ACS EDI GATEWAY

ANSI ASC X12N 837 Health Care Claim
Professional
Wyoming Medicaid
Companion Guide

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ACS EDI GATEWAY
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Companion Guide Documentation Change Control

Documentation change control is maintained in this document through the use of the Change Control Table shown below. All changes to this document after the approval of the Wyoming Office of Medicaid are noted along with the author, date, and reason for the change.

Change Control Table

Author of Change	Page	Change	Reason	Date
R Strong EDI Business Analyst	20	Changed ISA 06 To now read: Please use the Trading Partner ID provided during the enrollment process, followed by **spaces** to complete the 15-digit element Example: '12345 '	This element uses trailing spaces not zeros to accommodate for the remainder of the 15-digit element	08/20/03
R Strong EDI Business Analyst	20	Changed ISA 08 Please use 100000 followed by spaces to complete the 15-digit element. This is the Interchange Receiver ID Example: '100000 '	This element uses trailing spaces not zeros to accommodate for the remainder of the 15-digit element	08/20/03
R Strong EDI Business Analyst	21	Changed GS 02 to now read: The value in this data element should mirror that of ISA06 Example: '12345 '	This element uses trailing spaces not zeros to accommodate for the remainder of the 15-digit element	08/20/03
R Strong EDI Business Analyst	21	Changed GS 03 to now read: Please use 77046 followed by spaces to complete the 15-digit element Example: '77046 '	This element uses trailing spaces not zeros to accommodate for the remainder of the 15-digit element	08/20/03

Change Control Table

Author of Change	Page	Change	Reason	Date
C Thompson EDI Business Analyst	20	Changed ISA 08 to read as: Please use 100000 followed by spaces to complete the 15-digit element. This is the Interchange Receiver ID Example: '100000 '	The remainder of the element after the 100000 must be spaces.	10/02/03
R Strong	10	Added examples on how to Read 997's Accepted and rejected. Added proper Naming Convention For the Sub Header to read X12 N 997-Functional Acknowledgement.	User Clarity	10/24/03
R Strong	12	Added example for how to read 824's	User Clarity	10/28/03
R Strong	15	Added the iDEx Hyperlink	User Clarity	10/28/03
R Strong	20-27	Corrected Usage of the words "Use" and "Enter". Removed all Quotation marks from list values	User Clarity	10/28/03
Amanda Starr		Updated ACS EDI Support Unit contact information	Call center transition	2/14/05
Lidia Klemetsrud		Changes made for the NPI remediation	Per WY FA request	3/16/07
John Goetz		Added information on NDC requirement. Aligned page numbers in Chapter 8 with 837P Combined Implementation Guide.	New Requirement	12/4/07

Disclaimer

Purpose of the ANSI ASC X12N 837 Health Care Claim: Professional Wyoming Medicaid Companion Guide

This companion guide is for use along with the ANSI ASC X12N Health Care Claim: Professional 837 Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to claims processing for the Wyoming Office of Medicaid. The guide also includes useful information about sending and receiving data to and from ACS EDI Gateway, Inc.

Submitters are encouraged to check the Wyoming GCRO website periodically for updates to the companion guides at the following website:

http://www.acs-gcro.com/Medicaid_Accounts/Wyoming_Medicaid/Wyoming_medicaid.htm

Please note that acceptance into the payer system does not guarantee claim payment.

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Chapter 1 includes a brief overview of ACS EDI Gateway and the services it provides.

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Chapter 7, Segment Description - V4010.A1

Chapter 7 offers Wyoming Medicaid specific data clarification for developers to use in conjunction with the ANSI X12N Implementation Guides.

Chapter 8, Transaction Description - V4010.A1

Chapter 8 offers Wyoming Medicaid specific data clarification for developers to use in conjunction with the ANSI X12N Implementation Guides.

Chapter 1 Introduction

ACS EDI Gateway, Inc., a leader in healthcare technology, provides EDI gateway services to providers enrolled in contracted healthcare plans. Our electronic transactions acquisition services provide an array of tools that allow you to:

- Easily submit all of your transactions to one source
- Submit transactions twenty-four hours a day, seven days a week
- Receive confirmation of receipt of each file transferred
- Receive remittance notification from health care plans on a regular basis

Healthcare plans that participate with ACS EDI Gateway are referred to as payers. Transactions are accepted electronically into our data center in Tallahassee, Florida and are processed through the ACS State Healthcare Clearinghouse (SHCH). As an EDI Gateway Service, we provide connectivity to various healthcare plans and states where ACS is the fiscal agent, third-party administrator, or contracted clearinghouse.

The ACS SHCH provides connectivity for the flow of medical information and data between medical providers, facilities, vendors, claim payment agencies, and other clearinghouses and the Front-end Online Transaction Processor (OLTP). Beyond the receipt and delivery of this data, ACS SHCH provides translation to and from ANSI ASC X12N standard formats.

The 837 Professional transaction data will be submitted to the ACS SHCH for processing. ACS SHCH validates submission of ANSI X12N format(s). If the file contains syntactical error(s), the segment(s) and elements(s) where the error(s) occurred will be reported in an X12 N 997 Functional Acknowledgement. The TA1 report is used to report receipt of individual interchange envelopes that contain corrupt data or an invalid trading partner relationship. If the data fails payer specific edits, the 824 Application Advice will be returned to the submitter. The ANSI ASC X12N 835 can contain information related to payees, payers, dollar amount and payments.

Audience

This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guide. The ANSI ASC X12N Implementation Guides can be accessed at http://www.wpc-edi.com. This guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with ACS EDI Gateway and specifies data clarification where applicable.

Editing and Validation Flow Diagram
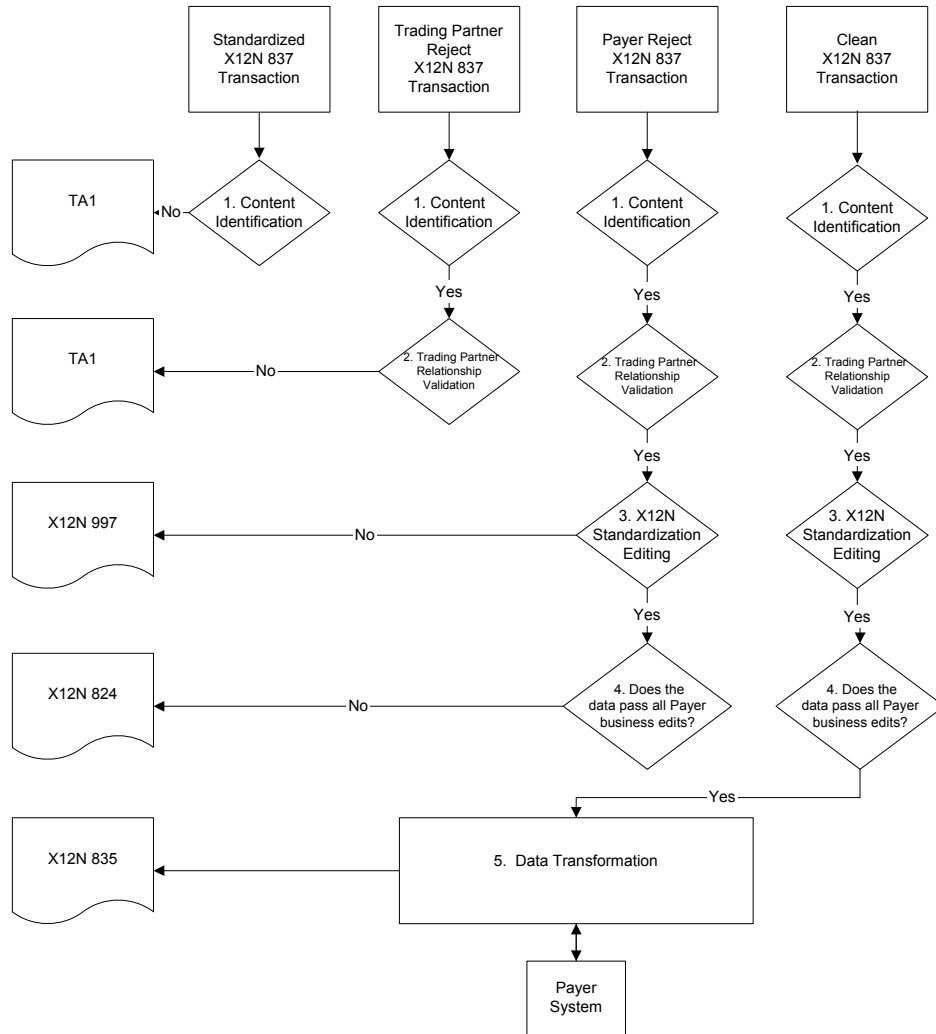
LEGEND:

1. **Content Identification:** Data identification is attempted. If the data is corrupt or intended for another resource, a TA1 (Interchange Acknowledgement) will be returned. If the data can be identified, it is then checked for Trading Partner Relationship Validation.

2. **Trading Partner Relationship Validation:** The trading partner information is validated. If the trading partner information is invalid, a TA1 (Interchange Acknowledgement) will be returned to the submitter. If the trading partner relationship is valid, the data will passed for X12N syntax validation.

3. **X12N Syntax Validation:** A determination will be made as to whether the data is ANSI ASC X12N. An X12 N 997 (Functional Acknowledgement will be returned to the submitter. The X12 N 997 contains **ACCEPT** or **REJECT** information. If the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. If the data passes X12N syntax validation, payer business edits will be performed.

4. **Payer Business Edits:** Front-end editing of the data will occur. If the data does not pass this edit level, an X12N 824 (Application Advice) will be sent detailing errors. If the data passes this level, it will proceed to the payer system for processing.

5. **Data Transformation:** The data is transformed. An ANSI ASC X12N 835 will be returned for submitter pickup.

Chapter 2 Transmission Methods

Trading Partners are offered the following transmission methods:

Asynchronous Dial-Up

ACS EDI Gateway provides an interactive, menu-driven bulletin board system that allows you to upload your transaction files and receive immediate confirmation of the status of your transfer. This bulletin board system (BBS) can be accessed using a standard modem and supports modem speeds of up to 56,000 BPS. Transaction transmission is available twenty-four hours a day, seven days a week. This availability is subject to scheduled and unscheduled host downtime. It is operational policy to schedule preventative maintenance periods on weekends whenever possible.

Communication Protocols

ACS currently supports the following asynchronous dial-up communication options:

XMODEM, YMODEM, ZMODEM, Kermit

Teleprocessing Requirements

The general specifications for asynchronous dial-up communication with ACS are:

Telecommunications	Hayes-compatible 2400-56K BPS asynchronous modem.
File Format	ASCII text data.
Compression Techniques	PKZIP will compress one or more files into a single ZIP archive.
	WINZIP will compress one or more files into a single ZIP archive.
	ACS accepts transmission with any of the above compression techniques, as well as non-compression files.
Data Format	8 data bit, 1stop bit, no parity, full duplex.

Transmission Protocol	ZMODEM uses 128 byte to 1024 byte variable packets and a 16-bit or 32-bit Cyclical Redundancy Check (CRC).
	XMODEM uses 128 byte blocks and a 16-bit CRC.
	YMODEM uses 1024 byte blocks and a 16-bit CRC.
	KERMIT can be accepted if X, Y, or ZMODEM capabilities are not available with your communication software.

Teleprocessing Settings

ASCII Sending	Send line ends with line feeds (should not be set).
	Echo typed characters locally (should not be set).
	Line delay 0 milliseconds.
	Character delay 0 milliseconds.
ASCII Receiving	Append line feeds to incoming line ends should not be checked.
	Wrap lines that exceed terminal width.
Terminal Emulation	VT100 or Auto.

Transmission Procedures

SUBMITTER	HOST SYSTEM
1. Dial ACS Host	Answers call, negotiates a common baud rate, and sends to the Trading Partner: **"Please enter your Login=>"**
2. Enter Login Name, *Push Enter Key*	Receives User Name (Login Name) and sends to the Trading Partner: **"Please enter your** **password=>"**
3. Enter Password, *Push Enter Key*	Receives Login and verifies if Trading Partner is an authorized user: Sends HOST selection menu followed by a user prompt: On the screen, **"Please Select from the Menu Options Below =>"**
4. Enter Desired Selection , *Push Enter Key*	**#1. Electronic Claims Submission:** Assigns and sends the transmission file name then waits for ZMODEM (by default) file transfer to be initiated by the Trading Partner. **#2. View Submitter Profile** **#3. Select File Transfer Protocol:** Allows you to change the protocol for the current submission only. The protocol may be changed to **(k)**ermit, **(x)**Modem, **(y)**Modem, or **(z)**Modem. Enter the first letter of the protocol that you wish to use. Enter selection **[k,x,y,z]:**

	#4. Download Confirmation
	#9. Exit & Disconnect: Terminates connection.
5. To Send File, Enter "1" and Push Enter Key	Receives ZMODEM (or other designated protocol) file transfer. Upon completion, initiates file confirmation. Sends file confirmation report.
	Sends HOST selection menu followed by a user prompt=>
	On the screen, **"Please Select from the Menu Options Below =>"**

Web Portal

The Web portal allows a trading partner to initiate the submission of a batch file for processing. The trading partner must be an authenticated portal user who is a provider. Only active Wyoming Medicaid providers are authorized to access files via the Web. The provider accesses the Web portal via a Web browser and is prompted for login and password assigned to them during the EDI enrollment process. The provider may select files from their PC or work environment using the Browse function in conjunction with the Add and Remove functions. To transmit the selected files for processing, the trading partner must click the Submit link. All files submitted must meet the ANSI X12N 837 standard.

The Web address to access data from ACS EDI Gateway is https://wyequalitycare.acs-inc.com/wy/general/home.do. Web browsers must be able to support 128-bit encryption to enter the Data Exchange area of the site. We recommend using Internet Explorer 5.5 or above for best results. Upon reaching the site, enter a valid user ID and password. Click on the Login button to request access to the secure Data Exchange area.

Home Page

Example A:
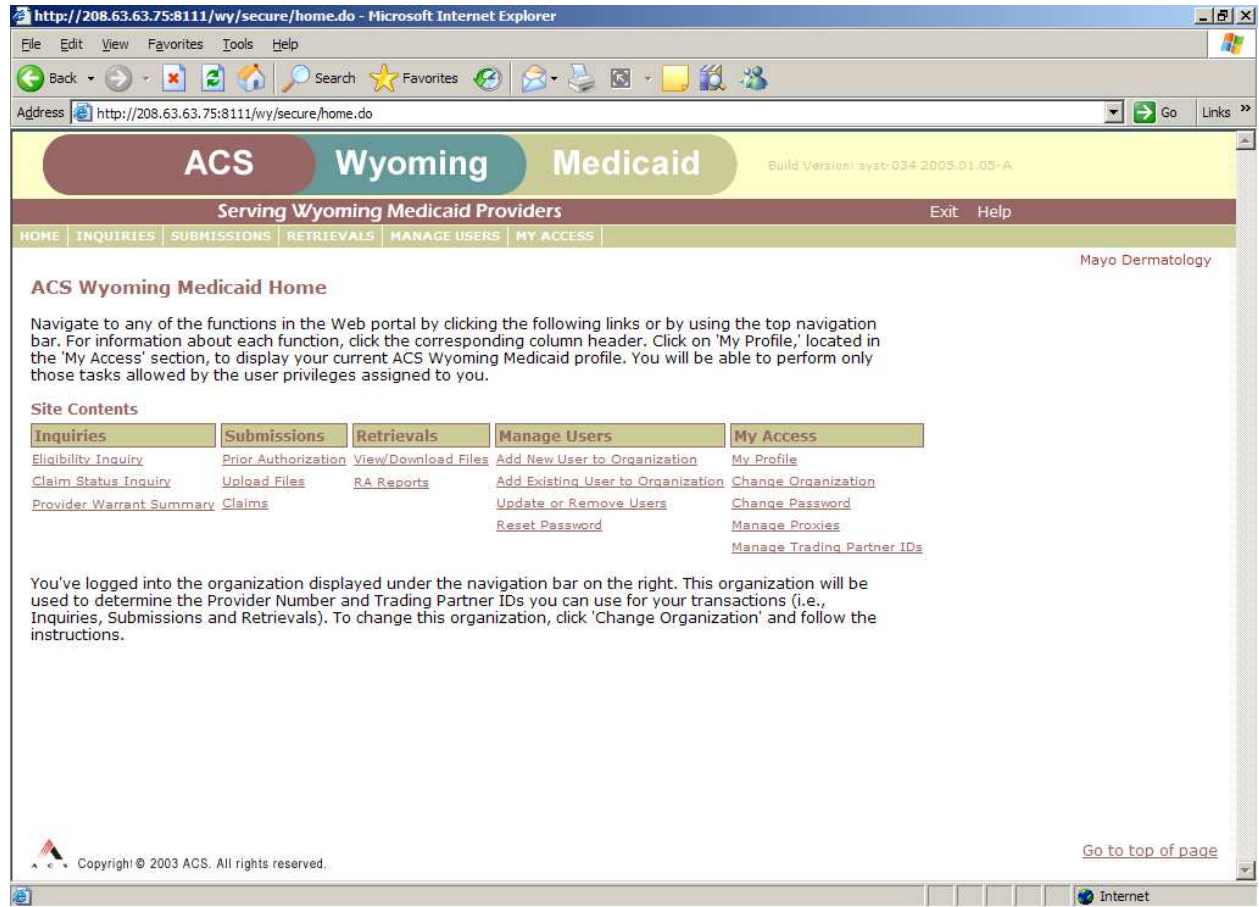
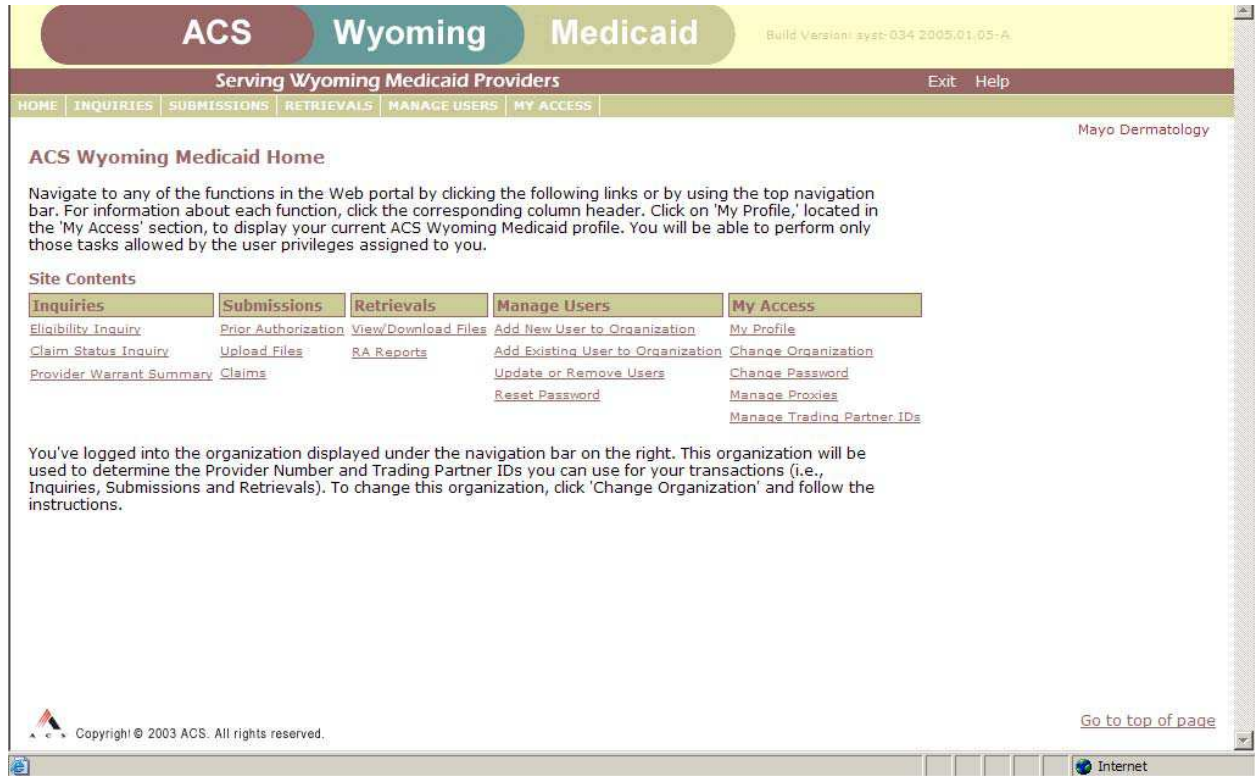If you enter an invalid user ID or password, an error screen will display, and entry will not be allowed. Enter access information exactly as it is specified, including case and spaces, if any. If the correct user ID and password have been entered and a failure occurs, please contact the ACS EDI Support Unit at 1-800-672-4959.

Upload Files

Example B:

Select the Upload Files link to send files to ACS.

File Submission

Example C:

Enter the trading partner ID and click on the Browse button and select the file for upload. To submit, click on the Upload button. If you selected the wrong file, click the Reset button.

Confirmation Screen

Example D
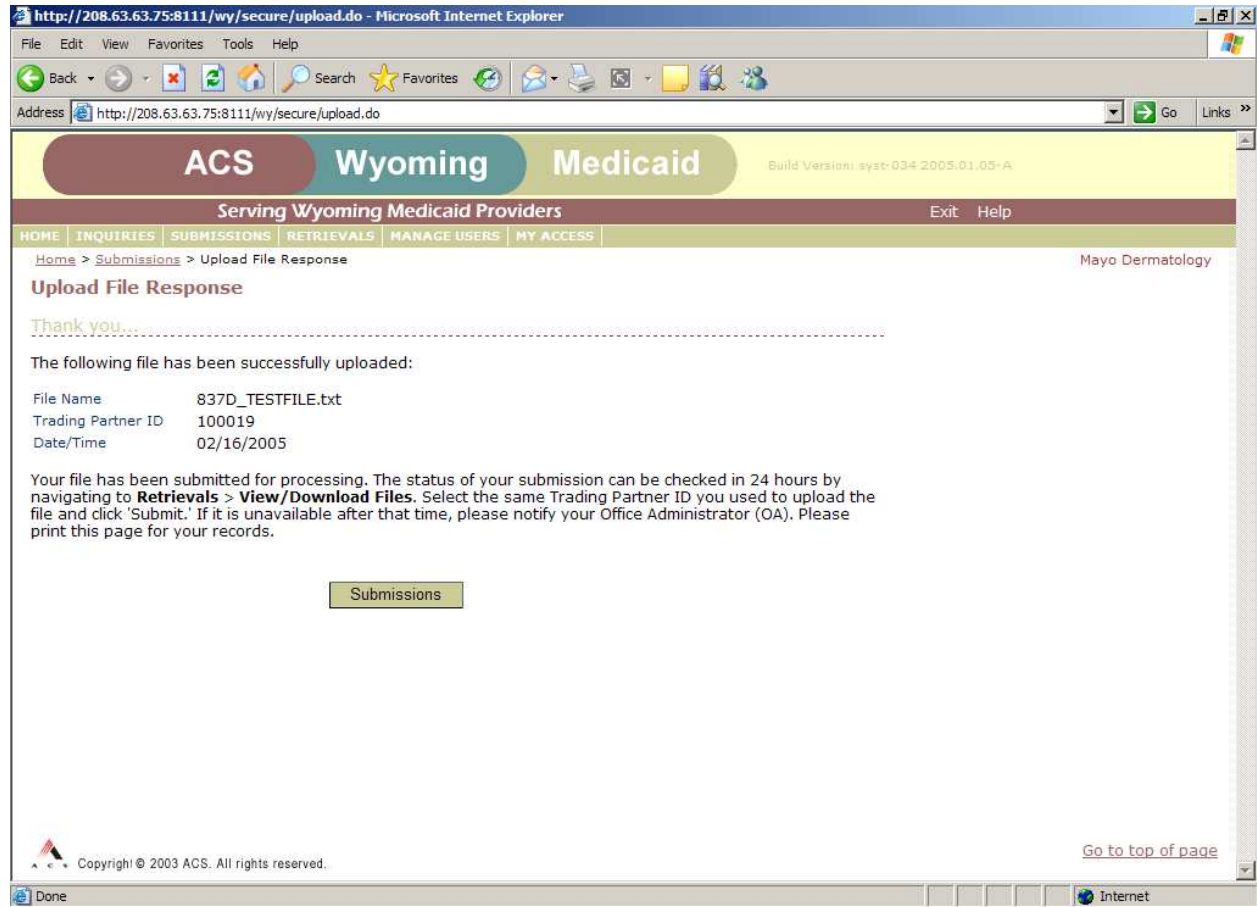
This screen displays the file name, the trading partner ID, and the date and time that the file was submitted.

Chapter 3 Transmission Responses

HIPAA not only gave the healthcare community the ability to standardize transactions, but also the ability to standardize front-end edits and the acceptance/rejection reports associated with the edits. The acceptance/rejection reports pertain to precision within EDI transaction format syntax and transaction implementation guide compliance. When a report is generated, the type of report returned is dependent on the edit level that is invalid.

A transaction contains levels where edits are present. The edit level where the error occurs designates rejection of an entire batch or a single claim. The levels are explained in the following three headings:

- Interchange Level Errors and TA1 Rejection Report
- Transaction Set Level Syntax Results and X12 N 997 Rejection Report
- Implementation Guide Level Results and the Rejection Report

The levels and their affiliated acceptance/rejection reports are discussed on the following pages.

Interchange Level Errors and TA1 Rejection Report

Interchange or TA1 edits verify the ISA, GS, GE and IEA level segments and the data content within these segments, which consist of the header and footer batch information. Any X12 syntax error that occurs at this level will result in the entire transaction being rejected. These rejections are reported on a TA1.

TA1-Interchange Acknowledgement

A TA1 is an Interchange Acknowledgement segment used to report receipt of individual interchange envelopes. An interchange envelope contains the sender, receiver, and data type information within the header. The TA1 reports the syntactical analysis of the interchange header and trailer. If invalid (e.g. the data is corrupt or the trading partner relationship does not exist within the ACS system) the interchange will reject and a TA1, along with the data, will be forwarded to the ACS EDI Support Unit representative for referencing purposes.

Refer to National Electronic Data Interchange Implementation Guide, Sections A and B of the ANSI ASC X12 Health Care Claim: Professional 837, Implementation Guide.

The Interchange Level and TA1 edit verify the **ISA, GS, GE** and **IEA** level segments and the data content within these segments, which consist of the header and footer batch information.

EXAMPLE:

In this sample batch transaction the ISA, GS, GE and IEA level segments are shown in bold text to highlight where incorrect sender information or incorrect total of groups can occur. The items shown in bold text **ISA, GS, GE** and **IEA** show the section where errors can occur.

ISA Interchange Control Header contains sender information.

GS Functional Group Header, starts a group of related transaction sets.

       ST Transaction Set Header, starts a transaction set.

Contains detail segment information within a transaction

       SE Transaction Set Trailer, ends a transaction set.

       ST Transaction Set Header, starts a transaction set.

Contains detail segment information within the next transaction if it exists

       SE Functional Group Trailer, ends a group of related transaction sets.

GE Functional Group Trailer, ends a group of related transaction sets.

IEA Interchange Control Trailer, counts total number of functional groups within a batch.

Transaction Set Level Syntax Results and X12 N 997 Rejection Report

This level of edit is enforced by transaction set level syntax problems for all transactions within each functional group. These edits check the ST and SE level segments and the data content within these segments. These segments consist of the entire detail information within a transaction. Any X12 syntax error that occurs at this level will result in the entire transaction being rejected. However, if the functional group consists of additional transactions without errors, these will be processed. The rejections are reported on a X12 N 997.

X12 N 997-Functional Acknowledgement

ACS SHCH validates submission of ANSI ASC X12N format(s). ANSCI X12 997, or Functional Acknowledgement, is generated when an EDI file, e.g. an ANSI ASC X12N file that has passed the header and trailer check, passes through the clearinghouse. The X12 N 997 contains **Accept** or **Reject** information; if the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. For an example of this report, please see the ANSI ASC X12N Health Care Claim: Professional 837 Implementation Guide. This method of acknowledgement is required by Trading Partner Agreement between ACS EDI Gateway and the Trading Partners.

The examples below show an accepted and a rejected X12 N 997. For documentation purposes the examples below are shown using the word wrap functionality. On the (iDEx) website (http://wyomingmedicaid.acs-inc.com/) the X12 N 997's display as one complete line.

ISA*00*   *00*5265   *ZZ*100000   *ZZ*100008
*031023*1126*U*00401*000000166*1*T*~GS*FA*77046*100008*20031023*112600*1660001
*X*004010X098A1~ST*997*0001~AK1*HC*19990000~AK2*278*TEST~AK5*A~AK9*A*1*1*1~
SE*6*0001~GE*1*1660001~IEA*1*000000166~

A=Accepted

ISA*00*   *00*5264   *ZZ*100000   *ZZ*100008
*031023*1124*U*00401*000000165*1*T*~GS*FA*77046*100008*20031023*112400*1650001
*X*004010X097A1~ST*997*0001~AK1*HC*19990000~AK2*278*TEST~AK5*R*7~AK9*R*1*1*
0~SE*6*0001~GE*1*1650001~IEA*1*000000165~

R=Rejected

Refer to National Electronic Data Interchange Implementation Guide, Sections A and B of the ANSI ASC X12 Health Care Claim: Professional 837 Implementation Guide.

The X12 N 997 edits verify the **ST** and **SE** level segments and the segment data content within these segments.

EXAMPLE:

In this sample batch transaction the X12 N 997 edits verify the **ST** and **SE** level segments and the data content within these segments. The items shown in bold text **ST** and **SE** highlight where errors can occur.

ISA Interchange Control Header contains sender information.

GS Functional Group Header, starts a group of related transaction sets.

ST Transaction Set Header, starts a transaction set.

Contains detail segment information within a transaction

SE Transaction Set Trailer, ends a transaction set.

ST Transaction Set Header, starts a transaction set.

Contains detail Segment information within the next transaction if it exists

SE Functional Group Trailer, ends a group of related transaction sets.

GE Functional Group Trailer, ends a group of related transaction sets.

IEA Interchange Control Trailer (counts total number of functional groups within a batch)

Implementation Guide Level Results and the Rejection Report

The level of edit is enforced by the implementation guide rules for the particular transaction. These edits will vary depending on the rules set by the implementation guide, code sets, and looping structures. Any errors that occur at this level will result in the data content within that claim being rejected. However, if the batch consists of additional inquiries without errors, these will be processed. The rejection reports are not mandated to be in a specific format. The 824 is used during these instances.

824-Application Advice

If a payer business edit fails during the translation of the 837 transaction, an 824 application advice will be returned to the submitter. This is used to report errors outside of the scope of the X12 N 997. It will detail what errors are present, and if necessary, what action the submitter should take. The use of the 824 transaction is not required by HIPAA. For an example of this report, please see the ANSI ASC X12N 824 Implementation Guide.

The list below contains the current Wyoming Medicaid Business edits and corresponding error codes. All 824's will be available for view and download on the (iDEx) website. The following link is to the (iDEx) (http://wyomingmedicaid.acs-inc.com/).

Wyoming Business Edits

1. **Not a Medicaid or Medicare Provider**
   WY_ERR_1-No Medicaid/Medicare Provider (CLM-01)

2. **Invalid Provider Number**
   WY_ERR_2-Invalid Provider-ProvID (CLM-01)

3. **COB-Detail – No corresponding COB-Header**
   WY_ERR_3-COBDetail Without COBHeader (CLM-01)

4. **Patient Level Claim Rejects**
   WY_ERR_4-Patient Level Claim Reject (CLM-01)

5. **Unable to locate TCN Number (CLM-01)**
   WY_ERR_5-Unable to locate TCN Number (CLM-01)

6. **Invalid NPI Luhn Check digit algorithm**
   WY_ERR_6-NPI Luhn Edit failed (CLM-01)

7. **Medicaid ID not allowed with NPI**
   WY_ERR_7- Medicaid ID not allowed with NPI

For further handling and response, please see Chapter 1, "Editing and Validation Flow Diagram" for a visual depiction of the error process/responses.

The 824 edits verify the **ST** and **SE** level segments and the data content within these segments for payer business edits.

EXAMPLE:

In this sample batch transaction 824 edits verify ST and SE level segments and the data content within these segments for payer business edits. The items shown in bold text **ST** and **SE** highlight where errors can occur.

ISA Interchange Control Header, contains sender information.

GS Functional Group Header, starts a group of related transaction sets.

ST Transaction Set Header, starts a transaction set.

If detail segment information within a transaction fails a payer business edit then an 824 Application Advice will be generated. The 824 Application Advice reports business edit errors beyond the scope of the X12 N 997.

SE Transaction Set Trailer, ends a transaction set.

ST Transaction Set Header, starts a transaction set.

Contains detail segment information within the next transaction and each additional transaction thereafter if they exist. If detail information within a transaction fails a payer business edit then an 824 Application Advice will be generated. The 824 Application Advice reports business edit errors beyond the scope of the X12 N 997.

SE Functional Group Trailer, ends a group of related transaction sets.

GE Functional Group Trailer, ends a group of related transaction sets.

IEA Interchange Control Trailer, counts total number of functional groups within a batch.

ANSI ASC X12N 835- REMITTANCE ADVICE

835-Remittance Advice

An ANSI ASC X12N 835 Remittance Advice may be requested as a replacement for or in addition to a paper remittance advice. After claim adjudication, an 835 Remittance Advice will be delivered to the Internet Data Exchange (iDEX). The ANSI ASC X12N 835 can contain information related to payees, payers, dollar amounts and payments. Please see the ANSI ASC X12N 835 Implementation Guide for detailed information. Use the following link to access the (iDEx) website.
http://wyomingmedicaid.acs-inc.com/

Chapter 4 Data Retrieval Methods

Internet Data Exchange (iDEx)

ACS EDI Gateway provides an interactive, menu-driven data exchange system that allows trading partners to upload transaction files and receive immediate confirmation of the status of the transaction. This system is accessed through the Internet. This availability is subject to scheduled and unscheduled host downtime. It is operational policy to schedule preventative maintenance periods on weekends whenever possible.

The Internet Data Exchange System (iDEx) allows all Trading Partners to retrieve data via the Internet 24 hours a day, seven days a week. Also each individual provider has the option of retrieving the transaction responses and reports themselves. The Trading Partner will access the (iDEx) system using the logon and password assigned to them during the EDI enrollment process. Use the following link to access the (iDEx) website.
http://wyomingmedicaid.acs-inc.com/

Chapter 5 Testing

Vendors, Billing Agents, Clearinghouses, and Providers who have created their own electronic claims submission software are required to engage in testing with ACS. Such entities will validate their applications with ACS EDI Gateway utilizing Companion Guides in conjunction with the national ANSI ASC X12N Implementation Guides. These guides will be used to validate that software applications fulfill X12N and payer business edit requirements. Assistance from the ACS is available throughout the testing processes, first through EDIFECS and then through the ACS EDI Support Unit. Successful completion of both testing processes is required before a submitter will be approved for production. Testing is specific to the Transaction Set.

Each test transmission is validated to ensure no format errors are present. Testing is conducted to verify the integrity of the format, not the integrity of the data; however, in order to simulate a production environment, we request that test files contain realistic healthcare transaction data. The number of test transmissions required depends on the number of format errors in a transmission and the relative severity of these errors. Additional testing may be required in the future to verify any changes made to ACS' system or HIPAA mandated changes.

Additionally, those submitters who have created their own software applications must use EDIFECS to validate that their transactions are X12N compliant prior to submitting any test files to ACS EDI Gateway. Submitters cannot obtain direct Internet access to EDIFECS. They can only obtain access through the Internet enrollment process with ACS EDI Gateway, http://www.acs-gcro.com. The ACS EDI Support Unit will assist submitters with EDIFECS' testing. However, the process has proven to be user friendly, intuitive and capable of guiding the tester to select a Transaction Set, submission of a text formatted file and utilization of Implementation Guides to verify compliance.

EDIFECS testing - submitters are required to address any errors discovered during compliance testing prior to moving on to the next stage of testing with ACS EDI Gateway. When a file passes compliance testing, that Transaction Set will be flagged as 'PASSED' by EDIFECS. EDIFECS keeps an electronic file that reports the status of Transaction Sets that have been passed. This file is created automatically during enrollment, which is explained below under Trading Partner Testing Procedures.

When a submitter has successfully passed their Transaction Sets through EDIFECS they can contact an ACS EDI Support Unit representative for approval to begin testing with ACS EDI Gateway.

Trading Partner Testing Procedures

1. ACS makes available companion guides and enrollment packages for download via the web at http://www.acs-gcro.com/Medicaid_Accounts/Wyoming_Medicaid/Companion_Guides/companion_guides.htm.

2. Trading Partner completes and submits enrollment package to ACS.

3. ACS assigns Trading Partner's a Login Name and Login User ID.

Testing with EDIFECS

The Trading Partner is given access to the EDIFECS website through enrollment with ACS EDI Gateway. Trading Partner contacts the ACS EDI Support Unit 1-800-672-4959 to arrange a testing schedule and complete their EDIFECS enrollment to arrange an ACS testing schedule after completion of EDIFECS testing by successfully passing each Transaction Set. This information is reported in the Trading Partner's EDIFECS account.

Testing with ACS EDI Gateway

1. Trading Partner creates test cases and transmits transaction data to ACS EDI Gateway.

2. The ACS EDI Support Unit evaluates the flow of test data through ACS's State Healthcare Clearinghouse, SHCH.

3. When a test case is passed successfully through ACS EDI Gateway, an ACS EDI Support Unit representative will contact the trading partner to communicate that they are approved for placement into the production environment for that specific Transaction Set, when available. If the testing entity is a software vendor, they will be required to provide a list of submitters using the approved software package.

4. Trading partners will remain in the testing environment until each Transaction Set they are testing has passed successfully.

Chapter 6 Payer Specific Data

EDI Support

The ACS EDI Support Unit assists users with questions about electronic submission. The ACS EDI Support Unit is available to all Wyoming Medicaid Trading Partners Monday through Friday from 9:00 a.m. to 5:00 p.m. MT at 1-800-672-4959. The ACS EDI Support Unit:

- Provides information on available services
- Enrolls users for electronic submission
- Verifies receipt of electronic transmissions
- Provides technical assistance to users who are experiencing transmission difficulties

Enrollment Information

Any entity or trading partner sending electronic transmissions to ACS EDI Gateway for processing where reports and responses will be delivered must complete an EDI enrollment package. This package provides ACS EDI Gateway the information necessary to assign a Logon Name, Logon ID, and Trading Partner ID, which are required to submit electronic transmissions. You may obtain an enrollment package by contacting the ACS EDI Support Unit or by downloading it from our website at www.acs-gcro.com.

Transmission Telephone Number

ACS EDI Gateway provides availability for transmission 24 hours a day, 7 days a week. There are no restrictions on the number or frequency of transmissions. The transmission telephone numbers are 1-800-334-2832 and 1-800-334-4650.

Tracking Transmission/Production Problems

Please have the following information available when calling the ACS EDI Support Unit regarding transmission and production issues.

Trading Partner ID: Your trading partner ID is our key to accessing your trading partner information. Please have this number available each time you contact the ACS EDI Support Unit.

Logon Name and Logon User ID: These allow asynchronous Trading Partners access to the host system for claims submission. The ACS EDI Support Unit uses this information to reference your submitted data.

Submitter ID: Use your ACS EDI Gateway submitter ID number in conjunction with your software application to transmit files to ACS EDI Gateway.

Highlights

- Each user is assigned an ACS EDI Gateway Trading Partner ID, 6-digits long.

- Logon Name, 8-characters long.

- Logon User ID (password), 9-characters long.

- ACS EDI Gateway Submitter ID, 5-digits long.

- All dates are in the CCYYMMDD format.

- All date/times are in the CCYYMMDDHHMM format.

- The same phone number will be used for transmitting test and production.

- Wyoming Medicaid Provider ID, 9-digits long.

- National Provider Identification (NPI) number, 10 digits long

- The Receiver ID and Payer ID for Wyoming Medicaid are 77046. Transmissions without this value in the appropriate fields will not be processed.

- The Trading Partner Agreement determines where reports and responses will be delivered.

Chapter 7 Segment Description - V4010.A1

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted (and),

- Parameters in the implementation guide that provide options.

Many of the data elements included in the Companion Guides are business requirements and are not standardization-required elements. Inclusion of a "business-required" data field, as defined by this Companion Guide, may aid in the delivery of a positive response.

Please note the Appendix is located in the back of the ANSI ASC X12N Health Care Claim: Professional 837 Implementation Guide, May 2000.

ISA Interchange Control Header

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
Appendix B.3	Header	ISA	01	Please use **00.**
Appendix B.4	Header	ISA	03	Please use **00.**
Appendix B.4	Header	ISA	05	Please use **ZZ** (Mutually Defined).
Appendix B.4	Header	ISA	06	Please enter the Trading Partner ID provided during the enrollment process. Example: **123456** followed by spaces to complete the15-digit element
Appendix B.4	Header	ISA	07	Please use **ZZ** (Mutually Defined).
Appendix B.5	Header	ISA	08	Please enter **100000** followed by spaces to complete the 15-digit element.
Appendix B.6	Header	ISA	15	Use one of the following values: **T=** Test data **P=** Production data

Please note the Appendix is located in the back of the ANSI ASC X12N Health Care Claim: Professional 837 Implementation Guide, May 2000.

GS Functional Group Header

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
Appendix B.8	Header	GS	02	The value in this data element should mirror that of ISA06. Example: **123456** followed by spaces to complete the15-digit element
Appendix B.8	Header	GS	03	Enter **77046** followed by spaces to complete the 15-digit element.

Chapter 8 Transaction Description - V4010.A1

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted (and),

- Parameters in the implementation guide that provide options.

Many of the data elements included in the Companion Guides are business requirements and are not standardization-required elements. Inclusion of a "business-required" data field, as defined by this Companion Guide, may aid in the delivery of a positive response.

Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N Health Care Claim: Professional 837 Implementation Guide, Combined May 2000 004010X098 and October 2002 004010X098A1, for this transaction.

837 Professional

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
63	Header	BHT	02	Please use code **00** for the original claim/encounter transmission. Please use code **18** in case a transmission was disrupted and the batch needs to be sent again.
64	Header	BHT	06	Please only use code **CH.** This transaction is only fee-for-service or claims with at least one chargeable line item.
65	Header	REF	02	Please use **004010X098DA1** when sending the transaction set in a testing mode. Please use **004010X098A1** when sending the transaction set in a production mode.
73	1000B	NM1	03	Please use **Wyoming Medicaid.**
73	1000B	NM1	09	Please use **77046.**
77	2000A	PRV	03	For NPI claims enter Provider Taxonomy Code if used when NPI number was registered with Wyoming Medicaid.
83	2010AA	NM	08	Please enter **XX** (NPI number).
83	2010AA	NM	09	Please enter 10-digit NPI number.

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
86	2010AA	N4	03	For NPI claims please enter Provider zip code if used when NPI was registered with Wyoming Medicaid.
88	2010AA	REF	01	Please use **1D** (Medicaid Provider ID). If "**XX**" is used to pass the NPI number in NM109, Medicaid Provider Number is no longer allowed.
88	2010AA	REF	02	Please enter the 9-digit Wyoming Medicaid Billing Provider ID. If "**XX**" is used to pass the NPI number in NM109, Medicaid Provider Number is no longer allowed.
97	2010AB	NM	08	Please enter **XX** (NPI number).
97	2010AB	NM	09	Please enter 10-digit NPI number.
100	2010AB	N4	03	For NPI claims please enter Provider zip code if used when NPI was registered with Wyoming Medicaid.
101	2010AB	REF	01	Please enter **1D** for Medicaid Provider ID. If "**XX**" is used to pass the NPI number in NM109, Medicaid Provider Number is no longer allowed.
102	2010AB	REF	02	Please enter the 9-digit Wyoming Medicaid Pay-to Provider ID. If "**XX**" is used to pass the NPI number in NM109, Medicaid Provider Number is no longer allowed.
104	2000B	HL	04	Please use **0**. The Subscriber is always the patient; therefore the dependent level will not be utilized.
105	2000B	SBR	01	Please use **P** (Primary- Payer Responsibility Sequence Number Code). Client has only Medicaid coverage.

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
107	2000B	SBR	09	Please use **MC** (Medicaid).
114	2010BA	NM1	08	Please use **MI** (Member Identification Number).
114	2010BA	NM1	09	Please enter the 10-digit Wyoming Medicaid Client ID.
125	2010BB	NM1	03	Please use **Wyoming Medicaid.**
125	2010BB	NM1	08	Please use **PI** (Payer Identification).
125	2010BB	NM1	09	Please use **77046.**
161	2300	CLM	01	The HIPAA maximum requirement to be supported is 20 characters. Beyond this number are not required to be stored.
169	2300	CLM	20	If applicable, please use this element to identify the reason the claim does not meet timely filing requirements.
200	2300	PWK	02	Please use one of the following Report Transmission Codes: **AA** Available on Request **BM** By Mail **EL** Electronically Only **EM** E-Mail **FX** Fax
201	2300	PWK	05	Required if PWK02 = BM, EL, EM, FX. Please use **AC.**

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
201	2300	PWK	06	Required if PWK02 = BM, EL, EM, FX. Please enter an Identification Code/ address/email address/fax number.
214	2300	REF	01	Please use **G1** (Prior Authorization Number) if the service billed requires prior authorization and the provider has obtained a prior authorization number.
216	2300	REF	02	Please use the original Wyoming TCN (17 digit **T**ransaction **C**ontrol **N**umber) of the claim that is to be adjusted. This element is required for Wyoming Medicaid Claims adjustment processing.
252	2300	HI		Required on all claims except claims for which there are no diagnoses (e.g., waiver claims).
271	2310A	NM1	08	Please enter **XX** (NPI number).
271	2310A	NM1	09	Please enter Referring Provider 10-digit NPI number.
274	2310A	REF	01	Please use **1D** (Medicaid Provider Number) or **1G** (Provider UPIN Number). If "**XX**" is used to pass the NPI number in NM109, Medicaid Provider Number and UPIN are no longer allowed.
275	2310A	REF	02	Please use the 9-digit Wyoming Medicaid Referring Provider ID. If "**XX**" is used to pass the NPI number in NM109, Medicaid Provider Number and UPIN are no longer allowed.
278	2310B	NM1	08	Please enter **XX** (NPI number).
278	2310B	NM1	09	Please enter Rendering Provider 10-digit NPI number.
280	2310B	PRV	03	For NPI claims enter Provider Taxonomy Code if used when NPI number was registered with Wyoming Medicaid.
281	2310B	REF	01	Please use **1D** (Medicaid Provider Number).

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
				If "**XX**" is used to pass the NPI number in NM109, Medicaid Provider Number is no longer allowed.
282	2310B	REF	02	Please use the 9-digit Wyoming Medicaid Rendering Provider ID.\n\nIf "**XX**" is used to pass the NPI number in NM109, Medicaid Provider Number is no longer allowed.
301-379	2320			Provide Third Party Liability (TPL) and Medicare Crossover information in this loop. Make one repeat of the loop for each non-Medicaid payer.
302	2320	SBR	01	Please use of one of the following Payer Responsibility Sequence Number Codes:\n\n**P** Primary, client has only Medicaid Coverage,\n\n**S** Secondary, client has one coverage plan in addition to Medicaid,\n\n**T** Tertiary, client has two or more coverage plans in addition to Medicaid.
303	2320	SBR	03	Please enter appropriate insured group or policy number. This element is only required when processing TPL (Coordination of Benefits – COB) claims for Wyoming Medicaid.
303	2320	SBR	04	Please enter appropriate Other Insured Group Name. This element is only required when processing TPL (Coordination of Benefits – COB) claims for Wyoming Medicaid.
304	2320	SBR	09	For Medicare crossover claims, use **MB** for Medicare Part B. For other third party payers, use the code that correctly identifies the type of coverage provided by the policy.\n\nDo not use code MC.
306	2320	CAS		Wyoming Medicaid will not accept partial claims. When resubmitting a claim, the entire claim must be included.
315	2320	AMT	02	Please enter TPL /other insurance paid

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
				amount. This element is only required when processing TPL (Coordination of Benefits – COB) claims for Wyoming Medicaid. (Payer Paid Amount).
316	2320	AMT	02	Please send Medicare paid amount. This element is only required when processing TPL (Coordination of Benefits – COB) claims for Wyoming Medicaid. (Payer Approved Amount).
317	2320	AMT	02	Please send Medicare allowed amount. This element is only required when processing TPL (Coordination of Benefits – COB) claims for Wyoming Medicaid. (Payer Allowed Amount).
383	2400	SV1	01-1	Please use HC (HCPCS).
383	2400	SV1	01-2	Please use one procedure code per service line. This element is required for Wyoming Medicaid Claims processing.
385	2400	SV1	03	Please use **UN** (Unit).
387	2400	SV1	07	Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Send up to 4 diagnosis code pointers per service line.
388	2400	SV1	11	Please use only code **Y** if referred from EPSDT.
447	2400	REF	01	Please use **G1** (Prior Authorization Number) if the service billed requires prior authorization and the provider has obtained a prior authorization number.
480	2410	LIN	02	Use Service ID Qualifier N4 (National Drug Code in 5-4-2 Format).
480	2410	LIN	03	Enter the 11-digit National Drug Code (NDC). NDCs less than 11 digits will cause the service line to be denied by Wyoming Medicaid. Do not enter hyphens or spaces within the NDC. **NOTE: Only the first iteration of Loop 2410 will be used for claims processing. If two or more NDCs need to be reported for the same procedure code on the same claim, the procedure code must be repeated on a separate**

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
				service line with the first iteration of Loop 2410 used to report each unique NDC. For more information, consult the provider bulletin on the Wyoming Medicaid website (http://wyequalitycare.acs-inc.com).
488	2420A	NM1	08	Please enter **XX** (NPI number).
488	2420A	NM1	09	Please enter Rendering Provider 10-digit NPI number.
490	2420A	PRV	03	For NPI claims enter Provider Taxonomy Code if used when NPI number was registered with Wyoming Medicaid.
491	2420A	REF	01	Please use **1D** (Medicaid Provider Number). If "**XX**" is used to pass the NPI number in NM109, Medicaid Provider Number is no longer allowed.
492	2420A	REF	02	Please use the 9-digit Wyoming Medicaid Rendering Provider ID. If "**XX**" is used to pass the NPI number in NM109, Medicaid Provider Number is no longer allowed.
524	2420F	NM1	08	Please enter **XX** (NPI number).
524	2420F	NM1	09	Please enter Referring Provider 10-digit NPI number.
527	2420F	REF	01	Please use **1D** (Medicaid Provider ID) or **1G** (Provider UPIN Number). If "**XX**" is used to pass the NPI number in NM109, Medicaid Provider Number and UPIN are no longer allowed.
528	2420F	REF	02	Please use the 9-digit Wyoming Medicaid Referring Provider ID. If "**XX**" is used to pass the NPI number in NM109, Medicaid Provider Number and UPIN are no longer allowed.