Maryland Medicaid Companion Guide Transaction Information

Instructions related to the 837 Health Care Claim:
Professional Transaction based on ASC X12 Technical Report
Type 3 (TR3), version 005010A1

Companion Guide Version Number: v1.0
Dec.06, 2019
Preface

This Companion Guide (CG) adheres to the Technical Report Type 3 (TR3) adopted under Health Insurance Portability and Accountability Act (HIPAA). It is intended to clarify and provide specifications of the data content for electronic transactions with OMDBH.

This CG is intended to convey information that is within the framework of the TR3 adopted for use under HIPAA. It is not intended to convey information that in any way exceeds the Implementation Guide (IG) requirements or usage of data.
Transaction Instructions (TI)

1. TI Introduction

1.1. Background

1.1.1. Overview of HIPAA Legislation
The Health Insurance Portability and Accountability Act (HIPAA) of 1996 has provisions for administrative simplification and required 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 transaction primarily between health care providers and plans.

1.1.2. 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 used of a data element or segment in the 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 IG or are not in the IG.
- Change the meaning or intent of the IG.

1.1.3. 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.

1.2. Intended Use
This Companion Guide must be used in conjunction with its associated ASC X12 Implementation Guide. The instructions in this Companion Guide are not intended to be a stand-alone requirements document. This companion guide conforms to all the requirements of its associated ASC X12 Implementation Guide and is in conformance with ASC X12’s Fair Use and Copyright statements.
OMDBH 837P COMPANION GUIDE

2. Included ASC X12 Implementation Guide
The X12N Implementation Guide for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID | Name
---|---
005010X223A2 | Health Care Claim: Institutional (837)

3. General Information

3.1 File Restrictions
There are no file size restrictions. The standard restrictions per the Implementation Guides do apply. Please refer to TR3 Notes in the IGs.

3.2 Transactions
- 837s may be submitted 24 hours a day, 7 days a week.
- 999/277/835 can be obtained 24 hours a day, 7 days a week.

4. Getting Started

4.1 Individual Providers and Organizations Submitting Transactions Directly with OMDBH
If you are a current approved Maryland Medicaid Behavioral Health Provider and will be submitting directly to OMDBH for yourself or your organization, no action is needed on your part to get started with OMDBH. OMDBH will automatically establish your participation in the EDI program.

All transactions will be uploaded through iPC provider portal which is hosted by OMDBH. This is also where your 999/277/835s will be provided for you to download.

OMDBH will provide you with your Trading Partner ID via your administrators email contact established during Optum provider registration which enables access to the iPC provider portal (formally called Provider Connect). Your Trading Partner is also known as your Optum Provider ID.

4.2 Clearinghouses
If you are a clearinghouse or if you or your organization uses a clearinghouse to submit your 837s, the clearinghouse must route all files through Optum 360 which has the connectivity directly with the OMDBH systems.

5. Instruction Table
This table contains rows where instruction information is located. The order of table content follows the order of the implementation transaction set as presented in the aforementioned Implementation Guide.

<table>
<thead>
<tr>
<th>Loop</th>
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<th>DT</th>
<th>Comments</th>
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</table>

December 2019

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GROUP GS R Functional Group Header

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| GS02/ Fi142 R Application Sender's Code 2 15 AN TBD |
| GS03/ Fi124 R Application Receiver's Code 2 15 AN OMDBH |
| GS04/ Fi373 R Date 8 8 DT Format: CCYYMMDD; functional group creation date Create Date |
| GS05/ Fi337 R Time 4 8 TM Formats: HHMM (recommended), HHMMSS, HHMMSSDD, HHMMSSDD Create Time |
| GS06/ Fi28 R Group Control No. 1 9 N0 |

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| GS07/ F455 | R | Responsible Agency Code | 1 | 2 | ID | X |
| GS08/ F480 | R | Version/Release/Industry ID Code | 1 | 12 | AN | 005010X222A1 |

**Header**

| ST | R | Transaction Set Header |
| ST01/ F143 | R | Transaction Set ID Code | 3 | 3 | ID | Valid Value: 837 (Health Care Claim) |
| ST02/ F329 | R | Transaction Set Control Number | 4 | 9 | AN |
| ST03/ F1705 | R | Implementation Convention Reference | 1 | 35 | AN | 005010X222A1 |

**BHT**

| BHT01/ F1005 | R | Beginning of Hierarchical Transaction |
| BHT02/ F353 | R | Hierarchical Structure Code | 4 | 4 | ID | 19 |
| BHT03/ F373 | R | Transaction Set Purpose Code | 2 | 2 | ID | 00 |
| BHT04/ F373 | R | Reference Identification | 1 | 50 | AN |
| BHT05/ F337 | R | Date | 8 | 8 | DT |
| BHT06/ F640 | R | Time | 4 | 8 | TM |

**1000A**

**NM1**

| NM101/ F98 | R | Entity Identifier Code | 2 | 3 | ID | 41 |
| NM102/ F1065 | R | Entity Type Qualifier | 1 | 1 | ID | 2 |
| NM103/ F1035 | R | Name Last or Organization Name | 1 | 60 | AN | Submitter Last or Org Name |
| NM104/ F1036 | S | Submitter First Name | 1 | 35 | AN | Required if NM102 = 1 |
| NM105/ F1037 | S | Submitter Middle Name | 1 | 25 | AN |
| NM108/ F66 | R | Identification Code Qualifier | 1 | 2 | ID | 46 |
| NM109/ F67 | R | Identification Code | 2 | 80 | AN | OMDBH will supply this. It will be your Trading Partner ID. |

**PER**

| PER01/ F366 | R | Contact Function Code | 2 | 2 | ID |
| PER02/ F93 | R | Submitter Contact Name | 1 | 60 | AN |

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### OMDBH 837P COMPANION GUIDE

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SVD01 must = 2010BB NM109 value.

For compound drug, send the total NDC amount for the compound in all NDC lines that make up the compound.

Required when the Other Payer amount paid on the line ≠ the line item billed amount.

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6. Submission Response Transactions

6.1. ASC X12C/005010X231 Acknowledgement for Health Care Insurance (999)
Upon receipt of the 837 transaction, OMDBH will validate it for conformance to its related Implementation Guide. This check evaluates that the transaction is syntactically correct and that valid Submitter and Receiver IDs are present. A 999 will be returned for all 837 transaction sets (i.e. ST/SE). The 999 will indicate if the file was Accepted or Rejected.

6.2. ASC X12/005010X214 Health Care Claim Acknowledgment (277)
After your file has been accepted for processing, OMDBH will pre-process each claim prior to introduction into our claims adjudication process. The 277 will provide an acknowledgment of the validity and acceptability and will provide the status (accepted or not accepted for processing) for each submitted claim. It is highly recommended that all submitters utilize the 277 to reconcile their submissions.

6.3. ASC X12C/005010X221A1 Health Care Claim Payment/Advice (835)
Claims are processed throughout the week. Payments are made once per week. The 835s will be available by close of business on Friday each week.

6.4. Obtaining your transactions from OMDBH
There are 2 ways to obtain your 999/277/835s:

- If you are not using a clearinghouse, you may obtain your transactions by logging into iPC provider portal. (See section 4.1 of this Companion Guide)
- If you are a Clearinghouse with OMDBH you will receive your transactions. They will be pushed to you.