



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 005010X223A2 Health Care Claim: Institutional (837-I), 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 component content is limited by ASCX12's copyrights and Fair Use statement.

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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 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 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 837 Institutional transaction set, as defined in the ASC/X12N 005010X223 Health Care Claim: Institutional (837) Technical Report 3 (TR3) dated May 2006, and updated by:

- Errata 005010X223A1 Health Care Claim: Institutional (837) dated October 2007
- Errata 005010X223A2 Health Care Claim: Institutional (837) 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. | |

005010X223A2 Health Care Claim: Institutional (837-I)

| 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 | | "NTRACKSREL" is submitted for real-time requests "NTRACKSBAT" 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 | | "NTRACKSREL" is submitted for real-time requests "NTRACKSBAT" 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. |

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|---|-------|--|
| 1000B | NM1 | Receiver Name | | |
| | NM103 | Receiver Name | | Use "NCTRACKS" |
| | NM109 | Receiver Primary Identifier | | Use "NCTRACKS" |
| 2000A | PRV | Billing Provider Specialty Information | | |
| | PRV03 | Provider Taxonomy Code | | Provider taxonomy codes can be obtained from www.wpc-edi.com/reference |
| 2010BA | NM1 | Subscriber Name | | |
| | NM108 | Identification Code Qualifier | MI | Use 'MI' |
| | NM109 | Subscriber Primary Identifier | | Use the subscriber's 10-digit identification number ending in an alpha character |
| 2010BB | REF | Billing Provider Secondary Identification | | |
| | REF01 | Reference Identification Qualifier | G2 | Use "G2" This is the qualifier used to report the Billing Atypical provider data when the provider does not have a NPI |
| 2310A | PRV | Attending Physician Specialty Information | | |
| | PRV03 | Provider Taxonomy Code | | Provider taxonomy codes can be obtained from www.wpc-edi.com/reference |
| 2310A | REF | Attending Physician Secondary Identifier | | |
| | REF01 | Reference Identification Qualifier | G2 | Use "G2" 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 Identifier | | |
| | REF01 | Reference Identification Qualifier | G2 | Use "G2" This is the qualifier used to report the Operating Physician Atypical ID when the provider does not have a NPI |
| 2310D | REF | Rendering Provider Secondary Identification | | |
| | REF01 | Reference Identification Qualifier | G2 | Use "G2" This is the qualifier used to report the Rendering Provider Atypical ID when the provider does not have a |

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|---|-------|--|
| | | | | NPI |
| 2310E | REF | Service Facility Location Secondary Identification | | |
| | REF01 | Reference Identification Qualifier | G2 | Use "G2" This is the qualifier used to report the Service Facility Location Atypical provider data when the provider does not have a NPI |
| 2310F | REF | Referring Provider Secondary Identification | | |
| | REF01 | Reference Identification Qualifier | G2 | Use "G2" This is the qualifier used to report the Referring Provider Atypical provider data when the provider does not have a NPI |
| 2420C | REF | Rendering Provider Secondary Identification | | |
| | REF01 | Reference Identification Qualifier | G2 | Use "G2" This is the qualifier used to report the Rendering Provider Atypical ID when the provider does not have a NPI |
| 2420D | REF | Referring Provider Secondary Identification | | |
| | REF01 | Reference Identification Qualifier | G2 | Use "G2" This is the qualifier used to report the Referring Atypical provider data when the provider does not have a NPI |

4. TI Additional Information

4.1 BUSINESS SCENARIOS

The 837-I 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

- **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

- **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

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

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 16, 2012 | Initial trading partner test version | CSC under the direction of NC DHHS |
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