



# Texas Medicaid

## HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guide  
Acute Care- 275 (005010x210) ADDITIONAL  
INFORMATION TO SUPPORT A HEALTH CARE CLAIM  
OR ENCOUNTER

## CORE v5010 Companion Guide

December 2024



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## 1. INTRODUCTION

### 1.1 Purpose

This vendor specification describes the components that are related to the file for the 275 (Claims Attachment) for the following transactions: Professional and Institutional Medicare Advantage Plan (MAP) Crossover claims that require additional information to be submitted for adjudication.

The data sets within this file are not covered under the Health Insurance Portability and Accountability Act 1996 (HIPAA).

The TMHP EDI Connectivity Guide that contains specific instructions regarding connectivity options can be found on the EDI page of the TMHP website at:

<https://www.tmhp.com/topics/edi>

### 1.2 Contact Information

#### TMHP EDI Helpdesk

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

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

- Fax 1-512-514-4230 or 1-512-514-4228
- For Medicaid, CSHCN and Family Planning electronic filing issues, call 1-888-863-3638 (or call 1-512-514-4150)

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

### 1.3 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, TMHP 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 provided a Notice of Privacy Practices to all Texas Medicaid households. As one of the steps in this process, the state of Texas mailed an "Explanation of Medicaid Privacy Rights and a Privacy Notice" to each Medicaid household in March 2003.

**1.4 Disclaimer**

TMHP will accept up to 5000 transactions per batch. If a file is submitted with more than 5000 transactions the entire file will be rejected and not processed by TMHP. The file size submitted should not exceed 75MB, this will also result in a rejection from the TMHP EDI system.

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.

**2. CONTROL SEGMENTS/ENVELOPES**

**2.1 ISA-IEA**

- Texas Medicaid does not support repetition of a simple data element or a composite data structure.
- Texas Medicaid will send and accept only one ISA/IEA in each file and one GS/GE per ISA.
- Texas Medicaid uses "\*" (asterisk) as the element separator, and "~" (tilde) as the segment separator.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
<b>Control Segments</b>						
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.5		ISA06	Interchange Sender ID			Provider Submitter ID
C.5		ISA07	Interchange ID Qualifier	ZZ		
C.5		ISA08	Interchange Receiver ID			Acute Care Claims Production = 617591011C21P Testing = 617591011C21T
C.5		ISA11	Repetition Separator	(pipe character)		
C.6		ISA14	Acknowledgment Requested	0 (zero)		
C.6		ISA15	Interchange Usage Indicator	P		
C.6		ISA16	Component Element Separator	: (colon character)		

## 2.2 GS-GE

The Sender ID and Receiver ID information is submitted in the GS02 and GS03.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
<b>Control Segments</b>						
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code			Identical to ISA06
C.7		GS03	Application Receiver's Code			GS03 must be populated with "ADVANTAGE"



### 3. ACKNOWLEDGEMENTS AND/OR REPORTS

Texas Medicaid provides HIPAA responses and acknowledgements that should be utilized by the Trading Partner for reconciliation purposes.

The following responses will be received by the Trading Partner in response to file submissions:

824 Application Advice	The 824 response file is used to notify the sender the document has been accepted, or to report on errors.
TA1 Transaction	Interchange Acknowledgement: The TA1 will be sent if the submitter ID is not known or if the file received is structurally incorrect.
BID Document	Batch ID Report: The BID file is sent as acknowledgment of file reception. This is not an indicator that the file was accepted; only received. This zero byte file will provide the Texas Medicaid assigned batch ID within the file name. *This response will not be returned for files exchanged over the CORE Operating Rule "Safe Harbor" connection method.
999 Transaction	Implementation Acknowledgment: This file provides high level transaction set response details for the file received. It does not contain transaction (form) level responses.

### 4. TRANSACTION SPECIFIC INFORMATION

This section is used to describe the required data sets for Texas Medicaid processing of the X12 275 Additional Information for Health Care Services Claim or Encounter.

This Companion Guide describes the use of the X12 275 attachment for the 837 claim. This guide must be used in conjunction with the Implementation guide to submit an X12 275 transaction.

Simple or composite data elements within a segment can be designated as repeating data elements. Texas Medicaid does not support repetition of a simple data element or a composite data structure.

Texas Medicaid will send and accept only one ISA/IEA in each file and one GS/GE per ISA.



### 4.1 X12 275 Attachment

In order to adjudicate a Medicare Advantage Plan Crossover claim, the provider must submit one X12 275 transaction per claim containing one of the following attachment types: PDF, TIF, JPEG, GIF, PNG, DOCX, XLSX, RTF. The X12 275 must contain only one attachment per ST/SE loop. If the X12 275 is rejected it can be resubmitted; however, only one successful X12 275 submission is allowed per claim. The 275 and 837 should be submitted within 1 business day of each other. If the claim is adjudicated prior to receiving the attachment, then the claim will be denied and a resubmission of the claim and attachment will be required in order to resolve.

Details of required loops and elements with fields expected in each are provided in X12 275 Structure below. The maximum size of an attachment is 50 MB per attachment and must be in an accepted file format as described above.

### 4.2 X12 275 Structure

TR3 Page #	Loop ID	Element ID	Name	Data Value	Length	Notes/Comments
44	Beginning Segment	BGN01	Transaction Set Purpose code	"02"		275 is sent to support an 837 claim.
44	Beginning Segment	BGN02	Reference Identification			
<b>1000A PAYER NAME</b>						
<b>NM1 – PAYER NAME</b>						
47	1000A	NM103	Payer Name	"TMHP"		
47	1000A	NM108	Payer Identification	"PI"		PI=Payer Identifier
47	1000A	NM109	Identification Code			617591011C21P
<b>Loop 1000B NM1 – SUBMITTER INFORMATION</b>						
52	1000B	NM109	Identification Code			Submitter Identifier must be submitted and match the corresponding X12 837 claim NM109 segment of the 1000A loop .
<b>Loop 1000C NM1 – PROVIDER NAME</b>						
54	1000C	NM103	Billing Provider Name			Billing Provider Name must be submitted and match the corresponding X12 837 claim N1 segment of the 2010AA loop.
54	1000C	NM109	Identification Code			National Provider ID (NPI) must be submitted, and match the Billing



TR3 Page #	Loop ID	Element ID	Name	Data Value	Length	Notes/Comments
						Provider submitted on the 837, unless the provider has an Atypical Provider ID (API) assigned which will be reported in 1000C loop REF segment.
<b>Loop 1000C PRV – PROVIDER TAXONOMY INFORMATION</b>						
56	1000C	PRV03	Taxonomy Code			Taxonomy Code must be submitted and match the corresponding X12 837 claim PRV03 segment of the 2000A loop.
<b>Loop 1000C REF – PROVIDER SECONDARY IDENTIFICATION</b>						
58	1000C	REF01	Reference Identification Qualifier	“G2”		
58	1000C	REF02	Reference Identification			If the Billing Provider has an API instead of an NPI, the API must be sent in the REF02
<b>Loop 1000D NM1 – PATIENT NAME</b>						
64	1000D	NM103	Patient Last Name			Must be submitted and match the corresponding X12 837 claim NM103 segment.
64	1000D	NM104	Patient First Name			Must be submitted and match the corresponding X12 837 claim NM104 segment.
64	1000D	NM108	Identification Code Qualifier	“MI”		
64	1000D	NM109	Patient Primary Identifier			Texas Medicaid requires the submitter enter MI for the Member Identification Number for proper adjudication of the file. The Member ID must match the Member ID submitted on the claim.
<b>Loop 1000D – REF - PATIENT CONTROL NUMBER</b>						
66	1000D	REF01	Reference Identification Qualifier	“EJ”		
66	1000D	REF02	Reference Identification			Patient control number. This number will be used to link the attachment to the corresponding X12 837 claim



TR3 Page #	Loop ID	Element ID	Name	Data Value	Length	Notes/Comments
						and must match the CLM01 of the 2300 loop.
<b>Loop 1000D REF – INSTITUTIONAL TYPE OF BILL</b>						
67	1000D	REF02	Bill Type Identifier			Mandatory for ALL Institutional claim attachments.
<b>Loop 2000A TRN - ATTACHMENT CONTROL NUMBER</b>						
73	2000A	TRN01	Transaction Type Code	"1"		Current Transaction Trace Number. Must be "1" when submitting 275 attachment for 837 claim.
73	2000A	TRN02	Reference Identification			This number is the Attachment Control Number assigned by the submitter. This number will be used to link the attachment to the corresponding X12 837 claim and must match PWK06 segment in loop 2300.
<b>2100A DTP – ADDITIONAL INFORMATION SUBMITTED DATE</b>						
87	2100A	DTP	Claim Service Date			This is the Date of Service and must match the corresponding X12 837 claim DTP03 segment.
<b>2110B BIN - BINARY DATA SEGMENT</b>						
93	2110B	BIN02	Binary Data			<b>Must not exceed 50 megabytes.</b>
93	2110B	BIN02		"MB"		<b>Must contain image attachments when BIN01 = 'MB'. The end of the Binary Data must be defined by use of the tilde (~) Data Element Separator. This character is not to be counted in BIN01.</b>

This Companion Guide provides a list of additional requirements; for the complete list of HIPAA requirements, refer to the 5010 Implementation Guide for each EDI Transaction.



### 4.3 X12 824 Response for X12 275 Attachment

EDI will generate an X12 824 response file for each X12 275 that is successfully processed by EDI. X12 824 Structure below includes more details for the required Loops and Segments in the X12 824 response file.

**File Format:**

The X12 824 response file from Texas Medicaid is created with a filename using the following file naming convention:

<Submitter ID.File ID.824>

- 9-digit Submitter ID (assigned by Texas Medicaid during trading partner testing)
- TMHP-assigned 8-character File ID (also known as Batch ID)
- Last 3 characters represent the file extension

Example: The filename, “123456789.D1234567.824” consists of the 9-digit Submitter ID “123456789,” File ID (aka Batch ID) “D1234567,” and the file extension “.824”

### 4.4 X12 824 Structure

Loop ID	Element ID	Data Value	Description
<b>BGN – BEGINNING OF HIERARCHICAL TRANSACTION</b>			
	BGN02	Reference Identification	Concatenate EDI File ID and EDI Trans ID and DLN (from the X12 278 response transaction)
	BGN06	Reference Identification	Copy BGN02 from the X12 275 received to BGN06 of the 824 Response
	BGN08	Action Code	U - When 275 transaction is rejected. WQ - When 275 transaction is accepted.
<b>1000A N1 – SUBMITTER NAME</b>			
1000A	N102	“TMHP”	
1000A	N103		Copy 275 Request 1000B.NM108 to 824 Response 1000A.N103
1000A	N104		Copy 275 Request 1000B.NM109 to 824 Response 1000A.N104
<b>1000B RECEIVER NAME</b>			
1000B	N102		Copy 275 Request 1000A.NM103 to 824 Response 1000B.N102 when 275 Request 1000A.NM102 = 2
1000B	N103		Copy 275 Request 1000A.NM108 to 824 Response 1000B.N103
1000B	N104		Copy 275 Request 1000A.NM109 to 824 Response 1000B.N104



Loop ID	Element ID	Data Value	Description
<b>2000 ORIGINAL TRANSACTION IDENTIFICATION</b>			
2000	OTI02	"TN"	
2000	OTI03	"NA"	
2000	OTI10		Copy ST01 from 275 received to 824 Response OTI10
<b>2100 ERROR OR INFORMATIONAL MESSAGE LOCATION</b>			
2100	RED06		<p>Industry error codes which will be cross walked to TMHP specific business edit codes as described in "X12 275 Attachment Business Edits" below.</p> <p>Each TED loop will repeat for each distinct edit that sets and RED segment will repeat for each instance that specific edit sets. E.g., if two edits Bx275CA001 and Bx275CA002 both cross walk to the same industry code E054 and Bx275CA001 sets four times and Bx275CA002 once, the 824 will look like this:</p> <pre> TED*024 RED*NA**94**IBP*E054 RED*NA**94**IBP*E054 RED*NA**94**IBP*E054 RED*NA**94**IBP*E054 TED*024 RED*NA**94**IBP*E054 </pre>



#### 4.5 X12 275 Attachment Business Edits

Below is a list of Business Edits for X12 275 Attachment transactions. The X12 824 response will contain the Industry Error code in Loop 2100 RED06 segment. Below table contains a crosswalk of the Industry Error Codes to the Attachment Business Edit Numbers. All Business Edits are fatal.

Business Edit Number	Business Edit Description	Industry Error Code & Description
Bx275CA001	Transaction Set Purpose Code in BGN01 must have a value of "02" (Add).	E054 - Invalid identification code
Bx275CA002	Trace Type Code (TRN01) must be "1" (Current Transaction Trace Number) if Transaction Set Purpose Code (BGN01) is "02"(Add).	E054 - Invalid identification code
Bx275CA003	If Transaction Set Purpose Code BGN01 has a value of "02" (Add) then this transaction must contain exactly one attachment referencing the 2300 loop of the corresponding 837 transaction: Exactly one 2000A loop must be present with 1) segment TRN02 (Reference Identification) having the Attachment Control Number in Loop 2300. PWK06 of the corresponding 837 and 2) Loop 2100A, segment CAT02 (Report Transmission Code) having qualifier "MB" (Binary Image).	E078 - Missing/Invalid Attachment Control information
Bx275CA004	Category of Additional Information (Loop 2100A.CAT02) must have a value of "MB" where BIN02 has an image attachment.	E054 - Invalid identification code
Bx275CA005	The attachment must be one of the below file types: PDF, Image (JPG, TIF, PNG, GIF), MS Word, MS Excel, RTF.	E066 - Missing/Invalid file name extension
Bx275CA006	The maximum size of an attachment is 50 MB per attachment.	E078 - Missing/Invalid Attachment Control information
Bx275CA008	Unrecoverable XML Error or XML not interpreted in accordance with published XML schema.	E073 - Unrecoverable XML error
Bx275CA009	Duplicate Attachment Control Number(s) submitted in the 275 transaction by the same submitter.	E025 - Duplicate
Bx275CA010	NPI/API must be sent on the 275 in loop 1000C	E012 - Missing/Invalid NPI/API





SE\*6\*0001~  
ST\*824\*0002\*005010X186~  
BGN\*11\*J111V1JV-J111V1JVA00002\*20240624\*121300\*\*44444444\*\*U~  
N1\*41\*TMHP\*PI\*617591011C21T~  
N1\*40\*\*46\*146111111~  
OTI\*TR\*TN\*NA\*\*\*20240429\*1241\*1\*0002\*275\*005010X210~  
TED\*024~  
RED\*NA\*\*94\*\*IBP\*E066~  
TED\*024~  
RED\*NA\*\*94\*\*IBP\*E054~  
SE\*10\*0002~  
GE\*2\*1~  
IEA\*1\*101100100~

### 5.3 Appendix C: XML Schema for Claim Attachment

The following is the XML Schema for Claim Attachment:

```
<?xml version="1.0" encoding="windows-1252" ?>
<xsd:schema xmlns:xsd="http://www.w3.org/2001/XMLSchema"
  xmlns:tns="http://ca.schema.tmhp.com"
  targetNamespace="http://ca.schema.tmhp.com"
  elementFormDefault="qualified">

  <xsd:complexType name="ClaimAttachmentType">
    <xsd:sequence>
      <xsd:element name="FileName" type="xsd:string"/>
      <xsd:element name="FileTypeExtension" type="xsd:string"/>
      <xsd:element name="FileData" type="xsd:base64Binary"/>
    </xsd:sequence>
  </xsd:complexType>
  <xsd:element name="ClaimAttachment" type="tns:ClaimAttachmentType" />
</xsd:schema>
```



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## 5.4 Appendix D: Summary of Version Changes

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

Change	Description	Date
	Published	10/15/2024
1	Updated Section 4.2 to include Loop 1000B of the X12 275 structure	10/28/2024
2		
3		
4		