



Texas Medicaid

**HIPAA Transaction
Standard Companion Guide**

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

CORE v5010 Companion Guide

June 2015



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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 Long Term 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 Long Term 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 ASC X12N Technical Report Type 3 (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:

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

CAQH/CORE: <http://www.caqh.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. 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, option 3

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, option 3 (or call 1-512-514-4150, option 3)

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, Option 2

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 can 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.

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's 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 that 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 = 617591011CMSP Testing = 617591011CMST		This is Texas Medicaid's Electronic Transmitter Identifier.
C.5		ISA07	Interchange ID Qualifier	ZZ		



Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.5		ISA08	Interchange Receiver ID			ISA08 contains the recipient's Texas Medicaid Long-Term Care Electronic Transmitter Identifier. This ID is assigned to the submitter by Texas Medicaid.
C.5		ISA11	Repetition Separator	(pipe character)		
		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	I, H		When the payment amount in BPR02 is > 0, Texas Medicaid populates BPR01 with "I". Otherwise Texas Medicaid populates BPR01 with "H".
		BPR03	Credit/Debit Flag Code	C		
		BPR04	Payment Method Code	CHK, NON		If the payment amount in BPR02 > 0, Texas Medicaid populates CHK in BPR04. Otherwise Texas Medicaid populates BPR04 with NON.



Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		TRN	Reassociation Trace Number			
		TRN02	Reference Identification			For electronic payments, Texas Medicaid populates TRN02 with the EFT trace #. For payments by check, Texas Medicaid populates TRN02 with the Texas Medicaid internal warrant #.
		REF	Version Identification			
		REF02	Reference Identification	0001		
Header						
102	1000B	N1	Payee Identification			
103	1000B	N103	Identification Code Qualifier	XX, FI		Texas Medicaid populates N103 with "XX" when the NPI is present in N104. Texas Medicaid populates N103 with "FI" if the Federal Taxpayer's Identification Number (FTIN) or Social Security Number (SSN) is present in N104 and REF01 = "PQ" and the API is present in REF02.



Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
103	1000B	N104	Identification Code		9 or 10 numeric	Texas Medicaid populates N104 with the billing provider's assigned NPI if N103 = "XX". Texas Medicaid populates N104 with the billing provider's assigned FTIN or SSN if N103 = "FI".
107	1000B	REF	Payee Additional Identification			
107	1000B	REF01	Reference Identification Qualifier	PQ, TJ		Texas Medicaid populates REF01 with "PQ" if the Atypical Provider Identifier (API) is present in REF02. Texas Medicaid populates REF01 with "TJ" if the FTIN or SSN is present in REF02.
108	1000B	REF02	Reference Identification		9 numeric or 10 alphanumeric	Texas Medicaid populates REF02 with the billing provider's assigned FTIN or SSN if REF01 = "TJ" and N103 = "XX". Texas Medicaid populates REF02 with the billing provider's assigned API if REF01 = "PQ" and N103 = "FI".



Detail						
123	2100	CLP	Claim Payment Information			
	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	CLP06	Claim Filing Indicator Code	MC		
127	2100	CLP07	Reference Identification		15 numeric	Texas Medicaid populates CLP07 with the claim Internal Control Number (ICN).
	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 client Texas Medicaid ID.
	2100	REF	Other Claim Related Identification			
	2100	REF01	Reference Identification Qualifier	EA		
	2100	REF02	Reference Identification			Texas Medicaid populates REF02 with the Medical Record ID if REF01 = "EA" and the Medical Record ID was submitted in the 837 claim file.



	2100	AMT	Claim Supplemental Information			
	2100	AMT01	Amount Qualifier Code	AU		
Service Payment Information						
204	2110	REF	Service Identification			
205	2110	REF01	Reference Identification Qualifier	G3		
205	2110	REF02	Reference Identification		8 numeric	Texas Medicaid populates REF02 with the Texas Medicaid referral number for the corresponding client/contract number if REF01 = "G3" and the referral number was submitted in the 837 claim file.
207	2110	REF	Rendering Provider Information			
207	2110	REF01	Reference Identification Qualifier	HPI, 1D		Texas Medicaid populates REF01 with "HPI" if the rendering provider's NPI is present in REF02. Texas Medicaid populates REF01 with "1D" if the FTIN or SSN is present in REF02.



208	2110	REF02	Reference Identification		9 or 10 numeric	Texas Medicaid populates REF02 with the rendering provider's assigned FTIN or SSN if REF01 = "1D". Texas Medicaid populates REF02 with the rendering provider's assigned NPI when REF01 = "HPI".
211	2110	AMT	Service Supplemental Amount			
211	2110	AMT01	Amount Qualifier Code	B6		
212	2110	AMT02	Monetary Amount			Texas Medicaid populates AMT02 with the client Other Insurance Paid Amount when AMT01 = "B6".
	2110	LQ	Health Care Remark Codes			
	2110	LQ01	Code List Qualifier Code	HE		
	2110	LQ02	Industry Code			Texas Medicaid populates LQ02 with a Remittance Advice Remark Code when 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.



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 example carriage return line feeds are inserted after ~ character for improved readability purposes.

Texas Medicaid Example Transaction:

```
ISA*00*      *00*      *ZZ*617591011CMSP *ZZ*012345678
*131231*0856*|*00501*417160056*0*P*::~~
GS*HP*617591011CMSP*012345678*20131231*1716*5171655*X*005010X221A1~
ST*835*0001~
BPR*I*40.80*C*CHK*****20131231~
TRN*1*OS1234561234567890*1746000156~
REF*F2*0001~
DTM*405*20131231~
N1*PR*TDHS~
N3*701 W. 51st Street~
N4*Austin*TX*787149030~
N1*PE*ORGANIZATION NAME*XX*1234567890~
REF*TJ*123456789~
REF*PQ*123456789~
LX*1~
CLP*PAT ACCT NUMBER11111*1*40.8*40.8**MC*123456789012345*21*3~
NM1*QC*1*LASTNAME*FIRSTNAME*M**JR*MI*123456789~
REF*EA*A111~
DTM*232*20131201~
DTM*233*20131231~
SVC*HC:99215*40.8*40.8~
DTM*472*20131231~
REF*G3*12345678~
REF*HPI*1234567890~
PLB*1234567890*20131231*CV:9876543210987*-1.27~
SE*23*0001~
ST*835*0002~
BPR*I*536.83*C*CHK*****20130707~
TRN*1*OS1234551234567890*1746000156~
REF*F2*0001~
DTM*405*20131231~
N1*PR*TDHS~
N3*701 W. 51st Street~
N4*Austin*TX*787149030~
N1*PE*ORGANIZATION NAME*XX*1234567890~
REF*TJ*123456789~
REF*PQ*123456789~
LX*1~
CLP*PATACTNUMBER2222*1*1134.49*536.83**MC*123456789012345*21*3~
```



NM1*QC*1*LAST NAME*FIRST NAME*M**JR*MI*123456789~
REF*EA*A112~
REF*G1*1111~
DTM*232*20131201~
DTM*233*20131231~
SVC*NU:0100*1134.49*536.83**7~
DTM*150*20131119~
DTM*151*20131125~
CAS*CO*125*417.76*0~
CAS*PI*2*179.9*0~
REF*G3*12345679~
LQ*HE*N45~
LQ*HE*N362~
SE*27*0002~
GE*2*5171655~
IEA*1*417160056~



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	Add new mapping in 2110 AMT02 for Other Insurance Paid Amount	11/26/2012
2	Example transaction updated.	07/07/2014
3	CAQH CORE language and table added.	10/08/2014
4	Numerous corrections and format consistency changes	6/26/2015