# 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: 1.16

August 2016

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## 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.

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# 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, and 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 Health Care Claim: Institutional 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 the South Carolina Medicaid Provider Service Center. The TPA delineates the responsibilities of both the provider and SCDHHS.

Once the South Carolina Medicaid Provider Service Center 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

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.

**Table 1. Payer Testing Table**

| 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.<br>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. |
| **Transaction Validation** | The SC Medicaid EDI Support Center will verify that approved Trading Partners are submitting transactions allowed per our enrollment applications. |
| **Data Integrity** | Data integrity is determined by X12 and HIPAA Implementation Guide (IG) Level 4 compliance edits performed by the SC Medicaid Axiom translator.<br>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).<br>The SC Medicaid Axiom translator returns transmission acknowledgement and edit result response transactions from this process.<br>The Trading Partner should correct transactions reported as errors and resubmit them.<br>Data integrity testing is successfully completed when the Trading Partner's data has no compliance errors; i.e., achieves 100% acceptance. |
| **Acknowledgement and Response Transactions** | Trading Partners must demonstrate the ability to receive acknowledgement and response transactions.<br>The SC Medicaid Axiom translator expects Trading Partners will also implement balancing or reconciliation processes and report transmission discrepancies to us immediately. |
| **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 Guide online:
http://www1.scdhhs.gov/openpublic/hipaa/webfiles/Communication%20Guide%205010%20OCT2011.pdf

**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 send Email to 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 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.

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:
Receiver ID:
File Name:
File Path:
Report Date / Time:

Appplicable information populates here.

Claim # Provider ID Sub Last Amount Status

Claims Total:
Claims Excluded:
Claims Included:
Value of Claims:
Value of Claims Excluded:
Value of Claims Included:

Applicable information populates here.

InStream Detail Report (with EDI) for file (Options: Severity >= 3) Claim File Number populates here.

Errors will be listed here.

Figure 1. Medic Report Sample

# 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 01/01/2013**

## 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
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, and composite or simple data element pertinent to trading electronically with SCDHHS

### Table 2. 837I 005010X223A2 Healthcare Claim Institutional Table

| Loop | Element Identifier | Description | ID | Min/Max | Usage | Loop Repeat | Values | Requirement Description |
|---|---|---|---|---|---|---|---|---|
| **HDR** | **ISA** | **INTERCHANGE CONTROL HEADER** | | **1** | **R** | **1** | | |
| HDR | ISA01 | Authorization Information Qualifier | ID | 2-2 | R | | 00, 03 | Use Value ‘ “OO” |
| HDR | ISA03 | Security Information Qualifier | ID | 2-2 | R | | 00, 01 | Use Value ‘ “OO” |
| 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 Number |
| 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 | If your Trading Partner Agreement indicates that you will receive an Interchange Acknowledgement (TA1). Use '1' for Interchange Acknowledgement Requested<br><br>If your Trading Partner Agreement does not indicate that you will receive an Interchange Acknowledgement (TA1).<br><br>Use '0' for No Interchange Acknowledgement Requested |

| 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 Code | AN | 2-15 | R | | | Use the SC Medicaid Assigned Submitter Number |

| Loop | Element Identifier | Description | ID | Min/Max | Usage | Loop Repeat | Values | Requirement Description |
|---|---|---|---|---|---|---|---|---|
| **2000B** | **SBR** | **SUBSCRIBER INFORMATION** | | **1** | **R** | | | |
| 2000B | SBR01 | Payer Responsibility Sequence Number Code | ID | 1-1 | R | | A, B, C, D, E, F, G, H, P, S, T, U | 'P' – Primary 'S' – Secondary 'T' – Tertiary (payer of last resort) |
| 2000B | SBR09 | Claim Filing Indicator Code | ID | 1-1 | R | | 11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ | Use Value 'MC' - Medicaid |

| Loop | Element Identifier | Description | ID | Min/Max | Usage | Loop Repeat | Values | Requirement Description |
|---|---|---|---|---|---|---|---|---|
| **2010AA** | **NM1** | **BILLING PROVIDER NAME** | | **1** | **R** | **1** | | |
| 2010AA | NM102 | Entity Type Qualifier | ID | 1-1 | R | | 1, 2 | Use Value '2' Non-Person Entity |
| 2010AA | NM109 | Identification Code Qualifier | AN | 2/80 | S | | | For billing/pay-to providers, the taxonomy is not required for this field because we use the bill type on the claim to get the provider type. |

| Loop | Element Identifier | Description | ID | Min/Max | Usage | Loop Repeat | Values | Requirement Description |
|---|---|---|---|---|---|---|---|---|
| **2010AA** | **N4** | **BILLING PROVIDER CITY/STATE/ZIP CODE** | | **1** | **R** | | | |
| 2010AA | N403 | Billing Provider City/State/Zip Code | ID | 3-15 | S | | | Submit Full 9 Digit Zip Code |

| Loop | Element Identifier | Description | ID | Min/Max | Usage | Loop Repeat | Values | Requirement Description |
|---|---|---|---|---|---|---|---|---|
| **2010BA** | **NM1** | **SUBSCRIBER NAME** | | **1** | **R** | **1** | | |
| 2010BA | NM108 | Entity Type Qualifier | ID | 1 | R | 1 | IL, MI | Use Value “MI” |
| 2010BA | NM109 | Subscriber Primary Identifier | AN | 2-80 | R | | 10 Digit SC Medicaid Identification Number | 10 Digit SC Medicaid Identification Number |

| Loop | Element Identifier | Description | ID | Min/Max | Usage | Loop Repeat | Values | Requirement Description |
|---|---|---|---|---|---|---|---|---|
| **2010BB** | **N4** | **PAYER CITY/STATE/ZIP CODE** | | **1** | **R** | | | |
| 2010BB | N401 | Payer City Name | | | | | | Use value ‘Columbia’ |
| 2010BB | N402 | Payer State Code | | | | | | Use value ‘SC” |
| 2010BB | N403 | Payer Postal Zone or ZIP Code | | | | | | Use value 29201 |
| **Loop** | **Element Identifier** | **Description** | **ID** | **Min/Max** | **Usage** | **Loop Repeat** | **Values** | **Requirement Description** |
| **2010BB** | **NM1** | **PAYER NAME** | | **1** | **R** | **1** | | |
| 2010BB | NM102 | Entity Type Qualifier | ID | | | | 2 | Use Value ‘2’ – Non-Person Entity |
| 2010BB | NM103 | Payer Name | AN | | | | | Use value ‘SC Medicaid’ |
| 2010BB | NM108 | Identification Code Qualifier | ID | 1-2 | R | | PI, XV | Use value ‘PI’ – Payer Identification. |
| 2010BB | NM109 | Payer Identifier | ID | | | | | Use value ‘SCXIX |
| **Loop** | **Element Identifier** | **Description** | **ID** | **Min/Max** | **Usage** | **Loop Repeat** | **Values** | **Requirement Description** |
| **2010BB** | **N3** | **PAYER ADDRESS** | | **1** | **R** | | | |
| 2010BB | N3 | Payer Address Line | | | | | | Use value ‘1801 Main Street’ |

| Loop | Element Identifier | Description | ID | Min/Max | Usage | Loop Repeat | Values | Requirement Description |
|---|---|---|---|---|---|---|---|---|
| **2300** | **CLM** | **CLAIM INFORMATION** | | **1** | **R** | **100** | | |
| 2300 | CLM01 | Patient Control Number | AN | 1-38 | R | | | Use a new, unique Patient Control Number, preceded or succeeded by a 'v', when submitting a voided encounter.<br><br>***When voiding an encounter claim the submitter MUST also:***<br>**1.** Enter a value of '8' in Loop 2300; Data Element- CLM05-3. *If a new claim will be submitted later for the voided claim, enter a value of '1' in Loop 2300; Data Element – CLM05-3 in the new claim transmission.*<br>**2.** Enter the original seventeen (17) byte encounter ID number you wish to void in Loop 2300; Data Element - REF02.<br>**3.** Enter a value of 'F8' in Loop 2300; Data Element- REF01. |
| 2300 | CLM02 | Total Claim Charge Amount | | | | | | SC Medicaid will not accept claims over 1 Million or greater |

| Loop | Element Identifier | Description | ID | Min/Max | Usage | Loop Repeat | Values | Requirement Description |
|---|---|---|---|---|---|---|---|---|
| **2300** | **DTP** | **DATE - STATEMENT DATES** | | **1** | **R** | | | |
| 2300 | DTP03 | Statement From and To Date | AN | 1-35 | R | | CCYYMMD DCCY YMMDD | Format is CCYYMMDD - CCYYMMDD |

| Loop | Element Identifier | Description | ID | Min/Max | Usage | Loop Repeat | Values | Requirement Description |
|---|---|---|---|---|---|---|---|---|
| **2300** | **CL1** | **Institutional Claim Code** | | 1 | **R** | | | |
| 2300 | CL101 | Admission Type Code | ID | 1 | S | | | Required when patient is being admitted for inpatient services. |
| 2300 | CL102 | Admission Source Code | ID | 1 | S | | | Required for all inpatient and outpatient services. |

| Loop | Element Identifier | Description | ID | Min/Max | Usage | Loop Repeat | Values | Requirement Description |
|---|---|---|---|---|---|---|---|---|
| **2300** | **CN1** | **CONTRACT INFORMATION** | | | | | | |
| 2300 | CN101 | Contract Type Code | ID | 2-2 | R | | 01, 02, 03, 04, 05, 06, 09 | PAT or OSS Nursing Home providers enter value ’09’ – Other. |

| Loop | Element Identifier | Description | ID | Min/Max | Usage | Loop Repeat | Values | Requirement Description |
|---|---|---|---|---|---|---|---|---|
| **2300** | **REF** | **PAYER CLAIM CONTROL NUMBER** | | **1** | **S** | | | |
| 2300 | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | Use F8 when voiding an encounter claim. |
| 2300 | REF02 | Payer Claim Control Number | AN | 1-50 | R | | | Enter the original seventeen (17) byte encounter ID number of the claim being voided. The 17th byte will be an ‘E’. For example, if your encounter ID sent in the original encounter (the value you had in 2300 CLM01) |

| | | | | | | | | was '123', then you would put '123 E' in 2300 REF02. Remember the field is 16 bytes followed by the 'E' that SCDHHS added on the end.<br><br>Note: When voiding a claim, the new, unique encounter ID, preceded or succeeded by a 'v', *must be* entered in Loop 2300; Data Element-CLM01. |
|---|---|---|---|---|---|---|---|---|
| **Loop** | **Element Identifier** | **Description** | **ID** | **Min/Max** | **Usage** | **Loop Repeat** | **Values** | **Requirement Description** |
| **2300** | **HI** | **CLAIM INFORMATION** | | | **R** | | | |
| 2300 | HI01 | Health Care Code Information | | | R | | | |
| 2300 | HI01-1 | Code List Qualifier Code | ID | 1-3 | R | | | |
| 2300 | HI01-2 | DRG Code | AN | 1-30 | R | | | |

| Loop | Element Identifier | Description | ID | Min/Max | Usage | Loop Repeat | Values | Requirement Description |
|---|---|---|---|---|---|---|---|---|
| **2310A** | **NM1** | **Attending Provider Name** | | | **S** | **1** | | |
| 2310A | NM109 | Identification Code | AN | 2-80 | | | | The entry is the National Provider Identifier (NPI). An entry in this field requires an associated taxonomy be entered in Loop 2310A; Element - PROV03.<br><br>**Important Notes:**<br>-The taxonomy will match back to a specific provider type based on the provider type/ taxonomy table.<br><br>-If SCDHHS does not have a legacy ID with that provider type on the provider roster, then a non-par entry ***must*** be provided with that provider type and NPI.<br><br>-If the attending provider does not match to a legacy ID/provider type, the attending provider legacy ID fields will be left blank on the flat file. |

| Loop | Element Identifier | Description | ID | Min/Max | Usage | Loop Repeat | Values | Requirement Description |
|---|---|---|---|---|---|---|---|---|
| **2400** | **LX** | **SERVICE LINE** | | **1** | **R** | **50** | | **MCO Institutional Encounter 2400 Loop limited to max 50** |

# Appendix

## 1. Frequently Asked Questions

**To be updated as questions come in.**

## 2. Change Summary

| Version | Issue Date | Modified By | Comments / Reason |
|---|---|---|---|
| .1 | 05/02/2011 | William Douglas | Original document 05/03 /2011 |
| .2 | 06/13/2011 | William Douglas | ISA14 update |
| .3 | 06/30/2011 | William Douglas | Comments from Review and updates to ISA 16 should be a : and ISA11 should be ^ |
| .4 | 01/01/2013 | Tracie O'Donnell | Updated with Operating Rules Template |
| .5 | 07/03/2013 | Peg Grilliot | Formatted document – Sent out for internal review |
| .6 | 07/11/2013 | Peg Grilliot | Updated document with review comments |
| .7 | 07/11/2013 | Peg Grilliot | Version update uploaded to SharePoint |
| .8 | 09/16/2013 | Peg Grilliot | Version update including "LX" segment |
| .9 | 12/17/2013 | Peg Grilliot | Updated the comment section for element ISA06 to be, "Use your six (6) digit SC Medicaid assigned MCO ID. (This MCO ID will begin with the letters, "HM")." Also added the Functional Header section to the document to include the update to the comment section for element GS02. |
| .10 | 12/18/2013 | Peg Grilliot | Retracted changes made on 12/17/13 per email from Jeff Helliges. The changes did not work as expected. |
| .11 | 12/11/2104 | Peg Grilliot | Added clarifying descriptions regarding the use of segment NM1 to the PRV segment in the comment sections of Segments 2310A NM109 and 2010AA NM109 per request from Jeff Helliges. |
| .12 | 2/3/2015 | Peg Grilliot | Added instructions for processing a voided 837P encounter claim (*See Section CLM01).* Instructions provided per 1/29/15 email request from Jeff Helliges. |
| .13 | 2/4/2015 | Peg Grilliot | Corrected updates from 2/3/15. Revised the documentation to instruct the user to insert the letter 'v' in the new Patient Control Number (new encounter ID) entered in Loop 2300; Data Element-CLM01. The 'v' should either precede or succeed the new Patient Control Number; it should NOT be added to the original encounter ID entered in Loop 2300; Data Element – REF02. |
| .14 | 02/19/15 | Hank Goff | Moved the Loop 2300 REF information below the Loop 2300 CN1 information in Table 3. 837I 005010X223A2 Healthcare Claim Institutional Table. Also in Table 4. 837I 005010X223A2 Healthcare Claim Institutional Table: added a comment, in the request description field, that instructs the user to enter a value of '1' in Loop 2300; Data Element – CLM05-3 when submitting a new claim. |
| .15 | 04/13/15 | Hank Goff | Updated the version number and month on page 1. On page 22, in Loop 2300 REF02 added the information in the requirement description column regarding adding the 'E' to the end of the encounter number. Listed an example. |
| .16 | 08/18/16 | Hank Goff | Updated the version number and month on page 1. Updated the month and year in the footer. Updated the year in the disclosure statement (page 2). Updated the year in the Preface (page 3). Updated Loop 2010BA, entity type qualifier information on page 20 (Changed the values to IL,MI; changed the requirement description to: Use value "MI". On page 22, added Loop 2300, CL1 information (Admission Type Code |

| Version | Issue Date | Modified By | Comments / Reason |
|---|---|---|---|
| | | | and Admission Source Code). |