5.   837 DATA SUBMISSION AND TECHNICAL REQUIREMENTS

This section provides additional detail about the file submission and specific characteristics about the file and file expectations. Review of this section will help the technical advisor, vendor or developer create the custom 837 claim file and format it according to WHAIC specifications. If you follow these guidelines, the file will process accurately, efficiently and with minimal edits.

Specifications of the following HIPAA 5010 inbound transactions:

837I sample file: https://www.whainfocenter.com/WHAInfoCenter/media/DataSubmitters/837I_Sample-File.pdf

837P sample file: https://www.whainfocenter.com/WHAInfoCenter/media/DataSubmitters/837P_SampleFile.pdf

837R sample file: https://www.whainfocenter.com/WHAInfoCenter/media/DataSubmitters/837R-Sample-File.pdf

The 837 WIpop claims file **DO NOT have** file extension requirements.

5.1   Interchange Control Header (ISA06)

WHAIC manages two data submission environments - one for test and one for production, therefore the data submitter is choosing the environment; the use of the ISA15 segment is not necessary or required.

An uploaded 837 file must contain data for only one facility. *The facility number in ISA06, GS02, and NM109 in loop 1000A* must all match the facility number specified when the file is uploaded. In other words, if the user specifies that the uploaded file is for facility 043 (Aurora - Hartford) but the file contains data and field identifiers for facility 124 (Aurora - Sheboygan), the file will be rejected.

5.2   WHAIC 837 File Handler and De-Identification Program

WHAIC does not allow patient names. Facilities must remove and replace patients' names with a 64-character Unique Case Identifier **(UCID)** in their 837 claims file using a custom methodology (contact WHAIC) or upload through the WIpop File Handler system. The primary purpose of the UCID is to assist facilities in identifying when a readmission occurs at a different facility from where the original admission or ambulatory surgery occurred. In addition, to preserve historical trends, Batch Files will be rejected if a patient name is detected.

WHAIC allows users (effective Q42023) to upload the file(s) with patient names directly through WIpop without the use of a separate program (i.e. 837 File Handler program, also known as the **"black box"**) as that program has been built into the WIpop system. The functionality is still there to remove the patient's name and create the UCID. This GUI program executes a Windows console program which resides behind the scenes to remove names.

5.3   Delimiters in the Segment of the file

A delimiter is a character used to separate two data elements or component elements or to terminate a segment. The delimiters are an integral part of the data. Delimiters are specified in the interchange header segment, ISA. The ISA segment can be considered implementation compliant with this guide to be a 105 byte fixed length record, followed by a segment terminator.

- the data element separator is byte number 4;
- the repetition separator is byte number 83;
- the component element separator is byte number 105; and,

- the segment terminator is the byte that immediately follows the component element separator.

Once specified in the interchange header, the delimiters are not to be used in a data element value elsewhere in the interchange. For consistency, this implementation guide uses the delimiters shown below in Delimiters Table, in all examples of the EDI transmissions.

File Delimiters

Character	Name	Delimiter
*	Asterisk	Data Element Separator
^	Carat	Repetition Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator

5.4   Special Characters in the Claims Data

The use of the following special characters should be used within the claim data as defined below.

Period	Dash	Colon
.	-	:
Ex: Charges 111.11	**Ex:** source of payment, ex. AAA-01 Ex: Element format is **UCID** UCID is characters 1 – 64	Ex: Race:Ethnicity DMG05 value of **5:2:3** is treated as Race = 5, Ethnicity = 2, Race2 = 3

5.5   Mapping Rules and 837 File Specifications

This section addresses a variety of issues that will facilitate the 837 Claims Submission Process. Only the sections and segments that are required or situational **and apply** to the WHAIC data collection requirements, or that are different from the ANSI 837 Guide sections are written in this manual.

The file must be structurally correct with loops and segments to meet the 837 standards, meaning our parser will not work if it does not meet the ASC X12 Implementation Guide.

Fields marked Situational **does not** mean optional. For example, Attending NPI is required on inpatient records, but the field says situational because it is not required on outpatient records.

- Only loops, segments, and data elements valid for the HIPAA 837I (005010X223A2), 837P (005010X222A1) and 837R (005010X225A2) will be translated. Deviating from the Technical Report Guidelines and submitting invalid data will cause the file/batch to reject.
- Uploaded files are not limited in total size, but a single transaction (ST – SE envelope) can have no more than 5,000 CLM segments or 10 million characters. Files exceeding either limit will be rejected.
- WIpop max upload size is currently 100 megabytes for facilities that do not use the black box/file handler to upload data.