



# 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 005010X221A1 Health Care Claim Payment/ Advice (835), for the Replacement MMIS NCTracks starting July 1, 2013



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## 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 (TI) component content is limited by ASCX12's Fair Use statement and Copyrights.

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# 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 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (DHHS) 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 999 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, 999 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 transactions supported by NCTracks. Companion guides are available for each of the transactions.

Section 3 of this document provides information specific to the 835 transaction set, as defined in the 005010X221 Health Care Claim Payment/ Advice (835) Technical Report 3 (TR3) dated April 2006, and updated by:

- Errata 005010X221E1 Health Care Claim Payment/ Advice (835) dated January 2009
- Addenda 005010X221A1 Health Care Claim Payment/ Advice (835) dated June 2010

Unique ID	Name
005010X222	Health Care Claim: Professional (837P)
005010X223	Health Care Claim: Institutional (837I)
005010X224	Health Care Claim: Dental (837D)
005010X228	Health Care Claim Pending Status Information (277P)
005010X279	Health Care Eligibility Benefit Inquiry and Response (270/271)
005010X221	Health Care Claim Payment/ Advice (835)
005010X212	Health Care Claim Status Request and Response (276/277)
005010X220	Benefit Enrollment and Maintenance (834)
005010X218	Payroll Deducted and Other Group Premium Payment for Insurance Products (820)
005010X231	Implementation Acknowledgment for Health Care Insurance (999)

### 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.	

#### 005010X221A1 Health Care Claim Payment/Advice (835)

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
	ISA03	Security Information Qualifier	00	"00" is returned
	ISA05	Interchange ID Qualifier	ZZ	"ZZ" is returned
	ISA06	Interchange Sender ID		NCTRACKSBAT = Batch transaction
	ISA07	Interchange ID Qualifier	ZZ	"ZZ" is returned
	ISA08	Interchange Receiver ID		Return Provider's ETIN (Receiver's ETIN) is returned
	ISA11	Repetition Separator	^	"^" is returned
	ISA14	Acknowledgment Requested	0	"0" is returned
	ISA16	Component Element Separator	:	": " is returned
Header	GS	Functional Group Header		
	GS02	Application Sender's Code		NCTRACKSBAT = Batch transaction
	GS03	Application Receiver's Code		Return Provider's ETIN (Receiver's ETIN) is returned
Header	BPR	Financial Information		
	BPR01	Transaction Error Handling Code	H or I	NCTracks will send "H" for encounters and non payments, otherwise "I" will be sent in BPR01
	BPR03	Credit or Debit Flag	C	NCTracks will send "C" in BPR03
	BPR04	Payment Method Code	ACH, CHK, NON	NCTracks will send either "ACH", "CHK" or "NON" in BPR04
	BPR05	Payment Format Code	CCP	NCTracks will send "CCP" when BPR04 has value of "ACH"
	BPR06	Depository Financial Institution (DFI) Identification Number Qualifier	01	NCTracks will send value of "01" if BPR04 has value of "ACH"



Loop ID	Reference	Name	Codes	Notes/Comments
	BPR07	(DFI) Identification Number		NCTracks will send DFI number if BPR04 has value of "ACH"
	BPR08	Account Number Qualifier	DA	NCTracks will send "DA" if BPR04 has value of "ACH"
	BPR09	Sender Bank Account Number		NCTracks will send Bank Account Number if BPR04 has value of "ACH"
	BPR10	Payer Identifier		NCTracks will send Payer Tax ID if BPR04 has value of "ACH"
	BPR12	Depository Financial Institution (DFI) Identification Number Qualifier	01	NCTracks will send value of "01" if BPR04 has value of "ACH"
	BPR13	Receiver or Provider Bank ID Number		NCTracks will send Provider Bank ID Number if BPR04 has value of "ACH"
	BPR14	Account Number Qualifier	DA	NCTracks will send "DA" if BPR04 has value of "ACH"
	BPR15	Receiver or Provider Account Number		NCTracks will send Provider Account Number if BPR04 has value of "ACH"
Header	TRN	Re-association Trace Number		
	TRN03	Payer Identifier		Federal Tax ID of the NCTracks payer
Header	REF	Receiver Identification		
	REF02	Receiver Identifier		NCTracks will return Receiver's ETIN
Header	DTM	Production Date		
	DTM02	Production Date		NCTracks will set this value to check write cycle cut-off date
1000A	N1	Payer Identification		
	N102	Payer Name	DMA, DPH, DMH, ORHCC	NCTracks is a multi-payer system so N102 will contain either "DMA", "DPH", "DMH" or "ORHCC"
1000B	N1	Payee Identification		
	N103	Identification Code Qualifier	FI XX	NCTracks will set this value to 'FI' – Federal Taxpayer's ID Number, for an Atypical provider; otherwise "XX" - NPI is sent.
1000B	REF	Payee Additional Identification		
	REF01	Reference Identification Qualifier	TJ PQ	NCTracks will set this value to "PQ" Payee Identification for an Atypical provider; otherwise "TJ" Federal Taxpayer's Identification Number is used.
	REF02	Additional Payee Identifier		This field is set to Provider ID if the provider being paid is an atypical provider otherwise it is set to Federal Taxpayer ID number.
2100	CLP	Claim Payment Information		
	CLP06	Claim Filing Indicator Code	MC	NCTracks will set this value to "MC"

Loop ID	Reference	Name	Codes	Notes/Comments
	CLP07	Payer Claim Control Number		This field is set to Payer Control Number (ICN) of the claim
2100	NM1	Patient Name		
	NM108	Identification Code Qualifier	MR MI	NCTracks will set this value to 'MR' – Medicaid Recipient ID Number or "MI" Member Identification Number
2100	NM1	Corrected Patient/Insured Name		
	NM101	Entity Identifier Code	74	NCTracks will set this value to "74"
	NM102	Entity Type Qualifier	1	NCTracks will set this value to "1"
2100	NM1	Service Provider Name		
	NM108	Identification Code Qualifier	MC XX	NCTracks will set this value to 'MC' - Medicaid Provider for Atypical or XX for NPI
2100	NM1	Corrected Priority Payer Name		
	NM103	Corrected Priority Payer Name		This field is equivalent to the name of the Third Party Insurance Company
	NM108	Identification Code Qualifier	PI	NCTracks will set this value to 'PI'
	NM109	Corrected Priority Payer Identification Number		This field is equivalent to Third Party Insurance ID Number
2100	NM1	Other Subscriber Name		
	NM102	Entity Type Qualifier	1	NCTracks will set this value to '1'
	NM108	Identification Code Qualifier	FI	NCTracks will set this value to 'FI' – Federal Taxpayer's Identification Number
	NM109	Other Subscriber Identifier		This field is set to SSN of Other Subscriber
2100	REF	Other Claim Related Identification		
	REF01	Reference Identification Qualifier	EA, F8,9A	NCTracks sends values for "EA" "F8" and 9A

## 4. TI Additional Information

### 4.1 BUSINESS SCENARIOS

The 835 is used to report payment/remittance information to the billing provider for paid and denied claims and financial transactions. 835s are produced weekly.

### 4.2 SPECIFIC BUSINESS RULES AND LIMITATIONS

Payer information included in the 835 is based on the payer receiving the payment, i.e., DMA, DMH, DPH, or ORHCC.

### 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/admnsimp](http://www.aspe.hhs.gov/admnsimp)

- **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 19, 2012	Initial trading partner test version	CSC under the direction of NC DHHS