Community Behavioral Health

Standard Companion Guide Transaction Information

Institutional Inpatient Services

Instructions related to Transactions based on X12 Implementation Guides, version 005010

Companion Guide Version Number: 1.12

November 19th, 2024

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Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

CBH will publish the Communications/Connectivity component in a separate document.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by X12's copyrights and Fair Use statement.

Table of Contents

Transaction Instruction (TI)

1 TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to X12

X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated X12 Implementation Guides and is in conformance with X12's Fair Use and Copyright statements.

2 Included X12 Implementation Guides

This table lists the X12 Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X223A2	Health Care Claim: Institutional (837)

3 Getting Started

3.1 Submitting Claims to CBH

Provider shall bill CBH for Covered Services rendered to Enrollees, in the manner specified in this section.

Provider shall submit "Clean Claims" no more than 90 days following the date of service for Covered Services. In the event Provider is pursuing Coordination of Benefits, provider must obtain a final determination from the primary payor dated no more than 180 days following the date of service and submit a clean claim to CBH within 90 days after receipt of a determination from the primary payor.

"Unclean Rejected Claims" must be resubmitted as clean claims within the time requirements stated herein.

CBH reserves the right to make no payments for claims received beyond the time requirements stated herein.

3.2 Requirements for Provider Signature

The provider rendering the service must sign all invoices for claims, whether they are submitted manually or electronically. The signature certifies that the service has been rendered according to Medical Assistance (MA) regulations.
All claims received that do not meet the provider signature requirements will not be processed. These claims will be returned to the provider for correction.

3.2.1 Method of signing electronic claims

3.2.1.1 Electronic Claims

- An electronic certification is incorporated into the submission process. During the electronic submission process in Step 2, you will certify the information is accurate by agreeing to the following statement:

  I certify that the information in the file is accurate and complete, as submitted. I understand that payment and satisfaction of these claims will be from Federal and State funds and that I may be prosecuted for false claims, statements or documents, or concealment of material facts.

This represents your organizations attestation that you have on file the following for all claims submitted:

- An actual handwritten authorization signature of the provider is on file. The provider's initials or printed name are not acceptable signatures.

- If the MA-307 form is required, an actual handwritten authorization signature of the provider directly on the MA-307

Invoice Transmittal Form, a form used to certify that treatment services have been delivered by the provider.

4 Contact Information

4.1 Claims Department (EDI) and Technical Assistance

Contact information for EDI Operations:

Address:
Claims Department (EDI)
801 Market Street,
7th Floor,
Philadelphia, PA 19107

Or

Telephone: (215) 413 7125

Email: cbh.edisupport@phila.gov

When contacting Claims Department (EDI), please have your Parent ID and EDI Browser login ID available. These numbers facilitate the handling of your questions.

EDI Operations personnel are available for questions from 8:30 a.m. to 5:00 p.m. Eastern Time, Monday through Friday.

4.2 Applicable websites / e-mail

http://www.dbhids.org/community-behavioral-health/

http://www.dpw.state.pa.us/

http://www.x12.org/

5 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent “segments” in the X12N implementation guide.
NON-SHADED rows represent “data elements” in the X12N implementation guide.

005010X223A2 Health Care Claim: Institutional				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
1000B	NM1	Receiver Name		
1000B	NM103	Receiver Name	Community Behavioral Health	
1000B	NM109	Receiver Primary Identifier	232766661	CBH Tax ID
2000A	PRV	Billing Provider Specialty Information		This segment is needed by CBH for the purposes of adjudication.
2010AA	N3	Billing Provider Address		The Provider’s address on file with CBH will be used for mailing of a check or other documents related to the claim.
2010AA	N4	Billing Provider City, State, ZIP Code		The Provider’s address on file with CBH will be used for mailing of a check or other documents related to the claim.
2010AB	NM1	Pay-To-Address Name		The Provider’s address on file with CBH will be used for mailing of a check or other documents related to the claim.
2000B	SBR	Subscriber Information		
2000B	SBR02	Individual Relationship Code	18	For the purposes of adjudication by CBH, the Individual Relationship Code element needs to be 18.
2010BA	NM1	Subscriber Name		
2010BA	NM109	Subscriber Primary Identifier		The CBH subscriber identification number is 10 digits in length.
2010BB	NM1	Payer Name		
2010BB	NM103	Payer Name	Community Behavioral Health	
2010BB	NM109	Payer Identifier	232766661	CBH Tax ID
2000C	HL	Patient Hierarchical Level		CBH does not accept claims located at the 2000C level. All patient information is carried at the 2000B Subscriber Hierarchical Level. Any claims submitted in the 2000C HL will be rejected.
2300	CLM	Claim Information		
2300	CLM01	Patient Control Number		For the purposes of adjudication by CBH, CBH expects the **first 20 characters of**

005010X223A2 Health Care Claim: Institutional				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
				this element to be unique for each individual claim.
2300	CLM05	Place Of Service Code		
2300	CML05 - 3	Claim Frequency Code	0,1,2,3,4,8	Code values: 0 Non-Payment/Zero 1 Admit through Discharge Claim 2 Interim – First Class 3 Interim – Continuing Claim 4 Interim – Last Claim 8 Void/Cancel of Prior Claim Recommended value is "1" to indicate an "Original" claim unless one of the other codes is more appropriate. **See notes on declaration of Loop 2300 DTP03: Discharge Time*
2300	DTP	Discharge Hour		
2300	DTP03	Discharge Time		For the purposes of adjudication by CBH, if Discharge Time is declared then the CLM05-03 value needs to be “1” or “4”
2300	CL1	Institutional Claim Code		
2300	CL102	Admission Source Code	1,2,4,5,6,8,9	Code Values: 1 Non-Health Care Facility Point of Origin 2 Clinic or Physician’s Office 4 Transfer from Hospital (Different Facility) 5 Transfer from Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF) or Assisted Living Facility (ALF) 6 Transfer from Health Care Facility 8 Court/Law Enforcement 9 Information Not Available For the purposes of adjudication by CBH, the value submitted in this element need to be numeric.
2300	REF	Prior Authorization		
2300	REF02	Prior Authorization Number		CBH issues two types of authorizations; blanket authorizations and authorizations that the provider must ask CBH to approve (prior authorizations). Claim level authorizations can be blanket authorizations or prior authorizations.
2300	HI	Principal Diagnosis		
2300	HI01-2	Principal Diagnosis Code		CBH processes diagnosis codes that are 3-5 characters in length.
2300	HI	Admitting Diagnosis		

005010X223A2 Health Care Claim: Institutional					
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**	
2300	HI01-2	Admitting Diagnosis Code		CBH processes diagnosis codes that are 3-5 characters in length.	
2300	HI	Other Diagnosis Information			
2300	HI01-2	Other Diagnosis Code		CBH processes diagnosis codes that are 3-5 characters in length.	
2300	HI02-2	Other Diagnosis Code		CBH processes diagnosis codes that are 3-5 characters in length.	
2300	HI03-2	Other Diagnosis Code		CBH processes diagnosis codes that are 3-5 characters in length.	
2300	HI04-2	Other Diagnosis Code		CBH processes diagnosis codes that are 3-5 characters in length.	
2300	HI05-2	Other Diagnosis Code		CBH processes diagnosis codes that are 3-5 characters in length.	
2300	HI06-2	Other Diagnosis Code		CBH processes diagnosis codes that are 3-5 characters in length.	
2300	HI07-2	Other Diagnosis Code		CBH processes diagnosis codes that are 3-5 characters in length.	
2300	HI08-2	Other Diagnosis Code		CBH processes diagnosis codes that are 3-5 characters in length.	
2300	HI09-2	Other Diagnosis Code		CBH processes diagnosis codes that are 3-5 characters in length.	
2300	HI010-2	Other Diagnosis Code		CBH processes diagnosis codes that are 3-5 characters in length.	
2300	HI011-2	Other Diagnosis Code		CBH processes diagnosis codes that are 3-5 characters in length.	
2300	HI012-2	Other Diagnosis Code		CBH processes diagnosis codes that are 3-5 characters in length.	
2310A		Attending Provider Name		For the purposes of adjudication and complying to the State of Pennsylvania Encounter Reporting requirements as detailed in State Bulletin #99-17-02 (C_257256) dated 01/30/2017, if known, this Loop is needed by CBH.	
2310A	PRV	Attending Provider Specialty Information		For the purposes of adjudication by CBH, when the 2310A Attending Provider Name Loop is sent, this segment needs to be present.	
2310E	NM1	Service Facility Location		2310E NM1 Service Facility Location for Places of Service (Loop 2300, CLM05-1 and/or 2400 SV105) listed below, the services were performed inpatient in a facility. Therefore, by definition, the location of the services cannot be the same as the Billing Provider's address, for the purposes of adjudication by CBH, the service location needs to be submitted in this loop.	
				Code List:	
				21	Inpatient Hospital
				22	Outpatient Hospital
				23	Emergency Room–Hospital
				31	Skilled Nursing Facility
				32	Nursing Facility
				51	Inpatient Psychiatric Facility
				55	Residential Substance Abuse Treatment Facility

005010X223A2 Health Care Claim: Institutional				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
				61 Comprehensive Inpatient Rehabilitation Facility
2310E	N3	Service Facility Location Address		For the purposes of adjudication by CBH, when the 2310E Service Facility Location Name loop is sent, this N3 Location Address segment needs to be the physical location where the service was rendered. Post Office Box, Lockbox or similar delivery points that cannot be the service location.
2310F		Referring Provider Name		For the purposes of adjudication and complying to the State of Pennsylvania Encounter Reporting requirements as detailed in State Bulletin #99-17-02 (C_257256) dated 01/30/2017, if known, this Loop is needed by CBH.
2310F	NM1	Referring Provider Name		For the purposes of adjudicating Laboratory Services by CBH, Loop 2310F segment NM1 Referring Provider needs to be sent for all laboratory services.
2310F	NM109	Referring Provider NPI		For the purposes of adjudicating Laboratory Services by CBH, for all laboratory services the Referring Provider NPI needs to be supplied in Loop 2310F, element NM109.
2320	NM1	Other Subscriber Information		Since the 837 Institutional is a claim type where payers adjudicate and price individual service lines, for the purposes of adjudication by CBH, the coinsurance, deductible, copay and other deductions that other payers assigned to the service lines needs to be reported in the 2430 Loop.
2330B	NM1	Other Payer Name		
2330B	NM109	Other Payer Primary Identifier	Use the code values as listed in Appendix A for this data element.	See Appendix A
2330B	N3	Other Payer Address		For the purposes of adjudication by CBH, Other Payer Address is needed for TPL adjudication.
2330B	DTP	Claim Check or Remittance Date		For the purposes of adjudication by CBH, the DTP segment is needed in the transaction for TPL processing on all TPL claims. **Note: The DTP, which is the EOB date, is needed in the transaction for TPL processing on all TPL claims*
2400	SV205	Service Unit Count		For the purposes of adjudication by CBH, the Service Unit Count submitted per service line, may not exceed 999 (nine hundred and ninety-nine) units.

2400	DTP	Date - Service Date		Billing for consecutive days – “Span Billing”: For the purposes of adjudication by CBH, when billing for per diem services that were provided on consecutive days, the provider does not need to enter each individual date of service on the claim form but may “span bill” the entire period of service. “Span billing” means that the provider notes on the claim the dates that treatment began and ended and the number of units of service provided. For example, if a patient received five consecutive days of inpatient treatment, the provider might note January 5 as the “service begin” date and January 10 as the “service end” date. NOTE: Both the “service begin” date and the “service end” dates must be within the authorization period. The day of discharge from inpatient does not count for units of service. Billing for non-consecutive days - When billing for non-consecutive days within a particular authorization period, the provider needs to note each date of service individually. For example, if a member received one hour of outpatient therapy on January 3 and on one hour on January 5, the provider must bill: - Two units of service on January 3 with a “begin date” of January 3 and an “end date” of January 3. - Two units of service on January 5 with a “begin date” of January 5 and an “end date” of January 5. **IMPORTANT:** 1) Do not span bill dates of service for non-consecutive days of service or non-per diem services. 2) Providers may not submit claims with Dates of Service that extend across different months or years within the same claim (Loop 2300). An exception to this rule exists for 837I claims when the Member’s Discharge Date occurs on the 1st day of the subsequent month. Claims that fail to comply with the above requirements will be rejected.

2400	REF	Line Item Control Number		
2400	REF02	Line Item Control Number		For the purposes of adjudication by CBH, Line Item Control Number is desired and is requested to be sent for the purposes of adjudication tracking, provider communication and payment reconciliation.
2420D		Referring Provider Name		For the purposes of adjudication and complying to the State of Pennsylvania Encounter Reporting requirements as detailed in State Bulletin #99-17-02 (C_257256) dated 01/30/2017, if known, this Loop is needed by CBH when different to the information declared in Loop 2310F.
2430	SVD	Line Adjudication Information		
2430	SVD01	Identification code	Use the code value as listed in Appendix A for the data element.	See Appendix A. It is a requirement that this number match the value in 2330B NM109.
2430	CAS	Line Adjustment		
2430	CAS01	Claim Adjustment Group Code	PR	When PR is used for this element, include all information for deductible amounts, coinsurance amounts and copayment amounts.

6 TI Additional Information

6.1 Business Scenarios

CBH reserves this section and will add business scenarios as needed during the revision of this Companion Guide to support other business functions such as Third Party Liability.

6.2 Payer Specific Business Rules and Limitations

6.2.1 Third Party Liability (TPL) Billing:

CBH supports the electronic submission of TPL billing. Third Party Liability (TPL) refers to specific entities, such as Medicare, Blue Cross and parties other than CBH that may be liable for all or part of a client's health care expenses. When third party resources are available to cover behavioral services provided to Medicaid recipients, CBH is the "payor of last resort."

For all services requiring prior authorization, the provider should obtain an authorization number from a DBH/CBH Care Manager prior to submitting a claim. This applies regardless of whether CBH is the primary payor or if it is

Medicare or any other insurance carrier. Please also note that providers should obtain authorization numbers at the time clients are admitted to a facility.

Once it is determined that a client has other insurance, the bill should be sent first to the primary insurance carrier(s) for payment consideration. CBH will consider for payment all balances for behavioral health services that are unpaid by the other insurance carriers.

Before CBH can consider a TPL claim for payment, the provider must submit the 837 with the information contained from the Explanation of Benefits (EOB), or the denial letter(s) sent to the provider by any and all other carriers. This information must be submitted in the transaction set as documented in the implementation guide.

The claim must be fully considered and resolved with the primary carrier before it is billed to CBH. If the services are rejected by the primary carrier due to missing, incomplete, or incorrect information, the service must be re-billed to the primary carrier before CBH will consider payment. The EOB or the denial letter(s) must be the final determination.

It is important that the provider's bill matches the EOB information. This applies to the billed amount, beginning and ending dates of services; Medicare approved amount, Medicare deductible, the Medicare co-insurance amount and other insurance paid amount.

6.2.2 Billing for Consecutive Days – "Span Billing"

When billing for per diem services that were provided on consecutive days, the provider does not need to enter each individual date of service on the claim form, but may "span bill" the entire period of service. "Span billing" means that the provider notes on the claim the dates that treatment began and ended and the number of units of service provided.

Both the “service begin” date and the “service end” date must be within the authorized period.

For the purposes of adjudication by CBH, Providers may not submit claims with Dates of Service that extend across different months or years within the same claim (Loop 2300). An exception to this rule exists for 837I claims when the Member’s Discharge Date occurs on the 1st day of the subsequent month.

6.2.3 Billing for Non-Consecutive Days

When billing for non-consecutive days within a particular period, the provider must note each date of service separately.

Do not span bill for non-consecutive days of service or non-per diem services. Such claims will be rejected.

6.2.4 Post-Payment Recoveries

According to the City of Philadelphia’s contract with the Commonwealth of Pennsylvania DPW, CBH is required to take all reasonable measures to ensure that CBH is the payor of last resort when other third-party resources are available to cover the cost of medical services.

When CBH becomes aware of payments made on behalf of CBH clients who have valid third party resources, post-payment recoveries will be pursued. If a provider is identified as having received an inappropriate payment, a post-payment recovery letter will be sent to the provider. Providers who receive such letters are required to bill the primary carrier(s) and resubmit the claim as an adjustment along with a copy of the recovery letter and the final determination for CBH review and processing. These should not be submitted as regular adjustments. They should be sent to the attention of the CBH staff member that is handling the recovery. If CBH does not receive a written response within 60 days from the date of the request letter on the status of the recovery, CBH will automatically backout the claim(s). Please

note that the letter is sent to the person and address that we have on file for billing. If necessary, the letter should be forwarded to the appropriate person/entity to ensure that it is acted upon immediately. The provider has 90 days from the date the payment has been retracted to submit the claim and EOB for processing.

The Commonwealth of Pennsylvania (DPW) will pursue all cases that CBH is unable to recover.

6.2.5 Member Co-Payment Prohibition

Federal law prohibits treatment providers from requesting co-payments from MA recipients in the Commonwealth of Pennsylvania. Billing CBH members for co-payments for services is also in violation of the CBH Provider Agreement.

6.2.6 Where to Mail Claims

All manual claims must be sent via U.S. Postal System or delivery service to: CBH, Claims Department, 801 Market Street, 7th Floor, Philadelphia, PA 19107. Hand-delivered mail **will not** be accepted.

6.2.7 Claims Processing Cycle

6.2.7.1 Adjudication process:

CBH will adjudicate 100% of clean claims within 45 days and adjudicate 100% of all claims within 90 days. Adjudicate means to pay or reject a claim.

6.2.7.2 Payment of claims:

Payment will be mailed in the form of a check to the address designated by the provider in the provider information form.

Changes in address must be reported in writing under the signature of the Chief Executive Officer to:

CBH's Chief Executive Officer
801 Market Street, 7th Floor
Philadelphia, PA 19107

6.3 Frequently Asked Questions

CBH maintains an FAQ section of the HIPAA resources website. The FAQ site is updated as required by CBH staff. Refer to the following location:

https://dbhids.org/providers-seeking-information/community-behavioral-health/

6.4 Other Resources

The CBH Companion Guide has also been created to be used in conjunction with the Pennsylvania PROMISe™ Companion Guide - 837 Institutional version 5010 (Inpatient), August 2016, version 1.0. This companion guide can be downloaded from:

http://www.dhs.pa.gov/publications/forproviders/promisecompanionguides/

In the event that no instructions are present for a segment, element or code, please follow the instructions in the Pennsylvania Specific Medical Assistance HIPAA Billing Guide where applicable.

In some instances, the needs of CBH differ from those of the State. While the State Descriptions are listed for reference purposes, the CBH Instructions must be followed when they differ from the State Description instructions.

For any other additional information you can read any of the DBH/CBH Provider Manual Series. The manual describes the procedures developed by the Department of Behavioral Health/Community Behavioral Health (DBH/CBH) under the HealthChoices initiatives to assure that all recipients of mental health and substance abuse services receive the most appropriate treatment in the least restrictive environment possible.

https://dbhids.org/providers-seeking-information/community-behavioral-health/cbh-provider-manual/

7 Glossary

7.1 Definitions

7.1.1 Clean Claim:

A clean claim shall mean a claim that can be processed without requiring additional information from the provider of the service or from a third party. A clean claim does not include: claims pended or rejected because they require additional information either from a provider or from internal sources (i.e., claims pended for a determination of third-party liability, etc.); a claim under review for medical necessity; or a claim submitted by a provider reported as being under investigation by a governmental agency, the City of Philadelphia or DBH/CBH for fraud or abuse. However, if under investigation by the City or DBH/CBH, the Department of Public Welfare (DPW) must have prior notice of the investigation.

7.1.2 Unclean Rejected Claim:

An unclean rejected claim shall mean a claim that is returned to the provider or third party for additional information.

7.1.3 Clean Rejected Claim:

A clean rejected claim shall mean a claim that is returned to the provider or third party due to ineligible recipient or service.

8 TI Change Summary

Version	Date	Section(s) changed	Change Summary
1.0	9/12/2011	None	N/A
1.1	9/20/2011	Copyright	Added the following: This document has been formally submitted to the Data Interchange Standards Association, ASC X12's secretariat, according to the policies found here: http://store.x12.org/store/ip-use. The document has been conditionally approved to reproduce or cite ASC X12 materials and is pending a complete review. Following that complete review the document may change.
1.2	10/10/2011	Updated email address	Changed edisupport.phila.gov to cbh.edisupport.gov
1.3	10/11/2011	Updated incorrect data	2010AA second N3 changed to N4 2010BB changed from value of 23266661 to 232766661.
1.4	10/08/2013	Amendments & Updates	Amendments as per ASC X12 IP Review: 1) Loop 2010BB REF01 & REF02 removed. 2) Loop 2300 HI notes modified. 3) Loop 2300 REF01 & REF02 notes modified. General Updates: 1) Page 2 - Copyright updated to 2013. 2) Page 18, Section 6.4 – Other Resources: Promise Guide version updated to 837 Institutional version 5010 (Inpatient), January 2013, version 1.9.
1.5	06/11/2014	Section 5: Amendments & Updates	Update to Notes of Loop 2300, CLM05-3: CBH will process as “new” claims values 1 (Admit thru Discharge Claims), 2 (Interim - First Claim), 3 (Interim – Continuing Claim) and 4 (Interim – Last Claim). CBH will not process claims with values other than "1", "2", "3" or "4". Recommended value is "1" to indicate an "Original" claim unless one of the other codes is more appropriate. *See notes on declaration of Loop 2300 DTP03: Discharge Time
1.5	06/11/2014	Section 5: Amendments & Updates	Addition of Loop 2300 DTP03: Discharge Time. If Discharge Time is declared then the CLM05-03 value MUST be “1” or “4”
1.6* ***In effect 4th Quarter 2014. Please check with your CBH Claims Representative prior to implementation.***	06/11/2014	Updated companion guide	Amended to support electronic submission of TPL claims: 1) 2300 – CLM01 – new edit CLM01 must be unique 2) 2300 – CLM05-3 Change to accepted claim frequency codes new values 0,1,8 Voids now permitted. 3) 2310A – Referring provider information required for all laboratory services 4) 2310A – NM109 – Referring provider NPI required for all laboratory services 5) 2310C – Editorial change – added the N3 and the Service Facility location Address label 6) 2320 – Submission of electronic TPL/COB claims data is supported. Instructions added. 7) 2330B – N3 –Other payer address required on all TPL claims 8) 2330B – DTP – Claim or Remit check date – must be present for all TPL claims 9) 2330B – NM109 – Instructions added for TPL processing

<table>
<tr><td></td><td></td><td></td><td>10) 2400 – Line item control Number – Instructions added – must be present and must be unique within the CLM01
11) 2430 – Must be present for TPL processing and instructions added.
12) Modifications to section 6.2.1 Third Party Liability TPL Billing
13) 2000A - Billing Provider Specialty Information: This segment MUST be present.
14) 2310A - Attending Provider Specialty Information: When the 2310A Attending Provider Name Loop is sent, this segment MUST be present.
15) Addition of Appendix A</td></tr>
<tr><td rowspan="11">1.7</td><td rowspan="11">10/28/2014</td><td rowspan="11">Section 5: Amendments & Updates</td><td>Addition of Loop 2300, CL102</td></tr>
<tr><td>Code Values:</td></tr>
<tr><td>1 Non-Health Care Facility Point of Origin</td></tr>
<tr><td>2 Clinic or Physician’s Office</td></tr>
<tr><td>4 Transfer from Hospital (Different Facility)</td></tr>
<tr><td>5 Transfer from Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF) or Assisted Living Facility (ALF)</td></tr>
<tr><td>6 Transfer from Health Care Facility</td></tr>
<tr><td>8 Court/Law Enforcement</td></tr>
<tr><td>9 Information Not Available</td></tr>
<tr><td>CBH will ONLY accept numeric values for this data segment.</td></tr>
<tr><td>1.8</td><td>02/23/2015</td><td></td><td>Additional claim processing edits enforce as of February 23rd, 2015 for HIPAA Transactions.</td></tr>
<tr><td>1.9</td><td>05/26/2015</td><td>Section 5</td><td>Various updates to Notes/Comments language.</td></tr>
<tr><td>1.9</td><td>05/26/2015</td><td>Section 5</td><td>It is a requirement that the value submitted within the first 20 characters in the CLM01 element be unique for each individual claim for adjudication purposes.</td></tr>
<tr><td>1.9</td><td>05/26/2015</td><td>Section 5</td><td>Line item reference control number is desired and is requested to be sent for the purposes of adjudication tracking, provider communication and payment reconciliation.</td></tr>
<tr><td>1.10</td><td>05/01/2018</td><td>Section 5</td><td>Various updates as per recommendation by ASC X12.</td></tr>
<tr><td>1.10</td><td>05/01/2018</td><td>Section 5</td><td>For the purposes of adjudication and complying to the State of Pennsylvania Encounter Reporting requirements as detailed in State Bulletin #99-17-02 (C_257256) dated 01/30/2017, if known, the following Loops are needed by CBH – 2310A, 2310F, 2420D.</td></tr>
<tr><td>1.10</td><td>05/01/2018</td><td>Section 5</td><td>Loop 2400, SV205 - For the purposes of adjudication by CBH, the Service Unit Count submitted per service line may not exceed 999 (nine hundred and ninety-nine) units.</td></tr>
<tr><td>1.10</td><td>05/01/2018</td><td>Section 6.3</td><td>https://dbhids.org/providers-seeking-information/community-behavioral-health/</td></tr>
<tr><td>1.10</td><td>05/01/2018</td><td>Section 6.4</td><td>The CBH Companion Guide has also been created to be used in conjunction with the Pennsylvania PROMISe™ Companion Guide - 837 Institutional version 5010, August 2016, version 1.0. This companion guide can be downloaded from: http://www.dhs.pa.gov/publications/forproviders/promisecompanionguides/</td></tr>
<tr><td>1.10</td><td>05/01/2018</td><td>Section 6.4</td><td>For any other additional information, you can read any of the DBH/CBH Provider Manual Series. The manual describes the procedures developed by the Department of Behavioral Health/Community Behavioral Health (DBH/CBH) under the HealthChoices initiatives to assure that all recipients of mental health and substance abuse services receive the most appropriate</td></tr>
</table>

			treatment in the least restrictive environment possible. https://dbhids.org/providers-seeking-information/community-behavioral-health/cbh-provider-manual/
1.10	10/09/2018	Page 2	Replaced second paragraph with: “Express permission to use X12 copyrighted materials has been granted.” Per X12 approval granted 10/09/2018.
1.11	09/12/2023	Section 5 & Section 6.2.2	Update to Span Bill requirements.
1.12	11/19/2024	X12 IP Review	Conditional permission granted for use of X12 intellectual property contingent on revision of content references “ASCX12” or “ASC X12” revised to reference “X12”. Updates have been completed in this version 1.12

9 Appendix A

Insurance Listings with Addresses		
Carrier Code	**Carrier Name**	**Address**
100	Medicare Part B	
103	Medicare Part D	
200	Independence Blue Cross	1901 Market Street Philadelphia, PA. 19103
201	Highmark Blue Cross/Blue Shield	Fifth Avenue Place 120 Fifth Ave/Suite P3105 Pittsburgh, PA. 15222
202	Capital Blue Cross	2500 Elmerton Avenue Harrisburg, PA. 17177
203	Blue Cross of N.E. PA	19 N Main Street Wilkes-Barre, PA. 18711
240	Security 65 Independence Plan	1901 Market Street Philadelphia, PA. 19103
241	Security 65 Highmark Plan	5th Avenue Place Pittsburgh, PA. 15222
242	Security 65 Capital Plan	Dept 778995 Harrisburg, PA. 17177-8995
243	Security 65 Northeast Plan	70 N Main Street Wilkes-Barre, PA. 18711
244	Highmark Service Company	5th Avenue Place 120 5th Avenue Place/Suite P3105 Pittsburgh, PA. 15222
249	Blue Cross Medigap (out-of- state)	
299	Blue Cross Out of State	
300	PA Blue Shield	P.O. Box 898206 Camp Hill, PA. 17089-0400
300	PA Blue Shield	P.O. Box 890500 Camp Hill, PA. 17089-0500
300	PA Blue Shield	P.O. Box 890062 Camp Hill, PA. 17089-0062
340	Blue Shield Medigap - Security 65	P.O. Box 898845 Camp Hill, PA. 17089-8845
349	Blue Shield Medigap (out-of- state)	
399	Blue Shield Out Of State	
400	TRICARE/United Concordia	TDP Claims Processing/PO Box 69411 Harrisburg, PA 17106
400	TRICARE	Palmetto GBA/PO Box 7011 Camden, SC 29020
400	TRICARE/Express Scripts	PO Box 390007 Bloomington, MN 55439
401	ChampVA	PO Box 65023 Denver, CO 80206-9023

Insurance Listings with Addresses		
Carrier Code	**Carrier Name**	**Address**
401	ChampVA	PO Box 65023 Denver, CO 80206-9023
500	Personal Choice 65/Keystone 65 (Medicare Advantage)	1901 Market Street Philadelphia, PA 19103
501	Freedom Blue (Medicare Advantage)	120 Fifth Ave, Suite P5501 Pittsburgh, PA 15222
502	Capital SeniorBlue (Medicare Advantage)	2500 Elmerton Ave Harrisburg, PA 17177
503	Senior Partners Terminated 7/31/07 now 516	PO Box 5194 New York, NY 10004-5194
504	SecurityBlue (Medicare Advantage)	120 Fifth Ave, Suite P5501 Pittsburgh, PA 15222
505	Aetna (Medicare Advantage)	151 Farmington Avenue Hartford, CT 06156
506	Gateway Health Plan Medicare Assured (Medicare Advantage)	600 Grant Street, 41st Floor Pittsburgh, PA 15219
507	Humana (Medicare Advantage)	101 East Main Street Louisville, KY 40202
509	Advantra (Medicare Advantage)	11 Stanwix Street, Suite 2300 Pittsburgh, PA 15222
510	Sterling Option 1 (Medicare Advantage)	2219 Rimland Dr, PO Box 5348 Bellingham, WA 98226
511	Geisinger Health Plan (Medicare Advantage)	100 North Academy Avenue Danville, PA 17822
512	Amerihealth 65 (Medicare Advantage)	1901 Market Street Philadelphia, PA 19103
513	Unison Advantage (Medicare Advantage)	1001 Brinton Road Pittsburgh, PA 15221
514	Keystone 65 Complete (Medicare Advantage)	1901 Market Street, Philadelphia, PA 19103
515	UPMC For Life (Medicare Advantage)	112 Washington Place Pittsburgh, PA 15219
516	Bravo Health Pennsylvania (Medicare Advantage)	3601 O'Donnell Street Baltimore, MD 21224
517	Today's Options (Medicare Advantage)	4888 Loop Central Dr, Suite 900 Houston, TX 77081
518	United Healthcare Companies (Medicare Advantage)	13621 NW 12th Street Sunrise, FL 33323
519	Keystone SeniorBlue (Medicare Advantage)	2500 Elmerton Avenue Harrisburg, PA 17177
520	WellCare (Medicare Advantage)	8735 Henderson Road Tampa, FL 33634
521	Horizon Blue Cross Blue Shield of New Jersey (Medicare Advantage)	3 Penn Plaza East Newark, NJ 07105
522	Healthfirst Medicare Plan (Medicare Advantage)	25 Broadway, 9th Floor New York, NY 10004

Insurance Listings with Addresses		
Carrier Code	**Carrier Name**	**Address**
527	Coventry Healthcare (Medicare Advantage)	3721 Tecport Drive Harrisburg, PA 17106
528	Universal Health Care (Medicare Advantage)	150 2nd Ave North, Suite 400 Saint Petersburg, FL 33701
529	Citrus Health Care (Medicare Advantage)	5420 Bay Center Dr, Suite 250 Tampa, FL 33609
530	GHI Medicare Choice (Medicare Advantage)	441 Ninth Avenue New York, NY 10001
531	UniCare (Medicare Advantage)	PO Box 9154 Oxnard, CA 93031
532	Anthem Blue Cross/Blue Shield (Medicare Advantage)	4241 Irwin Simpson Road, OHO205-A037 Mason, OH 45040
533	Care Improvement Plus (Medicare Advantage)	250 West Pratt St, Suite 230 Baltimore, MD 21201
536	USACare (Medicare Advantage)	259 Monroe Ave Rochester, NY 14607
537	HIP Health Plan of Greater New York (Medicare Advantage)	55 Water Street New York, NY 10041-8190
538	MD MedicareChoice (Medicare Advantage)	5501 West Waters Ave, Ste 401 Tampa, FL 33634
539	HealthMarkets Care Assured (Medicare Advantage)	9151 Blvd 26 North Richland Hills, TX 76180
542	CIGNA Medicare Access (Medicare Advantage)	900 Cottage Grove Road, Hartford, CT 06152
543	Universal American (Medicare Advantage)	1001 Heathrow Park Lane, Suite 5001, Lake Mary, FL 32746
544	Keystone VIP Choice	PO Box 307 Linthicum, MD 21090-0307
545	Health Partners Medicare	901 Market St, Ste. 500 Philadelphia, PA 19107
598	Unlisted Medicare Advantage HMO's	
600	Medicare Part A	
700	Delta Dental of PA	One Delta Drive Mechanicsburg, PA 17055
701	Amalgamated Life Insurance Co.	730 Broadway New York, NY. 10003-9511
703	Allstate Insurance Co.	60 Allstate Plaza S. Northbrook, IL. 60062
704	Bankers Life & Casualty Co.	222 Merchandise Mart Plaza Chicago, IL. 60654
705	United Concordia	4401 Deer Path Road Harrisburg, PA 17110
706	CONSECO	11825 N Pennsylvania St Carmel, IN 46032

Insurance Listings with Addresses		
Carrier Code	**Carrier Name**	**Address**
707	Combined Insurance Co. of America	1000 Milwaukee Ave Glenview, IL 60025
708	CIGNA	900 Cottage Road Bloomfield, CT 06002
709	Argus	PO Box 419019 Kansas City, MO 64141
710	Continental Casualty Insurance Co.	333 South Wabash Chicago, IL. 60604
711	American General	70 Pine Street New York, NY 10270
712	Eastern Life & Health Insurance Co.	25 Race Avenue Lancaster, PA 17608
713	AXA Equitable Life Insurance Co.	PO Box 1047 Charlotte, NC 28201
714	Inter-Co. Hospital Plan	720 Blair Mill Road Horsham, PA. 19044
715	Inter-Co. Phys. Service Plan	720 Blair Mill Road Horsham, PA. 19044
716	John Hancock Mutual Life Insurance Co.	P.O. Box 111 Boston, MA. 02117
718	Life Insurance Co. North America	1601 Chestnut Street Philadelphia, PA. 19192
719	Lincoln Financial Group	8801 Indian Hills Drive Omaha, NE 68114
720	Mass Mutual Life Insurance Co.	1295 State Street Springfield, MA 01111
721	United Healthcare	P O Box 740800 Atlanta, GA 30374
722	Mutual of Omaha Insurance Co.	Mutual Of Omaha Plaza Omaha, NE. 68175
723	People Benefit Life Insurance Co.	Claims Dept. Valley Forge, PA. 19493
724	New York Life Insurance Co.	51 Madison Avenue New York, NY. 10010
725	Transamerica Occidental Insurance Co.	P.O. Box 2101 Los Angeles, CA. 90051-2101
726	Phoenix Mutual Life Insurance Co.	PO Box 22012 Albany, NY 12201-2012
727	Provident Life/Accident Insurance Co.	Fountain Square Chattanooga, TN. 37402
728	Prudential Insurance Co. of America	751 Broad Street, Newark, NJ 07102
730	Travelers Insurance	One Town Square MPB Hartford, CT 06183
731	National Association of Letter Carriers	20547 Waverly Court Ashburn, VA 20149
732	Washington National Insurance Co.	PO Box 2004 Carmel, IN 46032-3004

Insurance Listings with Addresses		
Carrier Code	**Carrier Name**	**Address**
733	Paid Prescription (MEDCO)	P.O. Box 6121 Fair Lawn, NJ. 07410-0999
734	American Postal Workers Union	PO Box 967 Silver Spring, MD 20910
735	Accordia National	P.O. Box 3262 East Charleston, WV 25332
736	Employers Health Insurance Co.	PO Box 14610 Lexington, KY 40512-4610
737	Jefferson-Pilot Life Insurance Co.	P.O. Box 21008 Greensboro, NC. 27420
738	Philadelphia American Life Ins. Co.	P.O. Box 4884 Houston, TX. 77210
739	Protective Life Insurance Co.	2801 HWY 280 South Birmingham, AL 35223
740	Commercial Medigap	
741	AARP Medigap	PO Box 740819 Atlanta, GA 30374-0819
742	National Vision Administrators	P.O. Box 1981 East Hanover, NJ. 07936-0981
743	Express Scripts	P.O. Box 390007 Bloomington, MN 55439
744	PEBTF	150 S. 43rd Street, Suite 1 Harrisburg, PA. 17111-5700
745	National Pharmaceutical Services	P.O. Box 407 Boystown, NE. 68010
746	Eagle Managed Care Terminated 12/31/1999	30 Hunter Lane P.O. Box 7011 Camp Hill, PA. 17011
747	PCS	950 E. Shea Blvd. Scottsdale, AZ. 85260
749	Caremark	PO Box 686005 San Antonio, TX 78268
750	Aetna HMO Health PLS East/Central PA	PO Box 981107 El Paso, TX 79998-1107
751	Americhoice Personal Care Plus Terminated 7/31/05	PO Box 16000 Phoenix, AZ 85011-6000
752	Alliance Health Network	1700 Peach Street Erie, PA. 16501
753	Advantage Health Plan PA	121 Seventh Street Pittsburgh, PA. 15222-3408
755	Geisinger Health Plan	PO Box 8200 Danville, PA 17821-8200
756	Unison Advantage (3 Rivers) Terminated 6/30/06 Use code 513.	PO Box 1018 Monroeville, PA 15146
757	HealthAmerica /Health Assurance	3721 Tecport Drive PO Box 67103 Harrisburg, PA 17106

Insurance Listings with Addresses		
Carrier Code	**Carrier Name**	**Address**
759	Healthguard of Lancaster Terminated 2/1/2006	280 Granite Run Drive Lancaster, PA. 17601
760	First Priority Health	19 N. Main Street Wilkes-Barre, PA. 18711
761	Keystone Health Plan Central	P.O. Box 898812 Camp Hill, PA. 17089-8812
762	Keystone Health Plan East	1901 Market Street Philadelphia, PA. 19103
763	Keystone Health Plan West	PO Box 898819 Camp Hill, PA 17089
765	Prudential Health Care Plan	P.O. Box 901 Horsham, PA. 19044
766	Healthnet of the Northeast	P.O. Box 14700 Lexington, KY 40512
767	Aetna/US Healthcare Pittsburgh Terminated 08/12/2005	5313 Campbells Run Road Pittsburgh, PA. 15205
768	Aetna/US Healthcare/HMO PA Terminated 08/12/2005	P.O. Box 1109 Blue Bell, PA. 19422
770	Health Partners/Senior Partners of Philadelphia (Terminated 6/30/06) Use code 503.	PO Box 5194 New York, NY 10004-5194
771	Horizon Healthcare Terminated 12/31/2000	1700 Market Street Philadelphia, PA. 19103
772	HIP Health Plan of PA	6 Neshaminy Interplex Trevose, PA. 19053
774	UPMC Health Plan Inc	PO Box 2999 Pittsburgh, PA. 15230
775	Optimum Choice Inc of PA	PO Box 930 Frederick, MD 21705
776	Philcare Health Systems	2005 Market Street Philadelphia, PA. 19103
777	Health Central Terminated 12/31/2001	2605 Interstate Drive Harrisburg, PA. 17110
778	Amerihealth HMO	1901 Market Street Philadelphia, PA 19103
779	Health Plans of PA	100 W Sproul Road - 3Rd Floor Springfield, PA 19064
780	Principal HealthCare of PA	2751 Centerville Road Wilmington, DE 19808
781	Avalon Health Ltd.	2500 Elmerton Avenue Harrisburg, PA 17110
783	Qualmed Plans For Health	1835 Market Street Philadelphia, PA 19103
784	Physicians Care HMO	651 East Park Drive, Suite 108 Harrisburg, PA 17111
798	Other HMO	

Insurance Listings with Addresses		
Carrier Code	**Carrier Name**	**Address**
799	Commercial Insurance (Not Otherwise Listed)	
801	Auto Insurance Terminated 5/24/07	
802	Workers' Compensation	
803	Black Lung Medical Benefits	
900	Patient Pay	
902	LTC Patient Pay	
903	Transfer Penalty	

Alphabetical Listing of Insurance Carriers	
Carrier Name	**Carrier Code**
AARP Medigap	741
Accordia National	735
Advantage Health Plan	753
Advantra (Medicare Advantage)	509
Aetna (Medicare Advantage)	505
Aetna HMO Health Plans East/Central PA	750
Alliance Health Network	752
Allstate Insurance Company	703
Amalgamated Life Insurance Co	701
American General Ins Co	711
American Postal Workers Union	734
Americhoice Personal Care Plus	751
Amerihealth HMO	778
Amerihealth 65	512
Anthem Blue Cross/Blue Shield (Medicare Advantage)	532
Argus	709
Auto Insurance	801
Avalon Health LTD	781
Bankers Life & Casualty Co	704
Black Lung Medical Benefits	803
Blue Cross Medigap (out of state)	249
Blue Cross of Northeastern PA	203
Blue Cross Out-of-State	299
Blue Shield Medigap (out of state)	349
Blue Shield Medigap Security 65	340
Blue Shield Out-of-State	399
Bravo Health Pennsylvania (Medicare Advantage)	516
Capital Blue Cross	202
Capital SeniorBlue (Medicare Advantage)	502
Care Improvement Plus (Medicare Advantage)	533
Caremark	749
Champus (Tricare & United Concordia)	400
Champus/VA	401
CIGNA	708
CIGNA Medicare Access (Medicare Advantage)	542
Citrus Health Care (Medicare Advantage)	529
Combined Insurance Company of America	707
Commercial Insurance (Carrier name not on list)	799
Commercial Medigap Ins. (Not otherwise listed)	740
Compensation	802
CONSECO	706
Continental Casualty Ins Co	710
Coventry Healthcare (Medicare Advantage)	527
Delta Dental of PA	700
Educators Mutual Life Ins Co	712
Employers Health Insurance Co	736
Equitable Assurance Soc-US	713

Alphabetical Listing of Insurance Carriers	
Carrier Name	**Carrier Code**
Express Scripts	743
First Priority Health	760
Freedom Blue (Medicare Advantage)	501
Gateway Health Plan Medicare Assured (Medicare Advantage)	506
Geisinger Health Plan	755
Geisinger Health Plan (Medicare Advantage)	511
GHI Medicare Choice (Medicare Advantage)	530
Health Partners Medicare	545
Health Plans of PA	779
HealthAmerica Advantra/Advantra Gold/Advantra Silver (Medicare Advantage)	509
HealthAmerica/Health Assurance	757
Healthfirst Medicare Plan (Medicare Advantage)	522
Healthguard of Lancaster	759
HealthMarkets Care Assured (Medicare Advantage)	539
Healthnet of the Northeast	766
Highmark Blue Cross/Blue Shield	201
Highmark Service Company	244
HIP Health Plan of Greater New York (Medicare Advantage)	537
HIP Health Plan of PA	772
Horizon BC/BS of New Jersey (Medicare Advantage)	521
Humana (Medicare Advantage)	507
Independence Blue Cross	200
Inter-County Hosp Plan	714
Inter-County Phys Serv Plan	715
Jefferson-Pilot Life Ins Co	737
John Hancock Mutual Life Ins Co	716
Keystone 65 Complete (Medicare Advantage)	514
Keystone Health Plan Central	761
Keystone Health Plan East	762
Keystone Health Plan West	763
Keystone SeniorBlue (Medicare Advantage)	519
Keystone VIP Choice	544
Life Insurance Co North America	718
Lincoln National Life Ins Co	719
Long Term Care Patient Pay	902
MD MedicareChoice (Medicare Advantage)	538
Massachusetts Mutual Life Ins Co	720
Medicare A	600
Medicare B	100
Mutual of Omaha Ins Co	722
National Association of Letter Carriers	731
National Pharmaceutical Svc	745
National Vision Administrators	742
New York Life Insurance Co	724
Optimum Choice Inc of PA	775
Other HMO(Must enter name/address)	798

Alphabetical Listing of Insurance Carriers	
Carrier Name	**Carrier Code**
Paid Prescription (Medco)	733
PCS	747
PEBTF(Major Med /Medigap)	744
Pennsylvania Blue Shield (associated with a Blue Cross Plan)	300
People Benefit Life Insurance Company	723
Personal Choice 65/Keystone 65 (Medicare Advantage)	500
Philadelphia American Life Ins	738
Philcare Health Systems	776
Phoenix Mutual Life Ins Co	726
Physicians Care HMO	784
Principal Health Care of PA	780
Protective Life Ins Co	739
Provident Life & Accident Ins	727
Prudential Health Care Plan	765
Prudential Ins Co of America	728
Qualmed Plans for Health	783
Security 65 Capital Plan	242
Security 65 Highmark Plan	241
Security 65 Independence Plan	240
Security 65 Northeast Plan	243
Security Blue (Medicare Advantage)	504
Senior Partners (Medicare Advantage)	503
Sterling Option 1 (Medicare Advantage)	510
Today's Option (Medicare Advantage)	517
Transamerica Occidental Ins Co	725
UniCare (Medicare Advantage)	531
Unison Advantage (Medicare Advantage)	513
United Concordia	705
United Health Care	721
United HealthCare (Evercare/Erickson Advantage) (Medicare Advantage)	518
Universal American (Medicare Advantage)	543
Universal Health Care (Medicare Advantage)	528
UPMC For Life (Medicare Advantage)	515
UPMC Health Plan	774
USACare (Medicare Advantage)	536
Washington National Ins Co	732
WellCare (Medicare Advantage)	520