4.   SPECIFIC BUSINESS RULES, MAPPING AND LIMITATIONS

General Business Rules for 837 Processes that all facilities are required to follow. These guidelines are intended to facilitate the processing of the file and minimize the number of edits.

> The intent of using an 837 claims file is to receive as much detail that goes out on the claim as possible without much mapping intervention from the facility technical side.

4.1   Unique / Encrypted Case ID:

As per state statute, WHAIC cannot accept patient names or social security in the data. Facilities must include a 64-character Unique Case Identifier **(UCID)** in their 837 claims file. Its primary purpose is to assist facilities in identifying when a readmission occurs at a different facility than where the original admission or ambulatory surgery occurred. The five-character encrypted case ID **(ECID)** is also required, as the two data elements are used for different purposes. ***Batch Files will be rejected if a patient name is detected.***

To install the WHAIC 837 File Handler, run the file in this zip folder called **Installation.msi**. In most cases you can accept the installation defaults. Microsoft .NET Framework, version 4.5 or higher is required. the framework can be downloaded from here: http://www.whainfocenter.com/WHAInfoCenter/media/DataSubmitters/WHAIC_837_Handler.zip

Once installation is complete, click on Start menu and run the program "WHAIC 837 File Handler GUI".

It is relatively east to create the UCID/ECID through use of the WHAIC 837 File Handler program, also known as the **"black box"**. Our program has two functions.
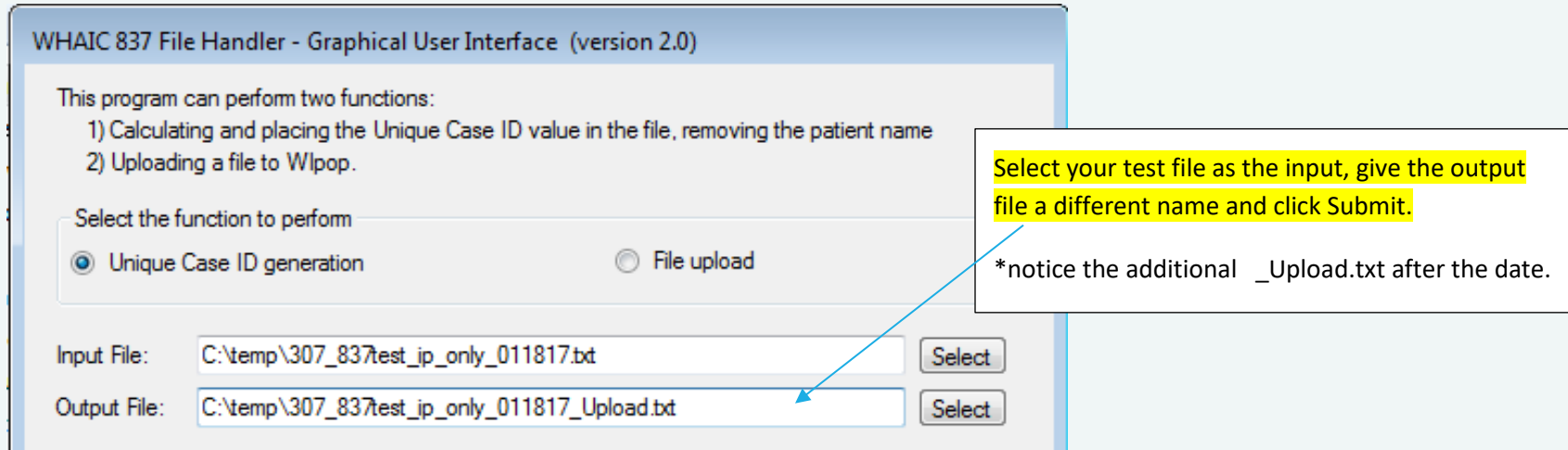
> 1) remove the patient names and add the UCID and ECID;
> 2) upload the file to WIpop.

To install the WHAIC 837 File Handler, run the file in this zip folder called **Installation.msi**. In most cases you can accept the installation defaults. Microsoft .NET Framework 4.5 is required. The framework can be downloaded from here: http://www.microsoft.com/download/en/details.aspx?id=17851

Once installation is complete, click on Start menu and run the program "WHAIC 837 File Handler GUI".

Note: If you cannot or do not wish to run the installation, you can instead copy the folder in the zip called **WHAIC 837 File Handler - No Install** to another location on your computer. You will then need to manually set up a shortcut to WHAIC_837_GUI.exe.

Data Submitters may need to contact their IT or tech support to download and install the current version of the black box.

WHAIC 837 File Handler - Graphical User Interface (version 2.0)

This program can perform two functions:
1) Calculating and placing the Unique Case ID value in the file, removing the patient name
2) Uploading a file to WIpop.

Select the function to perform

◉ Unique Case ID generation   ○ File upload

Input File: C:\temp\307_837test_ip_only_011817.txt   [Select]

Output File: C:\temp\307_837test_ip_only_011817_Upload.txt   [Select]

==Select your test file as the input, give the output file a different name and click Submit.==

*notice the additional _Upload.txt after the date.

The **second function will upload the output file directly to WIpop**, if desired. To do this, click the File Upload radio button. You will need to specify what facility and quarter the file is for, as well as your WHAIC portal username and password, then click Submit.

This GUI program executes a Windows console program which resides in the same folder. It is called **WHAIC_837_Console.exe**. The console program can be run standalone with passed parameters. This is to facilitate automated processes. Run the program in a command prompt window with parameter **/?** to see the available options.

4.2   Race and Ethnicity:

More than one race may be collected and reported. See **Appendix 7.2** for detailed mapping tables.

Collection of race and ethnicity is **a state mandate** and required for all data types. WHAIC follows the guidance provided by the OMB and collect based on the minimum requirements. https://wonder.cdc.gov/wonder/help/populations/bridged-race/Directive15.html

In May 1995, the Bureau of Labor Statistics (BLS) sponsored a Supplement on Race and Ethnicity to the Current Population Survey (CPS). The findings were made available in a 1996 report.

Office of Management and Budget (OMB) Standards | Office of Research on Women's Health (nih.gov)

Providers often ask us for a statement they can use when patients question the need for this detail.

Why are you asking me about my race and ethnicity?

Wisconsin Hospitals and Ambulatory Surgery Centers collect race and ethnicity data in accordance with State Statute Ch. 153. Race and ethnicity data are based on self-identification and patients are encouraged to indicate more than one race, if appropriate.

This data is often used to evaluate health outcomes and disparities in health care, with the goal of improving lives and creating health equity.

What is health equity? It means that all people have full and equal access to opportunities that enable them to lead healthy lives. It eliminates avoidable disparities in health care by reducing bias, acknowledging, and honoring diversity and by committing to helping each person achieve their best health status. In addition, these data elements are also used to evaluate government programs and policies to ensure that they fairly and equitably serve the needs of all racial groups. In addition, this information is used to monitor compliance with antidiscrimination laws, regulations, and policies.

4.3   Expected Source of Payment/Payer Mapping:

Effective Q1 2020 - WHAIC began requiring payer name, claim filing indicator, and Payer/NAIC # if collected and reported on the claim (see 2019 June Update) for more information. If a payer name is provided, it will be stored on the backend of the database to be used primarily for updating unknown payers, this field will not be shared with external customers. Details for required payer mapping in Appendix 7.3 *2010BB Primary Source of Payment ID – For example a commercial payer format is **A##-## – (**SOPID is characters 1-3-SOPTYPE is characters 5-6).

Expected Source of Payment ID (SOPID): The first three characters from the primary payer code (expected to pay the greater share) from the claim file. For example, Wisconsin Medical Assistance (Medicaid) is coded as "T19," and commercial or private insurance payers are a 3-digit alpha number code A## for example A15 = Cigna Insurance.

Expected Source of Payment Type (SOPTYPE): The fourth and fifth characters of the payer code. This field identifies the payer type, for example, HMO/PPO, Workers Compensation = (OTH -41), Self-pay (OTH-61), etc.

> 16 = Health Maintenance Organization – Medicare Risk
>
> *See Appendix 7.3.1

4.4   Type of Bill (TOB):

Although ASCs generally do not use Type of Bill (TOB) on their claims, WHAIC is statutorily required to collect them. ASCs may use TOB 0831 or 9999 to avoid edits in the file. This is one of the few fields that the 837P file may use automapping for.

Type of Bill Codes are Required in WIpop. Type of bill (TOB) codes are published in the UB-04 National Uniform Billing Committee guidelines (NUBC). As with most fields on the 837 claims file format, these codes should come directly from the claim that is sent to the payer.

TOB is a four-digit field on the institutional paper claim and in WIpop, but a three-digit field on the EDI 837 Claims File. WHAIC requires a leading zero but will accept the 3-digit code as provided on the 837 claims file format and assign a leading zero in WIpop.

The TOB gives three specific pieces of information after a leading zero. The first digit identifies the type of facility. The second digit classifies the type of care. The third digit indicates the sequence of the bill in any episode of care. It is referred to as a "frequency" code.

Effective Q2 2020, a new edit will be implemented that checks the type of bill against the type of encounter/record.

Edits applicable to TOB:

1160	Type of Bill is a required field.
3180	Type of Bill does not correspond to accepted values.
3181	Type of Bill 0999 is not allowed for hospitals; only FASCs/ASC
3185	Zero charge records require Nonpayment/Zero charge Bill Type

<mark>3186</mark>	**NEW EDIT**: <mark>Type of bill must match the record type</mark> Edit 3186 will apply when either of these is true: • The record is inpatient and the type of bill is NOT in the 110-121 range • The record is outpatient and the type of bill is in the 110-121 range

4.5   Revenue Codes

ASCs generally do not use revenue codes unless billing with an 837I format. Most revenue codes are accepted. WHAIC assigns a Place of Service (POS) to each record based off the Facility ID or Revenue Codes in the line item claims detail and our own POS Hierarchy. Certain revenue codes such as supplies, patient convenience items, ambulance transports, or other services that do not generate a face-to-face encounter should not be submitted as a stand-alone record..

4.6   External Cause of Injury (ECI) Codes

Injuries, complications, and other effects related to diagnosis codes in the S-T Injury section of the ICD-10-CM, with some exceptions require an external cause diagnosis code in the V through Y range. At least one external cause of injury (ECI) code must be specified when a diagnosis exists as defined in table below.

State Statute dictates the use of external cause codes on inpatient, emergency room, observation and outpatient surgery records. Codes in the V00-Y99 permits the classification of environmental events and circumstances as the cause of injury, and other adverse effects. Where a code from this section is applicable, it is intended to be used secondary to a code from another chapter of the Classification indicating the nature of the condition.

External cause code <mark>is required</mark> with a diagnosis code in this range:	External cause code is not required diagnosis code is in this range:
S00 – S99 – Chapter 19 of ICD-CM: Injury, Poisoning, & Certain Other Consequences of External Causes **T07** – Injuries involving multiple body regions	T14 – T15 - T19 – Effects of foreign body entering through natural orifice T36 – T65 – Poisoning by, adverse effects / under-dosing of drugs, medicaments and biological substance

T20 – T25 – Burns and corrosions of external body surface, specified by site	T66 – Radiation sickness
T26 – T28 – Burns & corrosions confined to eye/internal organs	T67 – Effects of heat and light
T30 – T32 – Burns and corrosions of multiple and unspecified body regions	T68 – Hypothermia
	T70 - Effects of air pressure and water pressure
T33 – T34 – Frostbite	T71 – Asphyxiation/suffocation
T69 - Other effects of reduced temperature	T73 – Effects of other deprivation
	T74 – T76 – Adult/child abuse, neglect & other maltreatment
	T78 – Anaphylactic reaction
	T79 – Early complications of trauma
	T80 – T88 – Complications of surgical and medical care, NEC

4.7   Language

WHAIC collects the patient's primary language if collected by the facility. Collection of language will be useful to data users, policy makers and market researchers to allow specific analysis of neighborhoods and impact of other social determinants in receiving health care.

- Data Element 837 Field: Loop 2010BA / 2010CA, DMG10 = ZZ (Mutually Defined), DMG11 = Language Code
- Situational field – if collected, report the code. Map according to Language table in WHAIC Manual
- WIpop Manual: For full list and mapping table see Appendix 7.2.1

language_id	language
AFR	African Language(s)
ALB	Albanian
ASL	American Sign Language
ARA	Arabic
ASI	Asia (Other Asia)
BOS	Bosnian
BUR	Burmese
CHI	Chinese
ENG	English
FRE	French
FRC	French-Creole
GER	German/Deutsch
GRE	Greek
HAI	Haitian Creole
HEB	Hebrew
HIN	Hindi
HMO	Hmong
GUJ	India (Gujarati)
BEN	India-Bangladesh
IND	Indonesian
ITA	Italian
JPN	Japanese
KOR	Korean
LAO	Laos / Laotian
MAN	Mandarin
MON	Mongolian

Language Continued

NAV	Navajo
OTH	Other
OIE	Other Indo-European
ONA	Other Native - North American
OPI	Other Pacific Island
OWG	Other West Germanic
PER	Persian
PHI	Philippine
POL	Polish
POR	Portuguese
ROM	Romanian
RUS	Russian
SCA	Scandanavian
SER	Serbian
SCC	Serbo-Croatian (Cyrillic)
SPA	Spanish
SWE	Sweedish
TAG	Tagalog
THA	Thai
NA	Unknown or Unavailable
UNK	Unknown or Unavailable
URD	Urdo (Pakistan & India)
VIE	Vietnamese
YAO	Yao (Hmong-Mien)