



Texas Medicaid

**HIPAA Transaction
Standard Companion Guide**

**Refers to the Implementation Guide
Acute Care 835 Health Care
Claim Payment/Advice
Based on ASC X12 version 005010**

CORE v5010 Companion Guide

August 2017



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Preface

This Companion Guide to the v5010 ASC X12N Implementation Guide and associated errata adopted under Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies the data content when exchanging electronically with Texas Medicaid. Transmissions based on this Companion Guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12N syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

NOTE: Effective January 1, 2013, health plans, covered entities and their business associates that engage in the exchange of electronic claim payment/advice transactions are required by the Affordable Care Act (ACA) to comply with additional operating rule regulations for the 835 transaction. These operating rules are maintained by the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE).



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1. INTRODUCTION

Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial health care transactions. The purpose of the Administrative Simplification portion of HIPAA is to enable health information to be exchanged electronically and to adopt standards for those transactions.

1.1 SCOPE

This Companion Guide is intended for Texas Medicaid Trading Partners interested in exchanging HIPAA compliant X12N Acute Care 835 Health Care Claim Payment/Advice Transactions with Texas Medicaid. It is intended to be used in conjunction with X12N Implementation Guides and is not intended to contradict or exceed X12N standards. It is intended to be used to clarify the CORE rules and to describe the *required* data values to process claim payment/advice transactions by Texas Medicaid.

All instructions in this document are written using information known at the time of publication and are subject to change.

1.2 OVERVIEW

This Companion Guide includes information needed to assist the trading partners with the submission of a valid Acute Care 835 Health Care Claim Payment/Advice to Texas Medicaid in batch and real-time mode.

The purpose of this document is to assist the provider with Texas Medicaid-particular data sets for information specified in the National Electronic Data Interchange Transaction Set Implementation Guide for the file type. The federal government has set standards to simplify Electronic Data Interchange (EDI). To comply with the standard, Texas Medicaid has updated the data sets for EDI files to be in accordance with HIPAA and is utilizing the ASC X12 nomenclatures. The 5010 TR3 dated April 2006 was used to create this Companion Guide for the 835 file formats.

This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guide. The ANSI ASC X12N Implementation Guides can be accessed at the Washington Publishing Company web site at: <http://store.x12.org/store/healthcare-5010-consolidated-guides>. The Texas Medicaid Companion Guide is designed to provide all entities that submit transactions regarding healthcare claims the specified data sets that Texas Medicaid requires per HIPAA compliance for the 835 file formats. Not all X12 data sets are used by Texas Medicaid to process and respond to a request for information.

The Texas Medicaid EDI Connectivity Guide that contains specific instructions regarding connectivity options, along with CORE compliant Safe Harbor information, can be found on the EDI page of the Texas Medicaid website at: http://www.tmhp.com/Pages/EDI/EDI_Technical_Info.aspx



1.3 REFERENCES

This section specifies additional documents useful for the read. For example, the X12N Implementation Guides adopted under HIPAA that this document is a companion to:

ACS X12 Version 5010 TR3s: <http://store.x12.org/store/healthcare-5010-consolidated-guides>

CAQH/CORE: <http://www.cagh.org/COREv5010.php>

1.4 ADDITIONAL INFORMATION

Security and Privacy Statement

Covered entities were required to implement HIPAA Privacy Regulations no later than April 14, 2003. A covered entity is defined as a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction. Providers that conduct certain electronic transmissions are responsible for ensuring these privacy regulations are implemented in their business practices. Health and Human Services Commission (HHSC) is a HIPAA Covered Entity. Accordingly, Texas Medicaid is operating as a HIPAA Business Associate of HHSC as defined by the federally mandated rules of HIPAA. A Business Associate is defined as a person or organization that performs a function or activity on behalf of a covered entity, but is not part of the covered entity's workforce.

The privacy regulation has three major purposes:

1. To protect and enhance the rights of consumers by providing them access to their health information and controlling the appropriate use of that information;
2. To improve the quality of health care in the United States by restoring trust in the health care system among consumers, health care professionals and the many organizations and individuals committed to the delivery of health care; and
3. To improve the efficiency and effectiveness of health care delivery by creating a national framework for health privacy and protection.

In accordance with HIPAA privacy regulations, the state of Texas provides a Notice of Privacy Practices to all Texas Medicaid households.



2. GETTING STARTED

2.1 WORKING WITH TEXAS MEDICAID

This section describes how to interact with Texas Medicaid's EDI Department.

EDI Help Desk is available to assist trading partners in exchanging data with Texas Medicaid. Below are details on how to register and contact the department for assistance.

2.2 TRADING PARTNER REGISTRATION

HHSC requires any entity exchanging electronic data with Texas Medicaid to be enrolled in the Texas Medicaid Program.

Texas Medicaid Enrollment Forms and instructions are available at:

http://www.tmhp.com/Pages/SupportServices/PSS_Home.aspx

Successful enrollment in Texas Medicaid is required before proceeding with EDI.

To get started with EDI, the necessary forms and instructions are available at:

http://www.tmhp.com/Pages/EDI/EDI_Forms.aspx



3 CONTACT INFORMATION

3.1 EDI CUSTOMER SERVICE

This section contains detailed information concerning EDI Customer Service, especially contact numbers.

Texas Medicaid EDI Help Desk: 1-888-863-3638

The EDI Help Desk assists providers and vendors with TexMedConnect (TMC) access. The Help Desk can reset TMC passwords and troubleshoot other TMC and EDI issues such as: internet requirements, EDI enrollment, transmission verification, TMC issues, file rejection, software requests, file resets, technical problems within the Texas Medicaid website, and ER&S download issues.

3.2 EDI TECHNICAL ASSISTANCE

This section contains detailed information concerning EDI Technical Assistance, especially contact numbers.

Texas Medicaid EDI Help Desk

The EDI Help Desk provides technical assistance only by troubleshooting Texas Medicaid EDI issues. Contact your system administrator for assistance with network, hardware, or telephone line issues.

To reach the Texas Medicaid EDI Help Desk, select one of the following methods:

- Fax 1-512-514-4230 or 1-512-514-4228
- Call 1-888-863-3638 (or call 1-512-514-4150)

The Texas Medicaid EDI Help Desk is available Monday through Friday, 7 a.m. to 7 p.m. CST.

3.3 PROVIDER SERVICE NUMBER

This section contains detailed information concerning provider services, especially contact numbers.

Provider Enrollment: 1-800-925-9126

The Provider Enrollment queue is designed to assist providers with applications to enroll and update new and existing provider accounts, and questions concerning enrollment policy. Some of the responsibilities include: maintenance of provider accounts, advising providers on how to complete a Texas Medicaid program application, and answering questions regarding policies which impact enrollment.

3.4 APPLICABLE WEBSITES/E-MAIL

This section contains detailed information about useful web sites and email addresses.

- Texas Medicaid EDI Technical Information, such as code references, vendor file specifications, and additional Companion Guides can be found at:
http://www.tmhp.com/Pages/EDI/EDI_Technical_Info.aspx



- A link to the Texas Medicaid 835 EOB Crosswalk may be found at:
http://www.tmhp.com/Pages/EDI/EDI_HIPAA_Reference.aspx

EDI Helpful Links:

- [Washington Publishing Company](#) - The Washington Publishing Company site includes reference documents pertaining to HIPAA, such as: implementation guides, data conditions, and the data dictionary for X12N standards.
- [Workgroup for Electronic Data Interchange \(WEDI\)](#) - This site provides implementation materials and information.

4. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Texas Medicaid may split a very large amount of remittance advice information from one weekly financial cycle for a single submitter into multiple 835 files.

Texas Medicaid does not support repetition of a simple data element or a composite data structure.

TMHP submitter IDs will be deactivated after an inactivity period of 180 days. Submitters who wish to have their submitter IDs re-activated will need to contact the EDI Helpdesk at 1-888-863-3638. Deactivated trading partner accounts will still be able to download their Electronic Remittance and Status (ER & S) Reports.

5. TRADING PARTNER AGREEMENTS

This section contains general information concerning Trading Partner Agreements (TPA).

5.1 TRADING PARTNERS

An EDI Trading Partner is defined as any Texas Medicaid customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from, Texas Medicaid.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify, among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

Texas Medicaid Trading Partner Agreement will be found on this web page:
http://www.tmhp.com/Pages/EDI/EDI_Forms.aspx



6. TRANSACTION SPECIFIC INFORMATION

This section uses a table to describe how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed. The tables contain a row for each segment where Texas Medicaid has something additional, over and above the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Texas Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe Texas Medicaid's usage for composite and simple data elements and for any other information. Notes and comments are placed at the deepest level of detail. For example, a note about a code value will be placed on a row specifically for that code value, not in a general note about the segment.

This section is used to describe the *required* data values that will be used by Texas Medicaid for claim payment and advice regarding status of Texas Medicaid claims. The 835 format is used for Electronic Remittance Advice (ERA) and/or payments. This is the file that is sent from Texas Medicaid to the billing providers.

6.1 835 TRANSACTION

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
Control Segments						
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		
C.4		ISA03	Security Information Qualifier	00		
C.4		ISA05	Interchange ID Qualifier	ZZ		
C.4		ISA06	Interchange Sender ID	Production = 617591011C21P Testing = 617591011C21T		This is Texas Medicaid's Electronic Transmitter Identifier.
C.5		ISA07	Interchange ID Qualifier	ZZ		
C.5		ISA11	Repetition Separator	(pipe character)		



Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		ISA14	Acknowledgment Requested	0 (zero)		
C.6		ISA15	Interchange Usage Indicator	P		Texas Medicaid populates "P" in ISA15 for both production and test data.
		ISA16	Component Element Separator	: (colon character)		
		BPR	Financial Information			
		BPR01	Transaction Handling Code	H, I		Texas Medicaid populates "H" in BPR01 if BPR04 = "NON", and populates "I" in BPR01 if BPR04 = "ACH" or "CHK".
		BPR03	Credit/Debit Flag Code	C		
		BPR04	Payment Method Code	ACH, CHK, NON		
		BPR05	Payment Format Code	CCP		Texas Medicaid populates BPR05 with "CCP" if BPR04 = "ACH"; otherwise BPR05 is not populated.
		REF	Version Identification			
		REF02	Reference Identification	0001		



Header						
102	1000B	N1	Payee Identification			
103	1000B	N103	Identification Code Qualifier	XX, FI		N103 will contain "XX" if the National Provider Identifier (NPI) is present in N104. N103 will contain "FI" if the Atypical Provider Identifier (API) is present in REF02.
103	1000B	N104	Identification Code		9 or 10 numeric	N104 will contain the billing provider's assigned EIN if N103 = "FI". N104 will contain the billing provider's assigned NPI if N103 = "XX".
107	1000B	REF	Payee Additional Identification			
107	1000B	REF01	Reference Identification Qualifier	OB, TJ, D3, PQ		REF01 will contain "OB" if the State License Number is present in REF02. REF01 will contain "TJ" if the EIN is present in REF02. REF01 will contain "D3" if the NCPDP is present in REF02. REF01 will contain "PQ" if the Taxonomy is present in REF02.



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108	1000B	REF02	Reference Identification		9 numeric or 10 alphanumeric	REF02 will contain the billing provider assigned state license number if REF01 = "OB". REF02 will contain the billing provider's assigned Federal Taxpayer's Identification Number if REF01 = "TJ" and N103 = "XX". REF02 will contain the billing provider assigned NCPDP if REF01 = "D3". REF02 will contain the billing provider's assigned taxonomy that is on file with Texas Medicaid if REF01 = "PQ".
-----	-------	-------	--------------------------	--	------------------------------	--



Detail						
123	2100	CLP	Claim Payment Information			There can be a maximum of 10,000 CLP segments per ST/SE transmitted on the 835.
	2100	CLP02	Claim Status Code			To determine the full claim status, reference Claim Adjustment Reason Codes in the CAS segment and Remittance Advice Remark Codes in the LQ segments in conjunction with the claim status code in CLP02.
	2100	NM1	Patient Name			
	2100	NM108	Identification Code Qualifier	MI		Texas Medicaid populates NM108 with "MI".
	2100	NM109	Identification Code			Texas Medicaid populates NM109 with the patient's Texas Medicaid ID.
169	2100	REF	Other Claim Related Identification			
170	2100	REF02	Reference Identification	CA1, CCP, CSN, DE1, DM2, DM3, EC1, EP1, FP3, HA1, IM1, MA1, MH2, MTP, TB1, WC1	3 alphanumeric	REF02 will contain the Benefit Code that was submitted on the inbound 837 transaction if REF01 = "G3." The benefit code will be one of the following values if applicable and if submitted on the 837 transaction: <ul style="list-style-type: none"> • CA1: County



						<p>Indigent Health Care Program (CIHCP)</p> <ul style="list-style-type: none">• CCP: Comprehensive Care Program (CCP)• CSN: Children with Special Health Care Needs (CSHCN) Services Program Provider• DE1: Texas Health Steps (THSteps) Dental Provider• DM2: Durable Medical Equipment (DME)• DM3: DME for CSHCN Providers• EC1: Early Childhood Intervention (ECI) Provider• EP1: THSteps Medical Provider• FP3: Family Planning, Primary Home Care (PHC)• HA1: Hearing Aid• IM1: Immunization Clinic• MA1: Maternity• MH2: Mental Health (MH) Case Management• MTP: Medical Transportation Provider• TB1: Tuberculosis (TB) Clinic• WC1: Women,
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835 Health Care Claim Payment/Advice

						Infants, and Children (WIC) Clinic
	2100	PER	Claim Contact Information			
	2100	PER02	Name	MEDI, STAR, CIDC, FP05, FP10, FP20	4 alphanumeric	PER02 will contain the program code the claim was paid under.
	2100	PER04	Communication Number			PER04 will contain the contact phone # for the program the claim was paid under.
	2100	AMT	Claim Supplemental Information			
	2100	AMT01	Amount Qualifier Code	DY, AU		
184	2100	QTY	Claim Supplemental Information Quantity			
185	2100	QTY02	Quantity		3 numeric	QTY02 will contain the Quantity Allowed if QTY01 = "CA."
Service Payment Information						
207	2110	REF	Rendering Provider Information			
208	2110	REF01	Reference Identification Qualifier	HPI, 1D		REF01 will contain "HPI" if the NPI is present in REF02. REF01 will contain "1D" if the API is present in REF02.



835 Health Care Claim Payment/Advice

208	2110	REF02	Reference Identification		10 numeric or 10 alphanumeric	REF02 will contain the rendering provider's assigned NPI if REF01 = "HPI". REF02 will contain the rendering provider's assigned API if REF01 = "1D".
	2110	LQ	Health Care Remark Codes			
	2110	LQ01		HE		
	2110	LQ02				Texas Medicaid populates LQ02 with the Remittance Advice Remark Code if LQ01 = "HE." To determine the full claim status, reference Claim Adjustment Reason Codes in the CAS segment and Remittance Advice Remark Codes in the LQ segments in conjunction with the claim status code in CLP02.



Service Adjustment					
217		PLB	Provider Adjustment		
218		PLB01	Reference Identification	10 numeric or 10 alphanumeric	PLB01 will contain the provider's assigned Payee NPI, or the provider's assigned Payee API.



Appendix A: 835 Example Transactions

Details: One 835 transaction reflects a single payment (check or EFT), or one 835 per pay-to provider. Both paid and denied claims will be reported in the 835. Pended claims will be reported in the Claim Status Pending Remittance (277P) and will be transmitted in the same envelope as the 835.

Texas Medicaid Note: In the following examples, carriage return line feeds are inserted after the ~ character for improved readability purposes.

Texas Medicaid Transaction Example:

NPI Transaction Example

```
ISA*00*      *00*      *ZZ*617591011C21P *ZZ*012345678
*131231*0856*|*00501*004171656*0*P*:~
GS*HP*617591011C21P*012345678*20131231*1716*5171655*X*005010X221A1~
ST*835*0001~
BPR*I*50.80*C*CHK*****20131231~
TRN*1*020961585*1123456789~
REF*EV*012345678~
REF*F2*0001~
DTM*405*20131231~
N1*PR*Texas Medicaid/Healthcare Services~
N3*12365A Riata Trace Parkway~
N4*Austin*TX*787276524~
PER*BL*EDI HELPDESK*TE*8888633638~
N1*PE*ORGANIZATION NAME*XX*1234567890~
N3*100 MAIN STREET~
N4*TOWN*TX*12345~
REF*TJ*123456789~
REF*PQ*999999999X~
PLB*1234567890*20130101*50:0652011042701*15.25*51:0652011042702*20.1~
SE*17*0001~
ST*835*0002~
BPR*I*52.07*C*CHK*****20130217~
TRN*1*020961585*1123456789~
REF*EV*123456789~
REF*F2*0001~
DTM*405*19991231~
N1*PR*Texas Medicaid/Healthcare Services~
N3*12365A Riata Trace Parkway~
N4*Austin*TX*787276524~
PER*BL*EDI HELPDESK*TE*8888633638~
N1*PE*ORGANIZATION NAME*XX*1234567890~
N3*100 MAIN STREET~
N4*TOWN*TX*12345~
```



REF*TJ*123456789~
 REF*PQ*999999999X~
 LX*1~
 CLP*98765432*1*50.80*50.80**MC*100020030201411122222333*11*1**6401*0*1~
 NM1*QC*1*LASTNAME*FIRSTNAME*M***MI*123456789~
 NM1*74*1*****C*123456789~
 NM1*PR*2*OTHER INSURANCE NAME1*****PI*123456789~
 REF*EA*123456Q~
 REF*SY*123456789~
 REF*F8*100020030201422233333444~
 REF*G1*1234567890~
 REF*G3*CCP~
 DTM*232*20130120~
 DTM*233*20131231~
 PER*CX*MEDI*TE*5127941234~
 AMT*AU*3897.51~
 QTY*CA*2~
 SVC*HC:99215*50.8*50.8~
 DTM*472*20131231~
 REF*HPI*1234567890~
 PLB*1234567890*20131231*CS:20143111022222*-1.27~
 SE*35*0002~
 GE*2*5171655~
 IEA*1*004171656~

API Transaction Example

ISA*00* *00* *ZZ*617591011C21P *ZZ*012345678
 *131231*0856*|*00501*004171656*0*P*:-~
 GS*HP*617591011C21P*012345678*20131231*1716*5171655*X*005010X221A1~
 ST*835*0001~
 BPR*I*15.45*C*CHK*****20130717~
 TRN*1*020961585*1234567890~
 REF*EV*123456789~
 REF*F2*0001~
 DTM*405*20131231~
 N1*PR*Texas Medicaid/Healthcare Services~
 N3*12365A Riata Trace Parkway~
 N4*Austin*TX*787276524~
 PER*BL*EDI HELPDESK*TE*8888633638~
 N1*PE*ORGANIZATION NAME*FI*123456789~
 N3*100 MAIN STREET~
 N4*TOWN*TX*12345~
 REF*D1*A123456789~
 REF*PQ*999X99999X~
 LX*1~
 CLP*PAT ACCT
 NUMBER11111*1*50.80*50.80**MC*100020030201311122222333*12*A**10*2*.25~
 NM1*QC*1*LASTNAME*FIRSTNAME*M***MI*123456789~
 NM1*74*1*****C*123456789~



NM1*PR*2*OTHER INSURANCE NAME1*****PI*123456789~
REF*EA*11111111~
REF*SY*123456789~
REF*F8*100058030201422233333444~
REF*G1*1234567890~
DTM*232*20131201~
DTM*233*20131231~
PER*CX*MEDI*TE*5127941234~
AMT*AU*9999.89~
QTY*CA*2~
SVC*HC:99215*50.8*50.80~
DTM*472*20131231~
REF*1D*A123456789~
PLB*A123456789*20131231*50:0652011042701*15.25*51:0652010012702*20.10~
SE*34*0001~
GE*1*5171655~
IEA*1*004171656~



Appendix B: Summary of Version Changes

The following is a log of changes made since the original version of the document was published.

	Change	Date
1	Example transactions updated.	07/07/2014
2	CAQH CORE language and table added.	10/08/2014
3	Numerous corrections and format consistency changes. Updated contact information p. 8. Added link to EOB Crosswalk p. 9. BPR segment details added p. 11. MIA segment removed as it is not used by Texas Medicaid. Updated/added codes for loop 2100 REF, PER, AMT, and QTY and loop 2110 LQ segments pp. 14-17. Updated example transactions pp. 19-21.	7/30/2015
4	Added "TMHP submitter IDs will be deactivated after an inactivity period of 180 days. Submitters who wish to have their submitter IDs re-activated will need to contact the EDI Helpdesk at 1-888-863-3638. Deactivated trading partner accounts will still be able to download their Electronic Remittance and Status (ER & S) Reports." on p. 5	04/13/2016
5	Removed Option; Option 2 from Provider Enrollment Phone #: 1-800-925-9126, Option 2 Section 3.3. page 8 Removed all other Phone Number Options from 3.1 & 3.2	06/21/2016 10/06/2016
6	Removed reference of EPHC: Expanded PHC (EPHC) Provider on page 14 of 22.	01/10/2017
7	Removed reference to data values "1, 4, 22, 25" from 2100 CLP02 on Page 13 of 22. Changes to be effective 08/25/17	05/15/2017