TEXAS MEDICAID

HIPAA TRANSACTION STANDARD COMPANION GUIDE

Refers to the Implementation Guide

Long Term Care

837 Health Care Claim: Dental

Based on ASC X12 version 005010

CORE v5010 Companion Guide

TMHP
TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

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Table of Contents

Disclosure Statement

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guide and associated errata adopted under Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies the data content when exchanging electronically with Texas Medicaid. Transmissions based on this Companion Guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12N 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.

1 INTRODUCTION

1.1 Scope

Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial health care transactions. The purpose of the Administrative Simplification portion of HIPAA is to enable health information to be exchanged electronically and to adopt standards for those transactions.

Texas Medicaid defines a Trading Partner as any entity trading data with Texas Medicaid EDI. Trading partners include vendors, clearinghouses, Providers and billing agents.

The 5010 Technical Report Type 3 (TR3) dated May 2006 was used to create this Companion Guide for the 837 file format. All instructions in this document are written using information known at the time of publication and are subject to change.

1.2 Overview

This guide is intended as a resource to assist submitters in successfully conducting EDI 837 Health Care Claims: Dental transactions with Texas Medicaid. This document does not provide detailed data specifications, which are published separately by the industry committees responsible for their creation and maintenance.

The purpose of this document is to assist the provider with Texas Medicaid-particular data sets for information specified in the National Electronic Data Interchange Transaction Set Implementation Guide for the file type. The federal government has set standards to simplify Electronic Data Interchange (EDI). To comply with the standard, Texas Medicaid has updated the data sets for EDI files to be in accordance with HIPAA and is utilizing the ASC X12 nomenclatures.

The instructions in this companion guide are not intended to be stand-alone requirements documents and must be used in conjunction with the associated ANSI ASC X12N National Implementation Guide. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guide and is in conformance with ASC X12's Fair Use and Copyright statements.

1.3 References

The ANSI ASC X12N Implementation Guides are available for purchase at the Washington Publishing Company web site at:

https://x12.org/products/technical-reports

The Texas Medicaid EDI Connectivity Guide which contains instructions regarding connectivity options including CORE compliant Safe Harbor information, can be found on the EDI page of the Texas Medicaid website at:

https://www.tmhp.com/topics/edi

The Companion Guides, published by Texas Medicaid can be found on:

https://www.tmhp.com/topics/edi

1.4 Additional Information

1.4.1 Security and Privacy Statement

Covered entities were required to implement HIPAA Privacy Regulations no later than April 14, 2003. A covered entity is defined as a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction. Providers that conduct certain electronic transmissions are responsible for ensuring these privacy regulations are implemented in their business practices. Health and Human Services Commission (HHSC) is a HIPAA Covered Entity. Accordingly, Texas Medicaid is operating as a HIPAA Business Associate of HHSC as defined by the federally mandated rules of HIPAA. A Business Associate is defined as a person or organization that performs a function or activity on behalf of a covered entity but is not part of the covered entity's workforce.

The privacy regulation has three major purposes:

1. To protect and enhance the rights of consumers by providing them access to their health information and controlling the appropriate use of that information;
2. To improve the quality of health care in the United States by restoring trust in the health care system among consumers, health care professionals and the many organizations and individuals committed to the delivery of health care; and
3. To improve the efficiency and effectiveness of health care delivery by creating a national framework for health privacy and protection.

2 GETTING STARTED

2.1 Working with Texas Medicaid

This section describes how to interact with Texas Medicaid's Electronic Data Interchange (EDI) systems.

EDI Help Desk is available to assist trading partners in exchanging data with Texas Medicaid. Below are details on how to register and contact the department for assistance.

2.2 Trading Partner Registration

HHSC requires any entity exchanging electronic data with Texas Medicaid to be enrolled in the Texas Medicaid Program and approved for the submission of X12 transaction sets.

Texas Medicaid Enrollment Forms and instructions are available at:

https://www.tmhp.com/topics/provider-enrollment

Successful enrollment in Texas Medicaid is required before proceeding with EDI.

To get started with EDI transactions, the necessary forms and instructions are available at:

https://www.tmhp.com/resources/forms?field_topics_target_id=96

3 TESTING WITH TEXAS MEDICAID

Texas Medicaid provides a self-testing tool through Edifecs. Testing and Certification instructions, along with setup information can be found in Section 9.1 of the Texas Medicaid EDI Connectivity Guide found at:

https://www.tmhp.com/sites/default/files/file-library/edi/TMHP_EDI_Connectivity_Guide.pdf

4 CONNECTIVITY WITH THE TEXAS MEDICAID COMMUNICATIONS

4.1 Transmission Administrative Procedures

The Texas Medicaid EDI Connectivity Guide that contains specific instructions regarding connectivity options, can be found on the EDI page of the Texas Medicaid website at:

https://www.tmhp.com/sites/default/files/file-library/edi/TMHP_EDI_Connectivity_Guide.pdf

4.2 Communication protocol specifications

The Texas Medicaid EDI Connectivity Guide that contains specific instructions regarding connectivity options, along with CORE compliant Safe Harbor information, can be found on the EDI page of the Texas Medicaid website at:

https://www.tmhp.com/sites/default/files/file-library/edi/TMHP_EDI_Connectivity_Guide.pdf

4.3 Passwords

Texas Medicaid provides instruction on resetting of passwords in section 5.1 of the Texas Medicaid EDI Connectivity Guide found at:

https://www.tmhp.com/sites/default/files/file-library/edi/TMHP_EDI_Connectivity_Guide.pdf

5 CONTACT INFORMATION

5.1 Customer Service

5.1.1 Texas Medicaid EDI Help Desk

The EDI Help Desk provides technical assistance only by troubleshooting Texas Medicaid EDI issues. Contact your system administrator for assistance with network, hardware, or telephone line issues.

To reach the Texas Medicaid EDI Help Desk, select one of the following methods:

Fax 1-512-514-4230 or 1-512-514-4228

Call 1-888-863-3638, option 3 (or call 1-512-514-4150, option 3)

The Texas Medicaid EDI Help Desk is available Monday through Friday, 7 a.m. to 7 p.m. CST.

5.1.2 Applicable websites/e-mail

This section contains detailed information about useful web sites and email addresses.

Texas Medicaid EDI Technical Information, such as code references, vendor file specifications, and additional Companion Guides can be found at:

https://www.tmhp.com/topics/edi

The Texas Medicaid Provider Procedures Manual is found at:

https://www.tmhp.com/resources/provider-manuals

EDI Helpful Links:

Washington Publishing Company – The Washington Publishing Company site includes reference documents pertaining to HIPAA, such as: implementation guides, data conditions, and the data dictionary for X12N standards.

Workgroup for Electronic Data Interchange (WEDI) – This site provides implementation materials and information.

National Uniform Billing Committee (NUBC) – This site is the official source of UB-04 billing information.

Texas Department of State Health Services (DSHS)

Texas Health and Human Services Commission

6 CONTROL SEGMENTS/ENVELOPES

6.1 ISA-IEA

- Texas Medicaid does not support repetition of a simple data element or a composite data structure.
- Texas Medicaid will accept one ISA/IEA in each file and one GS/GE per ISA.
- Texas Medicaid uses "*" (asterisk) as the element separator, and "~" (tilde) as the segment separator.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
Control Segments						
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		
C.4		ISA03	Security Information Qualifier	00		
C.4		ISA05	Interchange ID	ZZ		

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
Control Segments						
			Qualifier			
C.5		ISA06	Interchange Sender ID			Provider Submitter ID
C.5		ISA07	Interchange ID Qualifier	ZZ		
C.5		ISA08	Interchange Receiver ID			Production = 617591011CMSP Testing = 617591011CMST
C.5		ISA11	Repetition Separator	| (pipe character)		
C.6		ISA14	Acknowledgment Requested	0 (zero)		
C.6		ISA15	Interchange Usage Indicator	P		ISA15=”P” for both Production and Test
C.6		ISA16	Component Element Separator	: (colon character)		

6.2 GS-GE

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
Control Segments						
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender’s Code			Provider Submitter ID
C.7		GS03	Application Receiver’s Code	617591011CMSP		This is Texas Medicaid’s Electronic Transmitter Group Identifier.

7 TEXAS MEDICAID SPECIFIC BUSINESS RULES AND LIMITATIONS

Texas Medicaid will accept up to 5000 transactions per batch. If a file is submitted with more than 5000 transactions the entire file will be rejected and not processed by Texas Medicaid.

X12 files with more than one GS-GE Functional Group will fail to process in the Texas Medicaid system.

The Texas Medicaid Provider Procedures Manual is the providers' principal source of information about Texas Medicaid. The most recent version is found at:

https://www.tmhp.com/resources/provider-manuals

8 ACKNOWLEDGEMENTS AND/OR REPORTS

Texas Medicaid provides HIPAA responses and acknowledgements that should be utilized by the Trading Partner for reconciliation purposes. Texas Medicaid does not provide proprietary reports as a standard part of the claims data process. Trading Partners should utilize the HIPAA responses provided for each transmission to reconcile claims.

The following responses will be received by the Trading Partner:

TA1 Transaction	Interchange Acknowledgement The TA1 will be sent if the submitter ID is not known or if the file received is structurally incorrect.
BID Document	Batch ID Report The BID file is sent as acknowledgement of file reception. This is not an indicator that the file was accepted; only received. This zero-byte file will provide the Texas Medicaid assigned batch ID within the file name. *This response will not be returned for files exchanged over the CORE Operating Rule "Safe Harbor" connection method.
999 Transaction	Implementation Acknowledgement This file provides high level transaction set response details for the 837 received. It does not contain transaction (claim) level responses.
277CA	Health Care Claim Acknowledgement The 277CA includes claim level acknowledgements including acceptance/rejection information. This file will not be sent if a negative 999 (rejection) or TA1 file has been returned.

9 TRADING PARTNER AGREEMENTS

This section contains general information concerning Trading Partner Agreements (TPA).

9.1 Trading Partner

An EDI Trading Partner is defined as any Texas Medicaid customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from, Texas Medicaid.

Submitters have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify, among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

Texas Medicaid Trading Partner Agreement will be found on this web page:

https://www.tmhp.com/resources/forms?field_topics_target_id=96

10 TRANSACTION SPECIFIC INFORMATION

This section uses a table to describe how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed. The tables contain a row for each segment where Texas 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 Texas Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe Texas Medicaid's usage for composite and simple data elements and for any other information.

This section is used to describe the required data values that will be used by Texas Medicaid for those who submit a dental claim.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
74	1000B	NM1	Receiver Name			
75	1000B	NM103	Name Last or Organization Name	Texas Medicaid		
75	1000B	NM109	Receiver Primary Identifier	617591011CMSP		
78	2000A	PRV	Billing Provider Specialty Information			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
78	2000A	PRV03	Provider Taxonomy Code			The Taxonomy code must be the Taxonomy code on file with Texas Medicaid.
82	2010AA	N1	Billing Provider Name			
85	2010AA	NM109	Billing Provider Identifier			National Provider ID (NPI) must be submitted unless the provider has an Atypical Provider Identifier (API) assigned which will be reported in Loop 2010BB.
114	2010BA	NM1	Subscriber Name			
116	2010BA	NM108	Identification Code Qualifier	MI		
124	2010BB	NM1	Payer Name			
125	2010BB	NM103	Payer Name	TDHS/TDMHMR		
125	2010BB	NM108	Identification Code Qualifier	PI		
125	2010BB	NM109	Payer Identifier	617591011CMSP		
131	2010BB	REF	Billing Provider Secondary Identification			
131	2010BB	REF01	Identification Code Qualifier	G2		If the provider has an API instead of an NPI, the API must be sent in the REF02.
169	2300	REF	Referral Number			
169	2300	REF02	Referral Number		8 Numeric	
179	2300	NTE	Claim Note			
179	2300	NTE01	Claim Note	ADD		

Page #	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
179	2300	NTE02	Claim Note		1-5 Alpha Numeric	To submit the Billing Provider Service Group Code, enter the appropriate Service Group value for the Billing Provider in Positions 24-28 (left justified). Refer to Long Term Care Reference Codes under the LTC and Acute Care Reference Codes dropdown on the TMHP.com website: https://www.tmhp.com/topics/edi
190	2310A	NM1	Referring Provider Name			If the Referral Number is not sent on the claim, loop 2310A is not required by Texas Medicaid.
191	2310A	NM101	Entity Identifier Code	DN		
191	2310A	NM102	Entity Type Qualifier	1		
191	2310A	NM103	Referring Provider Last Name	DADS – Default value if there is no Referring Provider and the Referral Number is sent.		
191	2310A	NM104	Referring Provider First Name	DADS– Default value if there is no Referring Provider and the Referral Number is sent.		If the Referring Provider loop is sent, the Referring Provider Name is mandatory for Texas Medicaid claims

Page #	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
						processing.
192	2310A	NM108	Identification Code Qualifier	XX– Default value if there is no Referring Provider and the Referral Number is sent.		
192	2310A	NM109	Referring Provider Identifier	1568578417– Default value if there is no		
				Referring Provider and the Referral Number is sent.		
197	2310B	NM1	Rendering Provider Name			
197	2310B	NM104	Rendering Provider First Name			If the Rendering Provider loop is sent the Rendering Provider Name is mandatory for Texas Medicaid claims processing.
198	2310B	NM109	Rendering Provider Primary Identifier			NPI must be submitted unless the provider has an API assigned which will be reported in Loop 2310B Rendering Provider Secondary Identification. Either the NPI or API are required for claims processing
199	2310B	PRV	Rendering Provider Specialty Information			
199	2310B	PRV03	Reference Identification	1223G0001X		

Page #	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
200	2310B	REF	Rendering Provider Secondary Identification			
201	2310B	REF01	Reference Identification	G2		If the provider has an API instead of an NPI, the API must be sent in the REF02.
282	2400	SV3	Dental Service			
286	2400	SV306	Quantity			Texas Medicaid can accept a maximum of 99,999.99 for the units count for claims processing.
316	2420A	NM1	Rendering Provider Name			
317	2420A	NM104	Rendering Provider First Name			If the Rendering Provider loop is sent the Rendering Provider name is mandatory for Texas Medicaid claims processing.
318	2420A	NM109	Rendering Provider Primary Identifier			NPI must be submitted unless the provider has an API assigned which will be reported in Loop 2420A Rendering Provider Secondary Identification. Either the NPI or API are required for claims processing.
319	2420A	PRV	Rendering Provider Specialty Information			
319	2420A	PRV03	Reference Identification	1223G0001X		
320	2420A	REF	Rendering Provider Secondary			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
			Identification			
321	2420A	REF01	Reference Identification			If the provider has an API instead of an NPI, the API must be sent in the REF02.

11 APPENDICES

11.1 Transmission Examples

The 837D transaction is designed to transmit one or more claims for each billing provider. The hierarchy of the looping structure is billing provider, subscriber, claim level, and claim service line level. Billing providers who sort claims using this hierarchy will use the 837D more efficiently because information that applies to all lower levels in the hierarchy will not have to be repeated within the transaction.

Texas Medicaid Note:

As an assumption for these file formats if the Subscriber is the same individual as the Patient, then the Patient Loop is not to be populated per HIPAA compliance. Information sent in the 2000C loop will be ignored by Texas Medicaid.

In the following example carriage return line feeds are inserted in place of ~ character for improved readability purposes.

```
ISA*00* *00*       *ZZ*111111111 *ZZ*617591011CMSP
*151209*1310*|*00501*111111111*0*P*:
GS*HC*111111111*617591011CMSP*20151209*1310*9*X*005010X224A2
ST*837*0001*005010X224A2
BHT*0019*00*1*20151209*1310*CH
NM1*41*2*ORGANIZATION NAME*****46*111111111
PER*IC*TMC*TE*9999999999
NM1*40*2*TEXAS MEDICAID*****46*617591011CMSP
HL*1**20*1
NM1*85*2*ORGANIZATION NAME*****XX*1111111111
N3*100 MAIN STREET
N4*TOWN*TX*123456789
REF*EI*111111111
HL*2*1*22*0
SBR*P*18*******MC
NM1*IL*1*LAST NAME*FIRST NAME****MI*111111111
N3*100 MAIN STREET
N4*TOWN*TX*12345
DMG*D8*19500211*F
NM1*PR*2*TEXAS MEDICAID*****PI*1111111
CLM*1111*251***99:B:1*Y*C*Y*Y
DTP*472*D8*20150720
REF*9F*11111111
NTE*ADD*YN0000000000000000          10
NM1*DN*1*LAST NAME*FIRST NAME****XX*1111111111
LX*1
SV3*AD:D9999::KX*251**00**251
DTP*472*D8*20150720
SE*26*0001
GE*1*9
IEA*1*111111111
```

11.2 Change Summary

The following is a log of changes made since the original version of the document was published.

	Change	Date
1	Example transaction updated.	07/10/2014
2	Added 2400 LX Service Line Texas Medicaid will accept up to 28 Service Lines per claim.	03/02/2015
3	Updated to CAQH CORE Operating Rules Phase IV Template.	10/01/2016
4	Pg. 16 - Added 2300 NTE Claim Note instructions for Billing Provider Service Group Code entry. Pg. 18 – Added Transmission X12 example of Group Code value '10' beginning in position 24. Removed yellow highlight from page 16 and 18.	02/01/2019
5	Updated information for loop 2310A Referring Provider requirements. Updated requirements for Rendering Provider information in loops 2310B and 2420A. Added default values for referring provider when there is no Referring Provider available.	05/15/2021
6	Updated http links to https links and updated formatting.	08/10/2023