

Viva Health, Inc.

Companion Document for ANSI ASC X12N 837 (004010X098A1) Professional Claims Submission

The purpose of this document is to clarify specific requirements regarding claims submission to Viva Health, Inc. The information in this document is subject to change.

The table below lists both general and specific guidelines to be used for processing data at Viva Health, Inc. General information will lack entries in the Segment/Field ID column.

Note #	Loop	Segment/Field ID	Field Name	Note
1.				Viva Health cannot accommodate files containing a mixture of different transactions. 837 transactions must each be sent as separate ISA/IEA headers due to three distinct load formats on ED3011: Institutional, Professional, and Dental.
2.				Viva Health allows only one transaction, delimited by its ISA and IEA records, to be sent. A single transaction set per file must be received (e.g., receipt of only an 837-type transaction per ISA/IEA file header/trailer).
3.				Preferred delimiters are: ~ (tilde) for segment separators, * (asterisk) for data element separators and > (greater than) for component data element separators. The usage of these characters within text data elements in the incoming 837 transaction may cause problems with payment and/or the creation of outbound transactions. <i>These delimiters are required to receive a detailed audit file from Viva Health.</i>
4.				All dates submitted must be valid calendar dates. Submission of invalid dates will result in claims rejection.
5.				Any compression software compatible with PKZIP (by PkWare) is supported by Viva Health. PGP encryption (PGP Corporation) is also supported.
6.	Header	ISA06	Interchange Sender ID	Contact Viva Health for a unique sender id.
7.	Header	ISA08	Interchange Receiver ID	Use VIVA as the Interchange Receiver ID.
8.	Header	ISA15	Usage Indicator	Always use P as the usage indicator. During the testing phase Viva Health will load all data into a test region.

9.	Header	GS02	Application Sender's Code	Contact Viva Health for a unique sender id. This will be the same value found in ISA06.
10.	Header	GS03	Application Receiver's Code	Use VIVA as the Application Receiver's Code. This is the same value found in ISA08.
11.	1000A	NM109	Submitter Identifier	Use the Application Sender's Code assigned by Viva Health (GS02) as the Submitter's Identification Code. This will be the same value found in ISA06.
12.	1000B	NM109	Receiver Identifier	Use VIVA as the Receiver's Identification Code. This is the same value found in GS03 and ISA08.
13.	2000A	HL01	Hierarchical ID Number	Must begin with "1" and increment by one for each HL used. Only Numeric values are allowed.
14.	2010AA	NM109	Billing Provider ID	Must contain a valid billing provider tax identification number. Only numeric values will be accepted (dashes "-" will not be accepted). <i>This field is required to receive a detailed audit file from Viva Health.</i>
15.	2010AA	REF01	Billing Provider Secondary ID Qualifier	Must contain "BQ".
16.	2010AA	REF02	Billing Provider Secondary ID	Must contain a valid Viva Health provider number. <i>This field is required to receive a detailed audit file from Viva Health.</i>
17.	2010BA	NM103	Subscriber Last Name	Must contain the subscriber's last name. <i>This field is required to receive a detailed audit file from Viva Health.</i>
18.	2010BA	NM104	Subscriber First Name	Must contain the subscriber's first name. <i>This field is required to receive a detailed audit file from Viva Health.</i>
19.	2010BA	NM109	Subscriber Primary Identifier	If the subscriber is the patient, this field must contain the patient's valid Viva Health member number. <i>This field is required to receive a detailed</i>

				<i>audit file from Viva Health.</i>
20.	2010BA	DMG02	Subscriber Date of Birth	If the subscriber is the patient, this field must contain the patient's date of birth. <i>This field is required to receive a detailed audit file from Viva Health, if the subscriber is the patient.</i>
21.	2010BB	NM108	Identification Code Qualifier	Use PI (Payer Identification)
22.	2010BB	NM109	Payer Primary ID	Use VIVA.
23.	2000C	PAT06	Patient Death Date	Required if patient is known to be deceased and date of death is available to provider billing system.
24.	2010CA	NM103	Patient Last Name	If the subscriber is not the patient, this field must contain the patient's last name. <i>This field is required to receive a detailed audit file from Viva Health, if the subscriber is not the patient.</i>
25.	2010CA	NM104	Patient First Name	If the subscriber is not the patient, this field must contain the patient's first name. <i>This field is required to receive a detailed audit file from Viva Health, if the subscriber is not the patient.</i>
26.	2010CA	NM109	Patient Primary Identifier	If the subscriber is not the patient, this field must contain the patient's valid Viva Health member number. <i>This field is required to receive a detailed audit file from Viva Health, if the subscriber is not the patient.</i>
27.	2010CA	DMG02	Patient's Date of Birth	If the subscriber is not the patient, this field must contain the patient's date of birth. <i>This field is required to receive a detailed audit file from Viva Health, if the subscriber is not the patient.</i>
28.	2300	CLM01	Patient Account Number	Maximum field size is 38; however, only 20 bytes are required. <i>This field is required to receive a detailed audit file from Viva Health.</i>
29.	2300	CLM02	Total Claim	Total claim charges must equal the sum of line

			Charge Amount	item charges (SV102).
30.	2300	CLM11-04	Auto Accident State	Required if CLM11-1, -2, or -3 = AA to identify state where automobile accident occurred. Use state postal code (i.e. CA = California)
31.	2300	AMT02	Patient Amount Paid	Required when patient made payment specifically toward this claim
32.	2300	NTE02	Claim Note Description	Required for claims which include injectable drugs (J3490, J3450, J7799, J9999). Description should include drug name and dosage for each service line.
33.	2300	HI01-HI08	Diagnosis Codes	Decimal points are not accepted in diagnosis codes.
34.	2400	SV101-01	Code Qualifier	Must contain "HC".
35.	2400	SV101-02	Procedure Code	Must contain a valid procedure code. <i>This field is required to receive a detailed audit file from Viva Health.</i>
36.	2400	SV102	Line Item Charge Amount	Submitted charge amount. <i>This field is required to receive a detailed audit file from Viva Health.</i>
37.	2400	DTP03	Service Date	Beginning/end date for claim when DTP01 is "472". <i>This field is required to receive a detailed audit file from Viva Health.</i>