



Health Care Claim: Professional 837

ASC X12N/005010x222

Companion Guide Version Number: 2.8  
March 2024

## Document History

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| Revision date | Revision | Commentary  |
|---------------|----------|---|
| 3/1/2011      | 1        | New   |
| 6/5/2012      | 1.1      | Updated to 5010   |
| 6/9/2014      | 1.2      | Co-branded with FTC; updated table references and Transaction availability.             |
| 9/15/2015     | 2        | Updated to ICD-10: standardized corporate entity names                                  |
| 9/7/2016      | 2.1      | Removed FTC; updated links and corrected loops.   |
| 6/12/2017     | 2.2      | Updated Fallon Health EDI system Maintenance information.                               |
| 4/9/2018      | 2.3      | Updated the Clearing house information.   |
| 5/12/2018     | 2.4      | Updated Fallon Health EDI system Maintenance information.                               |
| 8/17/2018     | 2.5      | Updated the Clearing house information; also updated to Fallon Health Provider manuals. |
| 9/10/2019     | 2.6      | Updated Claim Submission Limits.  |
| 1/14/2022     | 2.7      | Updated Fallon Health EDI system Maintenance information.                               |
| 3/27/2024     | 2.8      | Updated the Clearing house information.   |

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## Introduction

The Health Insurance Portability and Accountability Act – Administration Simplification (HIPAA-AS) requires that Fallon Health (FH), and Fallon Health Weinberg (FHW), and all other covered entities comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services. The Department of Health and Human Services (HHS) released the Final Rule adopting the updated versions of the standards under the Health Insurance Portability and Accountability Act (HIPAA). This rule updates the mandated X12 transactions to version 005010 with a compliance date of January 1, 2012. The 5010 Technical Report Type 3s (TR3s) for each transaction can be downloaded for a fee from the WPC Web site, [www.wpc-edi.com/](http://www.wpc-edi.com/).

Although the TR3s contain requirements for use of specific segments and data elements within the segments, the reports were for use by all health benefit payors. This document has been prepared as a Fallon Health-specific companion document to the TR3s to clarify when conditional data elements and segments must be used for Fallon Health reporting, and to identify those codes and data elements that do not apply to Fallon Health.

This companion guide document supplements, but does not contradict, any requirements in the 837 version 5010 TR3.

The intended audience for this document is the technical area that is responsible for submitting electronic claims transactions to Fallon Health. In addition, this information should be communicated and coordinated with the provider's billing office in order to ensure the required billing information is provided to their billing agent/submitter.

## Confidentiality, privacy and security

Maintaining the confidentiality of personal health information has been, and continues to be, one of Fallon Health's guiding principles. Fallon Health has a strict confidentiality policy with regard to safeguarding patient, employee and health plan information. All staff is required to be familiar with, and comply with, Fallon Health's policy on the confidentiality of member personal and clinical information to ensure that all member information is treated in a confidential and respectful manner. The policy permits use or disclosure of members' medical or personal information only as necessary

to conduct required business, care management, approved research or quality assurance or measurement activities, or when authorized to do so by a member or as required by law.

In order to comply with our own internal policies and the provisions of the Health Insurance Portability and Accountability Act, 1996 (HIPAA), Fallon Health has outlined specific requirements applicable to the electronic exchange of protected health information (PHI) including provisions for:

- maintaining confidentiality of protected information
- confidentiality safeguards
- security standards
- return or destruction of protected information
- compliance with state and federal regulatory and statutory requirements
- required disclosure
- use of business associates
- 

### Implementing EDI transactions with Fallon Health:

Contact an EDI Coordinator at:

1-866-275-3247, option 6, or e-mail [edi.coordinator@Fallon Health.org](mailto:edi.coordinator@Fallon Health.org)

Set-up for direct submission to Fallon Health:

Providers wishing to request a claim status directly to Fallon Health in the EDI 837 format should contact an EDI Coordinator at 1-866-275-3247, Option 6, or via e-mail to [edi.coordinator@fallonhealth.org](mailto:edi.coordinator@fallonhealth.org). The information necessary for implementation will be provided and an enrollment packet in PDF format can be obtained from the Fallon Health website at [fallonhealth.org/providers/provider-tools/provider-tools-registration.aspx](http://fallonhealth.org/providers/provider-tools/provider-tools-registration.aspx)

Set-up for submission to Fallon Health via a clearinghouse

Providers wishing to submit a claim to Fallon Health via a clearinghouse should contact the clearinghouse directly and provide them with our Payor ID number. A Payor ID number is required for claim submissions that go through a clearinghouse and is used to route your claims to the correct health plan for payment. Our contracted clearinghouses and associated Payor IDs are listed below:

## Fallon Health's primary clearinghouse contracts are with:

- **Change Healthcare** (formerly Emdeon and WebMD)  
Call 1-800-845-6592 or visit their website: [changehealthcare.com](http://changehealthcare.com).  
Payor ID #22254 for professional and institutional
- **NEHEN**  
Call: 1-781-907-7210  
Website: [nehen.org](http://nehen.org)  
Email: [members@nehen.org](mailto:members@nehen.org)
- **Athena Health** (Billing Service)  
Call: 1-617-402-1000  
Website: [athenahealth.com](http://athenahealth.com)
- **FinThrive** offers an accelerated registration process  
Call: 1-800-390-7459  
Website: [Accelerated Deployment | FinThrive](#)
- **iEDI/Optum Solution**  
Website: [Provider portal registration | UHCprovider.com](#)  
Call: 1-866-842-3278, option 1

Additionally, claims submitted to these clearinghouses will be automatically redirected to Fallon:

- **Availity**  
Call: 1-800-282-4548  
Website: [Register and Get Started with Availity Essentials - Overview](#)
- **SSI**  
Call: 1-800-820-4774  
Website: [products3.ssigroup.com/ProviderRegistration/register](http://products3.ssigroup.com/ProviderRegistration/register)
- **Office Ally**  
Call: 1-360-975-7000  
Website: [cms.officeally.com/Pages/ResourceCenter/PayerEDIEnrollmentForms](http://cms.officeally.com/Pages/ResourceCenter/PayerEDIEnrollmentForms)  
Email: [info@officeally.com](mailto:info@officeally.com)

## Trading partner set-up

There are many data elements in the ISA segment of the X12N 837 version 5010 TR3 specifications that are used for processing control purposes. For example, the ISA segment contains data elements such as authorization information, security information, sender identification and receiver identification that can be used for control purposes. These data elements are agreed upon by the trading partners prior to exchange of electronic information. Fallon Health-specific requirements are defined in subsequent sections of this document.

## Testing

All trading partners are required to test the exchange of electronic transactions with Fallon Health prior to the exchange of production files with live data.

All test files will be processed at time of receipt, and feedback to the trading partner will occur within five business days. This feedback will occur via e-mail. Preliminary test files should contain no more than 25 claims. Simulation testing will occur once the preliminary testing is complete. Files for simulation testing should contain at least as many claims as a production file.

Fallon Health requires the following naming convention for all test files submitted: XXMMDDYYVT.txt (10-character maximum). The first two letters are used to identify trading partner, then two-digit month, two-digit day, two-digit year, version number and test file indicator. If multiple files are to be sent on the same day, version numbers would need to be sent as part of the file naming convention.

**The test indicator is crucial to the entry of the file into the test environment.**

Test files submitted through a clearinghouse will be named according to their current agreed-upon naming convention.

## Production

At the completion of successful simulation testing, trading partners will be given a production username and password, as well as a date to begin the exchange of compliant production transaction files.

Fallon Health requires the following naming convention for all production files submitted: XXMMDDYYV1.837 (10-character maximum). The first two letters are used to identify trading partner, then two-digit month, two-digit day, two-digit year, version number, and production file indicator. If multiple files are to be sent on the same day, then version numbers would need to be sent as part of the file naming convention.

**The production indicator is crucial to the entry of the file into the production environment.**

## Maintenance

Routine downtime is scheduled weekly from 6 PM to 11 PM on Thursdays and 8 AM to 12 PM on Sundays to support maintenance and enhancements for all EDI transactions. Non-routine downtime will be communicated via email at least one week in advance. Emergency unscheduled downtime will be communicated to trading partners via email within one hour following the determination that emergency downtime is needed.

## Acknowledgements

### TA1 interchange acknowledgement

Both lines of business will generate a TA1 acknowledgement if the trading partner requests it by submitting a 1 in the ISA14. If a trading partner does not want a TA1 acknowledgement, a 0 should be submitted in the ISA14.

### 999 implementation acknowledgement

Both lines of business will generate 999 acknowledgements for all trading partners. It is the trading partner's responsibility to retrieve and review the 999 to determine if Fallon Health accepted or rejected the file in its entirety.

276/277

Claim Status is available from Fallon Health as a separate transaction. We are currently capable of accepting both batch and real-time submissions. Please contact the EDI Team directly if you are interested, as additional testing is required in order to take advantage of this transaction.

## Payor-specific data requirements

### General

This section is designed to assist with the specific data elements and segments that are required by Fallon Health in order to appropriately process claims for payment.

EDI-837 requires the following terminators

- Segment Terminator (ASCII Value 126) ~
- Data Element Separator (ASCII Value 42) \*
- Sub-element Terminator (ASCII Value 62) >

Provider manuals containing details on our billing procedures for all Fallon Health subsidiaries are available at the appropriate websites listed below.

Fallon Health: <https://fchp.org/providers/provider-manual.aspx>

FHW: <http://fallonweinberg.org/Providers/provider-manual.aspx>

## Provider identifiers

The Health Insurance Portability and Accountability Act requires providers to use their National Provider Identifier (NPI) when submitting claims electronically. In order to process claims appropriately and in a timely manner, Fallon Health requires NPIs be submitted as the provider identifiers.

## Member identifiers

In order to process claims appropriately and in a timely manner, the member's Fallon Health ID number needs to be populated in the appropriate loops and segments. The subscriber's member ID is populated in loop 2010BA NM109.

## Adjustment claims

Fallon Health has the ability to process electronic claims submitted with certain claim frequency codes as adjustments to existing claims when the patient account number and the billing provider of the newly submitted claim matches an existing claim. In order for these to process correctly, a 7 (Replacement of prior claim) or 8 (Void/Cancel of prior claim) should be submitted in the 2300 CLM05-3.

## Covering providers

Covering physician claims cannot be accepted electronically at this time. These claims need to be submitted on paper.

## Coordination of benefits (COB)

Providers should submit any CAS segments (Claim level adjustments) in the 2320 loop on 837 files. Fallon Health will consider claims with this information for coordination of benefits review.

## Claim Submission Limits

Claims Allowed per Transactions (ST/SE envelope): Per HIPAA implementation guidelines regarding the CLM (Claim Information) segment, Fallon Health requires trading partners limit the size of the transaction (ST/SE) envelope to a maximum of 5,000 CLM segments.

In addition, Fallon Health strongly recommends to limit the claim submission file size to be under 10MB for processing efficiency.

## ISA segment specifications

| Size | Description                | Req | Field # | Description                         | Fallon Health-specific requirements | Fallon Health notes                 |
|------|----------------------------|-----|---------|-------------------------------------|-------------------------------------|-------------------------------------|
|      | Interchange control header | R   |         |                                     |                                     |                                     |
| 2    |                            | R   | 1       | Authorization information qualifier | 00                                  |                                     |
| 10   |                            | R   | 2       | Authorization information           | Blank fill                          |                                     |
| 2    |                            | R   | 3       | Security information qualifier      | 00                                  |                                     |
| 10   |                            | R   | 4       | Security information                | Blank fill                          |                                     |
| 2    |                            | R   | 5       | Interchange ID qualifier            | ZZ                                  |                                     |
| 15   |                            | R   | 6       | Interchange sender ID               | Trading partner name                | Limited to 15 characters.           |
| 2    |                            | R   | 7       | Interchange ID qualifier            | ZZ                                  |                                     |
| 15   |                            | R   | 8       | Interchange receiver ID             | FCHP or FHW                         | Appropriate to the line of business |

|   |  |   |    |                                    |  |  |
|---|--|---|----|------------------------------------|--|--|
| 6 |  | R | 9  | Interchange date                   | YYMMDD   |  |
| 4 |  | R | 10 | Interchange time                   | 24-hour time   |  |
| 1 |  | R | 11 | Repetition separator               | Any value other than the data element separator, component element separator, . and the segment terminator | Please reference TR3 for change to the usage of this element as it is no longer a data element and is now a delimiter. |
| 5 |  | R | 12 | Interchange control version number | <b>005010</b>  |  |
| 9 |  | R | 13 | Interchange control number         | Unique number sent by TP   |  |
| 1 |  | R | 14 | Acknowledgement requested          | 0 or 1   |  |
| 1 |  | R | 15 | Usage indicator                    | <b>T</b> for Test or <b>P</b> for Production   |  |
| 1 |  | R | 16 | Sub-element terminator             | <b>&gt;</b>  |  |

**BOLD** indicates value should be submitted as shown. All fields in the ISA are required and fixed length and should be blank filled if field value sent is not at the requested length.

GS segment specifications

| Size | Description             | Req | Field # | Description                              | Fallon Health-specific requirements | Fallon Health notes   |
|------|-------------------------|-----|---------|--|-------------------------------------|---|
|      | Functional group header | R   |         |  |                                     |   |
| 2    |                         | R   | 1       | Functional identifier code               | <b>HC</b>                           |   |
| 2-15 |                         | R   | 2       | Application sender's code                | Trading partner tax ID#             |   |
| 2-15 |                         | R   | 3       | Application receiver's code              | <b>FALLON837I or FHW837I</b>        | Appropriate to line of business; must match the line of business in ISA08 |
| 8    |                         | R   | 4       | Date                                     | CCYYMMDD                            |   |
| 4-8  |                         | R   | 5       | Time                                     | HHMM                                |   |
| 1-9  |                         | R   | 6       | Group control number                     | Group control number                |   |
| 1-2  |                         | R   | 7       | Responsible agency code                  | X                                   |   |
| 1-12 |                         | R   | 8       | Version/release/industry identifier code | <b>005010X222A1</b>                 |   |

**BOLD** indicates value should be submitted as shown.

ST segment specifications

| Size | Description            | Req'd | Field # | Description                         | Fallon Health-specific requirements | Fallon Health notes                                       |
|------|------------------------|-------|---------|-------------------------------------|-------------------------------------|---|
|      | Transaction set header | R     |         |                                     |                                     |   |
| 3    |                        | R     | 1       | Transaction set identifier code     | <b>837</b>                          |   |
| 4-9  |                        | R     | 2       | Transaction set control number      | ID# or counter                      |   |
| 1-35 |                        | R     | 3       | Implementation convention reference | <b>005010X222A1</b>                 | Should be the same value as what is submitted in the GS08 |

**BOLD** indicates value should be submitted as shown.

Fallon Health-specific requirements

| Loop   | Seg | Description           | Req | Field  | Description                   | Fallon Health        | Fallon Health notes  |
|--------|-----|-----------------------|-----|--------|-------------------------------|----------------------|--|
| 2010AA | NM1 | Billing provider name | R   |        |                               | -                    |  |
|        |     |                       |     | NM108  | Identification code qualifier | XX                   |  |
|        |     |                       |     | NM109  | Identification code           | Billing provider NPI |  |
| 2010AB | NM1 | Pay-to address name   | S   |        |                               |                      | Please reference TR3 for change to the usage of this loop/segment and note that Fallon Health will continue to make payments to the address in our claims processing system and not to the address submitted in this loop. |
| 2010BA | NM1 | Subscriber name       | R   |        |                               |                      | Please reference TR3 for change to the usage of this loop/segment  |
|        |     |                       |     | SBR108 | Identification code           | MI                   |  |

|        |     |                            |   |         |                               |                                 |   |
|--------|-----|----------------------------|---|---------|-------------------------------|---------------------------------|---|
|        |     |                            |   | SBR109  | Identification code           | Member ID number                | Member ID found on member ID card   |
| 2000C  | HL  | Patient hierarchical level | S |         |                               |                                 | Please reference TR3 for change to the usage of this loop/segment   |
|        | PAT | Patient information        | R |         |                               |                                 |   |
| 2010CA | NM1 | Patient name               | R |         |                               |                                 |   |
| 2300   | CLM | Claim information          | R |         |                               |                                 |   |
|        |     |                            |   | CLM01   | Claim Submitter's Identifier  | Patient Control number          | Individual number used to identify specific claims. Can be a maximum of 38 alpha/numeric characters   |
|        |     |                            |   | CLM05-3 | Claim frequency type code     | Valid Claim Frequency Type Code | If a 7 or 8 are received in this data element, Fallon Health will try to process claim as an adjustment to an existing claim. Reference section above on adjustment claims.   |
| 2310A  | NM1 | Referring provider name    | S |         |                               |                                 |   |
|        |     |                            |   | NM108   | Identification code qualifier | XX                              |   |
|        |     |                            |   | NM109   | Identification code           | Referring provider NPI          |   |
| 2310B  | NM1 | Rendering provider name    | S |         |                               |                                 |   |
|        |     |                            |   | NM108   | Identification code qualifier | XX                              |   |
|        |     |                            |   | NM109   | Identification code           | Rendering provider NPI          |   |
| 2400   | HI  | Diagnosis Code Qualifier   | R | HI01    | Code list qualifier code      | ICD-10 Qualifier                | All DX code qualifiers are now required to be the 3-character ICD10 codes. In all cases, the existing ICD9 code will be prefaced with "A"   |
| 2400   | SV1 | Professional service       | R | SV107-2 | Diagnosis code pointer        | Valid diagnosis code pointer    | Fallon Health requires the usage of correct diagnosis code pointers. The diagnosis pointer submitted must point to one of the diagnosis codes submitted on the claim. For example, if 4 diagnosis codes are sent, the diagnosis pointer sent should only be 1 thru 4. |

## Attachment A—Frequently asked questions

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Q: What are Fallon's ICD-10 requirements?

A: Fallon is complying with the CMS mandated changeover date of 10/01/15. Claims submitted with ICD-9 information for dates of service after 10/01/15 may not be processed.

Q: I did not test with Fallon Health, will I be able to submit claims?

A: Yes. As long as you submit a version 5010 claim file with correct ICD-10 information, this should pass validation and be accepted for further processing.

Q: What are the specific changes for ICD-10?

A: All the diagnosis code qualifiers have changed with the addition of an "A" prefix. For example, Primary Diagnosis was "BK" for ICD-9, and will be "ABK" for ICD-10. This is universal for all code qualifiers; "A" must be added to indicate ICD-10 codes.

Q: When will Fallon begin accepting ICD-10 Codes?

A: Fallon will comply with the posted CMS regulations and will begin accepting ICD-10 codes for dates of service beginning 10/01/15.

Q: How do I bill an inpatient claim that goes across the ICD-10 transition date?

A: Inpatient claims are billed based on discharge date. If an admission is before 10/01, with a discharge date up to and including 09/30, the entire claim is to be submitted with ICD-9 codes. If admitted prior to 10/01, and a discharge date on 10/01 or after, the entire claim should be submitted with ICD-10 codes.

Q: How do I bill an outpatient claim that goes across the ICD-10 transition date?

A: Outpatient claims must be split: bill all services up to and including 09/30 on a separate bill with ICD9 codes. Services starting 10/01 and after should be billed separately with ICD-10 codes.

Q: What is claim payment turnaround time for EDI claims?

A: In most cases, payment will be received within 30-45 business days from date of submission.

Q: What is a Fallon Health's payor ID number and when would I use one?

A: A Payor ID number is required for claim submissions that go through a clearinghouse. The number is assigned by the clearinghouse and is used to route your claims to the correct health plan for payment. If you plan on using a contracted clearinghouse to submit your claims to Fallon Health or FHW, you can obtain our Payor ID from the clearinghouse directly or by calling the EDI Team.

Q: How do I know if my claims are being submitted directly to Fallon Health or if they are submitted through a clearinghouse?

A: Your software vendor or information technology department should be able to provide you with this information. If you are having trouble determining how your claims are submitted to Fallon Health, please call 1-866-275-3241, ext. 69968, and we can help you obtain this information.

Q: If I am submitting my claims to Fallon Health through a contracted clearinghouse and I am having submission problems, who should I call?

A: You should always contact the clearinghouse helpdesk first and open up a case before calling the EDI Team. This is a required step to resolve claim submission problems.

Q: How do I begin direct EDI claims submission to Fallon Health?

A: For direct submission of ANSI X12 837 version 5010 claims files, contact an EDI coordinator at the following locations:  
1-866-275-3247, option 6, or e-mail [edi.coordinator@fchp.org](mailto:edi.coordinator@fchp.org)

You will need to complete the required enrollment forms, which can either be emailed by an EDI coordinator or downloaded in PDF format from the appropriate website listed below.

Fallon Health: <https://fchp.org/providers/provider-tools/provider-tools-registration.aspx>

FHW: <http://www.fallonweinberg.org/Providers/provider-tools/electronic-data-submission.aspx>

Q: How many claim lines can I submit per claim?

A: If you submit via clearinghouse, you will need to verify with the clearinghouse what they will pass through as a single claim. Fallon Health is able to accept up to 99 claim lines per claim.

Q: Does Fallon Health offer electronic notification of claims received and claims denied for each file received electronically?

A: Fallon Health will send the standard ANSI X12 999 acknowledgement to all trading partners.

Q: Does Fallon Health offer real-time eligibility and claim status?

A: Fallon Health offers a Web-based eligibility tool that allows providers to verify eligibility and Claims metric reports for a rolling 12-week period. We also offer the 276/277 Health Care Claim Status Request and Response and the 270/271 Health Care Eligibility Benefit Request and Response as separate transactions requiring additional setup and testing. Please contact the EDI Team for more information.

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