Truli for Health

HIPAA Transaction Standard Companion Guide

For Availity®[1] Health Information Network Users

Refers to the Technical Report Type Three (TR3) Based on ASC X12 Version 005010X222A1

837 P – Health Care Claim Professional

Companion Guide Version Number: 2.0

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Disclosure Statement

The Truli for Health HIPAA Transaction Standard Companion Guide for EDI Transactions Technical Reports, Type 3 (TR3) provides guidelines for submitting electronic batch transactions. Because the HIPAA ASC X12-TR3s require transmitters and receivers to make certain determinations /elections (e.g., whether, or to what extent, situational data elements apply) this Companion Guide documents those determinations, elections, assumptions or data issues that are permitted to be specific to Truli for Health business processes when implementing the HIPAA ASC X12 5010 TR3s.

This Companion Guide does not replace or cover all segments specified in the HIPAA ASC X12 TR3s. It does not attempt to amend any of the requirements of the TR3s or impose any additional obligations on trading partners of Truli for Health that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This Companion Guide provides information on Truli for Health specific codes relevant to Truli for Health business processes, rules and situations that are within the parameters of HIPAA. Readers of this Companion Guide should be acquainted with the HIPAA ASC X12 TR3s, their structure and content.

This Companion Guide provides supplemental information that exists between Truli for Health and its trading partners. Trading partners should refer to their trading partner agreement for guidelines pertaining to Availity LLC, legal conditions surrounding the implementation of the EDI transactions and code sets. However, trading partners should refer to this Companion Guide for information on Truli for Health business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Nothing contained in this Companion Guide is intended to amend, revoke, contradict or otherwise alter the terms and conditions of your applicable trading partner agreement. If there is an inconsistency between the terms of this Companion Guide and the terms of your applicable trading partner agreement, the terms of the trading partner agreement will govern. If there is an inconsistency between the terms of this Companion Guide and any terms of the TR3, the relevant TR3 will govern with respect to HIPAA edits and this Companion Guide will govern with respect to business edits.

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Version Change Log

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06/16/2023	**Section 1.4 verbiage modification - (version 1.2)**	**7-8**
12/15/2023	**Update to section 1.4 Florida Blue Scheduled Downtown**	**7**
12/15/2023	**Update to Table of Contents**	**4**
07/02/2024	**Update to Table of Contents**	**5**
10/24/2024	**Update to Process Flow Map**	**9**
11/26/2024	**Update to Section 1.4 Scheduled Downtime & Holiday Schedule**	**6-7**
07/15/2025	**Updated to add Service Facility NPI as a required field**	**16, 17, 20**
12/19/2025	**Update to Section 1.4 Scheduled Downtime & Holiday Schedule**	**5-6**

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1 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires the health care industry in the United States to comply with the electronic data interchange (EDI) standards as established by the Secretary of Health and Human Services. The ASC X12 005010X222A1 is the established standard for Health Care Professional Claims (837 P).

1.1 Scope

This 837 Companion Guide was created for Truli for Health trading partners to supplement the 837 TR3. It describes the data content, business rules, and characteristics of the 837 transaction. If you submit your transactions through Availity, please also refer to the Availity EDI guide essentials.availity.com.

1.2 Overview

The Technical Report Type 3 Guide (TR3) for the 837 P Health Care Professional Claim transactions specifies in detail the required formats. It contains requirements for the use of specific segments and specific data elements within segments and was written for all health care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to send HIPAA-compliant files to Truli for Health via your vendor.

1.3 References

- TR3 Guides for ASC X12 005010X222A1 Health Care Professional Claim (837 P) and all other HIPAA standard transactions are available electronically at the Washington Publishing website wpc-edi.com.
- For more information, including an online demonstration, please visit essentials.availity.com or call 800-282-4548.
- CAQH CORE Operating Rules Phase II caqh.org/CORE_operat_rules.php.

1.4 Florida Blue Scheduled Downtime

Florida Blue production systems are available 24 hours per day, 7 days per week except for scheduled monthly maintenance. On Sunday's from 9PM-6AM every week, Florida Blue IT Teams conduct a scheduled outage on IT systems and services. UNIX patching occurs once a month as well as Florida Blue Enterprise Release. Please see scheduled downtimes below.

2026 UNIX patching schedule and Release schedule

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AIX-LUNIX MONTHLY PATCHING OVERVIEW	2026 JAN	2026 FEB	2026 MAR	2026 APR	2026 MAY	2026 JUN	2026 JULY	2026 AUG	2026 SEPT	2026 OCT	2026 NOV	2026 DEC
Production Environment Patching (1 day, Sunday Maintenance window)	01/25	02/15	03/22	04/26	05/17	06/28	07/26	08/23	09/20	10/11	11/15	12/13

2026 Enterprise Release Schedule:

Release Month	Feb 7	Mar 28 FEP Only	April 17	May16	June 27 FEP	Aug 15	Sep 18	Oct 10 FEP ONLY	Oct 17	Nov 21	Dec 19	Jan 1,2027 FEP ONLY
Production Milestone	Sat-Sun Imp	Sat-Sun Imp	Fri-Sat Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Fri-Sat Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Fri-Sat Imp
Implemen-tation	02/7-02/8	03/28-03/29	04/17-04/18	05/16-05/17	06/27-06/28	08/15-08/16	09/18-09/19	10/10-10/11	10/17-10/18	11/21-11/22	12/19-12/20	01/01-01/02

Any additional planned maintenance or unscheduled outages will be posted on the Status page as well as on News and Announcements at essentials.availity.com.

Holiday Schedule

Our company observes the following holidays for 2026:

1. New Year's Day - Thursday, January 1
2. Martin Luther King Jr. Day - Monday, January 19
3. Memorial Day - Monday, May 25
4. Juneteenth - Friday, June 19
5. Independence Day - Friday, July 3
6. Labor Day - Monday, September 7
7. Thanksgiving Holiday - Thursday, November 26 & Friday, November 27
8. Christmas Holiday - Thursday, December 24 & Friday, December 25

If a holiday falls on a day when our company doesn't operate, we will observe that holiday on the closest business day. For example, if a holiday falls on a Sunday, the following Monday will be observed as a holiday.

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2 GETTING STARTED

2.1 Working with Truli for Health

Availity optimizes information exchange between multiple health care stakeholders through a single, secure network. The Availity Health Information Network encompasses administrative, financial, and clinical services, supporting both real-time and batch EDI via the web and through business to business (B2B) integration. For more information, including an online demonstration, please visit essentials.availity.com or call 800-282-4548.

payer joint venture company. For more information or to register, visit

2.2 Trading Partner Registration

In order to register, you will need:

- Basic information about your practice, including your Federal Tax ID and National Provider Identifier.
- Someone with the legal authority (typically an owner or senior partner) to sign agreements for your organization.
- An office manager or other employee who can oversee the Availity implementation and maintain user ids and access.

2.3 Certification and Testing Overview

All trading partners and clearing houses should be certified via Availity. It is recommended that the trading partner obtain HIPAA Certification from an approved testing and certification third party vendor prior to testing.

3 TESTING WITH TRULI FOR HEALTH AND AVAILITY

Truli for Health recommends that trading partners contact Truli for Health to obtain a testing schedule and or notify Truli for Health of potential testing opportunities prior to implementing any foreseen transaction impacts to the business flow of both Truli for Health and /or the trading partner.

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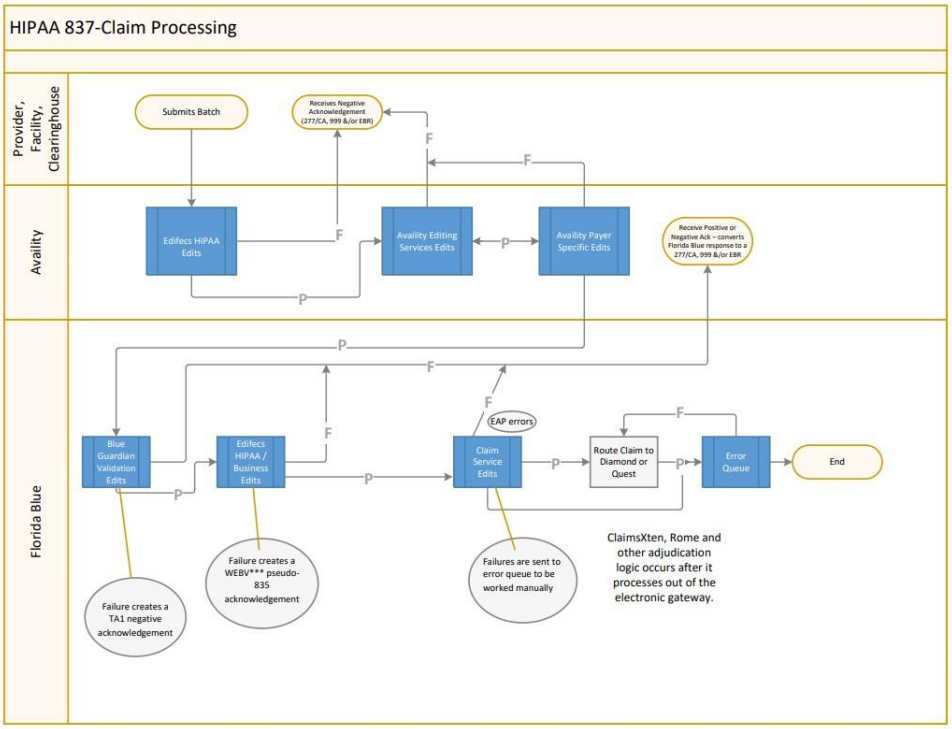
4 CONNECTIVITY/COMMUNICATIONS WITH TRULI FOR HEALTH AND AVAILITY

4.1 Process Map



4.2 Passwords

If a password change is necessary, please contact Availity at 800-282-4548 or essentials.availity.com.

5 CONTACT INFORMATION

5.1 EDI Customer Service

For EDI customer service related to Truli for Health, please visit essentials.availity.com or call 800282-4548.

5.2 EDI Technical Assistance

For support of EDI transactions through Availity, please visit essentials.availity.com or call 8002824548.

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5.3 Provider Service Number

For provider services, please contact Truli for Health at 833-238-8144. For faster service, please have your Availity transaction id available.

5.4 Applicable websites/email

- essentials.availity.com
- truliforhealth.com

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
G1	**All Transactions for Availity Users only**			Truli for Health requires a trading partner agreement to be on file with Availity indicating all electronic transactions the trading partner intends to send or receive.
G2	**All Segments**			Only loops, segments, and data elements valid for the 837 HIPAA-AS TR3 Guide ASC X12 005010X222A1 will be used for processing.
G3	**Acknowledgements – Truli for Health acknowledgements are created to communicate the status of transactions. It is imperative that they be retrieved on a daily basis. One file could result in multiple acknowledgements. ANSI X12:** **- TA1 – Interchange Acknowledgement** **- 999 – Functional Acknowledgement**			TA1 is available immediately after depositing file 999 is available immediately after depositing file. Files and/or claims that do not pass edits are indicated on these acknowledgements and must be corrected and resubmitted. Availity Users: Availity will forward Truli for Health acknowledgements to the submitter. Please refer to the Availity EDI Guide at Availity.com.
G4	**Negative Values**			Submission of any negative values in the 837 transaction is not allowed.

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G5	**Date fields**			All dates submitted on an incoming 837 Health Care Professional Claim must be a valid calendar date in the appropriate format based on the respective TR3 qualifier. Failure to do so may cause processing delays or claims being returned as a provider correctable error. These must be corrected and resubmitted electronically.
G6	**Batch Transaction Processing**			Generally, Availity and Truli for Health Gateways accept transmissions 24 hours a day, seven (7) days a week.
G7	**All transactions – B2B / EDI**			Truli for Health requires that - (dashes) be removed from all Tax IDs, SSNs and Zip codes.
G8	**All transactions**			Truli for Health requires that no special characters be submitted in any text fields.

6 CONTROL SEGMENTS/ENVELOPES

ANSI 837 P - Health Care Professional Claim:

The purpose of this section is to delineate specific data requirements where multiple valid values are presented within the 5010 TR3.

- Interchange control header (ISA06) Interchange Sender ID (Mailbox ID) – is individually assigned to each trading partner.
- Interchange control header (ISA08) Interchange Receiver ID – If submitting directly to Truli for Health use, 592015694 (+ six (6) spaces).
- If submitting through Availity, use 030240928 (+ six (6) spaces). Reference the Availity EDI guide at essentials.availity.com.
- Interchange control header (ISA15) Usage Indicator – defines whether the transaction is a test (T) or production (P).
- Functional Group Header (GS02) Application Sender's code – is individually assigned to each trading partner.

Global Information Enveloping Information – 837 Professional Claim Submission

Req #	Loop ID - Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement

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E1	**Interchange Control Header Authorization Information Qualifier**	**ISA01**	**Appendix C (C.4)**	**Truli for Health requires 00 in this field.**
E2	**Interchange Control Header Authorization Information**	ISA02	Appendix C (C.4)	Truli for Health requires ten spaces in this field.
E3	**Interchange Control Header Security Information Qualifier**	ISA03	Appendix C (C.4)	Truli for Health requires 00 in this field.
E4	**Interchange Control Header Security Information**	ISA04	Appendix C (C.4	Truli for Health requires ten spaces in this field.
E5	**Interchange Control Header Interchange ID Qualifier**	ISA05	Appendix C (C.4)	Truli for Health requires 01 in this field.
E6	**Interchange Control Header Interchange Sender ID**	ISA06	Appendix C (C.4)	Truli for Health requires submission of your individually assigned Truli for Health sender mailbox number in this field.
E7	**Interchange Control Header Interchange ID Qualifier**	ISA07	Appendix C (C.5)	Truli for Health requires ZZ in this field.
E8	**Interchange Control Header Interchange Receiver ID**	ISA08	Appendix C (C.5)	Truli for Health will only accept the submission of 592015694 in this field.
E9	**Interchange Control Header Acknowledgement Requested**	ISA14	Appendix C (C.6)	The TA1 will not be provided without a code value of one in the field.
E10	**Interchange Control Header Functional Group Header/Functional Group Trailer**	GS - GE ISA - IEA	Appendix C (C.7)	Truli for Health will only process one transaction type per GS-GE (functional group). However, we will process multiple ST's within one (1) GS-GE group as long as they are all the same transaction type.
E11	**Functional Group Header Functional Identifier Code**	GS01	Appendix C (C.7)	HC – Health Care Claim - Professional Truli for Health requires submission of the above value in this field.
Req #	**Loop ID - Segment Description & Element Name**	**TR3 Data Element**	**TR3 Page(s)**	**Plan Requirement**
E12	**Functional Group Header Application Sender's Code**	GS02	Appendix C (C.7)	Truli for Health requires the submission of the Truli for Health assigned Sender Code in this field.
E13	**Functional Group Header Application Receiver's Code**	GS03	Appendix C (C.7)	592015694 Truli for Health requires the submission of the above value in this field for 837 Professional Claim Submission, all others may cause rejection.

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E14	**Implementation Convention Reference**	ST03	70	Must contain 005010X222A1.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Trading partners and providers failure to abide by these requirements will result in provider correctable errors and must be and resubmitted.

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
B1	**1000A – Submitter Primary Identification Number Identification Code**	NM109	75	Truli for Health requires the submission of the Truli for Health assigned Sender Code in this data element.
B2	**1000A – Submitter EDI Contact Information Submitter Contact Name**	PER02	77	Required when the contact name is different than the name contained in the Submitter Name segment of this loop and it is the first iteration of the Submitter EDI Contact Information Segment.
B3	**1000B – Receiver Name Organization Name**	NM103	80	TFH The above value is required in this field.
B4	**1000B – Receiver Name Receiver Primary Identification Number**	NM109	80	460606080 The above value is required in this field.
B5	**2000B – Subscriber Hierarchical Level Claim Filing Indicator Code**	SBR09	118	BL The above value is required in this field.

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement

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B6	**2000A – Billing Provider Taxonomy**	PRV03	83	Taxonomy codes are required by Truli for Health under specific circumstances. Taxonomy is one of several data elements used by Truli for Health to help determine the appropriate provider record for processing. In cases where the NPI is shared by multiple provider entities, specialties or locations, the taxonomy becomes a critical data element. For example. ABC hospital, Urgent Care, Lab and Physician PA group all share the same NPI. In this case the taxonomy becomes critical to ensure appropriate processing and fee schedule assignment. Taxonomy codes can be located at nucc.org.
B7	**2000C — Patient Hierarchical Level**	PAT01	144	Truli for Health does not accept ANSI 837 P transactions which have the PAT01 segment equal to 39 (organ donor). Organ donor claims should be submitted on a HCFA-1500 with the appropriate supporting documentation.
B8	**2010AA – Billing Provider NPI Reference Identification code**	NM109	90	Truli for Health requires the billing providers' NPI. Invalid or missing NPI will result in claims being returned as a provider correctable error. These must be corrected and resubmitted electronically.
B9	**2010AA – Billing Provider Zip Code**	N403	92	A valid full nine digit zip code is required.
B10	**2010AB – Pay-to Provider Zip Code**	N403	104	A valid full nine digit zip code is required.

B11	**2010BA – Subscriber Name Identification Code Qualifier**	NM108	122	Truli for Health requires MI in NM108
B12	**2010BA – Subscriber Name Subscriber Primary Identifier**	NM109	123	Truli for Health requires submission of the ID number in NM109 exactly as it appears on the member's ID card, including any applicable prefix or suffix Do not use any embedded spaces or the claim could be returned as a provider correctable error and must be corrected and resubmitted.
B13	**2010BA – Subscriber Gender Code**	DMG03	128	Truli for Health requires submission of the Subscriber's Gender Code in this field
B14	**2010BB – Payer Name Payer Name**	NM103	134	Truli for Health

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B15	**2010BB – Payer Name Payer Identification Qualifier**	NM108	134	PI – Payer Identification
B16	**2010BB – Payer Name Payer Identifier**	NM109	134	TRULI Truli for Health Payer Identifier
B17	**2010CA – Patient First Name**	NM104	148	Patient's First Name is required in this field.

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Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
B18	**2010CA – Patient's Gender Code**	DMG03	153	Patient's Gender Code is required in this field
B19	**2300 – Claim Information / 2400 – Service Line Number Monetary Amount Line Item Charge Amount**	CLM02 SV102	159 354	The total claim charge amount must equal the sum of all submitted line items. Failure to do so will result in claims being returned as a provider correctable error and must be corrected and electronically resubmitted. Note: If the whole dollar amounts are sent in monetary elements, do not include the decimal or trailing zero (e.g., $30 = 30). When indicating the dollars & cents, the decimal must be indicated (e.g., $30.12 = 30.12).
B20	**2400 – Service Units/Days**	SV104	355	The submission of valid Units of Service for all claim lines are required.
B21	**2300 – Claim Information Claim Frequency Type Code**	CLM05-3	159	Only the following codes will be accepted: Zero (0) =Non-Payment/Zero One (1) =Admit Through Discharge Claim Seven (7) = Replacement Of Prior Claim Eight (8) = Void/Cancel Of Prior Claim Note: When submitting the corrected claim, the original Reference Number (ICN/DCN) also known as the Original Claim Number is required to be sent in loop 2300 REF. (REF01= F8 qualifier for Original Reference Number, REF02 = Original Claim Number).
B22	**2300 – Claim Information Health Care Diagnosis Code**	HI	226	Do not transmit a decimal point in the diagnosis code. The decimal point is assumed.
B23	**2300 – Claim Information Demonstration Project Identifier**	REF02	226	Clinical trial number (loop 2300, REF02 – REF01=P4) is required when V707 (ICD-9) or Z00.6 (ICD-10) is in diagnosis position 1 or 2 (loop 2300, HI01-2 or HI02-2).
B24	**2310B – Rendering Provider NPI Rendering Provider Identifier**	NM109	264	When Rendering Provider is submitted, the rendering provider's NPI is required on all claims. Invalid or missing NPI will result in claims being returned as a provider correctable error and must be corrected and resubmitted.

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B25	**2310B – Rendering Provider Taxonomy**	PRV03	265	Taxonomy codes are required under specific circumstances. Taxonomy is one of several data elements used to help determine the appropriate provider record for processing. Taxonomy codes can be located at nucc.org.
B26	**2310C – Service Facility Zip Code**	N403	273	A valid full nine-digit zip code is required when a service facility is submitted.
B37	**2310C – Service Facility NPI**	NM1	270	When a professional service is provided in a facility place of service, provider is required to bill the NPI of the Service Facility where the services were rendered. Invalid or missing NPI will result in claims being denied for missing information. These must be corrected and resubmitted electronically.

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Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
B27	**2310E – Ambulance Pick-up Location ZIP Code**	SBR09	288	Plans must validate the point of pickup zip code for air ambulance service on claims with dates of service beginning April 19, 2015. Validation is based on the following CMS guidelines for air ambulance claims: For electronic claims, validate the origin information (zip code of the point of pick-up), as sent in the Ambulance Pick-Up Location Loop in the ASC X12N Health Care Claim (837) Professional. If the zip code is not in the Plan's service area, the claim must be rejected.
B28	**2320 – Other Subscriber Information** **Claim Filing Indicator Code**	MOA	298	In Loop 2320, if SBR09=MB the Medicare Report Number should be reported in Loop 2330B REF. Note: SBR09=MA is not allowed
B29	**2320 – Outpatient Adjudication Information**	NM108	310	This information is requested to facilitate claims processing.
B30	**2330B – Other Payer Name**	REF01 REF02	321	PI qualifier is required in this field.

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B31	**2330B – Other Payer Claim Control Number**	SV101-1	331	In Loop 2320, if SBR09=MB the Medicare Report Number should be reported in Loop 2330B, in the following REF segment configuration: • REF01=F8 • REF02=Medicare Report Number=Medicare ICN Note: SBR09=MA is not allowed
B32	**2400 – Service Line Number Product/Service ID Qualifier**	SV101-3 SV101-4 SV101-5 SV101-6	352	HC We require the submission of above value in this field as only HCPCS Procedure codes are accepted at this time.
B33	**2400 – Professional Service Procedure Modifier(s)**	LIN03	353	Please submit the appropriate modifiers in priority order.

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Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
B35	**2410 – Drug Identification** **Drug Quantity**	N403	426	DME Providers must submit NDC and quantity Note: Refer to Specialty Pharmacy Billing Section VII.C.
B36	**2420C – Service Facility Zip Code**		445	A valid full nine-digit zip code is required when a service facility is submitted.
B38	**2420C – Service Facility NPI**	NM109	441	When a professional service is provided in a facility place of service, provider is required to bill the NPI of the Service Facility where the services were rendered. Required when the location of health care service for this service line is different than that carried in Loop ID-2010AA Billing Provider or Loop ID2310C Service Facility Location. If not required by this implementation guide, do not send.

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B34	**2410 – Drug Identification** **Drug Identification**	CTP04	424	National Drug Code (NDC) NDC Code Format (11-digits using 5-4-2 format [i.e., five-digits, followed by four-digits, followed by two-digits]. Do not include any hyphens or spaces (e.g., 01234567891). DME Providers must submit NDC and quantity Note: Refer to Specialty Pharmacy Billing Section VII.C.

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Billing Requirements for Ancillary Providers

If ancillary providers have a Truli for Health provider agreement that does not require the registration of employed health care providers, then only the billing provider information should be populated on the claim. If the Truli for Health provider agreement requires registration of employed health care providers, then the rendering and billing NPI should be billed appropriately on claims.

Important Note: When billing Referring Physician Information, the referring physician's NPI is always required for Truli for Health.

1. The following is a sample of necessary provider billing information required on the 837 P:

- Ancillary provider with registered employed health care providers
- Rendering provider NPI (loop 2310B & 2420A)
- Billing provider NPI (loop 2010AA)

- Ancillary provider with no registered employed health care providers:
- Rendering provider NPI – Blank
- Billing provider NPI (loop 2010AA)

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Appropriately Billing Provider IDs

This information provides the technical details for the 837 P Loops for the NPI, Tax ID and Taxonomy Codes.

a) **Billing Provider:**

- **National Provider ID (NPI)** in Loop 2010AA, Segment NM1, Elements NM101 = 85, NM108=XX and NM109=NPI (example: NM1*85*1*PROVIDERLASTNAME*PROVIDERFIRSTNAME****XX*1234567890~)
- **Federal Tax ID** in Loop 2010AA, Segment REF, Elements REF01=EI and REF02 = Tax ID (example:REF*EI*123456789~)

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- **Taxonomy** in Loop 2000A, Segment PRV, Elements PRV01 = BI, PRV02 = PXC, PRV03 = Provider Taxonomy

b) **Referring Provider:**

- **Claim Level** - Referring/Ordering Provider in Loop 2310A, Segment NM1, Elements NM101 = DN, NM108 = XX and NM109 = NPI

  (example:NM1∗DN∗1∗WELBY∗MARCUS∗W∗∗JR∗XX∗1234567891~)
- **Service Line** - Referring Provider in Loop 2420F, Segment NM1, Elements NM101 = DN, NM108 = XX, NM109 = NPI

  (example:NM1∗DN∗1∗WELBY∗MARCUS∗W∗∗JR∗XX∗1234567891~)

c) **Rendering Provider:**

- **Claim Level** - Rendering Provider in Loop 2310B, Segment NM1, Elements NM101 = 82, NM108 = XX and NM109 = NPI

  (example:NM1∗82∗1∗DOE∗JANE∗C∗∗∗XX∗1234567804~)
- **Service Line** - Rendering Provider in Loop 2420A, Segment NM1, Elements NM101 = 82, NM108 = XX and NM109 = NPI (example:

  NM1∗82∗1∗DOE∗JANE∗C∗∗∗XX∗1234567804~)

d) **Ordering Provider:**

- **Service Line** - Ordering Provider in Loop 2420E, Segment NM1, Elements NM101 = DN, NM108 = XX, NM109 = NPI (example:

  NM1∗DK∗1∗RICHARDSON∗TRENT∗∗∗∗XX∗1234567891~)

e) **Service Facility**

- **Claim Level -** Service Facility NPI in Loop 2310C, Segment NM1, Elements NM101 = 77, NM108 = XX and NM109 = NPI (example:

  NM1∗77∗2∗ABC CLINIC∗∗∗∗XX∗ 1234567891~)
- **Service Line** - Rendering Provider in Loop 2420A, Segment NM1, Elements NM101 = 77, NM108 = XX and NM109 = NPI (example:

  NM1∗77∗2∗ABC CLINIC∗∗∗∗XX∗ 1234567891~)HCPCS Information

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HCPCS Information

This information provides the technical details for the 837 P Loops for the HCPCS code and HCPCS units.

- HCPCS code in Loop 2400, Segment SV1, Element SV101= HCPCS Code
- HCPCS units in Loop 2400, Segment SV1, Element SV104= HCPCS Units

NDC

Qualifier and NDC Code

This information provides the technical details for the 837 P Loops for the NDC Qualifier and NDC Code.

- Bill the NDC qualifier (N4) and NDC Code (11-digits using 5-4-2 format [i.e., five-digits, followed by four-digits, followed by two-digits]). Do not include any hyphens or spaces (e.g., 01234567891).
- NDC Qualifier in Loop 2410, Segment LIN, Element LIN02 = N4
- NDC Code in Loop 2410, Segment LIN, Element LIN03 = 11 digit NDC Code (e.g., LIN**N4*01234567891)\
    - Bill the NDC Quantity using a metric decimal quantity administered to the patient as defined in the NCPDP Billing Unit Standard. The quantity of each submitted NDC must be a numeric value greater than zero. Decimal quantities must be submitted if applicable. Do not include any spaces (e.g., 10.25).
    - The 2410 Loop requires all three CTP segments. The segments are NDC Unit Price, NDC Quantity and Composite of Measure.
    - NDC Unit Price in Loop 2410, Segment CTP03, Element = Dollar Amount (0.00 is acceptable).
    - NDC Quantity in Loop 2410, Segment CTP04, Element = (Maximum length of 15 with implied decimal).
    - Composite unit of measure in Loop 2410, Segment CTP05, Element = (e.g., UN, ML, GR, F2).

NDC Quantity

Truli for Health NPI Attributes Requirements

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	NPI						Taxonomy						EIN (Tax ID)						Zip + 4 Digit					
	Institutional			Professional			Institutional			Professional			Institutional			Professional			Institutional			Professional		
Claims																								
PROVIDER TYPES	IG	BC	A	IG	BC	A	IG	BC	A	IG	BC	A	IG	BC	A	IG	BC	A	IG	BC	A	IG	BC	A
Billing Provider	R	R	R	R	R	R	S	R	R	S	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Pay To																			S	R	R	S	R	R
Rendering Provider	S	S	R	S	R	R				S	R	R												
Referring Provider	S	S		S	S*	S																		
Ordering Provider				S	S*	S																		
Supervising Provider				S	R	R																		
Servicing Facility	S	S	S	R	R	S													R	R	R	R	R	R
Attending	S	R	R				S	R	R															
Operating	S	R	R																					
Other Operating Physician	S	R																						
Purchase Service Provider				S	S																			

Legend:
R - Required
S - Situational
Blank - Not Available
IG - Implementation Guide
BC - Blue Cross
A - Availity

*__Important Note__: For Ancillary Providers, see Billing Requirements pg.

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Helpful Tips

How to Avoid Provider Identification Errors

Below are reminders to help you reduce the number of WEBV040 and WEBV042 claims errors displayed when claim data (or information) does not match information registered with Truli for Health.

A. Billing Provider Section

This section is used to provide information regarding the billing provider for services rendered. It should match the name written on the check or electronic funds transfer from Truli for Health.

i. **OPTION One (1)**: If you are registered as a group provider (PA, LLC, etc.) with Truli for Health and you want to bill as a group provider, enter the appropriate group name, Tax ID number and the group NPI (type 2).

    1. **THE MATCH**: Group Name matches Group NPI matches Group Tax ID.

ii. **OPTION Two (2):** If you are registered as an individual provider with Truli for Health and you are billing as an individual provider, please enter your name, Social Security Number and your individual NPI (type 1).

    1. **THE MATCH:** Individual Name matches Individual NPI matches Individual Social Security Number

B. Rendering Provider Section

This section is used to provide information regarding who performed the services. It is the provider who actually sees the patient.

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iii. OPTION One (1): If you billed as an organization (PA, LLC, etc.) list the name of the rendering individual provider and the rendering individual NPI.
iv. OPTION Two (2): If you billed as an individual, do not list a rendering provider. This would be redundant as the billing individual would be the same as the rendering individual. Submitting redundant information can cause a different provider correctable error.

Below is an example to assist you in understanding the appropriate entry of billing and rendering provider information to reduce the number of returned claims.

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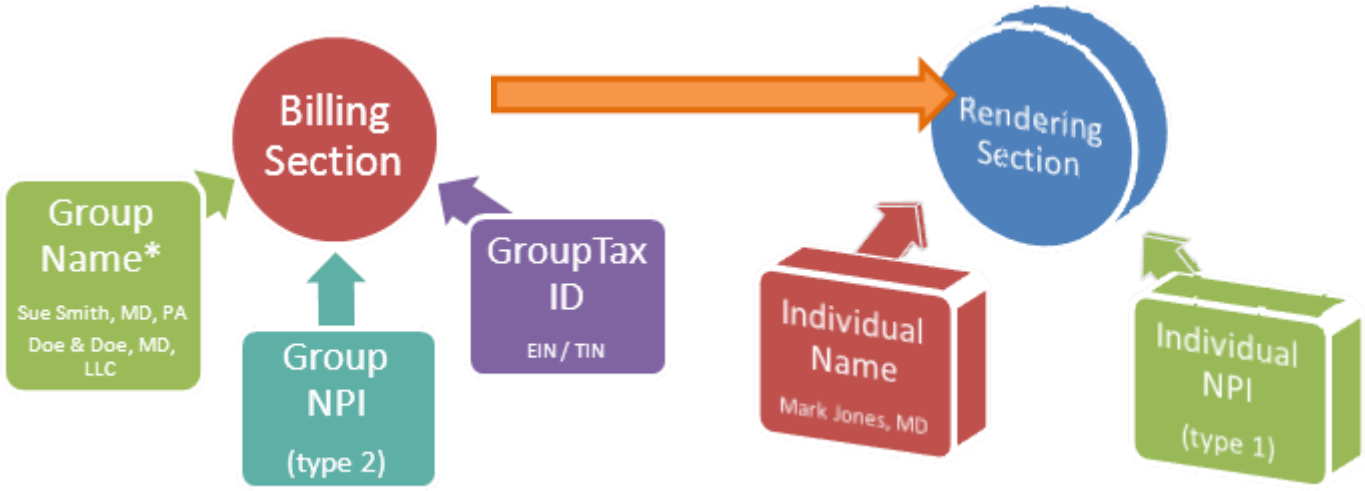
C. Billing as a Group Provider – OPTION One (1)

If you are billing as a group provider, (PA, LLC, etc.), the NPI must be the Group NPI (type 2) along with the appropriate Tax ID number for the group.

Please note that the Billing Section is for the entity BILLING for the services. The Rendering Provider Section is for the provider who PERFORMED the services.

Correct Entry (THE MATCH):

This example shows how the information submitted matches data registered with Truli for Health. The Group Name matches Group NPI which matches Group Tax ID number and all match Truli for Health provider files.



Incorrect Entries (THE MISMATCH):

Below are examples of information that will result in a mismatch of data causing a WEBV040 provider correctable error ultimately resulting in a delay in payment.

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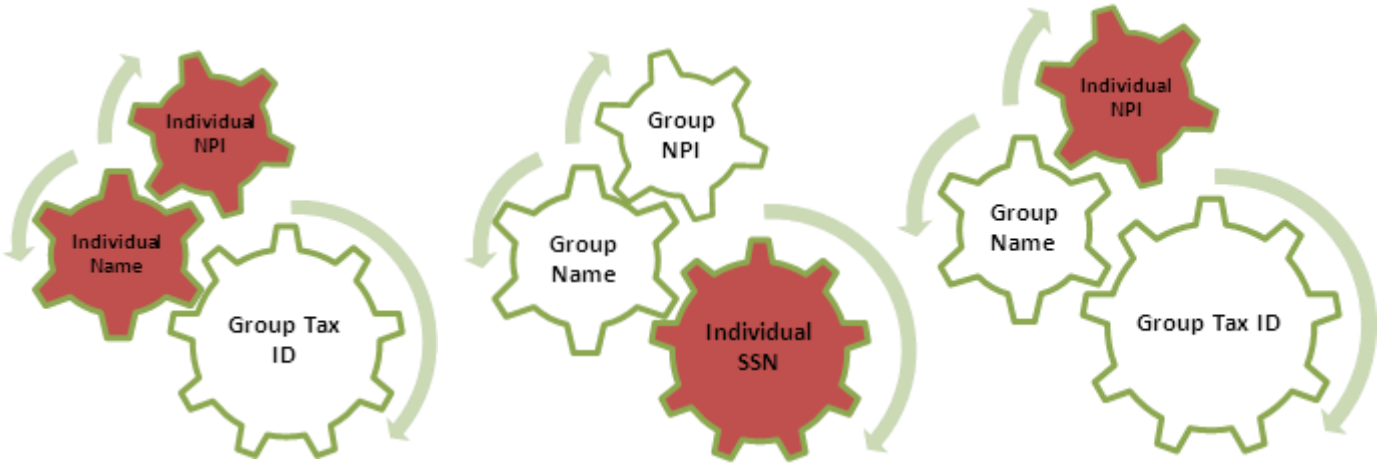

The mismatch is highlighted in red.

Remember: Group Name = Group NPI = Group Tax ID Number

To confirm how you are registered with Truli for Health, please call the Provider Contact Center at 833-238-8144, select option five, and then option two. If you would like to register a different Tax ID number, please complete the Provider Information Update Form available on essentials.availity.com (sections one and six). A completed IRS confirmation letter must be included.

D. Billing as an Individual Provider – OPTION Two (2)

If you are billing as an individual provider, the NPI must be the individual NPI (type 1) along with the appropriate Social Security Number. Do not enter a provider at all in the rendering section when the billing and rendering provider is the same person. Submitting redundant information can cause a different provider correctable error**.**

Correct Entry (THE MATCH):

This example shows how the information entered matches data registered with Truli for Health. Individual Name matches Individual NPI matches Individual Social Security Number.

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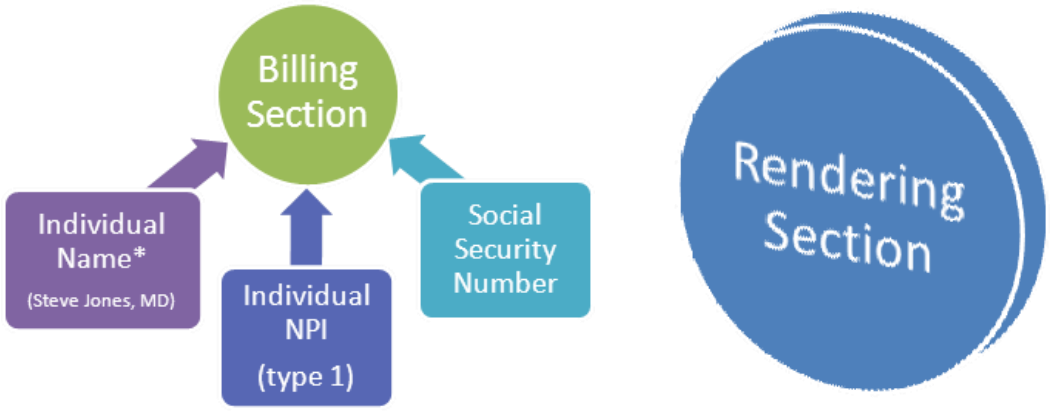
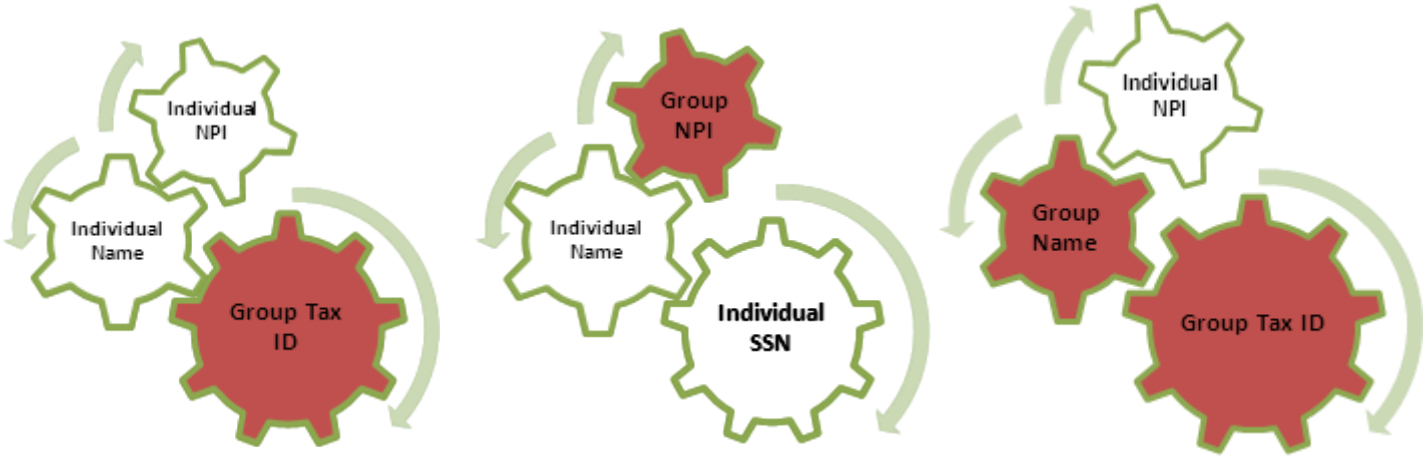


Incorrect Entries (THE MISMATCH):

Below are examples of information entered that will result in a mismatch of data causing a delay in payment. The mismatch is highlighted in red**.**



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REMEMBER: Individual Name = Individual NPI = Individual Social Security Number

To confirm how you are registered with Truli for Health, please call the Provider Contact Center at 833-238-8144. If you would like to register a different Tax ID number, please

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complete the Provider Information Update Form available on essentials.availity.com (sections one
(1) and six (6). A completed IRS confirmation letter must be included.

Sending Coordination of Benefits Information on Electronic Claims

When Truli for Health is the secondary carrier, file the claim to Truli for Health on the member's behalf only after the primary insurance has completed processing. When Truli for Health shows another health, plan is primary and there is no primary carrier payment or denial information, the claim will be returned for correction. EXCEPTIONS: Claims submitted with a GY modifier where Medicare (Fee for Service) would otherwise be primary, claims from VA/DOD facilities, Medicare Crossover claim will not be subject to these requirements.

When Truli for Health files show another health plan is primary, that information is provided on the 837 P Health Care Professional Claim response. When the primary plan is NOT Truli for Health, the following loops and segments will be required:

NOTE: When the charges, payment amount, deductible, coinsurance, co-pay or adjustment is zero, the AMT or CAS segment must still be submitted. Indicate the zero amounts as 0.

R =Required S=Situational	837 Fields	Business Requirement
S	**2320 SBR01**	Payer responsibility sequence may not be P Primary. The use of S or T requires other payer information in loop 2320.
S	**Loop 2320 CAS 01-19, as needed**	Submission of other insurance payment information requires claim adjustment group codes and associated monetary amounts. Please be sure to submit any differences between the paid and charge amounts in the CAS segments. The 837 must balance including the COB segments.

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R	**Loop 2320 AMT 01**	When Truli for Health is secondary, submit the primary insurer payment information to support correct processing of COB information. AMT01 = D; REQUIRED, then the AMT02 is the Payer Paid Amount.
R	**Loop 2430 CAS segments Loop 2430 SVD02**	When Medicare (Fee for Service) is primary and Truli for Health is secondary, a line level adjustment reason code and payment amount which must balance back to charge are required.

[1]
The following information corresponds to Box 10 on the CMS/HCFA1500 Claim form indicating the accident type as Employment Related, Auto or Other. External Cause of Injury Codes or External Cause of Morbidity Codes, while not required, can speed up processing of claims and reduce requests for information. These codes are especially important when billing OA as the accident type. External Injury Codes or Cause of Morbidity Codes should be billed in the diagnoses field but should NEVER be billed as the primary diagnosis.

R =Required S=Situational	837 Fields	Business Requirement
R	**2300, CLM11-1, CLM11-2, CLM11-3**	If billing a claim containing a trauma diagnosis (800.00999.9 in 9 and any E code) you will need to bill one or more values in loop segment 2300, CLM11-1, CLM112, and or CLM11-3 indicating If the injury was Employment, No Fault Auto or Other Accident. Claims billed without one of these codes will be returned for correction.

Value	Means
EM	Employment Related
AA	No Fault Auto
OA	Other Accident

8 ACKNOWLEDGEMENTS AND/OR REPORTS

The purpose of this section is to outline the Truli for Health processes for handling the initial processing of incoming files and electronic acknowledgment generation.

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TA1 Interchange Acknowledgement Transaction

All X12 file submissions are pre-screened upon receipt to determine if the interchange control header (ISA) or interchange control trailer (IEA) segments are readable. If errors are found, a TA1 response transaction will be sent to notify the trading partner that the file could not be processed provided the file contains a code value of one (1) in the ISA14. No TA1 response transaction will be sent for error-free files.

Once Truli for Health determines that the file is readable, validation is performed on the ISA and IEA loop information. If these segments have a non-standard structure, the file will receive a full file reject and the TA1 response transaction will be sent to the trading partner, provided the file contains a code value of one (1) in the ISA14.

999 Functional Acknowledgement Transactions

1

If the file submission passes the ISA/IEA pre-screening above, it is then checked for ASC X12 syntax and HIPAA compliance errors. When the compliance check is complete, a 999 will be sent to the trading partner informing them if the file has been accepted or rejected. If multiple transaction sets (ST-SE) are sent within a functional group (GS-GE), the entire functional group (GS-GE) will be rejected when an ASC X12 or HIPAA compliance error is found.

If the file submission passes the ISA/IEA pre-screening above, it is then checked for ASC X12 syntax and HIPAA compliance errors. When the compliance check is complete, a 999 will be sent to the trading partner informing them if the file has been accepted or rejected. If multiple transaction sets (ST-SE) are sent within a functional group (GS-GE), the entire functional group (GS-GE) will be rejected when an ASC X12 or HIPAA compliance error is found.

9 TRADING PARTNER AGREEMENTS

Please contact Availity for your trading partner agreement at 800-282-4548 or essentials.availity.com.

10 TRANSACTION SPECIFIC INFORMATION

10.1 ASC X12 Transactions Supported

IMPORTANT NOTE: If you submit your transactions through Availity, please refer to the Availity EDI Guide located on the Availity website at essentials.availity.com

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Truli for Health processes the following ASCX12 HIPAA transactions for professional claims submission.

ASC X12 837 005010X222A1	Professional Claim Submission
ASC X12 TA1 v005010X231A1	Response to the X12 transactions where errors are encountered in the outer envelopes (ISA/IEA and GS/GE segments)
ASC X12 999 v005010X231A1	Functional Acknowledgement - Response to the X12 transactions where structural and syntactical errors are encountered within the transaction segments itself (ST-SE segments)

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