AmeriHealth Administrators

HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides Based on X12 Implementation Guides, version 005010

May 2023

Preface

This Companion Guide (Companion Guide) refers to the v5010 v5010A ASC X12 Implementation Guides (X12 IG) and associated errata adopted under HIPAA and clarifies and specifies the data content when exchanging electronically with AmeriHealth Administrators, Inc. (“AmeriHealth Administrators”). Transmissions based on this Companion Guide, used in tandem with the v5010 X12 IG, 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 X12 IG adopted for use under HIPAA. This Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

EDITOR'S NOTE:
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1. Introduction

1.1 Scope

The Companion Guide applies to SDS trading partners conducting the following HIPAA standard electronic transactions: Health Care Claim: Professional (837P), Health Care Claim: Institutional (837I), Health Care Claim Payment Advice (835), Health Care Eligibility/Benefit (270/271) and Health Care Claim Acknowledgment (277CA)* through the Smart Data Solutions EDI Gateway (SDS EDI Gateway).

An SDS trading partner is defined for this companion guide as any entity (provider, billing service, software vendor, employer group, or financial institution) that utilizes the SDS EDI Gateway to transmit or receive electronic data.

This Companion Guide also applies to the above-referenced transactions that are being transmitted through the SDS EDI Gateway by a health care clearinghouse.

The SDS EDI Gateway supports standard electronic transactions adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The Companion Guide has been prepared to document and clarify SDS-specific mapping requirements that apply to or further constrain those laid out in the X12N IG, as well as the business use cases that SDS can support.

Standard X12 mapping rules, formats, and content requirements are not in the scope of this document, but rather how SDS trading partners must format their compliant X12 mappings when sending to SDS.

**005010X AmeriHealth Administrators Claim Acknowledgment Transaction (277CA) is the AmeriHealth Administrators proprietary functional acknowledgment for ANSI 837 claims transactions*. AmeriHealth *Administrators, through the SDS EDI Gateway, supports all listed transactions in batch mode.*

1.2 Overview

This Companion Guide includes information needed to commence and maintain communication exchange with AmeriHealth Administrators through the SDS EDI Gateway. This information is organized into the following sections:

- **Getting Started:** This section includes information related to system operating hours, provider data services, and audit procedures. It also contains a list of valid characters in text data. Information about Trading Partner registration and authorization is also included in this section.
- **Testing with the Payer:** This section includes transaction testing information and other relevant information needed to complete transaction testing with AmeriHealth Administrators on the SDS EDI Gateway, if applicable.
- **Connectivity with the Payer/Communications:** This section includes information on the Highmark Gateway transmission procedures and communication and security protocols.

- **Contact Information:** This section includes telephone numbers and for support from SDS Stream Support EDI Operations.
- **Control Segments/Envelopes:** This section contains information needed to create the ISA-IEA, GS-GE, and ST-SE control segments for transactions to be submitted to the SDS EDI Gateway.
- **Payer-Specific Business Rules and Limitations:** This section contains information describing AmeriHealth Administrators business rules.
- **Acknowledgments and Reports:** This section contains information on all transaction acknowledgments. These include the Interchange Acknowledgment (TA1), Claim Acknowledgment Transaction (277CA), and the Implementation Acknowledgment for Health Care Insurance (999).
- **Trading Partner Agreements:** This section contains general information about and links to Provider and Clearinghouse/Vendor Trading Partner Agreements (collectively referred to herein as “Trading Partner Agreements”).
- **Transaction-Specific Information:** This section describes how ASC X12 Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that has additional information that might supplement the IGs.

1.3 References

Trading partners must use the X12 National Implementation Guides adopted under the HIPAA Administrative Simplification Electronic Transaction rule and this Companion Guide for development of the EDI transactions. This Companion Guide document is available at the EDI Trading Partner Business Center:

Trading Partner Information Center for AmeriHealth (sdata.us)

Trading partners must use the most current national standard code lists applicable to the EDI transactions. The code lists may be accessed at the following website:

External Code Lists | X12

The applicable code lists and their respective X12 transactions are as follows:

- Claim Adjustment Reason Codes and Remittance Advice Remark Codes (ASC X12/005010X221A1 Health Care Claim Payment/Advice [835])
- Claim Status Category Codes and Claim Status Codes (Health Care Claim Acknowledgement [U277])
- Provider Taxonomy Codes (ASC X12/005010X222A1Health Care Claim: Professional [837P] and ASC X12/005010X223A2 Health Care Claim: Institutional [837I])

2. Getting Started

2.1 Working with Smart Data Solutions LLC. (“SDS”)

SDS provides clearinghouse and pre-adjudication services for payers, providers, and networks. SDS trading partners are SDS customers and affiliates of SDS customers.

The process for establishing an electronic connection with SDS is as follows:

1. Trading partner registration through Smart Data Stream.
2. Trading partner agreement and/or services contract.
3. Electronic connectivity setup (e.g., SFTP or CORE interfaces).
4. Initial payer setup.
5. Iterative testing.
6. Coordination of production processing.

The SDS EDI Gateway is available to handle SEDI transactions 24 hours a day, 7 days a week, except during scheduled system maintenance periods.

SDS support resources are assigned and accessible during the implementation, testing, and production phases of the trading partner relationship.

Audit Procedures

The Trading Partner ensures that input documents and medical records are available for every automated claim for audit purposes. SDS and/or AmeriHealth Administrators may require access to these records at any time.

The Trading Partner’s automated claim input documents must be kept on file for a period of seven years after date of service for auditing purposes. The Trading Partner, not the billing agent, is held accountable for accurate records.

The audit conducted by AmeriHealth Administrators consists of verifying a sample of automated claim input against medical records. Retention of records might also be checked. Compliance to reporting requirements is sample checked to ensure proper coding technique is employed. Signature(s) on file records may also be verified.

In accordance with the SDS Trading Partner Agreement, SDS may request for itself and AmeriHealth Administrators, and the Trading Partner is obligated to provide, access to the records at any time.

Valid Characters in Text Data (AN, string data element type)

For data elements that are type AN, “string,” SDS can accept characters from the basic and extended character sets with the following exceptions:

Character	Name	Hex Value
!	Exclamation Point	(21)
>	Greater than	(3E)
^	Caret	(5E)
|	Pipe	(7C)
~	Tilde	(7E)

These five characters are used by SDS for delimiters on outgoing transactions and control characters for internal processing and therefore would cause problems if encountered in the transaction data.

As described in the X12 standards organization's Application Control Structure document (X12.6), a string data element is a sequence of characters from the basic or extended character sets and contains at least one non-space character. The significant characters are left justified. Leading spaces, when they occur, are presumed to be significant characters. In the actual data stream, trailing spaces should be suppressed. The representation for this data element type is AN.

Confidentiality/Security/Privacy

Trading Partners, including health care clearinghouses, must comply with the HIPAA Electronic Transaction and Code Set standards and HIPAA Privacy and Security standards for all EDI transactions and confidentiality requirements as outlined in the Trading Partner Agreement.

Authorized Release of Information

When contacting SDS Stream Support concerning any EDI transactions, you will be required to confirm your trading partner information.

2.2 Trading Partner Registration

An Electronic Data Interchange (EDI) trading partner is defined as any entity (provider, billing service, software vendor, employer group, or financial institution) utilizing the SDS EDI Gateway to transmit or receive electronic standard transactions to or from AmeriHealth Administrators.

If you are already registered as a trading partner with Smart Data Solutions, please skip this section. Smart Data Solutions does not require registration based on transaction type and prefers one registration per entity. Multiple NPIs can be submitted through the single trading partner connection as well as SDS does not maintain a list of which trading partners can submit which NPIs.

The below registration guide is for individual providers and provider groups. If you are a billing entity or another clearinghouse submitting transactions for multiple tax ids and NPIs, please reach out to stream.support@sdata.us to have an account registered for you.

SDS has a self-service trading partner registration portal that submitters can use to enroll for electronic transaction submission. SDS' policy of open registration allows trading partners to register for any number of payers and add any number of providers. While SDS EDI Gateway accepts HIPAA-compliant transactions from any covered entity, HIPAA security requirements dictate that proper procedure is established to secure access to data. As a result, SDS has a process in place to establish a trading partner relationship. That process has the following steps:

- Trading Partner must agree to and sign the Smart Data Solutions Trading Partner agreement or the QuickClaim End User License Agreement (EULA) and Privacy Policy.
- Smart Data Solutions utilizes third-party resources such as the CMS National Plan and Provider Enumeration System (NPPES) to verify the submitting party has confirmation from the provider to submit on their behalf.

Registration can be completed by following the below steps, ensuring the use of complete and accurate reporting of information on the Registration:

1. Complete the online Open Enrollment Account Registration on the Smart Data Stream site by filling out the required details: Registration
2. Upon completion, select a preferred method to receive a verification code via:
   a. Fax
   b. Mail
   c. Phone

   SDS Uses the National Plan and Provider Enumeration System (NPPES) to pull contact information for delivery of the code. If the contact information is incomplete, reach out to NPPES at (800) 465-3203 or customerservice@npienumerator.com.
3. Upon retrieval of the verification code, the trading partner will visit the verification site and enter the exact information used for registration to verify their account.

Once the account is verified, the trading partner will receive login credentials and can access their account through the login page.

SDS can terminate the Trading Partner Agreement after a sixty (60) day suspension period, without notice, if the trading partner's account is inactive for a period of six (6) consecutive months, pursuant to the terms of the Trading Partner Agreement.

Trading Partner Administrator and Trading Partner User Roles

This section explains the Trading Partner user roles. SDS EDI Operations will only make changes to the trading partner record if the change request is received from the authorized Administrator.

- The "Administrator" is the primary representative of the trading partner entity (provider office, billing service, clearinghouse, etc.) that is authorized by the

trading partner to conduct all electronic business on behalf of the trading partner, including entering into Trading Partner Agreements, modifying trading partner capabilities, and conducting inquiries about electronic transactions.

- The "User" is a representative of the Trading Partner Administrator that has been authorized by the trading partner/Trading Partner Administrator to conduct certain activities on behalf of the trading partner such as, requesting the addition or deletion of affiliated providers or conducting inquiries about electronic transactions.

The following table lists the rights that an Administrator and User are authorized to perform:

AmeriHealth Administrators Trading Partner Role-Based Security Matrix

Smart Data Stream Portal

Rights	Administrator	User
New trading partner registration	✓	
New trading partner request	✓	
Update a trading partner's address information	✓	
Delete a trading partner	✓	
Update claim transactions	✓	
Update Administrator	✓	
Establish User	✓	
Update User	✓	✓
Request for production	✓	
Provider changes	✓	✓
Update software vendor	✓	✓
Add new ERA enrollment	✓	✓
Update ERA Enrollment	✓	✓
Submit Claims	✓	✓
Other Permissions		
Receive EDI transaction support	✓	✓
Request password change	✓	✓

Where to Get Authorization Forms to Request a Trading Partner ID

To receive a Trading Partner ID, you must complete an online EDI Transaction Application and electronically agree to the terms of the Trading Partner Agreement. The EDI Transaction Applications and all other EDI request forms are available through the Trading Partner Information Center on our Internet website. You may access the online Application from the page accessed by the

link below.

Trading Partner Sign-Up Page for AmeriHealth (sdata.us)

Receiving ASC X12/005010X221A1 Health Care Claim Payment/Advice (835) Transactions Generated from the Payment Cycle (Batch)

If you are not currently receiving Health Care Claim Payment/Advice (835) remittance transactions generated from the payment cycle in a batch process and wish to, you will need to request ERA (835) by completing the 'ERA Enrollment Form' on the EDI Trading Partner Information Center website.

Trading Partner Updates Page for AmeriHealth (sdata.us)

Adding a New Provider to an Existing Trading Partner

Trading partners currently using electronic claims submission who wish to add a new provider to their Trading Partner ID should go to the Update Trading Partners section on the EDI Trading Partner Information Center website and select the option to *Add Provider to an existing Trading Partner*.

Trading Partner Information Center for AmeriHealth (sdata.us)

Removing Providers from an Existing Trading Partner

Trading partners who wish to remove an existing provider from their Trading Partner ID should complete the *Provider Change request* in the *Update Trading Partners* section of the EDI Trading Partner Business Center website

Trading Partner Information Center for AmeriHealth (sdata.us)

Reporting Changes in Status

Trading Partners changing any other Trading Partner information must inform SDS Stream Support by completing the appropriate trading partner update form through the *Update Trading Partners* section of the EDI Trading Partner Information Center website an include all information that is to be updated.

https://info.sdata.us/edi-amerihealth-updates

2.3 Certification and Testing Overview

This section provides a general overview of what to expect during certification and testing phases.

Testing Policy

AmeriHealth Administrators do not currently require the testing or certification of any electronic claim or inquiry transactions through the SDS EDI Gateway. It is highly recommended, however, that all Practice Management Software (PMS) Vendors ensure their software complies with all current transaction requirements.

AmeriHealth Administrators through SDS Transactional Testing

SDS allows Trading Partners to send test claim transaction files to our production environment. SDS will not route any transaction with IAS15 indicator of T onto AmeriHealth.

3. Testing with the Payer

This section provides a general overview of what to expect during certification and testing phases.

Testing Policy

AmeriHealth Administrators do not currently require the testing or certification of any electronic claim or inquiry transactions through the SDS EDI Gateway. It is highly recommended, however, that all Practice Management Software (PMS) Vendors ensure their software complies with all current transaction requirements.

AmeriHealth Administrators through SDS Transactional Testing

SDS does not allow trading partners to send test transaction files to the production environment. A TA1 will be generated for any transaction file that has “test” indicated in the ISA15 element.

It is highly recommended that trading partners transmit any test data during the hours that SDS EDI Operations are available, 8 a.m. through 5 p.m. EST, Monday through Friday.

AmeriHealth Administrators do not currently require or provide for the testing of any electronic transactions. It is highly recommended, however, that all Practice Management Software (PMS) Vendors test their software for HIPAA compliance on behalf of all of their clients. Any questions about the requirements contained within this Guide may be directed to SDS EDI Technical Operations at 1-855-297-4436.

Testing with SDS is mostly automatic. The below steps are for testing via the Smart Data Stream portal and via FTP. All test submitted transactions must have the ISA15 production indicator set to T as shown in the table below, when testing with SDS:

Loop	Segment	Description	Required Value
HEADER	*ISA-15*	*Production Indicator*	*T*

Testing via Smart Data Stream Portal:

1. Trading partner logs into the Smart Data Stream portal from https://portal.smartdatastream.us.
2. Trading partner navigates to the “Claims” tab on the top of screen.
3. Trading partner clicks on the “Upload Claims” button once the “Claims” tab has been loaded.
4. Trading partner submits their electronic 837s by uploading them through the “Upload Claims” page.
5. Upon submission, SDS will load the test file, if under 20 MB, into the system and will redirect the user back to the “Claims” page with the transactions showing.
    a. If the file is over 20 MB, it must be uploaded via SFTP.
    b. If the file is over 5 MB, it will be dropped to the trading partner load folders and will be loaded with the next job run. The trading partner user should see the transaction under the “Claims” tab in roughly four hours.

6. Trading partner is to review all transactions in the portal and confirm total count, patient, payer, total charge, and dates of service. If any items do not match what was submitted in the file, please reach out to SDS.
7. If any claims are rejected, trading will review rejection reasons, and make corrections to the data as needed.

Testing via SFTP:

1. Trading partner logs into their SDS sftp account at sftp://ftp.smart-data-solutions.com.
2. Trading partner places their test files in the /in/prod directory.
    a. The /in/test/ directory is not automatically pulled from and test files should not be placed here.
3. SDS will import the files on the next regularly scheduled job run and generate 999s and 277CAs.
4. SDS will place the 999s and 277CAs in the /out/999 and /out/277 folder on the FTP respectively.
5. Trading partner will download the 999s and 277CAs and confirm acceptance and total transaction count.
6. If any claims are rejected, trading partner will review rejection reasons and make corrections as needed.

Upon completion of testing and trading partner satisfaction with requests and responses, the trading partner is considered fully live and able to 837P and 837I transactions.

SDS does not forward transactions onto the payer unless specifically requested to by the trading partner and payer.

4. Connectivity with the Payer/Communications

SDS offers AmeriHealth Administrators trading partners the following communication method for transferring data electronically: Secure File Transfer Protocol (SFTP) through a secure https Internet connection (Secure Transport) available for transactions in batch mode.

4.1 Process Flows

SDS offers trading partners the following communication method to send and receive batch level transactions:

- SFTP
- Web Portal Upload
- Web Portal Data Entry (DDE)

The process flow for each is described below.

SFTP:

1. Trading partner uploads file to SFTP and places the file to be processed in the /in/prod folder.
2. SDS regularly scheduled jobs will import the file and will generate 999s and 277CAs confirming or rejecting the transactions.
3. SDS will place the 999s and 277CAs in the /out/999 and /out/277 folder on the FTP respectively.
4. SDS will run transactions through routing and custom payer logic on behalf of the trading partner as defined by the payer id located in the NM1-09 of loop 2010BB in the 837 transaction.
5. If at any point during this process or if the payer rejects the transaction upon submission to them, SDS will produce a rejection 277CA describing the rejection.
6. SDS will place the 277CA file on the ftp in the /out/277 folder.

Web Upload:

1. Trading partner submits their electronic 837s by uploading them through the “Upload Claims” page.
2. If the file is under 5 MB SDS will process the file in real time and redirect the submitting user to the “Claims” page with the batch transactions shown. If the file is over 5 MB in size, SDS will download the file from the user and place in folders for submission with regularly scheduled jobs.
3. Upon load the of file, SDS will confirm validity and place any invalid claims in the “Reject Queue” on the Smart Data Stream Portal.
4. SDS will run transactions through routing and custom payer logic on behalf of the trading partner as defined by the payer id located in the NM1-09 of loop 2010BB in the 837 transaction.
5. If at any point during this process or if the payer rejects the transaction upon submission to them, SDS will place the transaction in the “Reject Queue” on the Smart Data Stream Portal.

DDE:

1. Trading partner submits claims by entering them into the “New Claim” feature on the Smart Data Stream portal.
    i. The user will be unable to submit any invalid transactions through the DDE process flow, but this does not guarantee the receiving entity will not reject for reasons SDS does not check for in the DDE process.

2. SDS will run transactions through routing and custom payer logic on behalf of the trading partner as defined by the payer id located in the NM1-09 of loop 2010BB in the 837 transaction.
3. If at any point during this process or if the payer rejects the transaction upon submission to them, SDS will place the transaction in the “Reject Queue” on the Smart Data Stream Portal.

4.2 Transmission Administrative Procedures

Below are the Capacity and Frequency Restrictions and Rules of Behavior when interacting with SDS systems and services:

4.2.1 Capacity and Frequency Restrictions

Maximum number of connections per minute

- SDS does not limit the number of connections per minute.

Maximum size for batch processing payloads

- Batch payloads should be no greater than 25MB in size with no more than 25,000 claims per file.

Violation of capacity of frequency restrictions

- Trading partners who violate the above restrictions may have their authorization suspended or SDS will implement processes to split files into smaller sizes resulting in more response transactions than initially submitted.

4.2.2 Rules of Behavior

Trading partners are expected to interact with SDS claims services in a non-abusive fashion. This includes refraining from the following:

- Submitting transaction volumes or payload sizes that exceed the restrictions described above in section 4.2.1, or other DOS-style activities.
- Including malicious content such as viruses and malware within transaction payloads.
- Using non-compliant exchange patterns and/or invalid transactions.

4.3 Re-Transmission Procedures

SDS performs an MD5 checksum hash on every file posted to the SFTP or uploaded via the “Claims Upload” page on the Smart Data Stream portal. This checksum ensure that no exact duplicate file is uploaded twice to SDS systems. SDS does not perform any duplicate checking at the transaction level unless instructed to by the payer.

4.4 Communication Protocol Specifications

SDS offers two methods to utilize the Internet for conducting electronic business with AmeriHealth Administrators. The first is a Secured File Transfer Protocol (SFTP) through “Secure Transport” for conducting business with AmeriHealth Administrators The “Secure Transport” is available for trading partners who submit or receive any HIPAA-compliant EDI transactions in batch mode. The second Internet- based service offers “Real-Time” capability for the following real-time enabled transactions: Health Care Eligibility Benefit Inquiry and Response (270/271).

Internet File Transfer Protocol (“SFTP”)

SDS offers all trading partners the ability to submit files through the Internet via SFTP. Utilizing an up-to-date SFTP client, the trading partner can submit files directly to SDS in a secure and reliable fashion. To connect via SFTP please follow the below steps:

1. Complete the SFTP Registration form in the Stream Portal.
    a. It will take up to three business days for SDS to create an SFTP account.
2. Login to the SDS SFTP utilizing the account information submitted on the form and the below connection information:
    a. URL: ftp.smart-data-solutions.com
    b. Port: 22
3. Deliver files to the appropriate folder:
    a. /prod if delivering production files.
    b. /test if delivering test files.

Internet/Real-Time (HTTPS – Hypertext Terminal Protocol Secure)

SDS offers a Real-Time Web Service through a secure Internet Connection (HTTPS) for our real-time enabled transactions:

- Health Care Eligibility Benefit Inquiry and Response (270/271)

Real-time inquiry transactions utilize a CORE-compliant Web Services Description Language (WSDL) Simple Object Access Protocol (SOAP). SOAP is a way for a program running in one kind of operating system to communicate with another operating system by using Extensible Markup Language (XML) for the exchange of information over the Internet.

Since the Internet is being utilized to transport the data, encryption will be utilized to secure messages. To take advantage of real-time transactions for AmeriHealth Administrators with SDS, a Trading Partner will need to:

1. Check with your EDI software vendor to ensure that the EDI transaction software is programmed for SDS’ real-time CORE-compliant or proprietary SOAP transactions, as appropriate.
    - For instructions on how to program for SDS’s real-time transactions, refer to the “Real-Time Inquiry Connectivity Specifications” in the Resources section under EDI Companion Guides at the following site: https://info.sdata.us/edi-ibc

2. Reach out to SDS to establish a submitter and receiver ID.
    - Note: AmeriHealth Administrators must provide approval before a trading partner will be granted the ability to submit/receive Health Care Eligibility Benefit Inquiry and Response (270/271).
3. For typical inquiry requests, the average response time should be within 10 seconds. Actual response time will be dependent upon real-time transaction activity. Batched inquiries should not be submitted through the real-time process as it may impact the response time.

4.5 Passwords

SDS uses an internal, integrated security framework. As such, login names and passwords are used and required for ALL trading partner connections. Please note that this requirement stands even if additional authentication mechanisms are being used (e.g., X.509 certificate authentication).

Strong trading partner passwords are assigned by trading partner and may not be updated by any outside user of the system.

Password requirements include at least:

- 12 characters
- One uppercase letter
- One lowercase letter
- Two numbers
- One special character
- No repeating characters

SDS does not store plaintext passwords, only encrypted passwords. As such, we are unable to retrieve a lost password.

If a password should be lost, the trading partner may reset their password for the Stream portal on the website or SDS can be contacted to have the password reset. Any password reset request is subject to identity verification and administrative authorization.

SDS differentiates passwords and user accounts between the SFTP and Stream portal. SFTP users and passwords are unchangeable through the Stream portal at this time.

5. Contact Information

5.1 SDS EDI Technical Assistance

The following are additional, general websites and e-mail contacts that may be helpful.

General Clearinghouse Support
stream.support@sdata.us
(855-297-4436)
Mon-Fri 8 a.m. to 5 p.m. ET

SDS Home Page
http://www.sdata.us

Trading Partner Contact Page for AmeriHealth (sdata.us)

5.2 Provider Services

Non-EDI related inquiries should be handled through your existing channels of communication with AmeriHealth Administrators.

5.3 Applicable Websites/Email

EDI specifications, including this Companion Guide, will be accessible online in the *Resources* section of the EDI Trading Partner Information Center website:
Trading Partner Resources for AmeriHealth (sdata.us)

6. Control Segments/Envelopes

Interchange Control (ISA/IEA) and Function Group (GS/GE) envelopes must be used as described in the national IGs. The AmeriHealth Administrators expectations for inbound/outbound ISAs are detailed in this chapter. Specific GS/GE instructions for each transaction are available in Section 10 of this Companion Guide.

Note: SDS only supports one interchange (ISA/IEA envelope) per incoming transmission (file). A file containing multiple interchanges will be rejected for a mismatch between the ISA Interchange Control Number at the top of the file and the IEA Interchange Control Number at the end of the file.

For 5010 claim files, the ISA13 Control number must be unique for each submitted interchange. If the content of an interchange matches another interchange submitted within the last 14 days, the file is considered a duplicate and rejected with a TA1 Duplicate Interchange.

SDS allows **only one** X12 envelope to be submitted per file or CORE payload. That is, only one ISA segment at the beginning of the file, and one IEA segment at the end of the file.

6.1 ISA-IEA

Delimiters

As detailed in the national IGs, delimiters are determined by the characters sent in specified, set positions of the ISA header. For transmissions to SDS EDI Gateway (inbound transmissions), the following list contains all characters that can be accepted as a delimiter. Note that Line Feed, hex value “0A,” is not an acceptable delimiter.

Description	Hex value
StartOfHeading	01
StartofTeXt	02
EndofTeXt	03

Description	Hex value
EndOfTrans.	04
ENQuiry	05
ACKnowledge	06
BELL	07
VerticalTab	0B
FormFeed	0C
CarriageReturn	0D
DeviceControl1	11
DeviceControl2	12
DeviceControl3	13
DeviceControl4	14
NegativeAcK	15
SYNchron.Idle	16
EndTransBlock	17
FileSeparator	1C
GroupSeparator	1D
RecordSeparator	1E
!	21
“	22
%	25
&	26
„	27
(	28
)	29
*	2A
+	2B
,	2C
.	2E
/	2F
:	3A
;	3B
<	3C
=	3D
>	3E
?	3F
@	40
[	5B
]	5D
^	5E
{	7B
}	7D
~	7E

Note: "^" may be used as a Data Element Separator but will not be accepted as a Component Element Separator, Repeating Element Separator, or Segment Terminator.

SDS uses the following delimiters in all outbound transactions. Note that these characters as well as the Exclamation Point, "!," cannot be used in text data (type AN, String data element) within the transaction; refer to section 2.1 Valid Characters in Text Data in this document.

Delimiter Type	Character Used	(Hex value)
Data element separator	^	(5E)
Component element separator	>	(3E)
Segment terminator	~	(7E)
Repeating element separator	{	(7B)

Data Detail and Explanation of Incoming ISA to AmeriHealth Administrators

Segment: ISA Interchange Control Header (Incoming)

Note: This fixed record length segment must be used in accordance with the guidelines in Appendix B of the national IGs, with the clarifications listed below:

Table 1: Data Element Summary

Loop ID	Reference	Name	Codes	Notes/Comments
ISA		Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	AmeriHealth Administrators can only support code 00 - No Authorization Information present.
	ISA02	Authorization Information		This element must be space filled.
	ISA03	Security Information Qualifier	00	AmeriHealth Administrators can only support code 00 - No Security Information present.

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA04	Security Information		This element must be space filled.
	ISA05	Interchange ID Qualifier	ZZ	Use qualifier code value “ZZ” Mutually Defined to designate a payer-defined ID.
	ISA06	Interchange Sender ID		Use the AmeriHealth Administrators assigned security logon ID. The ID must be left justified, and space filled. Any alpha characters must be upper case.
	ISA07	Interchange ID Qualifier	33	Use qualifier code value “33.” AmeriHealth Administrators only supports the NAIC code to identify the receiver.
	ISA08	Interchange Receiver ID	54704	AmeriHealth Administrators
	ISA13	Interchange Control Number		For 5010 claim files the ISA13 Control number must be unique for each submitted interchange. If the content of an interchange matches another interchange submitted within the last 14 days, the file will be considered a duplicate and rejected with a TA1 Duplicate Interchange.
	ISA14	Acknowledge-ment Requested	1	A TA1 segment is always returned when the incoming interchange is rejected due to errors at the interchange or functional group envelope.
	ISA15	Usage Indicator		The value in this element is used to determine the test or production nature of all transactions within the interchange.

Data Detail and Explanation of Outgoing ISA from AmeriHealth Administrators

Segment: ISA Interchange Control Header (Outgoing)

Note: Listed below are clarifications of AmeriHealth Administrators use of the ISA segment for outgoing interchanges.

Table 2: Data Element Summary

Loop ID	Reference	Name	Codes	Notes/Comments
ISA		Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	Code 00 is sent - No Authorization Information present.
	ISA02	Authorization Information		This element must be space filled.
	ISA03	Security Information Qualifier	00	Code 00 is sent - no Security Information present.
	ISA04	Security Information		This element must be space filled.
	ISA05	Interchange ID Qualifier	33	Qualifier code value “33” is sent to designate that the NAIC code is used to identify the sender.
	ISA06	Interchange Sender ID	54704	
	ISA07	Interchange ID Qualifier	ZZ	Qualifier code value “ZZ” is sent. Mutually defined to designate that an AmeriHealth Administrators-assigned proprietary ID is used to identify the receiver.
	ISA08	Interchange Receiver ID		The assigned ID is the trading partner’s security logon ID. This ID is left-justified and space filled.
	ISA14	Acknowledgment Requested		AmeriHealth Administrators always uses a 0 (No Interchange Acknowledgment Requested).
	ISA15	Usage Indicator		AmeriHealth Administrators provides T or P as appropriate to identify the test or production nature of all transactions within the interchange.

6.2 GS-GE

Functional group (GS-GE) codes are transaction specific. Therefore, information concerning the GS-GE can be found with the related transaction in Section 7 (Payer-Specific Business Rules and Limitations) and Section 10 (Transaction Specific Information) of this Companion Guide.

6.3 ST-SE

AmeriHealth Administrators has no requirements outside the national transaction IGs.

7. Payer-Specific Business Rules and Limitations (837P, 837I, 835, 277CA, 270/271, 999)

7.1 05010X222A1 Health Care Claim: Professional (837P)

The Health Care Claim: Professional (837P) transaction is used for professional claims. The May 2006 X12 005010X222 Implementation Guide, as modified by the June 2010, Type 1 Errata Document, is the primary source for definitions, data usage, and requirements.
This section and the corresponding transaction data detail make up the Companion Guide for submitting Health Care Claim: Professional (837P) claims for patients with AmeriHealth Administrators benefits plans. Accurate reporting of AmeriHealth Administrator's NAIC code is critical for claims submitted to AmeriHealth Administrators through the SDS EDI Gateway.

Claims Resubmission
Frequency Type codes that tie to "prior claims" or "finalized claims" refer to a previous claim that has completed processing in the payer's system and produced a final paper or electronic remittance or explanation of benefits.

Previous claims that are pending due to a request from the payer for additional information are not considered a "prior claim" or "finalized claim." An 837 professional claim transaction is not an appropriate response to a payer's request for additional information. Rather, the instructions contained on the request must be followed for returning that information. At this time, there is not an EDI transaction available to use for the return of the requested information.

7.2 05010X223A2 Health Care Claim: Professional (837I)

The Health Care Claim: Professional (837I) transaction is used for Institutional claims. The May 2006 X12 005010X223 Implementation Guide, as modified by the August 2007 and the June 2010 Type 1 Errata Documents, is the primary source for definitions, data usage, and requirements. Transactions must be submitted with the revisions in the errata; the transaction version must be identified as 05010X223A2.

This Companion Guide supplements the ASC X12 Implementation Guide and addenda with clarifications and payer-specific usage and content requirements.

This section and the corresponding transaction data detail make up the Companion Guide for submitting Health Care Claim: Institutional (837I) claims for patients with AmeriHealth Administrators benefits plans. Accurate reporting of AmeriHealth Administrator's NAIC code is critical for claims submitted to AmeriHealth Administrators through the SDS EDI Gateway.

Claims Resubmission

Frequency Type codes that tie to “prior claims” or “finalized claims” refer to a previous claim that has completed processing in the payer’s system and produced a final paper or electronic remittance or explanation of benefits.

Previous claims that are pending due to a request from the payer for additional information are not considered a “prior claim” or “finalized claims.” An 837 claim transaction is not an appropriate response to a payer’s request for additional information. Rather, the instructions contained on the request must be followed for returning that information. At this time, there is not an EDI transaction available to use for the return of the requested information.

7.3 05010X221A1 Health Care Claim: Professional (835)

The 835 transaction is used to provide an explanation of claims payment. The April 2006 X12 005010X221 Implementation Guide named in the HIPAA Administrative Simplification Electronic Transaction rule as modified by the June 2010 Addenda document is the primary source for definitions, data usage, and requirements.

Availability of Payment Cycle 835 Transactions (Batch)

Health Care Claim Payment/Advice (835) transactions are created on a weekly basis to correspond with AmeriHealth Administrator’s daily or weekly payment cycles. The Health Care Claim Payment/Advice (835) payment transaction files become available for retrieval after the payment cycle is complete and remain available for seven days. If a Health Care Claim Payment/Advice (835) transaction was expected but not available for retrieval on the third day after the payment cycle was complete, contact SDS Support for assistance.

Trading Partners interested in Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) can visit:
https://www.ahatpa.com/html/health-care-providers/index.html

Claim Overpayment Refunds

Reversal and Correction methodology is used to recoup immediate refunds for overpayments identified by the provider or by AmeriHealth Administrators. The change in payment details is reflected by a reversal claim (CLP02 = 22) and a corrected claim (CLP02 = 1, 2, 3, or 4). The payment amount of the check is reduced by the overpayment amount, after any outstanding provider offsets are applied from previous checks/EFTs.

If AmeriHealth Administrators is unable to recoup all or a portion of the refund money from the current check/EFT, the remaining refund amount to be offset on a future check will be shown as a negative amount in the Provider Adjustment PLB segment of the 835 using the Provider Adjustment Reason code of FB – Forward Balance. The negative PLB dollars allow the Health Care Claim Payment/Advice (835) payment to balance and essentially delay or move the refund balance forward to a future Health Care Claim Payment/Advice (835), when money is available to be offset

from a check.

When the refund dollars are eventually offset in a subsequent check/EFT, the money is only reflected in the Health Care Claim Payment/Advice (835) PLB segment with the dollar amount being offset from that specific check/EFT. Note that the reversal and correction claim detail is not repeated in the Health Care Claim Payment/Advice (835).

7.4 Health Care Claim: Professional (277CA)

The 277 Claim Acknowledgment (277CA) transaction is a business application-level acknowledgment for the Health Care Claim (837) transaction(s). This transaction acknowledges the validity and acceptability of claims for adjudication. The January 2007 X12 005010X214 Implementation Guide is the primary source for definitions, data usage, and requirements.

Timeframe for Health Care Claim Acknowledgment (277CA)
Generally, claim submitters should expect a Health Care Claim Acknowledgement (277CA) within 24 hours after AmeriHealth Administrators receives the electronic claims[1], subject to processing cutoffs. The 277CA files (ISA-IEA) will be grouped by the 277CA transactions (ST-SE) within the same Functional Grouping (GS-GE) that was submitted on the corresponding 837 transaction. Each 277CA grouping (GS-GE) will be in a separate file (ISA-IEA). For example, if an 837 file (ISA – IEA) has two Functional Groups (GS-GE) and each Functional Group has two 837 transactions (ST-SE), there will be two 277CA files (ISA-IEA) each with a Functional Group that contains two 277CA transactions (ST-SE) that correspond to the submitted 837 Functional Group and transactions (ST-SE).

There is a one-to-one relationship between an 837 (ST-SE) and the corresponding 277CA (ST-SE). In the event system issues are encountered and all claims from a single 837 transaction cannot be acknowledged in a single 277CA transaction, it may be necessary to retrieve multiple 277CA transactions related to an electronic claims transaction. See Section 4.4 Communication Protocol Specifications in this Companion Guide for information on retrieving the batch Health Care Claim Acknowledgment (U277).

[1] Electronic claim includes both ASC X12/005010X222A1 Health Care Claim: Professional (837P) and ASC X12/005010X223A2 Health Care Claim: Institutional (837I) unless otherwise noted.

7.5 05010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271)

The 270 transaction is used to request the health care eligibility and benefits for a subscriber or dependent. The 271 transaction is used to respond to that request. The May 2006 X12N Implementation Guide named in the HIPAA Administrative Simplification Electronic Transaction rule as modified by the June 2010 Addenda document is the primary source for definitions, data usage, and requirements.

NAIC (Payer ID) Codes

ISA-08 Segment – 54704

GS-03 Segment – 54763 (AmeriHealth Administrators)

Requests per Transaction Mode

The Eligibility Inquiry process for the payers in this Reference Guide is limited to one Information Source and Information Receiver per ST-SE transaction.

Real-time mode: If multiple requests are sent, the transaction is rejected.

Patient Search Criteria

In addition to the Required Primary and Required Alternate Search options mandated by the 270/271 implementation guide, AmeriHealth Administrators will search for the patient if only the following combinations of data elements are received on the 270 request:

- Subscriber ID, Patient Last Name, Patient First Name, and Patient Date of Birth
- Subscriber ID and Patient Date of Birth

7.6 05010X231A1 Implementation Acknowledgement for Health Care Insurance (999)

SDS returns an Implementation Acknowledgment for Health Care Insurance (999) for each Functional Group (GS-GE) envelope that is received in a batch mode. If multiple Functional Groups are received in an Interchange (ISA-IEA) envelope, a corresponding number of Implementation Acknowledgment for Health Care Insurance (999) transactions will be returned.

Action on a Functional Group can be: acceptance, partial acceptance, or rejection. A partial acceptance occurs when the Functional Group contains multiple transactions and at least one, but not all, of those transactions is rejected. (Transaction accepted/rejected status is indicated in IK501.) The location and reason for errors are identified in one or more of the following segments:

- IK3 – segment errors
- IK4 – data element errors
- IK5 – transaction errors
- AK9 – functional group errors

Rejection codes are contained in the X12 005010X231A1 Implementation Acknowledgment for Health Care Insurance (999) national Implementation Guide. Rejected transactions or functional groups must be fixed and resubmitted.

Implementation Acknowledgment for Health Care Insurance (999) transactions will have Interchange Control (ISA-IEA) and Functional Group (GS-GE) envelopes. The Version Identifier Code in GS08 of the envelope containing the Implementation Acknowledgment for Health Care Insurance (999) will be “005010X231A1.” Note that this will not match the Implementation Guide identifier that was in the GS08 of the envelope of the original submitted transaction. The GS08 value from the originally submitted transaction resides in the AK103 of the Implementation Acknowledgment for Health Care Insurance (999) guide.

As part of your trading partner agreement, values were supplied that identify you as the submitting entity. If any of the values supplied within the envelopes of the submitted transaction do not match the values supplied in the trading partner agreement, a rejected Implementation Acknowledgment for Health Care Insurance (999) will be returned to the submitter.

In the following example the IK404 value 'TRADING PARTNER PROFILE' indicates that one or more incorrect values were submitted. To process your submission, these values must be corrected and the transaction resubmitted.

ISA^00^ ^00^ ^33^54704 ^ZZ^XXXXXXX
^060926^1429^{^00501^035738627^0^P^>
GS^FA^XXXXX^999999^20060926^142948^1^X^005010
ST^999^0001
IK1^HC^655
IK2^837^PA03
IK3^GS^114^^8
IK4^2^^7^TRADING PARTNER PROFILE
IK5^R
AK9^R^1^1^0
SE^8^0001
GE^1^1
IEA^1^035738627

8. Acknowledgments and Reports

8.1 Report Inventory

AmeriHealth Administrators has no proprietary reports.

8.2 X12 Acknowledgments

TA1 Segment	Interchange Acknowledgment
999 Transaction	Implementation Acknowledgment for Health Care Insurance
277CA Acknowledgment	Claim Acknowledgment to the Electronic Claim[1]

Outgoing Interchange Acknowledgment TA1 Segment

SDS EDI Gateway returns a TA1 Interchange Acknowledgment segment in batch mode (Real-Time for 270/271) when the entire interchange (ISA - IEA) must be rejected.

The interchange rejection reason is indicated by the code value in the TA105 data element. This fixed length segment is built in accordance with the 999 Implementation Guide. Each TA1 will have an Interchange control envelope (ISA - IEA).

Outgoing Implementation Acknowledgment for Health Care Insurance (999)

The SDS EDI Gateway returns an Implementation Acknowledgment for Health Care Insurance (999) for each Functional Group (GS - GE) envelope that is received in batch mode. If multiple Functional Groups are received in an Interchange (ISA - IEA) envelope, a corresponding number of Implementation Acknowledgment for Health Care Insurance (999) transactions will be returned. Transaction accepted/rejected status is indicated in IK501. For details on this transaction, please refer to Sections 7.6 and 10.6: 005010X231A1 Implementation Acknowledgment for Health Care Insurance (999) of this Companion Guide.

In real-time mode, a rejected Implementation Acknowledgment for Health Care Insurance (999) is returned only when the applicable real-time response transaction cannot be returned due to rejections at this level.

Outgoing Claim Acknowledgment (277CA Transaction)

The 277CA Claim Acknowledgment Transaction is used to return a reply of "accepted" or "not accepted" for claims or encounters processed by AmeriHealth Administrators submitted via the electronic claim[1] transaction in batch mode. The 277CA files (ISA-IEA) will be grouped by the 277CA transactions (ST-SE) within the same Functional Grouping (GS-GE) that was submitted on the corresponding 837 transaction. Each 277CA grouping (GS-GE) will be in a separate file (ISA-IEA). For example, if an 837 file (ISA-IEA) has two Functional Groups (GS-GE) and each Functional Group has two 837 transactions (ST-SE), there will be two 277CA files (ISA-IEA) each with a Functional Group that contains two 277CA transactions (ST-SE) that correspond to the submitted 837 Functional Group and transactions (ST-SE).

Acceptance at this level is based on the electronic claim[1] Implementation Guides and front-end edits and will apply to individual claims within an electronic claim[1] transaction. For those claims not accepted, the Health Care Claim Acknowledgment (277CA) will detail additional actions required of the submitter to correct and resubmit those claims. For details on this transaction, please refer to the Health Care Claim Acknowledgment (277CA) in Section 7.4 and 10.3 of this Companion Guide

[1] Electronic claim includes both X12/005010X222A1 Health Care Claim: Professional (837P) and X12/005010X223A2 Health Care Claim: Institutional (837I) unless otherwise noted.

9. Trading Partner Agreements

Provider Trading Partner Agreement

For use by professionals and institutional providers.

Clearinghouse/Vendor Trading Partner Agreement

For use by software vendors, billing services, or clearinghouses.

Trading Partners

An EDI trading partner is defined as any entity (provider, billing service, software vendor, employer group, or financial institution, etc.) utilizing the SDS EDI Gateway to transmit or receive electronic data to or from AmeriHealth Administrators.

Payers have Trading Partner Agreements that accompany the standard Implementation Guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is with an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement might specify the roles and responsibilities of each party to the Agreement in conducting standard electronic transactions.

10. Transaction Specific Information

This section describes how 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 AmeriHealth Administrators 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 AmeriHealth Administrators.

In addition to the row for each segment, one or more additional rows are used to describe AmeriHealth Administrator's usage for composite and simple data elements and for any other information. Notes and comments will be placed at the deepest level of detail. For example, a note about a code value will be placed on a row specifically for that code value, not in a general note about the segment.

The following table lists the X12 IG for which specific transaction instructions apply and which are included in Section 10 of this Companion Guide:

Unique ID	Name
005010X222A1	Health Care Claim: Professional
005010X223A2	Health Care Claim: Institutional
005010X221A1	Health Care Claim Payment/Advice
	Health Care Claim Acknowledgement
005010X279A1	Health Care Eligibility Benefit Inquiry and Response*
005010X231A1	Implementation Acknowledgement for Health Care Insurance

AmeriHealh Administrators through the Highmark Gateway supports the transactions marked with an '*' in real-time only. All other listed transactions are supported in batch mode.

10.1 005010X222A1 Health Care Claim: Professional (837P)

Loop ID	Reference	Name	Codes	Notes/Comments
	GS	Functional Group Header		
	GS02	Application Sender's Code		Sender's SDS Assigned Trading Partner Number The submitted value must not include leading zeros.
	GS03	Application Receiver's Code	54763	AmeriHealth Administrators
1000A	NM1	Submitter Name		
	NM109	Submitter Identifier		Sender's assigned Trading Partner Number. The submitted value must not include leading zeros.
1000B	NM1	Receiver Name		
	NM103	Receiver Name		AmeriHealth Administrators
	NM109	Receiver Primary Identifier	54763	AmeriHealth Administrators
2010AA	NM1	Billing Provider Name		
2010AA	N3	Billing Provider Address		The provider's address on AmeriHealth Administrator's internal files will be used for mailing of a check or other documents related to the claim. If the NPI submitted in 2010AA/NM109 is tied to multiple locations, the physical office address where the patient was seen should be submitted in this loop.
	N301	Address Information		The Billing Provider Address must be a street address of a practice location. Post Office Box or Lock Box addresses are to be sent in the Pay-To Address Loop (Loop ID 2010AB), if necessary.
2010AA	N4	Billing Provider City, State, ZIP code		The provider's address on AmeriHealth Administrator's internal

Loop ID	Reference	Name	Codes	Notes/Comments
				files will be used for mailing of a check or other documents related to the claim.
	N403	ZIP Code		The full 9 digits of the ZIP+4 Code are required. The last four digits cannot be all zeros.
2010AA	REF	Billing Provider Tax Identification Number		
2010BB	NM1	Payer Name		
	NM109	Payer Identifier	54763	This value should match the value submitted in the GS03 segment (Application Receiver Code).
2010CA	NM1	Patient Name		
	NM102	Entity Type Code Qualifier	1	For AmeriHealth Administrators claims, the Patient must be a Person, code value “1”

10.2 005010X223A2 Health Care Claim: Institutional (837I)

Loop ID	Reference	Name	Codes	Notes/Comments
	GS	Functional Group Header		
	GS02	Application Sender's Code		Sender’s SDS Assigned Trading Partner Number The submitted value must not include leading zeros.
	GS03	Application Receiver's Code	54763	AmeriHealth Administrators
1000A	NM1	Submitter Name		
	NM109	Submitter Identifier		Sender's assigned Trading Partner Number. The submitted value must not include leading zeros.
1000B	NM1	Receiver Name		
	NM103	Receiver Name		AmeriHealth Administrators

Loop ID	Reference	Name	Codes	Notes/Comments
	NM109	Receiver Primary Identifier	54763	Identifies AmeriHealth Administrators as the receiver of the transaction and corresponds to the value in GS03 Application Receiver Code.
2010AA	NM1	Billing Provider Name		
	NM108	Identification Code Qualifier		
	NM109	Identification Code		When the organization is not a health care provider (is an “atypical” provider) and, thus, not eligible to receive an NPI, the NM108 and NM109 fields will be omitted. The “atypical” provider must submit their TIN in the REF segment and their assigned AmeriHealth Administrator’s Corporate ID in loop 2010BB/REF (Billing Provider Secondary Identification segment)
	N3	Billing Provider Address		The provider’s address on AmeriHealth Administrator’s internal files will be used for mailing of a check or other documents related to the claim.
2010AA	N4	Billing Provider City, State, ZIP Code		The provider’s address on AmeriHealth Administrator’s internal files will be used for mailing of a check or other documents related to the claim.
	N403	ZIP Code		The full 9 digits of the ZIP+4 Code are required. The last four digits cannot be all zeros.
2010BB	NM1	Payer Name		
	NM103	Payer Name		AmeriHealth Administrators (based on values submitted in GS03)
	NM109	Payer Identifier	54763	This value should match the value submitted in the GS03 segment (Application Receiver Code).

10.3 005010X221A1 Health Care Claim Payment/Advice

005010X221A1 Health Care Claim Payment/Advice				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
	GS	Functional Group Header		
	GS02	Application Sender's Code	54763	AmeriHealth Administrators
	GS03	Application Receiver's Code		The receiver's assigned Trading Partner Number will be used. The submitted value must not include leading zeros.
	BPR	Financial Information		
	BPR01	Transaction Handling Code	I, H	The 835 contains the remittance details only. Payment is sent separately (EFT or Check).
	BPR04	Payment Method Code	CHK BOP NON	Non-EFT Payments EFT Payments Non-Payments
1000B	REF	Payee Additional Information		
	REF01	Payee Identification Qualifier	TJ	The Provider's Tax Identification Number will be sent when the Provider's NPI is sent in the 1000 Payee Identification in N104.
2000	LX	Header Number		A number assigned for the purpose of identifying a sorted group of claims.
	LX01	Assigned Number	1	AmeriHealth Administrators uses this value for all claims
	PLB	Provider Adjustment		
	PLB01	Reference Identification		When the provider is a covered health care provider under HIPAA, the National Provider Identifier (NPI) assigned to the provider is required.
	PLB03-1 PLB05-1 PLB07-1 PLB09-1 PLB11-1 PLB13-1	Provider Adjustment Reason Code	FB WO CS	This value will be used to reflect balance forward refund amounts between weekly Health Care Claim Payment/Advice (835) transactions. This value will be used for recouping claim overpayments

005010X221A1 Health Care Claim Payment/Advice				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
				and reporting offset dollar amounts.

10.4 U277 Health Care Claim Acknowledgement

Loop ID	Reference	Name	Codes	Notes/Comments
	GS	Functional Group Header		
	GS02	Application Sender's Code	54763	AmeriHealth Administrators. This matches the ID in the GS03 of the claim transaction.
	GS03	Application Receiver's Code		Receiver's SDS Assigned Trading Partner Number
	BHT	Beginning of Hierarchical Transaction		
	BHT01	Hierarchical Structure Code		Constant Value "0010"
	BHT02	Transaction Set Purpose Code		Constant Value "06"
	BHT03	Reference Identification		From 837
	BHT04	Date		From 837
	BHT05	Time		From 837
	BHT06	Transaction Type Code		Constant Value "TH"
1000A	NM1	Submitter Name		
	NM108	Identification Code Qualifier		Constant Value "NI"
	NM109	Submitter's Identifier Code	54704	From the 837 Loop 1000B NM109
2100A	NM1	Payer Name		
	NM108	Identification Code Qualifier		Constant Value "NI"
	NM109	Submitter's Identifier Code	54763	From the 837 Loop 2010BB NM109
2100B	NM1	Information Receiver Name		
	NM108	Identification Code Qualifier		From the 837 Loop 1000A NM108

Loop ID	Reference	Name	Codes	Notes/Comments
	NM109	Submitter's Identifier Code		From the 837 Loop 1000A NM109
2100D/E	NM1	Subscriber / Dependent Name		
	NM101	Entity Identifier Code	QC IL	If the value in 837 Loop 2000B SBR02 is "18" then Loop 2100D NM101 = "QC"; else if the value in 837 Loop 2000B SBR02 is empty, then 2100D NM101 will be set to "IL" and NM101 in Loop 2100E will be set to "QC"
2200D/E	TRN			
	TRN01	Trace Type Code	2	
	TRN02	Reference Identification		from 837 Loop 2300 CLM01
	TRN03	Originating Company Identifier		Not Used
	TRN04	Reference Identification		from 837 Loop 2000B SBR09
2200D/E	STC	Status Information		AmeriHealth Administrators will always return claim status in this loop
	STC01-1	Health Care Claim Status Category Code	A1, A2, A4	
	STC01-2	Health Care Claim Status Code	0 , 20, 33	
	STC01-3	Entity Identifier Code	QC	
	STC03	Action Code	NA or 15	NA - No Action 15 - Correct & Re-Submit
	STC04	Total Submitted Charges		
2200D/E	REF01	Reference Identification Qualifier	BLT	Type of Bill – Constant value "BLT"
	REF02	Reference Identification		Bill Type from 837 Loop 2300 CLM05-1 and CLM05-3
2200D/E	REF01	Reference Identification Qualifier	EA	Medical Record Number-Constant Value "EA"

Loop ID	Reference	Name	Codes	Notes/Comments
	REF02	Reference Identification		Medical Record Number from 837 Loop 2300 REF02
2200D/E	DTP	Claim Service Date		
	DTP01	Date/Time Qualifier		Constant Value “472”
	DTP02	Date/Time Period Format Qualifier	D8 RD8	
	DTP03	Claim Service Period		The earliest and latest service line dates will be used

10.5 005010X279A1 Health Care Eligibility Benefit Inquiry and Response

005010X279A1 Health Care Eligibility Benefit Inquiry				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
	GS	Functional Group Header		
	GS02	Application Sender's Code		The receiver’s assigned Trading Partner Number will be used, with a prefix R indicating a request for a real-time response. The submitted value must not include leading zeros.
	GS03	Application Receiver's Code	54763	AmeriHealth Administrators
2100A	NM1	Information Source Name		
	NM101	Entity Identifier Code	PR	Use this code to indicate that AmeriHealth Administrators is a payer.
	NM103	Information Source Last or Organization Name		The information in this element will not be captured and used in the processing.
	NM108	Identification Code Qualifier	PI	Use this code to indicate the NAIC value is being sent in NM109. Use with AmeriHealth Administrators requests.
	NM109	Information Source Primary Identifier	54763	AmeriHealth Administrators

005010X279A1 Health Care Eligibility Benefit Inquiry				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
2100B	NM1	Information Receiver Name		
	NM108	Identification Code Qualifier	XX PI	Provider Request Payer Request
	NM109	Identification Code		
2100B	REF	Information Receiver Additional Identification		The information in this segment will not be captured and used in the processing.
2100B	N3	Information Receiver Address		The information in this segment will not be captured and used in the processing.
2100B	N4	Information Receiver City, State, ZIP Code		The information in this segment will not be captured and used in the processing.
2100C	NM1	Subscriber Name		
	NM109	Subscriber Primary Identifier		Enter ID Number from the Patient's current ID card Example: 012345677, H123456789, 1234567800. Do not include "tpa" suffix, if present
2100C	**REF**	**Subscriber Additional Identification**		
	REF01	**Reference Identification Qualifier**	6P F6 SY	If group number (6P), MBID number (F6), or Social Security Number (SY) are known, they should be used to help AmeriHealth Administrators identify the patient. Do not use special characters such as dashes or spaces that may appear on the patient's health care ID card.
2100C	N3	Subscriber Address		The information in this segment will not be captured and used in the processing.
2100C	N4	Subscriber City, State, ZIP Code		The information in this segment will not be captured and used in the processing.
2100C	HI	Subscriber Health Care Diagnosis Code		AmeriHealth Administrators does not process eligibility responses at the diagnosis level. Do not send.
2100C	DTP	Subscriber Date		
	DTP03	Date Time Period		AmeriHealth Administrators will respond to request for

005010X279A1 Health Care Eligibility Benefit Inquiry				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
				current eligibility and benefits and requests up to 30 days in the future. AmeriHealth Administrators will respond to date range requests with the current date eligibility and benefits.
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
	EQ01	Service Type Code		Enter code value:
	EQ01	Service Type Code	30	When this value is received on a 270 request, AmeriHealth Administrators will return eligibility for the following Service Type Codes: 33, 47, 48, 50, 51, 52, 86, 98, BY, BZ and UC.
	EQ01	Service Type Code		AmeriHealth Administrators does not support a 270 that includes multiple service types and will provide an eligibility response as if a Service Type Code 30 were received in EQ01
	EQ02	Composite Medical Procedure Identifier		AmeriHealth Administrators does not process inquiries at the Procedure level and will provide an eligibility response as if a Service Type Code 30 were received in EQ01.
	EQ03	Coverage Level Code	FAM	AmeriHealth Administrators does not process inquiries at the contract, or family, level. The 271 responses will include only the specified Member or Dependent eligibility information
2110C	III	Subscriber Eligibility or Benefit Additional Inquiry Information		AmeriHealth Administrators does not consider the information in the III segment for processing.
2110C	DTP	Subscriber Eligibility/ Benefit Date		

005010X279A1 Health Care Eligibility Benefit Inquiry				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
	DTP03	Date Time Period		AmeriHealth Administrators will respond to request for current eligibility and benefits and requests up to 30 days in the future. AmeriHealth Administrators will respond to date range requests with the current date eligibility and benefits.
2100D	N3	Dependent Address		The information in this segment will not be captured and used in the processing.
2100D	N4	Dependent City, State, ZIP Code		The information in this segment will not be captured and used in the processing.
2100D	HI	Dependent Health Care Diagnosis Code		AmeriHealth Administrators does not process eligibility responses at the diagnosis level. Do not send.
2100D	DTP	Dependent Date		
	DTP03	Date Time Period		AmeriHealth Administrators will respond to request for current eligibility and benefits and requests up to 30 days in the future. AmeriHealth Administrators will respond to date range requests with the current date eligibility and benefits.
2110D	EQ	Dependent Eligibility or Benefit Inquiry		
	EQ01	Service Type Code		Enter code value: The service types where AmeriHealth Administrators provides specific benefit limitations and details.
	EQ01	Service Type Code	30	When this value is received on a 270 request, AmeriHealth Administrators will return eligibility for the following Service Type Codes: 33, 47, 48, 50, 51, 52, 86, 98, BY, BZ and UC.
	EQ01	Service Type Code		AmeriHealth Administrators does not support a 270 that includes multiple service types and will provide an eligibility response as if a Service Type Code 30 were received in EQ01
	EQ02	Composite		AmeriHealth Administrators

005010X279A1 Health Care Eligibility Benefit Inquiry				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
		Medical Procedure Identifier		does not process inquiries at the Procedure level and will provide an eligibility response as if a Service Type Code 30 were received in EQ01.
2110D	III	Dependent Eligibility or Benefit Additional Inquiry Information		AmeriHealth Administrators does not consider the information in the III segment for processing.
	DTP	Dependent Eligibility/ Benefit Date		
	DTP03	Date Time Period		AmeriHealth Administrators will respond to request for current eligibility and benefits and requests up to 30 days in the future. AmeriHealth Administrators will respond to date range requests with the current date eligibility and benefits.

005010X279A1 Health Care Eligibility Benefit Response				
	GS	Functional Group Header		
	GS02	Application Sender's Code	54763	AmeriHealth Administrators. This will match the payer ID in the GS03 of the 270 transaction.
	GS03	Application Receiver's Code		The receiver’s assigned Trading Partner Number will be used, with a prefix R indicating a real-time response.
2100C	NM1	Subscriber Name		
	NM103	Subscriber Last Name		AmeriHealth Administrators will return up to 60 characters on the 270 Inquiry.
	NM104	Subscriber First Name		AmeriHealth Administrators will return up to 35 characters on the 270 Inquiry.
	NM108	Identification Code Qualifier	MI	This is the only qualifier AmeriHealth Administrators

				will return on the 271 Response.
	NM109	Subscriber Primary Identifier		
2110C	EB	Subscriber Eligibility or Benefit Information		AmeriHealth Administrators will populate this segment with Eligibility info and benefit info as applicable to 270 Service Type. AmeriHealth Administrators will also return EB01 = R when there is other coverage information available.
	EB03	Service Type Code		AmeriHealth Administrators will return this as a repeating element when applicable.
2110C	REF	Subscriber Additional Identification		
	REF01	Reference Identification Qualifier	6P	AmeriHealth Administrators returns this code if there is a Group Number available for another coverage
	REF02	Subscriber Supplemental Identifier		Group Number for the other coverage
2110C	DTP	Subscriber Eligibility/ Benefit Date		
2110C	MSG	Message Text		
2110C	LS	Subscriber Eligibility or Benefit Information		
	LS01	Loop Identifier Code	2120	This segment is sent when there is a need to identify a Utilization Management Organization and/or when there is a need to specify details regarding other coverage (COB)
2120C	NM1	Subscriber Benefit Related Entity Name		
	NM101	Entity Identifier Code	X3 IL, PR	AmeriHealth Administrators will return X3 when providing a Utilization Management Organization For COB, AmeriHealth Administrators will return IL when providing the Subscriber for the other coverage and PR

				when providing the other Payer
	NM103	Benefit Related Entity Last or Organization Name		AmeriHealth Administrators will supply the name of the Utilization Management Organization AmeriHealth Administrators will provide the Subscriber Last Name and the Payer Name for the other coverage
	NM104	Benefit Related Entity First Name		AmeriHealth Administrators will provide the Subscriber First Name for the other coverage
	NM108	Identification Code Qualifier	MI	This is the only code AmeriHealth Administrators will return on the 271 Response
	NM109	Benefit Related Entity Identifier		AmeriHealth Administrators will return the Member ID Number associated with the other coverage.
2100D	NM1	Dependent Name		
	NM103	Dependent Last Name		AmeriHealth Administrators will return up to 60 characters on the 270 Inquiry.
	NM104	Dependent First Name		AmeriHealth Administrators will return up to 35 characters on the 270 Inquiry.
2110D	EB	Dependent Eligibility or Benefit Information		AmeriHealth Administrators will populate this segment with Eligibility info and benefit info as applicable to 270 Service Type. AmeriHealth Administrators will also return EB01 = R when there is other coverage information available.
	EB03	Service Type Code		AmeriHealth Administrators will return this as a repeating element when applicable.
2110D	REF	Dependent Additional Identification		
	REF01	Reference Identification Qualifier	6P	AmeriHealth Administrators returns this code if there is a Group Number available for another coverage
	REF02	Dependent Supplemental Identifier		Group Number for the other coverage.
2110D	DTP	Dependent Eligibility/ Benefit Date		

2110D	MSG	Message Text		
2110D	LS	Dependent Eligibility or Benefit Information		
	LS01	Loop Identifier Code	2120	This segment is sent when there is a need to identify a Utilization Management Organization and/or when there is a need to specify details regarding other coverage (COB)
2120D	NM1	Dependent Benefit Related Entity Name		
	NM101	Entity Identifier Code	X3 IL, PR	AmeriHealth Administrators will return X3 when providing a Utilization Management Organization For COB, AmeriHealth Administrators will return IL when providing the Subscriber for the other coverage and PR when providing the other Payer
	NM103	Benefit Related Entity Last or Organization Name		AmeriHealth Administrators will supply the name of the Utilization Management Organization AmeriHealth Administrators will provide the Subscriber Last Name and the Payer Name for the other coverage
	NM104	Benefit Related Entity First Name		AmeriHealth Administrators will provide the Subscriber First Name for the other coverage
	NM108	Identification Code Qualifier	MI	This is the only code AmeriHealth Administrators will return on the 271 Response
	NM109	Benefit Related Entity Identifier		AmeriHealth Administrators will return the Member ID Number associated with the other coverage

10.6 Implementation Acknowledgement for Health Care Insurance (999)

005010X231A1 Implementation Acknowledgement for Health Care Insurance				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
2100	CTX	Segment Context		For AmeriHealth Administrators, SDS has implemented levels 1 through 4 edits only. This CTX segment will not be used at this time.
2100	CTX	Business Unit Identifier		For AmeriHealth Administrators, SDS has implemented levels 1 through 4 edits only. This CTX segment will not be used at this time.
2110	IK4	Implementation Data Element Note		
	IK404	Copy of Bad Data Element		The 005010 version of the 999 transaction does not support codes for errors in the GS segment; therefore, when there are errors in the submitted GS, “TRADING PARTNER PROFILE” will be placed in this element to indicate that one or more invalid values were submitted in the GS.
2110	CTX	Element Context		For AmeriHealth Administrators, SDS has implemented levels 1 through 4 edits only. This CTX segment will not be used at this time.

Appendices

1. Implementation Checklist

AmeriHealth Administrators does not have an Implementation Checklist.

2. Business Scenarios

No business scenarios at this time.

3. Transmission Examples

No examples at this time.

4. Frequently Asked Questions

No FAQs at this time.

5. Change Summary

The items listed in the chart below were revised from the October 2021 version to this May 2023 version of the Companion Guide.

Page(s)	Section	Description
All	All	Updated to include information for new vendor: SDS.