

# Health Care Claim: Institutional (837I)

ASC X12N 837 (005010X223A2)

## NE Medicaid 5010 Companion Guide

Department of Health & Human Services

**DHHS**

N E B R A S K A

**DIVISION OF MEDICAID AND LONG-TERM CARE**

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## Nebraska Medicaid Companion Guide Version 5.00

## Preface

This Companion Guide to the ASC X12N Technical Report Type 3 (TR3) adopted under HIPAA clarifies and specifies the data content when data is transmitted electronically to or from Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N TR3, are compliant with both X12N syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N TR3 adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the TR3.

All claims must be submitted in accordance with the regulations contained within the Nebraska Administrative Code (NAC) Title 471, Nebraska Medical Assistance Program and Title 482, Nebraska Managed Care Program.

## Introduction

This Companion Guide contains the format and establishes the data contents of the **Health Care Claim Transaction Set (837I)** for use within the context of an Electronic Data Interchange (EDI) environment.

Express permission to use ASC X12 copyrighted materials has been granted. The ASC X12 TR3 is available at <http://store.x12.org>

This Companion Guide governs electronic billing of institutional (hospital/home health/nursing facility) services on an ASC X12N 837 - Institutional (005010X223A2) transaction. Please refer to 471 NAC 3-001 for the specific services allowed to be billed using this transaction.

Note: Only segments used by NE Medicaid are included in this Companion Guide.

Data usage requirements for Nebraska Medicaid will be identified throughout the Companion Guide as **NE Medicaid Directives**.

Transactions containing information not ASC X12N compliant will be rejected and will not enter into the adjudication system. An ASC X12N 999 and TA1 will be used to convey the rejection and associated reason.

This Companion Guide can be found on the State of Nebraska Health and Human Services System Web site at <http://www.dhhs.ne.gov/med/medindex.htm>

Instructions on Trading Partner Enrollment and Testing requirements are also found on this Web site or by contacting the Medicaid EDI Help Desk at 1-866-498-4357 or 402-471-9461 (Lincoln Area) or via e-mail at [DHHS.MedicaidEDI@Nebraska.gov](mailto:DHHS.MedicaidEDI@Nebraska.gov).

## Providers Not Eligible for NPI (Atypical)

Nebraska Medicaid defines providers ineligible for an NPI as an atypical provider, such as: MHCP (Medically Handicapped Children's Program) clinics, MIPS (Medicaid in Public Schools), Personal Care Aides, Mental Health Personal Care Aides/Community Treatment Aides, Mental Health Home Health Care Aides and Non-Emergency Transportation providers and Community Support Workers.

## Revision History

For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section. Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

### **Revision 5.00**

**Release Date: December 21, 2015**

*Updated Loop 2400-PWK (LINE SUPPLEMENTAL INFORMATION) segment*

## 837I NE Medicaid 5010 Companion Guide

Loop-Segment Element	Name / Implementation Name	Nebraska Medicaid Directive
ISA	INTERCHANGE CONTROL HEADER	
ISA05	Interchange ID Qualifier	Use code identified on Trading Partner Profile
ISA06	Interchange Sender ID	This value cannot be "MMISNEBR". Use code identified on Trading Partner Profile
ISA08	Interchange Receiver ID	Use "MMISNEBR"
GS	FUNCTIONAL GROUP HEADER	
GS02	Application Sender's Code	This value cannot be "MMISNEBR". Use code identified on Trading Partner Profile
GS03	Application Receiver's Code	Use "MMISNEBR"
BHT	BEGINNING OF HIERARCHICAL TRANSACTION	
BHT06	Claim Identifier	NE Medicaid will only process "CH" and "RP".
1000A-NM1	SUBMITTER NAME	
NM109	Submitter Identifier	Use the four-digit NE Medicaid assigned Submitter ID.
1000B-NM1	RECEIVER NAME	
NM103	Receiver Name	Use "State of Nebraska"
NM109	Receiver Primary Identifier	Use "NEMEDICAID"
2000B-SBR	SUBSCRIBER INFORMATION	
SBR09	Claim Filing Indicator Code	NE Medicaid will only process "MC".
2010BA-NM1	SUBSCRIBER NAME	
NM109	Identification Code	Use the 11-digit NE Medicaid assigned Recipient ID number.
2010BB-NM1	PAYER NAME	
NM103	Payer Name	Use "Nebraska Medicaid"
NM109	Payer Identifier	Use "NEMEDICAID"
2010BB-REF	BILLING PROVIDER SECONDARY IDENTIFICATION	
REF01	Reference Identification Qualifier	NE Medicaid will only process "G2".

Loop-Segment Element	Name / Implementation Name	Nebraska Medicaid Directive
REF02	Billing Provider Secondary Identifier	The 11-digit NE Medicaid assigned Provider ID may be used when the provider is considered atypical and is not eligible to receive an NPI.
2300-CLM	CLAIM INFORMATION	
CLM05-3	Claim Frequency Code	NE Medicaid will only process "1", "2", "3", "4", "5", "6", "7" and "8".
2300-CL1	INSTITUTIONAL CLAIM CODE	
CL103	Patient Status Code	NE Medicaid requires a patient status code of 30 on interim billings.
2300-PWK	CLAIM SUPPLEMENTAL INFORMATION	
PWK02	Attachment Transmission Code	The fax number to use is 402-471-8703.
		This number must be unique for each claim and must be in the following format:  For Health Care Providers – The NPI number of the Billing provider plus not more than a 9-digit unique number.  For Atypical Providers- The 11-digit NE Medicaid Provider ID of the Billing provider plus not more than a 9-digit unique number.
PWK06	Attachment Control Number	This number must also be on each page/part of the attachment when it is mailed or faxed.
2300-REF	PAYER CLAIM CONTROL NUMBER	
REF02	Payer Claim Control Number	Use NE Medicaid's assigned claim number.
2400-SV2	INSTITUTIONAL SERVICE LINE	
		NE Medicaid Nursing Facility Claims require: <ul style="list-style-type: none"> <li>▪ Revenue codes 0100 through 0179 to report nursing facility days.</li> <li>▪ Revenue code 0183 to report nursing facility therapeutic leave days</li> <li>▪ Revenue code 0185 to report nursing facility hospital leave days</li> <li>▪ Revenue code 0180 to report non-billable days</li> <li>▪ Leave days are not to be reported on Assisted Living claims or Swing Bed Claims</li> </ul> NE Medicaid Residential Treatment Center Claims require: <ul style="list-style-type: none"> <li>▪ Revenue code 0183 to report therapeutic leave days along with the applicable procedure code for the service provided.</li> </ul>
SV201	Service Line Revenue Code	
SV202-1	Product or Service ID Qualifier	NE Medicaid will only process "HC".
2400-PWK	LINE SUPPLEMENTAL INFORMATION	

Loop-Segment Element	Name / Implementation Name	Nebraska Medicaid Directive
PWK01	Report Type Code	<p><u>For reporting transactions, if HCPCS/NDC submitted units are greater than the maximum limits, use 04 (drug identification).</u></p> <p><u>For reporting transactions, if NDC submitted units are less than the minimum limits, use 04 (drug identification).</u></p> <p><u>For reporting transactions, if NDC submitted is obsolete for the date of service, use 04 (drug identification).</u></p>
PWK02	Attachment Transmission Code	The fax number to use is 402-471-8703.
PWK06	Attachment Control Number	<p><u>For chargeable and reporting transactions, this number must be the same attachment control number as submitted in the claim level PWK segment (2300 loop).</u></p> <p><u>For reporting transactions, if HCPCS/NDC submitted units are greater than the maximum limits, use DRUGOVERLIMIT. This must be present with PWK01 as 04 (drug identification).</u></p> <p><u>For reporting transactions, if NDC submitted units are less than the minimum limits, use DRUGUNDERLIMIT. This must be present with PWK01 as 04 (drug identification).</u></p> <p><u>For reporting transactions, if NDC submitted has been obsolete for more than one year (as per State of Nebraska), use DRUGNOTOBSOLETE. This must be present with PWK01 as 04 (drug identification).</u></p>
2410-LIN	DRUG IDENTIFICATION	
LIN03	National Drug Code	Omit hyphens when submitting the 11-digit NDC
2430-SVD	LINE ADJUDICATION INFORMATION	
SVD03-1	Product or Service ID Qualifier	NE Medicaid will only process "HC".