



TEXAS MEDICAID

HIPAA TRANSACTION STANDARD GUIDE

Refers to the Implementation Guide Acute Care
270/271 Health Care Eligibility Benefit
Request/Response Based on ASC X12 version
005010

CORE v5010 Companion Guide

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TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

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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 the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE).

1 INTRODUCTION

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

1.1 SCOPE

This Companion Guide is intended for Texas Medicaid Trading Partners interested in exchanging HIPAA compliant X12N Acute Care 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 Acute Care 270/271 Health Care Eligibility Benefit Request/Response to Texas Medicaid & Healthcare Partnership (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 <https://x12.org/products/technical-reports>. 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: <https://www.tmhp.com/topics/edi>

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: <https://x12.org/products/technical-reports>

CAQH/CORE: <https://www.caqh.org/CORE>

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 with Texas Medicaid to be enrolled in the Texas Medicaid Program.

Texas Medicaid Enrollment Forms and instructions are available at:

<https://www.tmhp.com/topics/provider-enrollment>

Successful enrollment is required before proceeding with EDI.

To get started with EDI, please visit the following pages:

Getting Started with EDI:

https://www.tmhp.com/resources/forms?field_topics_target_id=96

EDI Technical Information: <https://www.tmhp.com/topics/edi>

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

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

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)

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.

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.

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:

https://www.tmhp.com/resources/forms?field_topics_target_id=96

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 file. Files containing more than one ISA segment will be rejected.
C.4		ISA05	Interchange ID Qualifier	ZZ		

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.4		ISA06	Interchange Sender ID			ISA06 must be populated with submitter's Electronic Transmitter Identifier. This is the Submitter ID [Compass21 (C21) Electronic Transmitter Identifier] that is specific to the submitter of the request. This ID is assigned to the submitter by Texas Medicaid.
C.5		ISA07	Interchange ID Qualifier	ZZ		ISA 07 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.
C.5		ISA08	Interchange Receiver ID	Production = "617591011C21P" (2 spaces) Testing = "617591011C21T" (2 spaces)		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: "617591011C21T " (2 spaces) When in production, use the Production Receiver ID: "617591011C21P " (2 spaces) If ISA08 is not

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						populated correctly, the transaction will be rejected.
C.6		ISA15	Interchange Usage Indicator	P		<p>Populate ISA15 with data matching the environment indicated in ISA08.</p> <p>When testing: ISA08 = 617591011C21T and ISA15 = "P"</p> <p>When in production, ISA08 = 617591011C21P and ISA15 = "P"</p>
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code	Submitter's Electronic Transmitter Identifier		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 = "617591011C21T" Production = "617591011C21P"	2-15	<p>GS03 must be populated with the Texas Medicaid -EDI Receiver ID. This number differs for Testing and Production.</p> <p>When testing, use the Testing Receiver ID: "617591011C21T"</p> <p>When in production, use the Production Receiver ID: "617591011C21P"</p>

Page #	Loop ID	Reference Name	Codes	Length	Notes/Comments
C.8		GS08	Version / Release / Industry Identifier Code	005010X279A1	Version, release and industry identifier code
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	"Texas Medicaid/ Healthcare Services"	NM103 must contain "Texas Medicaid/Healthcare Services"
71	2100A	NM108	Identification Code Qualifier	46	1-2 Populate this element with qualifier 46.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
71	2100A	NM109	Identification Code	Testing = "617591011C21T" Production = "617591011C21P"	2-80	Populate this element with Electronic Transmitter Identification Number. NM109 must be populated with the Texas Medicaid-EDI Receiver ID. This number differs for Testing and Production. When testing, use the Testing Receiver ID: "617591011C21T" When in production, use the Production Receiver ID: "617591011C21P"
75	2100B	NM1	Information Receiver Name			NPI Full Implementation Example: Example NPI: NM1*1P*2*ORGANIZATION NAME*****XX*11111111~ Example: API: NM1*1P*2*ORGANIZATION NAME*****SV*A11111111~
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

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						in NM109.
78	2100B	NM109	Identification Code	10 alphanumeric	2-80	NPI Full Compliance Requirements: The NM109 must contain the provider's assigned NPI (10 numeric). The NM109 must 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 of the subscriber's middle name.
96	2100C	NM109	Identification Code		9	Texas Medicaid will read only the first 9 characters of the Patient Control Number (PCN) from the 270 2100C NM109.
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

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						information provided in REF02.
99	2100C	REF02	Reference Identification		1-50	<p>If qualifier REF01 = SY then Texas Medicaid will only read the first 9 characters of the subscriber's social security number.</p> <p>If qualifier REF01 = NQ then Texas Medicaid will not read any data from the REF02.</p> <p>If qualifier REF01 = EJ then Texas Medicaid will read the patient account number.</p>
101	2100C	N4	Subscriber City, State, ZIP Code			
101	2100C	N401	City Name		25	Texas Medicaid will read only the first 25 characters of the subscriber's city name from 270 2100C N401.
102	2100C	N403	Postal Code		9	Texas Medicaid will only read bytes 1-9 in this element.
107	2100C	DMG	Subscriber Demographic Information			
108	2100C	DMG02	Date Time Period		8	Texas Medicaid will only read bytes 1-8 in this element.
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 1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 62, 65, 68, 73, 76, 78, 80, 81, 82, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH, MH, UC	2	Texas Medicaid supports CORE-required explicit inquiry and generic inquiry and will only accept the following values in EQ01: 1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 62, 65, 68, 73, 76, 78, 80, 81, 82, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH, MH, UC
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		
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 Production = "617591011C21P" Testing = "617591011C21T"		This is the Texas Medicaid ID used by Compass21 for recognition. Production =

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						"617591011C21P" Testing = "617591011C21T"
C.5		ISA08	Interchange Receiver ID			This is the Submitter ID (Compass21 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 = 617591011C21T and ISA15 = "P" For Production: ISA06 = 617591011C21P and ISA15 = "P"
C.7		GS	Functional Group Header			X12 Eligibility Response will contain only one GS segment per ISA segment.
C.7		GS02	Application Sender's Code		Testing: "617591011C21T" Production: "617591011C21P"	Texas Medicaid ID: For Test: "617591011C21T" For Production: "617591011C21P"
C.7		GS03	Application Receiver's Code			GS03 will be populated with the submitter's Electronic Transmitter Identifier. This value should be the same as the value returned in ISA08.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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			Texas Medicaid will return in the 271 response the first 22 bytes submitted for both Batch and Interactive transactions.
215	2000A	AAA	Request Validation			Texas Medicaid will not populate this segment.
218	2100A	NM1	Information Source Name			
219	2100A	NM103	Name Last or Organization Name			Texas Medicaid will populate with "Texas Medicaid/Healthcare Services"
221	2100A	PER	Information Source Contact Information			Texas Medicaid will not populate this segment.
232	2100B	NM1	Information Receiver Name			NPI Full Compliance Requirements: NPI Example: NM1*1P*2* ORGANIZATION NAME*****XX*111111 1111~ API Example: NM1*1P*2* ORGANIZATION NAME*****SV*A11111

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						1111~
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.
235	2100B	NM109	Identification Code	NPI (10 numeric) API (10 alphanumeric)	2-80	NM109 will contain the provider's assigned NPI or API. NPI Full Compliance Requirements: The NM109 will contain the provider's assigned NPI (10 numeric). The NM109 will contain the provider's assigned API (10 alphanumeric).
249	2100C	NM1	Subscriber Name			
250	2100C	NM103	Name Last or Organization Name			Texas Medicaid will only return the first 25 characters submitted on the 270 Request.
251	2100C	NM108	Identification Code Qualifier			2100C NM108 = "MI" if the Patient Control Number was submitted in 2100C NM109 in the 270 Eligibility Request.
252	2100C	NM109	Identification Code			Texas Medicaid will populate only the first 9 characters of the PCN to the 271 2100C NM109 if the Patient Control Number was submitted in 2100C NM109 in the 270

Page #	Loop ID	Reference Name	Codes	Length	Notes/Comments
					Eligibility Request.
253	2100C	REF	Subscriber Additional Identification		
256	2100C	REF02	Reference Identification		<p>If REF01 = SY: Texas Medicaid will return the Social Security Number submitted in 2100C REF02 on the 270 Eligibility Request.</p> <p>If REF01 = EJ: Texas Medicaid will return the Patient Account Number submitted in 2100C REF02 on the 270 Eligibility Request.</p> <p>If REF01 = Q4: Texas Medicaid will return the New Patient Control Number submitted in 2100C REF02 on the 270 Eligibility Request.</p> <p>Before October 1, 2018, if REF01 = F6: Texas Medicaid will return the Medicare HIC Number (HICN) submitted in 2100C REF02 on the 271 Eligibility Response.</p> <p>On or after October 1, 2018, if REF01 = F6: Texas Medicaid will return the Medicare Beneficiary Identifier (MBI) submitted in 2100C REF02 on the 271 Eligibility</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Response.
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			INS*Y*18*001*25 When eligibility is located for a client: after Last Name Normalization and when Client Last Name submitted on inquiry is different than Client Last Name as stored in the database, send INS segment in response.
283	2100C	DTP	Subscriber Date			Texas Medicaid will not populate this segment.
285	2100C	MPI	Subscriber Military Personnel Information			Texas Medicaid will not populate this segment.
289	2110C	EB	Subscriber Eligibility or Benefit Information			EB*1*IND*30*OT*ORG ANIZATION NAME Client is covered by "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.

Page #	Loop ID	Reference Name	Codes	Length	Notes/Comments
					<p>EB*B**68***27*10~</p> <p>Co-payment for Well Baby Care is \$10 per visit.</p> <p>EB*B**98^34^44^81^A0^A3****10**VS</p> <p>*1~</p> <p>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.</p> <p>EB*C*FAM****23*600~</p> <p>Deductible for the family is \$600 per calendar year.</p>

Page #	Loop ID	Reference Name	Codes	Length	Notes/Comments
291	2110C	EB01	<p>F, N, W</p> <p>1, I, V</p>	1	<p>Texas Medicaid uses EB01 to uniquely identify:</p> <p>Benefit Limitations: "F" (Limitations)</p> <p>Lock In: "N" (Services Restricted to Following Provider)</p> <p>Tort: "W" (Other Source of Data)</p> <p>When EB01 = '1' is returned on the response, this represents active coverage for the service type requested.</p> <p>When EB01 = 'I' is returned on the response, this represents, for the service type code requested, it is not covered.</p> <p>When EB01 = 'V' is returned on the response, this represents, for the service type requested, that it is not a valid code for explicit inquiry.</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
293	2110C	EB03	Service Type Code	35, 75, AL, AM, 98 CORE-required service type codes: 1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 62, 65, 68, 73, 76, 78, 80, 81, 82, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH, MH, UC	2	<p>Texas Medicaid uses EB03 to distinguish the different benefit limit types:</p> <p>“35” (Dental)</p> <p>“75” (Hearing Aid) “AL” (Eye Exam) “AM” (Eye Glass) “98” (Medical Claim)</p> <p>Texas Medicaid supports generic and CORE explicit inquiry requests and the following benefit service types:</p> <p>1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 62, 65, 68, 73, 76, 78, 80, 81, 82, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH, MH, UC</p>
298	2110C	EB04	Insurance Type Code	MA, MB, HN, OT, MC	2	<p>Texas Medicaid uses EB04 to identify and distinguish the different Medicare benefit types:</p> <p>"MA" (Medicare Part A)</p> <p>"MB" (Medicare Part B)</p> <p>"HN" (Medicare Part C)</p> <p>Texas Medicaid uses EB04 and the presence of a 2120C Loop to uniquely identify Managed Care benefits:</p> <p>"OT" (Other)</p> <p>Texas Medicaid uses EB04 and the absence</p>

Page #	Loop ID	Reference Name	Codes	Length	Notes/Comments																						
					of a 2120C Loop to uniquely identify Eligibility programs: "MC" (Medicaid) "OT" (Other)																						
299	2110C	EB05	Plan Coverage Description	1-50	<p>Texas Medicaid uses EB05 to identify the Plan Code, the Line of Business and the Plan Code description:</p> <p>Positions 1 - 2 Plan Code</p> <p>Positions 3 - 6 Line of Business (LOB)</p> <p>Positions 7 - 31 Plan Code description</p> <table border="1"> <thead> <tr> <th>LOB Code</th> <th>Description</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>LOB codes with three characters will be sent left justified followed by a space. For example, MMP: EB*CB*IND*30*OT*9F</p>	LOB Code	Description	CHIP	CHIP	DENT	DENT	MMP	MMP	ICM	ICM	MTP	MTP	NRTH	NORTHST	PCCM	PCCM	STAR	STAR	STRP	STAR+PLUS	0000	UNASSOCIATED
LOB Code	Description																										
CHIP	CHIP																										
DENT	DENT																										
MMP	MMP																										
ICM	ICM																										
MTP	MTP																										
NRTH	NORTHST																										
PCCM	PCCM																										
STAR	STAR																										
STRP	STAR+PLUS																										
0000	UNASSOCIATED																										

Page #	Loop ID	Reference Name	Codes	Length	Notes/Comments
					MMP PLAN CODE DESCRIPTION EB*CB*IND*30*OT*85 STRPLAN CODE DESCRIPTION
309	2110C	HSD	Health Care Services Delivery		Texas Medicaid will not populate this segment.
314	2110C	REF	Subscriber Additional Identification		Texas Medicaid uses REF01 to uniquely identify TPR: "6P" (Group Number)
315	2110C	REF01	Reference Identification Qualifier		Texas Medicaid uses REF01 to specify or qualify the type of reference number that is following in REF02, REF03 or both.
316	2110C	REF02	Reference Identification	CMS Contract Number and Plan ID	Texas Medicaid uses REF02 to communicate the CMS Contract Number when REF01 = 18 (Plan Number). Please go to www.tmhp.com to view the CMS Carrier Contact information. Texas Medicaid uses REF02 to communicate the TPR Group Number when REF01 = 6P (Group Number)
					Texas Medicaid uses REF02 to communicate the Tort Benefit Name when REF01 = 1W (Member Identification Number)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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.
324	2115C	III	Subscriber Eligibility or Benefit Additional Information			Texas Medicaid will not populate this segment.
329	2120C	NM1	Subscriber Benefit Related Entity Name			<p>Texas Medicaid uses EB04 and the presence of a 2120C Loop to uniquely identify Managed Care benefits. If EB04 = "OT" and this 2120C Loop exists, this benefit segment is for Managed Care. NPI Full Compliance Requirements: The NM109 may be populated with either the member's assigned Lock-In Provider NPI / API or member's assigned Managed Care Provider NPI / API. NPI Full Compliance Example: NPI: NM1*1P*2* ORGANIZATION NAME*****XX*111111 1111~</p> <p>API: NM1*1P*2* ORGANIZATION NAME*****SV*A11111 1111~</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
333	2120C	NM109	Identification Code	NPI (10 numeric). API (10 alphanumeric).	2-80	NPI Full Compliance Requirements: When NM101 contains 1P and NM108 contains XX, the NM109 will contain the Lock-In or Managed Care provider's assigned NPI (10 numeric). When NM101 contains 1P and NM108 contains MI, the NM109 will contain the Lock-In or Managed Care provider's assigned API provider identifier (10 alphanumeric).
339	2120C	PER	Subscriber Benefit Related Entity Contact Information			This PER segment returns Insurance Company Information when appropriate.
			Dependent			This Loop is not used by Texas
347	2000D	HL	Level			Medicaid to process requests.

8 APPENDICES

This section contains one or more appendices.

8.1 A. Transmission Examples

This appendix contains actual data streams linked to the business scenarios from Appendix B.

270/271 Example Transaction

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.

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

270 Texas Medicaid Example Transactions (NPI):

```
ISA*00*00*ZZ*545035165*ZZ*617591011C21T*010806*1200*|*00501*270021192*0P*:
GS*HS*545035165*617591011C21T*20010101*120000*1*X*005010X279A1
ST*270*1234*005010X279A1
BHT*0022*13*100011234*19990501*1319
HL*1**20*1
NM1*PR*2*LASTCOMPANY*****46*098765432
HL*2*1*21*1
NM1*1P*1*ORGANIZATION NAME*****XX*1111111111
HL*3*2*22*0
TRN*1*93175-012547*9877281234
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*1111111111
REF*SY*1111111111
DMG*D8*19991231*M
DTP*291*D8*19990501
EQ*30**FAM
SE*14*1234
GE*1*1
IEA*1*270021192
```

270 Texas Medicaid Example Transactions (API):

```
ISA*00*00*ZZ*545035165*ZZ*617591011C21T*010806*1200*|*00501*270021192*0P*:
GS*HS*545035165*617591011C21T*20010101*120000*1*X*005010X279A1
ST*270*1234*005010X279A1
BHT*0022*13*100011234*19990501*1319
HL*1**20*1
NM1*PR*2*LASTCOMPANY*****46*123456789
HL*2*1*21*1
NM1*1P*1*LASTNAME*FIRSTNAME****SV*A1111111111
HL*3*2*22*0
TRN*1*93175-012547*0987654321
```

NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*111111111
REF*SY*111111111
DMG*D8*19991231*M
DTP*291*D8*19990501
EQ*30**FAM
SE*14*1234
GE*1*1
IEA*1*270021192

271 Texas Medicaid Example Transactions:

ISA*00*00* *ZZ*6175910AAC21T *ZZ*54503516A
*061130*1445*|*00501*309242122*0*P*:
GS*HB*617591011C21T*545035165*20030924*21000083*309001*X*005010X279A1
ST*271*COMP1420*005010X279A1
BHT*0022*11**20030924*21000083
HL*1**20*1
NM1*PR*2*Texas Medicaid/Healthcare Services*****PI*617591011C21P
HL*2*1*21*1
NM1*1P*2*ORGANIZATION NAME*****SV*1111111111
HL*3*2*22*0
TRN*2*1634*9999999999
TRN*1*XXXXXXXXXEL.199912310000000*1111111111
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*11111
REF*SY*111111111
N3*100 MAIN STREET
N4*TOWN*TX*12345
DMG*D8*19991231
DTP*346*D8*20141201
EB*1*IND*30|98|48|47|33|MH|1|UC|AL|86|50*MC*100 TRADITIONAL MEDICAID
DTP*318*D8*20140918
DTP*356*D8*20140901
DTP*357*D8*20150430
EB*A**30|98|48|47|33|MH|1|UC|AL|86|50*****0
DTP*193*D8*20140901
DTP*194*D8*20150430
EB*B**30|98|48|47|33|MH|1|UC|AL|86|50*****0
DTP*193*D8*20140901
DTP*194*D8*20150430
EB*C**30***23*0
DTP*193*D8*20140901
DTP*194*D8*20150430
EB*C**30***29*0
DTP*356*D8*20090101
DTP*357*D8*20090202
EB*1*IND*35|88*MC*100 TRADITIONAL MEDICAID
DTP*193*D8*20140901

DTP*194*D8*20150430
EB*1*IND*30|98|48|47|33|MH|1|UC|AL|86|50*OT*A1HEALTHPLAN NAME
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
SE*39*COMP1420
GE*1*309001
IEA*1*309242122

8.2 Change Summary

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

Change		Date
1	Example transactions updated.	07/08/2014
2	Added CORE Safe Harbor and Explicit Inquiry information.	07/18/2014
3	Added information for 2110C EB05.	07/13/2015
4	Updated 271 Example Transaction to reflect CORE Operating Rules.	12/04/2015
5	Page #256/Loop ID 2100C/Reference REF02: Changes to 2100C REF02 to Medicare HIC Number (HICN) and Medicare Beneficiary Identifier (MBI) have been made for dates before and after October 1, 2018.	01/10/2018
6	Updated http links to https links and updated formatting.	08/10/2023