



824 Application Advice

Version 1.5

March 22, 2017

Document Information

Document Title:	824 Application Advice
Document ID:	Ohio 824 CG.docx
Version:	1.5
Owner:	Ohio MITS Team
Author:	Ohio Department of Medicaid & Hewlett Packard Enterprise EDI Team

Amendment History

Version	Date	Modified By	Modifications
1.0	03/04/2014	ODM & HP EDI Team	Initial Creation.
1.1	04/29/2014	ODM & HP EDI Team	Updated URL for the Ohio Administrative Code.
1.2	06/24/2014	ODM & HP EDI Team	Changed E004 to E011 in the list of codes for RED06 in the 2100 loop.
1.3	06/29/2015	ODM & HP EDI Team	Updated the notes for E012 in the list of codes for RED06 in the 2100 loop.
1.4	12/02/2015	ODM & HPE EDI Team	Updated references related to Agency name changes.
1.5	03/22/2017	ODM & HPE EDI Team	Updated the contact information in Section 5.

Disclosure Statement

This companion guide is based on the CORE v5010 Master Companion Guide Template. All rights reserved. It may be freely redistributed in its entirety provided that this copyright notice is not removed. It may not be sold for profit or used in commercial documents without the written permission of the copyright holder. This document is provided 'as is' without any express or implied warranty. Note that the copyright on the underlying ASC X12 Standards is held by DISA on behalf of ASC X12.

The ODM Companion Guides do not:

- Replace the HIPAA ANSI ASC X12N Implementation Guide.
- Contain any actions that would result in a Non-Compliant Transaction.

The ODM Companion Guides are subject to change without prior notice.

Providers and Trading Partners are responsible for periodically checking for Companion Guide updates on the ODM Trading Partner website - <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

Each Medicaid Provider and/or Trading Partner has the ultimate responsibility to adhere to the HIPAA Federal Requirements as well as any Ohio State laws that are applicable including the Ohio Administrative Code (<http://codes.ohio.gov/oac/5160-1-20>).

Preface

This Companion Guide to the 5010 ASC X12N Technical Report Type 3 Implementation Guides and associated errata and addenda adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with ODM. Transmissions based on this companion guide, used in tandem with 005010 ASC X12 TR3 Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N TR3 Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3 Implementation Guides.

Table of Contents

1	INTRODUCTION.....	1
1.1	Scope.....	2
1.2	Overview.....	2
1.3	References.....	2
1.3.1	EDI Basics.....	2
1.3.2	Government and Other Associations.....	3
1.3.3	ASC X12 Standards.....	3
1.4	Additional Information.....	3
2	GETTING STARTED.....	4
3	TESTING WITH THE PAYER.....	5
4	CONNECTIVITY WITH THE PAYER/COMMUNICATIONS.....	6
5	CONTACT INFORMATION.....	7
5.1	EDI Customer Service.....	7
5.2	EDI Technical Assistance.....	7
5.3	Provider Service Number.....	7
5.4	Applicable Websites/Email.....	7
6	CONTROL SEGMENTS/ENVELOPES.....	8
6.1	ISA-IEA.....	8
6.2	GS-GE.....	8
6.3	ST-SE.....	9
7	PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS.....	10
8	ACKNOWLEDGEMENTS AND/OR REPORTS.....	11
9	TRADING PARTNER AGREEMENTS.....	12
10	TRANSACTION SPECIFIC INFORMATION.....	13
	APPENDICES.....	15
A.	Implementation Checklist.....	15
B.	Frequently Asked Questions.....	15

This page intentionally left blank

1 INTRODUCTION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that the Ohio Department of Medicaid has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments.
2. Limit the length of a simple data element.
3. Specify a sub-set of the IGs internal code listings.
4. Clarify the use of loops, segments, composite and simple data elements.
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with the Ohio Department of Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe ODM, usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by ODM.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit Information			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

1.1 Scope

ODM developed 5010 Companion Guides to supplement each 5010 Transaction Implementation Guide, based on Version 5, Release 1, with regards to:

- Specific Codes and/or Values that ODM will default on Outbound Transactions
- Specific Codes and/or Values that are unique to ODM to accept an Inbound Transaction

ODM Companion Guides will not create a Non-Compliant Transaction.

This companion guide is intended to be used in conjunction with the ASC X12N/005010X186 Implementation Guide (IG). It provides supplementation instructions not included in the IG that must be followed for implementation and conducting the transaction with ODM. It does not change the requirements of the IG in any way.

1.2 Overview

The Health Insurance Portability and Accountability Act (HIPAA) require all Providers, Trading Partners and Payers in the United States to comply with the Electronic Data Interchange (EDI) Standards for Health Care.

The 824 is an 'Optional' Transaction. It is not currently a HIPAA mandated transaction. However, if the 824 Transaction is used, it must meet the requirements of the 824 Implementation Guide. ODM has elected to utilize the 824 transaction.

The 824 Application Advice is created as a response from the Receiver of Inbound X12 837 Claim Transactions to the Sender, based on the following conditions:

1. If the Transaction does not pass Compliance:
 - a. Compliance errors are reported in the ASC X12 999 Implementation Acknowledgement.
 - b. No 824 is sent
2. If the Transaction does pass Compliance, it continues into preprocessing:
 - a. If all Claims/Encounters within the transaction are "Accepted" in preprocessing: no 824 is sent
 - b. If one or more Claims/Encounters are "Rejected" in preprocessing: an 824 is sent
 - c. All Claims/Encounters that pass preprocessing as "Accepted" are sent to MITS for adjudication.

1.3 References

In addition to the resources available on the ODM Trading Partner Website (<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>), there are other websites that contain helpful information to assist in the implementation of the electronic data interchange process. Links to these websites are listed below and are separated by category for easy reference.

1.3.1 EDI Basics

For information about EDI software and services, visit: 1EDI Source, Inc (<http://www.1edisource.com>).

1.3.2 Government and Other Associations

- Center for Medicare and Medicaid Services (CMS): <http://www.cms.hhs.gov>
- Answers to Frequently Asked Questions: <https://questions.cms.gov>
- HHS Office for Civil Rights (Privacy) <http://www.hhs.gov/ocr/hipaa>
- WEDI - Workgroup for Electronic Data Interchange: <http://www.wedi.org>
- CMS website for NPI: <http://www.cms.hhs.gov/NationalProvIdentStand>

1.3.3 ASC X12 Standards

- Washington Publishing Company: <http://www.wpc-edi.com>
- Data Interchange Standards Association: <http://disa.org>
- American National Standards Institute: <http://ansi.org>
- Accredited Standards Committee: <http://www.x12.org>

1.4 Additional Information

For additional information, the Trading Partner Information Guide can be found here:
<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>

2 GETTING STARTED

To get started, the Trading Partner Information Guide can be found here:

<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>

3 TESTING WITH THE PAYER

Details related to testing are in the Trading Partner Information Guide which can be found here:

<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Connectivity information is in the Trading Partner Information Guide which can be found here:

<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>

5 CONTACT INFORMATION

5.1 EDI Customer Service

Days Available: Monday through Friday

Time Zone: Eastern Time (ET)

Time Available: 8:00 am to 4:30 pm

Phone: (844) 324-7089

Email: ohiomcd-edi-support@hpe.com

5.2 EDI Technical Assistance

Days Available: Monday through Friday

Time Zone: Eastern Time (ET)

Time Available: 8:00 am to 4:30 pm

Phone: (844) 324-7089

Email: ohiomcd-edi-support@hpe.com

5.3 Provider Service Number

Provider Assistance Unit 1-800-686-1516. Please listen to the entire message before making your selection.

Web URL: <http://medicaid.ohio.gov/PROVIDERS.aspx>

5.4 Applicable Websites/Email

Ohio Medicaid Website: <http://medicaid.ohio.gov>

The Trading Partner web page can be found by following: Providers > Billing > Trading Partners

(<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>)

To contact Ohio Medicaid for assistance, use the link - <http://medicaid.ohio.gov/CONTACT.aspx>

6 CONTROL SEGMENTS/ENVELOPES

6.1 ISA-IEA

This section describes ODM's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		No Authorization Information Present (No Meaningful Information in ISA02)
C.4		ISA03	Security Information Qualifier	00		No Security Information Present (No Meaningful Information in ISA04)
C.4		ISA05	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA06	Interchange Sender ID	MMISODJFS		This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.4		ISA07	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA08	Interchange Receiver ID			7 digit Trading Partner ID assigned by ODM. This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.5		ISA13	InterChange Control Number			Must be identical to the associated interchange control trailer IEA02
C.6		ISA14	Acknowledgment Requested	0		No Interchange Acknowledgment Requested

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups			Number of included functional groups.
C.10		IEA02	Interchange Control Number			The control number assigned by the interchange sender. Must be identical to the value in ISA13.

6.2 GS-GE

This section describes ODM's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how ODM expects functional groups to be sent and how ODM will send functional groups. These discussions will describe how similar

transaction sets will be packaged and ODM use of functional group control numbers.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code	MMISODJFS		
C.7		GS03	Application Receiver's Code			7 digit Trading Partner ID assigned by ODM
C.8		GS06	Group Control Number			Must be identical to the value in GE02.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included			Number of included transaction sets.
C.9		GE02	Group Control Number			The functional group control number. Must be the same value as GS06.

6.3 ST-SE

This section describes how ODM uses transaction set control numbers.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
27		ST	Transaction Set Header			
27		ST02	Transaction Set Control Number			Identical to the value in SE02

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
73		SE	Transaction Set Trailer			
73		SE01	Number of Included Segments			Total number of segments included in a transaction set including ST and SE segments
73		SE02	Transaction Set Control Number			Transaction set control number. Identical to the value in ST02.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

In order to receive 824 X12 transactions, trading partners must be authorized by Ohio Medicaid and in active status. These details are documented in the Trading Partner Information Guide which can be found at this link - <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

The 824 is an outbound transaction and there are no associated responses.

9 TRADING PARTNER AGREEMENTS

These details can be found in the Trading Partner Information Guide which can be found at this link - <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

10 TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that ODM has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments.
2. Limit the length of a simple data element.
3. Specify a sub-set of the IGs internal code listings.
4. Clarify the use of loops, segments, composite and simple data elements.
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with ODM.

In addition to the row for each segment, one or more additional rows are used to describe ODM's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
28		BGN	Beginning Segment			
29		BGN04	Transaction Set Creation Time			ODM format: HHMMSS
30	1000A	N1	Submitter Name			
30	1000A	N102	Submitter Name	Ohio Department of Medicaid		
30	1000A	N103	Identification Code Qualifier	FI		
31	1000A	N104	Submitter Identifier	131134825		ODM Tax ID
56	2000	QTY	Quantity Information			IF the Transaction passes Compliance Checking and all claims then pass preprocessing, an 824 is not sent.
56	2000	QTY01	Quantity Qualifier	AA, 90		AA = Unacknowledged Quantity - number of batches or items 'Rejected' in QTY02 90 = Acknowledged Quantity - number of batches or items 'Accepted' in QTY02
70	2100	RED	Error or Informational Message			
71	2100	RED01	Error Description			
76	2100	RED06	Insurance Business Process Application Error Code	E001, E011, E012, E091		E001 = Missing/Invalid Submitter Identifier

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						<p>E011 = Missing/Invalid Payer Identifier (2000B.SBR09 should be "MC").</p> <p>E012 = Missing/Invalid Billing Provider Identifier.</p> <p>E091 = Transaction successfully received but not processed as applicable business function not performed. (BHT06 should not have "31")</p>

APPENDICES

This section contains one or more appendices.

A. Implementation Checklist

See Trading Partner Information Guide found here: <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

B. Frequently Asked Questions

See Trading Partner Information Guide found here: <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.