



PROVIDER QUICK TIPS

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Pennsylvania PROMISe ANSI X12 v5010 Companion Guides

The Pennsylvania Department of Human Services' Provider Reimbursement and Operations Management Information System (PROMISe™) will be accepting the new version of ANSI X12 v5010 healthcare and NCPDP D.0 pharmacy transaction standards effective January 1, 2012. The Department is updating the transaction companion guides to aid providers with Pennsylvania specific requirements needed to process your healthcare transaction. Providers, vendors and clearinghouses can expect the Companion Guides to be updated and available on the DHS Companion Guide web site in September 2010.

Companion Guides are to be used in conjunction with the approved CMS HIPAA Implementation Guide. The CMS HIPAA Implementation Guide is the main source of information about the transaction sets. The Implementation Guides can be found at http://www.cms.gov/ElectronicBillingEDITrans/18_5010D0.asp

You will notice differences between the current ANSI X12 v4010 Companion Guide and the new ANSI X12 v5010 Companion Guide versions.

- In the Pennsylvania General HIPAA Data Elements section, an “Other Payer Information” row was added to clarify how other payer data is to be submitted.
- The Pennsylvania specific HIPAA Data Elements are presented as one continuous, five-column “spreadsheet” table in which each loop and field is represented in a separate row. Using the new version, a user may more easily identify the location of a loop or field in the HIPAA Implementation Guide, its 5010-specific values and functions, whether or not its functionality has changed as a result of the transition to 5010, and any special, PROMISe™-specific instructions.
- The Provider Identifiers Matrix was removed because the taxonomy and Zip codes are stated in the Pennsylvania specific HIPAA Data Elements section. The PROMISe™ usage of the actual provider identifiers is in accordance with the HIPAA Implementation Guide.
- NCPDP companion guide formats will not be changing.

Present – v4010

Brief Description	Functional Group Header, Segment GS Page Number: Appendix B – B.8 – B.9
Description	The Functional Group Header indicates the beginning of a functional group and provides control information. The valid values are: GS01 – Functional Identifier Code – ‘HC’ – Health Care Claim (837) GS02 – Same as GS01 (Application Sender's Code) GS03 – Same as GS01 (Application Receiver's Code) GS04 – Transaction Date GS05 – Transaction Time GS06 – Control Number (Assigned number originated and maintained by the sender) GS07 – Constant Value 'X' GS08 – ‘004010X098A1’ for 837 Professional
Revision(s) Description	04/2004 – Updated appropriate page references. 04/2004 – Added GS01, GS04, GS05, GS06, and GS07 codes.

New – v5010

TR3 Page	Field Name	5010 Values	Description of 5010 Change	PROMISe™ Specific Instructions
C.7	GS01: Functional Identifier Code	“HC”		
	GS02: Application Sender's Code			Use your assigned BBS ID
	GS03: Application Receiver's Code			Production - use "345529167" Testing - use "445314156"
	GS04: Date			
	GS05: Time	Recommended format	Adds seconds and tenths of seconds	HHMM recommended format
	GS06: Group Control Number			
	GS07: Responsible Agency Code	"X"		
	GS08: Version, Release, Industry Identifier Code	"005010X222"	Changes the value of to show that the transaction is a 5010 837 Professional	

A link to the Companion Guides, as well as additional information regarding the HIPAA upgrades can be found at the PROMISe™ HIPAA 5010/D.0 website.

**Thank you for your service to our Medical Assistance recipients.
We value your participation.**

Check the Department of Human Services' Web site often at: www.dhs.pa.gov

