



**Provider Notice Issued: June 19, 2019**

**To: All Providers**

**Date: June 1, 2019**

**Re: Secure Transportation Electronic Claims Submission Option**

---

**Announcement**

Secure Transportation is very excited to announce the option of accepting claims electronically via 837-Professional 5010 EDI transmissions effective June 1, 2019. This submission option provides a faster, cost efficient alternative to sending paper claims. In addition, submission errors are identified immediately to cut down processing delays and meet regulatory requirements.

**Getting Started**

Attached is the Secure Transportation EDI onboarding questionnaire. This questionnaire is required for electronic claims testing prior to submission. Please submit the completed questionnaire or any inquiries to [837Encounters@SecureTransportation.com](mailto:837Encounters@SecureTransportation.com). Once the questionnaire is completed and returned, we will schedule a call with our processor and your technical team to discuss sFTP connectivity and testing.

We look forward to hearing from you soon. Please do not hesitate to reach out with any questions.

Sincerely,

Secure Transportation

T 800.856.9994  
F 562.906.2947  
3780 Kilroy Airport Way  
Suite 220  
Long Beach, CA 90806

[securetransportation.com](http://securetransportation.com)

TCP-2066

***Driven to Excellence.***



## EDI Setup Documents

### Trading Partner Contact Information

Partner Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### **FTP Setup Information:** *This will be your main contact for setting up the FTP site.*

Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

### **Testing Contact:** *This will be your main contact for testing information & results.*

Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

### **Production Contact:** *This will be your main contact after moving to production (837/999).*

Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_



**Trading Partner IDs ISA/GS:**

ISA06/GS02 - Interchange Sender ID: \_\_\_\_\_

ISA08/GS03 - Interchange Receiver ID: **263908550**

NM1\*40 Receiver Name: **Secure Transportation**

**Response Files:**

Are you able to consume the 999? \_\_\_\_\_

999 Implementation Acknowledgement: *Secure Transportation will provide 999 file for every 837 file submitted. This is to communicate the status of the file, whether it was accepted or rejected. We need the customer to be able to consume this report into their system.*

**Testing File Submission:** *837 5010 files will only be accepted. It is preferred that each individual claim is sent in its own envelope in a submission; however, we are able to accept non-enveloped submissions.*

No. of Encounters per test file (Max of 50): \_\_\_\_\_

Expected test date: \_\_\_\_\_

ISA15 Usage Indicator: **'T'**

Incoming EDI file naming convention: **ISA06\_ccyymmddhhmss\_TEST.837**

**Production File Submissions:**

Max no. of Encounters per Production File: **Our Maximum is 5000 claims**

Expected Go-Live date: \_\_\_\_\_

ISA15 Usage Indicator: **'P'**

Incoming EDI File naming convention: **ISA06\_ccyymmddhhmss.837**

*The Agreed Expected Go-Live date will be 5-10 business days after testing is completed.*



**We follow the standard ANSI 837P guidelines for claim submission. This document is available from the Washington Publishing Company (WPC):**  
<http://www.wpc-edi.com/>. See Secure Companion Guide.

**Requirements outside the normal 837 information needed (varies per client):**

**NTE\*ADD\*TR,State Plate, LP Number, Pickup, Dropoff~**

---

Where:

---

State Plate = State License of vehicle used for transport.

---

2300 Loop, NTE Segment (IL only):

LP Number = License plate number of vehicle used for transport. Vehicle license number may vary from one (1) to a maximum of eight (8) characters. If the license plate or FAA tail number is less than 8 characters, left justify and space fill.

---

Pickup = First pickup of the day in Military time (HHMM)

---

Drop off = Last drop off of the day in Military time (HHMM)

---

**Sample: NTE\*ADD\*TR,IL,12345AB,0915,1350~**

---

Pickup Address & Drop off Address:

Just needed for the 2300 Loop for IL only. This is the first pickup address of the day and the last drop off address of the day.

---

Total Mileage: 2300 Loop, CR1 Segment, Element 6

---

Pre-Auth Number for Secure: 2300 Loop, REF\*G1 Segment, Element 2

---



## SECURE TRANSPORTATION – 837 COMPANION GUIDE

### Introduction

This document is intended as a companion guide to the Electronic Data Interchange Transaction Set Implementation Guide, ASC X12N 837P guidelines. Full requirements of these transactions are available from the Washington Publishing Company (WPC) <http://www.wpc-edi.com>.

This document does not address every scenario. Information is subject to change. It is important to review the appropriate state companion guide and provider manuals. The purpose of this document is to assist with electronic submission. Please check Secure Transportation website under 837 Companion Guide for updated information.

### Contact Information

Please submit any inquiries, request for additional information, testing and/or FTP set to [837Encounters@SecureTransportation.com](mailto:837Encounters@SecureTransportation.com).

### File Size and Specifications

- Maximum numbers of encounters per file: 5000 claims per file
- ISA15 Usage Indicator: Please use "T" for testing and "P" for production
- Incoming Test EDI File Naming Convention: ISA06\_ccyymmddhhmmss\_TEST.837
- Incoming Production EDI File Naming Convention: ISA06\_ccyymmddhhmmss.837

### Acknowledgement

Secure Transportation will provide 999 Implementation Acknowledgement for every 837 file submitted. This is to communicate the status of the file, whether it was accepted or rejected.

HCFA Fields	Description	837 Loop	837 Segment Element	Comments
1a	Insured ID Number	2010BA 2330A	NM109	
2	Patient Last Name	2010CA	NM103	
2	Patient First Name	2010CA	NM104	
2	Patient Middle Name	2010CA	NM105	
3	Patient Date of Birth	2010CA	DMG02	
3	Patient Sex	2010CA	DMG03	

T 800.856.9994  
 F 562.906.2947  
 3780 Kilroy Airport Way  
 Suite 220  
 Long Beach, CA 90806

securetransportation.com  
 TCP-2066

***Driven to Excellence.***

4	Insured Last Name	2010BA	NM103	
4	Insured First Name	2010BA	NM104	
4	Insured Middle Name	2010BA	NM105	
5	Patient Address	2010BA 2010CA	N301 N301	
5	Patient City	2010BA 2010CA	N401 N401	
5	Patient State	2010BA 2010CA	N402 N402	
5	Patient Zip	2010BA 2010CA	N403 N403	
7	Insured City	2010BA	N401	
7	Insured State	2010BA	N402	
7	Insured Zip	2010BA	N403	
11c	Insured Insurance Plan Name or Program Name	2000B	SBR04	
19-ILLINOIS SPECIFIC	Claim Notes	2300	NTE	<p>Note Type-Use TR Qualifier</p> <p>State or province code = 2 characters</p> <p>License Plate Number or FAA "N" Number (Tail number) -Max 8 characters -If less than 8 characters, left justify and space fill.</p> <p>Pick up and Drop off in military time- HHMM, where H=Hours (00-23), M=minutes (00-59). Per HFS, pick up and drop off time span cannot exceed 10 hours.</p>

				<p>Example: NTE*ADD*TR*IL,12345678,1155,1220</p> <p>NOTE: The State or Province Code, Origin Time and Destination Time fields must contain the length per field as listed. Vehicle license number may vary from one (1) to a maximum of 8 characters. If the license plate or FAA tail number is less than 8 characters, left justify and space fill.</p>
21A	Diagnosis/Nature of Illness/Injury Code 2	2300	HI02: 02	<p>Valid ICD-10 code for DOS on or after 10/1/15 Valid ICD-9 code for DOS on or before 9/30/15.</p> <p>Illinois Only: If there is no valid diagnosis code submitted by the provider, then use default codes: -799.9 for DOS on or before 9/30/15 -R69 for DOS on or after 10/1/15</p>
23	Reference Number	2400	REF02	Secure assigned reference number
24A	Dates of Service	2400	DTP03	
24B	Place of Service	2300	CLM05: 01	
24D	CPT/HCPCS Codes	2400	SV101: 02	Use valid HCPCS code for service provided.

24DM	Modifiers	2400	SV10103 SV10104 SV10105 SV10106	Valid Modifiers: P=Physician's Office E=Residential Facility D=Medical Service (Other than P or H) G=Hospital based ESRD H=Hospital (Inpatient or outpatient) J=Freestanding ESRD facility N=Nursing Facility R=Residence S=Scene of Accident X=Destination code only. Intermediate stop at physician's office
24F	Charges	2400	SV102	
24G	Days or Units	2400	SV104	
24J-ILLINOIS SPECIFIC	Taxonomy	2000A	PRV03	Taxonomy code must be present with 10 alpha numeric digit.  The following are acceptable taxonomy codes: 343800000X-Secured Medical Transportation (VAN) 343900000X-Non-Emergency Medical Transportation (VAN) 344600000X-Taxi 347C00000X-Private Vehicle 341600000X-Ambulance (Emergent & Non-Emergent Behavioral Health Services)
25A	Federal TAX ID #	2010AA	REF02	9 digit length
26	Patient Account #	2300	CLM01	
28	Total Charge	2300	CLM02	
32	Transportation Pick Up and Drop Off Location	2310E and 2310F	NM101 NM102	Enter "PW" qualifier for pickup Address <u>Example:</u> NM1*PW*2~ N3*123 W Locust St~
32	Service Facility Address		N3	





32	Service Facility City		N4	N4*Bloomington*IL*61701~
32	Service Facility State		N4	Enter "45" qualifier for drop off Location <u>Example:</u> NM1*45*2~ N3*1333 Franklin Ave~ N4*Normal*IL*61761~
32	Service Facility Zip Code		N4	
33	Billing Provider Org/Last Name	2010AA	NM103	
33	Billing Provider First Name	2010AA	NM104	
33	Billing Provider Middle Name	2010AA	NM105	
33	Billing Provider Address	2010AA/2010 AB	N301	
33	Billing Provider City	2010AA/2010 AB	N401	
33	Billing Provider State	2010AA/2010 AB	N402	
33	Billing Provider Zip Code	2010AA/2010 AB	N403	
33A	Billing Provider NPI	2010AA	NM109	10 digit length
33B	Billing Provider Group #	2010BB	REF01	Use "G2"
33B	Billing Provider Group #	2010BB	REF02	Medicaid ID 12 digit length

T 800.856.9994  
 F 562.906.2947  
 3780 Kilroy Airport Way  
 Suite 220  
 Long Beach, CA 90806

securetransportation.com  
 TCP-2066

**Driven to Excellence.**