TMHP
TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Texas Medicaid

HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guide Long Term Care 837 Health Care Claim: Professional Based on ASC X12 version 005010

CORE v5010 Companion Guide

May 2021

Disclosure Statement

.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guide and associated errata adopted under Health Insurance Portability and Accountability Act of 1996 (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.

EDITOR'S NOTE:
This page is intentionally left blank.

Table of Contents

1. INTRODUCTION

Scope

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

Texas Medicaid defines a Trading Partner as any entity trading data with Texas Medicaid EDI. Trading partners include vendors, clearinghouses, Providers and billing agents.

The 5010 Technical Report Type 3 (TR3) dated May 2006 was used to create this Companion Guide for the 837 file format. All instructions in this document are written using information known at the time of publication and are subject to change.

Overview

This guide is intended as a resource to assist submitters in successfully conducting EDI 837 Health Care Claims: Professional transactions with Texas Medicaid. This document does not provide detailed data specifications, which are published separately by the industry committees responsible for their creation and maintenance.

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 instructions in this companion guide are not intended to be stand-alone requirements documents, and must be used in conjunction with the associated ANSI ASC X12N National Implementation Guide. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guide and is in conformance with ASC X12's Fair Use and Copyright statements.

References

The ANSI ASC X12N Implementation Guides are available for purchase at the Washington Publishing Company web site at: https://x12.org/products/technical-reports

The Texas Medicaid EDI Connectivity Guide which contains instructions regarding connectivity options including CORE compliant Safe Harbor information, can be found on the EDI page of the Texas Medicaid website at: https://www.tmhp.com/topics/edi

The Companion Guides, published by Texas Medicaid can be found on https://www.tmhp.com/topics/edi

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:

- To protect and enhance the rights of consumers by providing them access to their health information and controlling the appropriate use of that information;
- 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
- To improve the efficiency and effectiveness of health care delivery by creating a national framework for health privacy and protection.

2. GETTING STARTED

Working with Texas Medicaid

This section describes how to interact with Texas Medicaid's Electronic Data Interchange (EDI) systems

EDI Help Desk 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.

Trading Partner Registration

HHSC requires any entity exchanging electronic data with Texas Medicaid to be enrolled in the Texas Medicaid Program and approved for the submission of X12 transaction sets.

Texas Medicaid Enrollment Forms and instructions are available at:
https://www.tmhp.com/resources/provider-support-services

Successful enrollment in Texas Medicaid is required before proceeding with EDI.

To get started with EDI transactions, the necessary forms and instructions are available at:
https://www.tmhp.com/resources/forms?field_topics_target_id=96

3. TESTING WITH TEXAS MEDICAID

Texas Medicaid requires that all Trading Partners who connect directly to successfully complete the testing process prior to submitting claims.

If the Provider or Billing Agent utilizes a Clearinghouse to submit the electronic claims, the entity connecting with Texas Medicaid must have successfully completed the testing process prior to claim submission.

Texas Medicaid provides a self-testing tool through Edifecs. Testing and Certification instructions, along with setup information can be found in Section 9.1 of the Texas Medicaid EDI Connectivity Guide found at: https://www.tmhp.com/sites/default/files/file-library/edi/TMHP_EDI_Connectivity_Guide.pdf

4. CONNECTIVITY WITH TEXAS MEDICAID/COMMUNICATIONS

Transmission Administrative Procedures

The Texas Medicaid EDI Connectivity Guide that contains specific instructions regarding connectivity options, can be found on the EDI page of the Texas Medicaid website at: https://www.tmhp.com/sites/default/files/file-library/edi/TMHP_EDI_Connectivity_Guide.pdf

Communication protocol specifications

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/sites/default/files/file-library/edi/TMHP_EDI_Connectivity_Guide.pdf

Passwords

Texas Medicaid provides instruction on resetting of passwords in section 5.1 of the Texas Medicaid EDI Connectivity Guide found at: https://www.tmhp.com/sites/default/files/file-library/edi/TMHP_EDI_Connectivity_Guide.pdf

5. CONTACT INFORMATION

Customer Service

Texas Medicaid EDI Help Desk
The EDI Help Desk provides technical assistance only by troubleshooting Texas Medicaid EDI issues. Contact your system administrator for assistance with network, 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
Call 1-888-863-3638, option 3 (or call 1-512-514-4150, option 3)

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

Applicable websites/e-mail

This section contains detailed information about useful web sites and email addresses.

Texas Medicaid EDI Technical Information, such as code references, vendor file specifications, and additional Companion Guides can be found at: https://www.tmhp.com/topics/edi

The Texas Medicaid Provider Procedures Manual is found at:
https://www.tmhp.com/resources/provider-manuals

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.

National Uniform Billing Committee (NUBC) – This site is the official source of UB-04 billing information.

Texas Department of State Health Services (DSHS)

Texas Health and Human Services Commission

6. CONTROL SEGMENTS/ENVELOPES

ISA-IEA

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

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
Control Segments						
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		
C.4		ISA03	Security Information Qualifier	00		
C.4		ISA05	Interchange ID Qualifier	ZZ		
C.5		ISA06	Interchange Sender ID			Provider Submitter ID
C.5		ISA07	Interchange ID Qualifier	ZZ		
C.5		ISA08	Interchange Receiver ID			Production = 617591011CMSP Testing = 617591011CMST
C.5		ISA11	Repetition Separator	| (pipe character)		
C.6		ISA14	Acknowledgment Requested	0 (zero)		
C.6		ISA15	Interchange Usage Indicator	P		ISA15="P" for both Production and Test
C.6		ISA16	Component Element Separator	: (colon character)		

GS-GE

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
Control Segments						
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code			Provider Submitter ID
C.7		GS03	Application Receiver's Code	617591011CMSP		This is Texas Medicaid's Electronic Transmitter Group Identifier.

7. TEXAS MEDICAID 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.

X12 files with more than one GS-GE Functional Group will fail to process in the Texas Medicaid system

The Texas Medicaid Provider Procedures Manual is the providers' principal source of information about Texas Medicaid. The most recent version is found at: https://www.tmhp.com/resources/provider-manuals

8. ACKNOWLEDGEMENTS AND/OR REPORTS

Texas Medicaid provides HIPAA responses and acknowledgements that should be utilized by the Trading Partner for reconciliation purposes. Texas Medicaid does not provide proprietary reports as a standard part of the claims data process. Trading Partners should utilize the HIPAA responses provided for each transmission to reconcile claims.

The following responses will be received by the Trading Partner:

TA1 Transaction	Interchange Acknowledgement The TA1 will be sent if the submitter ID is not known or if the file received is structurally incorrect.
BID Document	Batch ID Report The BID file is sent as acknowledgment of file reception. This is not an indicator that the file was accepted; only received. This zero byte file will provide the Texas Medicaid assigned batch ID within the file name. *This response will not be returned files exchanged over the CORE Operating Rule "Safe Harbor" connection method.
999 Transaction	Implementation Acknowledgment This file provides high level transaction set response details for the 837 received. It does not contain transaction (claim) level responses.
277CA	Health Care Claim Acknowledgement The 277CA includes claim level acknowledgements including acceptance/rejection information. This file will not be sent if a negative 999 (rejection) or TA1 file has been returned.

9. TRADING PARTNER AGREEMENTS

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.

Submitters 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 will be found on this web page:
https://www.tmhp.com/resources/forms?field_topics_target_id=96

10. 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.

This section is used to describe the required data values that will be used by Texas Medicaid for those who submit a professional claim.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
79	1000B	NM1	Receiver Name			
80	1000B	NM103	Receiver Name	TMHP		
80	1000B	NM109	Receiver Primary Identifier	617591011CMSP		
83	2000A	PRV	Billing Provider Specialty Information			
83	2000A	PRV03	Provider Taxonomy Code			The Taxonomy code must be the Taxonomy code on file with Texas Medicaid.
87	2010AA	N1	Billing Provider Name			
90	2010AA	NM109	Billing Provider Identifier			National Provider ID (NPI) must be submitted unless the provider has an Atypical Provider Identifier (API) assigned which will be reported in Loop 2010BB.
91	2010AA	N3	Billing Provider Address			
91	2010AA	N301	Billing Provider Address Line			The Billing Provider address must be the address on file with Texas Medicaid.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
92	2010AA	N4	Billing Provider City, State Zip Code			
92	2010AA	N401	Billing Provider City Name			The Billing Provider city name must be the city name on file with Texas Medicaid.
93	2010AA	N403	Billing Provider Postal Zone or ZIP Code			The Billing Provider ZIP Code (9 digits) name must be the ZIP Code on file with Texas Medicaid.
94	2010AA	REF	Billing Provider Tax Identification			
94	2010AA	REF	Billing Provider Tax Identification Number			The submitted code must match what is on file with Texas Medicaid
115	2010BA	NM1	Subscriber Name			
116	2010BA	NM108	Identification Code Qualifier	MI		
133	2010BB	NM1	Payer Name			
134	2010BB	NM103	Payer Name	TDHS/TDMHMR		
134	2010BB	NM108	Payer Name	PI		
134	2010BB	NM109	Payer Identifier	617591011CMSP		
140	2010BB	REF	Billing Provider Secondary Identification			
140	2010BB	REF01	Identification Code Qualifier	G2		If the provider has an API instead of an NPI, the API must be sent in the REF02.
193	2300	REF	Referral Number			
193	2300	REF02	Referral Number		8 Numeric	REF02 must contain a valid referral number when applicable.
204	2300	REF	Medical Record Number			
204	2300	REF02	Medical Record Number		30 Alpha-numeric	Trace Sequence Number

209	2300	NTE	Claim Note			
209	2300	NTE01	Claim Note	ADD		
210	2300	NTE02	Claim Note	Pos 24-28	1-5 Alpha - Numeric	To submit Billing Provider Service Group, enter the appropriate Service Group code for Billing Provider. NTE01 = 'ADD' NTE02 Positions 24-28 (left justified) (Refer to Long Term Care Reference Codes, under the LTC and Acute Care Reference Codes dropdown, on the TMHP.com website – https://www.tmhp.com/topics/edi)
210	2300	NTE02	Claim Note	Pos 34-35	1-2 Alpha - Numeric	To Submit Budget Number NTE01 = 'ADD' NTE02 Positions 34-35 enter the appropriate alpha/numeric Budget Number. Values are 1, 2, 3, 4 or 5 and are left justified
226	2300	HI	Health Care Diagnosis Code			Texas Medicaid will only capture the first 4 diagnosis codes (HI01 to HI04) for processing the file.
257	2310A	NM1	Referring Provider Name			If the Referral number is not sent on the claim, loop 2310A is not required by Texas Medicaid
258	2310A	NM101	Entity Identifier Code	DN		
258	2310A	NM102	Entity Type Qualifier	1		
258	2310A	NM103	Referring Provider Last Name	DADS – Default value if there is no referring provider and the referral number is sent		
258	2310A	NM104	Referring Provider First Name	DADS– Default value if there is no referring provider and the referral number is sent		If the referring provider loop is sent the referring provider name is mandatory for Texas Medicaid claims processing
259	2310A	NM108	Identification	XX– Default		

			Code Qualifier	value if there is no referring provider and the referral number is sent		
259	2310A	NM109	Referring Provider Identifier	1568578417 – Default value if there is no referring provider and the referral number is sent		

262	2310B	NM1	Rendering Provider Name			The Rendering Provider must be a member of the Billing Provider Group in the Texas Medicaid system.
263	2310B	NM104	Rendering Provider First Name			If the rendering provider loop is sent the rendering provider name is mandatory for Texas Medicaid claims processing
264	2310B	NM109	Rendering Provider Identifier			NPI must be submitted unless the provider has an API assigned which will be reported in Loop 2310B Rendering Provider Secondary Identification.
265	2310B	PRV	Rendering Provider Specialty Information			
265	2310B	PRV03	Provider Taxonomy Code			If sent, the Rendering Provider Taxonomy Code must match the Taxonomy Code on file with Texas Medicaid.
267	2310B	REF	Rendering Provider Secondary Identification			
268	2310B	REF01	Reference Identification Qualifier	G2		If the provider has an API instead of an NPI, the API must be sent in the REF02.
350	2400	LX	Service Line Number			Texas Medicaid will accept up to 28 Service Lines per claim.
351	2400	SV1				
355	2400	SV103	Unit or Basis for Measurement	UN		Texas Medicaid is requesting that the data set in this segment be UN for proper adjudication of the file.
355	2400	SV104	Service Unit Count			Texas Medicaid can accept a maximum of 99,999.99 for the units counted for claims processing.
430	2420A	NM1	Rendering Provider Name			The Rendering Provider must be a member of the Billing Provider Group in the Texas Medicaid system.
431	2420A	NM104	Rendering Provider First Name			If the rendering provider loop is sent the rendering provider name is mandatory for Texas

						Medicaid claims processing
432	2420A	NM109	Rendering Provider Identifier			NPI must be submitted unless the provider has an API assigned which will be reported in Loop 2420A Rendering Provider Secondary Identification.
433	2420A	PRV	Rendering Provider Specialty Information			
433	2420A	PRV03	Provider Taxonomy Code			If sent, the Rendering Provider Taxonomy Code must match the Taxonomy Code on file with Texas Medicaid.
434	2420A	REF	Rendering Provider Secondary Identification			
434	2420A	REF01	Provider Communication Number	G2		If the provider has an API instead of an NPI, the API must be sent in the REF02.

11. APPENDICES

Transmission Examples

The 837P transaction is designed to transmit one or more claims for each billing provider. The hierarchy of the looping structure is billing provider, subscriber, claim level, and claim service line level. Billing providers who sort claims using this hierarchy will use the 837P more efficiently because information that applies to all lower levels in the hierarchy will not have to be repeated within the transaction.

Texas Medicaid Note:
As an assumption for these file formats, if the Subscriber is the same individual as the Patient then the Patient Loop is not to be populated per HIPAA compliance. Information sent in the 2000C loop will be ignored by Texas Medicaid.

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

Texas Medicaid Example Transaction:

```
ISA*00*          *00*          *ZZ*SENDER ID      *ZZ*617591011CMSP
*151101*1253*|*00501*000000905*1*P*:
GS*HC*SENDER ID*617591011CMSP *20151101*0945*905*X*005010X224A2
ST*837*0001*005010X222A1
BHT*0019*00*123456*20101212*0945*CH
NM1*41*1*LASTNAME*FIRSTNAME****46*111111111
PER*IC**TE*1111111111
NM1*40*2*TEXAS MEDICAID*****46*617591011CMSP
HL*1**20*1
PRV*BI*PXC*1223G0001X
NM1*85*2*ORGANIZATION NAME*****XX*1111111111
N3*100 MAIN STREET
N4*TOWN*TX*123456789
REF*EI*111111111
HL*2*1*22*0
SBR*P*18*******MC
NM1*IL*1*LASTNAME*FIRSTNAME*T***MI*111111111
N3*100 MAIN STREET
N4*TOWN*TX*12345
DMG*D8*19500211*F
REF*SY*111111111
NM1*PR*2*TEXAS MEDICAID*****PI*617591011CMSP
N4*TOWN*TX*12345
CLM*1111111111*85***11:B:1*Y*A*Y*Y
REF*G1*11111111111
NTE*ADD*                  10   5
HI*ABK*Z01.411
NM1*82*1*LASTNAME*FIRSTNAME****XX*111111111
PRV*PE*PXC*1223G0001X
LX*1
SV1*HC:99201*85*UN*1***1
```

DTP*472*D8*20151015
SE*29*0001
GE*1*905
IEA*1*000000905

Change Summary

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

	Change	Date
V1	Example transmissions updated.	07/10/14
V2	Added 2400/LX/Service Line Number Texas Medicaid will accept up to 28 Service Lines per claim.	03/02/15
V3	Updated to CAQH CORE Operating Rules Phase IV Template.	10/01/16
V4	Page 17 – Added 2300 NTE instruction for sending Service Group Code Page 17 – Added 2300 NTE instruction for sending Budget Number Page 21 – Added X12 example for NTE field position of Service Group Code and Budget Number	02/01/2019
V5	Removed yellow highlight from page 17 where new 2300 NTE instructionfor sending Budget Number and Service Group Code added. Removed yellow highlight from transaction example, page 20. Removed Yellow highlight from row above in change summary.	02/01/2019
V6	Updated information for loop 2310A referring provider requirements. Updated requirements for rendering provider information in loops 2310B and 2420A. Added default values for referring provider when there is no referring provider available.	05/15/2021