Ohio | Department of Medicaid

HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides Based on ASC X12 version 005010

835 Health Care Claim Payment/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.

20230124 v7.0

Disclosure Statement

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 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.

EDITOR'S NOTE:
This page is blank because major sections of a book should begin on a right-hand page.

Table of Contents

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.

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/005010X221A1 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.

This Companion document contains the format and establishes the data contents of the 835 Health Care Claim Payment/Advice Transaction Set for use within the context of the Electronic Data Interchange (EDI) environment. This transaction set can be used to make a payment, send an Explanation of Benefits (EOB) Remittance Advice, or make a payment and send an EOB Remittance Advice at the same time. This Transaction can only be sent by a Payer/Health Insurer to a Health Care Provider either directly or through an authorized 3rd Party (Trading Partner).

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.hhs.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

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: 800-686-1516, option 4.
Email: 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		This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15. 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. 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'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
68		ST	Transaction Set Header			
68		ST02	Transaction Set Control Number			Identical to the value in SE02

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
228		SE	Transaction Set			

			Trailer			
228		SE01	Number of Included Segments			Total number of segments included in a transaction set including ST and SE segments
228		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 835 X12 transactions, Trading Partners must be certified by Ohio Medicaid and in active status. These details are documented in the Trading Partner Information Guide which can be found at this link - Trading Partners | Medicaid (ohio.gov).

7.1 Designation of 835 or 834-820 Trading Partner (ODM 06306)

This ODM 6306 Form is only required if the trading partner plans to receive the 835 remittance advice on behalf of their clients. A separate form for each bill-to/pay-to is required. The ODM 06306 form is CAQH CORE Phase III compliant.

Please read all instructions (ODM 06306). Forms that are not completed correctly will not be processed. https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-forproviders/billing/trading-partners/enrollment-testing/required-forms-andtechnical-letters

8 ACKNOWLEDGEMENTS AND/OR REPORTS

The 835 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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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
70		BPR01	Transaction Handling Code	H, I		H = Notification only I = Remittance Information only
72		BPR04	Payment Method Code	CHK, NON, ACH		CHK = Set to check when a payment is made. See TRN02 for method of payment in position 10. NON = Non-Payment Data ACH = Automated Clearing House
76		BPR16	Date			Payment Issue Date for this 835 Transaction.
77		TRN	Re-association Trace Number			
77		TRN02	Reference Identification			This is a combination of 2 fields: Remittance/Advice Number + Warrant Number. Position 10 = E for EFT and W for warrant.
78		TRN03	Payer Identifier			Federal Tax ID
82		REF	Receiver Identification			
82		REF02	Reference Identification			7-digit Trading Partner ID assigned by ODM
85		DTM	Production Date			Required when the cutoff date for the Adjudication system Remittance run is different from the date in GS04

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
86		DTM02	Production Date			
92	1000A	REF	Additional Payer Identification			
92	1000A	REF01	Reference Identification Qualifier	2U		
93	1000A	REF02	Additional Payer Identifier			
94	1000A	PER	Payer Business Contact Information			
95	1000A	PER02	Payer Contact Name	Provider Call Service Center		
95	1000A	PER03	Communication Number Qualifier	TE		Telephone
95	1000A	PER04	Payer Contact Communication Number	8006861516		
102	1000B	N1	Payee Identification			
103	1000B	N103	Identification Code Qualifier	XX, FI		XX = 'Typical' Providers NPI FI = 'Atypical' Provider's Social Security Number if Payee is an Individual
103	1000B	N104				
107	1000B	REF	Payee Additional Identification			
107	1000B	REF01	Reference Identification Qualifier	PQ		
108	1000B	REF02	Additional Payee Identifier			'Atypical' Provider ID assigned by ODM
112	2000	TS3	Provider Summary Information			
113	2000	TS302	Facility Type Code	11, 99		Place of service on all claims. If all claims for the provider in TS301 do not have the same value, a default value is used. 11 = Default value for professional and dental claims 99 = Default value for pharmaceutical claims and other instances where the place of service is not the same.
113	2000	TS303	Fiscal Period Date			This date will be December 31st of the current year based on the financial cycle date. Format - CCYYMMDD
123	2100	CLP	Claim Payment Information			
124	2100	CLP02	Claim Status Code	1, 2, 3, 4, 22		1 = Processed as Primary 2 = Processed as Secondary

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						3 = Processed as Tertiary 4 = Denied 22 = Reversal of Previous Payment
127	2100	CLP07	Payer Claim Control Number			Unique Claim Control Number assigned by FI for FFS or MCE
127	2100	CLP08	Facility Type Code			CLM05-1 value from the original 837.
127	2100	CLP09	Claim Frequency Code			CLM05-3 value from the original 837.
128	2100	CLP11	Diagnosis Related Group (DRG) Code			Only on Inpatient Institutional Claim – IF the claim was adjudicated using a DRG.
137	2100	NM1	Patient Name			
139	2100	NM108	Identification Code Qualifier	MI		Member Identification Number
139	2100	NM109	Patient Identifier			Member Medicaid ID assigned by ODM
146	2100	NM1	Service Provider Name			
148	2100	NM108	Identification Code Qualifier	XX, MC		
149	2100	NM109	Rendering Provider Identifier			
169	2100	REF	Other Claim Related Identification			
169	2100	REF01	Reference Identification Qualifier	1L, BB, EA, F8, G1, IG		1L = Group or Policy Number BB = Authorization number – that was not assigned prior to the service EA = Medical Record Identification Number F8 = Original Reference Number G1 = Prior Authorization Number – that was assigned prior to the service IG = Insurance Policy Number
171	2100	REF	Rendering Provider Identification			
171	2100	REF01	Reference Identification Qualifier	1D		
172	2100	REF02	Rendering Provider Secondary Identifier			'Atypical' Provider ID assigned by ODM
173	2100	DTM	Statement From or To Date			
174	2100	DTM01	Date Time Qualifier	232, 233		232 = Claim Statement Period Start - First Date of Service, IF no End Date was submitted 233 = Claim Statement Period End - Last Date of Service, IF no Start

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Date was submitted
182	2100	AMT	Claim Supplemental Information			
182	2100	AMT01	Amount Qualifier Code	AU, F5, I		AU = Amount of the claim allowed by Medicaid F5 = Amount reported on the claim as PL/SD amount, not necessarily the amount submitted as AMT01 = F5. For Institutional claims, it is submitted as F3. I = Interest
184	2100	QTY	Claim Supplemental Information Quantity			
184	2100	QTY01	Quantity Qualifier	CA, LA, NE, OU		CA = Number of Covered Days – Actual. LA = Life-time Reserve – Actual. Medicare hospital insurance includes extra hospital days to be used if the patient has a long illness and is required to stay in the hospital over a specified number of days; this is the actual number of days in reserve NE = Number of Non-covered Days - estimated OU = Outlier Days
204	2110	REF	Service Identification			
204	2110	REF01	Reference Identification Qualifier	1S		Ambulatory Patient Group (APG) Number
204	2110	REF02	Provider Identifier			Final EAPG Code
217		PLB	Provider Adjustment			
218		PLB01	Provider Identifier			
218		PLB02	Fiscal Period Date			December 31 of the current year
222		PLB03-2	Provider Adjustment Identifier			

11 APPENDICES

This section contains one or more appendices.

11.1 Implementation Checklist

See Trading Partner Implementation Checklist found here: Trading Partners | Medicaid (ohio.gov).

11.2 Frequently Asked Questions

See Trading Partner website found here: 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

04/22/2022:

- Replaced DRAFT with OMES disclaimer
- Removed all comments
- Removed 0021457 Aetna Better Health of Ohio from ISA06 Sender ID
- Created table and updated MCE Payer IDs in 1000A NM109 in Section 7

04/26/2022:

- Removed MCE Payer IDs table in Section 7

09/16/2022

- Updated/corrected comments in CLP11
- Loop 2110 REF02 clarifying comments added for Provider Identifier

09/30/2022

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

01/24/2023

- Updated EDI Support in Section 5, Contact Information.