



Texas Medicaid CORE Companion Guide

Acute Care 270/271 Health Care Eligibility Benefit Request/Response

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# Texas Medicaid

**HIPAA Transaction  
Standard Companion 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**

**1/10/2018**



Texas Medicaid CORE Companion Guide

Acute Care 270/271 Health Care Eligibility Benefit Request/Response

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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).*



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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 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 <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](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 with Texas Medicaid to be enrolled in the Texas Medicaid Program.

Texas Medicaid Enrollment Forms and instructions are available at:

[http://www.tmhp.com/Pages/SupportServices/PSS\\_Home.aspx](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](http://www.tmhp.com/Pages/EDI/EDI_Forms.aspx)

EDI Technical Information:

[http://www.tmhp.com/Pages/EDI/EDI\\_Technical\\_Info.aspx](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

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:

[http://www.tmhp.com/Pages/EDI/EDI\\_Forms.aspx](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 file. Files 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 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.<br><br>If ISA07 is not populated correctly, the transaction will be rejected.   |
| C.5    |         | ISA08     | Interchange Receiver ID     | Production =<br>"617591011C21P "<br>(2 spaces)<br><br>Testing =<br>"617591011C21T "<br>(2 spaces) |        | ISA08 must be populated with the Texas Medicaid-EDI Receiver ID. This number differs for Testing and Production.<br><br>When testing, use the Testing Receiver ID: "617591011C21T " (2 spaces)<br><br>When in production, use the Production Receiver ID: "617591011C21P " (2 spaces)<br><br>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.<br><br>When testing: ISA08 = 617591011C21T and ISA15 = "P"<br><br>When in production, ISA08 = 617591011C21P and ISA15 = "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                 | Testing =   | 2-15   | GS03 must be populated with the   |



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| Page # | Loop ID | Reference | Name   | Codes   | Length | Notes/Comments   |
|--------|---------|-----------|--|---|--------|--|
|        |         |           | Receiver's Code                              | "617591011C21T"<br><br>Production = "617591011C21P"           |        | Texas Medicaid -EDI Receiver ID. This number differs for Testing and Production.<br><br>When testing, use the Testing Receiver ID: "617591011C21T"<br><br>When in production, use the Production Receiver ID: "617591011C21P"  |
| 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.   |
| 71     | 2100A   | NM109     | Identification Code                          | Testing = "617591011C21T"<br><br>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.<br><br>When testing, use the Testing Receiver ID: "617591011C21T"<br><br>When in production, use the Production Receiver ID: "617591011C21P" |
| 75     | 2100B   | NM1       | Information Receiver Name                    |   |        | NPI Full Implementation Example:<br><br>Example NPI:<br>NM1*1P*2*ORGANIZATION<br>NAME*****XX*111111111~  |



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| Page # | Loop ID | Reference | Name                                 | Codes           | Length | Notes/Comments   |
|--------|---------|-----------|--------------------------------------|-----------------|--------|--|
|        |         |           |                                      |                 |        | Example: API:<br>NM1*1P*2* ORGANIZATION<br>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.<br><br>The value of NM108 must contain SV if an Atypical Provider Identifier (API) is sent in NM109.  |
| 78     | 2100B   | NM109     | Identification Code                  | 10 alphanumeric | 2-80   | NPI Full Compliance Requirements:<br>1) The NM109 must contain the provider's assigned NPI (10 numeric).<br>2) 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 information provided in REF02.   |
| 99     | 2100C   | REF02     | Reference Identification             |                 | 1-50   | If qualifier REF01 = SY then Texas Medicaid will only read the first 9 characters of the subscriber's social security number.<br><br>If qualifier REF01 = NQ then Texas Medicaid will not read any data from the REF02.<br><br>If qualifier REF01 = EJ then Texas Medicaid will read the patient account number. |
| 101    | 2100C   | N4        | Subscriber City, State, ZIP Code     |                 |        |  |



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| Page # | Loop ID | Reference | Name                                      | Codes   | Length | Notes/Comments   |
|--------|---------|-----------|---|---|--------|--|
| 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~<br>EQ*98^34^44^81^A0^A3~   |
| 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:<br><br>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"<br>Testing = "617591011C21T"   |        | This is the Texas Medicaid ID used by Compass21 for recognition.<br><br>Production = "617591011C21P"<br>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.<br><br>For Test: ISA06 = 617591011C21T and ISA15 = "P"<br><br>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"<br><br>Production: "617591011C21P" |        | Texas Medicaid ID:<br><br>For Test: "617591011C21T"<br><br>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.   |
| C.7    |         | GS04      | Date                                  |   |        | The date format is YYYYMMDD.   |
| C.8    |         | GS05      | Time                                  |   |        | The time format is HHMMSSDD.   |
| 211    |         | BHT       | Beginning of Hierarchical Transaction |   |        |  |





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| Page # | Loop ID | Reference | Name                                   | Codes                                     | Length | Notes/Comments   |
|--------|---------|-----------|--|---|--------|--|
| 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:<br><br>NPI Example:<br>NM1*1P*2* ORGANIZATION NAME****XX*111111111~<br><br>API Example:<br>NM1*1P*2* ORGANIZATION NAME****SV*A111111111~   |
| 234    | 2100B   | NM108     | Identification Code Qualifier          | XX,SV                                     |        | The value of NM108 will contain XX if an NPI is sent in NM109.<br><br>The value of NM108 will contain SV if an API is sent in NM109.   |
| 235    | 2100B   | NM109     | Identification Code                    | NPI (10 numeric)<br>API (10 alphanumeric) | 2-80   | NM109 will contain the provider's assigned NPI or API.<br><br>NPI Full Compliance Requirements:<br>1) The NM109 will contain the provider's assigned NPI (10 numeric).<br>2) 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                         |   |        | Texas Medicaid will populate only  |



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| Page # | Loop ID | Reference | Name                                 | Codes | Length | Notes/Comments   |
|--------|---------|-----------|--------------------------------------|-------|--------|--|
|        |         |           | Code                                 |       |        | 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 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><b>Before October 1, 2018</b>, if REF01 = F6: Texas Medicaid will return the Medicare HIC Number (HICN) submitted in 2100C REF02 on the 271 Eligibility Response.</p> <p><b>On or after October 1, 2018</b>, if REF01 = F6: Texas Medicaid will return the Medicare Beneficiary Identifier (MBI) submitted in 2100C REF02 on the 271 Eligibility Response.</p> |
| 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              |       |        | <p>INS*Y*18*001*25</p> <p>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.</p>   |



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| 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 |                        |        | <p>EB*1*IND*30*OT*ORGANIZATION NAME<br/>Client is covered by "Health Plan Name"</p> <p>EB*1*FAM*96*GP~<br/>Active Coverage for subscriber and family, for Professional (Physician) services, and coverage is through a Group Policy</p> <p>EB*B**68***27*10~<br/>Co-payment for Well Baby Care is \$10 per visit</p> <p>EB*B**98^34^44^81^A0^A3****10**VS*1~<br/>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~<br/>Deductible for the family is \$600 per calendar year</p> |
| 291    | 2110C   | EB01      | Eligibility or Benefit Information Code       | F, N, W<br><br>1, I, V | 1      | <p>Texas Medicaid uses EB01 to uniquely identify:</p> <p>Benefit Limitations: "F" (Limitations)<br/>Lock In: "N" (Services Restricted to Following Provider)<br/>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.<br/>When EB01 = 'I' is returned on the response, this represents, for the service type code requested, it is not covered.<br/>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>  |



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| 293    | 2110C   | EB03      | Service Type Code         | 35, 75, AL, AM, 98<br><br>CORE-required service type codes:<br>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 uses EB03 to distinguish the different benefit limit types:<br><br>"35" (Dental)<br>"75" (Hearing Aid)<br>"AL" (Eye Exam)<br>"AM" (Eye Glass)<br>"98" (Medical Claim)<br>Texas Medicaid supports generic and CORE explicit inquiry requests and the following benefit service types:<br><br>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 |
| 298    | 2110C   | EB04      | Insurance Type Code       | MA, MB, HN, OT, MC   | 2      | Texas Medicaid uses EB04 to identify and distinguish the different Medicare benefit types:<br><br>"MA" (Medicare Part A)<br>"MB" (Medicare Part B)<br>"HN" (Medicare Part C)<br><br>Texas Medicaid uses EB04 and the presence of a 2120C Loop to uniquely identify Managed Care benefits:<br><br>"OT" (Other)<br><br>Texas Medicaid uses EB04 and the absence of a 2120C Loop to uniquely identify Eligibility programs:<br><br>"MC" (Medicaid)<br>"OT" (Other)  |
| 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:<br><br>Positions 1 - 2 Plan Code<br>Positions 3 – 6 Line of Business (LOB)   |



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|----------|--------------|-----------|--------------------------------------|---------------------------------|--------|---|----------|-------------|------|------|------|------|-----|-----|-----|-----|-----|-----|------|---------|------|------|------|------|------|-----------|------|--------------|
|          |              |           |                                      |                                 |        | <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_</p> <p>EB*CB*IND*30*OT*9FMMP PLAN CODE DESCRIPTION</p> <p>EB*CB*IND*30*OT*85STRPPLAN CODE DESCRIPTION</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 |           |                                      |                                 |        |   |          |             |      |      |      |      |     |     |     |     |     |     |      |         |      |      |      |      |      |           |      |              |
| 309      | 2110C        | HSD       | Health Care Services Delivery        |                                 |        | Texas Medicaid will not populate this segment.  |          |             |      |      |      |      |     |     |     |     |     |     |      |         |      |      |      |      |      |           |      |              |
| 314      | 2110C        | REF       | Subscriber Additional Identification |                                 |        | <p>Texas Medicaid uses REF01 to uniquely identify TPR:</p> <p>"6P" (Group Number)</p>   |          |             |      |      |      |      |     |     |     |     |     |     |      |         |      |      |      |      |      |           |      |              |
| 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 |        | <p>Texas Medicaid uses REF02 to communicate the CMS Contract Number when REF01 = 18 (Plan Number). Please go to <a href="http://www.tmhp.com">www.tmhp.com</a> to view the CMS Carrier Contact information.</p> <p>Texas Medicaid uses REF02 to communicate the TPR Group Number when REF01 = 6P (Group Number)</p>   |          |             |      |      |      |      |     |     |     |     |     |     |      |         |      |      |      |      |      |           |      |              |



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| Page # | Loop ID | Reference | Name   | Codes                                    | Length | Notes/Comments  |
|--------|---------|-----------|--|--|--------|---|
|        |         |           |  |  |        | Texas Medicaid uses REF02 to communicate the Tort Benefit Name when REF01 = 1W (Member Identification 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.  |
| 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.</p> <p>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*111111111~</p> <p>API: NM1*1P*2* ORGANIZATION NAME*****SV*A111111111~</p> |
| 333    | 2120C   | NM109     | Identification Code                                      | NPI (10 numeric). API (10 alphanumeric). | 2-80   | <p>NPI Full Compliance Requirements:</p> <p>1) When NM101 contains 1P and NM108 contains XX, the NM109 will contain the Lock-In or Managed Care provider's assigned NPI (10 numeric).</p> <p>2) 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).</p>   |
| 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  |



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| Page # | Loop ID | Reference | Name  | Codes | Length | Notes/Comments                |
|--------|---------|-----------|-------|-------|--------|-------------------------------|
| 347    | 2000D   | HL        | Level |       |        | Medicaid to process requests. |



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## APPENDICES

This section contains one or more appendices.

### 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*0*P*:  
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\*0\*P\*:  
 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\*A111111111  
 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\*111111111  
 HL\*3\*2\*22\*0  
 TRN\*2\*1634\*9999999999  
 TRN\*1\*XXXXXXXXXEL.199912310000000\*111111111  
 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\*|ND\*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



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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\*I\*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



## B. 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 | 1/10/2018  |