



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

Standard Companion Guide Transaction Information

**Instructions related to the 835 Health Care Claim
Payment/Advice based on ASC X12 Technical Report
Type 3 (TR3) Implementation Guide, version 005010A1**

**Companion Guide Version Number: 1.0
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Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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Transaction Instruction (TI)

1. TI Introduction

1.1 Background

1.1.1 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

1.1.2 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 a 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).

1.1.3 Compliance according to ASC X12

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

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

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

ASC X12 TR3 Implementation Guides can be obtained by visiting <http://store.x12.org/store/>.

2. Included ASC X12 Implementation Guides

Unique ID	Name
005010X221	Health Care Claim Payment/Advice (835)

3. Instruction Tables

Loop ID	Reference	Name	Codes/Notes/Comments
			Glossary: NOT USED BY AHCCCS - AHCCCS does not use the segment or element for processing or updating of the adjudication system. The field may still be required by a Validator. - Follow TR3 guidelines.
			Blue = Header segments
			Light Blue = Payer Identification
			Green = Payee Identification
			Purple = Header Number
			Yellow = Claim Payment Information
			Orange = Service Payment Information
			Pink = Provider Level Adjustment
			Bright Green = Specific guidance or use provided to Trading Partner (TP); included in Instruction Table of the Companion Guide (CG)
		TABLE 1-HEADER	
-----	ISA	Interchange Control Header	
	ISA06	Interchange Sender ID	Expect AHCCCS866004791
	ISA08	Interchange Receiver ID	Expect SFTS 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

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Loop ID	Reference	Name	Codes/Notes/Comments
-----	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 XccyymmddXXXXXXXXX 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)
-----	REF	Receiver Identification	
	REF02	Receiver Identifier	Expect SFTS 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

Loop ID	Reference	Name	Codes/Notes/Comments
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
		TABLE 3-SUMMARY	
-----	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 XccymmddXXXXXXXX, with X being the funding source (for example, A=acute care), ccymmdd payment date, and 8 byte provider ID. When FB is used, this PLB03-2 must match the TRN02.

4. TI Additional Information

4.1 Other Resources

The following Websites provide information for where to obtain documentation for Medicare adopted EDI transactions, code sets and additional resources.

Resource	Web Address
ASC X12 TR3 Implementation Guides	http://store.x12.org
Washington Publishing Company Health Care Code Sets	http://www.wpc-edi.com/content/view/711/401/
To request changes to HIPAA adopted standards	http://www.hipaa-dsmo.org/

5. TI Change Summary

#	Location & Section	Revision
1.0		Final