

	Discharge Status code should pull?		
Reporting Guide and Question	How closely aligned to the HIPAA Institutional Claim 837 implementation guide 837I is the Health Care Service Data Reporting Guide 837R?	Very Close, especially the 5010 Versions of each guide. The Health Care Service Data Reporting (HCDR) Guide is a subset of the HIPAA Institutional implementation guide. The notable exception is the collection of some additional demographic data, such as the patient marital status, race, and ethnicity. It should also be noted that there is no business case for the collection of any coordination of benefits (COB) information in the HCDR, so that information is not supported in that guide.	
Testing			
Data Submission	If our new upload capability is completed by April 2018, is that adequate?	No, Q1 data is due May 15. All hospitals and ASC sites are required to send in test files during the 4th quarter to allow for time to work with your vendor or IT support to refine edits and issues as needed in a timely fashion prior to the Q1 due date.	12/1/17
Vendor Access	Can my vendor have access to Wlpop to test the file?	Yes, you can authorize access to Wlpop for your vendor to test your data on behalf of the facility. We may verify access with the primary contact to assure legitimacy.	12/1/17
Testing	If I pass testing, can I begin using the 837 file and format right way?	Testing is required prior to access to production. We evaluate the file as a whole, if it contains self-pay, value codes, occurrence codes and PBL data, if applicable.	12/1/17
Direct Data Entry	Do I have to test if we do direct data entry?	Yes, all facilities, regardless of mode of submission must submit files to the 837 test site in order to get access to the 837 production site. See the testing resource on our website.	12/1/17
Retesting/Software Updates or Program Changes	Do I have to retest after making software, system, or mapping changes?	Yes, any software, system or mapping changes can affect the data submission file or output of the data. To ensure successful data processing and minimal edits, we encourage all changes be tested using the 837 Test site and not the Production site.	12/1/17

7.17 Changes to this document

The following version history is provided to easily identify updates between Companion Guide Versions. Each update is numbered. All corresponding areas of the document related to this update are also numbered.

Please check the WHAIC website at: [WHA Information Center](#) for the most recent version of this document and any supplemental resources.

Change Number	Date	Author of Change	Update includes
1	1/24/17	Cindy	Created date
2	3/2/17	Cindy	Posted Manual online
3	05/08/17	Jim	Updated Statement of intent with the 837 specification and that it is not intended to serve as an entire full specification.
3.1	5/08/17	Jim	Added NTE01 reporting option for 837R file users to report provider-based billing.
4	5/11/17	Cindy	Updated Special Character : and -
4.1	5/11/17	Cindy	Updated type of bill to remove leading zero. Submitter may use a leading zero, but it is not required.
4.2	5/11/17	Cindy	Added Interchange Control and Functional Group Specification as requested by developers.
4.3	5/11/17	Cindy	Updated Payer table to include more commercial payers.
5.1	06/14/17	Cindy	Updated TOB and Revenue Code table to remove special restrictions from data files.

Change Number	Date	Author of Change	Update includes
5.2	06/20/17	Cindy	Updated Payer Table – removed A35 - Care Wisconsin is a Medicaid/Medicare HMO
6.1	06/26/17	Cindy	Updated 837P to include POS field that will be mapped according to WHAIC POS hierarchy.
6.2	06/27/17	Cindy	
7.1	07/14/2017	Cindy	TOB update, Disclaimer, Reporting grid / format for payer clarification. FAQs
7.2	7/24/17	Cindy	Added new payer – Quartz Health Plan, Choice / Humana
8.1	8/09/17	Cindy	Prepared manual for printing
8.2	08/24/17	Cindy	Updated 837I crosswalk Rev Code exclusions: Added 019x as long as it is from an acute care or critical access hospital.
9.0	10/2/17	Cindy	Updated Facility List (Name Changes)
10	02/13/2018	Cindy	Removed Transplant Payer code from table
	3/20	Jim	Updated Black Box
	3/15	Cindy	Updated and streamlined manual. Added page numbers
	3/20	Cindy	Updated FAQ
11	07/2018	Cindy	Scheduled update: Edited and reorganized text throughout for clarity. Updated Facility List, Updated Edits, Support name updated.
12	10/2018	Cindy	Update logo, edits, FAQ, batch failure responses, revised specs to include more notes. Batch Failure updated with Removing duplicate process
13	11/2018	Cindy	Added New Appendix “Type of Admission” as 7.8 moving all others down one.
14	3/2019	Cindy	Updated Payer Table as per OCI guidance
15	7/2019	Cindy	Added new Appendix for Language 7.2.1
16	7/2019	Cindy	Added new Appendix for Claim Filing Indicator 7.3.1
17	7/2019	Cindy	Added new Appendix for Payer/NAIC 7.3.2
18	7/2019	Cindy	Added new four new fields to each of the 837 specifications: Language, Claim Filing Indicator, Payer / NAIC# and Payer Name. See June 2019 for more info.
19	7/2019	Cindy	Rearranged section 4 and 5 to better align with business rules vs. technical requirements and specifications.
20	7/2019	Cindy	Cleaned up multiple sections to read more clearly and address over use of words/phrases.
21	7/2019	Cindy	Added picture graphic to Section 3 – how to submit data in Wlpop – “Go to Batch Review”
22	07/2019	Cindy	Updated Appendix to remove 0361 from POS 1 table and add it to POS 6.
23	07/2019	Cindy	Updated FAQ section to clarify and add new FAQ
24	12/2019	Jim	Added new Edit 1395 and 1396 – both apply to direct data entry to make sure that a principal also has a corresponding code in the revenue line item detail.
25	2/1/2020	Cindy	Updated Edit 1270 Type of Admission / Visit edit to include OPS, OBS and ED records.
	03/2020	Jim	Added new TOB edit 3186. Type of bill must match the record type. Edit 3186 will apply when either of these is true: <ul style="list-style-type: none"> The record is inpatient and type of bill is not in the 110-121 range. The record is outpatient and type of bill is in the 110-121 range.
	03/2020	Cindy	Revenue Code section updated and reviewed according to current UB-04 guidelines.
	03/2020	Cindy	Added new Hospital Services Policy Statement

Change Number	Date	Author of Change	Update includes
26	08/2020	Cindy	Added New Point of Origin Code “G” – See Appendix 7.7
27	10/2020	Cindy	Updated Facility List with added sites
28	10/2020	Cindy	Corrected links to new Website and removed underlined words to not confuse reader which is a link and which is an emphasis.
29	02/2021	Cindy	Updated Payer table – see Appendix 7.3 for the change table.
30	02/2021	Cindy	Updated Coding Guidelines section. Removed the CPT/HCPCS code table. Data is pulled directly from the claim, therefore the person pulling the file has no inference in how that is decided.
31	03/2021	Cindy and Jim	Updated payer table to consolidate and condense mapping.
	04/2021	Cindy and Jim	Rolled out new Alert System to notify submitters and editors of potential issues with records. See section 2.1
	03/2021	Cindy and Jim	Updated Inventory report for ease of use and additional filtering for PBL, Batch Number, Race and Ethnicity.
	04/2021	Jim	Removed requirement to explain reason to reopen batch.
	04/2021	Jim	Updated Report explanations to include alerts for Error Summary Reports.
32	07/2021	Cindy	Added new section 7.9.1 Alerts
	07/2021	Cindy	Removed requirement to use password protected downloaded zip files for validation.
	07/2021	Cindy	Updated Edits with additional language and examples.
	07/2021	Cindy	Updated and cleaned up instructions in most sections for clarity.
33	12/2021	Cindy	Updated edit language and some of the terms in definition list.
34	1/2022	Cindy	Updated the payer mapping table – audited current payers against OCI and added the NAIC number to the table.
	01/2022	Cindy	Updated Section 2.1 – Data Parameters: Added the requirement for facilities to include Social Determinants of Health (SDOH) codes from the EMR or Claim to the file when coded.
	01/2022	Cindy	Updated Section 4.5 Revenue Codes
	01/2022	Cindy	Updates Section 7.6 Wlpop Coding Guidelines for clarification principal procedures, newborn coding and SDOH.
35	04/2022	Justin	Created new edits for OTH-54 and OTH 31. See edit numbers 3770 – 3773
36	9/2022	Cindy	Effective Q322 *0760 – Specialty Services: General Classification – moved from POS 3 to Other Outpatient Place of Service 6.
	9/2022	Cindy	Added new facilities see Appendix 7.1
	9/2022	Cindy	Added link to NAIC and encouraging more facilities to use this as we could eventually create additional mapping options to define payers more accurately.
37	01/2023	Cindy	Payer Updates, technical spec -removed reference to new fields in 2019, removed red highlighting, updated outdated weblinks.
38	11/1/2023	Cindy / Justin	New Wlpop System and Single Sign-on
			Removed references to a separate GUI/BlackBox program. The black box 837 File Handler is embedded in the Wlpop app.
39	03/2024	Cindy	Updated all references to Medicare Advantage mapping to MPC-09
40	06/2024	Cindy	Updated Alerts and Report options.
41	11/2024	Cindy	Updated Race Codes to include MENA and Latino’s. Updated Payer Table, gender and edits

Change Number	Date	Author of Change	Update includes
42	12/24	Cindy	Updated multiple sections to clean up language, updated Claim filing indicator, updated payer mapping codes and eliminated termed codes.

End