

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

Division of Health Benefits (DHB)
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 005010X222A1 Health Care Claim: Professional (837P-O Outbound), for MMIS NCTracks starting July 1, 2013



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Preface

Companion Guides (CGs) 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 ASC X12'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 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 specification(s) 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; it is not intended to be a billing or policy guide.

1.5 ACKNOWLEDGMENTS

The 999 Functional Acknowledgement is created to confirm that a file was received and indicate if the submitted transactions passed standard level syntax and structure editing. The 999 includes information about whether the transaction had errors.

There is no requirement for NCTracks to receive a 999 from the Tailored Plan or Prepaid Inpatient Health Plan upon receipt of 837 files. If Plans have an issue with the file received, they must contact the EDI Technical Assistance help desk. The contact information is documented in the 1000A, PER04 segment of each X12 file.

1.6 TRADING PARTNER AGREEMENT SETUP

The Trading Partner Agreement serves to identify entities external to NCTracks that will exchange HIPAA electronic transactions with NCTracks applications. The information collected will enable NCTracks and the Trading Partner to establish connectivity, define the data exchange requirements, and stipulate the responsibilities of the entities receiving information.

1.7 TESTING

North Carolina Department of Health and Human Services (NC DHHS) (DHB, DMH, and DPH) requires testing, or third-party certification, prior to approving a trading partner to receive or submit files in production. Once trading partner claims are in production, NC DHHS (DHB, DMH, and DPH) reserves the right to require re-testing if it is determined that the trading partner is receiving/generating an unacceptable volume of errors.

2. Included ASC X12 Implementation Guides

The following table 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 837P Professional transaction set, as defined in the ASC/X12N 005010X222 Health Care Claim: Professional (837P) Technical Report 3 (TR3) dated May 2006, and updated by:

- Errata 005010X222A1 Health Care Claim: Professional (837P) 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)

Pharmacy claims are submitted using the National Council for Prescription Drug Program's (NCPDP) D.0 format. Please refer to the D.0 Companion Guide for NCPDP D.0 claim formatting used by NCTracks.

3. Instruction Tables

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

Legend

Header rows: Midnight blue with white text
Subheader rows: Dandelion gold with black text
Table rows: Alternate row shading with Cornflower blue with black text

005010X222A1 Health Care Claim: Professional (837P)

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
	ISA03	Security Information Qualifier	00	"00" is sent
	ISA05	Interchange ID Qualifier	ZZ	"ZZ" is sent
	ISA06	Interchange Sender ID		"NCTRACKSBAT" is sent
	ISA07	Interchange ID Qualifier	ZZ	"ZZ" is sent
	ISA08	Interchange Receiver ID		The 4-digit Submitter ID assigned to the Tailored Plan or Prepaid Inpatient Health Plan is sent
Header	GS	Functional Group Header		
	GS02	Application Sender's Code		"NCTRACKSBAT" is sent
	GS03	Application Receiver's Code		The 4-digit Submitter ID assigned to the Tailored Plan or Prepaid Inpatient Health Plan is sent
Header	BHT	Beginning of Hierarchical Transaction		
	BHT06	Transaction Type Code	CH	"CH" is sent
1000A	NM1	Submitter Name		
	NM109	Submitter Identifier		The NCTracks identifier "NCDHB" is sent
	PER	Submitter EDI Contact Information		
	PER02	Submitter Contact Name		"EDI TECHNICAL ASSISTANCE" is sent

Loop ID	Reference	Name	Codes	Notes/Comments
	PER03	Communication Number Qualifier		"TE" is sent
	PER04	Communication Number		The EDI contact phone number is sent: 800-688-6696
1000B	NM1	Receiver Name		
	NM103	Receiver Name		The name of the Tailored Plan or Prepaid Inpatient Health Plan is sent
	NM109	Receiver Primary Identifier		The 4-digit Submitter ID assigned to the Tailored Plan or Prepaid Inpatient Health Plan is sent
2300	CLM	Claim Information		
	CLM01	Claim Submitter's Identifier		The 2300, CLM01 will contain the NCTracks Transaction Control Number (TCN)
2320	SBR	Other Subscriber Information		
	SBR01	Payer Responsibility Sequence Number Code		The SBR01 is derived based on the Medicaid payer order
	SBR02	Individual Relationship Code		"18" is sent
	SBR04	Other Insured Group Name		"NC Medicaid" is sent
	SBR09	Claim Filing Indicator Code		"MC" is sent
2320	CAS	Claim Level Adjustments		NCTracks processes claims at the line level.
2320	AMT	Coordination of Benefits (COB) Payer Paid Amount		The NCTracks paid amount will be returned at the line level of the claim.
2330B	NM1	Other Payer Name		
	NM103	Other Payer Organization Name		"NC Medicaid" is sent
	NM109	Other Payer Primary Identifier		The NCTracks identifier "NCDHB" is sent
2330B	REF	Other Payer Claim Control Number		
	REF02	Other Payer's Claim Control Number		The 2330B, REF02 will contain the NCTracks Transaction Control Number (TCN). This value will be the same as 2300, CLM01

Loop ID	Reference	Name	Codes	Notes/Comments
2430	SVD	Line Adjudication Information		
	SVD01	Other Payer Primary Identifier		"NCDHB" will identify NCTracks as the payer
	SVD02	Service Line Paid Amount		\$0 payment is sent when NCTracks denied or paid \$0 on the claim
2430	CAS	Line Level Adjustments		Line Level Adjustments are sent by NCTracks to report adjudication results. NCTracks is identified by "NCDHB" in the 2330B, NM109, "Other Payer Name" and 2430, SVD01, "Other Payer Primary Identifier"
2430	DTP	Remaining Patient Liability		
	DTP03	Adjudication or Payment Date		The NCTracks payment date/checkwrite day will be sent

4. TI Additional Information

4.1 BUSINESS SCENARIOS

The 837P Outbound transaction is used to forward Medicare claims to the Tailored Plan (TP) or Prepaid Inpatient Health Plan (PIHP) when it is determined the beneficiary is covered by a Managed Care plan for some or all of the claim dates of service.

4.2 PAYER-SPECIFIC BUSINESS RULES AND LIMITATIONS

An 837P Outbound will be generated once a week, after the weekly checkwrite cycle. Each TP and PIHP will receive one file of 837P (Professional) x12 claims each week. When there are no claims for the Plan for a given week, an automated email will be sent notifying the Plan that there is no file.

4.3 NAMING STANDARDS FOR OUTBOUND TRANSACTIONS

The following is the naming convention standard for outbound transactions:

[R/F]-[Mailbox ID]-[Timestamp]-[File ID]-[Provider Number]-[Transaction Type]-ISA-0001-.x12

ex: R-BXA12345-140628112722-141790000000022FF-1234567890-5P-ISA-00001-.x12

Node Name	# of Characters	Description
R/F	1	R: Response F: File
Mailbox ID	8	Alphanumeric characters
Timestamp	12	The timestamp format is YYMMDDHHMMSS.
File ID	18	Alphanumeric characters. The last 2 characters are always FF.
Provider Number	Up to 10	NPI or Atypical ID
Transaction Type	2	01 = TA1 02 = F-File 03 = 999 5A = 820 5E = 834 Reconciliation 5D = 834 Daily 5I = 837I Outbound 5P = 837P Outbound 5W = 834 Weekly 5M = 834 Monthly 5R = 277P 5T = 835 09 = 277 10 = 271
ISA-0001	8	This is a static value that will be present for all transactions.

4.4 SCHEDULED MAINTENANCE

NCTracks maintenance will occur Sunday morning from 12:01 a.m. through 4:00 a.m. NCTracks will not be available to submit files during this time.

4.5 FREQUENTLY ASKED QUESTIONS

This section will contain a compilation of questions and answers as they are identified.

4.6 OTHER RESOURCES

- **Washington Publishing Company**

WPC holds the copyright on the format of all X12 publications, which are available at <https://x12.org/products>.

- **X12 Code Sets**

The X12N external code sets and other useful X12 forms are available at <https://x12.org/reference>.

- **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.

<https://www.hhs.gov/hipaa/index.html>

- **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 Health Benefits**

<https://medicaid.ncdhhs.gov/>

- **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. Contact Information

5.1 ELECTRONIC DATA INTERCHANGE (EDI) TECHNICAL ASSISTANCE

Phone: 1-800-688-6696, option #1

Email: [NCMMIS EDI SUPPORT@gdit.com](mailto:NCMMIS_EDI_SUPPORT@gdit.com)

Website: <http://www.nctracks.nc.gov/provider/index.html>

Companion Guides: <http://www.nctracks.nc.gov/provider/guides/index.html>

5.2 PROVIDER/TRADING PARTNER ENROLLMENT

Currently Enrolled Provider (CEP), Billing Agent Enrollment

Phone: 1-800-688-6696

Email: NCTracksprovider@nctracks.com

Website: <https://www.nctracks.nc.gov/provider/providerEnrollment/>

NCTracks Enrollment

Phone: 1-800-688-6696

Email: NCTracksprovider@nctracks.com

Website: <https://www.nctracks.nc.gov/content/public/providers/provider-enrollment.html>

6. Change Summary

Date	Change	Responsible Party
July 28, 2023	Initial version	CSRA under the direction of NC DHHS