
Medicare Fee-For-Service (FFS)

**Standard Companion Guide
Trading Partner Information**

**Instructions related to Transactions based on
ASC X12 Implementation Guides, version
005010**

**Companion Guide Version Number: 3.0,
April 2011**

Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Trading Partner Information) and 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

1.1 Purpose

This document is intended to provide information from the author of this guide to trading partners to give them the information they need to exchange EDI data with the author. This includes information about registration, testing, support, and specific information about control record setup.

An Electronic Data Interchange (EDI) Trading Partner is defined as any Medicare customer (e.g., provider/supplier, billing service, clearinghouse or software vendor) that transmits to, or receives electronic data from, Medicare. Medicare's 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.

Medicare FFS 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 Medicare FFS for EDI.

This Companion Guide provides communication, connectivity and transaction specific information to Medicare FFS trading partners and serves as the authoritative source for Medicare FFS specific EDI protocols

Additional information on Medicare FFS EDI practices are referenced within Pub. 100-04 Medicare Claims Processing Manual, Chapter 24 on General EDI and EDI Support, Requirements, Electronic Claims and Mandatory Electronic Filing of Medicare Claims. This document can be accessed at

<http://www.cms.gov/manuals/downloads/clm104c24.pdf>

1.2 Scope

EDI addresses how providers/suppliers, or their business associates, exchange professional and institutional claims, claim acknowledgments, claim remittance advice, claim status inquiry and responses, and eligibility inquiry and responses electronically with Medicare. This guide also applies to electronic transactions that are being exchanged with Medicare by third parties, such as clearinghouses, billing services or network service vendors. Below is a listing of transactions required by Medicare FFS:

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/TA1 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) Version D.0 of the Telecom Standard	D.0 April 2009

This companion Guide provides technical and connectivity specification for the following above listed transactions:

- 837 Health Care Claim: Institutional
- 837 Health Care Claim: Professional
- 835 Health Care Claim: Payment Advice
- 276/277 Status Inquiry and Response

Technical specifications for the 999 Implementation Acknowledgement for Health Care Insurance and 277CA Claim Acknowledgement are subsumed under the technical specifications for the 837 Institutional and Professional Claim transaction.

The 270/271 Health Care Eligibility Benefit Inquiry and Response has its own companion guide that can be found at: <http://www.cms.gov/HETSHelp/>.

NCPDP Version D.0 also has its own companion guide that can be found at: <http://www.ngscedi.com/>.

1.3 Overview

This Companion Guide includes information needed to commence and maintain communication exchange with Medicare. In addition, this Companion Guide has been written to assist you in designing and implementing transaction standards to meet Medicare's processing standards. This information is organized in the sections listed below:

- Getting Started: This section includes information related to hours of operation, 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 Medicare.
- Connectivity/Communications: This section includes information on Medicare'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 Websites.
- 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 Medicare.
- Acknowledgments and Reports: This section contains information on all transaction acknowledgments sent by Medicare 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 Medicare adopted EDI transactions and code sets.

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/

1.5 Additional Information

Resource	Web Address
WPS 5010 Readiness	http://www.wpsic.com/edi/5010-Readiness.shtml

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

Resource	Web Address
Central Version 005010 and D.0 Webpage on CMS website	http://www.cms.gov/Versions5010andD0/
Educational Resources (including MLN articles, fact sheets, readiness checklists, brochures, quick reference charts and guides, and transcripts from national provider calls)	http://www.cms.gov/Versions5010andD0/40_Educational_Resources.asp#TopOfPage
Dedicated HIPAA 005010/D.0 Project Web page (including technical documents and communications at national conferences)	http://www.cms.gov/MFFS5010D0/
Frequently Asked Questions	http://questions.cms.hhs.gov/app/answers/list/kw/5010
Responses to Technical Comments	http://www.cms.gov/TransactionCodeSetsStands
To request changes to HIPAA adopted standards	http://www.hipaa-dsmo.org/

The following website provides operational information for EDI and electronic transaction standards:

- Medicare FFS EDI Operations
<http://www.cms.gov/ElectronicBillingEDITrans/>

2. Getting Started

2.1 Working Together

WPS Medicare is dedicated to providing several communication channels to ensure communication remains constant and efficient. WPS Medicare has several options in an effort to assist the community with their electronic data exchange needs. By using any of these methods WPS Medicare is focused on supplying the Trading Partner community with a variety of support tools.

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/incidents while at the same time being structured to triage each incident if more advanced research is needed. An EDI email is also accessible as a method of communicating with WPS Medicare 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 Medicare EDI help desk and email access, feel free to communicate via alternative methods (see section 5 below for contact information).

WPS Medicare also has several external communication components in place to reach out to the trading partner community. WPS Medicare posts all critical updates, system issues and EDI specific billing material to their website, http://www.wpsic.com/edi/med_index.shtml. All Trading Partners are encouraged to visit this page to ensure familiarity with the content of the site. WPS Medicare also distributes EDI pertinent information in the form of an EDI newsletter or comparable publication, which is posted to the website every 3 months. In addition to the website, a distribution list has been established in order to broadcast urgent messages. Please register for WPS Medicare distribution list by visiting <http://www.wpsmedicare.com>, select eNews located at the upper right hand corner, enter your e-mail address, and check the lists you would like to sign up for (general, state-specific, or specialty-specific lists are all available).

WPS Medicare sends a message every Monday. On occasion you will receive a message on another day of the week when we have urgent news to share.

Specific information about the above-mentioned items can be found in the sections below.

2.2 Trading Partner Registration

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

Medicare FFS, and WPS Medicare support many different types of trading partners or customers for electronic data interchange (EDI). To ensure proper registration it is important to understand the terminology associated with each customer type.

A **Submitter** is the entity that owns the submitter ID associated with the healthcare data being submitted. It is most likely the provider, hospital, clinic, supplier, etc., but could also be a third party submitting on behalf of one of these entities. However, a submitter must be directly linked to each billing NPI. Often the terms submitter and trading partner are used interchangeably because a **Trading Partner** (TP) is defined as the entity engaged in the exchange or transmission of electronic transactions. Thus, the entity that is submitting electronic administrative transactions to WPS Medicare is a Medicare FFS trading partner.

Provider/Supplier – the entity that renders services to beneficiaries and submits health care claims to Medicare.

A **Vendor** is an entity that provides hardware, software and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor or clearinghouse.

Software Vendor – an entity that creates software used by billing services, clearinghouses and providers/suppliers to conduct the exchange of electronic transactions with Medicare FFS.

Billing Service – a third party that prepares and/or submits claims for a provider/supplier.

Clearinghouse – a third party that submits and/or exchanges electronic transactions (claims, claim status or eligibility inquiries, remittance advice, etc.) on behalf of a provider/supplier.

Network Service Vendor – a third party that provides connectivity between a provider, supplier, clearing house or billing service and WPS Medicare.

Medicare requires all trading partners to complete EDI registration and sign an EDI Enrollment form. The EDI enrollment form designates the Medicare contractor and/or CEDI as the entity they agree to engage in for EDI and 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:

http://www.wpsic.com/edi/pdf/medb_enroll.pdf

Entities processing paper do not need to complete an EDI registration.

EDI Set-up with WPS

New direct submitters that will submit EDI claims directly to WPS will need to complete a self-registration process on our WPS Trading Partner System (WTPS) to prepare for 5010 testing and production claim submission. WTPS is located at the following URL: <https://corp-ws.wpsic.com/apps/wtps-web/unauth/wtps.do>

After registration has been completed on WTPS, we will send you the appropriate submitter ID and password information.

Providers without Internet access may register for EDI by contacting us at:

- Legacy A: (866) 734-6656
- Legacy B: (877) 567-7261
- J5A & B: (866) 503-9670

As a reminder, providers that are currently enrolled to submit EDI transactions to Medicare ***will not have to re-sign an EDI Enrollment Form.***

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, 2011, Medicare contractors and CEDI will also use the TA1, 999 and 277CA error handling transactions.

Medicare requires that WPS Medicare furnish new providers/suppliers that request Medicare claim privileges information on EDI. Additionally, Medicare requires WPS Medicare to assess the capability of entities to submit data electronically, establish their qualifications (see test requirements in Section 3.0 below), and enroll and assign submitter EDI identification numbers to those approved to use EDI. The EDI enrollment process for the Medicare beneficiary inquiry system (HETS 270/271) is currently a separate process. Information on the EDI enrollment process for HETS can be found on the CMS HETSHelp website (<http://www.cms.gov/HETSHelp/>).

A provider must obtain an NPI and furnish that NPI to WPS Medicare prior to completion of an initial EDI Enrollment Agreement and issuance of an

initial EDI number and password by that contractor. WPS Medicare is required to verify that NPI is on the NPI Crosswalk. If the NPI is not verified on the NPI Crosswalk, the EDI Enrollment Agreement is denied and the provider is encouraged to contact WPS Medicare Provider Enrollment department (for Medicare Part A and Part B providers) or the National Supplier Clearinghouse (for DME suppliers) to resolve the issue. Once the NPI is properly verified, the provider can reapply the EDI Enrollment Agreement.

A provider's EDI number and password serve as a provider's electronic signature and the provider would be liable if any entity with which the provider improperly shared the ID and password performed an illegal action while using that ID and password. A provider's EDI access number 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 access number and password.

If providers elect to submit/receive transactions electronically using a third party such as a billing agent, a 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 Medicare security and privacy requirements that apply to the provider in regard to viewing or use of Medicare beneficiary data. These agreements are not to be submitted to Medicare, but are to be retained by the providers. Providers will notify WPS Medicare which third party agents they will be using on their EDI Enrollment form.

Third parties are required to register with WPS Medicare by completing the third party agreement form. This will insure that their connectivity is completed properly, however, a separate enrollment may be required for enrollment in mailing lists to receive all publications and email notifications.

This agreement can be downloaded from the Medicare Resource section:

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

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 Medicare systems. Clearinghouse and other third party representatives must obtain and use their own unique EDI access number and password from WPS Medicare. For a complete reference to security requirements see section 4.4 below and refer to the Appendix A CMSR High Impact Level Data document located on the CMS website (http://www.cms.gov/informationsecurity/downloads/ARS_App_A_CMSR_HIGH.pdf.)

2.3 Trading Partner Testing and Certification Process

WPS Medicare follows CMS testing requirements.

- 25 claim minimum
- ISA14 Strongly encourage to use a 1 or a TA1 will not generate
- ISA15 must = T for testing
- 100% Syntax
- 95% Medicare business rules
- Submitter is considered in test until approved by contractor

3. Testing and Certification Requirements

3.1 Testing Requirements

All claim submitters must produce accurate electronic test claims before being allowed to submit claim transactions in production. All submitters must send a test file containing at least 25 claims, which are representative of their practice or services. The number of claims could be increased or decreased, on a case by case basis, to ensure adequate testing of any given submitter. Test claims are subject to standard syntax and IG semantic data edits; documentation will be provided when this process detects errors.

- 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 is approved.

- IG Semantic Data testing validates data required for claims processing, e.g., procedure/diagnosis codes, modifiers. A submitter must demonstrate, at a minimum, a 95 percent accuracy rate in data testing before production is approved where, in the judgment of WPS Medicare, the vendor/submitter will make the necessary correction(s) prior to submitting a production file. For FIs, the minimum 95 percent accuracy rate includes the front-end edits applied using the FISS implementation guide editing module.
- Test results will be provided to the submitter within three (3) business days; during HIPAA version transitions this time period may be extended, not to exceed ten (10) business days.

Many claim submitters use the same software, or the same clearinghouse to submit their electronic claims to Medicare. Vendors and clearinghouses are expected to test by line of business and contract. Vendors and clearinghouses may also contact WPS Medicare to receive blanket approval.

Providers/suppliers who submit transactions directly to more than one FI, Carrier, RHHI, A/B MAC, and/or CEDI, and billing services and clearinghouses that submit transactions to more than one FI, Carrier, RHHI, A/B MAC, and/or CEDI, must contact each FI, Carrier, RHHI, A/B MAC, and/or CEDI with whom they exchange EDI transactions to inquire about the need for supplemental testing whenever they plan to begin to use an additional EDI transaction, different or significantly modified software for submission of a previously used EDI transaction, or before a billing agent or clearinghouse begins to submit transactions on behalf of an additional provider. The individual FI, Carrier, RHHI, A/B MAC, and/or CEDI may need to retest at that time to re-establish compatibility and accuracy, particularly if there will also be a change in the telecommunication connection to be used.

Billing services and clearinghouses are not permitted to begin to submit or receive EDI transactions on behalf of a provider prior to submission of written authorization by the provider that the billing agent or clearinghouse has been authorized to handle those transactions on the provider's behalf. See section 2.2 above for further information on EDI Enrollment.

3.2 Certification Requirements

Medicare FFS does not certify providers/suppliers; however, WPS Medicare does certify vendors, clearinghouses, and billing services in

the form of testing with them and maintaining an approved vendor list that can be accessed at:

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

4. Connectivity / Communications

4.1 Process flows

- A claim is sent to WPS by a submitter.
- The claim goes through the initial edits. If it fails the initial edits, then WPS creates the failed message. If it passes the initial edits, then it is sent to the Custom Off The Shelf Translator (COTS).
- At the COTS translator, the claim can either be accepted, be accepted with errors, or reject.
- The COTS will produce the 999, which will be sent to the provider to advise whether the claim was accepted and sent for further processing or rejected
 - If a claim rejected, it goes no further.
 - If a claim is accepted or accepted with errors, then it is sent to the Common Edit Module (CEM).
 - At the CEM, the claim can be accepted and passed into adjudication system or be rejected.
 - The CEM will produce the Claim Acknowledgment (277CA), which will be sent to the submitter to advise whether the claim was accepted adjudication system or rejected.
 - Once the claim has been processed in adjudication system and the remittance (either Standard Paper Remittance (SPR) or Electronic Remittance Advice (835) is produced.

4.2 Transmission Administrative Procedures

WPS Medicare does not have provisions or procedures for technical Internet connectivity specifications for real time processing of these transactions: 276/277, 837, or 835.

4.3 Communication Protocols

1. Transfer Protocols
 - a. Secure File Transfer Protocol (SFTP) via AGNS connection
2. Asynchronous Dial-up Bulletin board system

WPS is currently using the WPS EDI Bulletin Board System (BBS) to receive your electronic files using asynchronous telecommunications. The BBS also allows you to receive reports and other files from WPS

 - Hayes compatible modem, with a minimum 9600 baud rate
 - Protocols (ASCII, X modem, Y modem, Z modem and Kermit/Super Kermit)

- Analog telephone line (DLS or Cable modem connections will not work)

Network Service Vendor:

- Ivans
- Ability
- ICS SOFTWARE, LTD

NOTE: Internet is not currently a Medicare FFS approved communication protocol, except under the internet portal demonstrations, for select transactions and with prior CMS approval. WPS is not currently participating in a CMS internet portal demonstration project.

4.4 Security Protocols

Trading Partners who conduct business with Medicare are subject to CMS security policies.

CMS' information security policy strictly prohibits any trading partner from outsourcing system functions to any resource located outside of the United States or its territories. Prohibited outsourced functions include but are not limited to the transmission of electronic claims, receipt of remittance advice, or any system access to obtain beneficiary PHI and/or eligibility information. Violation of this policy will result in revocation of all methods of system access, including but not limited to EDI front-end access or EDC RACF user access. WPS Medicare is responsible for notifying all affected providers/suppliers as well as reporting the system revocation to CMS. See the Appendix A CMSR High Impact Level Data document (**Section SA-9**) located on the CMS website (http://www.cms.gov/informationsecurity/downloads/ARS_App_A_CMSR_HIGH.pdf.)

CMS' information security policy strictly prohibits the sharing or loaning of Medicare assigned IDs and passwords. 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 or EDC RACF user access. WPS Medicare is responsible for notifying all affected providers/suppliers as

well as reporting the system revocation to CMS. See the Appendix A CMSR High Impact Level Data document (**Section IA-2**) located on the CMS website (http://www.cms.gov/informationsecurity/downloads/ARS_App_A_CMSR_HIGH.pdf.)

- The submitter identifier or NPI constitutes the provider's legal electronic signature and constitutes an assurance by the provider that services were performed as billed;
- Submitter shall use sufficient security procedures (including compliance with all provisions of the HIPAA security regulations) to ensure that all transmissions of documents are authorized and protect all beneficiary-specific data from improper access;
- Sharing of IDs and passwords is strictly prohibited and is a violation of CMS regulations. Submitter must be terminated when an ID is no longer needed;
- TPs should protect password privacy by limiting knowledge of the password to key personnel, and all procedures that should be followed on password requirements, and intervals to change password, and when password should be changed when there are any personnel changes;
- Only EDI Transactions submitted by authorized Trading Partners will not be accepted;
- TPs shall protect password privacy by limiting knowledge of the password to key personnel, and all procedures that should be followed on password requirements, and intervals to change password, and when password should be changed when there are any personnel changes;
- Submitters/TPs can transmit via batch, 7 days per week, 24 hours per day. WPS Medicare processes claims received before 4 pm CST each business day. Claims received after 4 pm CST will be processed on the next business day;
- Password duration/expiration: Passwords will expire after 60 days. You must change your password before it expires. If a submitter needs a password reset, the authorized party may contact the EDI Helpdesk.

5. Contact information

5.1 EDI Customer Service

<u>Medicare Part A & B J5 MAC</u>	<u>Medicare Part A Legacy</u>	<u>Medicare Part B</u>
(IA, KS, MO, NE)	(Multiple States)	(IL, MI, MN, WI)
WPS Medicare EDI	WPS Medicare EDI	WPS Medicare EDI
1717 West Broadway	PO Box 1602	912 N Pentecost Drive
Madison, WI. 53713	Omaha, NE 68101	Marion, IL 62959
Fax: (608) 223-3824	Fax: (402) 351-6188	Fax: (618) 998-5170
Phone: (866) 503-9670	Phone: (866) 734-6656	Phone: (877) 567-7261

5.2 EDI Technical Assistance

<u>Medicare Part A & B J5 MAC</u>	<u>Medicare Part A Legacy</u>	<u>Medicare Part B</u>
(IA, KS, MO, NE)	(Multiple States)	(IL, MI, MN, WI)
WPS Medicare EDI	WPS Medicare EDI	WPS Medicare EDI
1717 West Broadway	PO Box 1602	912 N Pentecost Rd.
Madison, WI. 53713	Omaha, NE 68101	Marion, IL 62959
Fax: (608) 223-3824	Fax: (402) 351-6188	Fax: (618) 998-5170
Phone: (866) 503-9670	Phone: (866) 734-6656	Phone: (877) 567-7261

5.3 Provider Services

<u>Medicare MAC J5A</u>	<u>Medicare MAC J5B</u>
J5A (866) 518-3285	J5B (866) 507-3807
<u>Medicare Part A Legacy</u>	<u>Medicare Part B</u>
Legacy A Central (866) 580-5984	Illinois (866) 234-7340
Legacy A Northeast (866) 580-5945	Michigan (866) 234-7331
Legacy A Southeast (866) 580-5981	Minnesota (866) 359-1598
Legacy A West (866) 580-5987	Wisconsin (866) 359-1599

5.4 Applicable Websites / e-mailEDIMedicareA@WPSIC.comEDIMedicareB@WPSIC.com**6. Control Segments / Envelopes**

Enveloping information must be as follows:

Element	Name	Codes/Content	Notes/Comments
ISA	Interchange Control Header		
ISA01	Authorization Information Qualifier	00	Medicare expects the value to be 00. ISA02 shall contain 10 blank spaces.
ISA02	Authorization Information		
ISA03	Security Information Qualifier	00	Medicare expects the value to be 00 and ISA03 shall contain 2 blank spaces.
ISA04	Security Information		Medicare does not use Security Information and will ignore content sent in ISA04.
ISA05	Interchange ID Qualifier	27 28 ZZ	ISA05 = 28 or ZZ for 837I ISA05 = 27 or ZZ for 837P ISA05 = ZZ for 276
ISA07	Interchange ID Qualifier	27 28 ZZ	ISA07 = 28 or ZZ for 837I ISA07 = 27 or ZZ for 837P

Element	Name	Codes/Content	Notes/Comments
			ISA07 = ZZ for 276
ISA08	Interchange Receiver ID		<p>MAC specific number for the inbound transactions.</p> <p>Michigan B 00953 Idaho B 05130 Wisconsin B 00951 Minnesota B 00954 Illinois B 00952</p> <p>Iowa J5 05102 Kansas J5 05202 Missouri J5 05302 Nebraska J5 05402</p> <p>These Receiver IDs are also required in the GS03 and [in Loop 1000B and NM109 for the 837].</p>
ISA11	Repetition Separator		Must be present
ISA14	Acknowledgement Requested	1	<p>Medicare requires submitter to send code value 1 - Interchange Acknowledgment Requested (TA1). Medicare will only return a TA1 segment when there is an error in the ISA/IEA Interchange Envelope.</p>
GS02	Application Sender Code		Include submitter number assigned by the MAC.
GS03	Application Receiver's Code		Receiver ID assigned by the MAC
GS08	Version Identifier Code	837I 005010X223A1 Errata- 005010X223A2	ERRATA Versions, when applicable. GS08 must also match the ST03.

Element	Name	Codes/Content	Notes/Comments
		837P 005010X222 Errata- 005010X222A1 276 005010X212 No Errata version change	
NM109 837-1000A loop 276- 2100B loop			Submitter ID. Must match the value submitted in ISA 06 and GS02
NM109 837-1000B loop 276- 2100A loop			Receiver ID. Must match value submitted in ISA 08 and GS03 [MACs indicate here if there is an exception]

Interchange Control (ISA/IEA), Function Group (GS/GE), and Transaction (ST/SE) envelopes must be used as described in the national implementation guides. Medicare'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: Medicare only accepts functional groups based upon one TR3 Implementation Guide per Interchange Envelope (ISA/IEA). If transactions based upon more than one TR3 Implementation Guide are being submitted, each must be contained within its own Interchange

For Medicare FFS specific guidance refer the appropriate Medicare FFS transaction specific edit documents found at <http://www.cms.gov/ElectronicBillingEDITrans/>.

6.1 ISA-IEA

Delimiters – Inbound Transactions

As detailed in the HIPAA adopted implementation guides, delimiters are determined by the characters sent in specified, set positions of the ISA header. For transmissions to Medicare (inbound transmissions), 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

Medicare recommends the use of the following delimiters in all outbound transactions; trading partners/submitters should contact their local FI, RHHI, Carrier, A/B MAC or CEDI for any deviations. 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	>	62	3E
Repetition Separator	^	94	5E
Component Element Separator	+	43	2B
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.

6.2 GS-GE

Functional group (GS-GE) codes are transaction specific. Therefore, information concerning the GS/GE Functional Group Envelope can be found in the transaction specific appendices of this companion guide.

6.3 ST-SE

Medicare has no requirements outside the HIPAA adopted transaction implementation guides.

7. Acknowledgements and Reports

999 Example:

```
ISA*00*      *00*      *ZZ*CONTRACT  *ZZ*SUBID      *110207*1511**^*00501*000000001*0*T::~~
GS*FA*CONTRACT*SUBID*20110207*151135*1*X*005010X231~
ST*999*0001*005010X231~
AK1*HC*49*005010X222~
```

AK2*837*49001*005010X222~
IK5*A~
AK9*A*1*1*1~
SE*6*0001~
GE*1*1~
IEA*1*000000001~

7.1 ASC X12 Acknowledgments

Medicare has adopted two new acknowledgement transactions, the 999 Implementation Acknowledgment For Health Care Insurance and the 277 Claims Acknowledgment or 277CA. These two acknowledgments will replace proprietary reports previously provided by WPS Medicare.

Medicare FFS 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 999 Implementation Acknowledgment transaction. Batch submissions with errors will not be rejected in totality, unless warranted, but will selectively reject the claims submitted in error within it. Thus, Medicare FFS will reject claim submissions and return a 999 Implementation Acknowledgment transaction with the error responses listed within the 837 Institutional or Professional Edits Spreadsheet found at <http://www.cms.gov/ElectronicBillingEDITrans/>.

7.2 Report Inventory

No proprietary reports will be returned for valid transaction.

8. Additional Trading Partner Information

For a list of Medicare specific edits, please refer to Appendix 10 of this guide.

8.1 Implementation Checklist

If you rely on your vendor to maintain your billing system and keep you up-to-date with electronic billing, you need to ask your vendor about plans for 5010.

- Is your vendor going to have a 5010 errata HIPAA-compliant billing program?
- Does your billing system have all the required information needed to create a 5010 errata compliant claim?
- When will your vendor be testing?
- Will you have to bill through a clearinghouse?
- When will your vendor roll out updates to you?

- When will you be able to test?
- When will you be ready to go into production?

HIPAA Transaction	Transaction Standard	Currently Supported?	Will Be Supported?	Beta Test Date?	Production Release Date?
Institutional Claims	837I				
Professional Claims	837P				
ERN	835				
Eligibility	270/271				
Claim Status	276/277				
Claim Acknowledgement	277CA				
Functional Acknowledgement	999/TA1				

8.2 Transmission Examples

This is an example of the electronic envelope for an Iowa B, 837 professional. Please note, individual submitter ID, contract code and transaction will affect values in elements. For additional examples, please refer to the applicable TR3.

```
ISA*00*      *00*      *ZZ*SUBID      *ZZ*CONTR      *110203*1226*^*00501*000000049*1*T*::~~
GS*HC*SUBID*CONTR*20110203*12262822*49*X*145010X222~
ST*837*49001*005010X222~
```

8.3 Trading Partner Agreement

EDI Trading Partner Agreements ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

Medicare FFS requires all Trading Partners to sign a Trading Partner Agreement with WPS Medicare. This agreement can be found at: http://www.wpsic.com/edi/pdf/medb_enroll.pdf

8.4 Frequently Asked Questions

Frequently asked questions can be accessed at:
<http://www.cms.gov/ElectronicBillingEDITrans/> And
<http://www.wpsic.com/edi/pdf/Medicare-FAQs.pdf>

8.5 Other Resources

Contractor IDs (ISA08, GS03, 1000A/NM109)

<u>Medicare MAC J5A</u>	<u>Medicare MAC J5B</u>
Iowa 05101	Iowa 05102
Kansas 05201	Kansas 05202
Missouri 05301	Missouri 05302
Nebraska 05401	Nebraska 05402
<u>Medicare Legacy Part A</u>	<u>Medicare Legacy Part B</u>
Legacy Part A 52280	Illinois 00952
	Michigan 00953
	Minnesota 00954
	Wisconsin 00951

9. Trading Partner Information Change Summary

Version	Date	Section(s) changed	Change Summary
1.0	November 5, 2010	All	Initial Draft
2.0	January 3, 2010	All	1 st Publication Version
3.0	April 2011	6.0	2 nd Publication Version

10. Appendices

A. 837 Institutional Claim Transaction Specific Information

<http://www.cms.gov/ElectronicBillingEDITrans/Downloads/5010A2837ACG.pdf>

B. 837 Professional Claim Transaction Specific Information

<http://www.cms.gov/ElectronicBillingEDITrans/Downloads/5010A1837BCG.pdf>

C. 276/277 Claim Status Inquiry and Response Transaction Specific Information

<http://www.cms.gov/ElectronicBillingEDITrans/Downloads/5010276277CG.pdf>

D. 835 Remittance Advice Transaction Specific Information

<http://www.cms.gov/ElectronicBillingEDITrans/Downloads/5010A1835CG.pdf>