CONDUENT

ASC X12N/005010X223A2 Health Care Claim Institutional (837)

Alaska Medical Assistance Companion Guide Version 1.08

Conduent EDI Gateway, Inc
2324 Killearn Center Boulevard
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Standard Companion Guide Transaction Information (TI)

Instructions related to Transactions based on ASC X12/005010X223A2 Health Care Claim Institional (837I)

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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. 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 TR3.
- Modifying any requirement contained in the TR3.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 TR3. 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 TR3s and is in conformance with ASC X12’s Fair Use and Copyright statements.

2. Included ASC X12 TR3s

This table lists the X12N TR3s for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X223A2	Health Care Claim: Institutional (837)

3. Instruction Tables

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

Legend
DARK SHADED rows represent “Loops” in the X12N TR3.
LIGHT SHADED rows represent “Segments” in the X12N TR3.
NON-SHADED rows represent “data elements” in the X12N TR3.

ASC X12N/005010X223A2 Health Care Claim: Institional (837)

Loop ID	Reference	Use	Name	Codes	AK Medicaid Notes
ENV	**GS**	**R**	**Functional Group Header**		
ENV	GS02	R	Application Sender Code		Use the Submitter ID assigned by Alaska Medical Assistance
ENV	GS03	R	Application Receiver Code		Use AK Payer ID 77200
ENV	GS08	R	Version/Release/Industry Identifier Code	005010X223A2	Alaska Medical Assistance adheres to the 5010 transction with the associated addenda.
HDR	**ST**	**R**	**Transaction Set Header**		
HDR	ST03	R	Version, Release, or Industry Identifier	005010X223A2	Alaska Medical Assistance adheres to the 5010 transction with the associated addenda.
HDR	**BHT**	**R**	**Beginning of Hierarchical Transaction**		
HDR	BHT06	R	Claim Identifier	CH	This code value will be processed by Alaska Medical Assistance.
1000A			**Submitter Name**		
1000A	**NM1**	**R**	**Submitter Name**		
1000A	NM109	R	Submitter Identifier		Use the Alaska Medical Assistance assigned Submitter (Trading Partner) ID
1000B			**Receiver Name**		
1000B	**NM1**	**R**	**Receiver Name**		

Loop ID	Reference	Use	Name	Codes	AK Medicaid Notes
1000B	NM103	R	Receiver Name		Use AK MEDICAID
1000B	NM109	R	Receiver Primary Identifier		Use AK Medicaid Payer ID 77200
2000A			**Billing Provider Hierarchical Level**		
2000A	**HL**	**R**	**Billing Provider Hierarchical Level**		**For Alaska Medical Assistance, the Billing Provider is matched to a MMIS record. This record will identify who and where payment is directed.**
2000A	**PRV**	**S**	**Billing Provider Specialty Information**		
2000A	PRV03	R	Provider Taxonomy Code		Alaska Medical Assistance requires inclusion of the Billing Provider's taxonomy code when NPI is reported in NM109.
2000A	**CUR**	**S**	**Foreign Currency Information**		Alaska Medicaid does not currently enroll out of Country providers.
2010AA			**Billing Provider Name**		
2010AA	**NM1**	**R**	**Billing Provider Name**		
2010AA	NM108	**S**	Identification Code Qualifier		If your Alaska Medicaid enrollment record requires an NPI you must provide this information
2010AA	NM109	**S**	Billing Provider Identifier		If your Alaska Medicaid enrollment record requires an NPI you must submit your NPI.
2010AB		**S**	**Pay-To Address Name**		**For Alaska Medical Assistance, the Billing Provider is matched to a MMIS record. This record will identify who and where payment is directed.**
2000B	**HL**	**R**	**Subscriber Hierarchical Level**		
2000B	**HL**	**R**	**Subscriber Hierarchical Level**		
2000B	HL04	R	Hierarchical Child Code	0	The subscriber is always the same as the patient when billing Alaska Medical Assistance
2000B	**SBR**	**R**	**Subscriber Information**		
2000B	SBR09	S	Claim Filing Indicator Code	MC	This code value will be processed by Alaska Medical Assistance.
2010BA		**R**	**Subscriber Name**		
2010BA	**NM1**	**R**	**Subscriber Name**		
2010BA	NM102	R	Entity Type Qualifier	1	This code value will be processed by Alaska Medical Assistance.
2010BA	NM108	S	Identification Code Qualifier	MI	This code value will be processed by Alaska Medical Assistance.

Loop ID	Reference	Use	Name	Codes	AK Medicaid Notes
2010BA	NM109	S	Subscriber Primary Identifier		Enter the recipient's Medical Assistance Program ID number here as it appears on the eligibility coupon or card
2010BB			**Payer Name**		
2010BB	**NM1**	**R**	**Payer Name**		
2010BB	NM103	R	Payer Name		Use AK MEDICAID
2010BB	NM108	R	Identification Code Qualifier	PI	This code value will be processed by Alaska Medical Assistance.
2010BB	NM109	R	Payer Identifier		Use 77200
2010BB	**N3**	**S**	**Payer Address**		
2010BB	N301	R	Payer Address Line		Use PO Box 240729
2010BB	**N4**	**R**	**Payer City, State, Zip Code**		
2010BB	N401	R	Payer City Name		Use ANCHORAGE
2010BB	N402	**S**	Payer State Code		Use AK
2010BB	N403	**S**	Payer Postal Zone or ZIP Code		Use 99524-0729
2300		**R**	**Claim Information**		
2300	**DTP**	**S**	**Admission Date/Hour**		
2300	DTP02	R	Date Time Period Format Qualifier	DT	This code value will be processed by Alaska Medical Assistance.
2300	**PWK**	**S**	**Claim Supplemental Information**		**Required when the provider will be mailing or faxing paper documentation. Currently, Alaska Medical Assistance will only accept claim supplemental information by mail or fax.**
2300	PWK02	R	Attachment Transmission Code	BM, FX	These code values will be processed by Alaska Medical Assistance. Please fax or mail the attachments the same day that the claim(s) are transmitted.
2300	PWK06	S	Attachment Control Number		Generate a unique attachment control number and put it on the fax sent to support this claim. This attachment number may be used by Alaska Medical Assistance to match the attachment to the electronic claim record.
2300	**REF**	**S**	**Service Authorization Exception Code**		
2300	REF02	R	Service Authorization Exception Code		Emergency Inpatient and Outpatient services are not subject to Alaska Medicaid recipient cost-sharing rules indicated by a code of '3'. Refer to the Provider Billing Manual for emergency definition.
2300	**REF**	**S**	**Payer Claim Control Number**		
2300	REF02	R	Payer Claim Control Number		Report the Claim Control Number (CCN) assigned by the Alaska Medical Assistance to identify the original claim.

Loop ID	Reference	Use	Name	Codes	AK Medicaid Notes
2300	**NTE**	**S**	**Claim Note**		
2300	NTE02	R	Claim Note Text		When NTE02 is populated AK Medicaid will suspend the claim for manual review
2300	**HI**	**S**	**Diagnosis Related Group (DRG) Information**		**Alaska Medical Assistance does not currently reimburse DRG payment methodology.**
2300	**HI**	**S**	**Occurrence Information**		
2300	HI01	R	Health Care Code Information		
2300	HI01-2	R	Occurrence Code	04, 01, 02, 03, 05, 50, 24	These code values will be processed by Alaska Medical Assistance. Use 04 to indicate service was employment accident related. Use 01, 02, 03, or 05 to indicate services from other accidents. Use 50 to communicate ESRD first treatment date. Use 24 to communicate ESRD Medicare Part B denial.
2300	**HI**	**S**	**Value Information**		
2300	HI01	R	Health Care Code Information		
2300	HI01-2	R	Value Code		Required by Alaska Medical Assistance for pricing all inpatient claims, covered days and non-covered days must be reported with the appropriate value codes.
2300	HI01-5	R	Value Code Amount		
2300	**HI**	**S**	**Condition Information**		
2300	HI01	R	Health Care Code Information		
2300	HI01-2	R	Condition Code		For Alaska Medical Assistance, report family planning, abortion, sterilization, and military related medical services consistent with provider billing manual rules, When submitting adjustments, report the appropriate condition code to identity the values being adjusted.
2310A		**S**			
2310A	**NM1**	**S**	**Attending Provider Name**		
2310A	NM109	**S**	Attending Provider Primary Identifier		
2310A	**PRV**	**S**	**Attending Provider Specialty Information**		**Alaska Medical Assistance recommends inclusion of the provider's taxonomy code for claim adjudication.**
2310B		**S**	**Operating Physician Name**		
2310B	**NM1**	**S**	**Operating Physician Name**		

Loop ID	Reference	Use	Name	Codes	AK Medicaid Notes
2310B	NM109	**S**	Operating Physician Primary Identifier		If your Alaska Medicaid enrollment record requires an NPI you must submit your NPI.
2310D			**Rendering Provider Name**		
2310D	**NM1**	**S**	**Rendering Provider Name**		
2310D	NM109	**S**	Rendering Provider Identifier		If your Alaska Medicaid enrollment record requires an NPI you must submit your NPI
2310E			**Service Facility Location Name**		
2310E	**NM1**	**S**	**Service Facility Location Name**		
2310E	NM103	R	Laboratory or Facility Name		The State of Alaska requires that services performed outside the physician's office be billed by the facility performing the service
2310E	NM109	**S**	Laboratory or Facility Primary Identifier		
2320		**S**	**Other Subscriber Information**		
2320	**OI**	**R**	**Other Insurance Coverage Information**		
2320	OI03	R	Benefits Assignment Certification Indicator	N, Y	These code values will be processed by Alaska Medical Assistance.
2330A			**Other Subscriber Name**		
2330A	**NM1**	**R**	**Other Subscriber Name**		
2330A	NM102	R	Entity Type Qualifier	1	This code value will be processed by Alaska Medical Assistance.
2330A	NM108	R	Identification Code Qualifier	MI	This code value will be processed by Alaska Medical Assistance.
2330B			**Other Payer Name**		
2330B	**NM1**	**R**	**Other Payer Name**		
2330B	NM108	R	Identification Code Qualifier	PI	This code value will be processed by Alaska Medical Assistance.
2400		**R**	**Service Line Number**		
2400	**SV2**	**R**	**Institutional Service Line**		
2400	SV202-1	R	Product or Service ID Qualifier	HC	This code value will be processed by Alaska Medical Assistance.
2400	**PWK**	**S**	**Line Supplemental Information**		**Required when the provider will be mailing or faxing paper documentation. Currently, Alaska Medical Assistance will only accept claim supplemental information by mail or fax.**
2400	PWK02	R	Attachment Transmission Code	FX, BM	These code values will be processed by Alaska Medical Assistance. Please fax or mail the attachments the same day that the claim(s) are transmitted

Loop ID	Reference	Use	Name	Codes	AK Medicaid Notes
2400	PWK06	S	Attachment Control Number		Generate a unique attachment control number and put it on the faxed or mailed document sent to support this claim. This attachment number may be used by Alaska Medical Assistance to match the attachment to the electronic claim record.
2400	**AMT**	**S**	**SalesTax Amount**		Don't add Sales Tax to line item charges. Alaska Medical Assistance doesn't cover taxes.
2410		**S**	**Drug Identification**		
2410	**CTP**	**R**	**Drug Quantity**		
2410	CTP05-1	R	Code Qualifier	F2, GR, ML, UN	These code values will be processed by Alaska Medical Assistance.
2420A		**S**	**Operating Physician Name**		
2420A	**NM1**	**S**	**Operating Physician Name**		
2420A	NM109	S	Operating Physician Primary Identifier		
2430			**Line Adjudication Information**		
2430	**SVD**	**S**	**Line Adjudication Information**		
2430	SVD03-1	R	Product or Service ID Qualifier	HC	This code value will be processed by Alaska Medical Assistance

4. TI Additional Information

4.1 Business Scenarios

EPSDT

Alaska Medical Assistance is required to track and report EPSDT screenings and referrals. Tribal outpatient hospitals should refer to the provider billing manual for Alaska specific instructions.

Ordering/Referring Providers

Claims that are the result of an order or referral must contain the NPI and name of the ordering/referring provider. In order for the claim to be paid, the ordering/referring provider must be enrolled with Alaska Medical Assistance. Refer to medicaidalaska.com for further information.

CMS Present on Admission (POA) Indicators

The following information found on the CMS web page at
http://www.cms.hhs.gov/HospitalAcqCond/

The Deficit Reduction Act (DRA) of 2005 required CMS to identify conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. CMS also required hospitals to report Present on Admission (POA) information for both primary and secondary diagnoses when submitting Medicare claims for discharges starting October 1, 2007. For discharges occurring on or after October 1, 2008, hospitals will not receive additional payment for cases in which one of the selected conditions was not POA. That is, the case would be paid as though the secondary diagnosis were not present.

For more information, please visit the above website. This website provides further information, including the links to the law, regulations, change requests (CRs), and educational resources including presentations, MLN articles, and fact sheets.

For Alaska specific instructions, please refer to the provider billing manual,

The following are the accepted POA codes

Code	Reason for Code
Y	Diagnosis was present at time of inpatient admission.
N	Diagnosis was not present at time of inpatient admission.
U	Documentation insufficient to determine if condition was present at the time of inpatient admission.
W	Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission.
1	Exempt from POA reporting. This code is the equivalent code of a blank on the UB-04, however, it was determined that blanks were undesirable on Medicare claims when submitting this data via the 005010/00410A2.

4.2 Payer Specific Business Rules and Limitations

This section contains data clarifications, including Alaska-specific data requirements. Inclusion of a 'business-required' data field, as defined by this Companion Guide, will aid in the delivery of a positive response from Alaska Enterprise. In order to expedite claims processing, it is

recommended in the TR3 that trading partners limit the size of the transaction (ST-SE) to a maximum of 5000 CLM segments (Refer to section 1.3.2 of the TR3 for further information).

4.2.1 Scheduled Maintenance

It is operational policy to schedule preventative maintenance periods on weekends whenever possible. The Conduent EDI Unit notifies the Alaska Fiscal Agent during this process. In the event of unscheduled downtime, Conduent EDI Unit will notify the Alaska Fiscal Agent, and will resolve the outage as quickly as possible.

4.3 Frequently Asked Questions

Disclaimer: The following frequently asked questions are valid and current at the time of publication. For updated and additional FAQs please visit the Alaska Medicaid website at https://medicaidalaska.com

Can I do end-to-end 5010 testing now?

Yes

If/when testing, is the transaction tested against all Errata?

When testing is available it will include all Errata that have been approved/mandated.

Will files be tested on actual content or only on 5010 format?

During end-to-end Certification Testing data content will be taken into consideration.

Once testing is approved will your team grant blanket approval at software level or are all submitters required to test?

All submitters are required to test.

I submit through a clearinghouse. Will I have to test for 5010?

No! The clearinghouse will test their 5010 submissions.

Is it true that you can no longer use PO Boxes in 5010 transactions?

This edit is in effect for all transactions containing a Billing Provider Address Loop. Only the Billing Provider loop has this restriction, no other address is affected. If a street address is not received in the N3 segment an ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999) with a code of ‘E” will be returned.

In the Billing Provider Address loop, the N3 segment must contain an actual street address. Any variation, but not limited to, the examples below will cause your claim to reject.

- Post Office
- P.O. Box
- PO box
- Lock Box
- Lock Bin

Having problems locating your 9 digit zip code?

You can find your 9 digit zip code by going to the USPS website and entering in your address.

http://zip4.usps.com

4.4 Other Resources

The following are resources designed to assist providers during and after the HIPAA 5010 implementation process:

http://www.cms.gov/ElectronicBillingEDITrans/18_5010D0.asp

- This CMS website offers providers additional information regarding HIPAA 5010 implementation including key deadlines and downloadable documents that offer side-by-side comparisons highlighting the differences between versions 4010A1 and 5010 of the X12 standards.

http://store.x12.org

- You can obtain a copy of the latest 5010 TR3 from this Washington Publishing Company website.

http://manuals.medicaidalaska.com

- The billing manuals for the Alaska Medical Assistance Program can be obtained or reviewed by accessing the above link.

For questions on the billing manuals, please call Provider Services. Providers that are calling from within Anchorage or outside the state of Alaska use (907)644-6800, all other Alaska locations can call (800)770-5650.

The Health Care Code list and the Property & Casualty Codes lists can be found on the Washington Publishing Company (WPC) website at

http://www.wpc-edi.com/reference

Health Care Codes lists:

- Claim Adjustment Reason Codes (CARC)
- Remittance Advice Remark Codes (RARC)
- Claim Status Codes (CSC)
- Claim Status Category Codes (CSCC)
- Health Care Service Type Codes (HCSTC)
- Health Care Provider Taxonomy Code Set (HCPTCS)
- Provider Characteristics Codes (PCC)
- Health Care Services Decision Reason Codes (HCSDRC)
- Insurance Business Process Application Error Codes (IBPAEC)

Property & Casualty:

- Several EDI-related P&C Code Lists

5. TI Change Summary

The following updates were made in sections 1-4. This document replaces version 1.06.

Section	Description
3	2310A NM109, 2310D NM109, 2420A NM109, 2420D NM109, 2420E NM109, 2420F NM109: removed: If the NPI is available, please send.
4.2	Removed section on decimal/amount fields
4.4	Replaced http://store.x12.org/store/healthcare-5010-consolidated-guides with http://store.x12.org Replaced http://www.medicaidalaska.com/providers/Billing1.shtml with http://manuals.medicaidalaska.com
Page 2	Updated Xerox copyright
Title	Added Conduent Logo and replaced Xerox Copyright with Conduent Copyright statement
Page 14	Rebranded for Conduent

6. Communications/Connectivity Information (CCI)

6.1 Communications/Connectivity Introduction

6.1.1 Scope

The CCI addresses how Providers, or their business associates, conduct Professional Claim, Institutional Claim, Dental Claim, Claim Acknowledgment, Claim Payment Advice, Claim Status, Eligibility, and Services Review HIPAA standard electronic transactions through the Conduent EDI Gateway for Alaska Medical Assistance. This guide also applies to the above referenced transactions that are being transmitted to Conduent EDI Gateway, Inc. by a clearinghouse.

An Electronic Data Interchange (EDI) Trading Partner is defined as any Alaska Medical Assistance customer (Provider, Billing Service, Software Vendor, Employer Group, Financial Institution, etc.) that transmits to, or receives electronic data from, Conduent on behalf of Alaska Medical Assistance.

Conduent EDI transaction system supports transactions adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as additional supporting transactions as described in this guide

Conduent EDI Gateway, Inc., a leader in health care technology, provides Electronic Data Interchange (EDI) gateway services to providers enrolled in contracted health care plans, as well as facilities, vendors, claim payment agencies, and other clearinghouses. Our electronic transactions acquisition services provide an array of tools that allow you to:

- Easily submit all of your transactions to one source
- Submit transactions twenty-four hours a day, seven days a week
- Receive confirmation of receipt of each file transferred
- Receive remittance notification from health care plans on a regular basis

Health care plans, such as Alaska Medical Assistance, that participate with Conduent EDI Gateway, Inc. are referred to as payers. Transactions are accepted electronically into our data center in Tallahassee, Florida and are processed through the Conduent State Healthcare Clearinghouse (SHCH). As an EDI gateway service, we provide connectivity to various health care plans and states where Xerxox EDI Gateway, Inc. is the fiscal agent, third-party administrator, or contracted clearinghouse.

The Conduent State Healthcare Clearinghouse (SHCH) provides connectivity for the flow of medical information and data between medical providers, facilities, vendors, claim payment agencies, and other clearinghouses and the Front-end Online Transaction Processor (OLTP). Beyond the receipt and delivery of this data, Conduent SHCH provides translation to and from ASC X12N standard formats.

The Health Care Claim: Institutional transaction data will be submitted to the Conduent SHCH for processing and ASC X12N format(s) validation.

Audience

This Health Care Claim:Institional Companion Guide is intended for trading partners to use in conjunction with the Health Care Claim: Institional TR3.

The ASC X12N TR3s can be accessed at http://store.x12.org.

This Companion Guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with Conduent EDI Gateway, Inc. and specifies data clarification where applicable.

6.1.2 Overview

This CCI includes information needed to commence and maintain communication exchange with Conduent EDI Unit. This information is organized in the sections listed below.

- Getting Started: This section includes information related to system operating hours, provider information management, audit procedures, confidentiality and authorization release of information. Information concerning Trading Partner registration and the Certification and testing overview are also included in this section.
- Testing with the Payer: This section includes HIPAA 5010 Syntactical/End to End detailed transaction testing information as well as other relevant information needed to complete transaction testing with Conduent EDI Unit.
- Connectivity with the Payer/Communications: This section includes information on Conduent EDI Units transmission administrative procedures as well as communication and security protocols.
- Contact Information: This section includes telephone and fax numbers for the Conduent EDI Unit as well as applicable websites/emsil information.
- Control Segments/Envelopes: This section contains information needed to create the ISA/IEA, GS/GE and ST/SE control segments for transactions to be submitted to the Conduent EDI Unit.
- Acknowledgments and Reports: This section contains information on all transaction acknowledgments sent by the Conduent EDI Unit. These include the Edifecs Error Report, TA1 and an ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999).
- CCI Change Summary: This section lists the changes made to this companion guide since the last version
- CCI Additional Information: This section contains links to Alaska Medical Assistance's/Conduent EDI Units Trading Partner Agreements and Other Resources

6.1.3 References

Trading Partners must use the ASC X12 TR3s adopted under the HIPAA Administrative Simplification Electronic Transaction rule and the Conduent EDI Unit Companion guidelines for development of the EDI transactions. The ASC X12 TR3s can be obtained by accessing the following website:

http://store.x12.org

Trading Partners must use the most current national standard code lists applicable to the EDI transactions. The code lists may be accessed at the Washington Publishing Company website:

http://www.wpc-edi.com

The applicable code lists and their respective X12 transactions are as follows:

- Claim Adjustment Reason Codes and Remittance Advice Remark Codes ASC X12/005010X221A1 Health Care Claim Payment/Advice (835)
- Claim Status Category Codes and Claim Status Codes ASC X12N/005010X212 Health Care Claim Status Request and Response (276/277)
- Provider Taxonomy Codes ASC X12N/005010X222A1 Health Care Claim: Professional (837), ASC X12N/005010X223A2 Health Care Claim Institutional (837) and ASC X12N/005010X224A2 Health Care Claim: Dental (837)
- Health Care Services Review – Request for Review and Response ASC X12N/005010X217 – Health Care Services Review – Request for Review and Response (278)

6.1.4 Additional Information

This CCI is intended for trading partner use in conjunction with the ASC X12N EDI Transaction Set TR3s. The ASC X12N TR3s can be accessed at http://store.x12.org

This Companion Guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with Conduent EDI Gateway, Inc. and specifies data clarification where applicable.

6.2 Getting Started

6.2.1 Working Together

System Operating Hours

Conduent EDI Gateway is available for transaction transmissions and downloads retrieval 24 hours a day, seven days a week. This availability is subject to scheduled host downtime. It is operational policy to schedule preventative maintenance periods on weekends whenever possible. The Conduent EDI Unit notifies the Alaska Fiscal Agent during this process. In the event of unscheduled downtime, Conduent EDI Unit will notify the Alaska Fiscal Agent, and will resolve the outage as quickly as possible.

Provider Information Management

Before submitting claims to the Alaska Medical Assistance Program, you must first enroll as a Medical Assistance Provider

Provider enrollment information may also be obtained by calling Conduent, Inc., Provider Services Department. Providers that are calling from within Anchorage or outside the state of Alaska use (907)644-6800, all other Alaska locations can call (800)770-5650.

Provider Enrollment Applications can be obtained by accessing the following link:

https://medicaidalaska.com/portals/wps/portal/ProviderEnrollment

Confidentiality

Alaska Medical Assistance and its Trading Partners will comply with the privacy standards for all EDI transactions as outlined in the Alaska Medical Assistance Billing Agent Information Submission Agreement.

Authorized Release of Information

When contacting EDI Operations concerning any EDI transactions, you will be asked to confirm your Trading Partner information.

6.2.2 Trading Partner Registration

All entities that send electronic claims to Conduent EDI Gateway for processing and retrieve reports and responses must enroll as EDI Trading Partners. The completed Trading Partner enrollment application provides the Conduent EDI Unit the information necessary to assign a Logon Name, Logon ID, and Trading Partner ID, which are required to send or retrieve electronic transactions. The Trading Partner enrollment application is available on the Alaska Medicaid Health Enterprise Portal site at:

https://medicaidalaska.com/portals/wps/portal/ProviderEnrollment

6.2.3 Certification and Testing Overview

This section provides a general overview of what to expect during certification and testing phases.

All Trading Partners must be approved to submit 5010 transactions. They must first comply with the 5010 Syntactical Testing as described in section 6.3.

Once end-to-end testing becomes available, submitters will be required to end-to-end test.

6.3 Testing with the Payer

HIPAA 5010 Optional Syntactical Testing

The Alaska Medicaid Program is supporting syntactical provider testing of 5010 X12 transactions through the use a free testing website sponsored by Edifecs, Inc. Edifecs has been set up for Alaska Trading Partner testing to validate syntactical compliance for 5010. Utilization of the Edifecs 5010 transaction testing website will enable providers to validate that their 5010 transactions comply with the minimum X12 standards for 5010 transaction data format.

This early testing opportunity will NOT validate Alaska-specific X12 data content requirements. Testing for end-to-end compliance with specific State data requirements will occur later and will be communicated to providers at the appropriate time.

Providers may request a User ID and Password to access the testing website, either by email at AKHIPAASupport@Conduent.com, or by calling the toll free number (855) 226-9391 or the local Alaska number at (907) 644-6831. Once your access has been set up, an email will be sent containing a new ID and Password. Upon receipt of the email, you may log into the testing website, https://sites.edifecs.com/?medicaidalaska Follow the instructions for submitting 5010 test transactions. Immediate feedback will be received regarding any format errors that are detected. The transactions can then be corrected and retested until they are error free.

HIPAA 5010 End-to-End Required Certification Testing

Testing for end-to-end compliance with specific State data requirements is required.

Trading Partners will be required to submit 2 valid test files containing between 20 and 50 claims/requests etc. for each transaction type they have enrolled to send.

Trading Partners will use their production logon IDs and passwords for Certification testing. Please ensure that your test file contains a T in the ISA15 and that you submit to the testing region. (UAT testing host information is provided in section 6.4.3)

The test files will need to successfully pass the Alaska Medical Assistance system edits specific to each transaction type tested. Once Trading Partners have successfully submitted test transactions and received the system generated response(s). The test files will be sent through adjudication and evaluated. The Trading Partner will be notified via phone or email of the test status. Test files will "not" be processed for payment. They are sent through the adjudication for evaluation purposes only.

Once certified, trading partners are required to update the ISA15 to a P and submit their production files to the production Host. (Host information is provided in section 6.4.3)

The supported transaction types for Alaska Medical Assistance requiring testing:

- ASC X12N 005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271)
- ASC X12N 005010X212 Health Care Claim Status Request and Response (276/277)
- ASC X12N 005010X217 - Health Care Services Review – Request for Review and Response (278)
- ASC X12N 005010X222A1 Health Care Claim: Professional (837)
- ASC X12N 005010X223A2 Health Care Claim: Institutional (837)
- ASC X12N 005010X224A2 Health Care Claim: Dental (837)

This testing is required to verify a Trading Partner's ability to submit a specific transaction type containing valid data in the required format for Alaska Medical Assistance

For questions about testing, please contact us at AKHIPAASupport@Conduent.com, or by calling the toll free number (855) 226-9391 or the local Alaska number at (907) 644-6831.

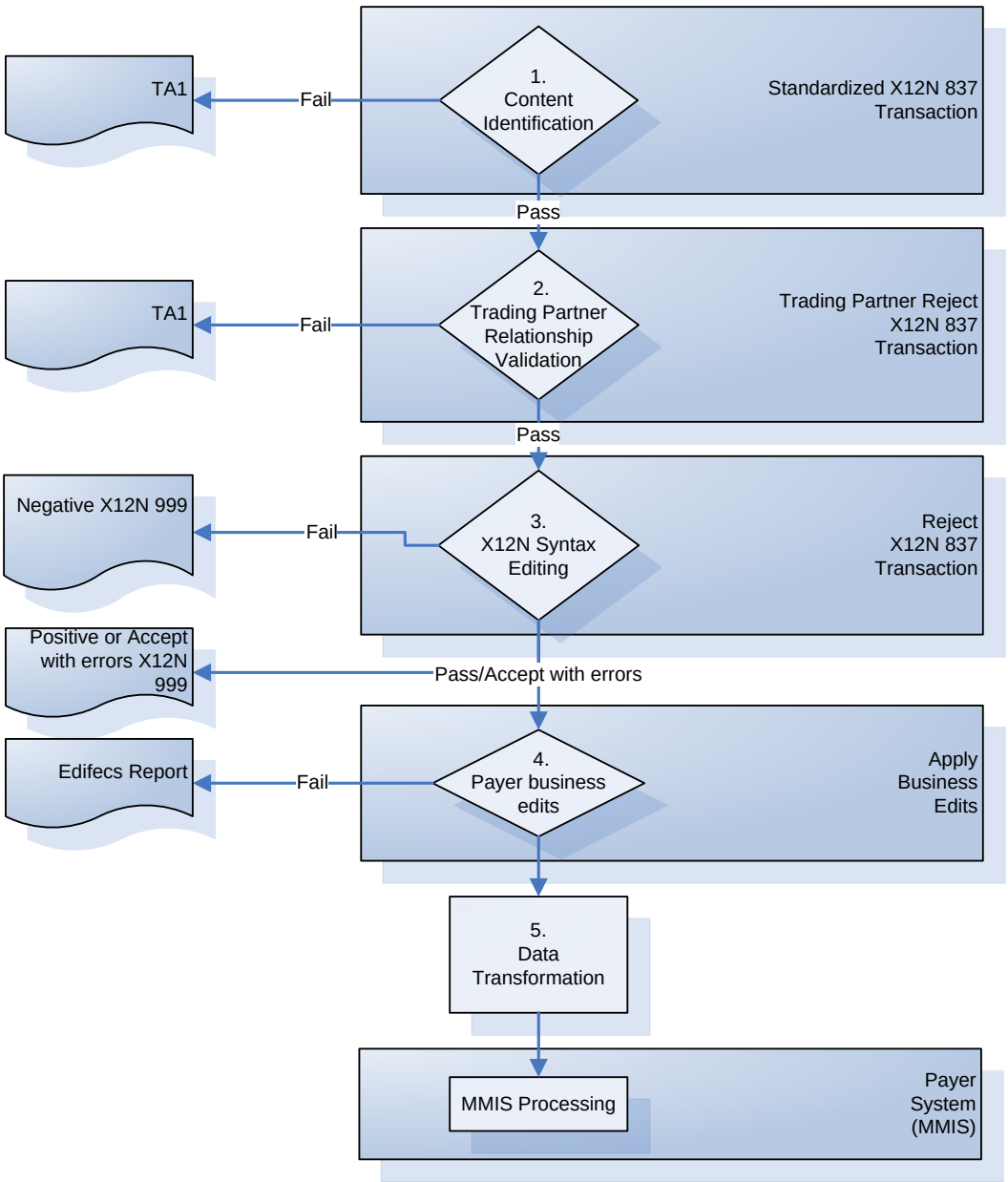
6.4 Connectivity with the Payer/Communications

Alaska Medical Assistance offers its Trading Partners three types of communication methods for transferring data electronically.

- The web portal method allows a Trading Partner to initiate the submission of a batch file for EDI processing.
- File Transfer Protocol (FTP) through a secure Internet connection is available for transactions in batch mode.
- Hypertext Terminal Protocol Secure (HTTPS) through an Internet web service is available for transactions in real-time mode.

6.4.1 Process flows

Editing and Validation Flow Diagram



LEGEND:

1. **Content Identification:** Data identification is attempted. If the data is corrupt or intended for another resource, a TA1 (Interchange Acknowledgement) will be forwarded to the EDI Unit call center for review and follow-up with the submitter. If the data can be identified, it is then checked for Trading Partner Relationship Validation.
2. **Trading Partner Relationship Validation**: The trading partner information is validated. If the trading partner information is invalid, a TA1 (Interchange Acknowledgement) will be forwarded to the EDI Unit call center for review and follow-up with the submitter. If the trading partner relationship is valid, the data will be passed for X12N syntax validation.
3. **X12N Syntax Editing:** A determination will be made as to whether the data is ASC X12N. An ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999) will be returned to the submitter. The Implementation Acknowledgement For Health Care Insurance contains **ACCEPT, ACCEPT with ERRORS** and/or **REJECT** information. If the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported in the ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999), and will be further detailed in the Edifecs Report.
4. **Payer Business Edits:** If the data passes X12N syntax validation, payer business edits, such as the NPI "check digit" validation will be performed. Any errors found will be returned and detailed in the Edifecs Report.
5. **Data Transformation:** Inbound X12N data is translated to XML format, and passed to the MMIS for processing.

6.4.2 Transmission Administrative Procedures

Web Portal Upload

The web portal method allows a Trading Partner to initiate the submission of a batch file for EDI processing. A Trading Partner must be an authenticated portal user who is either an active Alaska Provider, or an authorized representative of the Provider. The Trading Partner accesses the web portal via a web browser and is prompted for login and password. Trading Partners may select files for upload from their PC or work environment using the 'Browse' function. All Health Care Claim files submitted must meet the ASC X12N standard. Conduent supports the following file extensions: .dat, .txt. and .zip.

Web Portal Transmission/Production Problems

Please have the following information available when calling the Conduent EDI Unit regarding transmission and production issues.

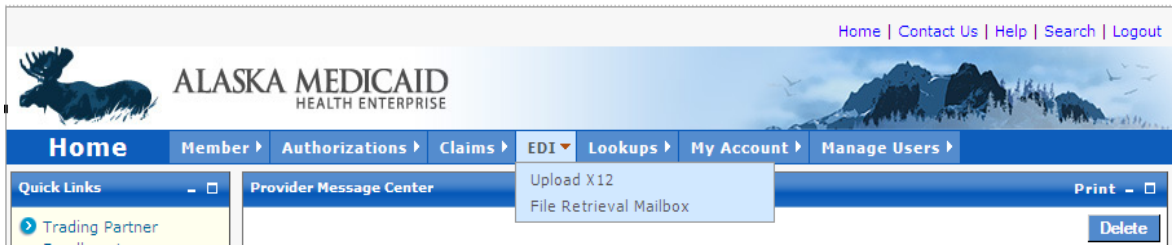
Trading Partner ID: Your Trading Partner ID is our key to accessing your Trading Partner information. Please have this number available each time you contact the Conduent EDI Unit.

Logon Name: These allow submitters' access to the Web Portal for functions that include claims submission. The Conduent EDI Unit uses this information to reference your submitted data.

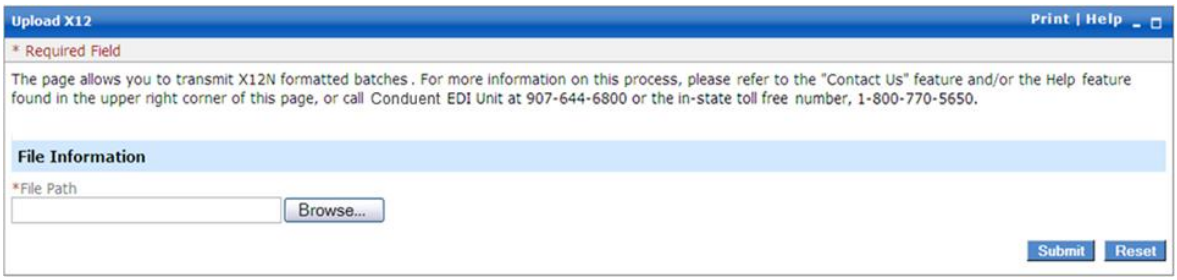
Web Portal Upload Procedures

In your Web browser, log on to the Alaska Health Enterprise Portal at:
https://medicaidalaska.com/portals/wps/portal/EnterpriseHome

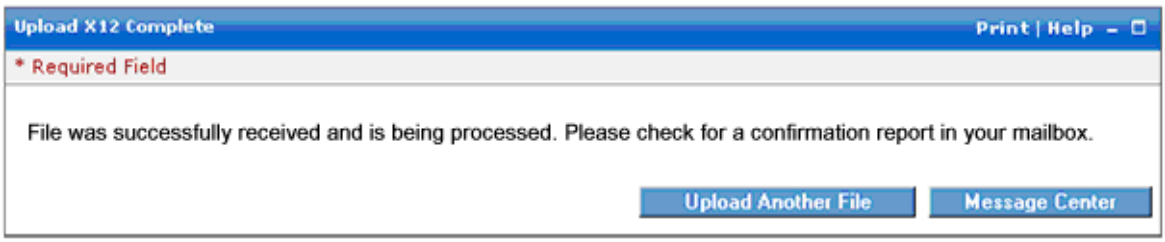
1. From the EDI menu, select UploadX12.



2. Navigate to the file you wish to upload using the Browse button, or type the path and filename. The **Reset** button will clear the field.



3. Click **Submit.** Information on the file submitted is displayed in the **Upload X12 Complete** screen.



4. To retrieve the file confirmation, click on the **Message Center** button or click the **Upload Another File** button to submit additional files.

6.4.2.1 Re-transmission procedures

Alaska Medical Assistance does not have specific re-transmission procedures. Submitters can retransmit files at their discretion.

6.4.3 Communication Protocols

Secure FTP Guidelines

Secure FTP is appropriate for submitters of large transaction files who benefit from secure server to server exchange. For the submission and retrieval of files via FTP, MOVEit DMZ is available free of charge. However, any FTP product that is compatible with MOVEit DMZ may be used for file submission and retrieval. For information on FTP product compatibility please see the General Information/Client Support information available at the following location: https://moveit.pdc.conduent.com/

As previously described in Chapter 2, during Trading Partner enrollment, the Secure FTP user can also register for Secure FTP through Conduent. The option is available to all Alaska submitters; however secure FTP users are most often Clearinghouses or other trading partner entity types submitting on behalf of multiple providers.

Secure FTP Support

Secure FTP setup and support will be provided during Trading Partner Enrollment. For setup at a later time, or for other issues such as account lockouts, users should contact the Alaska EDI Unit.

In addition to the Alaska EDI Unit, Conduent provides a Technical Helpdesk that is available for FTP related technical inquiries and support. The Alaska EDI Unit is recommended as the first point of contact for inquiries, however the Technical Helpdesk's contact information can be found by selecting the Tech Support link on the FTP secure website: https://moveit.pdc.conduent.com/.

FTP Transmission/Production Problems

Please have the following information available when calling the Conduent EDI Unit regarding Secure FTP transmission and production issues.

Trading Partner ID: Your Trading Partner ID is our key to accessing your Trading Partner information. Please have this number available each time you contact the Conduent EDI Unit.

Secure FTP ID: These allow FTP submitters access to the FTP folders for file submission. The Conduent EDI Unit uses this information to reference your submitted data.

MOVEit DMZ

MOVEit DMZ is a software product that transports data via secure FTP across the Internet.

There are two methods for using MOVEit DMZ:

1. Uploading files through a secure website https://moveit.pdc.conduent.com/.
2. Sending and receiving files via Secure FTP client. MOVEit Freely is a free Secure FTP client available for download at: http://www.ipswitchft.com/Business/Products/MoveitFreely/

Transmission Responses

The Health Care Claim: Institutional transaction data will be submitted to Conduent EDI Gateway for processing. The Conduent SHCH validates submission of ASC X12N format(s). The TA1 Interchange Acknowledgement reports the syntactical analysis of the interchange header and trailer. If the data is corrupt or the trading partner relationship does not exist within the Gateway system, the file will be rejected and a TA1 along with the data will be forwarded to Conduent EDI Unit for review and follow-up with the sender. An ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999) is generated when a file that has passed the header and trailer check passes through the clearinghouse. An Edifecs Report is generated if a transaction fails any AK-specific business edits. If the file contains one or more errors, the segment(s) and element(s) where the error(s) occurred will be reported to the submitter within the Edifecs Error Report.

Data Retrieval Methods

Files may be retrieved by any of the methods outlined below, including Secure FTP and Web Portal download.

Alaska Trading Partners can download files such as the ASC X12/005010X221 Health Care Claim Payment/Advice (835) and ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999), by Secure FTP and Web Portal download.

Secure FTP

To successfully connect to the SFTP server, the user is required to have secure client FTP software that

- Is compatible with the WS-FTP product used by Alaska Medical Assistance
- Supports SSH connections
- Complies with the Internet Standards for SSH FTP protocol

(RFC 4253 and RFC 4254 define the SSH FTP standards and can be found at www.ietf.org)

There are several commercially available client software packages as well as a few software packages available for download.

The following settings are the minimum requirements needed to access the server:

For **End-To-End Certification testing** use:

- Hostname: **mft-ent-uat.services.conduent.com**
- Port: 22
- Protocol: SFTP
- Username and password assigned to you during enrollment. (The same username and password will be used for testing and production.)

For **production transmissions** use:

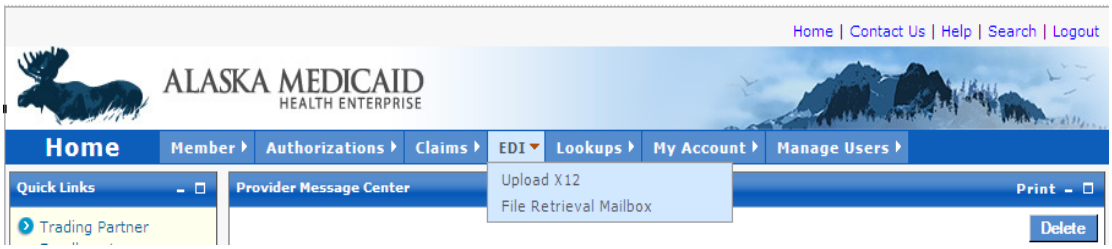
- Hostname: **mft1.services.conduent.com**
- Port: 22
- Protocol: SFTP
- Username and password assigned to you during enrollment. (The same username and password will be used for testing and production.)

Web Portal

The web portal method allows a Trading Partner to initiate the retrieval of batch files. The Trading Partner must be an authenticated portal user who is an active Alaska provider, or representative of the provider. The Trading Partner accesses the web portal via a web browser and is prompted for login and password. Once logged into the Provider Secure Homepage, numerous functions such as File Retrieval are available.

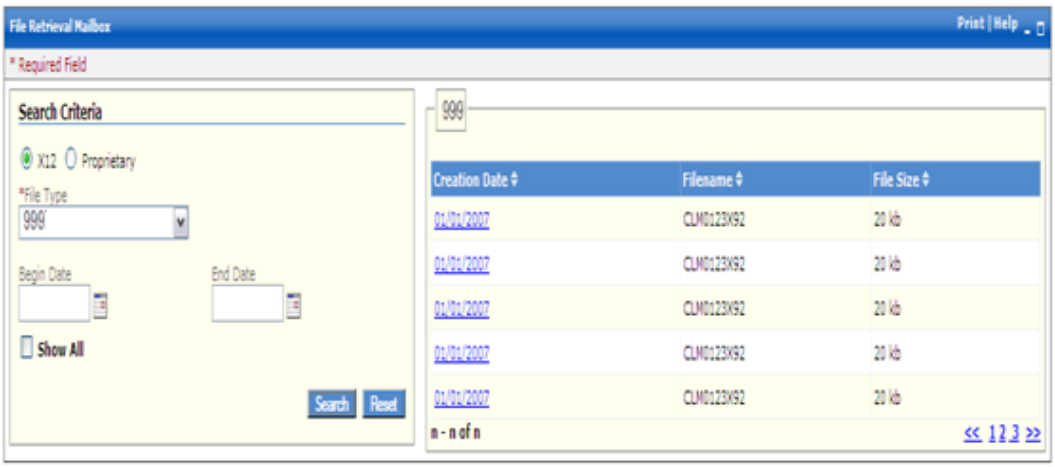
Downloading Files from the Web Portal

1. In your Web browser, log on to the **Alaska Medicaid Health Enterprise Portal** at: https://medicaidalaska.com/portals/wps/portal/EnterpriseHome
2. From the **EDI** menu, select **File Retrieval Mailbox**.

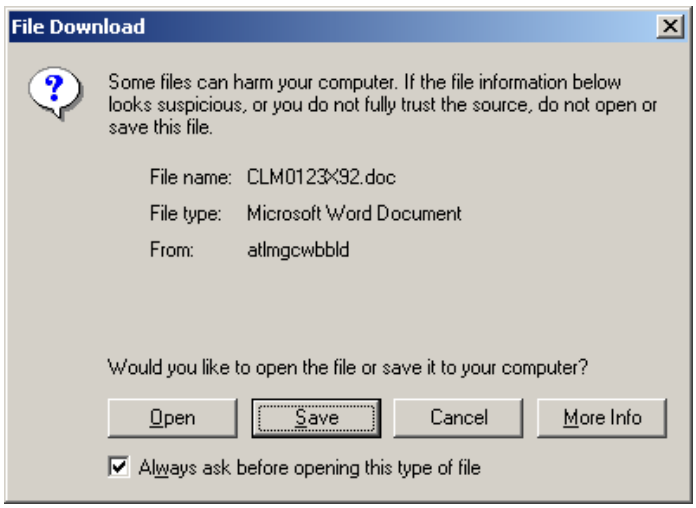


3. Select **X12**; select a file type; and if desired, enter beginning and end dates for the search.

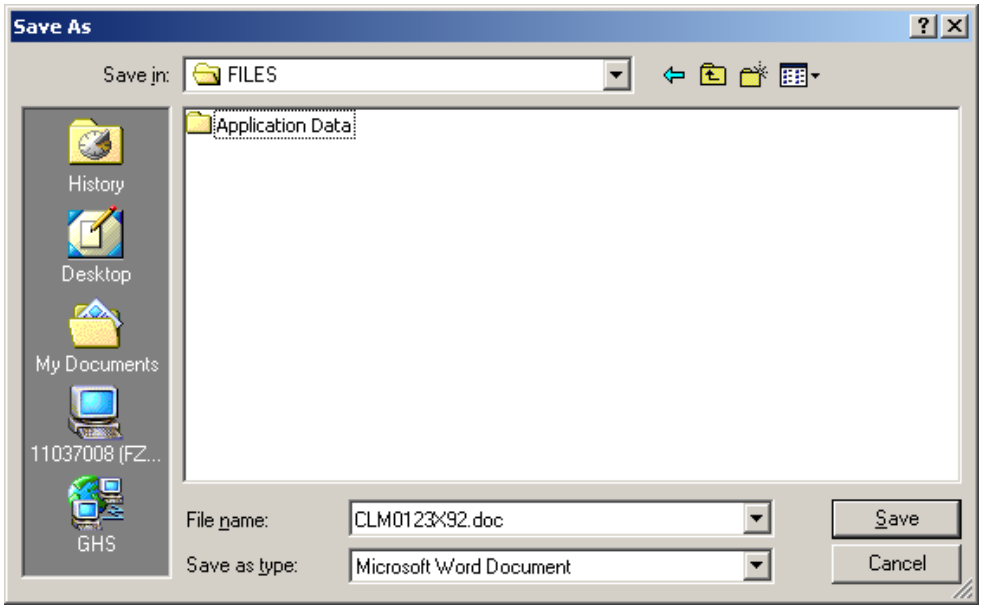
4. Click the **Search** button. The **Results** view displays files matching the search criteria. From the **Results** view, left-click the Creation Date of the file for download.



5. Click **Save**.



6. Specify a path for download, and click **Save** again.



6.5 Contact information

6.5.1 EDI Customer Service/EDI Unit

The Conduent EDI Unit assists users with questions about electronic submission. The Conduent EDI Unit is available to all Alaska Medical Assistance Trading Partners, Monday through Friday from 8:00 a.m. to 5:00 p.m. Alaska Time. Providers that are calling from within Anchorage or outside the state of Alaska use (907)644-6800, all other Alaska locations can call (800)770-5650.

The Conduent EDI Unit:

- Provides information on available services
- Enrolls users for file submission
- Verifies receipt of electronic transmissions
- Provides assistance to users who are experiencing transmission difficulties

Or

Conduent, Inc.
HIPAA Provider Support Team
P.O. Box 240808
Anchorage, Alaska 99524-0808

When contacting Conduent EDI Unit, have your Trading Partner Number and Logon ID available. These numbers facilitate the handling of your questions.

6.5.2 5010 EDI Technical Assistance

Conduent EDI 5010 technical support can be reached by telephone or email Monday through Friday from 8:00 a.m. to 5:00 p.m. Alaska Time

TELEPHONE NUMBER: Toll Free (855) 226-9391 or (907) 644-6831.

EMAIL ADDRESS: AKHIPAASupport@Conduent.com,

When contacting Conduent EDI Unit, have your Trading Partner Number and Logon ID available. These numbers facilitate the handling of your questions.

6.5.3 Provider Service

Alaska residing providers requiring claims assistance may contact Provider Inquiry Monday through Friday from 8:00 AM – 5:00 PM Alaska Standard Time by calling Conduent, Inc. toll-free at (800) 770-5650 (option 1, 1). Providers outside of Alaska, may call (907) 644-6800 (option 1).

Alaska residing providers seeking enrollment information may call Conduent, Provider Enrollment Monday through Friday 8:00 AM – 5:00 PM Alaska Standard Time at (800) 770-5650 (option 1, 3). Providers residing outside of Alaska may call (907) 644-6800 (option 2) for enrollment assistance.

Providers needing to fax an electronic claim record attachment to Alaska Medical Assistance can fax the document to: 907-644-8122.

Attachment note: If you are submitting a claim that requires an attachment, the document must be faxed the same day that the electronic claim is received. There must also be a unique attachment control number on the attachment and the PWK06 of the electronic claim.

6.5.4 Applicable websites

EDI specifications, including this companion guide, can be accessed by clicking on the link below and selecting HIPAA 5010 and the applicable selection.

http://manuals.medicaidalaska.com/docs/companionguides.htm

Any EDI questions can also be sent to:

AKHIPAASupport@Conduent.com

6.6 Control Segments / Envelopes

Interchange Control (ISA/IEA) and Function Group (GS/GE) envelopes must be used as described in the TR3s.

Alaska Medical Assistance's expectations for inbound ISAs and a description of data on outbound ISAs are detailed in this chapter. Specific guidelines and instructions for GS and GE segments are contained in each transaction chapter of the Transaction Information Companion Guide.

Note - Alaska Medical Assistance only supports one interchange (ISA/IEA envelope) per incoming transmission (file). A file containing multiple interchanges will be rejected for a mismatch between the ISA Interchange Control Number at the top of the file and the IEA Interchange Control Number at the end of the file.

6.6.1 ISA-IEA

Data Detail and Explanation of Incoming ISA to Alaska Medical Assistance

Segment: ISA Interchange Control Header (Incoming) Note: This 105 character fixed record length segment must be used in accordance with the guidelines in Appendix B of the transaction TR3s, with the clarifications listed below.

ISA Data Element Summary

The ISA segment and the elements with Alaska Medical Assistance payer requirements are noted in the chart(s) below. You should refer to the Applicable TR3 for further reference and instructions.

ID	Elem	Use	Name	Codes (Represent codes used by Alaska Medicaid)	AK Medicaid Notes
ENV	**ISA**	**R**	**Interchange Control Header**		
ENV	ISA01	R	Authorization Information Qualifier	00	Alaska Medical Assistance will only support 00 – No Authorization Information present.
ENV	ISA03	R	Security Information Qualifier	00	Alaska Medical Assistance will only support 00 – No Authorization Information present.
ENV	ISA05	R	Interchange ID Qualifier	ZZ	Use qualifier code value 'ZZ' Mutually Defined to designate a payer-defined ID
ENV	ISA06	R	Interchange Sender ID		Use the Alaska Medical Assistance assigned Submitter (Trading Partner) ID This value should be left justified with trailing spaces to complete the 15 digit element length. Alpha characters must be upper case.
ENV	ISA07	R	Interchange ID Qualifier	ZZ	Use qualifier code value 'ZZ' Mutually Defined to designate a payer-defined ID
ENV	ISA08	R	Interchange Receiver ID		Use AK Medicaid Payer ID 100000 This value should be left justified with trailing spaces to complete the 15 digit element length
ENV	ISA11	R	Repetition Separator	^	This code value will be processed by Alaska Medical Assistance.
ENV	ISA13	R	Interchange Control Number		Use your own control number value in this field. (Helpful note: This Interchange Control number is the value that will be returned in the TA101 if the file is rejected at the enveloping level.)
ENV	ISA14	R	Acknowledgement Requested	0	A TA1 will be generated when the incoming interchange is rejected due to errors at the interchange or functional group envelop.

ENV	ISA16	R	Component Element Separator		Alaska Medical Assistance does not dictate what Component Element Separator to use, however the most common used is the :

Segment: IEA Segment: IEA Interchange Control Trailer Segment

Note: Refer to Appendix C on the TR3 for Segment instructions.

6.6.2 GS-GE

Data Element Summary

Functional group (GS-GE) codes are transaction specific. Therefore, information concerning the GS-GE can be found with the related transaction Instruction Tables of the Transaction Information (TI) section 3 of this companion guide.

6.6.3 ST-SE

Alaska Medical Assistance has no requirements outside the transaction TR3s for the Transaction set Header and trailer (ST-SE).

6.7 Acknowledgments and Reports

6.7.1 Report Inventory

Edifecs Error Report (Available on the Edifecs website for syntactical testing only)

Every X12N transaction that does not receive a TA1 transaction rejection will pass through the Edifecs Compliance Check engine. Edifecs generates a full report of all Loops, Segments, Elements, the data contained within them, and explanations of the errors, if any. This report is especially useful in troubleshooting errors when it is combined with the negative ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999). The Edifecs reports will be available to trading partners using the Edifecs syntactical testing website. .

Next is an example of a 5010 Edifecs Error Report that shows the level of detail contained in the Report.

Sample EDIFECS Error Report

Error Report

Submitted: Wednesday, March 09, 2011 15:16:19 (Eastern Standard Time)
Guideline: Spec3.ecs
Data File: I:\CustomerImplementation\Alaska\Test Data\837\x12s only\837inst - Test Data.TXT.processed.dat

This report shows the results of a submitted data file validated against a guideline. If there are errors, you must fix the application that created the data file and then generate and submit a new data file.

Report Summary
Total Errors: 1 **Total Warnings: 1** **Total Informations: 0**

Error Count by WEDI SNIP Type		
SNIP Type	**SNIP Name**	**Counts**
0	**System**	**0**
1	**EDI Syntax**	**0**
2	**HIPAA Syntax**	**0**
3	**Balancing**	**0 Errors** **1 Warnings** **0 Informations**
4	**Situational**	**0**
5	**External Code Set**	**1 Errors** **0 Warnings** **0 Informations**

Report continues on next page.

<table>
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Interchange Accepted: 0</td></tr>
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Warnings: 1
Information: 0</td><td colspan="5">Transaction ID: 837
Control Number: 000002011</td></tr>
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<tr><td>1</td><td>0x3939631</td><td>Value of sub-element HI01-02 is incorrect. Expected value is from external code list - ICD-9-CM Diagnosis Code (131) when HI01-01='PR'. Segment HI is defined in the guideline at position 2310.

This error was detected at:

Segment Count: 28

Composite Count: 1

Sub-Element Count: 2

Character: 898 through 901

ICD-9-CM Diagnosis code is invalid in
Patient's Reason for Visit.</td><td>5 - External Code Set</td><td>Normal</td><td>Element:
Name:

ID:
Standard Option:
Type:
Min Length:
Max Length:
User Option:</td><td>HI01-02
Industry Code
1271
Mandatory

AN
1
30
Required</td></tr>
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	#	Error ID	Error Message	SNIP Type	Severity	Guideline Properties	
	2	0x3938EDC	COB claim balancing is failed for payer with ID '00325' (NM109 in loop 2330B): total charge amount (CLM02) '17405.02' does not equal sum of paid amount (AMT02 in loop 2320) and all adjustment amounts (CAS in 2320 and 2430) '1780.89'. Segment AMT is defined in the guideline at position 3000. This error was detected at: Segment Count: 37 Character: 1139 through 1146 COB claim failed to balance: paid amount did not equal adjusted charge amount.	3 - Balancing	Warning	Element: Name: ID: Standard Option: Type: Min Length: Max Length: User Option:	AMT02 Monetary Amount 782 Mandatory R 1 18 Required

6.7.2 ASC X12 Acknowledgments

The Health Care Claim: Institutional transaction data will be submitted to Conduent EDI Gateway for processing. The Conduent SHCH validates submission of ASC X12N format(s). The TA1 Interchange Acknowledgement reports the syntactical analysis of the interchange header and trailer. If the data is corrupt or the trading partner relationship does not exist within the Gateway system, the file will be rejected and a TA1 along with the data will be forwarded to Conduent EDI Unit for review and follow-up with the sender. An ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999) is generated when a file that has passed the header and trailer check passes through the clearinghouse. An Edifecs report is generated if a transaction fails any AK-specific business edits. If the file contains one or more errors, the segment(s) and element(s) where the error(s) occurred will be reported to the submitter.

Transactions are processed as they are received. Therefore the TA1 and Implementation Acknowledgement For Health Care Insurance should populate your mailbox fairly quickly (obviously depending on file size, processing time).

Files may be retrieved by any of the previously mentioned methods, including Secure FTP and Web Portal download.

Transmission Errors and Reports

The acceptance/rejection reports generated depend on the type of error, and the level where the error occurs. Depending on the error level, the result may be the rejection of an entire batch or a single claim.

The acceptance/rejection reports are:

- TA1 Interchange Acknowledgement Rejection
- ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999)

TA1 Interchange Acknowledgement Rejection Report

The ISA and GS segments contain the header and footer information within the Interchange (ISA-IEA) and Functional Group (GS-GE) envelopes. Some ISA-IEA and GS-GE problems will result in the entire submission being rejected with a TA1 Interchange Acknowledgement. The TA1, along with the data, will be forwarded to the Conduent EDI Unit for review and follow-up with the submitter. For additional information regarding the TA1, please refer to Appendix B in any ASC X12N TR3.

The TA1 Rejection Report may result from various sources:

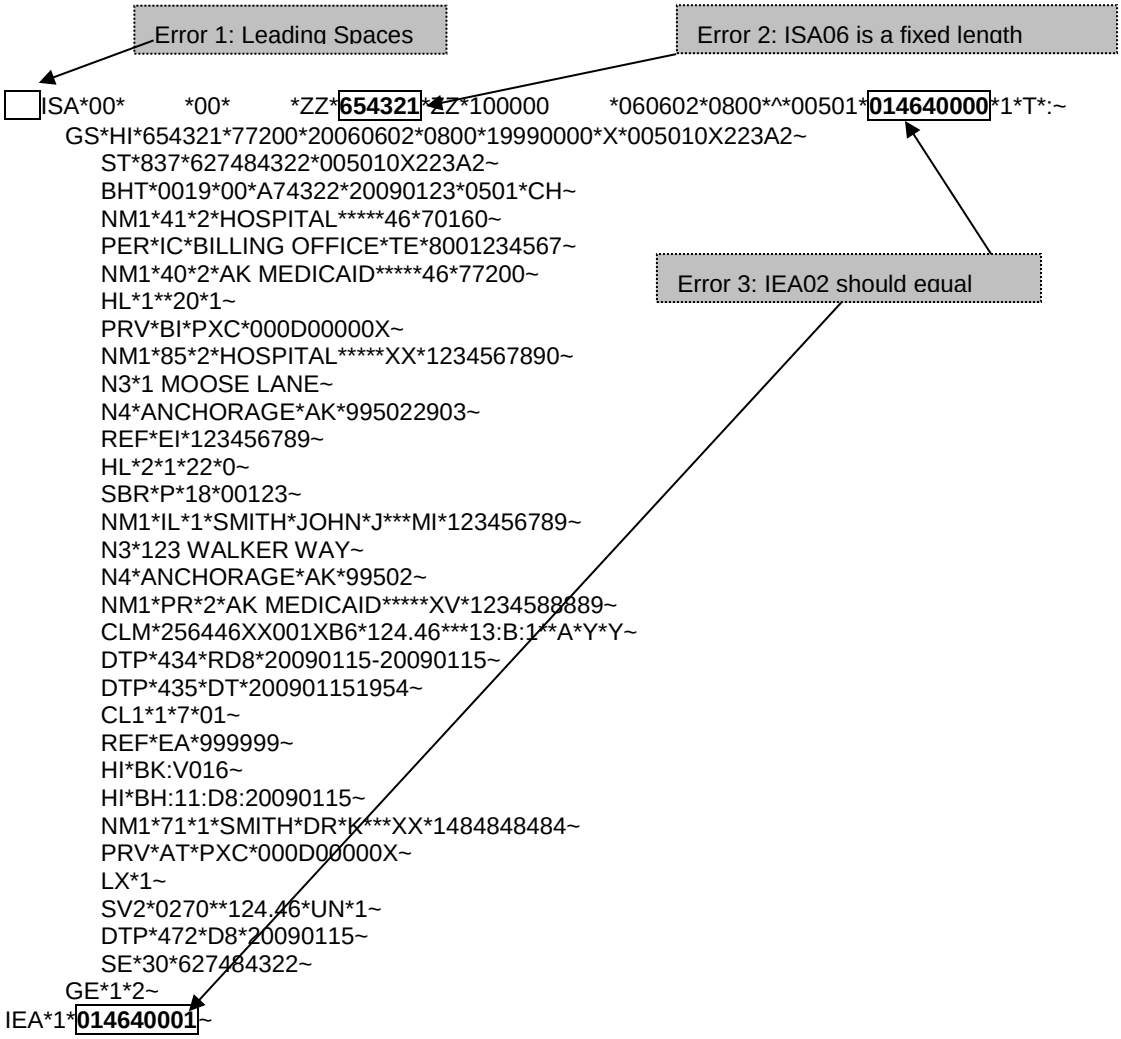
- The submitted file is not recognizable as an X12N file due to file corruption or data errors in the ISA-IEA or GS-GE envelopes.
- The submitted file has errors that would prevent the translation from uniquely identifying the file, transaction type, or submitter.
- The data elements are not the correct length in the ISA segment. The ISA segment is the only segment in an X12 transaction that is fixed-length.
- The Trading Partner identified in GS02 is not recognized, or is not authorized to submit production files of that transaction type.

Interchange-Level Errors and the TA1 Rejection Report

Envelope problems that make it impossible to identify the ISA-IEA envelope will result in a TA1 Interchange Acknowledgement rejection of the entire submission.

Examples of Interchange-Level errors that will result in a TA1:

1. Leading spaces before the start of the data makes the file unrecognizable. Compliance Check expects 'ISA' in the first 3 spaces.
2. The submitter ID ("654321" in ISA06) should be filled out with trailing spaces to populate the fixed-length 15-byte field. Even the blank fields in the ISA segment, such as ISA02, must be populated with the correct number of spaces.
3. The Header Interchange Control Number in ISA13 ('014640000') does not match the Trailer Interchange Control Number in IE02 ('014640001'). This would make it impossible for Compliance Check to confirm that it is evaluating a single coherent submission.

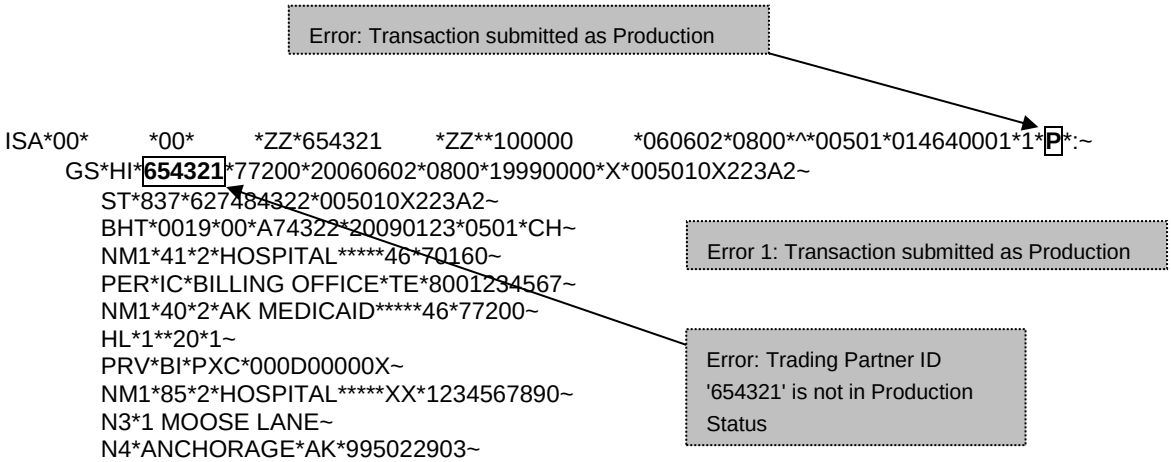


Functional Group Level Errors and the TA1 Rejection Report

When the ISA-IEA and GS-GE envelopes are identifiable but the Trading Partner is not authorized for the transaction, the entire submission is rejected with a TA1.

Example of a Functional-Group-Level error that will result in a TA1 rejection:

1. The Trading Partner identified in GS02 is not recognized, or is not authorized to submit this transaction type in Production.




```
ISA*00*       *00*       *ZZ*654321       *ZZ**100000       *060602*0800*^*00501*014640001*1*P*:~
    GS*HI*654321*77200*20060602*0800*19990000*X*005010X223A2~
        ST*837*627484322*005010X223A2~
        BHT*0019*00*A74322*20090123*0501*CH~
        NM1*41*2*HOSPITAL*****46*70160~
        PER*IC*BILLING OFFICE*TE*8001234567~
        NM1*40*2*AK MEDICAID*****46*77200~
        HL*1**20*1~
        PRV*BI*PXC*000D00000X~
        NM1*85*2*HOSPITAL*****XX*1234567890~
        N3*1 MOOSE LANE~
        N4*ANCHORAGE*AK*995022903~
        REF*EI*123456789~
        HL*2*1*22*0~
        SBR*P*18*00123~
        NM1*IL*1*SMITH*JOHN*J***MI*123456789~
        N3*123 WALKER WAY~
        N4*ANCHORAGE*AK*99502~
        NM1*PR*2*AK MEDICAID*****XV*1234588889~
        CLM*256446XX001XB6*124.46***13:B:1**A*Y*Y~
        DTP*434*RD8*20090115-20090115~
        DTP*435*DT*200901151954~
        CL1*1*7*01~
        REF*EA*999999~
        HI*BK:V016~
        HI*BH:11:D8:20090115~
        NM1*71*1*SMITH*DR*K***XX*1484848484~
        PRV*AT*PXC*000D00000X~
        LX*1~
        SV2*0270**124.46*UN*1~
        DTP*472*D8*20090115~
        SE*30*627484322~
    GE*1*19990000~
IEA*1*014640001~
```

Implementation Acknowledgement For Health Care Insurance

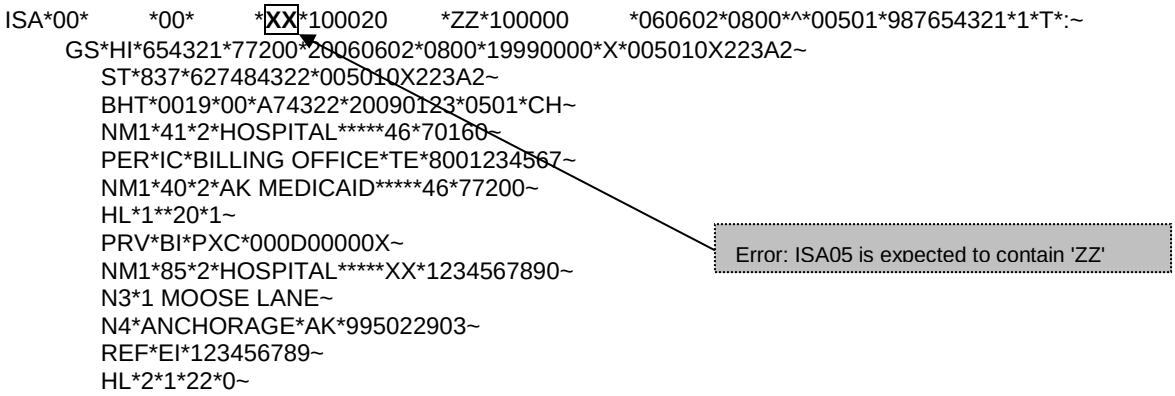
If the file, envelope, and submitter are recognized, the file is passed through Compliance Check to determine the syntactical validity of the X12N submission. If required elements or loops are missing, or if there are errors in qualifiers, data type, or data length, a negative ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999) will be generated. If the transaction set indicated in the AK2 loop contained errors, but was forwarded for further processing, an accept with errors ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999) will be generated. If no errors are found, a positive ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999) will be generated. The Implementation Acknowledgement For Health Care Insurance will be returned to the submitter for correction and resubmittal. For additional information regarding the Implementation Acknowledgement For Health Care Insurance, refer to Appendix B in any ASC X12N TR3, or refer to the ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999) TR3.

Interchange Level Errors and the ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999)

If the Interchange Header is recognizable and all elements are the proper length, but the header contains syntactically invalid data, such as invalid qualifiers or data relationships, a negative ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999) will be generated.

Example of an Interchange-Level error that will result in a negative ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999):

1. 'XX' is not a recognized qualifier for this element. In this case, 'ZZ' was expected.



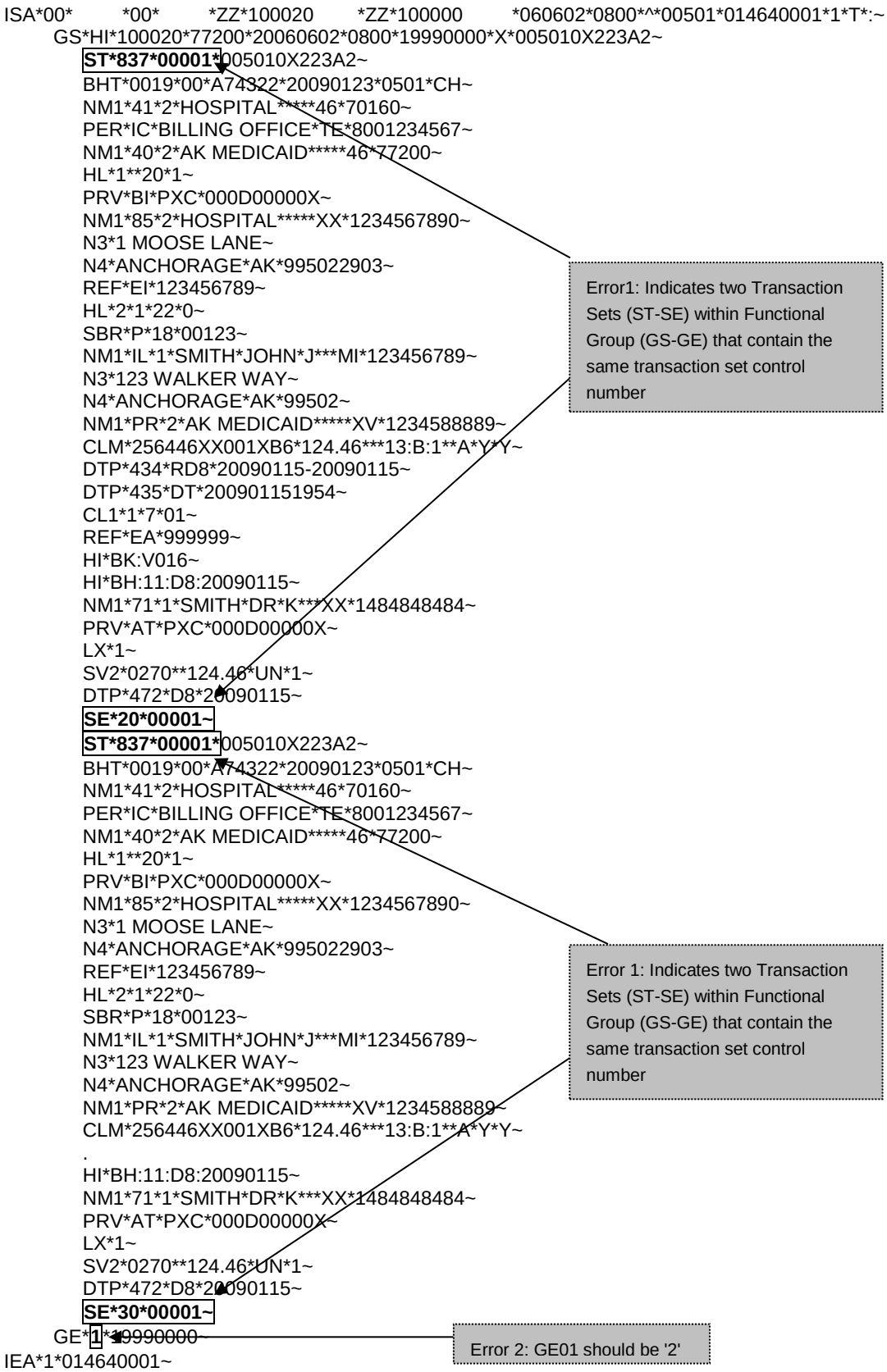
Functional Group Level Errors and the ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999)

When the GS and GE segments are identifiable and the Trading Partner is authorized for the transaction, but a syntactical error is identified in the GS or GE segments, the entire functional group (from GS to GE) is rejected with a negative ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999).

Example of Functional Group Level Error that will result in a negative ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999):

1. The transaction was built with two ST to SE transactions that contain the same transaction set control number in ST02/SE02. The transaction set control number must be unique for each ST-SE within the functional group.
2. The transaction was built with incorrect Total Number of transaction sets at the Functional Group Trailer. GE01 should be 2 because the Functional Group contains two ST to SE transactions.

See next page for example:


ISA*00* *00* *ZZ*100020 *ZZ*100000 *060602*0800*^*00501*014640001*1*T*:~
GS*HI*100020*77200*20060602*0800*19990000*X*005010X223A2~
ST*837*00001*005010X223A2~
BHT*0019*00*A74322*20090123*0501*CH~
NM1*41*2*HOSPITAL*****46*70160~
PER*IC*BILLING OFFICE*TE*8001234567~
NM1*40*2*AK MEDICAID*****46*77200~
HL*1**20*1~
PRV*BI*PXC*000D00000X~
NM1*85*2*HOSPITAL*****XX*1234567890~
N3*1 MOOSE LANE~
N4*ANCHORAGE*AK*995022903~
REF*EI*123456789~
HL*2*1*22*0~
SBR*P*18*00123~
NM1*IL*1*SMITH*JOHN*J***MI*123456789~
N3*123 WALKER WAY~
N4*ANCHORAGE*AK*99502~
NM1*PR*2*AK MEDICAID*****XV*1234588889~
CLM*256446XX001XB6*124.46***13:B:1**A*Y*Y~
DTP*434*RD8*20090115-20090115~
DTP*435*DT*200901151954~
CL1*1*7*01~
REF*EA*999999~
HI*BK:V016~
HI*BH:11:D8:20090115~
NM1*71*1*SMITH*DR*K***XX*1484848484~
PRV*AT*PXC*000D00000X~
LX*1~
SV2*0270**124.46*UN*1~
DTP*472*D8*20090115~
SE*20*00001~
ST*837*00001*005010X223A2~
BHT*0019*00*A74322*20090123*0501*CH~
NM1*41*2*HOSPITAL*****46*70160~
PER*IC*BILLING OFFICE*TE*8001234567~
NM1*40*2*AK MEDICAID*****46*77200~
HL*1**20*1~
PRV*BI*PXC*000D00000X~
NM1*85*2*HOSPITAL*****XX*1234567890~
N3*1 MOOSE LANE~
N4*ANCHORAGE*AK*995022903~
REF*EI*123456789~
HL*2*1*22*0~
SBR*P*18*00123~
NM1*IL*1*SMITH*JOHN*J***MI*123456789~
N3*123 WALKER WAY~
N4*ANCHORAGE*AK*99502~
NM1*PR*2*AK MEDICAID*****XV*1234588889~
CLM*256446XX001XB6*124.46***13:B:1**A*Y*Y~
.
HI*BH:11:D8:20090115~
NM1*71*1*SMITH*DR*K***XX*1484848484~
PRV*AT*PXC*000D00000X~
LX*1~
SV2*0270**124.46*UN*1~
DTP*472*D8*20090115~
SE*30*00001~
GE*1*19990000~
IEA*1*014640001~
Error1: Indicates two Transaction Sets (ST-SE) within Functional Group (GS-GE) that contain the same transaction set control number
Error 1: Indicates two Transaction Sets (ST-SE) within Functional Group (GS-GE) that contain the same transaction set control number
Error 2: GE01 should be '2'

Transaction Set Level Errors and the ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999)

If an error is identified within the Submitter, Receiver, or Provider loops, the entire Transaction Set (ST and SE segments and all segments in between) is rejected with a negative ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999). However, if the functional group consists of additional transactions without errors, the other transactions will be processed.

1. Example of a Transaction Set Level Error:Incorrect Payer ID in the 1000B NM1 (Receiver) segment
2. Missing National Provider Identifier (NPI) in the Health Care Claim: Institutional transaction. NPI is not always required for other transactions.

Claim Level Errors and the ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999)

In a case where header, submitter, receiver, provider, and subscriber loops are all valid, but an error occurs in a single claim, only the claim containing the error is rejected.

Example of a Claim Level Error:

1. In the following example, the Segment ID "REN" is not a valid segment. The highlighted claim (CLM and subsidiary segments) would be rejected with a negative ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999). The claim above it would be passed on for processing.

```
ISA*00*       *00*       *ZZ*100020       *ZZ*100000       *160101*1234*^*00501*987654321*0*T*~
    GS*HC*100020*77200*20061207*16265868*900000201*X*005010X223A2~
        ST*837*627484322*005010X223A2~
        BHT*0019*00*A74322*20090123*0501*CH~
        NM1*41*2*HOSPITAL*****46*70160~
        PER*IC*BILLING OFFICE*TE*8001234567~
        NM1*40*2*AK MEDICAID*****46*77200~
        HL*1**20*1~
        PRV*BI*PXC*000D00000X~
        NM1*85*2*HOSPITAL*****XX*1234567890~
        N3*1 MOOSE LANE~
        N4*ANCHORAGE*AK*995022903~
        REF*EI*123456789~
        HL*2*1*22*0~
        SBR*P*18*00123~
        NM1*IL*1*SMITH*JOHN*J***MI*123456789~
        N3*123 WALKER WAY~
        N4*ANCHORAGE*AK*99502~
        NM1*PR*2*AK MEDICAID*****XV*1234588889~
        CLM*256446XX001XB6*124.46***13:B:1**A*Y*Y~
        DTP*434*RD8*20090115-20090115~
        DTP*435*DT*200901151954~
        CL1*1*7*01~
        REF*EA*999999~
        HI*BK:V016~
        HI*BH:11:D8:20090115~
        NM1*71*1*SMITH*DR*K***XX*1484848484~
        REN*EI*521212121~
        LX*1~
        SV2*0270**17.38*UN*1~
        DTP*472*D8*20090115~
        SE*31*1001~
    GE*1*900000201~
IEA*1*987654321~
```

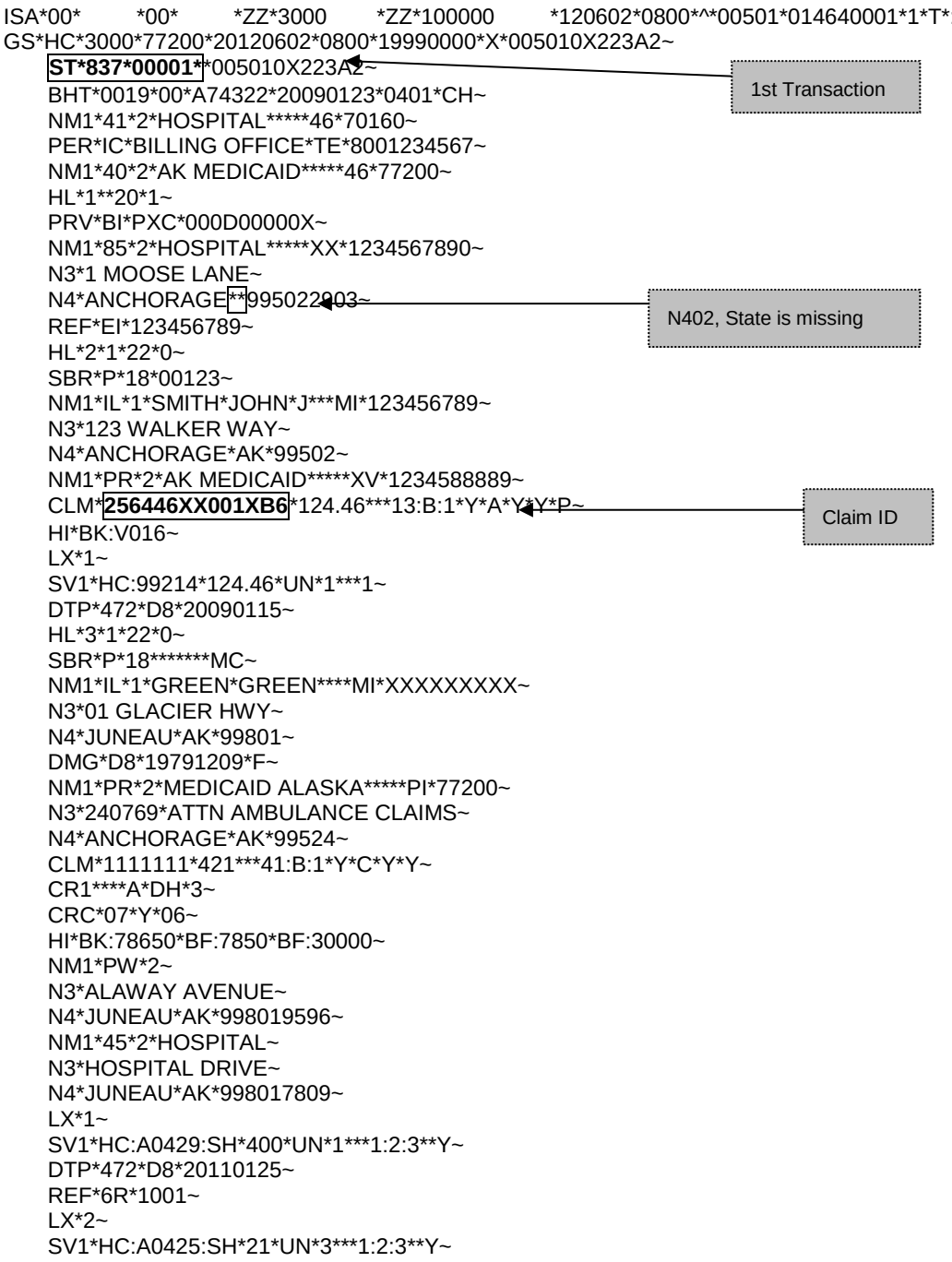
Error: Invalid Segment Identifier

Transaction Accepted with Errors and the ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999)

NEW WITH 5010 - In a case where there are single OR multiple transactions within one file (i.e multiple ST-SE groups), it is possible that some claims are accepted and one or more claims are rejected. The transactions with no errors, all the claims will be processed. In the transaction with errors, all claims will be processed except for the claims noted with errors on the ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999). The accepted transactions will have an A in the IK501element. However, the transaction with errors will have an E in the IK501 of the rejected transactions. Each claim containing errors will be noted. These claims must be fixed and resubmitted. There will also be an E in the AK901.

Example of a Transaction Accepted with Errors:

1. In the following example, in the first transaction set 00001,the N402 State Code is missing. However there are no errors in the second transaction set.



DTP*472*D8*20110125~
REF*6R*1002~
SE*49*00001~
ST*837*00002*005010X223A2~
BHT*0019*00*A74322*20090123*0401*CH~
NM1*41*2*HOSPITAL*****46*70160~
PER*IC*BILLING OFFICE*TE*8001234567~
NM1*40*2*AK MEDICAID*****46*77200~
HL*1**20*1~
PRV*BI*PXC*000D00000X~
NM1*85*2*HOSPITAL*****XX*1234567890~
N3*1 MOOSE LANE~
N4*ANCHORAGE*AK*995022903~
REF*EI*123456789~
HL*2*1*22*0~
SBR*P*18*00123~
NM1*IL*1*SMITH*JOHN*J***MI*123456789~
N3*123 WALKER WAY~
N4*ANCHORAGE*AK*99502~
NM1*PR*2*AK MEDICAID*****XV*1234588889~
CLM*256446XX001XB6*124.46***13:B:1*Y*A*Y*Y*P~
HI*BK:V016~
LX*1~
SV1*HC:99214*124.46*UN*1***1~
DTP*472*D8*20090115~
SE*23*00002~
GE*2*19990000~
IEA*1*014640001~

2nd Transaction with no errors

Example of ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999) with errors for the above file:

ISA*00* *00* *ZZ*100000 *ZZ*3000 *120602*0810*U*00501*000000014*0*P*:~
GS*FA*77200*3000*20120602*1645*13*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*31861*005010X223A2~
AK2*837*00002*005010X223A2~
IK3*N4*347*2300*8~
CTX*CLM01:**256446XX001XB6**~
IK4*2*1251*1~
IK5*E*I5~
AK2*837*000000003*005010X222A1~
IK5*A~
AK9*E*9*9*9~
SE*11*0001~
GE*1*13~
IEA*1*000000014~

1st IK501 = E for errors

2nd IK501= A for accept

AK9 = E for accepted with Errors.

Note: Only claim 256446XX001XB6 in the 1st file should be fixed and resubmitted.

6.8 CCI Change Summary

The following updates were made in sections 6. This document replaces version 1.06.

Section	Description
6.4.3	Update TBD information for Enterprise web portal
6.1.1, 6.1.3, 6.1.4	replaced http://store.x12.org/store/healthcare-5010-consolidated-guides with http://store.x12.org
6.2.1, 6.2.2	replaced http://www.medicaidalaska.com/providers/Enrollment.shtml with https://medicaidalaska.com/portals/wps/portal/ProviderEnrollment
6.5.4	replaced http://www.medicaidalaska.com/ with http://manuals.medicaidalaska.com/docs/companionguides.htm
6.9.1	replaced http://www.medicaidalaska.com/providers/hipaa/overview.shtml with https://medicaidalaska.com/portals/wps/portal/DocumentsandForms
All	Rebranded for Conduent

6.9 CCI Additional Information

6.9.1 Other Resources

The date for implementation/compliance for the 5010 X12N transactions is January 1, 2012. Current information on 5010 can be obtained from going to www.cms.gov .

This link will take you to a list of resources you can explore for more information on HIPAA:

https://medicaidalaska.com/portals/wps/portal/DocumentsandForms