



# North Carolina Department of Health and Human Services (NC DHHS)

Division of Medical Assistance (DMA)

Division of Mental Health (DMH)

Division of Public Health (DPH)

Standard Companion Guide Transaction Information Instructions related to Transactions based on ASC X12 Implementation Guides, version 004010X096A1 Health Care Claim: Institutional (837-I), for the Replacement MMIS NCTracks starting July 1, 2013



This template is Copyright © 2010 by The Workgroup for Electronic Data Interchange (WEDI) and the Data Interchange Standards Association (DISA), on behalf of the Accredited Standards Committee (ASC) X12. All rights reserved. It may be freely redistributed in its entirety provided that this copyright notice is not removed. It may not be sold for profit or used in commercial documents without the written permission of the copyright holder. This document is provided “as is” without any express or implied warranty. Note that the copyright on the underlying ASC X12 Standards is held by DISA on behalf of ASC X12. 2011 © Companion Guide copyright by Computer Sciences Corporation.

## Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

## Table of Contents

<b>1. Transaction Instruction (TI) Introduction .....</b>	<b>1</b>
1.1 Background.....	1
1.1.1 Overview of HIPAA Legislation .....	1
1.1.2 Compliance According to HIPAA .....	1
1.1.3 Compliance According to ASC X12 .....	1
1.2 Intended Use.....	1
1.3 Intended Audience .....	1
1.4 Purpose of Companion Guide.....	2
1.5 Acknowledgements.....	2
1.6 Trading Partner Agreement Setup .....	2
1.7 Testing .....	2
<b>2. Included ASC X12 Implementation Guides .....</b>	<b>3</b>
<b>3. Instruction Tables .....</b>	<b>4</b>
<b>4. TI Additional Information .....</b>	<b>8</b>
4.1 Business Scenarios .....	8
4.2 Payer Specific Business Rules and Limitations .....	8
4.3 Scheduled Maintenance .....	8
4.4 Frequently Asked Questions.....	8
4.5 Other Resources.....	8
<b>5. Change Summary .....</b>	<b>9</b>

## 1. Transaction Instruction (TI) Introduction

### 1.1 BACKGROUND

#### 1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

#### 1.1.2 Compliance According to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

#### 1.1.3 Compliance According to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide

### 1.2 INTENDED USE

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12’s Fair Use and Copyright statements.

### 1.3 INTENDED AUDIENCE

This companion guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claims submissions to NCTracks. In addition, this information should be communicated to, and coordinated with, the provider's billing office in order to ensure that the required billing information is provided to its billing agent/submitter.

## **1.4 PURPOSE OF COMPANION GUIDE**

The Companion Guide is to be used with, and to supplement the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion guide is to provide trading partners with a guide to communicate NCTracks specific information required to successfully exchange transactions.

The primary purpose of this document is to assist the trading partner with the appropriate use of the transactions and is not intended to be a billing or policy guide.

## **1.5 ACKNOWLEDGEMENTS**

For all inbound transactions, a 997 Acknowledgement report will be sent to the trading partner's OUTBOX for retrieval. This report serves as the acknowledgement of the submission of a file. Typically, 997 Acknowledgement reports are available within moments of submission.

## **1.6 TRADING PARTNER AGREEMENT SETUP**

\*\*\*This is a test version – more information will be provided with the final version of the Companion Guide.\*\*\*

## **1.7 TESTING**

NC DHHS (DMA, DMH, and DPH) requires testing, or third party certification, prior to approving a trading partner to submit claims in production. Once in production, NC DHHS (DMA, DMH,DPH) reserves the right to require re-testing if it is determined the trading partner is receiving/generating an unacceptable volume of errors.

\*\*\*This is a test version – more information will be provided with the final version of the Companion Guide.\*\*\*

## 2. Included ASC X12 Implementation Guides

The table below identifies the X12N Implementation Guides for all of the 4010 transactions supported by NCTracks. Companion guides are available for each of the transactions.

Section 3 of this document provides information specific to the 837 Institutional transaction set, as defined in the ASC/X12N 004010X096 Health Care Claim: Institutional (837) Implementation Guide dated May 2000, and updated by:

- Addenda 004010X096A1 Health Care Claim: Institutional (837) dated October 2002.

Unique ID	Name
004010X098	Health Care Claim: Professional (837P)
004010X096	Health Care Claim: Institutional (837I)
004010X097	Health Care Claim: Dental (837D)
004010X093	Health Care Claim Pending Status Information (277U)
004010X092	Health Care Eligibility Benefit Inquiry and Response (270/271)
004010X091	Health Care Claim Payment/ Advice (835)
004010X093	Health Care Claim Status Request and Response (276/277)
004010X094	Health Care Services Review-Request for Review and Response (278)
004010	Functional Acknowledgment (997)

### 3. Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent "segments" in the X12N Implementation Guide.
NON-SHADED rows represent "data elements" in the X12N Implementation Guide.

#### 004010X096A1 Health Care Claim: Institutional (837I)

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
	ISA03	Interchange Control Security Information qualifier	00	Use "00"
	ISA05	Interchange ID Qualifier	ZZ	Use "ZZ"
	ISA06	Interchange Sender ID		Use the 4 digit Submitter ID provided in the Trading Partner Agreement
	ISA07	Interchange ID Qualifier	ZZ	Use "ZZ"
	ISA08	Interchange Receiver ID		"NCTRACKSREL" is submitted for real-time requests  "NCTRACKSBAT" is submitted for batch requests
Header	GS	Functional Group Header		
	GS02	Application Sender's Code		Use the 4 digit Submitter ID provided in the Trading Partner Agreement.
	GS03	Application Receiver's Code		"NCTRACKSREL" is submitted for real-time requests  "NCTRACKSBAT" is submitted for batch requests
Header	BHT	Beginning of Hierarchical Transaction		
	BHT06	Transaction Type Code	CH, RP	Use "CH" when submitting fee-for-service claims  Use "RP" when submitting Encounter claims
1000A	NM1	Submitter Name		
	NM109	Submitter Identifier		Use the 4 digit Submitter ID provided in the Trading Partner Agreement. Should be the same value as GS02.
1000B	NM1	Receiver Name		



Loop ID	Reference	Name	Codes	Notes/Comments
	NM103	Receiver Name		Use "NCTRACKS"
	NM109	Receiver Primary Identifier		Use "NCTRACKS"
2000A	PRV	Billing Provider Specialty Information		
	PRV01	Provider Code	BI	Use "BI" - Billing
	PRV03	Provider Taxonomy Code		Provider taxonomy codes can be obtained from <a href="http://www.wpc-edi.com/reference">www.wpc-edi.com/reference</a> .
2010AA	N4	Billing Provider City, State, Zip Code		
	N403	Postal Code		The zip code must be a 9-digit code.
2010AA	REF	Billing Provider Secondary Identification		
	REF01	Reference Identification Qualifier	1D	Use "1D"  This is the qualifier used to report the Billing Atypical provider data when the provider does not have a NPI
2010BA	NM1	Subscriber Name		
	NM102	Entity Type Qualifier	1	Use '1'
	NM108	Identification Code Qualifier	MI	Use 'MI'
	NM109	Subscriber Primary Identifier		Use the subscriber's 10-digit identification number ending in an alpha character
2300	K3	File Information – Present on Admission Indicator		
	K301	Fixed Format Information		The first 3 characters of the K3 segment must have 'POA' followed by each Present on Admission Indicator.
2300	NTE	Claim Note		
	NTE02	Claim Note Test		Segment NTE02 is used to report Abortion and Sterilization codes. These codes are captured from the Claim level only. Submit code in the first 2 positions of the segment followed by a space. Codes can be obtained from <a href="http://www.nucc.org">www.nucc.org</a> .
2310A	PRV	Attending Physician Specialty Information		
	PRV03	Provider Taxonomy Code		Provider taxonomy codes can be obtained from <a href="http://www.wpc-edi.com/reference">www.wpc-edi.com/reference</a>

Loop ID	Reference	Name	Codes	Notes/Comments
2310A	REF	Attending Physician Secondary Identifier		
	REF01	Reference Identification Qualifier	1D	Use "1D"  This is the qualifier used to report the Attending Physician Atypical ID when the provider does not have a NPI
2310B	REF	Operating Physician Secondary Identification		
	REF01	Reference Identification Qualifier	1D	Use "1D"  This is the qualifier used to report the Operating Physician Atypical ID when the provider does not have a NPI
2310C	REF	Other Provider Secondary Identification		
	REF01	Reference Identification Qualifier	1D	Use "1D"  This is the qualifier used to report the Other Provider Atypical ID when the provider does not have a NPI
2310D	REF	Referring Provider Secondary Identification		
	REF01	Reference Identification Qualifier	1D	Use "1D"  This is the qualifier used to report the Referring Provider Atypical ID when the provider does not have a NPI
2310E	REF	Service Facility Location Secondary Identification		
	REF01	Reference Identification Qualifier	1D	Use "1D"  This is the qualifier used to report the Service Facility Location Atypical ID when the facility does not have an NPI
2420A	REF	Attending Physician Secondary Identification		
	REF01	Reference Identification Qualifier	1D	Use "1D"  This is the qualifier used to report the Attending Atypical ID when the facility does not have an NPI
2420B	REF	Operating Physician Secondary Identification		

Loop ID	Reference	Name	Codes	Notes/Comments
	REF01	Reference Identification Qualifier	1D	Use "1D"  This is the qualifier used to report the Operating Atypical ID when the facility does not have an NPI
2420C	REF	Other Provider Secondary Identification		
	REF01	Reference Identification Qualifier	1D	Use "1D"  This is the qualifier used to report the Other Provider Atypical ID when the facility does not have an NPI

## 4. TI Additional Information

### 4.1 BUSINESS SCENARIOS

The 837I is used to submit Institutional claims, adjustments, and voids.

### 4.2 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

None are defined at this time.

### 4.3 SCHEDULED MAINTENANCE

\*\*\*This is a test version – more information will be provided with the final version of the Companion Guide\*\*\*

### 4.4 FREQUENTLY ASKED QUESTIONS

This section will contain a compilation of questions and answers as they are identified. \*\*\*This is a test version – more information will be provided with the final version of the Companion Guide\*\*\*

### 4.5 OTHER RESOURCES

- **Washington Publishing Company**

The Implementation Guides for X12N and all other HIPAA standard transactions are available electronically at [www.wpc-edi.com](http://www.wpc-edi.com)

- **ASC X12 Organization**

<http://www.x12.org/>

- **United States Department of Health and Human Services (HHS)**

This site is a resource for the Notice of Proposed Rule Making, rules and other information about HIPAA. [www.aspe.hhs.gov/admsimp](http://www.aspe.hhs.gov/admsimp)

- **Workgroup for Electronic Data Interchange (WEDI)**

A workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative simplification provisions of HIPAA. [www.wedi.org](http://www.wedi.org)

- **North Carolina Department of Health and Human Services**

[www.ncdhhs.gov](http://www.ncdhhs.gov)

- **North Carolina Division of Medical Assistance**

<http://www.ncdhhs.gov/dma/>

- **North Carolina Division of Mental Health/Development Disabilities/Substances Abuse Services**

<http://www.ncdhhs.gov/mhddsas/>

- **North Carolina Division of Public Health**

<http://publichealth.nc.gov/>

## 5. Change Summary

Date	Change	Responsible Party
November 30, 2012	Initial trading partner test version	CSC under the direction of NC DHHS