Texas Medicaid

**HIPAA Transaction
Standard Companion Guide**

**Refers to the Implementation Guides
Long Term Care 270/271 Health Care
Eligibility Benefit Request/Response
Based on ASC X12 version 005010**

CORE v5010 Companion Guide

December 2016

Disclosure Statement

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guide and associated errata adopted under 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 eligibility transactions are required by the Affordable Care Act (ACA) to comply with additional operating rule regulations for the 270/271 transactions. These operating rules are maintained by 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 270/271 Health Care Eligibility Benefit Request/Response 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 eligibility requests 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 270/271 Health Care Eligibility Benefit Request/Response 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 TR3 dated April 2008 was used to create this Companion Guide for the 270 and 271 file formats.

This Companion Guide is intended for trading partner use in conjunction with the American National Standards Institute (ANSI) ASC X12N National Implementation Guide. The ANSI ASC X12N Implementation Guides can be accessed at http://www.wpc-edi.com/products/healthcare/4010/combined-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 270 and 271 file formats. Not all X12 data sets are used by Texas Medicaid to process and respond for 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.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. 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 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.

2 GETTING STARTED

2.1 WORKING WITH Texas Medicaid

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

EDI Helpdesk 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 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 is required before proceeding with EDI.
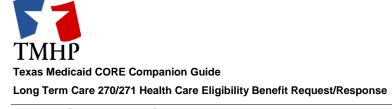To get started with EDI, please visit the following pages:

Getting Started with EDI:
http://www.tmhp.com/Pages/EDI/EDI_Forms.aspx

EDI Technical Information:
http://www.tmhp.com/Pages/EDI/EDI_Technical_Info.aspx

3 CONTACT INFORMATION

3.1 EDI CUSTOMER SERVICE

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

Texas Medicaid EDI Helpdesk: 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

Texas Medicaid EDI Helpdesk
The EDI Help Desk provides technical assistance only by troubleshooting Texas Medicaid EDI issues. Contact your system administrator for assistance with modem, 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
- For Medicaid, CSHCN and Family Planning electronic filing issues, call 1-888-863-3638 (or call 1-512-514-4150)
- For Long Term Care issues, call 1-800-626-4117 (Select option 3) (or call 1-512-335-4729)

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 the payment of claims, 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.

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 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 Texas Medicaid.

5 ACKNOWLEDGEMENTS AND/OR REPORTS

This section contains information and examples on any applicable payer acknowledgements.

5.1 REPORT INVENTORY

This section contains a listing/inventory of all applicable acknowledgement reports.

The following files will be sent in response to a 270 Eligibility Request:
BID (file ID assigned by Texas Medicaid)
999
824
271

The following files will be sent in response to a non-compliant 270 Eligibility Request:
TA1

6 TRADING PARTNER AGREEMENTS

This section contains general information concerning Trading Partner Agreements (TPA). An actual TPA may optionally be included in an appendix.

6.1 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:
http://www.tmhp.com/Pages/EDI/EDI_Forms.aspx

7   TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. 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 should be placed at the deepest level of detail. For example, a note about a code value should 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 to process eligibility requests by Texas Medicaid. The 270 format is used when requesting coverage, eligibility, and benefit information. This file is sent to Texas Medicaid for processing. Once the request is processed a response will be sent from Texas Medicaid and received by the provider in the 271 format with the coverage, eligibility, and benefit information requested, if available.

7.1   270 Eligibility, Coverage or Benefit Inquiry

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			X12 Eligibility Requests must contain only one ISA segment per transaction. Transactions containing more than one ISA segment will be rejected.
C.4		ISA05	Interchange ID Qualifier	ZZ		
C.4		ISA06	Interchange Sender ID			ISA06 must be populated with submitter's Electronic Transmitter Identifier. This ID is assigned to the submitter by Texas Medicaid.
C.5		ISA07	Interchange ID Qualifier	ZZ		ISA07 must be populated with "ZZ" to indicate that the Texas Medicaid Receiver ID populated in ISA08 is "Mutually Defined" type. If ISA07 is not populated correctly, the transaction will be rejected.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.5		ISA08	Interchange Receiver ID	Testing = "617591011CMST " (2 spaces) Production = "617591011CMSP " (2 spaces)		This is the Texas Medicaid ID used by Long Term Care for recognition. ISA08 must be populated with the Texas Medicaid-EDI Receiver ID. This number differs for Testing and Production. When testing, use the Testing Receiver ID: "617591011CMST " (2 spaces) When in production, use the Production Receiver ID: "617591011CMSP " (2 spaces) If ISA08 is not populated correctly, the transaction will be rejected.
C.6		ISA15	Interchange Usage Indicator	P		Populate ISA15 with data matching the environment indicated in ISA08. When testing: ISA08 = 617591011CMST and ISA15 = "P" When in production, ISA08 = 617591011CMSP and ISA15 = "P"
C.7		GS	Functional Group Header			X12 Eligibility Requests must contain only one GS segment per ISA segment. Transactions containing more than one GS segment will be rejected.
C.7		GS02	Application Sender's Code			GS02 must be populated with the submitter's Electronic Transmitter Identifier. This is the same number that was submitted in ISA06.
C.7		GS03	Application Receiver's Code	Testing = 617591011CMST Production = 617591011CMSP		GS03 must be populated with the Texas Medicaid-EDI Receiver ID. This number differs for Testing and Production. When testing, use the Testing Receiver ID: "617591011CMST" When in production, use the Production Receiver ID: "617591011CMSP"

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.8		GS08	Version / Release / Industry Identifier Code	005010X279A1		This is the version, release industry identifier code.
61		ST	Transaction Set Header			Note: When submitting batch transactions (multiple claims within a single electronic file), all claims within the batch must use the same submission method (e.g., all NPI-only, all Contract Number-only, etc.). Batches containing mixed formats will be rejected.
63		BHT	Beginning of Hierarchical Transaction			
64		BHT02	Transaction Set Purpose Code	13		If BHT02 = 01 Texas Medicaid will fail the transaction and return a reject report to the submitter.
64		BHT03	Reference Identification			BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.
65		BHT06	Transaction Type Code			Texas Medicaid ignores the data contained in BHT06.
69	2100A	NM1	Information Source Name			
70	2100A	NM103	Name Last or Organization Name	TDHS/TDMHMR		NM103 must contain "TDHS/TDMHMR"
71	2100A	NM109	Identification Code			NM109 must be populated with "617591011CMSP "
75	2100B	NM1	Information Receiver Name			NPI FULL COMPLIANCE EXAMPLE: NPI NM1*1P*1* ORGANIZATION NAME*****XX*1111111111 API: NM1*1P*1* ORGANIZATION NAME*****SV*A111111111~

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
77	2100B	NM108	Identification Code Qualifier	XX, SV	1-2	The value of NM108 must contain XX if a National Provider Identifier (NPI) is sent in NM109. The value of NM108 must contain SV if an Atypical Provider Identifier (API) is sent in NM109.
78	2100B	NM109	Identification Code	NPI (10 numeric) API (10 alphanumeric).	2-80	NPI Full Compliance Requirements: 1) The NM109 will contain the provider's assigned NPI (10 numeric). 2) The NM109 will contain the provider's assigned API (10 alphanumeric).
92	2100C	NM1	Subscriber Name			
93	2100C	NM103	Name Last or Organization Name		25	Texas Medicaid will only read the first 25 characters of the subscriber's last name.
93	2100C	NM104	Name First		15	Texas Medicaid will only read the first 15 characters of the subscriber's first name.
94	2100C	NM105	Name Middle		1	Texas Medicaid will only read the first character submitted and only return the first character in the 271 Eligibility Response.
96	2100C	NM109	Identification Code		12	Texas Medicaid will only read the first 12 characters submitted and only return the first 12 characters in the 271 Eligibility Response.
97	2100C	REF	Subscriber Additional Identification			
98	2100C	REF01	Reference Identification Qualifier			If REF01 = NQ, Texas Medicaid will NOT return in the 271 Response the information provided in REF02
124	2110C	EQ	Subscriber Eligibility or Benefit Inquiry			EQ*30**FAM~ EQ*98^34^44^81^A0^A3~

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
125	2110C	EQ01	Service Type Code	30, 45, AG		Texas Medicaid supports CORE-required explicit inquiry and generic inquiry and will only accept the following values in EQ01: 30 = Health Plan Benefit Coverage 45 = Hospice AG = Skilled Nursing Care
146	2000D	HL	Dependent Level			This Loop is not used by Texas Medicaid to process requests.

7.2 271 Eligibility, Coverage or Benefit Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			X12 Eligibility Response will contain only one ISA segment per transaction.
C.4		ISA05	Interchange ID Qualifier	ZZ		ISA05 will be populated with "ZZ" to indicate that the Texas Medicaid Receiver ID populated in ISA06 is "Mutually Defined" type.
C.4		ISA06	Interchange Sender ID	Texas Medicaid ID: For Test: 617591011CMST For Production: 617591011CMSP		This is the Texas Medicaid ID used by Long Term Care for recognition.
C.5		ISA08	Interchange Receiver ID			ISA08 will be populated with the submitter's Electronic Transmitter Identifier. This is the Submitter ID (Long Term Care Electronic Transmitter Identifier) that is specific to the submitter of the request. This ID is assigned to the submitter by Texas Medicaid.
C.6		ISA15	Interchange Usage Indicator	P		The environment indicated by ISA06 and ISA15 will be compatible. For Test: ISA06 = 617591011CMST and ISA15 = "P"

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						For Production: ISA06 = 617591011CMSP and ISA15 = "P"
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code	Testing: 617591011CMST Production: 617591011CMSP		Texas Medicaid ID: For Test: 617591011CMST For Production: 617591011CMSP
C.7		GS03	Application Receiver's Code			GS03 will be populated with the submitter's Electronic Transmitter Identifier. This should match the value returned in ISA08.
C.7		GS04	Date			The date format is YYYYMMDD.
C.8		GS05	Time			The time format is HHMMSSDD.
211		BHT	Beginning of Hierarchical Transaction			
212		BHT03	Reference Identification			BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.
215	2000A	AAA	Request Validation			Texas Medicaid will not populate this segment.
221	2100A	PER	Information Source Contact Information			Texas Medicaid will not populate this segment.
232	2100B	NM1	Information Receiver Name			NPI FULL COMPLIANCE EXAMPLE: NPI: NM1*1P*1*ORGANIZATION NAME*****XX*1111111111 API: NM1*1P*1* ORGANIZATION NAME*****SV*A1111111111~
234	2100B	NM108	Identification Code Qualifier	XX, SV		The value of NM108 will contain XX if an NPI is sent in NM109. The value of NM108 will contain SV if an API is sent in NM109.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
235	2100B	NM109	Identification Code	NPI (10 numeric) API (10 alphanumeric)	2-80	NPI Full Compliance Requirements: 1) The NM109 will contain the provider's assigned NPI (10 numeric). 2) The NM109 will contain the provider's assigned API (10 alphanumeric).
249	2100C	NM1	Subscriber Name			
251	2100C	NM108	Identification Code Qualifier			2100C NM108 = "MI" if the Client ID Number was submitted in 2100C NM109 in the 270 Eligibility Request.
252	2100C	NM109	Identification Code			Texas Medicaid will only return a value in NM109 if the Client ID Number was submitted in 2100C NM109 on the 270 Eligibility Request. Texas Medicaid will populate only the first 12 characters of the Client ID to the 271 2100C NM109 element.
253	2100C	REF	Subscriber Additional Identification			
254	2100C	REF01	Reference Identification Qualifier			If qualifier REF01 = Q4, then Texas Medicaid will populate 271 2100C REF02 with the PCN submitted on the 270 2100C NM109. If qualifier REF01 = 1L, then Texas Medicaid will populate the subscriber's County Code in REF02.
256	2100C	REF02	Reference Identification			If REF01 = Q4: Texas Medicaid will return the Patient Control Number (PCN) submitted in 2100C REF02 on the 270 Eligibility Request.
259	2100C	N4	Subscriber City, State, ZIP Code			
260	2100C	N401	City Name			Texas Medicaid will populate only the first 25 characters of the subscriber's city name to the 271 2100C N401.
271	2100C	INS	Subscriber Relationship			Texas Medicaid will not populate this segment.
			Subscriber			Texas Medicaid will not populate

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
283	2100C	DTP	Date			this segment.
289	2110C	EB	Subscriber Eligibility or Benefit Information			Texas Medicaid Element Note: Texas Medicaid uses EB segment to uniquely identify Medicare information for a client Example: EB*R*IND*30** Texas Medicaid uses EB segment to uniquely identify TPR Type of Coverage information for a client Example: EB*R*IND*30*OT** CORE Rule: EB*1*IND*30*OT*MOLINA HEALTHCARE Client is covered by Molina Healthcare (Health Plan Name). *EB*1*FAM*96*GP~* *Active Coverage for subscriber and family, for Professional (Physician) services, and coverage is through a Group Policy* *EB*B**68***27*10~* *Co-payment for Well Baby Care is $10 per visit* *EB*B**98^34^44^81^A0^A3****10**VS*1~* *Co-payment for Professional (Physician) Visit - Office, Chiropractic Office Visits, Home Health Visits, Routine Physical, Professional (Physician) Visit - Outpatient, Professional (Physician) Visit - Home, is $10 for one visit* *EB*C*FAM****23*600~* *Deductible for the family is $600 per calendar year* *EB*A**A6*****.50~* *Co-Insurance is 50 percent for Psychotherapy*

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information Code			Texas Medicaid uses EB01 and the presence of a 2100C REF Segment to uniquely identify: Service Authorization segments: CB (Coverage Basis) Monthly Utilization segments: F (Limitations)
				F, B, W, H, O, MC, CB		Texas Medicaid uses EB01 and the presence of EB07 or EB08 to uniquely identify and distinguish: Client Responsibility segments: B (Co-Payment) W (Other Source of Data) Medical Necessity: W (Other Source of Data) Unlimited Permanent Medical Necessity: H (Unlimited) No Medical Necessity: O (Not Deemed a Medical Necessity) Authorizing Agent segments: MC (Managed Care Coordinator)
				1, I, V		Texas Medicaid uses EB01 and the presence of a 2120C Loop to uniquely identify Managed Care segments: CB (Coverage Basis) Texas Medicaid uses EB01 and the absence of the 2110C REF segment and 2120C Loop to uniquely identify Eligibility segments: CB (Coverage Basis) When EB01 = '1' is returned on the response, this represents active coverage for the service type requested. When EB01 = 'I' is returned on the response, this represents, for the service type code requested, it is not covered. When EB01 = 'V' is returned on the

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						response, this represents, for the service type requested, that it is not a valid code for explicit inquiry.
293	2110C	EB03	Service Type Code	30, 45, AG	2	Texas Medicaid supports generic and CORE explicit inquiry requests and the following benefit service types: 30 = Health Plan Benefit Coverage 45 = Hospice AG = Skilled Nursing Care
299	2110C	EB05	Plan Coverage Description		1-50	Texas Medicaid uses EB05 to identify the Plan Code, the Line of Business and the Plan Code description: Positions 1 - 2 Plan Code Positions 3 – 6 Line of Business (LOB) Positions 7 – 31 Plan Code description <table><tr><td>LOB Code</td><td>Description</td></tr><tr><td>CHIP</td><td>CHIP</td></tr><tr><td>DENT</td><td>DENT</td></tr><tr><td>MMP</td><td>MMP</td></tr><tr><td>ICM</td><td>ICM</td></tr><tr><td>MTP</td><td>MTP</td></tr><tr><td>NRTH</td><td>NORTHST</td></tr><tr><td>PCCM</td><td>PCCM</td></tr><tr><td>STAR</td><td>STAR</td></tr><tr><td>STRP</td><td>STAR+PLUS</td></tr><tr><td>0000</td><td>UNASSOCIATED</td></tr></table> LOB codes with three characters will be sent left justified, followed by a space. For example, MMP_ EB*CB*IND*30*OT*9FMMP PLAN CODE DESCRIPTION EB*CB*IND*30*OT*85STRPPLAN CODE DESCRIPTION
314	2110C	REF	Subscriber Additional			NPI FULL COMPLIANCE EXAMPLE:

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Identification			Referral Number: REF*9F*.11111111~
316	2110C	REF02	Reference Identification			NPI Full Compliance Requirements: REF02 will contain the Referral Number (8 numeric) for the corresponding client/contract number.
317	2110C	DTP	Subscriber Eligibility/Benefit Date			
318	2110C	DTP03	Date Time Period	Eligibility or Benefit Date Time Period		Texas Medicaid supports CORE-required Eligibility Benefit Dates.
322	2110C	MSG	Message Text			Texas Medicaid uses MSG segment to uniquely identify Long Term Care Relevant Coverage Example: MSG*LTCXX "LTC" identifies the data type being sent and the characters that follow will be the LTC Relevant indicator For Service Authorization segments, .Texas Medicaid will send Service Groups, Service Codes, Procedure/Item Codes in 2110C MSG01. The first two characters in this segment are Texas Medicaid specific qualifiers, identifying the data type being sent. The characters that follow will represent the actual data being sent. SGxxxxx (Service Group qualifier and 5 digit code) SCxxxxx (Service Code qualifier and 5 digit code) PIxxyyyyy (Procedure/Item Code qualifier, 2 digit code indicating whether this is a Procedure or Item, and 5 digit procedure or item codes) Note: In the case of multiple

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Procedure/Item Codes, the data will be separated by a space. Example: "PIxxyyyyy xxyyyyy xxyyyyy" For Service Authorization segments, Texas Medicaid will send a concatenated value of NPI/API and Contract number in 2110C MSG. The first two characters in this segment are Texas Medicaid specific qualifiers, identifying the data type being sent. The characters that follow will represent the actual data. Example: MSG*PR1234567890987654321 NPI/API Contract # For Monthly Utilization segments, Texas Medicaid will send Service Groups and Service Codes in the 2110C MSG01 Segment. The first two characters in this segment are Texas Medicaid specific qualifiers, identifying the data type being sent. The characters that follow will represent the actual data being sent. SGxxxxx (Service Group qualifier and 5 digit code) SCxxxxx (Service Code qualifier and 5 digit code) For Eligibility segments, Texas Medicaid will send Coverage Codes, Program Types and Categories of Coverage in the 2110C MSG01 Segment. The first two characters in this segment are Texas Medicaid specific qualifiers, identifying the data type being sent. The characters that follow will represent the actual data being

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						sent.
						CCx (Coverage Code qualifier and 1 digit code)
						PTxx (Program Type qualifier and 2 digit code)
						COx (Category of Coverage) and 1 digit code)

APPENDICES

This section contains one or more appendices.

A. Transmission Examples

Texas Medicaid Note:
If the Eligibility, Coverage or Benefit Inquiry Transaction Set (270) includes a TRN segment, then the Eligibility, Coverage or Benefit Information Transaction Set (271) must return the trace number identified in the TRN segment. Eligibility Response will contain only one IEA segment per ISA segment.

In the following example carriage return line feeds are inserted in place of ~ character for improved readability purposes.

Texas Medicaid Example Transactions:

270 Example Transaction

```
ISA*00* *00* *ZZ*111111111 *ZZ*617591011CMSP *060718*0747*|*00501*111111111*0*P*:
GS*HS*111111111*745169157*20060718*0747*9*X*005010X279A1
ST*270*0001*005010X279A1
BHT*0022*13*1634*20060718*0747
HL*1**20*1
NM1*PR*2*Texas Medicaid*****PI*617591011CMSP
HL*2*1*21*1
NM1*1P*2*ORGANIZATION NAME*****XX*1111111111
HL*3*2*22*0
TRN*1*1634*1146000650
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*111111111
REF*SY*111111111
N4*.TOWN*TX*12345
DMG*D8*19991231*F
DTP*291*RD8*19991201-19991231
EQ*30
SE*15*0001
GE*1*9
IEA*1*111111111
```

271 Example Transaction

```
ISA*00*        *00*        *ZZ*617591011CMSP    *ZZ*111111111
*061130*0743*|*00501*000004108*0*P*:
GS*HB*617591011CMSP*111111111*20060718*0743*4037*X*005010X279A1
ST*271*0969*005010X279A1
BHT*0022*11*1634*20060718*07430097
HL*1**20*1
NM1*PR*2*Texas Medicaid*****PI*617591011CMSP
HL*2*1*21*1
NM1*1P*2*ORGANIZATION NAME*****SV*1111111111
HL*3*2*22*0
TRN*2*MD3000116*1742795332
NM1*IL*1*LASTNAME*FIRSTNAME****MI*111111111
N3*100 MAIN STREET
N4*TOWN*TX*12345
DMG*D8*19991231
DTP*346*D8*20150201
EB*1*IND*30**TEXAS MEDICAID
DTP*356*D8*20141101
DTP*357*D8*99991231
EB*A**30*****0
DTP*356*D8*20141101
DTP*357*D8*99991231
EB*B**30****0
DTP*356*D8*20141101
DTP*357*D8*99991231
EB*C**30***23*0
DTP*356*D8*20141101
DTP*357*D8*99991231
EB*C**30***29*0
DTP*356*D8*20141101
DTP*357*D8*99991231
EB*CB*IND*30
DTP*356*D8*20141101
DTP*357*D8*99991231
MSG*CCTB
MSG*PT14
MSG*CO4
EB*I*IND*98|48|47|35|33|MH|1|UC|30|AL|86|88|50
EB*R*IND*30*HN
REF*18*11111111
DTP*356*D8*20120202
DTP*357*D8*20120303
DTP*318*D8*20120101
EB*R*IND*30*MA
DTP*318*D8*20090202
DTP*356*D8*20090303
DTP*357*D8*20100202
EB*R*IND*30*OT*TOC1
```

REF*6P*111111*EMPLOYER
DTP*193*D8*20120202
DTP*194*D8*20120303
MSG*LTCY
LS*2120
NM1*PR*2*ORGANIZATION NAME*****XX*1111111111
N3*100 MAIN STREET
N4*TOWN*TX*12345
PER*IC**WP*PHONE NUMBER
NM1*IL*1*LASTNAME*FIRSTNAME****MI*111111111
LE*2120
SE*57*0969
GE*1*4037
IEA*1*000004108

271 Example Transaction with Service Authorization
ISA*00*   *00*   *ZZ*617591011CMSP *ZZ*111111111   *161004*1610*|*00501*111111111
*0*P*:
GS*HB*617591011CMSP*111111111*20161004*1610*9*X*005010X279A1
ST*271*000000001*005010X279A1
BHT*0022*11*1*20161004*161037
HL*1**20*1
NM1*PR*2*Texas Medicaid/Healthcare Services*****PI*617591011CMSP
HL*2*1*21*1
NM1*1P*2*ORGANIZATION NAME*****XX*1111111111
HL*3*2*22*0
TRN*2*1*1146115253
NM1*IL*1*LASTNAME*FIRSTNAME*MIDDLE NAME***MI*111111111
REF*1L*108
N3*100 MAIN STREET
N4*TOWN*TX*111111111
DMG*D8*19991231
DTP*346*D8*20150801
EB*1*IND*30**TEXAS MEDICAID
DTP*356*D8*20140401
DTP*357*D8*99991231
EB*A**30*****0
DTP*356*D8*20140401
DTP*357*D8*99991231
EB*B**30****0
DTP*356*D8*20140401
DTP*357*D8*99991231
EB*C**30***23*0
DTP*356*D8*20140401
DTP*357*D8*99991231
EB*C**30***29*0

DTP*356*D8*20140401
DTP*357*D8*99991231
EB*CB*IND*30
DTP*356*D8*20140401
DTP*357*D8*99991231
MSG*CCRQ
MSG*PT14
MSG*CO1
EB*CB*IND*30***7
HSD*FL*1*DA
REF*9F*12202644
DTP*193*D8*20140803
DTP*194*D8*99991231
MSG*SC1
MSG*SG1
MSG*PR1111111111222222222
EB*1*IND*30**TEXAS MEDICAID*7
HSD*FL*1*DA
REF*9F*12202644
DTP*193*D8*20140803
DTP*194*D8*99991231
EB*I*IND*98|48|47|35|33|MH|1|UC|AL|86|88|50
HSD*FL*1*DA
DTP*193*D8*20140803
DTP*194*D8*99991231
EB*H*IND*30
DTP*193*D8*20121117
DTP*194*D8*99991231
EB*W*IND*30****480
DTP*193*D8*20150101
DTP*194*D8*99991231
EB*CB*IND*30*OT*INSURANCE NAME
DTP*318*D8*20150212
DTP*356*D8*20150301
DTP*357*D8*99991231
EB*R*IND*30*OT*N1
REF*6P*111111111*EMPLOYER NAME
DTP*193*D8*20140601
DTP*194*D8*39991231
MSG*LTCY
LS*2120
NM1*PR*2*PROVIDER NAME*****XX*1111111111
N3*100 MAIN STREET
N4*TOWN*ST*11111

```
PER*IC**WP*PHONE NUMBER
NM1*IL*1*LASTNAME*FIRSTNAME****MI*11111111*48
LE*2120
EB*R*IND*30*MB
DTP*318*D8*20110704
DTP*356*D8*20030701
DTP*357*D8*39991231
EB*R*IND*30*MA
DTP*318*D8*20090420
DTP*356*D8*20030701
DTP*357*D8*39991231
SE*83*000000001
GE*1*9
IEA*1*111111111
```

B.   Change Summary

This section describes the differences between the current Companion Guide and previous guide(s).

Change		Date
1	Added Client Hold Segment Indicators	09/17/2012
2	Added TPR and Medicare Segment Indicators	09/17/2012
3	Example transactions updated.	07/10/2014
4	Added CORE Safe Harbor and Explicit Inquiry information	07/18/2014
5	Added information for 2110C EB05	07/13/2015
6	Updated 271 Example transaction to reflect CORE Operating Rules	12/04/2015
7	Added information for 2110C MSG and updated the 271 Example transaction to reflect the changes for Service Authorization segments, Texas Medicaid will send a concatenated value of NPI/API and Contract number in 2110C MSG, effective December 9, 2016.	12/09/2016