

North Carolina Division of Medical Assistance (DMA)

**Instructions related to Transactions based on ASC
X12 Implementation Guides, version 005010X222A1
Health Care Claim: Professional**

**Companion Guide Version Number: 1.0
November 2, 2011**

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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.

Table of Contents

1	TI Introduction	5
1.1	Background	5
1.1.1	Overview of HIPAA Legislation	5
1.1.2	Compliance according to HIPAA	5
1.1.3	Compliance according to ASC X12	6
1.2	Intended Use	6
1.3	Intended Audience	6
1.4	Purpose of Companion Guide	6
1.5	Acknowledgements	7
1.6	Trading Partner Agreement Setup	7
1.7	Testing	7
2	Included ASC X12 Implementation Guides	8
3	Instruction Tables	9
4	TI Additional Information	15
4.1	Business Scenarios	15
4.1.1	NDC Codes	15
4.1.2	Unknown Values	15
4.2	Scheduled Maintenance	16
4.3	Frequently Asked Questions	16
4.4	Other Resources	16
5	Change Summary	16

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 document. 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 North Carolina 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 submission of a valid 837 Professional claims transaction and is not intended to be a billing or policy guide.

1.5 Acknowledgements

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

Providers, or vendors, wishing to submit electronic claims transactions directly to 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

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

The following outlines the testing process:

- Prior to testing, a Testing Coordinator with the HPES ECS Department will discuss the expectations and testing process with the trading partner
- Trading partner will be assigned testing submitter information
- Tests may be submitted during regular business hours, Monday through Friday, 8 am to 5 pm, EST.
- The trading partner will be notified when test files can be sent to NC DMA. Typically, NC DMA requires 5 compliant claims transactions containing 5-25 claims each.

- The claims submitted should be a general representation of the types of claims that are normally submitted
- Typical turnaround time for a test files is 48 hours, but is dependent on the volume of testing
- Once testing is complete, the ECS Testing Coordinator will notify the trading partner to review the test results and guide the trading partner into production
- When necessary, the ECS Testing Coordinator may monitor the first few production submissions to ensure compliance.

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
005010X222	Health Care Claim: Professional (837)
005010X222A1	Health Care Claim: Professional(837)

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.

005010X222 Health Care Claim: Professional

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length elements. NOTE: Deviating from the standard ISA element size will result in a rejected file.
	ISA03	Interchange Control Security Information Qualifier	00	For NC DMA, use "00" – No Security Information Present.
	ISA05	Interchange ID (Sender) Qualifier	ZZ	For NC DMA, use "ZZ" – Mutually Defined.
	ISA06	Interchange Sender ID		For NC DMA, use the 4 or 5 digit Submitter ID/Mailbox # issued by NC DMA
	ISA07	Interchange ID (Receiver) ID	ZZ	For NC DMA, use "ZZ" – Mutually Defined.
	ISA08	Interchange Receiver ID	NCXIX	For NC DMA, use "NCXIX" – North Carolina Title 19.
Header	GS	Functional Group Header		

	GS02	Application Sender's Code		For NC DMA, use the 4 or 5 digit Submitter ID/Mailbox # issued by NC DMA. This is the same value as provided in the ISA06.
	GS03	Application Receiver's Code	NCXIX	For NC DMA, use "NCXIX" – North Carolina Title XIX.
Header	ST	Transaction Set Header		
	ST03	Implementation Conversion Reference	005010X222 A1	Refer to section 1.2 of Implementation Guide
1000A	NM1	Submitter Name		
	NM108	Identification Code Qualifier	46	For NC DMA, use "46" - Electronic Transmitter Identification Number (ETIN) established by a trading partner agreement
	NM109	Identification Code		For NC DMA, use the 4 or 5 digit Submitter ID/Mailbox # issued by NC DMA. This is the same value as provided in the ISA06.
1000B	NM1	Receiver Name		
	NM103	Receiver Name	NCXIX	For NC DMA, use "NCXIX" – North Carolina Title XIX.
	NM109	Receiver Primary Identifier	NCXIX	For NC DMA, use "NCXIX" – North Carolina Title XIX.
2000A	PRV	Billing Pay-To-Provider		
	PRV01	Provider Code	BI	For NC DMA, use "BI" to indicate billing provider
	PRV02	Reference Identification Qualifier	PXC	For NC DMA, use qualifier "PXC" – Health Care Provider Taxonomy Code. Note: not required for atypical providers.

	PRV03	Provider Taxonomy Code		<p>Provider Taxonomy Codes, as maintained by the National Uniform Claim Committee, can be obtained from www.wpc-edi.com/hipaa.</p> <p>Submit the Provider Taxonomy that best fits provider type and specialty for the billing provider.</p>
	CUR	Foreign Currency Information		NC DMA does not use this segment
2010AC		Pay-to-Plan		NC DMA will not use this loop
2000B	SBR09	Claim Filing Indicator Code	MC	For NC DMA, use "MC" - DMA
	PAT	Patient Information		NC DMA does not use this segment
2010BA	NM1	Subscribers Name		
	NM102	Entity Type Qualifier	1	For NC DMA, use "1" to indicate the subscriber is a person.
	NM108	Identification Code Qualifier	MI	NC DMA, use "MI" - Member Identification Number Qualifier
	NM109	Subscriber Primary Identifier		For NC DMA, enter the member's 10-digit identification number ending in an alpha character.
2010BB		Payer Name		
	NM109	Payer Identifier	DNC00	For NC DMA use "DNC00"
	REF01	Reference Identification Qualifier/Billing Provider Secondary ID	G2	For NC DMA, use "G2" to report Atypical provider data.
	REF02	Reference Identification		Used by atypical providers to report Medicaid Provider number.

2000C		PATIENT HIERARCHICAL LEVEL		NC DMA does not use this loop
2300		Claim Information		
	DTP	Initial Treatment Date		
	DTP	Date – Initial Treatment	454	For NC DMA, this segment used to report date of first treatment/date first seen.
	PWK	Claim Supplemental Information		
	PWK01	Attachment Report Type Code	OZ	For NC DMA, submit OZ – Support Data for Claim – only to be used in combination with PWK02 to indicate Medicare does not cover the service submitted Follow rules of implementation guide for other claim paperwork
	PWK02	Attachment Transmission Code	AA	For NC DMA, submit “AA” – Available on Request at Provider Site – only to be used to indicate Medicare does not cover the service. NC DMA billing instructions for Medicare Overrides, or Medicare voucher indicating the service was not covered by Medicare must be kept on file at the provider’s site. Follow rules of implementation guide for other claim paperwork
	PWK06	Attachment Control Number		For NC DMA, provider 10-digit Control number
	REF	Prior Authorization		

	REF01	Reference Identification Qualifier	G1	For NC DMA, us "G1" – Prior Authorization Number when billing requires include providing Service Review Number (SRN) on claim
	REF02	Reference Identification		For NC DMA, use Service Review Number (SRN) issues by the Prior Approval Department
	CRC	EPSDT Referral		
	CRC03 CRC04 CRC05	Condition Indicator	S2 ST	For NC DMA, use to report EPSDT, Health Check, referral status
	HCP01	Claim Pricing/ Repricing Information		NC DMA does not use this loop
2310A	NM	REFERRING PROVIDER NAME		For NC DMA, use to report Carolina Access primary care provider, local management entity, or a psychiatrist authorization information, as required by DMA policy.
	NM103	Name Last or Organization		When referring provider is a group or office, please provide name of organization as the provider last name or UNKNOWN
	NM109	Identification Code		For NC Medicaid this element is used to report the NPI of the Carolina ACCESS primary care provider, local management entity, or psychiatrist.
	REF	Referring Provider Secondary Identification		For NC Medicaid, used to report Carolina Access Override information when required.
	REF01	Reference Qualifier Identifier	G2	For NC Medicaid, use a value of "G2" – to report Carolina Access Override number.
	REF02	Reference Identification		For NC Medicaid, use Carolina Access issued override number.
2310B	REF	Rendering Provider		

	REF01	Reference Qualifier Identifier	G2	For NC Medicaid, use "G2" to report Atypical provider data.
	REF02	Reference Identification		For NC Medicaid, use the NC Medicaid issued provider number.
2320	AMT1	Amount Qualifier Code	D	NC Medicaid only uses "D" – Payer Amount qualifier code in this AMT segment, no other qualifiers used in claims processing.
2330G				NC DMA does not use this loop
2400	SV101 – 01	Product/Service ID Qualifier	HC	For NC DMA use "HC" – HCFA HCPC Codes
2410	LIN	Drug identification		For NC DMA this loop is required when submitting a drug related HCPCS procedure code.
	LIN03	National Drug Code		For NC DMA enter the National Drug code in this field when applicable.
	CTP	Drug Quantity		
	CTP04	National Drug Unit Count		For NC DMA enter the numeric quantity in this field
	CTP05-1	Code Qualifier	F2 GR ME ML UN	For NC DMA, enter the unit of measurement that corresponds to the value enter in the CTP04.
	REF	Prescription or Compound Drug Association Number		NC DMA will use this segment in processing compound drugs.
	REF01	Reference Identification Qualifier	VY	For NC DMA use "VY" for a link sequence number of the compound drug.
	REF02	Reference Number		For NC DMA, only the first ten bytes of the reference number will be used.

2420A	REF	Rendering Provider Secondary Information		
	REF01	Reference Identification Qualifier – Rendering Provider Secondary Information	G2	For MC DMA, use “G2” - when billing for Atypical providers.
	REF02	Reference Identifier		For NC DMA, used by atypical providers to report Medicaid issued provider number

4 TI Additional Information

4.1 Business Scenarios

4.1.1 NDC Codes

If the same HCPCS procedure code is billed with more than one NDC on the same date of service and is not a compound drug, duplicate HCPCS will be denied. When billing a compound drug, the total detail units and total charge must be billed on the first service line.

4.1.2 Unknown Values

A trading partner may not have all the data necessary to plug every required element on the transaction. In these cases, the following values are suggested as placeholders:

“UNKNOWN” – for alphanumeric fields, as defined by the HIPAA Implementation Guide.

“99991231” – for dates fields, as defined by the HIPAA Implementation Guide.

“111111111” – for Social Security Number fields, as defined by the HIPAA Implementation Guide.

The submission of these values does not guarantee payment. All claims are subject to the NC DMA program and policy rules.

4.2 Scheduled 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.

4.3 Frequently Asked Questions

No FAQ at this time.

4.4 Other Resources

- Washington Publishing Company (WPC) at www.wpc-edi.com
- ASC X12 at www.x12.org
- National Uniform Claim Committee www.nucc.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 Change Summary

Date	Change	Responsible Party
09/15/2011	Original Document	HPES 5010 Implementation Team and DMA IT and HIPAA section
11/02/2011	SCHIP Changes	HPES 5010 Implementation Team and DMA IT and HIPAA section