



## **HIPAA Transaction Standard Companion Guide**

**Refers to the Implementation Guides  
Based on ASC X12 version 005010**

**824 Application Advice for Fee-For-Service**

This Companion Guide has been developed in coordination with the new Ohio Medicaid Enterprise System (OMES) and provides trading partners information needed to meet future OMES EDI requirements. Trading Partners should not use the instructions in this Companion Guide to submit production files until the official implementation of the new OMES.

### **Disclosure Statement**

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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 - [Trading Partners | Medicaid \(ohio.gov\)](#).

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 v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with ODM. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N 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 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 Implementation Guides.

**EDITOR'S NOTE:**

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## Table of Contents

<b>1 INTRODUCTION</b> .....	<b>6</b>
1.1 SCOPE.....	7
1.2 OVERVIEW.....	7
1.3 REFERENCES.....	7
1.3.1 EDI Basics.....	8
1.3.2 Government and Other Associations.....	8
1.3.3 ASC X12 Standards.....	8
1.4 ADDITIONAL INFORMATION.....	8
<b>2 GETTING STARTED</b> .....	<b>9</b>
<b>3 TESTING WITH THE PAYER</b> .....	<b>10</b>
<b>4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS</b> .....	<b>11</b>
<b>5 CONTACT INFORMATION</b> .....	<b>12</b>
5.1 EDI CUSTOMER SERVICE.....	12
5.2 EDI TECHNICAL ASSISTANCE.....	12
<b>6 CONTROL SEGMENTS/ENVELOPES</b> .....	<b>13</b>
6.1 ISA-IEA.....	13
6.2 GS-GE.....	14
6.3 ST-SE.....	14
<b>7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS</b> .....	<b>15</b>
<b>8 ACKNOWLEDGEMENTS AND/OR REPORTS</b> .....	<b>17</b>
<b>9 TRADING PARTNER AGREEMENTS</b> .....	<b>18</b>
9.1 TRADING PARTNERS.....	18
<b>10 TRANSACTION SPECIFIC INFORMATION</b> .....	<b>19</b>
<b>11 APPENDICES</b> .....	<b>21</b>
11.1 Implementation Checklist.....	21
11.2 Frequently Asked Questions.....	21
<b>12 Change Summary</b> .....	<b>22</b>

## 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 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.

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.
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**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/005010X186A1 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 the Medicaid Enterprise System (OMES) or the appropriate Managed Care Entity (MCE) for adjudication.

**1.3 REFERENCES**

In addition to the resources available on the ODM Trading Partner Website ([Trading Partners | Medicaid \(ohio.gov\)](#)), 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.gov>
- Answers to Frequently Asked Questions: [HIPAA, Administrative Simplification, and ACA FAQs | CMS](#)
- HHS Office for Civil Rights (Privacy): <http://www.hhs.gov/ocr/hipaa/>
- WEDI SNIP: Workgroup for EDI, Strategic National Implementation Process: <http://www.wedi.org>
- CMS website for NPI: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand>

### 1.3.3 ASC X12 Standards

- Washington Publishing Company: <http://www.wpc-edi.com/>
- 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: [Trading Partners | Medicaid \(ohio.gov\)](#).



## 2 GETTING STARTED

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

[Trading Partners | Medicaid \(ohio.gov\)](#).

### 3 TESTING WITH THE PAYER

Details related to testing are in the Trading Partner Information Guide, which can be found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

#### 4 **CONNECTIVITY WITH THE PAYER/COMMUNICATIONS**

Connectivity information is in the Trading Partner Information Guide, which can be found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

## 5 CONTACT INFORMATION

### 5.1 EDI CUSTOMER SERVICE

**Days Available:** Monday through Friday

**Time Zone:** Eastern Time (ET)

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

**Phone:** 800-686-1516, option 4.

**Email:** [omesedisupport@medicaid.ohio.gov](mailto:omesedisupport@medicaid.ohio.gov)

### 5.2 EDI TECHNICAL ASSISTANCE

**Days Available:** Monday through Friday

**Time Zone:** Eastern Time (ET)

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

**Phone:** 800-686-1516, option 4.

**Email:** [omesedisupport@medicaid.ohio.gov](mailto:omesedisupport@medicaid.ohio.gov)

## 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 0021920 0002937 0004202 0003150 0021919 0007316 0007610 0021914		MMISODJFS = Ohio Department of Medicaid 0021920 = AmeriHealth Caritas Ohio, Inc. 0002937 = Anthem Blue Cross Blue Shield 0004202 = Buckeye Community Health Plan 0003150 = CareSource 0021919 = Humana Health Plan of Ohio, Inc. 0007316 = Molina Healthcare of Ohio 0007610 = United Healthcare Community Plan of Ohio, Inc 0021914 = Aetna OhioRISE
C.4		ISA07	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA08	Interchange Receiver ID			7-digit Trading Partner ID assigned by ODM
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's 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			
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

The OMES 824 transaction is designed to provide the ability to report the result of an application system's data content edits of EDI X12 transaction sets. The 824 transaction set will be used to report OMES specific errors found in the data content of inbound EDI transactions. The following table details the edits that will be applied.

EDIT	Description of Edit	824 Error Codes	Error Description
Submitter ID Validation	Reject the transaction if the Trading Partner ID sent in the ISA06 does not match the 1000A NM109	<b>E001</b>	Missing/Invalid Submitter Identifier
Transaction Set Purpose Code BHT06	BHT02 should always be '00'	<b>E091</b>	Transaction successfully received but not processed as applicable business function not performed
Transaction Type Code BHT06	BHT06 - should ONLY be = CH for CLAIMS BHT06 - should ONLY be = RP for MCPs sending Encounter data BHT06 - should NEVER be = 31	<b>E058</b>	Missing or unauthorized transaction type code
Hierarchical Child Code HL04	HL04 in the 2000B should always be '0'	<b>E159</b>	Dependent/Member shall not be included in Policy Level
Individual Relationship Code SBR02	SBR 02 = 18 should always be included in the 2000B loop as the subscriber is always the patient for Medicaid	<b>E159</b>	Dependent/Member shall not be included in Policy Level
No 2000C (Dependent) Loop Permitted	Reject transactions which contain a 2000C loop as there are no dependents in Medicaid	<b>E087</b>	Situational prohibited loop is present
Subscriber Validation	Reject the claim if the subscriber ID is invalid/not known <i>Allow FI adjudication to verify eligibility.</i>	<b>E004</b>	Missing/Invalid Subscriber Identifier
NPI Luhn Check	Use the Luhn algorithm to ensure ALL NPIs are valid Any NPI in any Loop with NM108=XX	<b>E012</b>	Missing/Invalid Billing Provider Identifier
Billing Provider Validation	Reject the claim if the Billing Provider is invalid/not known <i>Allow FI adjudication to verify eligibility</i>	<b>E012</b>	Missing/Invalid Billing Provider Identifier
Rendering/Attending Provider	When sent, reject the claim if the Rendering (Attending for 837I) Provider is invalid / not known <i>Allow FI adjudication to verify eligibility</i>	<b>E014</b>	Missing/Invalid Rendering provider identifier

Billing Provider/Pay-to and Rendering Provider Affiliation Check	When there is a Rendering Provider on the claim, ensure that the Rendering Provider is affiliated to the Billing /Pay-to provider per ODM Business rules and policies	<b>E012</b>	Missing/Invalid Billing Provider Identifier
2010BB & REF02	If Loop 2010AA does NOT contain an NPI in the NM109, verify Loop 2010BB contains a valid / known 7 digit ODM provider ID in the REF02 with the 'G2' qualifier	<b>E012</b>	Missing/Invalid Billing Provider Identifier



## **8 ACKNOWLEDGEMENTS AND/OR REPORTS**

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

## **9 TRADING PARTNER AGREEMENTS**

### **9.1 TRADING PARTNERS**

These details can be found in the Trading Partner Information Guide which can be found at this link - [Trading Partners | Medicaid \(ohio.gov\)](#).

## 10 TRANSACTION SPECIFIC INFORMATION

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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
28		BGN	Beginning Segment			
29		BGN04	Transaction Set Creation Time			HH24MM
30	1000A	N1	Submitter Name			
30	1000A	N102	Submitter Name	OMES		
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.
66	2100	TED	Error or Informational Message Location			
68	2100	TED07	Copy of Bad Data Element			This is a copy of the data which caused the error
70	2100	RED	Error or Informational Message			
71	2100	RED01	Error Description			
76	2100	RED06	Insurance Business	E001, E004, E011, E012, E091		E001 = Missing/Invalid Submitter Identifier

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Process ApplicationError Code			<p>E004 = Missing/Invalid Subscriber Identifier</p> <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>

## 11 APPENDICES

This section contains one or more appendices.

### 11.1 Implementation Checklist

See Implementation Checklist found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

### 11.2 Frequently Asked Questions

See Trading Partner website: [Trading Partners | Medicaid \(ohio.gov\)](#).

## 12 Change Summary

This section describes the differences between the current Companion Guide and previous guide(s).

12/21/2021:

- Updated the revision number in the filename.
- Added EDI helpdesk email address to Section 5 Contact Information
- Added 0021914 = Aetna OhioRISE in ISA06
- Removed details from GS02
- Updated and added a table of SNIP 7 validation edits in Section 7

04/22/2022:

- Replaced DRAFT with OMES disclaimer
- Removed 0021457 Aetna Better Health of Ohio from ISA06 Sender ID
- Updated 824 Edit table in Section 7

09/30/2022

- Added “for Fee-For-Service” on the title/cover page

01/24/2023

- Updated EDI Support in Section 5, Contact Information.