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## Operations Bulletin – Sept. 3, 2019

### Update to 837 requirements – additional data elements needed for all electronic claims submitted to Geisinger Health Plan

#### Important information for your billing office or clearinghouse

**Effective Dec. 1, 2019, Geisinger Health Plan (GHP) will require an additional set of data elements (enclosed in this bulletin) on all electronic claims (EDI 837 transactions) for claims to process.**

Electronic claims submitted on and after Dec. 1, 2019 that do not include all the currently required data elements **and** the additional data elements listed herein, will be rejected.

GHP claims data shows around 90% of participating providers currently submitting electronic claims are already in compliance with the new data element requirements and will not need to make a change to their electronic billing processes. However, we strongly encourage all providers to review this bulletin with their billing office/staff and/or clearinghouse to ensure the timely and accurate payment of GHP claims.

Providers should remind their billing office/staff and/or clearinghouse to continue including the data elements already required for GHP claims. The additional data element requirements listed below will be required on GHP claims submitted on or after Dec. 1, 2019. This bulletin, including the additional data element requirements for Dec. 1, is also available on the GHP plan central page on NaviNet.

#### Who to call

This Operations Bulletin amends the Participating Provider Guide, effective Dec. 1, 2019. If you have any questions regarding this Operations Bulletin, contact GHP customer service at 800-447-4000.

Additional 837 electronic claim data elements required as of Dec. 1, 2019

TIBCO Foresight Instream Error Code (HIPAA Compliance Validation)	Error Message	837 loops/segments/data elements	HIPPA Severity Levels	Default Warning
10613	Element #segelm# at col. #location# is missing, though marked #usage#	837I/837P - The 837P/837I minimum required loops/segments/data elements (Usage is represented by "R") as mentioned in the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 - ASC X12N/005010X222 (837P)/ASC X12N/005010X223 (837I)	1-Structural	3-Error
40659	The Diagnosis Code #Current_Element# has been used more than once.	837P - loop 2300 HI*ABK (ICD-10 - diagnosis code) is required but Segment Repeat = 1, so segment cannot be repeated more than once.	4-Situational Data	3-Error
40690	The Claim Adjustment Reason Code #FS_FindCodeValue# was not found in Code Table #FS_FindCodeList#.	837P - loop 2320 CAS02 -claim adjustment reason code must be a valid HIPAA code.	4-Situational Data	3-Error
40711	The Procedure Code #FS_FindCodeValue# was not found in Code Table #FS_FindCodeList#.	837P - loop 2400 - SV1 - HCPCS code must be a valid HIPAA Code.	5-External Code Sets- Code Sets	3-Error
40714	The modifier code #FS_FindCodeValue# was not found in Code Table #FS_FindCodeList#.	837P - loop 2400 - SV1 - HCPCS Procedure modifier code must be a valid HIPAA Code.	5-External Code Sets- Code Sets	3-Error
40727	The Procedure code #FS_FindCodeValue# was not valid for date #FS_FindCodeDate#.	837P - loop 2430 - SVD - HCPCS code must be a valid HIPAA Code.	5-External Code Sets- Code Sets	3-Error
40729	The Modifier Code #FS_FindCodeValue# was not valid for date #FS_FindCodeDate#.	837P - loop 2430 - SVD - HCPCS Procedure modifier code must be a valid HIPAA Code.	5-External Code Sets- Code Sets	3-Error

TIBCO Foresight Instream Error Code (HIPAA Compliance Validation)	Error Message	837 loops/segments/data elements	HIPPA Severity Levels	Default Warning
40806	The Payer Claim Control Number (Loop 2300, REF) must not be sent if the value in the CLM05.03 does not equal 7 or 8 for void or replacement.	837P - loop 2300 REF02 must not be sent if CLM05.3 not equal to 7 or 8.	4-Situational Data	3-Error
40809	The Coordination of Benefits (COB) Payer Paid Amount (2320 AMT) is required when the claim has been adjudicated by the Other Payer identified in Loop 2330B.	837P - loop 2320 AMT should be sent if the claim has adjudication information from loop 2330B - Other payer loop.	5-External Code Sets- Code Sets	3-Error
40822	The Zip code number was not valid.	837P - The following should be valid zip codes: N4 Billing Provider City, State, ZIP Code N4 Pay-To Address City, State, ZIP Code N4 Pay-To Plan City, State, ZIP Code N4 Subscriber City, State, ZIP Code N4 Payer City, State, ZIP Code N4 Patient City, State, ZIP Code N4 Service Facility Location City, State, ZIP Code N4 Ambulance Pick-up Location City, State, ZIP Code N4 Ambulance Drop-off Location City, State, ZIP Code N4 Other Subscriber City, State, ZIP Code N4 Other Payer City, State, ZIP Code N4 Service Facility Location City, State, ZIP Code N4 Ordering Provider City, State, ZIP Code	5-External Code Sets- Code Sets	3-Error
40830	The ICD10 Diagnosis Code #FS_FindCodeValue# is not valid in code table #FS_FindCodeList#.	837P - loop 2300 Health Care Diagnosis Code (HI) segment, qualifier (ABK) in HI01-1 through HI08-1 should be valid ICD10 diagnosis code.	5-External Code Sets- Code Sets	3-Error

TIBCO Foresight Instream Error Code (HIPAA Compliance Validation)	Error Message	837 loops/segments/data elements	HIPPA Severity Levels	Default Warning
40831	The ICD10 Diagnosis Code #FS_FindCodeValue# was not valid on date #FS_FindCodeDate# in code table #FS_FindCodeList#.	837P - loop 2300 Health Care Diagnosis Code (HI) segment, qualifier (ABF) in HI02-1 through HI08-1 should be valid ICD10 diagnosis code.	5-External Code Sets- Code Sets	3-Error
40836	The Admission Date (Loop 2300, DTP) is required on all inpatient Claims. If not required by this Implementation guide, do not send.	837P - loop 2300 DTP*435 is required on all inpatient claims.	4-Situational Data	3-Error
40848	The Insurance Type Code (Loop 2000B, SBR05) is required when the SBR01 does not equal P and the payer loop 2010BB is Medicare	837P - loop 2000B, SBR05 - Insurance Type Code is required when SBR01 not equal "P" and loop 2010BB Payer = Medicare.	4-Situational Data	3-Error
40958	The Discharge Date (2300, DTP) is only required on inpatient claims when discharge date is known. Otherwise, do not send.	837P - loop 2300 DTP*096 is required for all inpatient claims.	4-Situational Data	3-Error
41016	The REF01 Qualifier, #Current_Element#, is not allowed to repeat.	837P - loop 2010AA REF*EI is allowed only once.	4-Situational Data	3-Error

TIBCO Foresight Instream Error Code (HIPAA Compliance Validation)	Error Message	837 loops/segments/data elements	HIPPA Severity Levels	Default Warning
41026	The Address field may not contain any of the following: "Post Office Box", "P.O. BOX", "PO BOX", "LOCK BOX", "LOCK BIN", "P O BOX".	837P - The below addressed cannot have PO Box, Post Office Box, Lock Box, and must be a physical address: N3 Billing Provider Address N3 Pay-to Address - ADDRESS N3 Pay-to Plan Address N3 Subscriber Address N3 Payer Address N3 Patient Address N3 Service Facility Location Address N3 Ambulance Pick-up Location Address N3 Ambulance Drop-off Location Address N3 Other Subscriber Address N3 Other Payer Address N3 Service Facility Location Address N3 Ordering Provider Address N3 Ambulance Pick-up Location Address N3 Ambulance Drop-off Location Address	4-Situational Data	3-Error
41081	On anesthesia claims, at least one of the service lines must contain MJ in the (2400 SV103) Unit or Basis for Measurement Code.	837P - loop 2400 SV103 must = MJ for anesthesia claims for the unit or basis for measurement code	6-Specific Lines of Business	3-Error
41118	The State or Province Code (N402) is required when address is within the United States or Canada.	837P - The below State or Province Codes are required for address within the USA or Canada N402 - Pay-to Address State Code N402 - Subscriber State Code N402 - Patient State Code	4-Situational Data	3-Error

TIBCO Foresight Instream Error Code (HIPAA Compliance Validation)	Error Message	837 loops/segments/data elements	HIPPA Severity Levels	Default Warning
41122	The Zip Code (N403) is required when address is within the United States.	837P - The Zip Code is required for the below if the address is within the USA N4 Billing Provider City, State, ZIP Code N4 Pay-To Address City, State, ZIP Code N4 Pay-To Plan City, State, ZIP Code N4 Subscriber City, State, ZIP Code N4 Payer City, State, ZIP Code N4 Patient City, State, ZIP Code N4 Service Facility Location City, State, ZIP Code N4 Ambulance Pick-up Location City, State, ZIP Code N4 Ambulance Drop-off Location City, State, ZIP Code N4 Other Subscriber City, State, ZIP Code N4 Other Payer City, State, ZIP Code N4 Service Facility Location City, State, ZIP Code N4 Ordering Provider City, State, ZIP Code	4-Situational Data	3-Error
41152	The Billing Provider Secondary Identification (2010BB REF) is required when the Billing Provider Identification Code Qualifier (2010AA NM108/NM109) is not present.	837P - loop 2010BB REF02 (billing provider secondary id) is required when loop 2010AA NM108/NM109 (billing provider qualifier/ id code) is not present	4-Situational Data	3-Error
41157	The Principal Diagnosis (2300, HI01.02) does not allow External Cause of Injury codes, that begin with V, W, X, or Y.	837P - loop 2300 HI01-02 cannot have External Cause of Injury codes beginning with V, W, X, Y	4-Situational Data	3-Error
41158	The condition code is not an acceptable code for use in a professional health care claim according to the IG.	837P - loop 2300 HI*BG condition code not allowed in professional claim.	4-Situational Data	3-Error

TIBCO Foresight Instream Error Code (HIPAA Compliance Validation)	Error Message	837 loops/segments/data elements	HIPPA Severity Levels	Default Warning
41170	The Claim Adjustment Reason Code 23 can only be present when the Claim Adjustment Group Code (CAS01) is OA.	837P - CARC = 23 is allowed only when loop 2320 CAS01 = OA	4-Situational Data	3-Error
41224	The Zip code number was not valid	837I - The below zip codes should be a valid zip code: N4 Billing Provider City, State, ZIP Code N4 Pay-To Address City, State, ZIP Code N4 Pay-To Plan City, State, ZIP Code N4 Subscriber City, State, ZIP Code N4 Payer City, State, ZIP Code N4 Patient City, State, ZIP Code N4 Service Facility Location City, State, ZIP Code N4 Other Subscriber City, State, ZIP Code N4 Other Payer City, State, ZIP Code	5-External Code Sets-Code Sets	3-Error
41253	The Facility code #Current_Element# (Loop 2300, CLM05.01) was not valid as of transaction date #BHT04TransactionDate#.	837I - loop 2300 CLM05-01 (facility type code) must be valid date as of BHT04 - Transaction date	5-External Code Sets-Code Sets	3-Error
41263	The Discharge Hour (Loop 2300, DTP) segment should not be sent because this claim is not a final inpatient.	837I - loop 2300 DTP*096 - discharge hour should NOT be sent for interim inpatient claims	4-Situational Data	3-Error
41266	The Admission Date (Loop 2300, DTP) is required on all inpatient Claims.	837I - DTP*435 - admission date is required on all inpatient claims.	4-Situational Data	3-Error
41282	The Patient Status Code #Current_Element# was not valid as of transaction date #BHT04TransactionDate#.	837I - loop 2300 CL103 - patient status code must be valid as of BHT04 - Transaction date.	5-External Code Sets-Code Sets	3-Error

TIBCO Foresight Instream Error Code (HIPAA Compliance Validation)	Error Message	837 loops/segments/data elements	HIPPA Severity Levels	Default Warning
41286	The Payer Claim Control Number (Loop 2300, REF) must be sent when the value in the CLM05.03 equals 7 or 8 for void or replacement.	837I - loop 2300 REF02 - payer claim control number must be sent when loop 2300 CLM05-3 = 7 or 8.	4-Situational Data	3-Error
41287	The Payer Claim Control Number (Loop 2300, REF) must not be sent if the value in the CLM05.03 does not equal 7, 8 or Q.	837I - loop 2300 REF02 - payer claim control number must NOT be sent when loop 2300 CLM05-3 = 7 or 8 or Q.	4-Situational Data	3-Error
41294	The ICD10 Diagnosis Code #Current_Element# is not a valid code.	837I - loop 2300 - HI*ABK - Principal diagnosis code, HI*ABJ - Admitting diagnosis code must be a valid ICD10 code.	5-External Code Sets- Code Sets	3-Error
41302	The External Cause of Injury (Loop 2300, HI0x.02), #Current_Element# has been used more than once.	837I - loop 2300 HI*ABN segment- External Cause of Injury must be used only once.	4-Situational Data	3-Error
41303	The DRG code #Current_Element# is not a valid code.	837I - loop 2300 HI*DR - DRG code must be a valid code	5-External Code Sets- Code Sets	3-Error
41304	The DRG Code #Current_Element# is not valid as of transaction date #BHT04TransactionDate#.	837I - loop 2300 HI*DR - DRG code must be a valid code as of BHT04 - Transaction date	5-External Code Sets- Code Sets	3-Error
41305	The Other Diagnosis Code #Current_Element# has been used more than once.	837I - loop 2300 HI*ABF HI01-2 cannot be repeated again.	4-Situational Data	3-Error
41328	The Value Code #Current_Element# has been used more than once.	837I - loop 2300 HI*BE HI01-2 cannot be repeated again.	4-Situational Data	3-Error
41330	The Hour code (2300, HIOX.05) must be equal to 00-09, 10-23, or 99 when the value code is equal to 45.	837I - loop 2300 HI*BE HI01-5 must be equal to 00-09, 10-23 or 99 when value code = 45.	5-External Code Sets- Code Sets	3-Error



TIBCO Foresight Instream Error Code (HIPAA Compliance Validation)	Error Message	837 loops/segments/data elements	HIPPA Severity Levels	Default Warning
41341	The Revenue Code #Current_Element# was not valid as of transaction date #BHT04TransactionDate#.	837I - loop 2400 SV201 - Revenue code must be valid as of BH04 - Transaction date	5-External Code Sets- Code Sets	3-Error
41344	The Attending Provider Name (Loop 2310A, NM1) loop is required for claims containing any services other than non-scheduled transportation claims.	837I - loop 2310A*NM1 loop is required for claims containing any services other than non-scheduled transportation claims.	4-Situational Data	3-Error
41382	The Procedure Code #FS_FindCodeValue# was not found in Code Table #FS_FindCodeList#. CPT copyright 2018 American Medical Association. All rights reserved. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. CPT is a registered trademark of the American Medical Association.	837I - The 2300 HI*BBR* HCPCS Procedure codes must be a valid ICD10 code.	5-External Code Sets- Code Sets	3-Error
41384	The HIPPS Rate Code #FS_FindCodeValue# was not found in Code Table #FS_FindCodeList#	837I - loop 2400 SV202 must be a valid HIPPS code.	5-External Code Sets- Code Sets	3-Error
41385	The HIPPS Rate code #FS_FindCodeValue# was not in effective on Date of Service.	837I - loop 2400 SV202 must be a valid HIPPS code as loop 2400 DTP*472 - service date.	5-External Code Sets- Code Sets	3-Error

TIBCO Foresight Instream Error Code (HIPAA Compliance Validation)	Error Message	837 loops/segments/data elements	HIPPA Severity Levels	Default Warning
41387	The procedure code #FS_FindCodeValue# was not valid for date #FS_FindCodeDate#. CPT copyright 2018 American Medical Association. All rights reserved. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. CPT is a registered trademark of the American Medical Association.	837I - The 2300 HI*BBR* HCPCS Procedure codes must be a valid ICD 10 code.	5-External Code Sets- Code Sets	3-Error
41440	The Admitting Diagnosis (Loop 2300, HI) is only required on inpatient claims.	837I - loop 2300 HI*ABJ - admitting diagnosis is required on all inpatient claims.	4-Situational Data	3-Error
41449	The Taxonomy Code, #FS_FindCodeValue#, is not a valid code.	837I - loop 2310A*AT*PXC - Provider Taxonomy Code must be a valid code.	4-Situational Data	3-Error
41450	The Taxonomy Code, #FS_FindCodeValue# was not effective on transaction date #BHT04TransactionDate#	837I - loop 2310A*AT*PXC - Provider Taxonomy Code must be a valid code as of BHT04 - Transaction date.	4-Situational Data	3-Error
41454	The Admission Date Time Qualifier (Loop 2300, DTP02) must be equal to D8, when the Facility Type Code (Loop 2300, CLM05.01) equals 32, 33, 34, 81 or 82.	837I - loop 2300 DTP02 - admission date must = D8, when loop 2300 CLM05-1 = 32, 33, 34, 81, 82.	4-Situational Data	3-Error

TIBCO Foresight Instream Error Code (HIPAA Compliance Validation)	Error Message	837 loops/segments/data elements	HIPPA Severity Levels	Default Warning
41462	The Claim Level Adjustment (2320, CAS) is only required when the claim has been adjudicated by the payer identified in this loop.	837I - loop 2320 CAS segment is required when claim has been adjudicated by the payer in loop 2320.	4-Situational Data	3-Error
41488	The Line Adjudication Information (Loop 2430, SVD) should not be sent when the Other Payer Paid Amount (Loop 2320, AMT) is not sent.	837I - loop 2430 SVD - Line adjudication information should not be sent when loop 2320 AMT is not sent.	4-Situational Data	3-Error
41685	The External Cause of Injury Code (2300 HI0X.02), #Current_Element#, can only be codes that begin with V, W, X or Y for the External Cause of Injury when the qualifier is ABN.	837I - Loop 2300 HI0X-02 can only be codes beginning with V, W, X, Y for HI*ABN - External Cause of Injury.	4-Situational Data	3-Error
41689	The Claim Adjustment Reason Code (2320, CAS02, CAS05, CAS08, CAS11, CAS14, CAS17) cannot be equal to 23 unless the Claim Adjustment Group Code (2320, CAS01) is equal to OA - Other Adjustment.	837I - loop 2320 CAS02, CAS05, CAS08, CSA11, CAS14, CAS17 cannot be equal to 23, unless loop 2320 CAS01 = OA.	4-Situational Data	3-Error
41692	The Admitting Diagnosis (2300, HI01.02) does not allow External Cause of Injury codes, that begin with V, W, X, or Y.	837I - loop 2300 HI01-02 - Admitting diagnosis cannot have codes beginning with V, W, X, Y for HI*ABN - External Cause of Injury.	4-Situational Data	3-Error
41693	The Patient Reason For Visit (2300, HI01.02) does not allow External Cause of Injury codes, that begin with V, W, X, or Y.	837I - loop 2300 HI01-02 - Patient Reason for Visit cannot have codes beginning with V, W, X, Y for HI*ABN - External Cause of Injury.	4-Situational Data	3-Error
41695	The Occurrence Code 55 (2300, HI0X.2) must be present when the Patient Discharge status (2300, CL103) equals 20, 40, 41 or 42.	837I - loop 2300 HI0X-2 must be present when loop 2300 CL103 - Patient discharge status = 20, 40, 41, 42.	4-Situational Data	3-Error

TIBCO Foresight Instream Error Code (HIPAA Compliance Validation)	Error Message	837 loops/segments/data elements	HIPPA Severity Levels	Default Warning
41728	The ICD10 Diagnosis Code #Current_Element# was not valid on statement date #SSStatementDate1#.	837I - loop 2300 - HI*ABK - Principal diagnosis code, HI*ABJ - Admitting diagnosis code must be a valid ICD10 code as of loop 2300 DTP*434 - Statement From/To dates.	5-External Code Sets- Code Sets	3-Error