ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

STANDARD COMPANION GUIDE TRANSACTION INFORMATION

INSTRUCTIONS RELATED TO THE 835 HEALTH CARE CLAIM PAYMENT/ADVICE BASED ON ASC X12 TECHNICAL REPORTS TYPE 3 (TR3) IMPLEMENTATION GUIDE, VERSION 005010A1

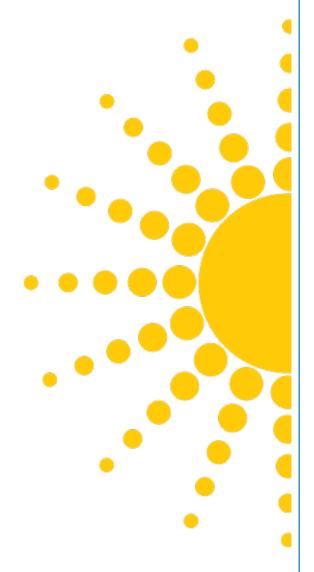# COMPANION GUIDE VERSION NUMBER: 2.0 NOVEMBER 2017

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1 INTRODUCTION

1.2 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry provisions for administrative simplification. This requires 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 transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.3 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 use of data element or segment in a 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 standard's implementation specifications or are not in the standard's implementation specification(s)
- Change the meaning or intent of the standard's implementation specification(s)

1.4 Compliance according to ASC X12 Standard for Electronic Data Interchange Report Type 3 (TR3)

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the TR3
- Modifying any requirement contained in the TR3.

1.5 Intended Use

The Transaction Specific Information of this companion guide must be used in conjunction with an associated ASC X12 Standard for Electronic Data Interchange Report Type 3 (TR3). The Transaction Specific Information in this companion guide is not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 TR3 and is in conformance with ASC X12's Fair Use and Copyright statements.

2 ASC X12 STANDARDS FOR ELECTRONIC DATA INTERCHANGE REPORT TYPE 3

- 005010X221   Health Care Claim Payment/Advice (835)

3 TRANSACTION SPECIFIC INFORMATION

3.1 835 Health Care Claim Payment/Advice Transaction Notes

Loop ID	Element	Description	AHCCCS 835 Usage/Expected Value
--------	**ISA**	**INTERCHANGE CONTROL HEADER**	
	ISA06	Interchange Sender ID	Expect AHCCCS866004791
	ISA08	Interchange Receiver ID	Expect SFTP Folder Name
-----------	**GS**	**FUNCTIONAL GROUP HEADER**	
	GS02	Application Sender's Code	Expect AHCCCS866004791
	GS03	Application Receiver's Code	Expect AZ + 8 byte provider ID
	GS08	Version/Release/Industry Id Code	Expect 005010X221A1
-----------	**BPR**	**FINANCIAL INFORMATION**	
	BPR10	Payer Identifier	Expect 1866004791 when payment is ACH
-----------	**TRN**	**REASSOCIATION TRACE NUMBER**	
	TRN02	Check or EFT Trace #	Expect Check Number if payment is by check Expect EFT Trace Number if payment is electronic Expect AHCCCS Invoice Number if nonpayment and AHCCCS Invoice Number exists Expect XccyymmddXXXXXXXX with X being pay entity (A-Acute, L-LTC, etc), payment date and 8 byte AHCCCS provider ID
	TRN03	Payer Identifier	Expect 1866004791
	TRN04	Originating Co Supplemental Code	Expect AHCCCS funding source FFSV-Acute FFS (A) LFFS-LTC FFS (L) KFFS-KidsCare FFS (K) BKFS-KidsCare Behavioral Health (C) BFFS-Behavioral Health Non KidsCare FFS (B) FQMB-QMB (M) ADOC-ADOC FFS (G) MDOC-Maricopa DOC (J) JDOC-Juvenile DOC (N) School Based Claiming FFSV-Admin (D) LFFS-Admin (E) FFSV-(R) LFFS-(S)

Loop ID	Element	Description	AHCCCS 835 Usage/Expected Value
-----------	**REF**	**RECEIVER IDENTIFICATION**	
	REF02	Receiver Identifier	Expect SFTP Directory Folder Name, entity that retrieves transaction
1000A	**N1**	**PAYER IDENTIFICATION**	
1000A	N102	Payer Name	Expect AHCCCS
1000A	**N3**	**PAYER ADDRESS**	
1000A	N301	Payer Address Line	Expect 701 E Jefferson
1000A	**N4**	**PAYER CITY, STATE, ZIP**	
1000A	N401	Payer City Name	Expect Phoenix
1000A	N402	Payer State Code	Expect AZ
1000A	N403	Payer Postal Zone or ZIP Code	Expect 85034
1000A	**PER**	**PAYER BUSINESS CONTACT INFORMATION**	
1000A	PER02	Payer Contact Name	Expect Claims Customer Service
1000A	PER03	Communication # Qualifier	Expect TE
1000A	PER04	Payer Contact Communication #	Expect 6024177670
1000A	PER05	Communication Number Qualifier 2	Expect TE
1000A	PER06	Payer Contact Communication #	Expect 8005230231
1000A	**PER**	**PAYER TECHNICAL CONTACT INFORMATION**	
1000A	PER02	Payer Technical Contact Name	Expect EDI Customer Support
1000A	PER03	Communication # Qualifier	Expect EM
1000A	PER04	Payer Contact Communication #	Expect EDICustomerSupport@azahcccs.gov
1000A	**PER**	**PAYER WEB SITE**	**Expect when any 2110 loop HealthCare Policy REF segment is used**
1000A	PER03	Communication # Qualifier	Expect UR
1000A	PER04	Payer Contact Communication #	Expect http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=providermanuals
-------	**PLB**	**PROVIDER LEVEL ADJUSTMENT**	Expect when a provider adjustment has occurred.
	PLB03-2	Provider Adjustment Identifier	Expect AHCCCS Invoice Number if one exists Invoice numbers for aged offsets will contain an AO in them and Invoice numbers for returned checks to provider will an RC in them. If no Invoice Number exists, expect XccyymmddXXXXXXXX, with X being the funding source (for example, A=acute care), ccyymmdd payment date, and 8 byte provider ID. When FB is used, this PLB03-2 must match the TRN02.

4 TI CHANGE SUMMARY

#	Location & Section	Revision	Revision Date
1.0		Final	October 2012
2.0	Cover Page	Updated to reflect the AHCCCS Template	November 28, 2017
2.0	Section 3 Instructions Table	Removed Section 3 Instructions Table and replaced as Section 3 Transaction Specific Information	November 28, 2017
2.0	Section 4 TI Additional Information	Removed Section 4 Additional Information due to missing table	November 28, 2017