

# Health Care Claim Payment/Advice (835)

ASC X12 835 (005010X221A1)

## NE Medicaid 5010 Companion Guide

Department of Health & Human Services

# DHHS

N E B R A S K A

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DIVISION OF MEDICAID AND LONG-TERM CARE

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## Nebraska Medicaid Companion Guide Version 3.00

## **Disclosure Statement**

This Companion Guide is to be used with, and not as a replacement for, the Accredited Standards Committee (ASC) X12N 5010 version of the HIPAA Transaction Technical Report Type 3 (TR3).

The TR3's for each transaction are available electronically from ASC X12 at <http://store.x12.org>.

This Companion Guide is considered a living document, and as such, the information provided herein will be subject to change. A copy of the document and any changes to the document will be posted via the NE Medicaid website located at: <https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx>

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**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 transactions 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.

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## 1 INTRODUCTION

### 1.1 SCOPE

This Companion Guide contains the format and establishes the data content of the **Health Care Claim Payment/Advice (835)** HIPAA X12 transaction.

### 1.2 OVERVIEW

This Companion Guide governs the **Health Care Claim Payment/Advice (835)** HIPAA X12 transaction (ASC X12N 835 (005010X221A1)).

### 1.3 REFERENCES

- ASC X12 Version 5010X221A1 Implementation Guides:  
<http://store.x12.org/store/>
- **CAQH/CORE:** <https://www.caqh.org/>
- NE Medicaid Program Electronic Data Interchange (EDI) Home Page:  
<https://dhhs.ne.gov/Pages/Medicaid-Provider-Electronic-Data-Interchange.aspx>
- NE Medicaid EDI Help Desk 866-498-4357 or 402-471-9461 (in Lincoln) or via email at [DHHS.MedicaidEDI@nebraska.gov](mailto:DHHS.MedicaidEDI@nebraska.gov).

### 1.4 ADDITIONAL INFORMATION

Nebraska Medicaid currently supports the batch 835 transaction retrieval through both SFTP and HTTP/S. All claims (paper and electronic) will be reported on the 835 if a provider/submitter chooses to receive the 835.

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.

## 2 GETTING STARTED

### 2.1 WORKING WITH NEBRASKA MEDICAID

Trading Partners interested in retrieving the batch 835 transaction through HTTP/S or SFTP should contact the NE Medicaid EDI help desk at 866-498-4357 or 402-471-9461 (in Lincoln) or via email at:  
[DHHS.MedicaidEDI@nebraska.gov](mailto:DHHS.MedicaidEDI@nebraska.gov)

## 2.2 TRADING PARTNER ENROLLMENT

Trading Partners are required to enroll with NE Medicaid in order to receive V5010 X12 835. Required forms for testing/production submission are:

- i. [Nebraska Medicaid Trading Partner Agreement](#)
- ii. [Nebraska Medicaid Trading Partner Profile](#)
- iii. [Nebraska Medicaid ERA/835 Trading Partner Authorization](#)
- iv. [Nebraska Medicaid Trading Partner ERA/835 Authorization MS-86 Instructions](#)

Forms required to initiate the enrollment process can be found on the NE Medicaid EDI web page at:  
<https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Partner-Enrollment.aspx>.

## 2.3 TESTING OVERVIEW

After all required forms are submitted and accepted by Nebraska Medicaid, you may begin to request the 835 transaction through HTTP/S or [SFTP. NE](#) Medicaid will not require any 835 Transaction testing.

## 3 TESTING WITH NEBRASKA MEDICAID

NE Medicaid does not require testing of the 835 transaction. Coordination for the testing of HTTP/S connectivity for this transaction will be available upon request by contacting the EDI Help Desk at 866-498-4357 or 402-471-9461 (in Lincoln) or via email at [DHHS.MedicaidEDI@nebraska.gov](mailto:DHHS.MedicaidEDI@nebraska.gov).

## 4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Nebraska Medicaid currently supports the batch 835 transaction through HTTP/S and SFTP.

### 4.1 PROCESS FLOWS

**SFTP:** Please refer to the [SFTP Nebraska Medicaid Submissions Guide](#). This can be found on the EDI Submissions Requirements (5010) web page at:  
<https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx>

**HTTP/S:** Please refer to the [HTTP/S Nebraska Medicaid Submission Guide](#). This can be found on the EDI Submissions Requirements (5010) web page at:  
<https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx>

## 4.2 TRANSMISSION ADMINISTRATIVE PROCEDURES

The 835 Transaction will be delivered to the Trading Partner effective the payment cycle following the enrollment. The v5010 X12 835 transactions are generated on Monday evenings (or Tuesday when Monday is a holiday).

Information on system maintenance and downtimes can be found at:

<http://dhhs.ne.gov/medicaid/Pages/medindex.aspx>

**Batch transactions using SFTP:** The v5010 X12 835 transaction can be retrieved using the NE Medicaid's SFTP process, provided the Trading Partners choose to receive the v5010 X12 835 Transaction.

For further information, please refer to the [SFTP Nebraska Medicaid Submissions Guide](#).

**Batch transactions through HTTP/S\*:** All retrieval requests received from the Trading Partner through HTTP/S will be processed by NE Medicaid in the order they are received. Trading Partners can submit the HTTP/S retrieval request for the v5010 X12 835 transaction to NE Medicaid, provided the Trading Partners choose to receive the v5010 X12 835 Transaction.

\* **IMPORTANT:** If the 835 via HTTP/S is selected, Trading Partners will automatically be enrolled for the 835 via SFTP in order to receive a proprietary Refund Request in Print Image form. The data file format is available upon request via SFTP; however, this is not an X12 transaction.

For further information, please refer to the [HTTP/S Nebraska Medicaid Submission Guide](#).

## 4.3 Re-TRANSMISSION PROCEDURE

Please refer to the appropriate Nebraska Medicaid Submission guide at:

<https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx>

## 4.4 COMMUNICATION PROTOCOL SPECIFICATIONS

Please refer to the appropriate Nebraska Medicaid Submission guide at:

<https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx>



## 4.5 PASSWORDS

Please refer to the appropriate Nebraska Medicaid Submission guide at:  
<https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx>

## 5 CONTACT INFORMATION

### 5.1 EDI CUSTOMER SERVICE

866-498-4357 or 402-471-9461 (in Lincoln) or  
Via email at [DHHS.MedicaidEDI@nebraska.gov](mailto:DHHS.MedicaidEDI@nebraska.gov).

### 5.2 EDI TECHNICAL ASSISTANCE

866-498-4357 or 402-471-9461 (in Lincoln) or  
via email at [DHHS.MedicaidEDI@nebraska.gov](mailto:DHHS.MedicaidEDI@nebraska.gov).

### 5.3 PROVIDER SERVICE NUMBER

Medicaid Claims Customer Service Center at 877-255-3092 or  
in Lincoln at 402-471-9128

### 5.4 APPLICABLE WEBSITES/E-MAIL

- NE Medicaid Program Electronic Data Interchange (EDI) Home Page:  
[http://dhhs.ne.gov/medicaid/Pages/med\\_edindex.aspx](http://dhhs.ne.gov/medicaid/Pages/med_edindex.aspx)
- NE Medicaid EDI Help Desk 866-498-4357 or 402-471-9461 (in Lincoln) or via  
email at [DHHS.MedicaidEDI@nebraska.gov](mailto:DHHS.MedicaidEDI@nebraska.gov).
- NE Medicaid and Long-Term Care home web page:  
[http://dhhs.ne.gov/medicaid/Pages/medicaid\\_index.aspx](http://dhhs.ne.gov/medicaid/Pages/medicaid_index.aspx)
- ASC X12 Version 5010X279A1 Implementation Guides:  
<http://store.x12.org>

## 6 CONTROL SEGMENTS/ENVELOPES

### 6.1 ISA-IEA

NE Medicaid will return the following information in the Interchange Control Header segments in the 835 Transaction.

| Loop ID | Segment Type | Element Identifier | Element Name          | NE Medicaid Directive         |
|---------|--------------|--------------------|-----------------------|-------------------------------|
| Header  | ISA          | ISA06              | Interchange Sender ID | Only "MMISNEBR" will be sent. |

|  |  |       |                          |   |
|--|--|-------|--------------------------|---|
|  |  | ISA07 | Interchange ID Qualifier | Based upon Trading Partner Agreement information. |
|  |  | ISA08 | Interchange Receiver ID  | Only Trading Partner ID will be sent.             |

## 6.2 GS-GE

NE Medicaid will return the following information in the Functional Group Header segments in the 835 Transaction.

| Loop ID | Segment Type | Element Identifier | Element Name                | NE Medicaid Directive                 |
|---------|--------------|--------------------|-----------------------------|---------------------------------------|
| Header  | GS           | GS02               | Application Sender's Code   | Only "MMISNEBR" will be sent.         |
|         |              | GS03               | Application Receiver's Code | Only Trading Partner ID will be sent. |

## 6.3 ST-SE

Please refer to the ASC X12N 5010 version of the HIPAA Transaction Technical Report Type 3 (TR3). The TR3's for each transaction are available electronically ASC X12 at <http://store.x12.org>.

## 7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Nebraska Medicaid Provider Handbooks are published on the DHHS web site. Each handbook includes the Medicaid regulations, appendices (forms, reports, and instructions) and provider bulletins applicable to each type of Medicaid provider.

For a complete listing, go to [Rules and Regulations](#) and [Provider Bulletins](#)

Provider handbooks are available at:

<https://dhhs.ne.gov/Pages/Medicaid-Provider-Handbooks.aspx>

## 8 ACKNOWLEDGEMENTS

### 8.1 BATCH SFTP

NE Medicaid will accept the v5010 X12 999/TA1 Transaction file received from the Trading Partner as an acknowledgement for the v5010 X12 835 Transaction via SFTP.

### 8.2 BATCH HTTP/S

The following responses can be expected from NE Medicaid for a batch 835 retrieval request:

- NE Medicaid will respond with the v5010 X12 835 transaction for the valid retrieval request.
- NE Medicaid will return an appropriate HTTP/S Confirmation/Error message for the v5010 X12 999/TA1 received from the Trading Partner.

## **9 TRADING PARTNER AGREEMENTS**

Nebraska Medicaid Trading Partner Agreement is located at:

<https://dhhs.ne.gov/Documents/tradingpartneragree-5010.pdf>

### **9.1 TRADING PARTNERS**

A Trading Partner Agreement means an agreement related to the exchange of information in electronic transactions. Nebraska Medicaid Providers can submit or receive electronic transactions directly or through a third party, such as a clearinghouse, to Nebraska Medicaid. The submitter of such transactions is known as a "Trading Partner." NE Medicaid will only exchange transactions with an approved Trading Partner after all required forms are submitted and accepted.

In order to ensure the integrity, security, and confidentiality of data exchanged in electronic transactions; and, to permit appropriate disclosure and use of such data as permitted by law, Nebraska Medicaid and the Trading Partner enter into this Agreement to address the conditions under which data will be exchanged and to ensure data will be exchanged in accordance with the Transaction and Code Set requirements of the Health.

Insurance Portability and Accountability Act of 1996 (HIPAA), when applicable.

Information regarding Trading Partner Enrollment Forms and EDI Testing can be found in Nebraska Medicaid Electronic Data Interchange (EDI) Home Page at:

[http://dhhs.ne.gov/medicaid/Pages/med\\_edindex.aspx](http://dhhs.ne.gov/medicaid/Pages/med_edindex.aspx).

## **10 TRANSACTION SPECIFIC INFORMATION**

Data usage requirements for Nebraska Medicaid will be identified throughout the Companion Guide as NE Medicaid directives. Note: Only segments with specific NE Medicaid directives are included in this Companion Guide.

NE Medicaid directives are shown for a specific data element and are used in both required and situational segments for the following circumstances:

- When a specific value is sent by NE Medicaid, a Nebraska Medicaid Directive will be included indicating the value used.
- When a specific qualifier is sent by NE Medicaid, a Nebraska Medicaid Directive indicating which qualifiers are used will be included.

### **10.1 835 TRANSACTION:**

| <b>Loop</b> | <b>Segment-Element</b> | <b>Name / Implementation Name</b> | <b>Nebraska Medicaid Directive</b>  |
|-------------|------------------------|-----------------------------------|---|
|             | ISA                    | Interchange Control Header        |   |
|             | ISA06                  | Interchange Sender ID             | Only "MMISNEBR" will be sent.   |
|             | ISA07                  | Interchange ID Qualifier          | Based upon Trading Partner Agreement information.   |
|             | ISA08                  | Interchange Receiver ID           | Only Trading Partner ID will be sent.   |
|             | GS                     | Functional Group Header           |   |
|             | GS02                   | Application Sender's Code         | Only "MMISNEBR" will be sent.   |
|             | GS03                   | Application Receiver's Code       | Only Trading Partner ID will be sent.   |
|             | BPR                    | Financial Information             |   |
|             | BPRO3                  | Credit/Debit Flag Code            | Only "C" will be sent.  |
|             | BPR16                  | Check Issue or EFT Effective Date | This is the date which starts the 90-day timeframe for requesting an adjustment. See 471 NAC Chapter 3. |
|             | REF                    | Receiver Information              |   |
|             | REF02                  | Receiver Identifier               | This will be the Nebraska Medicaid assigned EDI log-on ID.  |
| 1000A       | N1                     | Payer Identification              |   |
|             | N102                   | Payer Name                        | "Nebraska Medicaid" will be sent.   |
| 1000A       | N3                     | Payer Address                     |   |

| Loop  | Segment-Element | Name / Implementation Name                   | Nebraska Medicaid Directive   |
|-------|-----------------|--|---|
|       | N301            | Payer Address Line                           | "P.O. Box 95026" will be sent.  |
| 1000A | N4              | Payer City, State, Zip                       |   |
|       | N401            | Payer City Name                              | "Lincoln" will be sent.   |
|       | N402            | Payer State Code                             | "NE" will be sent.  |
|       | N403            | Payer Postal Code or Zip Code                | "685095026" will be sent.   |
| 1000A | PER             | Payer Business Contact Information           |   |
|       | PER02           | Payer Contact Name                           | "Medical Inquiry" will be sent.   |
|       | PER04           | Payer Contact Communication Number           | "Local phone number 402-471-9128" will be sent.   |
|       | PER06           | Payer Contact Communication Number           | "Toll-free 877-255-3092, Option 1" will be sent.  |
| 1000A | PER             | Payer Technical Contact Information          |   |
|       | PER02           | Payer Technical Contact Name                 | "Medical EDI Help Desk" will be sent.   |
|       | PER04           | Payer Technical Contact Communication Number | "Local phone number 402-471-9461" will be sent.   |
|       | PER06           | Payer Contact Communication Number           | "Toll-free 866-498-4357" will be sent.  |
|       | PER08           | Payer Contact Communication Number           | " <a href="mailto:DHHS.MedicaidEDI@nebraska.gov">DHHS.MedicaidEDI@nebraska.gov</a> " will be sent.  |
| 1000A | PER             | Payer WEB Site Information                   |   |
|       | PER04           | Communication Number                         | " <a href="http://www.dhhs.ne.gov/medicaid">www.dhhs.ne.gov/medicaid</a> " will be sent. This is NE Medicaid's website URL where providers can find policy and other related information. |

| <b>Loop</b> | <b>Segment-Element</b> | <b>Name / Implementation Name</b>              | <b>Nebraska Medicaid Directive</b>   |
|-------------|------------------------|--|--|
| 1000B       | N1                     | Payee Identification                           |  |
|             | N102                   | Payee Name                                     | The Provider Pay-To-Name as enrolled in NE Medicaid will be sent.                                      |
| 2100        | CLP                    | Claim Payment Information                      |  |
|             | CLP02                  | Claim Status Code                              | Only "1", "2","3","4" and "22" will be sent.   |
|             | CLP11                  | Diagnosis Related Group (DRG) Code             | When present, the fourth digit of the DRG Code indicates severity of illness.                          |
| 2100        | NM1                    | Corrected Priority Payer Name                  |  |
|             | NM108                  | Identification Code Qualifier                  | Only "PI" will be sent.  |
|             | NM109                  | Corrected Priority Payer Identification Number | The NE Medicaid assigned carrier code will be sent in the XXXXX-XXX format. A hyphen will be included. |

| <b>Loop</b> | <b>Segment-Element</b> | <b>Name / Implementation Name</b>         | <b>Nebraska Medicaid Directive</b>                |
|-------------|------------------------|---|---|
| 2100        | NM1                    | Other Subscriber Name                     |   |
|             | NM102                  | Entity Type Qualifier                     | Only "1" will be sent.                            |
| 2100        | REF                    | Other Claim-Related Information           |   |
|             | REF01                  | Reference Identification Qualifier        | Only "G1" will be sent.                           |
| 2100        | AMT                    | Claim Supplemental Information            |   |
|             | AMT01                  | Amount Qualifier Code                     | Only "DY" will be sent.                           |
| 2100        | QTY                    | Claim Supplemental Information - Quantity |   |
|             | QTY01                  | Quantity Qualifier                        | Only "CA" will be sent.                           |
| 2110        | SVC                    | Service Payment Information               |   |
|             | SVC01-01               | Product/Service ID Qualifier              | Only "AD", "HC", "N4" and "NU" will be sent.      |
|             | SVC06-01               | Product/Service ID Qualifier              | Only "AD", "HC" and "NU" will be sent.            |
| 2110        | REF                    | Service Identification                    |   |
|             | REF01                  | Reference Identification Qualifier        | Only "G1" will be sent.                           |
| 2110        | LQ                     | Health Care Remark Codes                  |   |
|             | LQ01                   | Code List Qualifier Code                  | Only "HE" will be sent.                           |
|             | PLB                    | Provider Adjustment                       |   |
|             | PLB03-1                | Adjustment Reason Code                    | Only "FC" will be sent.                           |
|             | PLB03-2                | Reference identifier                      | Only "LOCAL OR PUBLIC PROVIDER FUND" will be sent |

## APPENDIX

### A. FREQUENTLY ASKED QUESTIONS

<https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-FAQ.aspx>

### B. CHANGE SUMMARY

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 3.00**

*Reformat of v2.02 to CAQH CORE  
Operating Rules companion guide template*

**Release Date: TBD**