



Vendor Specification

Submitter Reports

July 30, 2007



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SECTION 1. INTRODUCTION

1.1 Purpose

A TMHP submitter who sends transactions in the X12 format will receive the *Accepted Transaction Report*, *Rejected Transaction Report*, *Extract Transaction Report*, and *997 acknowledgment* if the file successfully passes HIPAA edits. If the file fails HIPAA edits, the rejections are returned in the Rejected Transaction Report.

If the X12 transaction does not have rejections, then an Accepted Transaction Report listing all of the submission's results and a Rejected Transaction Report with no data reported is returned to the submitter. Conversely, if all of a submission is rejected, then a Rejected Transaction Report listing all of the submission's errors and an Accepted Transaction Report with no data reported is returned to the submitter.

1.2 Contact Information

TMHP EDI Help Desk

The Electronic Data Interchange (EDI) Help Desk provides technical assistance only by troubleshooting TMHP EDI issues. Contact your system administrator for assistance with modem, hardware, or phone line issues.

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

- Fax 512-514-4230 or 512-514-4228
- For Medicaid, CSHCN and Family Planning electronic filing issues, call 888-863-3638 (or in Austin, call 512-514-4150)
- For Long Term Care issues, call 800-626-4117 (Select option 2) (or in Austin, call 512-335-4729)

The TMHP EDI Help Desk is available Monday through Friday, 8 a.m. to 5:30 p.m. CST.



SECTION 2. ACCEPTED TRANSACTION REPORT LAYOUT

2.1 Multiple Transactions Report Example

ACCEPTED TRANSACTION REPORT *****					
Submitter Name - XXXXXXXXXX		Submitter ID - XXXXXXXXXX			
Submission ID - XXXXXXXXX					
Processing Date and Time - CCYY-MM-DD HH:MM:SS					
Provider Name - XXXXXXXXXX		Provider ID - XXXXXXXXXX			
Payer Name - XXXXXXXXXX		Payer ID - XXXXXXXXXX			
TXN Format/Version - XXXXXXXXXX					
Submitter File#	Receipt Date	Group#	Transaction/Trace#	Batch ID	
MemberID	Patient Last Name	Initial	PCN		
TOB/POS	Charge	From Date	To Date		
111111111	CCYY-MM-DD	9	123456	XXXXXXX	
XXXXXX	LASTNAME	X	XXXXXXX		
XXX	\$XXX.XX	CCYMMDD	CCYMMDD		

Submitter Name - XXXXXXXXXX		Submitter ID - XXXXXXXXXX			
Submission ID - XXXXXXXXX					
Processing Date and Time - CCYY-MM-DD HH:MM:SS					
Provider Name - XXXXXXXXXX		Provider ID - XXXXXXXXXX			
Payer Name - XXXXXXXXXX		Payer ID - XXXXXXXXXX			
TXN Format/Version - XXXXXXXXXX					
Submitter File#	Receipt Date	Group#	Transaction/Trace#	Batch ID	
MemberID	Patient Last Name	Initial	PCN		
TOB/POS	Charge	From Date	To Date		
111111111	CCYY-MM-DD	9	123456	XXXXXXX	
XXXXXX	LASTNAME	X	XXXXXXX		
XXX	\$XXX.XX	CCYMMDD	CCYMMDD		

Submitter Name - XXXXXXXXXX		Submitter ID - XXXXXXXXXX			
Submission ID - XXXXXXXXX					
Processing Date and Time - CCYY-MM-DD HH:MM:SS					
Provider Name - XXXXXXXXXX		Provider ID - XXXXXXXXXX			
Payer Name - XXXXXXXXXX		Payer ID - XXXXXXXXXX			
TXN Format/Version - XXXXXXXXXX					
Submitter File#	Receipt Date	Group#	Transaction/Trace#	Batch ID	
MemberID	Patient Last Name	Initial	PCN		
TOB/POS	Charge	From Date	To Date		
111111111	CCYY-MM-DD	9	123456	XXXXXXX	
XXXXXX	LASTNAME	X	XXXXXXX		
XXX	\$XXX.XX	CCYMMDD	CCYMMDD		

Total Accept Txn: 3		Total Accept Charge: \$XXX.XX			



2.2 No Accepted Transactions Report Example

ACCEPTED TRANSACTION REPORT *****	
Total Accept Txn: 0	Total Accept Charge: \$0.00

NOTE: For Non-Claims we will not have the statement "Total Accept Charge: \$0.00"



SECTION 3. ACCEPTED TRANSACTION REPORT DESCRIPTION

3.1 Claims

This detail report lists activity by submitter, provider, payer and transaction for each transaction document that passes TMHP editing. This report is generated per submission at the 2000B level and is returned to the submitter. For each accepted transaction the report includes: Interchange Control number, Group Control Number, Transaction Control Number, Trace Number, Member Identifier, Patient Last Name, Patient First Initial, Patient Control Number, Type of Bill or Place of Service, Charge, Transaction From and To dates, and Receipt Date.

Field Name	Description	Field Length	X12 837 Version 4010A
Submitter Number	Number of the entity submitting the file	1-35	1000A NM109 if NM101=41
Submitter name	Name of entity submitting the file	1-15	1000A NM103 if NM101=41
Billing Provider Name	Name of the billing entity	1-35	2010AA NM103 if NM101=85
Billing Provider ID [National Provider Identifier (NPI), Tax ID, or SSN]	Number associated with the billing entity	2-80 (X12 length)	2010AA NM109 if NM101=85
Payer ID	Number associated with the organization paying the claim	2-80 (X12 length)	1000B NM109 if NM101=40
Payer Name	Name associated with the organization paying the claim	1-35	1000B NM103 if NM101=40
Submission ID	TMHP generated batch id	Batch ID	TMHP generated batch id
Transaction Type	Literal identifying the transaction format and version (Example: TXN Format/Version - Institutional Claim A1 X12 4010)	34-48	Based on GS08
Processing Date and Time	Date and time of report generation (Example: 2004-12-05 05:49:03)	CCYY-MM-DD HH:MM:SS	Date and time of report generation
Total Accepted Transactions	Total number of transactions that were accepted within the batch by provider	10	Calculated from the number of accepted transactions within the batch by provider.



Field Name	Description	Field Length	X12 837 Version 4010A1
Total Accepted Charge	Total Charge amounts for all accepted transactions within the batch	TMHP generated	Sum of each 2300 CLM02 within the batch for accepted transactions by provider.
Interchange Control Number	A control number assigned by the interchange sender	9 (X12 length)	ISA13
Group Control Number	A Control number assigned and maintained by the sender	1-12	GS06
Transaction Control Number	A control number assigned by the originator for a transaction set. Must be unique within the functional group	4-9 (X12 length)	ST02
Trace Number	Number used to associate a request to a response	10	BHT03
Member Identification	The number assigned to the subscriber by the payer	1-22	2300 CLM01
Patient Last Name	Patient last name	1-22	2010BA NM103 if NM101=IL
Patient First Initial	Patient first initial (followed by 8 spaces)	1-9	2010BA NM106 if NM101=IL
Patient Control Number	Number used to track the claim by the health care provider through payment	1-21	2010BA NM109 if NM101=IL
Type of Bill/Place of Service	Code identifying where the services were performed	1-12	2300 CLM05-1, CLM05-3
Charge	Total amount of all submitted charges for all lines of the claim	1-30	2300 CLM02
From Date	Initial date of service	1-8	See Figure 1
To Date	Ending date of service	1-8	See Figure 2
Receipt Date	Date transaction was generated by the sender	6-8	ISA09

Figure 1
If Institutional and 2300 DTP01 = 434 and DTP02 = D8 then use DTP03
If Institutional and 2300 DTP01 = 434 and 2300 DTP02 = RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1 st date.
If Prof/Dental and 2400 DTP01 = 472 and 2400 DTP02 = D8 then use DTP03
If Prof/Dental and 2400 DTP01 = 472 and 2400 DTP02 = RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1 st date.



Figure 2

If Institutional and 2300 DTP01 = 434 and 2300 DTP02 = D8 then use DTP03
--

If Institutional and 2300 DTP01 = 434 and 2300 DTP02 = RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 2 nd date.
--

If Prof/Dental and 2400 DTP01 = 472 and 2400 DTP02 = D8 then use DTP03
--

If Prof/Dental and 2400 DTP01 = 472 and 2400 DTP02 = RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 2 nd date.
--



3.2 Non-Claims

This detail report lists activity by submitter and provider for each claim that passes TMHP editing. This report is generated per submission at the 2000B level and is returned to the submitter. For each accepted transaction the report includes: Interchange Control number, Group Control Number, Transaction Control Number, Trace Number, Member Identifier, Patient Last Name, Patient First Initial, Patient Control Number, Type of Bill or Place of Service, Charge, Transaction From and To dates, and Receipt Date.

Field Name (Description)	X12 270	X12 276
Submitter ID (Number of the entity submitting the file)	2100B NM109	2100B NM109 when NM101=41
Submitter name (Name of entity submitting the file)	2100B NM103	2100B NM103 when NM101 =41
Billing Provider Name (Name of the billing entity)	N/A	2100C NM103 when NM101 =1P
Billing Provider ID NPI, Atypical provider identifier (API), Tax ID, or SSN	N/A	2100C NM109 when NM101=1P
Payer ID (Number associated with the organization paying the claim)	2100A NM109	2100A NM109 when NM101 =PR
Payer Name (Name associated with the organization paying the claim)	2100A NM103	2100A NM103 when NM101 =PR
Submission ID	TMHP generated batch id	
Transaction Type (Literal identifying the transaction format and version)	Based on GS08 (Example: Eligibility Request A1 X12 4010	Based on GS08 (Example: Claim Status Inquiry A1 X12 4010)
Processing Date and Time	Date and time of report generation	
Total Accepted Transactions	Total number of transactions accepted within the batch by provider	
Total TMHP Accepted Charge (Total Submitted Charge amounts for all accepted transactions within the batch)	N/A	Sum of 2210D SVC02 (if blank check) 2210E SVC02 (if blank check) 2200D AMT02 (if blank check) 2200E AMT02
Interchange Control Number (A control number assigned by the interchange sender)	ISA13	ISA13
Group Control Number (A Control number assigned and maintained by the sender)	GS06	GS06
Transaction Control Number (A control number assigned by the originator for a transaction set. Must be unique within the functional group)	ST02	ST02



Field Name (Description)	X12 270	X12 276
Trace Number (Number used to associate a request to a response)	BHT03	2200D TRN02 (if blank check) 2200E TRN02
Member Identification (The number assigned to the subscriber by the payer.)	2100C NM109 when NM101=IL	2100D NM109 when NM101=IL or QC (if blank check) 2100E NM109 when NM101=IL or QC
Patient Last Name	2100C NM103 when NM101=IL	2100D NM103 when NM101=IL or QC If blank check 2100 E NM103 when NM101 =IL or QC
Patient First Initial	2100C NM104 when NM101=IL	2100D NM104 when NM10= IL or QC If blank check 2100 E NM104 when NM101=IL or QC
Patient Control Number (Number used to track the claim by the health care provider through payment)	2000C TRN02 when TRN01=1 or 2	2200D REF02 when REF01=EA If blank check 2200E REF02 when REF01=EA
Charge (Total amount of all submitted charges for all lines of the claim)	N/A	2210D SVC02 (if blank check) 2210E SVC02 (if blank check) 2200D AMT02 (if blank check) 2200E AMT02



Field Name (Description)	X12 270	X12 276
Type of Bill/Place of Service (Code identifying where the services were performed)	N/A	2200D REF02 when REF01=BLT If blank check 2200E REF02 when REF01=BLT
From Date (Initial date of service)	N/A	See Figure 3
To Date (Ending date of service)	N/A	See Figure 3
Receipt Date (Date transaction was generated by the sender)	ISA09	ISA09



Figure 3	
If Institutional and 2200D DTP01 = 232	
	If DTP02 = RD8 then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1 st date for the From Date and the 2 nd date for the To Date. Else Invalid transaction
Else	
	If 2200E DTP01 = 232 If DTP02 = RD8 Then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1 st date for the From Date and the 2 nd date for the To Date Else
Invalid transaction	
	Else Leave field blank
If Professional/Dental and 2210D DTP01 = 472	
	If DTP02 = RD8 Then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1 st date for the From Date and the 2 nd date for the To Date. Else Invalid transaction
Else	
	If 2200D DTP01 = 232 If DTP02 = RD8 Then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1 st date for the From Date and the 2 nd date for the To Date Else
Invalid transaction	
	Else If 2200E DTP01 = 472
If DTP02 = RD8, then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1 st date for the From Date and the 2 nd date for the To Date	
Else	
If 2200D DTP01 = 232	
	If DTP02 = RD8 Then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1 st date for the From Date and the 2 nd date for the To Date Else
Invalid transaction	
Else	
	Leave field blank



Figure 4
FROM DATE:
If Institutional and 2100 DTM01 = 232 use DTM02
If Prof/Dental and 2110 DTM01 = 150 or 472 use DTM02
TO DATE:
If Institutional and 2100 DTM01 = 233 use DTM02
If Prof/Dental and 2110 DTM01 = 151 use DTM02



SECTION 4. REJECTED TRANSACTION REPORT LAYOUT

4.1 Multiple Transactions with MULTIPLE ERRORS Report Example

REJECTED TRANSACTION REPORT						

Submitter Name -XXXXXXXX		Submitter ID - XXXXXXXXXX				
Submission ID - XXXXXXXXXX						
Processing Date and Time - CCYY-MM-DD HH:MM:SS						
Provider Name - XXXXXXXXXX		Provider ID - XXXXXXXXXX				
Payer Name - XXXX		Payer ID - XXXXXXXXXX				
TXN Format/Version - XXXXXXXXXX						
Submitter File#	Receipt Date	Group#	Transaction/Trace#	Batch ID		
MemberID	Patient Last Name	Initial	PCN			
TOB/POS	Charge	From Date	To Date			
N/A	CCYY-MM-DD XX	XXXXXXXXXX		XXXXXXXXXX		
XXXXXXXXXX	LASTNAME	X		XXXXXXXXXX		
N/A	\$XXX.XX	CCYYMMDD		CCYYMMDD		
Additional Explanation:						
XX.						
Submitter Name -XXXXXXXX		Submitter ID - XXXXXXXXXX				
Submission ID - XXXXXXXXXX						
Processing Date and Time - CCYY-MM-DD HH:MM:SS						
Provider Name - XXXXXXXXXX		Provider ID - XXXXXXXXXX				
Payer Name - XXXX		Payer ID - XXXXXXXXXX				
TXN Format/Version - XXXXXXXXXX						
Submitter File#	Receipt Date	Group#	Transaction/Trace#	Batch ID		
MemberID	Patient Last Name	Initial	PCN			
TOB/POS	Charge	From Date	To Date			
N/A	CCYY-MM-DD XX	XXXXXXXXXX		XXXXXXXXXX		
XXXXXXXXXX	LASTNAME	X		XXXXXXXXXX		
N/A	\$XXX.XX	CCYYMMDD		CCYYMMDD		
Additional Explanation:						
XX.						
Submitter Name -XXXXXXXX		Submitter ID - XXXXXXXXXX				
Submission ID - XXXXXXXXXX						
Processing Date and Time - CCYY-MM-DD HH:MM:SS						
Provider Name - XXXXXXXXXX		Provider ID - XXXXXXXXXX				
Payer Name - XXXX		Payer ID - XXXXXXXXXX				
TXN Format/Version - XXXXXXXXXX						
Submitter File#	Receipt Date	Group#	Transaction/Trace#	Batch ID		
MemberID	Patient Last Name	Initial	PCN			
TOB/POS	Charge	From Date	To Date			
N/A	CCYY-MM-DD XX	XXXXXXXXXX		XXXXXXXXXX		
XXXXXXXXXX	LASTNAME	X		XXXXXXXXXX		
N/A	\$XXX.XX	CCYYMMDD		CCYYMMDD		
Additional Explanation:						
XX.						
Total Reject Txn: 3		Total Reject Charge: \$XXXX.XX				



4.2 No Rejected Transactions Report Example

```
REJECTED TRANSACTION REPORT
*****

Total Reject Txn: 0          Total Reject Charge: 0.00
```

NOTE: For Non-Claims we won't have the statement "Total Reject Charge: \$0.00"

4.3 File Level Rejected Transaction Report Examples

This report will be generated if one of the following situations occurs:

- The submitter ID was not approved for contingency.
- The submitter's contingency duration has expired.

```
REJECTED TRANSACTION REPORT
*****

This file was rejected due to the submitter ID's NPI contingency status.

Total Reject Txn: 0          Total Reject Charge: 0.00
```

This report will be generated if the submitter ID submits an X12 transaction that contains a combination of NPI, or API, and TPI or legacy identifiers.

```
REJECTED TRANSACTION REPORT
*****

This file was rejected by TMHP due to NPI and Legacy Provider IDs being
submitted within the same file.

Total Reject Txn: 0          Total Reject Charge: 0.00
```



SECTION 5. REJECTED TRANSACTION REPORT DESCRIPTION

5.1 Claims

This detail report lists reject activity by submitter, provider, and payer. This report is generated per submission at the 2000B level and is returned to the submitter. For each rejected transaction the report includes: Member Identifier, Patient Last Name, Patient First Initial, Patient Control Number, Document Control Number, Type of Bill or Place of Service, Charge, Transaction From and To dates, Receipt Date, Reject Code, and Reject Description.

Field Name	Description	Field Length	X12 Version 4010A1
Submitter name	Name of entity submitting the logical file	1-35	1000A NM103 if NM101=41
Submitter ID	Number of the entity submitting the logical file	1-15	1000A NM103 if NM101=41
Billing Provider Name	Name of the billing entity	1-35	2010AA NM103 if NM101=85
Billing Provider ID NPI, Tax ID, or SSN	Number associated with the billing entity	2-80 (X12 length)	2010AA NM109 if NM101=85
Payer ID	Number associated with the organization paying the claim	2-80 (X12 length)	1000B NM109 if NM101=40
Payer Name	Name associated with the organization paying the claim	1-35	1000B NM103 if NM101=40
Submission ID	TMHP Generated Batch ID		
Transaction Type	Literal identifying the transaction format and version (Example: TXN Format/Version - Institutional Claim A1 X12 4010)	34-48	Based on value reported in GS08
Processing Date and Time	Report generation date and time	TMHP Generated	Report generation date and time
Total Rejected Transactions	Total number of transactions that were rejected within the batch by provider	10	Calculated from the number of rejected transactions within the batch by provider.



Field Name	Description	Field Length	X12 Version 4010A1
Total Rejected Charge	Total Charge amounts for all rejected transactions within the batch by provider.	TMHP generated	Sum of each 2300 CLM02 within the batch for rejected transactions by provider.
Member Identification	The number assigned to the subscriber by the payer.	1-22	2300 CLM01
Patient Last Name	Patient last name	1-22	2010BA NM103 IF NM101=IL
Patient First Initial	Patient first initial	1-9	1 st character from 2010BA NM104 IF NM101=IL
Patient Control Number	Number used to track the claim by the health care provider through payment	1-21	2010BA NM109 IF NM101=IL
Interchange Control Number	A control number assigned by the interchange sender	9 (X12 field length)	ISA13
Group Control Number	A control number assigned and maintained by the sender	1-12	GS06
Transaction Control Number	A control number assigned by the originator for a transaction set. Must be unique within the functional group	4-9 (X12 field length)	ST02
Trace Number	Number used to associate request to a response	1-20	BHT03
Type of Bill/Place of Service	Code identifying where the services were performed	1-12	2300 CLM05-1, CLM05-3
Charge	Total amount of all submitted charges for all lines of the claim	1-30	2300 CLM02



Field Name	Description	Field Length	X12 Version 4010A1
From Date	Initial date of service	1-8	<p>If Institutional and 2300 DTP01=434 and DTP02=D8 then use DTP03</p> <p>If Institutional and 2300 DTP01=434 and 2300 DTP02=RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date.</p> <p>If Prof/Dental and 2400 DTP01=472 and 2400 DTP02=D8 then use DTP03</p> <p>If Prof/Dental and 2400 DTP01=472 and 2400 DTP02= RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date.</p>
To Date	Ending date of service	1-8	<p>If Institutional and 2300 DTP01=434 and 2300 DTP02=D8 then use DTP03</p> <p>If Institutional and 2300 DTP01=434 and 2300 DTP02=RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 2nd date.</p> <p>If Prof/Dental and 2400 DTP01=472 and 2400 DTP02=D8 then use DTP03</p> <p>If Prof/Dental and 2400 DTP01=472 and 2400 DTP02=RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 2nd date.</p>
Receipt Date	Date transaction was generated by the sender	6-8	ISA09



5.2 Non-Claims

This detail report lists activity by submitter, provider, and payer for each claim that passes TMHP editing. This report is generated per submission at the 2000B level and is returned to the submitter. For each accepted transaction the report includes: Interchange Control number, Group Control Number, Transaction Control Number, Trace Number, Member Identifier, Patient Last Name, Patient First Initial, Patient Control Number, Document Control Number, Type of Bill or Place of Service, Charge, Transaction From and To dates, and Receipt Date.

Field Name (Description)	X12 270	X12 276
Submitter ID (Number of the entity submitting the file)	ISA06	ISA06
Submitter Name (Name of entity submitting the file)	2100B NM103	2100B NM103 when NM101=41
Billing Provider Name (Name of the billing entity)	N/A	2100C NM103 when NM101=1P
Billing Provider ID NPI, API, Tax ID, or SSN	2100B NM109	2100C NM109 when NM101=1P
Payer ID (Number associated with the organization paying the claim)	N/A	2100A NM109 when NM101=PR
Payer Name (Name associated with the organization paying the claim)	N/A	2100A NM103 when NM101=PR
Submission ID	TMHP Generated Batch ID	
Transaction Type (Literal identifying the transaction format and version)	Based on GS08 (Example: Eligibility Request A1 X12 4010)	Based on GS08 (Example: Claim Status Inquiry A1 X12 4010)
Processing Date and Time	TMHP System Processing date and time	
Total Rejected Transactions	Total number of transactions that were rejected within the batch by provider	
Total Rejected Charge (Total Submitted Charge amounts for all rejected transactions within the batch)	N/A	Sum of 2210D SVC02 (if blank check) 2210E SVC02 (if blank check) 2200D AMT02 (if blank check) 2200E AMT02
Interchange Control Number (A control number assigned by the interchange sender)	ISA13	ISA13
Group Control Number	GS06	GS06



Field Name (Description)	X12 270	X12 276
(A Control number assigned and maintained by the sender)		
Transaction Control Number (A control number assigned by the originator for a transaction set. Must be unique within the functional group)	ST02	ST02
Trace Number (Number used to associate a request to a response)	BHT03	2200D TRN02 (if blank check) 2200E TRN02
Member Identification (The number assigned to the subscriber by the payer.)	2100C NM109 when NM101=IL	2100D NM109 when NM101=IL or QC (if blank check) 2100E NM109 when NM101=IL or QC
Patient Last Name	2100C NM103 when NM101=IL	2100D NM103 when NM101=IL or QC If blank check 2100 E NM103 when NM101=IL or QC
Patient First Initial	2100C NM104 when NM101=IL	2100D NM104 when NM101=IL or QC If blank check 2100 E NM104 when NM101=IL or QC
Patient Control Number (Number used to track the claim by the health care provider through payment)	2000C TRN02 when TRN01=1or2	2200D REF02 when REF01=EA If blank check 2200E REF02 when REF01=EA



Field Name (Description)	X12 270	X12 276
Charge (Total amount of all submitted charges for all lines of the claim)	2210D SVC02 (if blank check) 2210E SVC02 (if blank check) 2200D AMT02 (if blank check) 2200E AMT02	2200D STC04 (if blank check) 2200E STC04
Type of Bill/Place of Service (Code identifying where the services were performed)	2200D REF02 when REF01 = BLT If blank check 2200E REF02 when REF01 = BLT	2200D REF02 when REF01=BLT If blank check 2200E REF02 when REF01=BLT
From Date (Initial date of service)	NA	See Figure 5
To Date (Ending date of service)	NA	See Figure 5
Receipt Date (Date transaction was generated by the sender)	ISA09	TMHP Header



Figure 5

If Institutional and 2200D DTP01 = 232
If DTP02 = RD8
Then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date.
Else
Invalid transaction
Else
If 2200E DTP01 = 232
If DTP02 = RD8
Then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date
Else
Invalid transaction
Else
Leave field blank

If Professional/Dental and 2210D DTP01 = 472
If DTP02 = RD8
Then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date.
Else
Invalid transaction
Else
If 2200D DTP01 = 232
If DTP02 = RD8
Then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date
Else
Invalid transaction
Else
If 2200E DTP01 = 472
If DTP02 = RD8,
Then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date
Else
If 2200D DTP01 = 232
If DTP02 = RD8
Then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date
Else
Invalid transaction
Else
Leave field blank

Figure 6

FROM DATE:
If Institutional and 2100 DTM01 = 232 use DTM02

If Prof/Dental and 2110 DTM01 = 150 or 472 use DTM02

TO DATE:



If Institutional and 2100 DTM01 = 233 use DTM02

If Prof/Dental and 2110 DTM01 = 151 use DTM02



SECTION 6. EXTRACT FILE REPORT LAYOUT

6.1 Extract Report Example

Claims

```

BATCH ID          DA          050104          2005-
01-04 06:07:11   004010X098A1  XXXXXXXXXXXX  XXXXXXXXXXXX  XXXX
XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX  XXXXXXXX
XXXXXXXXXXXXX  J          XXXXXXXXXXXX  11111.11
00000000000000000000000000000000  0000          BATCH ID          DA
010104          2005-01-04 06:07:11  004010X098A1  XXXXXXXXXXXX
XXXXXXXXXXXXX  XXXX          XXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX  XXXXXXXX  XXXXXXXX  X          XXXXXXXXXXXX  11111.11
00000000000000000000000000000000  0001

```

Non-Claims

```

BATCH ID          DA          XXXXX          041230
2004-12-30 06:17:16  004010X0XXA1  XXXXXXXXXXXXXXXX  XXXXXXXXXXXX
XXXXX          LASTNAME  A
00000000000000000000000000000000  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

```

File Level Rejection (Claims or Non-Claims)

```

F226PP87          FR          060127
2006-05-02          617591011C21T  146072389
0000000001619251075

```




SECTION 7. EXTRACT FILE REPORT DESCRIPTION

7.1 Description and Layout

This file is created for all accepted and rejected claims that process through TMHP.

FIELD NAME	START LOC	LENGTH	DATA TYPE	DESCRIPTION
FILEID (Batch ID) *	1	8	AN	TMHP-assigned Batch ID
USER ID *	9	15	AN	
HOST NAME *	24	15	AN	
STATUS *	39	2	AN	Indicates the document or submission status The values are: FR = File Rejected DA = Document Accepted DR = Document Rejected
DOCUMENT CONTROL #	41	9	AN	
TRANSACTION TRACE #	50	30	N	Derived from BHT03
CREATE DATE	80	6	N	Input file create date from -ISA09 (YYMMDD)
BBSArrivalDate*	86	26	AN	
TandemArrivalDate	112	26	AN	
RECORD WRITE DATE * TIME	138	26	AN	System date and time extract records are written by the extract program
TRANSACTION FORMAT/FORMAT VERSION/TYPE		16	AN	This is a 3-part concatenated field. See parts 1, 2, and 3 below
FORMAT (part 1)	164	4	AN	GS08 Example: X12
FORMAT VERSION (part 2)	168	4	AN	GS08 Example: 4010
TXN TYPE (part 3)	172	8	AN	GS08 Example: X092A1
RECEIVER ID	180	15	AN	Receiver ID from X12 ISA08
RECEIVER CAPABILITY CLASS *	195	8	AN	
SUBMITTER ID	203	15	AN	Derived from NM109
SUBMITTER NAME	218	30	AN	See attached table
SENDER CAPABILITY CLASS *	248	8	AN	
Billing Provider ID NPI / API, Tax ID or SSN	256	15	AN	See attached table
PROVIDER NAME	271	30	AN	See attached table
PAYER ID	301	15	AN	Payer number of the organization paying the claim—see attached table
PATIENT ID	316	20	AN	Patient account number—see attached table



FIELD NAME	START LOC	LENGTH	DATA TYPE	DESCRIPTION
PATIENT LAST NAME	336	20	AN	Patient's last name—see attached table
PATIENT FIRST INIT	356	1	AN	Patient's first initial—see attached table
FROM DOS	357	8	N	Patient's "from" date of service (MMDDYY) —see attached table
TO DOS	365	8	N	Patient's "to" date of service (MMDDYY) —see attached table
MEMBER #	373	20	AN	See attached table
COVERAGE	393	1	AN	Coverage type from Loop 2320 SBR01 Valid values: P = Primary S = Secondary T = Tertiary
TOB/POS	394	3	AN	See attached table
CHARGE AMOUNT	397	24	AN	Total claim amount (S999999999999999999.99)—see attached table
FILE NUMBER	421	10	N	Ordinal number of logical file within transmission
BATCH NUMBER	431	10	N	Ordinal number of batch within the file
DOCUMENT NUMBER	441	10	N	Ordinal number of claim in batch
ISA CONTROL # *	451	9	N	ISA13
GS CONTROL # *	460	9	N	GS06
ST CONTROL # *	469	9	N	ST02
ERROR LEVEL	478	1	AN	F = File-level error D = Detail-level error
ERROR NUMBER	479	9	AN	External map-generated error number
FIELD CONTENTS	488	30	AN	Contents of field in error

The overall extract record length is 518 bytes.



7.2 Claims

Field Name	Description
File ID	TMHP System Generated Batch ID
Status	TMHP System Generated (DR = Rejected; DA =Accepted)
Transaction Trace Number	BHT03
Create Date (YYMMDD format)	ISA09
Extract Record Write Date Time (TMHP System Processing date and time)	System processing date/time
Transaction Format/Format Version/Type (Literal identifying the transaction format, version and type)	GS08
Receiver ID	ISA08
Submitter ID (Number of the entity submitting the file. This is the logical submitter)	1000A NM109 if NM101=41
Submitter name (Name of entity submitting the file; The logical submitter)	1000A NM103 if NM101=41
Billing Provider ID NPI, Tax ID, or SSN	2010AA NM109 if NM101=85
Provider Name (Name of the billing entity)	2010AA NM103 if NM101=85
Payer ID (Number associated with the organization paying the claim)	1000B NM109 if NM101=40
Patient ID (Number used to track the claim by the health care provider through payment)	2300 CLM01
Patient Last Name	2010BA NM103 if SBR02=18 and NM101=IL 2010CA NM103 if NM101=QC



Field Name	Description
Patient First Initial	1 st character from 2010BA NM104 if SBR02=18 and NM101=IL 1 st character from 2010CA NM104 if NM101=QC
Member # (The number assigned to the subscriber by the payer.)	2010BA NM109 if NM101=IL
Document Control Number	TMHP System Generated
ISA Control # (A control number assigned by the interchange sender)	ISA13
GS Control # (A Control number assigned and maintained by the sender)	GS06
ST Control # (A control number assigned by the originator for a transaction set. Must be unique within the functional group)	ST02



Figure 1

If Institutional and 2300 DTP01 = 434 and DTP02 = D8 then use DTP03

If Institutional and 2300 DTP01 = 434 and 2300 DTP02 = RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date.

If Prof/Dental and 2400 DTP01 = 472 and 2400 DTP02 = D8 then use DTP03

If Prof/Dental and 2400 DTP01 = 472 and 2400 DTP02 = RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date.

Figure 2

If Institutional and 2300 DTP01 = 434 and 2300 DTP02 = D8 then use DTP03

If Institutional and 2300 DTP01 = 434 and 2300 DTP02 = RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 2nd date.

If Prof/Dental and 2400 DTP01 = 472 and 2400 DTP02 = D8 then use DTP03

If Prof/Dental and 2400 DTP01 = 472 and 2400 DTP02 = RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 2nd date.



7.3 Non-Claims

Field Name (Description)	X12 270	X12 276
File ID	TMHP System Generated	
Status	TMHP System Generated	
Transaction Trace # (Number used to associate a request to a response)	BHT03	2200D TRN02 (if blank check) 2200E TRN02
Create Date (YYMMDD format)	ISA09	ISA09
Extract Record Write Date Time	System Processing Date and Time	
Transaction Format/Format Version/Type (Literal identifying the transaction format, format version and type)	GS08	GS08
Receiver ID	ISA08	ISA08
Submitter ID (Number of the entity submitting the file)	2100B NM109	2100B NM109 when NM101=41
Submitter name (Name of entity submitting the file)	2100B NM103 if NM101=41	2100B NM103 when NM101=41
Billing Provider ID NPI, API, Tax ID, or SSN	2100B NM109	2100C NM109 when NM101=1P
Provider Name (Name of the billing entity)	N/A	2100C NM103 when NM101=1P
Payer ID (Number associated with the organization paying the claim)	N/A	2100A NM109 when NM101=PR
Patient ID (Number used to track the claim by the health care provider through payment)	2000C TRN02 when TRN01=1 or 2	2200D REF02 when REF01=EA If blank check 2200E REF02 when REF01=EA
Patient Last Name	2100C NM103 when HL03=22 HL04=0 NM101=IL 2100D NM103 when HL03=23 and NM101=03	2100D NM103 when HL03=22 HL04=0 NM101=IL If blank check 2100E NM103 when HL03=23 and NM101=QC



Field Name (Description)	X12 270	X12 276
Patient First Initial	2100C NM104 when NM101=IL	2100D NM104 when NM101=IL or QC If blank check 2100E NM104 when NM101=IL or QC
Member # (The number assigned to the subscriber by the payer.)	2100C NM109 when NM101=IL	2100D NM109 when NM101=IL or QC (if blank check) 2100E NM109 when NM101=IL or QC
Coverage Type	N/A	N/A
Type of Bill/Place of Service (Code identifying where the services were performed)	N/A	2200D REF02 when REF01=BLT If blank check 2200E REF02 when REF01=BLT
Document Control Number	TMHP System Generated	
ISA Control # (A control number assigned by the interchange sender)	ISA13	ISA13
GS Control # (A Control number assigned and maintained by the sender)	GS06	GS06
ST Control # (A control number assigned by the originator for a transaction set. Must be unique within the functional group)	ST02	ST02



Figure 3

If Institutional and 2200D DTP01 = 232
 If DTP02 = RD8
 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date.
 Else
 Invalid transaction
Else
 If 2200E DTP01 = 232
 If DTP02 = RD8
 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date
 Else
 Invalid transaction
 Else
 Leave field blank

If Professional/Dental and 2210D DTP01 = 472
 If DTP02 = RD8
 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date.
 Else
 Invalid transaction
Else
 If 2200D DTP01 = 232
 If DTP02 = RD8
 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date
 Else
 Invalid transaction
 Else
 If 2200E DTP01 = 472
 If DTP02 = RD8,
 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date
 Else
 If 2200D DTP01 = 232
 If DTP02 = RD8
 Then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date
 Else
 Invalid transaction
 Else
 Leave field blank

Figure 4

FROM DATE:
If Institutional and 2100 DTM01 = 232 use DTM02



If Prof/Dental and 2110 DTM01 = 150 or 472 use DTM02

TO DATE:

If Institutional and 2100 DTM01 = 233 use DTM02

If Prof/Dental and 2110 DTM01 = 151 use DTM02