Health Care Claim: Institutional (837I)

ASC X12N 837 (005010X223A2)

NE Medicaid 5010 Companion Guide

Department of Health & Human Services

DIVISION OF MEDICAID AND LONG-TERM CARE

Publication Date: 01/20/2016
Effective Date: 12/21/2015

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.

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

<table>
<thead>
<tr>
<th>Loop-Segment Element</th>
<th>Name / Implementation Name</th>
<th>Nebraska Medicaid Directive</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISA</td>
<td>INTERCHANGE CONTROL HEADER</td>
<td></td>
</tr>
<tr>
<td>ISA05</td>
<td>Interchange ID Qualifier</td>
<td>Use code identified on Trading Partner Profile</td>
</tr>
<tr>
<td>ISA06</td>
<td>Interchange Sender ID</td>
<td>This value cannot be &quot;MMISNEBR&quot;. Use code identified on Trading Partner Profile</td>
</tr>
<tr>
<td>ISA08</td>
<td>Interchange Receiver ID</td>
<td>Use &quot;MMISNEBR&quot;</td>
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<tr>
<td>GS</td>
<td>FUNCTIONAL GROUP HEADER</td>
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</tr>
<tr>
<td>GS02</td>
<td>Application Sender's Code</td>
<td>This value cannot be &quot;MMISNEBR&quot;. Use code identified on Trading Partner Profile</td>
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<td>GS03</td>
<td>Application Receiver's Code</td>
<td>Use &quot;MMISNEBR&quot;</td>
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<tr>
<td>BHT</td>
<td>BEGINNING OF HIERARCHICAL TRANSACTION</td>
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</tr>
<tr>
<td>BHT06</td>
<td>Claim Identifier</td>
<td>NE Medicaid will only process “CH” and “RP”.</td>
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<tr>
<td>1000A-NM1</td>
<td>SUBMITTER NAME</td>
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<td>NM109</td>
<td>Submitter Identifier</td>
<td>Use the four-digit NE Medicaid assigned Submitter ID.</td>
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<tr>
<td>1000B-NM1</td>
<td>RECEIVER NAME</td>
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</tr>
<tr>
<td>NM103</td>
<td>Receiver Name</td>
<td>Use &quot;State of Nebraska&quot;</td>
</tr>
<tr>
<td>NM109</td>
<td>Receiver Primary Identifier</td>
<td>Use &quot;NEMEDICAID&quot;</td>
</tr>
<tr>
<td>2000B-SBR</td>
<td>SUBSCRIBER INFORMATION</td>
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<tr>
<td>SBR09</td>
<td>Claim Filing Indicator Code</td>
<td>NE Medicaid will only process “MC”.</td>
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<tr>
<td>2010BA-NM1</td>
<td>SUBSCRIBER NAME</td>
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<tr>
<td>NM109</td>
<td>Identification Code</td>
<td>Use the 11-digit NE Medicaid assigned Recipient ID number.</td>
</tr>
<tr>
<td>2010BB-NM1</td>
<td>PAYER NAME</td>
<td></td>
</tr>
<tr>
<td>NM103</td>
<td>Payer Name</td>
<td>Use &quot;Nebraska Medicaid&quot;</td>
</tr>
<tr>
<td>NM109</td>
<td>Payer Identifier</td>
<td>Use &quot;NEMEDICAID&quot;</td>
</tr>
<tr>
<td>2010BB-REF</td>
<td>BILLING PROVIDER SECONDARY IDENTIFICATION</td>
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<tr>
<td>REF01</td>
<td>Reference Identification Qualifier</td>
<td>NE Medicaid will only process “G2”.</td>
</tr>
<tr>
<td>Loop-Segment Element</td>
<td>Name / Implementation Name</td>
<td>Nebraska Medicaid Directive</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>REF02</td>
<td>Billing Provider Secondary Identifier</td>
<td>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.</td>
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<tr>
<td>2300-CLM</td>
<td>CLAIM INFORMATION</td>
<td></td>
</tr>
<tr>
<td>CLM05-3</td>
<td>Claim Frequency Code</td>
<td>NE Medicaid will only process “1”, “2”, “3”, “4”, “5”, “6”, “7” and “8”.</td>
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<tr>
<td>2300-CL1</td>
<td>INSTITUTIONAL CLAIM CODE</td>
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<td>CL103</td>
<td>Patient Status Code</td>
<td>NE Medicaid requires a patient status code of 30 on interim billings.</td>
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<tr>
<td>2300-PWK</td>
<td>CLAIM SUPPLEMENTAL INFORMATION</td>
<td></td>
</tr>
<tr>
<td>PWK02</td>
<td>Attachment Transmission Code</td>
<td>The fax number to use is 402-471-8703.</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>PWK06</td>
<td>Attachment Control Number</td>
<td>This number must be unique for each claim and must be in the following format:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For Health Care Providers – The NPI number of the Billing provider plus not more than a 9-digit unique number.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For Atypical Providers- The 11-digit NE Medicaid Provider ID of the Billing provider plus not more than a 9-digit unique number.</td>
</tr>
<tr>
<td>2300-REF</td>
<td>PAYER CLAIM CONTROL NUMBER</td>
<td>This number must also be on each page/part of the attachment when it is mailed or faxed.</td>
</tr>
<tr>
<td>REF02</td>
<td>Payer Claim Control Number</td>
<td>Use NE Medicaid’s assigned claim number.</td>
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<tr>
<td>2400-SV2</td>
<td>INSTITUTIONAL SERVICE LINE</td>
<td>NE Medicaid Nursing Facility Claims require:</td>
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<tr>
<td></td>
<td></td>
<td>- Revenue codes 0100 through 0179 to report nursing facility days.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Revenue code 0183 to report nursing facility therapeutic leave days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Revenue code 0185 to report nursing facility hospital leave days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Revenue code 0180 to report non-billable days</td>
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<tr>
<td></td>
<td></td>
<td>- Leave days are not to be reported on Assisted Living claims or Swing Bed Claims</td>
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<tr>
<td>SV201</td>
<td>Service Line Revenue Code</td>
<td>NE Medicaid Residential Treatment Center Claims require:</td>
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<td></td>
<td></td>
<td>- Revenue code 0183 to report therapeutic leave days along with the applicable procedure code for the service provided.</td>
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<tr>
<td>SV202-1</td>
<td>Product or Service ID Qualifier</td>
<td>NE Medicaid will only process “HC”.</td>
</tr>
<tr>
<td>2400-PWK</td>
<td>LINE SUPPLEMENTAL INFORMATION</td>
<td></td>
</tr>
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<td>Loop-Segment Element</td>
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<td>----------------------</td>
<td>-----------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>PWK01</td>
<td>Report Type Code</td>
<td>For reporting transactions, if HCPCS/NDC submitted units are greater than the maximum limits, use 04 (drug identification).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For reporting transactions, if NDC submitted units are less than the minimum limits, use 04 (drug identification).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For reporting transactions, if NDC submitted is obsolete for the date of service, use 04 (drug identification).</td>
</tr>
<tr>
<td>PWK02</td>
<td>Attachment Transmission Code</td>
<td>The fax number to use is 402-471-8703.</td>
</tr>
<tr>
<td>PWK06</td>
<td>Attachment Control Number</td>
<td>For chargeable and reporting transactions, this number must be the same attachment control number as submitted in the claim level PWK segment (2300 loop).</td>
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<tr>
<td></td>
<td></td>
<td>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).</td>
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<td>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).</td>
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<td>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).</td>
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<td>2410-LIN</td>
<td>DRUG IDENTIFICATION</td>
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<td>LIN03</td>
<td>National Drug Code</td>
<td>Omit hyphens when submitting the 11-digit NDC</td>
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<td>2430-SVD</td>
<td>LINE ADJUDICATION INFORMATION</td>
<td></td>
</tr>
<tr>
<td>SVD03-1</td>
<td>Product or Service ID Qualifier</td>
<td>NE Medicaid will only process “HC”.</td>
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