

North Carolina Division of Medical Assistance (DMA)

Standard Companion Guide Transaction Information

**Instructions related to Health Care Claim
Payment/Advice (835) based on ASC X12
Implementation Guides, version 0050100X221A1**

**Companion Guide Version Number: 2.0
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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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Transaction Instruction (TI)

1 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 (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 transactions exchanged with North Carolina Division of Medical Assistance (DMA). 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 North Carolina DMA specific information required to successfully exchange transactions.

The primary purpose of this document is to assist the trading partner with the retrieval of a 835 Health Care Claim Payment Advice transaction and is not intended to be a billing or policy guide.

1.5 Acknowledgments

NC DMA does not expect acknowledgement reports in response to the issuance of 835 transactions.

1.6 Trading Partner Agreement Setup

Providers, or vendors, wishing to exchange electronic transactions with NC DMA should contact HP Enterprise Services (HPES) Electronic Commerce Services at 1-800-688-6696, menu option 1, to initiate the enrollment process. A Trading Partner Agreement (TPA) is required and is available at <http://www.ncdhhs.gov/dma/hipaa/index.htm>.

1.7 Testing

North Carolina DMA does not create test 835 transactions. The 835 transactions are created in our production environment and can be used for testing purposes by our trading partners.

2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X221	Health Care Claim Payment/ Advice (835)
005010X221A1	Health Care Claim Payment/ Advice (835)

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.

005010X221 Health Care Claim Payment/Advice

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length elements.
	ISA03	Interchange Control Security Information Qualifier	00	NC DMA will set the value of "00" – No Security Information Present.
	ISA05	Interchange ID (Sender) Qualifier	ZZ	NC DMA will set the value of "ZZ" – Mutually Defined.
	ISA06	Interchange Sender ID	NCXIX	NC DMA will set the value of "NCXIX" to represent North Carolina Title XIX.
	ISA07	Interchange ID (Receiver) ID	ZZ	NC DMA will set the value of "ZZ" – Mutually Defined.
	ISA08	Interchange Receiver ID		NC DMA will use the mailbox/submitter ID of Trading Partner
Header	GS	Functional Group Header		
	GS02	Application Sender's Code	NCXIX	NC DMA will set the value of "NCXIX" to represent North Carolina Title XIX.
	GS03	Application Receiver's Code		NC DMA will use the mailbox/submitter ID of Trading Partner
Header	ST	Transaction Set Header		

	ST03	Implementation Conversion Reference	005010X221 A1	Refer to section 1.2 of Implementation Guide
Header	BPR	Financial Information		
	BPR05	Payment Format Code	CCP	NC DMA will set this value to "CCP" – Cash Concentration/Disbursement
	BPR06	Depository Financial Institution (DFI) Identification Number Qualifier	01	NC DMA will set this value to "01" when BPR04 has value of "ACH".
	BPR07	Sender DFI Identifier	05311091	NC DMA will set this value to "05311091".
	BPR09	Sender Bank Account Number	1752548221	NC DMA will set this value to "8730096875" .
	BPR10	Payer Identifier	1752548221	NC DMA will set this value to "1752548221" .
	BPR12	Depository Financial Institution (DFI) Identification Number Qualifier	01	NC DMA will set this value of "01" – ABA Transit Routing Number, when payment is made via EFT.
	BPR14	Account Number Qualifier	DA	NC DMA will set this value to "DA" - Demand Deposit.
	BPR15	Receiver or Provider Account Number		NC DMA will populate with the provider bank account number as on file.
Header	TRN	Reassociation Trace Number		
	TRN03	Payer Identifier	1752548221	NC DMA will set this value to 1752548221.
Header	CUR	Foreign Currency Information		
	CUR01	Entity Identifier Code		NC DMA will not send this segment. All payments are made in U.S. dollars.
Header	REF	Received Identification		

	REF01	Reference Identification Qualifier		NC DMA will set this value to 'EV' – Receiver Identification Number.
	REF02	Receiver Identifier		This field is equivalent to trading partner identification (ID).
Header	DTM	Production Date		
	DTM01	Date Time Qualifier		NC DMA will set this value to '405' – Production.
	DTM02	Production Date		NC DMA will set this value to check write cycle cut-off date as published at www.ncdhhs.gov/dma .
1000A		Payer Identification		
	N102	Payer Name	North Carolina Medicaid	NC DMA will set this value to "North Carolina Medicaid".
	N301	Payer Address Line	PO Box 30968	NC DMA will set this value to "PO Box 30968".
	N401	Payer City Nam	Raleigh	NC DMA will set this value to "Raleigh".
	N402	Payer State Code	NC	NC DMA will set this value to "NC".
	N403	Payer Postal Zone or Zip Code	27622	NC DMA will set this value to "27622".
	PER	Payer Technical Contact Information		
	PER03	Communication Number Qualifier	TE	NC DMA will set this value to "TE" and will report the Electronic Commerce Services number in the following element.
	PER04	Communication Number	1-800-688-6696	NC DMA will set this value as "1-800-688-6696"
1000B		Payee Identification		
	N102	Payee Name		This field is equivalent to the name of the provider being paid.
	N103	Identification Code Qualifier	FI XX	NC DMA will set this value to 'FI' – Federal Taxpayer's ID Number, or "XX" - NPI
	N104	Payee Identification		This field is equivalent to the Federal Tax ID , or NPI

		Code		for the Provider being paid.
	N3	Payee Address		
	N301	Payee Address Line		NC DMA will not send this segment.
	N4	Payee City, State, Zip Code		
	N401	Payee City Name		NC DMA will not send this segment.
	REF	Payee Additional Information		
	REF01	Reference Identification Qualifier	PQ TJ	NC DMA will set this value to 'PQ' – Payee Identification, or "TJ" Federal Taxpayers Identification Number
	REF02	Additional Payee Identifier		This field is equivalent to Medicaid Provider ID number of the provider being paid when the provider is an atypical provider. The Federal Taxpayer ID number is sent when N104 is an NPI.
2100		Claim Payment Information		
	CLP07	Payer Claim Control Number		This field is equivalent to Internal Control Number (ICN) of the claim.
	NM1	Patient Name		
	NM108	Identification Code Qualifier	MR	NC DMA will set this value to 'MR' – Medicaid Recipient ID Number.
	NM109	Patient Identifier		This field is equivalent to recipient's Medicaid ID Number.
	NM1	Corrected Patient/Insured Name		
	NM101	Entity Identifier Code	74	NC will set this value of "74" – Insured or Subscriber and use this segment to report the patient name on record if it differs from the name submitted on the claim.
	NM102	Insured Name	1	NC DMA will set this value to "1" – Person.

	NM103	Name Last or Organization Name		Last Name, on record for patient.
	NM104	Name First		First Name, on record for patient.
	NM105	Name Middle		Middle Name, on record for patient.
	NM108	Identification Code Qualifier	C	NC DMA will set this value to 'C' – Insured's Change Unique Identification Number.
	NM1	Service Provider Name		
	NM101	Entity Identifier Code	82	NC DMA will set this value to '82' – Rendering Provider.
	NM108	Identification Code Qualifier	MC	NC DMA will set this value to 'MC' -Medicaid Provider NPI, unless atypical
	NM109	Rendering Provider Identifier		This field is equivalent to Rendering Provider NPI, unless atypical.
	NM1	Corrected Priority Payer Name		
	NM101	Entity Identifier Code	PR	NC DMA will set this value to 'PR' – Payer.
	NM103	Corrected Priority Payer Name		This field is equivalent to the name of the Third Party Insurance Company.
	NM108	Identification Code Qualifier	PI	NC DMA will set this value to 'PI' – Payer – ID.
	NM109	Corrected Priority Payer Identification Number		This field is equivalent to Third Party Insurance ID Number.
	REF	Other Claim Related Identification		
	REF01	Reference Identification Qualifier	EA	NC DMA will set this value to 'EA' - Medical Record Identification Number.
	REF02	Other Claim Related Identifier		This field is equivalent to the Medical Record Number that the provider submitted on the claim.

2110		Service Payment Information		
	REF01	Reference Identification Qualifier	1D	NC DMA will set value of "1D" on DMA claims. NC DMA will report this information if different from Billing Pay-to provider.
	REF02	Provider Identifier		NC DMA will report this information if different from Billing Pay-to provider.

4 TI Additional Information

4.1 Schedule Maintenance

Systems maintenance is performed on an as needed basis and announced in advance via log-in screens, automated voice response system (AVRS), and hold message.

4.2 Frequently Asked Questions

No FAQ at this time.

4.3 Other Resources

- Washington Publishing Company (WPC) at www.wpc-edi.com
- ASC X12 at www.x12.org
- North Carolina Division of Medical Assistance (DMA) at www.ncdhhs.gov/DMA
- NC DMA Electronic Commerce Services (ECS) 1-800-688-6696. Menu option1.

5 TI Change Summary

Date	Change	Responsible Party
09/01/2011	Original Document	HPES 5010 Implementation Team and DMA IT and HIPAA section
11/02/2011	Revised for SCHIP	HPES 5010 Implementation Team and DMA IT and HIPAA section