller/etc.) must enroll with Office Ally in order to submit claims electronically. You can enroll by contacting OA's Enrollment Department at (360) 975-7000 Option 3, or by initiating online registration [HERE](#).

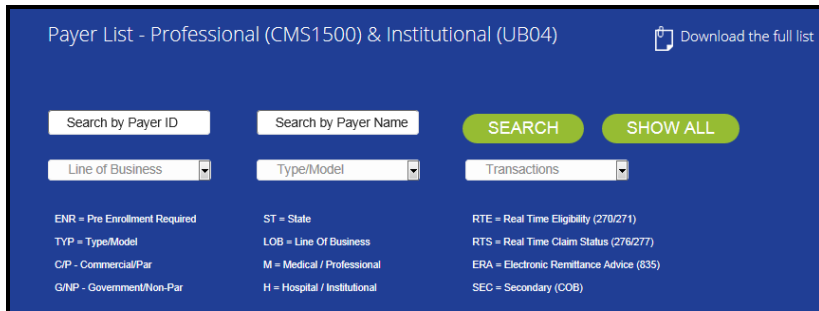
### **OA Registration Check List:**

1. Complete [Online Registration](#) (or call OA's Enrollment Dept. @ 360-975-7000 Option 3)
2. Sign OA's [Authorization Sheet](#)
3. Review, sign, and store OA's [Business Associate Agreement \(BAA\)](#) for your records
4. Receive OA assigned User Name and Password activation link
5. Schedule FREE training session (if needed)
6. Review OA's companion guide and/or user guides (OfficeAlly.com > Resource Center > Forms & Manuals)
7. Review OA's [Payer List](#) to determine Payer ID as well as EDI enrollment requirements
8. If a payer requires EDI enrollment, you can locate the necessary forms [HERE](#)
9. Complete testing and review response reports (only required for 3<sup>rd</sup> party software submitters)
10. Start submitting production claims!

# PAYER LIST LOOK UP

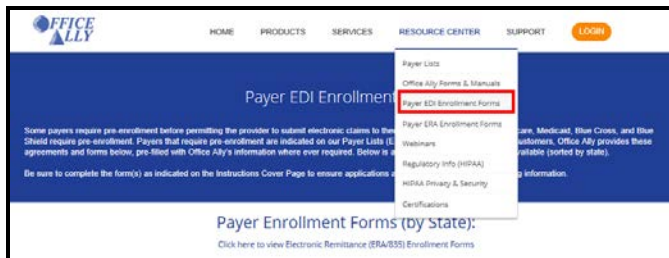
Office Ally has the ability to submit to thousands of insurance companies (payers). To review the list of payers we have a connection with, please visit our Payer List under Resource Center > Payer Lists, or by clicking [here](#).

**You MUST include the OA assigned Payer ID in Loop 2010BB, NM1\*PR (NM109) to ensure proper routing!**



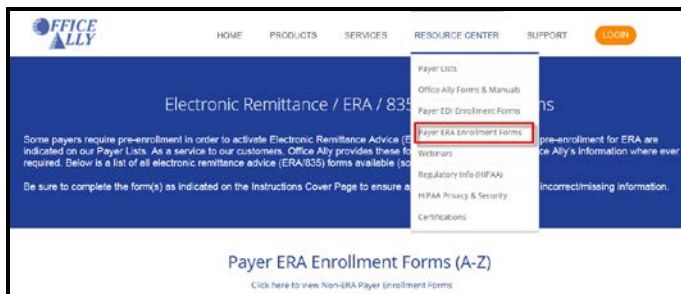
# PRE-ENROLLMENT REQUIREMENTS

Certain payers require pre-enrollment to be completed before submitting claims electronically through a clearinghouse. If the necessary steps are not taken, your claims may be rejected back until pre-enrollment has been completed. You can find the necessary payer enrollment forms under Resource Center > Payer EDI Enrollment Forms, or by clicking [here](#).



Payer EDI enrollment forms will be separated based on the state they're for. If a payer is not state specific, it will be listed under the "ALL or Multiple States Payer Enrollment Forms" section.

Payers with the ability to return Electronic Remittance Advice (ERA/835) may also require enrollment be completed before ERA's will be returned. The ERA enrollment forms can be found under Resource Center > Payer ERA Enrollment Forms, or by clicking [here](#). ERA enrollment forms will be listed alphabetically.



If a payer is not able to receive electronic claims or we don't yet have them available on our payer list, Office Ally can send paper claims on your behalf. In order to activate this feature, the [Update Printing Option](#) form will need to be completed. This form is located under Resource Center > Office Ally Forms & Manuals > Account Management.

If you'd like to see a new payer connection made available on our payer list, you can send in a [New Payer Connection Request Form](#) and we will attempt to set the connection up (adding the requested connection is not guaranteed).

## TESTING PROCEDURES

To ensure a smooth transition to submitting electronically via Office Ally, it's recommend that testing be completed for all 3<sup>rd</sup> party software submitters. End-to-End testing is not available for all payers (and it's completed only at the payers request), but you can test as often as you'd like with OA directly.

It's recommended that the submitter create a test file containing 5 - 100 claims (depending on your normal volume), accounting for different types of situations or scenarios that you deal with most frequently (Ambulance, NDC, Inpatient, Outpatient, etc.).

Remember that electronic claims are held to a higher standard than paper submissions!

### FILE NAMING REQUIREMENTS (FOR TESTING):

A specific file name keyword is required when sending test files to Office Ally. The word **OATEST** (all one word) has to be included the file name in order for Office Ally to recognize you are sending a test file. If the file does not have the required keyword, the claims will process in production.

Acceptable:

XXXXXX.**OATEST**.XXXXXX.837

**OATEST**\_XXXXXX\_XXXXX.txt

Unacceptable:

**OA\_TEST**XXXXXXXX.837

**TEST**\_XXXXXX\_XXXXX.837

**NOTE:** Office Ally does not utilize the **ISA15** for testing purposes. The correct file naming convention must be used in order for your file to be treated as a test. Keep in mind that the file name does not have to be listed exactly as the above examples, but they do have to contain the **OATEST** keyword. If you transmit test files via SFTP, be sure to include the SFTP required keyword (837P, 837I, etc.) in addition to the **OATEST** keyword.

After submitting the test file to Office Ally, you will receive a report back outlining the claims that passed testing and those that may have failed. The report will reference that this is a test file and that the claims will not be forwarded along to the payer.



## TRANSFER PROTOCOL

Two file exchange methods are supported for batch submitters:

- SFTP (Secure File Transfer Protocol)
- Office Ally's Secure Website

### SFTP – SECURE FILE TRANSFER PROTOCOL

#### Connection Details:

Address: <ftp.officeally.com>

Port: 22

SSH/SFTP Enabled

During Logon, if asked to Cache SSH. Click Yes

**SUBMISSIONS:** Files uploaded to Office Ally must be placed in the “**inbound**” folder for processing.

Filename Requirements:

- Include “**837P**”, “**837I**”, or “**837D**” respectively
- Include “**OATEST**” when sending a test file (instead of ISA15 “T” value)

**REPORTS:** All reports (including 835's) from Office Ally will be available in the “**outbound**” folder.

- [OA Report Naming Conventions](#)

To request an SFTP connection be set up, the following information should be emailed to [Support@officeally.com](mailto:Support@officeally.com):

- Office Ally Username
- Contact Name
- Contact Email
- Software Name (if available)
- Form Type Submitted (HCFA/UB/ADA)
- If you would like to receive 999/277 reports, indicate that in your request

### OFFICE ALLY'S SECURE WEBSITE

#### Upload Instructions:

- Log into [www.officeally.com](http://www.officeally.com)
- Hover over “Upload Claims”
- Click “Upload Institutional (UB/837I) File”
- Click “Select File”
- Browse for your file and click “Open”
- Click “Upload”
- You will receive an upload confirmation page with your File ID number
- Reports will be available within 6-12 hours in the “Download File Summary” section of Office Ally

# ISA AND GS INFORMATION



This section describes OA use of the interchange (ISA) and functional group (GS) control segments. Note that submissions to Office Ally are limited to one interchange (ISA) and one functional group (GS) per file. Files may contain up to 5000 transaction sets (ST).

## 837 INBOUND TRANSACTION

Data Element	Description	Values Used	Comments
ISA01	Authorization Qualifier	00	
ISA02	Authorization Code		
ISA03	Security Qualifier	00	
ISA04	Security Information		
ISA05	Sender Qualifier	30 or ZZ	
ISA06	Sender ID		Submitter ID of your choosing. Tax ID is most common.
ISA07	Receiver Qualifier	30 or ZZ	
ISA08	Receiver ID	330897513	Office Ally's Tax ID
ISA11	Repetition Separator	^	Or separator of your choosing
ISA15	Usage Indicator	P	Production File For testing, send "OATEST" in the filename
GS01	Functional ID Code		
GS02	Sender's Code		Submitter code of your choosing. Tax ID is most common.
GS03	Receiver's Code	OA or 330897513	
GS08	Version Release Industry ID Code	005010X223A2	

# 837 TRANSACTION REQUIREMENTS



These file specifications are taken from the 837 X12 Implementation Guide. The purpose is to provide guidance on specific loops and segments that are important to processing claims electronically. This is not a full guide; a full guide is available for purchase from Washington Publishing Company.

## Submitter Information

Loop 1000A – NM1

The purpose of this segment is to supply the name of the individual or organization submitting the file

Position	Description	Min/Max	Value	Comments
NM101	Entity Identifier Code	2/3	41	
NM102	Entity Type Qualifier	1/1		1 = Person or 2 = Non-Person Entity
NM103	Organization (or Last) Name	1/35		
NM104	Submitter First Name ( <i>Situational</i> )	1/35		Only required if NM102 = 1
NM108	Identification Code Qualifier	1/2	46	
NM109	Identification Code	2/80		Submitter ID of your choosing (Tax ID is common)

## Receiver Information

Loop 1000B – NM1

The purpose of this segment is to supply the name of the organization you're submitting to

Position	Description	Min/Max	Value	Comments
NM101	Entity Identifier Code	2/3	40	
NM102	Entity Type Qualifier	1/1	2	
NM103	Organization Name	1/35	OFFICE ALLY	
NM108	Identification Code Qualifier	1/2	46	
NM109	Identification Code	2/80	330897513	OA Tax ID

**Billing Provider Information**

Loop 2010AA – NM1, N3, N4, REF

The purpose of this segment is to supply the name, address, NPI, and Tax ID for the billing provider

Position	Description	Min/Max	Value	Comments
NM101	Entity Identifier Code	2/3	85	
NM102	Entity Type Qualifier	1/1	2	
NM103	Organization Name	1/60		
NM108	Identification Code Qualifier	1/2	XX	
NM109	Identification Code	2/80		10-digit NPI number
N301	Billing Provider Street Address	1/55		Physical Address required. PO Box sent in Pay-To loop
N401	Billing Provider City	2/30		
N402	Billing Provider State	2/2		
N403	Billing Provider Zip	3/15		
REF01	Reference Identification Qualifier	2/3	EI	
REF02	Reference Identification	1/50		9-digit Tax ID

**Subscriber (Insured) Information**

Loop 2010BA - NM1, N3, N4, DMG

The purpose of this segment is to supply the name, address, member ID, DOB, and gender of the subscriber (insured)

Position	Description	Min/Max	Value	Comments
NM101	Entity Identifier Code	2/3	IL	
NM102	Entity Type Qualifier	1/1	1	
NM103	Subscriber Last Name	1/60		
NM104	Subscriber First Name	1/35		
NM108	Identification Code Qualifier	1/2	MI	
NM109	Identification Code	2/80		Member ID Number
N301	Subscriber Street Address	1/55		
N401	Subscriber City	2/30		
N402	Subscriber State	2/2		
N403	Subscriber Zip	3/15		
DMG01	Date Time Period Format Qualifier	2/3	D8	

DMG02	Subscriber Date of Birth	1/35		YYYYMMDD format
DMG03	Subscriber Gender	1/1		F = Female, M = Male, or U = Unknown

### Payer Information

Loop 2010BB – NM1

The purpose of this segment is to supply the payer name and ID that the claim should be submitted to (destination payer)

*Please see [Office Ally's payer list](#) to ensure you are using the correct Payer ID*

Position	Description	Min/Max	Value	Comments
NM101	Entity Identifier Code	2/3	PR	
NM102	Entity Type Qualifier	1/1	2	
NM103	Destination Payer Name	1/35		i.e. Cigna Healthcare
NM108	Identification Code Qualifier	1/2	PI	
NM109	5-Digit Payer ID	2/80		i.e. 62308

### Patient Information (Situational)

Loop 2010CA – NM1, N3, N4, DMG

The purpose of this segment is to supply the name of the patient - if different than the subscriber (i.e. dependent)

Position	Description	Min/Max	Value	Comments
NM101	Entity Identifier Code	2/3	QC	
NM102	Entity Type Qualifier	1/1	1	
NM103	Patient Last Name	1/60		
NM104	Patient First Name	1/35		
N301	Patient Street Address	1/55		
N401	Patient City	2/30		
N402	Patient State	2/2		
N403	Patient Zip	3/15		
DMG01	Date Time Period Format Qualifier	2/3	D8	
DMG02	Patient Date of Birth	1/35		YYYYMMDD format
DMG03	Patient Gender	1/1		F = Female, M = Male, or U = Unknown

**Attending Provider Information**

Loop 2310A – NM1

The purpose of this segment is to supply the name and NPI of the provider that's responsible for the patient's medical care

Position	Description	Min/Max	Value	Comments
NM101	Entity Identifier Code	2/3	71	
NM102	Entity Type Qualifier	1/1	1	
NM103	Attending Last Name	1/60		
NM104	Attending First Name	1/35		
NM108	Identification Code Qualifier	1/2	XX	
NM109	Identification Code	2/80		10-digit NPI number

**Operating Provider Information (Situational)**

Loop 2310B – NM1

The purpose of this segment is to supply the name and NPI of the provider that's responsible for performing the patient's surgery

Position	Description	Min/Max	Value	Comments
NM101	Entity Identifier Code	2/3	72	
NM102	Entity Type Qualifier	1/1	1	
NM103	Operating Last Name	1/60		
NM104	Operating First Name	1/35		
NM108	Identification Code Qualifier	1/2	XX	
NM109	Identification Code	2/80		10-digit NPI number