

WPS Insurance Corporation - TRICARE

Standard Companion Guide Trading Partner Information

**Instructions related to Transactions
based on American National
Standards Institute X12
Implementation Guides, versions
005010X223A2, 00501X222A1, and
005010X221**

**Companion Guide Version Number: 5.0,
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Preface

Companion Guides (CG) contain two types of data; instructions for electronic communications with the publishing entity (Trading Partner Information) and/or supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12

Implementation Guide (IG) (Transaction Instructions). Either the Trading Partner Information 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 Trading Partner Information 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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Trading Partner Information

1. Introduction

Throughout this document you will see WPS – TRICARE listed. WPS – TRICARE is the entity authoring this Companion Guide. WPS - TRICARE is defined as the contractor chosen by TRICARE Management Activity (TMA) to service the TRICARE for Life, TRICARE West Region and TRICARE Overseas contracts.

1.1 Purpose

This document is intended to provide information from WPS Insurance Corporation to its trading partners and give them the information they need to exchange Electronic Data Interchange (EDI) data. This includes information about registration, testing, support, and specific information about control record setup.

WPS -TRICARE is publishing this Companion Guide to clarify, supplement and further define specific data content requirements to be used in conjunction with, and not in place of, the ASCX12N TR3s for all transactions mandated by HIPAA and/or adopted by WPS-TRICARE for Electronic Data Interchange.

This Companion Guide provides communication, connectivity and transaction specific information to WPS –TRICARE's trading partners and serves as the authoritative source for WPS -TRICARE specific EDI protocols.

1.2 Scope

EDI addresses how providers, or their business associates, exchange Professional and Institutional Claims, Claim Acknowledgments, Claim Remittance Advice, Claim Status Inquiry and Response, and Eligibility Inquiry and Response electronic transactions with WPS - TRICARE. Below is a listing of transactions offered by WPS - TRICARE:

Transactions	Version
270/ 271 Health Care Eligibility Benefit Inquiry and Response	005010X279A1
837 Health Care Claim: Professional	005010X222A1
837 Health Care Claim: Institutional	005010X223A2
999 Implementation Acknowledgment For Health Care Insurance	005010X231A1
835 Health Care Claim Payment/Advice	005010X221A1
276/277 Status Inquiry and Response	005010X212
277CA Claim Acknowledgement	005010X214
National Council for Prescription Drug Programs (NCPDP)	D.0 April 2009

An EDI Trading Partner is defined as any WPS -TRICARE customer (Provider, Billing Service, Software Vendor) that transmits to, or receives

electronic data from, WPS -TRICARE. The WPS -TRICARE EDI transaction system supports transactions adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as additional supporting transactions as described in this guide.

1.3 Overview

This Companion Guide (CG) includes information needed to initiate and maintain communication with WPS - TRICARE. In addition, this CG has been written to assist you in designing and implementing transaction standards to meet WPS TRICARE's processing guidelines. This information is organized in the sections listed below:

- **Getting Started**: This section includes information related to system operating hours, provider data services, and audit procedures. Information concerning Trading Partner registration and the Trading Partner testing process is also included in this section.
- **Testing and Certification Requirements**: This section includes detailed transaction testing information as well as certification requirements needed to complete transaction testing with WPS - TRICARE.
- **Connectivity/Communications**: This section includes information on WPS – TRICARE's transmission procedures as well as communication and security protocols.
- **Contact Information**: This section includes EDI customer service, EDI technical assistance, provider services and applicable web sites.
- **Control Segments/Envelopes**: This section contains information needed to create the ISA/IEA, GS/GE and ST/SE control segments for transactions to be submitted to WPS - TRICARE.
- **Acknowledgments and Reports**: This section contains information on all transaction acknowledgments sent by WPS – TRICARE and report inventory.
- **Additional Trading Partner Information**: This section contains information related to implementation checklist, transmission examples, Trading Partner Agreements and other resources.
- **Trading Partner Information Change Summary**: This section describes the differences between the current Companion Guide and the previous Companion Guide(s).

1.4 References

The following websites provide information for where to obtain documentation for WPS – TRICARE adopted EDI transactions and code sets.

- 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/>

1.5 Additional Information

The websites listed below provide additional resources during the transition year for HIPAA version 5010 implementation.

- www.wpsic.com/edi/5010-Readiness.shtml
- www.wpsic.com/edi/5010-Readiness-Schedule.shtml

2. Getting Started

2.1 Working Together

WPS – TRICARE is dedicated to providing several support tools to ensure communication remains constant and efficient. WPS – TRICARE has several options available to assist the trading partner community with their electronic data exchange needs.

An EDI help desk is established for the first point of contact for basic information and troubleshooting. The help desk is available to support most EDI questions/issues while at the same time being structured to triage each question/issue if more advanced research is needed. An EDI email is also accessible as a method of communicating with WPS - TRICARE. The email account is monitored by knowledgeable staff ready to assist you. When communicating via email please exclude any Protected Health Information (PHI) to ensure security is maintained. In addition to the WPS - TRICARE help desk and email access, feel free to communicate via fax or United States Postal Service (USPS) mail.

Specific information about the above-mentioned items can be found in the sections below (Section 5).

2.2 Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, software vendor, employer group, financial institution, etc.) which transmits electronic data to, and/or receives electronic data from, another entity.

WPS – TRICARE supports many different types of customers for Electronic Data Interchange (EDI). To ensure proper registration it is important to understand the terminology associated with each customer type.

- **Trading Partners:** are entities (provider, billing service, software vendor, employer group, financial institution, etc.) that transmit

electronic data to and/or receive electronic data from WPS - TRICARE.

- **Submitter:** is the entity which owns the healthcare data being submitted. It is most likely a provider, hospital, clinic, etc.
- **Vendor:** is an entity which provides hardware, software and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing service or clearinghouse.

WPS – TRICARE requires all trading partners to complete EDI registration and sign a Provider Agreement form. The EDI enrollment form designates the WPS – TRICARE contract the entity agrees to engage in for EDI. It also ensures agreement between parties to implement standard policies and practices to ensure the security and integrity of information exchanged. The forms can be accessed at:

- The 'TRICARE Provider Agreement' (West Region) form can be downloaded from:
http://www.wpsic.com/edi/get_started.shtml
- The 'TRICARE for Life Provider Agreement' form can be downloaded from:
http://www.wpsic.com/edi/get_started.shtml

Under HIPAA, EDI applies to all covered entities transmitting the following administrative transactions: 837I and 837P, 835, 270/271, 276/277 and NCPDP. Beginning on January 1, 2012, WPS – TRICARE will use the TA1, 999 and 277CA Acknowledgement transactions to relay acceptance/rejection of EDI files. Entities processing paper do not need to complete an EDI registration.

A provider's EDI Trading Partner ID and password serve as a provider's electronic signature. Any illegal action performed with an improperly shared User ID and password is the sole responsibility of the provider. A provider's EDI Trading Partner ID and password are not part of the capital property of the provider's operation, and may not be given to a new owner of the provider's operation. A new owner must obtain their own EDI Trading Partner ID and password.

This EDI Trading Partner ID can be obtained through self-registration or by contacting EDI Enrollment/Marketing (Section 5). To self register, go to:

<https://corp-ws.wpsic.com/apps/wtps-web/unauth/wtps.do>

Note: If you are currently registered as an electronic trading partner with WPS for version 004010 transactions, there is no need to obtain a new EDI Trading Partner ID for submission of version 005010 claims or receive outbound transactions.

If a provider elects to submit/receive transactions electronically using a third party such as a billing agent, clearinghouse or network services vendor, they are required to have an agreement signed by that third party. The third party must agree to meet the same WPS – TRICARE security and privacy requirements that apply to the provider in regard to viewing or use of TRICARE beneficiary data. Providers will notify WPS – TRICARE which third party agents they will be using on their Provider Agreement form.

Third parties are required to register with WPS - TRICARE by completing the 'Billing Service/ Clearinghouse Contractor Agreement' form if they have not done so already. This will ensure that their connectivity is established properly.

- The '**TRICARE West Region Billing Service/Clearinghouse Contractor Agreement**' can be downloaded from:
http://www.wpsic.com/edi/get_started.shtml
- The '**TRICARE for Life Billing Service/Clearinghouse Contractor Agreement**' can be downloaded from:
http://www.wpsic.com/edi/get_started.shtml

Once WPS has processed your agreement form, we will contact you and your clearinghouse/billing service (if this is a chosen option) with approval to begin submitting test or production files. It is normally not required to test when submitting through an approved clearinghouse.

Providers must also be informed that they are not permitted to share their personal EDI access number and password with any billing agent, clearinghouse/network service vendor. Providers must also not share their personal EDI access number with anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility, or to determine the status of a claim. No other non-staff individuals or entities may be permitted to use a provider's EDI number and password to access

WPS – TRICARE systems. Clearinghouse and other third party representatives must obtain and use their own unique EDI access number and password provided by WPS - TRICARE.

2.3 Trading Partner Testing and Certification Process

Once your agreement is processed you will receive an EDI submitter number, password and Secure-EDI website instructions or WPS Bulletin Board System (BBS) instructions (based on the transmission method you chose).

You are now ready to test. It is recommended that you submit a test file of at least twenty-five (25) claims that are applicable to your practice (i.e., office visits, x-rays, lab work), so WPS can ensure your future production claims will process in an efficient manner. It may not be necessary to submit this number if you are a smaller office who does not deal with a wide variety services. Once you have created your test file, you can submit through your chosen transmission method. There is no need to notify our office that you are sending a test file.

When your test file has been submitted through either the WPS Secure-EDI website or the WPS Bulletin Board System (BBS) we will telephone or email your office with the results. At that time we will approve your office for production submission or request that you make the necessary modifications to your data and submit another test file.

3. Testing and Certification Requirements

3.1 Testing Requirements

Test claims are subject to standard syntax and Implementation Guide (IG) semantic data edits; acknowledgements will be provided when this process detects errors (see section 8). Be sure that your test files populate ISA15 with a 'T' and that you are submitting them to the Test Folder on Secure EDI or the Bulletin Board System (BBS).

- Standard syntax testing validates the programming of the incoming file and includes file layout, record sequencing, balancing, alpha-numeric/numeric/date file conventions, field values, and relational edits. Test files must pass 100 percent of the standard syntax edits before production submission is approved.
- IG Semantic Data testing validates data required for claims processing. A submitter must demonstrate, at a minimum, a 95 percent accuracy rate in data testing before production submission is approved, where in the judgment of WPS – TRICARE the vendor/submitter will make the necessary correction(s) prior to submitting a production file.

- Business edits are in place because of requirements in the WPS – TRICARE claim processing system. These data requirements are further data constraints within the implementation which work to expedite claims processing and increase accuracy. A vendor/submitter must demonstrate 100 percent accuracy on their test files in order to be approved for production submission is approved.

WPS will contact you with your test results within 3 business days of your test submission. Once approved for production, enter your claims with a 'P' in ISA15 and submit to the Production Folder on Secure EDI or the Bulletin Board System (BBS).

3.2 Certification Requirements

To be considered certified as a WPS EDI Trading Partner:

1. A valid Provider Agreement or Billing Service/Clearinghouse Contractor Agreement (section 2.2) on file.
2. All testing requirements have been met (section 3.1).

WPS – TRICARE does test with vendors, clearinghouses, and billing services, and maintains an approved vendor list which can be accessed at:

<http://www.wpsic.com/edi/tools.shtml>

The list can be found under the heading labeled “**EDI Connection**” towards the bottom of this web page.

Note: Vendors are only provided with testing capability.

4. Connectivity / Communications

4.1 Communication Protocols

There are two transmission methods available when registering to become a WPS Electronic Trading Partner; the WPS Secure EDI Website and the WPS Bulletin Board System (BBS).

Below is a brief description of each and some general system requirements for each:

- The WPS Secure EDI Website (MOVEit DMZ) software itself resides on a Microsoft Windows Server platform hardened against threats from the Internet and trusted networks. Organizations that need to support very large volumes of file transfers and/or many users may require additional hardware, but for many organizations

the minimum recommended specifications of a MOVEit DMZ should suffice:

- 2 GHz Pentium-compatible CPU
- 80 GB SATA or SAS Hard Drive
- 1 GB RAM
- 100/1000 Mb TCP/IP-capable ethernet interface

The WPS Secure EDI Website (MOVEit DMZ) has been tested against and fully supports the following major browsers:

- Internet Explorer version 6.0 and higher
- Internet Explorer 7.0 and higher preferred when using MOVEit Upload/Download Wizard (ActiveX or Java)
- FireFox (2.0 and 3.0) preferred when using MOVEit Upload/Download Wizard (Java - Windows/*nix/Mac OS X)
- Safari (versions 2 and 3) under Macintosh OS X when using MOVEit Upload/Download Wizard (Java Only)

More information regarding the WPS Secure EDI Website can be found at:

<https://secure-edi.wpsic.com> (view the 'Online Manual')

- The WPS Bulletin Board System (BBS) uses asynchronous telecommunications. This method requires using a dial up modem in order to connect to the WPS BBS. Instructions on how to access the WPS Bulletin Board System (BBS) can be found at:

www.wpsic.com/edi/edi_bbs.shtml

4.1.1 Re-transmission procedures

If a claim file or claims within a claim file are rejected for whatever reason, you will need to resend the corrected file or create a new claim file with the corrected claims. You will use the same transmission method to transmit your corrected file/claims.

4.2 Security Protocols

Trading Partners who conduct business with TRICARE are subject to TRICARE Management Activity (TMA) security policies.

Users should take appropriate measures to prevent unauthorized disclosure or modification of assigned IDs and passwords. Violation of this policy will result in revocation of all methods of system access, including but not limited to EDI front-end access.

- You should protect User ID and Password privacy by limiting knowledge of the User ID and password to key personnel only.
- Password requirements are located in the instructional material provided for the applicable application, websites, etc. Intervals of when to change passwords are also described in these materials.

5. Contact information

5.1 EDI Enrollment/Marketing

- 1717 W. Broadway, Madison, WI 53713
- P.O. Box 8128, Madison, WI 53713
- 1-800-782-2680 (Option 4)
- **edi@wpsic.com**
- 8:00a.m – 4:30p.m (Monday – Friday)
- Fax: (608)-223-3824

5.2 EDI Technical Assistance/Help Desk

- 1717 W. Broadway, Madison, WI 53713
- P.O. Box 8128, Madison, WI 53713
- 1-800-782-2680 (Option 2)
- **edi@wpsic.com**
- 8:00a.m – 4:30p.m (Monday – Friday)
- Fax: (608)-223-3824

5.3 Applicable websites

- General WPS EDI Information
www.wpsic.com/edi/index.shtml
- Secure EDI Website
<https://secure-edi.wpsic.com>

- TRICARE for Life Website
www.tricare4u.com
- TRICARE West Region Website
www.triwest.com
- TRICARE Overseas Website
www.tricare-overseas.com

6. Control Segments / Envelopes

Interchange Control (ISA/IEA), Function Group (GS/GE), and Transaction (ST/SE) envelopes must be used as described in the implementation guides. WPS – TRICARE 's expectations for inbound ISAs and a description of data on outbound ISAs are detailed in this chapter. Specific guidelines and instructions for GS and GE segments are contained in each Transaction Information companion Guide.

Note: WPS – TRICARE only accepts functional groups based upon one TR3 Implementation Guide per Interchange Envelope (ISA/IEA). If transactions based on more than one TR3 Implementation Guide are being submitted, each must be contained within its own Interchange.

6.1 ISA-IEA

Delimiters – Inbound Transactions

As detailed in the HIPAA adopted implementation guides, delimiters are determined by the characters sent in set positions of the ISA header. For inbound transmissions to WPS – TRICARE, these characters are determined by the submitter and can be any characters which are not contained within any data elements within the ISA/IEA Interchange Envelope.

Delimiters – Outbound Transactions

WPS – TRICARE will use the following delimiters in all outbound transactions. Note that these characters will not be used in data elements within an ISA/IEA Interchange Envelope.

Delimiter	Character Used	Dec Value	Hex Value
Data Element Separator	*	42	2A
Repetition Separator	^	94	5E

Component Element Separator	:	58	3A
Segment Terminator	~	126	7E

Inbound Data Element Detail and Explanation

All data elements within the interchange envelop (ISA/IEA) must follow X12 syntax rules as defined within the adopted implementation guide.

Segment: ISA Interchange Control Header (Incoming)

Reference	Name	Notes/Comments
ISA	Interchange Control Header	
ISA01	Authorization Information Qualifier	WPS – TRICARE does not use Authorization Information and will ignore content sent in ISA01 and ISA02
ISA02	Authorization Information	
ISA03	Security Information Qualifier	WPS – TRICARE does not use Security Information and will ignore content sent in ISA03 and ISA04
ISA04	Security Information	
ISA05	Interchange ID Qualifier	See Section 7.2
ISA06	Interchange Sender ID	WPS – TRICARE EDI Trading Partner ID
ISA07	Interchange ID Qualifier	See Section 7.2
ISA08	Interchange Receiver ID	See Section 7.2
ISA14	Acknowledgment Requested	WPS – TRICARE strongly recommends you populate ISA14 with a '1'.

6.2 GS-GE

A claim file (ISA-IEA) with multiple types of functional groups (GS-GE) inside it will reject all but the first presented functional group. Each interchange must have only one type of functional group within it.

6.3 ST-SE

WPS – TRICARE follows the HIPAA adopted transaction implementation guides.

7. Version 5010 Notes and Business Edits

7.1 Specific to ALL 005010 Transactions

- You must submit incoming 837 claim data using the basic character set as defined in the Implementation Guide.
- Only loops, segments, and data elements valid for the HIPAA Implementation Guides will be translated. Submitting data not valid based on the Implementation Guides may cause files to be rejected.
- Only loops, segments, and data elements valid for the HIPAA Implementation Guides will be translated. Non Implementation Guide data may not be sent for processing consideration.
- WPS - TRICARE may reject an interchange (transmission) that is not submitted with unique values in the ST02 (Transaction Set Control Number) elements.
- WPS - TRICARE will only accept claims for one line of business per transaction. Claims submitted for multiple lines of business within one ISA - IEA (Interchange) may cause the transaction to be rejected.
- WPS – TRICARE suggests retrieval of the Interchange Acknowledgment (TA1) and/or Implementation Acknowledgement for Health Care Insurance (999) on or before the first business day after the claim file was submitted, but no later than 5 days after the file submission. Compression of files using PKZIP is supported for transmissions between the submitter and WPS.
- Only valid qualifiers for WPS - TRICARE should be submitted on incoming 837 claim transactions (defined in the Business Edits below). Use of qualifiers not defined by TRICARE may cause the claim or the transaction to be rejected.
- The subscriber hierarchical level (2000B/HL segment) must be in order from one, by (+1) and must be numeric.
- Any Implementation 'Not Used' data element which is received will be ignored and not be considered for processing.

WPS -TRICARE Coordination of Benefits Claims:

In order to assure proper adjudication of claims containing prior payer involvement, it is strongly recommended that WPS – TRICARE receive the prior payer information and a reason if there is no prior payment on the claim(s) submitted. WPS – TRICARE follows the ASC X12 837 implementation guides for the needed elements to process these types of claims. The following outline provides the basic elements of the 837 which are needed for coordination of benefits claim processing.

Loop 2320:

SBR - Other Subscriber Information: The 2320 loop is required when reporting other insurance, prior or otherwise. The multiple instances of SBR segments breakdown multiple payers and their adjudication information.

AMT – Prior Payer Paid: The 837 implementation guide requires this element if the claim was adjudicated by a prior payer.

OI – Other Insurance Coverage Information: Required when 2320/SBR is reported.

Loop 2320 and 2430:

CAS – Claim Level Adjustments/Line Adjustments: The CAS segments, as described in the 837 implementation guides indicate the CAS usage to report prior payer adjustments that cause the amount paid to differ from the amount originally charged. Report Claim Adjustment Reason Codes (CARC) and associated dollar amounts at the same level as received from the prior payer.

Loop 2330A:

NM1 – Other Subscriber’s Name: The 837 implementation guide requires this segment if Loop 2320 is present.

Loop 2330B:

NM1 – Other Payer Name: The 837 implementation guide requires this segment if Loop 2320 is present.

DTP – Claim Check or Remittance Date: The 837 implementation guide requires when the line adjudication date is not used and the prior payer as adjudicated the claim.

Dental Claim Transaction:

WPS – TRICARE does not process non-adjunctive dental claims. Adjunctive dental claims must contain a diagnosis and be submitted in the 837 Professional or Institutional format for adjudication by WPS – TRICARE.

7.2 Business Edits

WPS may edit data submitted within the 837 transaction beyond the requirements defined in the Implementation Guides. These requirements are defined in the Business Edits listed below.

LOOP	SEGMENT	ELEMENT	WPS TRICARE 837 INSTITUTIONAL BUSINESS EDITS
	ISA05		Must = '27', '28', or 'ZZ'
	ISA06		If ISA15 = 'P', the Submitter ID in ISA06 must be approved for production claim submission.
	ISA07		Must = 'ZZ'
	ISA08		Must = 'TDFIC' – TRICARE for Life Direct 'WESTR' – TRICARE West Region 'FOREN' – TRICARE Overseas
	ISA09		Must = The date of the interchange, must not be a future date.
	ISA15		When ISA15=P submit to Production Folder When ISA15=T submit to Test Folder
	GS02		Must = ISA06
	GS03		Must = ISA08
	GS04		Must = The date the functional group was created, must not be a future date.
	BHT	02	Must = '00'
	BHT	06	Must = 'CH' or '31'
1000A	NM1	09	Must = ISA06
1000B	NM1	09	Must = ISA08
2000A	CUR	02	If 'CUR' segment used, CUR02 must = 'USD'. No foreign currency will be accepted.
2010AC			Any information submitted in loop 2010AC – Pay-to-Plan will be ignored and not considered in processing.
2000B	SBR	09	Must = 'CH'
2010BA	NM1	02	Must = '1'
2010BA	NM1	03	If the subscriber only has one name, populate NM103 and leave NM104 blank.
2010BA	NM1	08	Must = 'MI'
2010BA	NM1	09	Must = 9 - 11 numeric digits and must be a string of data not containing any spaces or hyphens.
2010BA	DMG	02	Must not be a future date.
2010BB	REF		If the 2010BB-REF 'Billing Provider Secondary Identification' segment is sent, it will be ignored and not considered in processing.
2010CA	NM1	03	If the patient only has one name, populate NM103 and leave NM104 blank.
2010CA	DMG	02	Must not be a future date.
2300	DTP	03	Must not be a future date.
2320	AMT	02	When AMT01 = A8, amount sent in AMT02 will be ignored and not used in adjudication.
2400	LX	01	Must be greater than zero and less than or equal to 998.
2400	SV2	02-3, 02-4, 02-5, 02-6	You may report up to four modifiers; however, the TRICARE processing system will only use the first two for adjudication.
2400	SV2	05	Max value = 99999999.9. The number after the decimal point will be truncated.
2400	DTP	03	May not be a future date.

2400	DTP	03	Service Date should not span more than one calendar month or processing could be delayed.
2410	CTP	04	If decimal is reported, number after decimal will be truncated.

LOOP	SEGMENT	ELEMENT	WPS TRICARE 837 PROFESSIONAL BUSINESS EDITS
	ISA05		Must = '27', '28', or 'ZZ'
	ISA06		If ISA15 = 'P', the Submitter ID in ISA06 must be approved for production claim submission.
	ISA07		Must = 'ZZ'
	ISA08		Must = 'TDFIC' – TRICARE for Life Direct 'WESTR' – TRICARE West Region 'FOREN' – TRICARE Overseas
	ISA09		Must = The date of the interchange, must not be a future date.
	ISA15		When ISA15=P submit to Production Folder When ISA15=T submit to Test Folder
	GS02		Must = ISA06
	GS03		Must = ISA08
	GS04		Must = The date the functional group was created, must not be a future date.
	BHT	02	Must = '00'
	BHT	06	Must = 'CH' or '31'
1000A	NM1	09	Must = ISA06
1000B	NM1	09	Must = ISA08
2000A	CUR	02	If 'CUR' segment used, CUR02 must = 'USD'. No foreign currency will be accepted.
2010AC			Any information submitted in loop 2010AC – Pay-to-Plan will be ignored and not considered in processing.
2000B	SBR	09	Must = 'CH'
2000B	PAT	08	Must be greater than zero and less than or equal to 9,999.99.
2010BA	NM1	02	Must = '1'
2010BA	NM1	03	If the subscriber only has one name, populate NM103 and leave NM104 blank.
2010BA	NM1	08	Must = 'MI'
2010BA	NM1	09	Must = 9 - 11 numeric digits and must be a string of data not containing any spaces or hyphens.
2010BA	DMG	02	Must not be a future date.
2010BB	REF		If the 2010BB-REF 'Billing Provider Secondary Identification' segment is sent, it will be ignored and not considered in processing.
2010CA	NM1	03	If the patient only has one name, populate NM103 and leave NM104 blank.
2010CA	DMG	02	Must not be a future date.
2320	AMT	02	When AMT01 = A8, amount sent in AMT02 will be ignored and not used in adjudication.
2400	SV1	01-3, 01-4, 01-5, 01-6	You may report up to four modifiers; however, the TRICARE processing system will only use the first two for adjudication.

2400	SV1	04	If SV103 = 'UN', SV104 must be greater than zero and less than or equal to 99,999.9. The number after the decimal point will be truncated.
2400	DTP	03	Must not be a future date.
2400	DTP	03	Service Date should not span more than one calendar month or processing could be delayed.
2410	CTP	04	If decimal is reported, number after decimal will be truncated.

8. Acknowledgements and Reports

8.1 ASC X12 Acknowledgments

WPS – TRICARE has adopted three new acknowledgement transactions, the TA1 Interchange Acknowledgement, 999 Implementation Acknowledgment and the 277 Claims Acknowledgement (277CA). These three acknowledgments will replace the 997 and proprietary reports previously sent by WPS.

- The TA1 Interchange Acknowledgment allows WPS to notify you that a valid envelope was received or that problems were encountered with the interchange control structure. The TA1 verifies the envelope of the file only. *It is strongly recommended that you populate ISA14 with a '1' to always generate a TA1 Acknowledgement.* Depending on the level of the error, a TA1 may generate on its own or it may populate as a segment within a 999 Implementation Acknowledgement.
- The 999 Implementation Acknowledgement will report syntactical and implementation errors against a functional group based on implementation guidelines. The 999 will also confirm receipt of a functional group which fully complies with implementation guidelines.
- The 277 Claim Acknowledgement (277CA) confirms receipt of your claim(s) and their acceptance or rejection. WPS will provide claim status codes to the finest detail possible in the 277CA.

The following provides an example of the detailed description and type of feedback to be expected in case of a rejected claim submission.

WPS – TRICARE has adopted a process to only reject claim submissions that are out of compliance with the ASC X12 version 5010 standard; the appropriate response for such errors will be returned on a TA1 Interchange Acknowledgement or a 999 Implementation Acknowledgment. Batch

submissions with errors may not be rejected in totality, but will selectively reject the claims submitted in error within it. Thus, WPS – TRICARE will reject claim submissions and return a TA1 Interchange Acknowledgement, 999 Implementation Acknowledgment and/or 277 Claim Acknowledgment with the listed error responses under the following:

Standard reject circumstances:

Front End Edits	Acknowledgement Response
In reference to all inbound transactions (270, 837 I & P, and 276), an interchange envelope (ISA-IEA) with multiple types of functional groups inside will reject all but the first presented functional group; each interchange must have only one type of functional group within it; however, multiple interchange envelopes are permitted within a transmission file.	999, AK905= 1 "Functional group not supported"
Incorrect HIPAA version number in the ISA	TA1, TA105 = 017 "Invalid Interchange Version ID Value"
Unsupported HIPAA X12 versions	<p>If at the Interchange Envelope TA1, TA105=017 "Invalid Interchange Version ID Value"</p> <p>If at the Functional Group Level 999, AK905 = 2 "Functional Group Version Not Supported"</p> <p>If this is at the Transaction Set Level (ST03) 999, IK502 = I6 "Implementation Convention Not Supported"</p>
Unauthorized Submitting Entity	TA1, TA105=006 Invalid Interchange Sender ID
A trading partner/submitter is not configured for a transaction reported in their GS08	999, AK905 = 2 "Functional Group Version Not Supported"
Invalid component element separators found	TA1, TA105= 027 "Invalid Component Element Separator"
Missing or invalid test/production indicator	TA1, TA105 = 020 "Invalid Test Indicator Value"
Submitter not authorized to submit in production mode	<p>277CA, CSCC A7: "Acknowledgement /Rejected for Invalid Information..."</p> <p>CSC 24: "Entity not approved as an electronic submitter."</p>
Submitter not authorized to submit in test mode	<p>277CA, CSCC A7: "Acknowledgement /Rejected for Invalid Information..."</p> <p>CSC 24: "Entity not approved as an electronic submitter."</p>

Non-Standard Reject Circumstances:

Front End Edits	Acknowledgement Response
A file type that is not supported by X12, such as excel spreadsheets, MS Word documents, etc. will be rejected.	No acknowledgement will be sent. Follow-up will be conducted by EDI Help Desk staff within 3 business days.

9. Health Care Claim Payment/Advice (835)

The Electronic Remittance Advice (ERA) is an electronic version of the Standard Provider Remittance (SPR) and contains the same information on claim payment, deductible, and co-insurance. As soon as your WPS - TRICARE claims finalize, we generate your ERA and post it into the appropriate mailbox on our Bulletin Board System. The ERA can also be retrieved from our Secure-EDI website. Depending on your software program, your ERA can be a secure and reliable alternative to manually posting claim adjudication information to an accounts receivable software program.

If you are planning to enroll in ERA in the future, below are some important facts you need to know about X12N 835 005010A1.

Claim Types:

- Professional claims will provide remittance information at the service line level.
- Institutional outpatient claims will provide remittance information at the service line level.
- Institutional inpatient claims will provide remittance information at the claim level only.

Reason and Remark Codes:

Reason Codes are maintained by the Blue Cross Blue Shield Association in the Joint Claim Adjustment/Claim Status Reason Code Maintenance Committee, and Remark Codes are maintained by the Centers for Medicare and Medicaid Services (CMS). Reason and Remark Codes are updated quarterly and are available at <http://www.wpc-edi.com>.

Corrections and Reversals:

The 835 5010 Implementation Guide outlines the approved method of adjustment processing. Adjustments to previously adjudicated claims, under HIPAA, must be performed utilizing the “correction and reversal” process. When a claim is adjusted the initial claim is completely reversed and then corrected with a complete adjustment claim.

Provider Adjustments:

If a claim was adjudicated prior to the provider being identified for electronic remittance and that claim is subsequently adjusted to result in an additional payment, the additional payment will be reported in the PLB segment using reason code "CS", Adjustment. The reference number will reflect the original claim number, and the patient's account number if reported. If the provider reports a check lost, stolen, damaged, etc. which results in a reissue of the payment to the same provider, the payment will be reflected in the PLB segment using reason code "CS", Adjustment, and the reference number will reflect the original check number.

9.1 Enrollment

- To begin receiving the 835 transaction, you can retrieve the necessary paperwork from our website.

http://www.wpsic.com/edi/tricare_west.shtml

- Select the form named ‘**Electronic Remit Advice**’ (This form is for all TRICARE contracts, select those which apply at the top)
- If you are going through a clearinghouse/billing service to receive your 835 transaction you will need to fill out that section on the form.
- Send this document to the address found on page 2 of the form.
- You will be contacted by email or telephone to confirm that your office is now enrolled to receive the 835 transaction.

9.2 Receiving the 835 file

- If you elect to receive your 835 through your clearinghouse/billing service, WPS –TRICARE will send the file to that third party. You will be

responsible for communicating with your clearinghouse/billing service to determine how you will retrieve the 835 transaction.

- If you elect to receive your 835 'directly', you will download the file using either the WPS Bulletin Board System (BBS) or WPS Secure EDI Website. If you do not have a BBS or WPS Secure EDI Website login for submitting claims, you will have to have this set up (Section 4) along with obtaining a WPS Trading Partner ID (Section 2.2). If you have any questions you can contact our EDI Helpdesk for assistance (1-800-782-2680 #2).

9.3 WPS – TRICARE 835 Data Usage

This section is meant to define specific data elements and explain how they are used in the WPS – TRICARE 835 transaction.

LOOP	SEGMENT	ELEMENT	WPS TRICARE
	ISA	06	TRICARE for Life = TDFIC TRICARE West Region = WESTR TRICARE Overseas = FOREN
	GS	02	TRICARE for Life = TDFIC TRICARE West Region = WESTR TRICARE Overseas = FOREN
	TRN		<i>TRICARE for Life and TRICARE West Region only.</i> When BPR04 = 'ACH': The TRN segment from the 835 is populated in its entirety in the NACHA Addenda 7 Record of the WPS – TRICARE CCD+ ACH payment which is sent to your bank. In addition to the TRN segment from the 835, WPS – TRICARE also furnishes additional information to assist in the re-association of the 835 to the ACH payment. Here is an example of the ACH Addenda Example of the 7 Record: 705TRN*01*02*03*04*18 digit TRICARE provider number*Customer

			Service Telephone number\
1000B	REF		The ' Payee Additional Identification' REF segment is not sent.
2110	SVC	01-3-6	When SVC01-2 is the original procedure code and sent with more than two modifiers, the 835 will report back up to two modifiers used in the adjudication of the procedure code. When SVC06-2 is present: A max of two modifiers will be reported in SVC01-3 – SVC01-4.
2110	SVC	06-3-6	When SVC06-2 (originally submitted procedure code) is present, all modifiers sent (up to four) will be sent back in SVC06-3 – SVC06-6.
	PLB	03-2	When PLB03-1 = ' WO ': <ul style="list-style-type: none"> • When PLB03-2 is numeric: this value is the Recoupment Case number which the offset was applied to. This Recoupment Case number was relayed to your office in a letter indicating that an overpayment was made and that if not repaid within 90 days, offset would occur. • 'PAYMENT WITHHELD DUE TO OFFSET': This verbiage indicates that an offset was applied but the 835 did not have a Recoupment Case number to send. • 'NET OFFSET RECONCILIATION': This amount has nothing to do with the current check. This amount is present because of the way WPS – TRICARE calculates the net payment of all past iterations of this claim. The presence of this verbiage means that offset was taken at some point in the claim's past but does not apply to this current payment. You will find a CLP segment which negates this amount.

Please call us at 1-800-782-2680 to discuss any questions or concerns you may have.

10. Additional Trading Partner Information

10.1 Implementation Checklist

Currently, WPS - TRICARE is underway with implementation activities for 5010. Transition to the new formats will start on January 1, 2011 and must be completed by January 1, 2012.

DATE	TRICARE ACTIVITY
June 2010	Begin internal testing for Versions 5010
Jan 1, 2011	Begin Level 2 testing period activities (external testing with Trading Partners and move into production; dual 4010A/5010 processing mode) for the 837 Professional and Institutional Formats. Begin internal ICD-10 compliance activities (Gap analysis, design, development, internal testing).
March 28, 2011	Begin Level 2 testing period activities (external testing with Trading Partners and move into production; dual 4010A/5010 processing mode) for the 835 Electronic Remittance Advice Formats.
September 15, 2011	Begin Level 2 testing period activities (external testing with Trading Partners and move into production; dual 4010A/5010 processing mode) for eligibility (270/271) and claim status (276/277).
Jan 1, 2012	5010 Compliance Date for all covered entities (all transactions).

11. Trading Partner Information Change Summary

Version	Date	Section(s) changed	Change Summary
4.0	12/5/11	6.1 & 7.2	Information Corrected