



South Carolina Department of Health and Human Services

HIPAA Transaction
Standard Companion Guide

Refers to the Implementation Guides Based on X12 version 005010A1

Companion Guide Version Number: 2.4

January 2013

Disclosure Statement

This template is based on ACA Operating Rules Phase I mandate. 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.

2013 © Companion Guide copyright by South Carolina Department of Health and Human Services

Preface

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with South Carolina Department of Health and Human Services. Transmissions based on this companion guide, used in tandem with the X12N Implementation Guides, are compliant with both 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.

2013

© SCDHHS

All rights reserved. This document may be copied.

This page is intentionally left blank.

Table of Contents

Disclosure Statement 2

Preface 3

1. Introduction 7

 Scope..... 8

 Overview 8

 HIPAA Legislation 8

 Compliance according to HIPAA 8

 Compliance according to ASC X12 9

 References 9

2. Getting Started..... 9

 Working with SCDHHS 9

 Trading Partner Registration..... 9

 Providers 9

 Vendors/Clearinghouses..... 9

 Transition from Test to Production Status..... 11

3. Connectivity with the Payer/ Communications 12

 EDI Customer Service/Technical Assistance 12

 Provider Service Number 13

 Applicable Websites / Email 13

4. Control Segments / Envelopes..... 13

5. Payer Specific Business Rules and Limitations..... 13

 ISA and Case Requirements 13

 Delimiter Rules..... 14

6. Acknowledgments/Reports 14

7. Trading Partner Agreements..... 14

 Trading Partners..... 14

 Providers 15

 Vendors/Clearinghouses..... 15

 Completion of the S.C. Medicaid Trading Partner Agreement 15

8. Transaction Specific Information 16

Appendix 30

South Carolina Department Health and Human Services 270-271 Companion Guide

1. Frequently Asked Questions	30
2. Change Summary	30

1. Introduction

This section describes how X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The table contains a row for each segment that South Carolina Department of Health and Human Services (SCDHHS) 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 SCDHHS.

In addition to the row for each segment, one or more additional rows are used to describe SCDHHS usage for composite and simple data elements and for any other information. The following table is an example:

SHADED Rows represent “ segments ” in the X12N Implementation Guide.
NON-SHADED rows represent “ data elements ” in the X12N Implementation Guide.

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	ISA	Interchange Control Header		1	R	Loop Repeat	Values	Requirement Description
HDR	ISA01	Authorization Information Qualifier	ID	2-2	R		00, 03	
HDR	ISA03	Security Information Qualifier	ID	2-2	R		00, 01	
HDR	ISA05	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Use ‘ZZ’ – Mutually Defined

Scope

This 270/271 Companion Guide (CG) is to be used in addition to the X12 Implementation Guide, adopted for use under HIPAA.

This Companion Guides contains two types of data; instructions for electronic communications with SCDHHS (Communications/Connectivity Instructions) and supplemental information for creating transactions for SCDHHS while ensuring compliance with the associated ASC X12 IG (Transaction Instructions).

The Transaction Instruction component is included in the CG when SCDHHS 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.

Overview

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. 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 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry 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

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).

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 implementation guide.
- Modifying any requirement contained in the implementation guide.

References

The CORE v5010 Master Companion Guide Template has been adapted from the CAQH/WEDI Best Practices Companion Guide Template originally published January 1, 2003.

2. Getting Started

Working with SCDHHS

Should you intend to conduct electronic transactions with South Carolina Medicaid, you must first complete and return a Trading Partner Agreement (TPA) to South Carolina Medicaid Provider Outreach. The TPA delineates the responsibilities of both the provider and SCDHHS.

Once South Carolina Medicaid Provider Outreach staff receives your completed TPA, they will contact you to give instructions on how to proceed. Should you intend to create files and send them yourself; the S.C. Medicaid EDI Support Center staff will set up an electronic mailbox for you, assign you a user I.D. and password, and notify you that you may submit a transaction for testing. The testing process evaluates both the format of content of your transaction to ensure it is HIPAA compliant.

If you plan to use a clearinghouse to conduct your transactions, it will not be necessary to set up a mailbox for you, nor for you to test with S.C. Medicaid.

Trading Partner Registration

Providers

Trading Partner Agreement Enrollment Instructions for Providers can be found on the scdhhs.gov website or <http://www.scdhhs.gov/resource/hipaa-5010-project-status>

Vendors/Clearinghouses

Trading Partner Agreement Enrollment Instructions for Vendors and Clearinghouses can be found on the scdhhs.gov website: <http://www.scdhhs.gov/resource/hipaa-5010-project-status>

South Carolina Department Health and Human Services 270-271 Companion Guide

The Trading Partner Agreement Enrollment (TPA) form may be found online at:

<http://www.scdhhs.gov/resource/hipaa-5010-project-status>

Testing with the Payer

Becoming HIPAA compliant will require that most healthcare payers, clearinghouses and providers make significant changes to their existing Electronic Data Interchange (EDI) processes. Process change inevitably includes testing for results validation. This testing can be one of the most time consuming efforts in the development cycle. SC Medicaid expects the following approach will optimize test time and expedite our Trading Partners' transition from test to production status.

The following must be performed for each different transaction type that a Trading Partner is approved to submit to SC Medicaid.

The Trading Partner must complete testing for each of the transactions it will implement and shall not be allowed to exchange data with SCDHHS in production mode until testing is satisfactorily passed as determined by SCDHHS. Successful testing means the ability to successfully pass HIPAA compliance checking and to process PHI transmitted by Trading Partner to SCDHHS. SCDHHS will accept certification from any third-party testing and certification entity that has been identified by the Workgroup for Electronic Data Interchange, Strategic National Implementation Process (WEDI/SNIP) in lieu of a Trading Partner being tested by SCDHHS. Such certification must be at least level 4 as defined by WEDI.

Test Step	Description
Test Plan	The SC Medicaid EDI Support Center and the Trading Partner will agree to a predefined set of test data with expected results. The matrix will vary by transaction and Trading Partner. Also, we will develop a plan for test-to production transition that considers volume testing and transaction acceptance ratios.
Security	The SC Medicaid EDI Support Center will verify approved Trading Partners have a valid User ID and password.
Connectivity and Transmission Integrity	SC Medicaid Axiom translator-supported connectivity protocols are outlined in the "Understanding Access to SC Medicaid" section of this manual. This first level of testing is complete when the Trading Partner has successfully sent to and received from SC Medicaid Axiom translator a test file via one of the SC Medicaid Axiom translator-supported connectivity options. The SC Medicaid EDI Support Center suggests the Trading Partner limit transactions to small volume (one percent of estimated daily transactions) for this test phase.

South Carolina Department Health and Human Services 270-271 Companion Guide

Transaction Validation	The SC Medicaid EDI Support Center will verify that approved Trading Partners are submitting transactions allowed per our enrollment applications.
Data Integrity	<p>Data integrity is determined by X12 and HIPAA Implementation Guide (IG) Level 4 compliance edits performed by the SC Medicaid Axiom translator.</p> <p>The SC Medicaid EDI Support Center will ask a Trading Partner to first submit low volume files. When these are successfully processed, the SC Medicaid EDI Support Center will ask for larger volume files (five percent of estimated daily transactions).</p> <p>The SC Medicaid Axiom translator returns transmission acknowledgement and edit result response transactions from this process.</p> <p>The Trading Partner should correct transactions reported as errors and resubmit them.</p> <p>Data integrity testing is successfully completed when the Trading Partner’s data has no compliance errors; i.e., achieves 100% acceptance.</p>
Acknowledgement and Response Transactions	<p>Trading Partners must demonstrate the ability to receive acknowledgement and response transactions.</p> <p>The SC Medicaid Axiom translator expects Trading Partners will also implement balancing or reconciliation processes and report transmission discrepancies to us immediately.</p>
Results Analysis	SC Medicaid EDI Support Center and the Trading Partner will review acknowledgement and response transactions for consistency with the predefined expected results.

Transition from Test to Production Status

The Trading Partner must complete testing for each of the transactions it will implement and will not be allowed to exchange data with SC Medicaid in production mode until testing is satisfactorily passed. SC Medicaid will accept certification from any third-party testing and certification entity that has been identified by the Workgroup for Electronic Data Interchange, Strategic National Implementation Process (WEDI/SNIP) in lieu of a Trading Partner being tested by SC Medicaid. Such certification must be at least level 4 as defined by WEDI.

When the test results have been satisfied, the Trading Partner’s submission status will be changed from test to production. At this time, the Trading Partner can begin to send production transaction data to SC Medicaid.

3. Connectivity with the Payer/ Communications

EDI Gateway

McaidNET is the EDI gateway to SC Medicaid. Effective 03/01/2009, no new modem accounts will be created. Effective 07/01/2009, the modem server will no longer be available. The following are communication packages that will be supported:

- SecureFTP
- WS_FTP Pro v8.0 or higher

McaidNET is defaulted to send uncompressed files.

Note: McaidNET supports file transfers via secure File Transfer Protocol (FTP). Specifications on these options are included later in this manual.

SC Medicaid accepts the following ASC X12N Version 5010 (Errata) transactions, required with the implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA):

- Dental Claim: ASC X12N 837D 005010X224A2 - Health Care Claim: Dental
- Professional Claim: ASC X12N 837P 005010X222A - Health Care Claim: Professional
- Institutional Claim: ASC X12N 837I 005010X223A2 - Health Care Claim: Institutional
- Health Claim Status: ASC X12N 276/277 005010X212 - Health Care Claim Status Request
- Eligibility for a Health Plan: ASC X12N 270/271 005010X279A1 - Health Care Eligibility Benefit Inquiry
- Premium Payment: ASC X12N 820 005010X218A1
- Enrollment: ASC X12N 834 005010X220A1
- Claim Payment: ASC X12N 835 005010X221A1

The McaidNET platform is available 24 hours a day, seven days a week, with the exception of infrequent maintenance performed on Sundays.

If you have any questions regarding the McaidNET platform, please call the SC Medicaid EDI Support Center toll-free at 1-888-289-0709, Option 1 then Option 1.

Access the Communications Manual online: <http://www.scdhhs.gov/resource/hipaa-5010-project-status>

Contact Information

EDI Customer Service/Technical Assistance

The South Carolina Medicaid EDI Support Center can assist you with your questions about HIPAA-related transactions, code sets and related provider training opportunities.

Call 1-888-289-0709 or Email EDIG.OPS-MCAID@palmettogba.com

Provider Service Number

The South Carolina Provider Service department can assist you with your questions at 1-888-289-0709 or by submitting an inquiry at [Provider Inquiry](#).

Applicable Websites / Email

Provider Services: <http://www.scdhhs.gov/organizations>

Contact a Provider Service Representative: <http://www.scdhhs.gov/contact-us>

To ensure receipt and processing of claims for services, providers are reminded that all hardcopy Medicaid claims and corrected Edit Correction Forms (ECF) must be mailed to:

Medicaid Claims Receipt
Post Office Box 1412
Columbia, South Carolina 29202-1412

Updates to provider information should be mailed to:

Medicaid Provider Enrollment
Post Office Box 8809
Columbia, South Carolina 29202-8809

Updates and changes will continue to be posted to our website at www.scdhhs.gov as we continue to improve the services that we provide to both Medicaid providers and beneficiaries. Please continue to review your Medicaid Policy manual for additional policy changes and updates.

4. Control Segments / Envelopes

ASC X12 transaction envelopes (i.e., ISA, IEA, GS and GE segments) should be populated per instructions found in the South Carolina Communications Manual. Transactions returned by SC Medicaid to the Trading Partner will be enveloped consistent with the specifications described in Example 1B. ASC X12 transaction record formats are available as downloads from the Washington Publishing Company (WPC) Web site (<http://wpc-edi.com/>).

5. Payer Specific Business Rules and Limitations

ISA and Case Requirements

1. Trading Partners must envelope (ISA-IEA) different transactions separately.

2. SC Medicaid’s compliance edits reject the ISA-IEA content when any transaction within that ISAIEA is not 100% compliant.
3. SC Medicaid’s processes will perform a case conversion (to UPPERCASE) on all EDI data.

Delimiter Rules

1. The delimiters for the inbound X12 transaction sets will be:
CR/LF Carriage return and line feed for segment terminator (upon request the ~ Tilde can be used for those partners unable to process the CR/LF)
2. The delimiters set by SC Medicaid for the outbound X12 transaction sets will be:
CR/LF Carriage return and line feed for segment terminator (upon request the ~ Tilde can be used for those partners unable to process the CR/LF)

6. Acknowledgments/Reports

SCDHHS will send an Acknowledgment Medic Report- an HTML summary of the transaction via 999 and 997.

Sample of Medic Report

This report contains health care information and should be handled in accordance with appropriate security and privacy procedures. The report relies on potentially non-compliant structures and may contain errors or other erroneous output.

File Summary				
Sender ID:		Applicable information populates here.		
Receiver ID:				
File Name:				
File Path:				
Report Date / Time:				
Claim #	Provider ID	Sub Last	Amount	Status
Claims Total:				Applicable information populates here.
Claims Excluded:				
Claims Included:				
Value of Claims:				
Value of Claims Excluded:				
Value of Claims Included:				
InStream Detail Report (with EDI) for file (Options: Severity >= 3)		Claim File Number populates here.		
Errors will be listed here.				

7. Trading Partner Agreements

Trading Partners

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

Payers 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.

Providers

Trading Partner Agreement Enrollment Instructions for Providers can be found on the scdhhs.gov website or <http://www.scdhhs.gov/resource/hipaa-5010-project-status>

Vendors/Clearinghouses

Trading Partner Agreement Enrollment Instructions for Vendors and Clearinghouses can be found on the scdhhs.gov website: <http://www.scdhhs.gov/resource/hipaa-5010-project-status>

The Trading Partner Agreement Enrollment (TPA) form may be found online at: <http://www.scdhhs.gov/resource/hipaa-5010-project-status>

Completion of the S.C. Medicaid Trading Partner Agreement

Page 1

I.A.1., Name: Provider or organization name. The name must match the S.C. Medicaid Provider Number in I.A.2. For instance, if you have an organization name, you must provide a group ID; if you have an individual name, you must provide an individual ID. If you have both an individual and a group ID, you must complete two separate TPAs, one for each ID.

I.A.2., S.C. Medicaid Provider Number: The 6-digit provider ID. If you do not yet have a provider ID, you must contact South Carolina Medicaid Enrollment and apply for one before submitting a TPA to the EDI division. You may contact Enrollment at 803-788-7622, ext: 41650 to request an enrollment packet and to sign up for Electronic Funds Transfer.

I.A.4., Address: The provider's billing or street address.

I.A.5., Contact Name: The provider's enrollment officer, or anyone who can answer questions about the completed TPA.

I.A.6, 7, & 8, Contact Phone, E-mail and Fax: Please complete all information. If we cannot reach you by phone, we will try to contact you via e-mail and fax.

Page 5

Signing for EDI Partner: An original signature is required; stamps, copies, or faxes are not accepted. The signature must be either that of the provider or the

provider's authorized representative.

Page 6

Provider Name, Medicaid ID#, address, and phone: Must all be the same as the information provided on page 1.

NPI #: The National Provider ID for the provider ID listed. Do not leave this blank -we will not process the TPA without the NPI.

Name and Title: Must be the name and title of the person who signs pages 5 and 8.

The Provider will submit claim: If you would like a Web Tool ID, indicate the number of user IDs needed. Each person must have their own user ID.

Other company or software: If you are using a third party to submit your claims, list the name of your clearinghouse or software vendor. If you have your own S.C. Medicaid Submitter ID, you can list it here.

Page 8

Signature: Must be the same individual who signed page 5 and who was reflected under "Name and Title" section on page 6.

Appendix B

Sharing Your NPI: If the TPA is for an individual provider, please complete the Individual Provider section only. If the TPA is for a group ID, complete the Group section only. It is very important that the NPI that you provide is for the provider ID listed.

Note: the TPA will not be processed without the NPI information. Information for obtaining and NPI number is located on page 1 of the TPA.

Additional Information:

- [Trading Partner Agreement Enrollment Instructions for Providers](#)
- [Trading Partner Agreement Enrollment Instructions for Vendors and Clearinghouses](#)
- [Trading Partner Agreement 10/30/12](#)

8. Transaction Specific Information

This section describes how 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 SCDHHS 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

South Carolina Department Health and Human Services 270-271 Companion Guide

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 SCDHHS

270 005010X279A1 Health Care Benefit Eligibility Inquiry

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	ISA	INTERCHANGE CONTROL HEADER		1	R	Loop Repeat		Requirement Description
R	ISA01	Authorization Information Qualifier	ID	2-2	R		00, 03	Use Value '00'
HDR	ISA03	Security Information Qualifier	ID	2-2	R		00, 01	Use Value '00'
HDR	ISA05	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Use Value 'ZZ' – Mutually Defined
HDR	ISA06	Interchange Sender ID	AN	15-15	R			Use the SC Medicaid Assigned Submitter
HDR	ISA07	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Use Value 'ZZ' – Mutually Defined
HDR	ISA08	Interchange Receiver ID	AN	15-15	R			Use Value 'SCMEDICAID' –
HDR	ISA11	Repetition Separator	AN	1-1	R			Hardcode Caret ^
HDR	ISA14	Acknowledgement Requested	ID	1-1	R		0,1	<p>If your Trading Partner Agreement indicates that you will receive an Interchange.</p> <p>Acknowledgement (TA1). Use '1' for Interchange Acknowledgement Requested.</p> <p>If your Trading Partner Agreement does not indicate that you will receive an Interchange Acknowledgement (TA1).</p> <p>Use '0' for No Interchange Acknowledgement Requested.</p>
HDR	ISA15	Usage Indicator	ID	1-1	R		P, T	'Provider should use 'T' until testing of the Trading Partner is approved.
HDR	ISA16	Component Element Separator	AN	1-1	R			Default to :

South Carolina Department Health and Human Services 270-271 Companion Guide

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	GS	FUNCTIONAL GROUP HEADER		1	R	>1		
HDR	GS02	Application Sender's Code	AN	2-15	R			Use the SC Medicaid Assigned Submitter ID.
HDR	GS03	Application Receiver's Code	AN	2-15	R			Use Value 'SCMEDICAID'
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	BHT	BEGINNING OF HIERARCHICAL TRANSACTION		1	R			
HDR	BHT02	Transaction Set Purpose Code	ID	2-2	R		01,13	Only code value '13' allowed in SC Medicaid.
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100A	NM1	INFORMATION SOURCE NAME		1	R	1		
2100A	NM101	Entity Identifier Code	ID	2-3	R		2B, 36, GP, P5, PR	Use Value =PR' - Payer
2100A	NM102	Entity Type Qualifier	ID	1-1	R		1,2	Use Value =2'
2100A	NM108	Identification Code Qualifier	ID	1-2	R		24, 46, FI, NI, PI, XV, XX	Use Value =PI'
2100A	NM109	Information Source Primary Identifier	AN	2-80	R			Use Value =SCMEDICAID'
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100B	NM1	INFORMATION RECEIVER NAME		1	R	1		
2100B	NM101	Entity Identifier Code	ID	2-3	R		1P, 2B, 36, 80, FA, GP, P5, PR	Use Value =1P' - Provider
2100B	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	Value =2' – Non-Person Entity
2100B	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, FI, PI, PP, SV, XV, XX	Use value =XX' for the National Provider Identifier (NPI) provider (Typical must use XX and NPI in NM109), else use value =SV' Service

South Carolina Department Health and Human Services 270-271 Companion Guide

								Provider (Use for Atypical providers only) .
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100C	NM1	SUBSCRIBER NAME		1	R	1		
2100C	NM108	Identification Code Qualifier	ID	1-2	S		IL, MI	Use MI (Member Identification #). IL will be needed if there is a national ID created for use in 5010.
2100C	NM109	Subscriber Primary Identifier	AN	2-80	S			Enter the 10 Digit SC Member Identification Number .
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION		9	S			
2100C	REF01	Reference Identification Qualifier	ID	2-3	R		18, 1L, 1W, 3H, 6P, CT, EA, EJ, F6, GH, HJ, IG, N6, NQ, SY, Y4	Use value 'SY' -
2100C	REF02	Subscriber Supplemental Identifier	AN	1-50	R			Social Security Number. When this search is used Date of Birth, DMG segment must also be used.
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100C	DTP	SUBSCRIBER DATE		2	S			
2100C	DTP01	Date Time Qualifier	ID	3-3	R		102, 291	Use value 291 = Plan
2100C	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8, RD8	Use value 'D8'

South Carolina Department Health and Human Services 270-271 Companion Guide

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2110C	EQ	SUBSCRIBER ELIGIBILITY/BENEFIT INQUIRY INFORMATION		1	S	99		
2110C	EQ01	Service Type Code	ID	1-2	S		1, 2, 3, 4, 5, 6, 7, 8, 9,10, 11,12,13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 30, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, A0, A1, A2, A3, A4, A5, A6, A7, A8, A9, AA, AB, AC, AD, AE, AF, AG, AH, AI , AJ, AK, AL, AM, AN ,AO, AQ, AR, B1, B2, B3, BA,BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, C1, CA, CB,	SC Medicaid only supports Generic Requests. Use value=30' – Health Benefit Plan Coverage.

South Carolina Department Health and Human Services 270-271 Companion Guide

							CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, DG, DM, DS, GF, GN, GY, IC, MH,	
--	--	--	--	--	--	--	--	--

South Carolina Department Health and Human Services 270-271 Companion Guide

271 005010X279A1 Health Care Benefit Eligibility Response

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	ISA	INTERCHANGE CONTROL HEADER		1	R		Values	Requirement Description
HDR	ISA01	Authorization information Qualifier	ID	2-2	R		00, 03	Use Value '00'
HDR	ISA03	Security Information Qualifier	ID	2-2	R		00, 01	Value '00'
HDR	ISA05	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Value 'ZZ' – Mutually Defined
HDR	ISA06	Interchange Sender ID	AN	15-15	R			Value 'SCMEDICAID'
HDR	ISA07	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Value 'ZZ' – Mutually
HDR	ISA08	Interchange Receiver ID	AN	15-15	R			The SC Medicaid Assigned Submitter Value will be Returned.
HDR	ISA11	Repetition Separator	AN	1-1	R			Hardcode line
HDR	ISA14	Acknowledgement Requested	ID	1-1	R		0,1	<p>If your Trading Partner Agreement indicates that you will receive an Interchange Acknowledgement (TA1). Use '1' for Interchange Acknowledgement Requested.</p> <p>If your Trading Partner Agreement does not indicate that you will receive an Interchange Acknowledgement (TA1).</p> <p>Use '0' for No Interchange Acknowledgement Requested.</p>
HDR	ISA15	Usage Indicator	ID	1-1	R		P, T	'Provider should use

South Carolina Department Health and Human Services 270-271 Companion Guide

								'T' until testing of the Trading Partner is approved.
HDR	ISA16	Component Element Separator	AN	1-1	R			Default to colon :
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	GS	FUNCTIONAL GROUP HEADER		1	R			
HDR	GS02	Application Sender's Code	AN	2-15	R			Value 'SCMEDICAID' will be returned.
HDR	GS03	Application Receiver's Code	AN	2-15	R			The SC MEDICAID Submitter Code will be returned .
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	BHT	BEGINNING OF HIERARCHICAL TRANSACTION		1	R			
HDR	BHT02	Transaction Set Purpose Code	ID	2-2	R		06, 11	Use Value '11' - Response
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2000A	AAA	REQUEST VALIDATION		9	S			
2000A	AAA04	Follow-up Action Code	ID	1-1	R		C, N, P, R, S, Y	"C" is used.
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100A	NM1	INFORMATION SOURCE NAME		1	R	1		
2100A	NM101	Entity Identifier Code	ID	2-3	R		2B, 36, GP, P5, PR	Value will be 'PR' – Payer
2100A	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	Value will be '2' – Non-Person Entity
2100A	NM103	Information Source Name Last or Organization Name	AN	1-60	R			Value will be 'SCMEDICAID'. Same as in NM109. Increase max length from 35 to 60.
2100A	NM108	Identification Code Qualifier	ID	1-2	R		24, 46, FI, NI, PI, XV, XX	Value "PI" only
2100A	NM109	Information Source Primary Identifier	AN	2-80	R			Value will be 'SCMEDICAID'
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description

South Carolina Department Health and Human Services 270-271 Companion Guide

2100B	NM1	INFORMATION RECEIVER NAME		1	R	1		
2100B	NM101	Entity Identifier Code	ID	2-3	R		1P, 2B, 36, 80, FA, GP, P5, PR	Value will be '1P' - Provider
2100B	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, FI, PI, PP, SV, XV, XX	Will return value 'XX' for the National Provider Identifier (NPI) if submitted on the 270 or value 'SV' - Service Provider if submitted on the 270.
2100B	NM109	Information Receiver Identification Number	AN	2-80	R			Will return the National Provider Identifier (NPI) or the SC Medicaid Provider Number as submitted on the 270.
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100C	AAA	SUBSCRIBER REQUEST VALIDATION		9	S			
2100C	AAA03	Reject Reason Code	ID	2-2	R		15, 35, 42, 43, 45, 47, 48, 49, 51, 52, 56, 57, 58, 60, 61, 62, 63, 71, 72, 73, 74, 75, 76, 77, 78	56 - Inappropriate Date 57 - Invalid/Missing Date of Service 62 - Date of Service Not in Allowable Inquiry Period 63 - Data of Service in Future 75 - Subscriber/Insured not Found 76 - Duplicate Subscriber SSNs or Names found
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2000C	TRN	SUBSCRIBER TRACE NUMBER		3	S			
2000C	TRN01	Trace Type Code	ID	1-2	R		1, 2	Value will be '2' - Referenced Transaction Trace Number
Loop	Element	Description	ID	Min/Max	Usage	Loop	Values	Requirement

South Carolina Department Health and Human Services 270-271 Companion Guide

	Identifier					Repeat		Description
2100C	DTP	SUBSCRIBER DATE		9	R	2100C		
2100C	DTP01	Date Time Qualifier	ID	3-3	R		096, 102, 152, 291, 307, 318, 340, 341, 342, 343, 346, 347, 356, 357, 382, 435, 442, 458, 472, 539, 540, 636, 771	SC Medicaid will return value '435' – Anniversary Date
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100C	NM1	SUBSCRIBER NAME		1	R	1		
2100C	NM108	Identification Code Qualifier	ID	1-2	S		II, MI	Will return value 'MI' – Member Identification Number
2100C	NM109	Subscriber Primary Identifier	AN	2-80	S			Will return 10 digit SC Member Identification number
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION		9	S	2100C		
2100C	REF01	Reference Identification Qualifier	ID	2-3	R		18, 1L, 1W, 3H, 49, 6P, CT, EA, EJ, F6, GH, HJ, IF, IG, N6, NQ, Q4, SY, Y4	Currently returns REFs with following codes if received in 270: 18, 1L, 1W, 49, 6P, CT, EA, EJ, F6, GH, HJ, IG, N6, NQ and SY
Loop	Element	Description	ID	Min/Max	Usage	Loop	Values	Requirement

South Carolina Department Health and Human Services 270-271 Companion Guide

	Identifier					Repeat		Description
2110C	EB	SUBSCRIBER ELIGIBILITY/ BENEFIT INFORMATION		1	S	>1		
2110C	EB01	Eligibility or Benefit Information	ID	1-2	R		1, 2, 3, 4, 5, 6, 7, 8, A, B, C, CB, D, E, F, G, H, I, J, K, L, M, MC, N, O, P, Q, R, S, T, U, V, W, X, Y	Returns values '1', '6', 'D', 'J', 'L' and R depending on context
2110C	EB04	Insurance Type Code	ID	1-3	S		12, 13, 14, 15, 16, 41, 42, 43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, LC, LD, LI, LT, MA, MB, MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	Returns value 'HM', 'QM' or 'OT' depending on context
2110C	EB05	Plan Coverage Description	AN	1-50	S			Returns descriptions for PCAT, QMB, QCAT, RSP, Medicare and Policy Type based on the context, PCAT: payment category name RSP(Recipient Special Program) will use 4 character code, ie MCCM and

South Carolina Department Health and Human Services 270-271 Companion Guide

								further description in MSG segment, QCAT: qualifying category name QMB value when EB04 is QM
2110C	EB09	Quantity Qualifier	ID	2-2	S		8H, 99, CA, CE, DB, DY, HS, LA, LE, M2, MN, P6, QA, S7, S8, VS, YY	Returns 'VS' or 'P6' for Visits Counts depending on the context.
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2110C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION		9	S			
2110C	REF01	Reference Identification Qualifier	ID	2-3	R		18, 1L, 1W, 49, 6P, 9F, ALS, CLI, F6, FO, G1, IG, M7, N6, NQ	Returns the values 'F6' - Medicare 'IG' - Insurance Policy Number
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2110C	DTP	SUBSCRIBER ELIGIBILITY/ BENEFIT DATE		20	S			
2110C	DTP01	Date Time Qualifier	ID	3-3	R		096, 193, 194, 198, 290, 291, 292, 295, 304, 307, 318, 346, 348, 349, 356, 357, 435, 472, 636, 771	Returns '356' for eligibility begin date. Returns '357' for eligibility end date.
2110C	DTP02	Date Time Period	ID	2-3	R		D8,	Returns 'D8'

South Carolina Department Health and Human Services 270-271 Companion Guide

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
		Format Qualifier					RD8	
2110C	MSG	MESSAGE TEXT		10	S			
2110C	MSG01	Free-Form Message Text	AN	1-264	R			This segment will return the RSP description.
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2120C	NM1	SUBSCRIBER BENEFIT RELATED ENTITY NAME		1	S			
2120C	NM101	Entity Identifier Code	ID	2-3	R		13, 11, IP, 2B, 36, 73, FA, GP, GW, I3, IL, LR, OC, P3, P4, P5, PR, PRP, SEP, TTP, UN	“IL” Indicates MCHM or Managed Care Organization(MCO) “GW” indicates MCCM or Medical Home Network(MHN)
2120C	NM102	Entity Type Qualifier	ID	1	R		1, 2	Use “2”
2120C	NM103	Name Last or Organization Name	AN	1-60	S			Name of MCO or MHN
2120C	NM108	Identification Code Qualifier	ID	1-2	S			Use “SV”
2120C	NM109	Identification Code	AN	2-80	S			Provider ID
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2120C	N3	SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS		1	S			
2120C	N301	Address Information	AN	1-55	R			Used for MCO or MHN Address Line 1
2120C	N302	Address Information	AN	1-55	S			Used for MCO or MHN Address Line 2
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2120C	N4	SUBSCRIBER BENEFIT RELATED ENTITY CITY, STATE, ZIP		1	S			
2120C	N401	City	AN	1-30	R			Used for MCO or MHN

South Carolina Department Health and Human Services 270-271 Companion Guide

2120C	N402	State	AN	1-55	S			City Used for MCO or MHN State
2120C	N403	Postal Code	AN	3-15	S			Used for MCO or MHN Zip
Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2120C	PER	SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION		1	S			
2120C	PER01	Contact Function Code	ID	2-2	R			Used for MCO or MHN Value "IC"
2120C	PER03	Communication Number Qualifier	ID	2-2	S			Used for MCO or MHN Value "TE"
2120C	PER04	Communication Number	ID	1-256	S			Used for MCO or MHN Telephone Number

Appendix

1. Frequently Asked Questions

To be updated as questions come in.

2. Change Summary

Version	Issue Date	Modified By	Comments / Reason
1.0	05/02/2011	William Douglas	Original document 05/03 /2011
1.1	06/15/2011	William Douglas	Updates for ISA14
2.0	06/30/2011	William Douglas	Comments from Review and updates to ISA 16 should be a : and ISA11 should be ^
2.1	10/31/11	Tracie O'Donnell	Updated 1000B NM109 with "Use value 'SC Medicaid'."
2.2	01/20/2012	Charley Cosby	Updated info – Adjustment amounts should be reported at claim level in 2320 and 2430, line level adjustments are not used.
2.3	07/12/2012	Charley Cosby	Removed reference to 2430 not being used. Provider can now send COB info in 2430 loop and it will be used.
2.4	01/01/2013	Tracie O'Donnell	Updated with new Operating Rules format.