



ACS EDI GATEWAY, INC.

***ANSI ASC X12N 837 Health Care Claim
Institutional
Wyoming Medicaid
Companion Guide***

December 4, 2007

**ACS EDI GATEWAY, INC.
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Companion Guide Documentation Change Control

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

Change Control Table				
Author of Change	Page	Change	Reason	Date
Ray Strong EDI Business Analyst	20	Changed ISA 06 To now read: Please use the Trading Partner ID provided during the enrollment process, followed by spaces to complete the 15-digit element Example: '12345 '	This element uses trailing spaces not zeros to accommodate for the remainder of the 15-digit element	08/20/03
Ray Strong EDI Business Analyst	21	Changed ISA 08 Please use 100000 followed by spaces to complete the 15-digit element. This is the Interchange Receiver ID Example: '100000 '	This element uses trailing spaces not zeros to accommodate for the remainder of the 15-digit element	08/20/03
Ray Strong EDI Business Analyst	22	Changed GS 02 to now read: The value in this data element should mirror that of ISA06 Example: '12345 '	This element uses trailing spaces not zeros to accommodate for the remainder of the 15-digit element	08/20/03
Ray Strong EDI Business Analyst	22	Changed GS 03 to now read: Please use 77046 followed by spaces to complete the 15-digit element Example: '77046 '	This element uses trailing spaces not zeros to accommodate for the remainder of the 15-digit element	08/20/03



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Change Control Table				
Author of Change	Page	Change	Reason	Date
Candace Thompson EDI Business Analyst	21	Changed ISA 08 to now read: Please use 100000 followed by spaces to complete the 15-digit element. This is the Interchange Receiver ID Example: '100000 '	The remainder of the element after the 100000 must be spaces	10/02/03
Candace Thompson EDI Business Analyst	22	Changed GS 03 to now read: Please use 77046 followed by spaces to complete the 15-digit element Example: '77046 '	The remainder of the element after the 77046 must be spaces	10/02/03
Candace Thompson EDI Business Analyst	28	Changed QTY01 to now read: Please use ' CA ' for Covered-Actual, or use ' NA ' for Number of Non-covered Days.	' AC ' was the incorrect code	10/02/03
R Strong	10	Added examples on how to Read 997's Accepted and rejected. Added proper Naming Convention For the Sub Header to read X12 N 997-Functional Acknowledgement.	User Clarity	10/24/03
R Strong	12	Added example for how to read 824's	User Clarity	10/28/03
R Strong	15	Added the iDEx Hyperlink	User Clarity	10/28/03



Change Control Table				
Author of Change	Page	Change	Reason	Date
R Strong	20-27	Corrected Usage of the words "Use" and "Enter". Removed all Quotation marks from list values	User Clarity	10/28/03
Amanda Starr		Updated EDI Support contact information.	Call center transition	2/17/05
Lidia Klemetsrud		Changes made for the NPI remediation	Per WY FA request	3/16/07
John Goetz		Added information on NDC requirement. Aligned page numbers in Chapters 7 and 8 with 837I Combined Implementation Guide.	New Requirement	12/4/07



Disclaimer

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

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

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

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

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



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At a Glance

Chapter 1, Introduction

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

Chapter 2, Transmission Methods

Chapter 2 discusses submitting electronic data interchange to the ACS EDI Gateway.

Chapter 3, Transmission Responses

Chapter 3 discusses confirmation and error responses to transactions submitted.

Chapter 4, Data Retrieval Methods

Chapter 4 highlights various means of electronic data interchange retrieval from the ACS EDI Gateway.

Chapter 5, Testing

Chapter 5 discusses transaction testing procedures.

Chapter 6, Payer Specific Data

Chapter 6 includes information on Enrollment and ACS EDI Gateway contact information.

Chapter 7, Segment Description - V4010.A1

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

Chapter 8, Transaction Description - V4010.A1

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



Chapter 1 Introduction

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

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

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

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

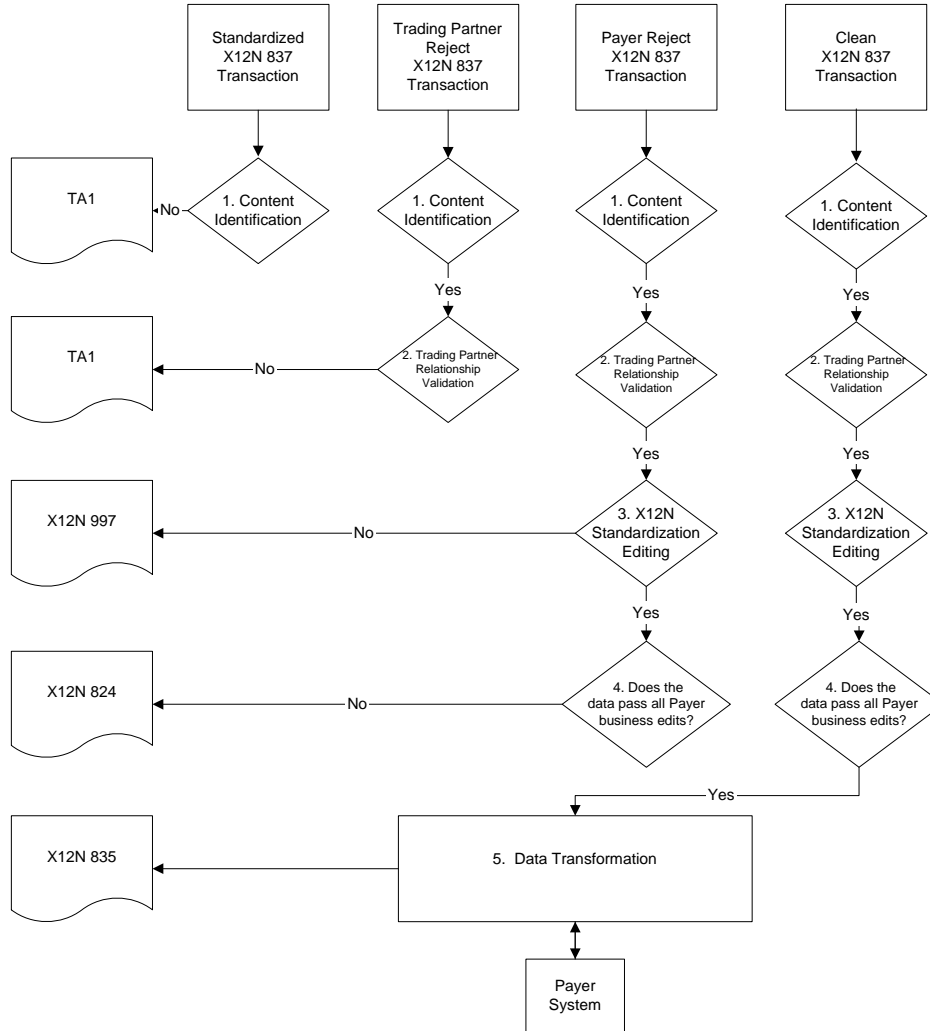
The 837 Institutional transaction data will be submitted to the ACS SHCH for processing. ACS SHCH validates submission of ANSI X12N format(s). If the file contains syntactical error(s), the segment(s) and element(s) where the error(s) occurred will be reported in a X12 N 997 Functional Acknowledgement.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

Audience

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



Editing and Validation Flow Diagram



LEGEND:

- 1. Content Identification:** Data identification is attempted. If the data is corrupt or intended for another resource, a TA1 (Interchange Acknowledgement) will be returned. If the data can be identified, it is then checked for Trading Partner Relationship Validation.
- 2. Trading Partner Relationship Validation:** The trading partner information is validated. If the trading partner information is invalid, a TA1 (Interchange Acknowledgement) will be returned to the submitter. If the trading partner relationship is valid, the data will pass for X12N syntax validation.
- 3. X12N Syntax Validation:** A determination will be made as to whether the data is ANSI ASC X12N. A X12 N 997 (Functional Acknowledgement) will be returned to the submitter. The X12 N 997 contains **ACCEPT** or **REJECT** information. If the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. If the data passes X12N syntax validation, payer business edits will be performed.
- 4. Payer Business Edits:** Front-end editing of the data will occur. If the data does not pass this edit level, an X12N 824 (Application Advice) will be sent detailing errors. If the data passes this level, it will proceed to the payer system for processing.
- 5. Data Transformation:** The data is transformed. An ANSI ASC X12N 835 will be returned for submitter pickup.



Chapter 2 Transmission Methods

Trading Partners are offered the following transmission methods:

Asynchronous Dial-Up

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

Communication Protocols

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

XMODEM, YMODEM, ZMODEM, Kermit

Teleprocessing Requirements

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

Telecommunications

Hayes-compatible 2400-56K BPS asynchronous modem.

File Format

ASCII text data.

Compression Techniques

PKZIP will compress one or more files into a single ZIP archive.

WINZIP will compress one or more files into a single ZIP archive.

ACS accepts transmission with any of the above compression techniques, as well as non-compression files.

Data Format

8 data bit, 1 stop bit, no parity, full duplex.

Transmission Protocol

ZMODEM uses 128 byte to 1024 byte variable packets and a 16-bit



Teleprocessing Settings

ASCII Sending

or 32-bit Cyclical Redundancy Check (CRC).

XMODEM uses 128 byte blocks and a 16-bit CRC.

YMODEM uses 1024 byte blocks and a 16-bit CRC.

KERMIT can be accepted if X, Y, or ZMODEM capabilities are not available with your communication software.

Send line ends with line feeds (should not be set).

Echo typed characters locally (should not be set).

Line delay 0 milliseconds.

Character delay 0 milliseconds.

ASCII Receiving

Append line feeds to incoming line ends should not be checked.

Wrap lines that exceed terminal width.

Terminal Emulation

VT100 or Auto.



Transmission Procedures

SUBMITTER

1. Dial ACS Host
2. Enter Login Name,
Push Enter Key
3. Enter Password,
Push Enter Key
4. Enter Desired Selection,
Push Enter Key

HOST SYSTEM

Answers call, negotiates a common baud rate, and sends to the Trading Partner:

“Please enter your Login=>”

Receives User Name (Login Name) and sends to the Trading Partner:

“Please enter your password=>”

Receives Login and verifies if Trading Partner is an authorized user:

Sends HOST selection menu followed by a user prompt:

On the screen,
“Please Select from the Menu Options Below =>”

#1. Electronic Claims

Submission: Assigns and sends the transmission file name then waits for ZMODEM (by default) file transfer to be initiated by the Trading Partner.

#2. View Submitter Profile

#3. Select File Transfer

Protocol: Allows you to change the protocol for the current submission only. The protocol may be changed to **(k)**ermit, **(x)**Modem, **(y)**Modem, or **(z)**Modem. Enter the first letter of the protocol that you wish to use. Enter selection **[k,x,y,z]:**



**5. To Send file, Enter “1”
and Push Enter Key**

#4. Download Confirmation

#9. Exit & Disconnect:

Terminates connection.

Receives ZMODEM (or other designated protocol) file transfer. Upon completion, initiates file confirmation. Sends file confirmation report.

Sends HOST selection menu followed by a user prompt=>

On the screen,
**“Please Select from the Menu
Options Below =>”**

Web Portal

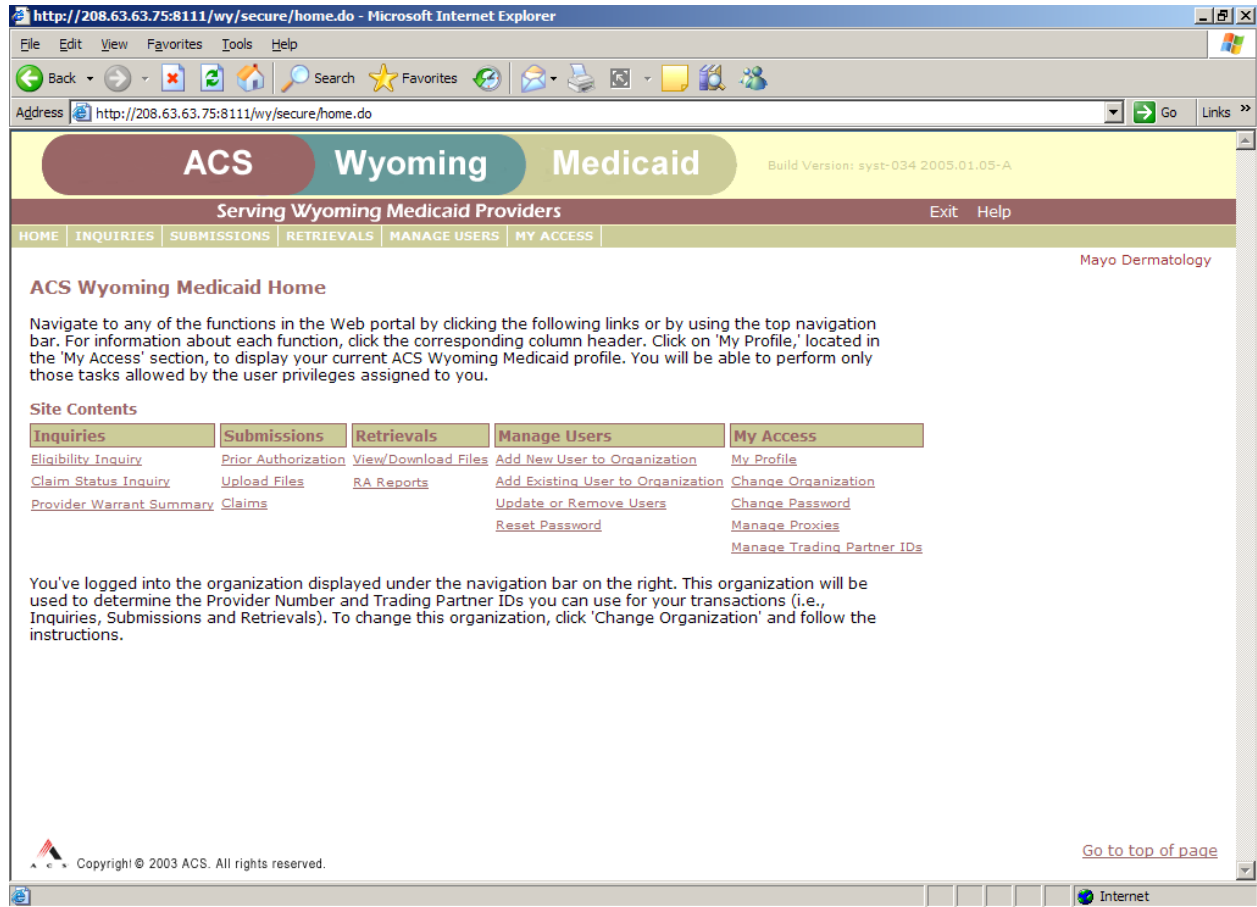
The Web portal allows a trading partner to initiate the submission of a batch file for processing. The trading partner must be an authenticated portal user who is a provider. Only active Wyoming Medicaid providers are authorized to access files via the Web. The provider accesses the Web portal via a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

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



Home Page

Example A:



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



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Upload Files

Example B:

ACS Wyoming Medicaid (Build Version: syst-034 2005.01.05-A)

Serving Wyoming Medicaid Providers Exit Help

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

Mayo Dermatology

ACS Wyoming Medicaid Home

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current ACS Wyoming Medicaid profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
Eligibility Inquiry	Prior Authorization	View/Download Files	Add New User to Organization	My Profile
Claim Status Inquiry	Upload Files	RA Reports	Add Existing User to Organization	Change Organization
Provider Warrant Summary	Claims		Update or Remove Users	Change Password
			Reset Password	Manage Proxies
				Manage Trading Partner IDs

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Trading Partner IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

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Internet

Select the Upload Files link to send files to ACS.



File Submission

Example C:

ACS Wyoming Medicaid Build Version: syst-034 2005.01.05-A

Serving Wyoming Medicaid Providers Exit Help

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

Home > Submissions > Upload Files Mayo Dermatology

Upload Files

Only X12 HIPAA compliant files may be uploaded to the system. You cannot upload a file larger than 4M (megabytes) in size.

Please select a Trading Partner ID, and either enter the path of the file to upload or click 'Browse' to select a file.

Trading Partner ID: 100019

File Path: Browse...

Upload Reset

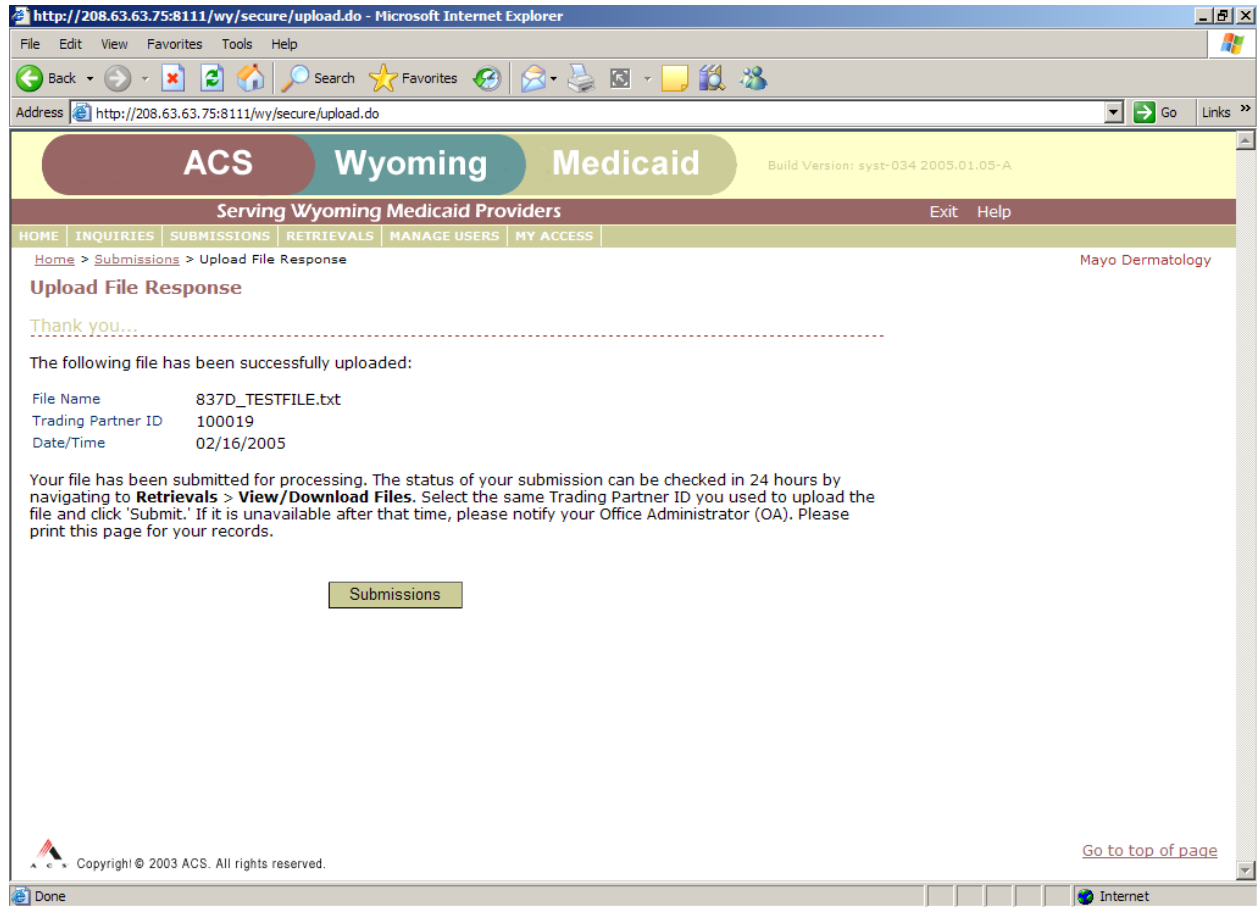
Copyright © 2003 ACS. All rights reserved. Go to top of page

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



Confirmation Screen

Example D



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



Chapter 3 Transmission Responses

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

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

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

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



Interchange Level Errors and TA1 Rejection Report

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

TA1-Interchange Acknowledgement

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

Refer to National Electronic Data Interchange Implementation Guide, Health Care Claim, Institutional 837, under Sections A and B.



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

EXAMPLE:

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

ISA Interchange Control Header, contains sender information.

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

ST Transaction Set Header, starts a transaction set.

Contains detail segment information within a transaction

SE Transaction Set Trailer, ends a transaction set.

ST Transaction Set Header, starts a transaction set.

Contains detail segment information within the next transaction if it exists

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

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

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



Transaction Set Level Syntax Results and 997 Rejection Report

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

X12 N 997-Functional Acknowledgement

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

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

```
ISA*00*                *00*5265                *ZZ*100000                *ZZ*100008
*031023*1126*U*00401*000000166*1*T*~GS*FA*77046*100008*20031023*112600*1660001*X
*004010X096A1~ST*997*0001~AK1*HC*19990000~AK2*278*TEST~AK5*A~AK9*A*1*1*1~SE*
6*0001~GE*1*1660001~IEA*1*000000166~
```

A=Accepted

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

R=Rejected

Refer to National Electronic Data Interchange Implementation Guide, Health Care Claim, Institutional 837, under Sections A and B.



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

EXAMPLE:

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

ISA Interchange Control Header, contains sender information.

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

ST Transaction Set Header, starts a transaction set.

Contains detail segment information within a transaction

SE Transaction Set Trailer, ends a transaction set.

ST Transaction Set Header, starts a transaction set.

Contains detail segment information within the next transaction if it exists

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

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

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



Implementation Guide Level Results and the Rejection Report

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

824-Application Advice

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

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

Wyoming Business Edits

- 1. Not a Medicaid or Medicare Provider**
WY_ERR_1-No Medicaid/Medicare Provider (CLM-01)
- 2. Invalid Provider Number**
WY_ERR_2-Invalid Provider-Provid (CLM-01)
- 3. COB-Detail – No corresponding COB-Header**
WY_ERR_3-COBDetail Without COBHeader (CLM-01)
- 4. Patient Level Claim Rejects**
WY_ERR_4-Patient Level Claim Reject (CLM-01)
- 5. Unable to locate TCN Number (CLM-01)**
WY_ERR_5-Unable to locate TCN Number (CLM-01)
- 6. Invalid NPI Luhn Check digit algorithm**
WY_ERR_6-NPI Luhn Edit failed (CLM-01)
- 7. Medicaid ID not allowed with NPI**
WY_ERR_7- Medicaid ID not allowed with NPI

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



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

EXAMPLE:

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

ISA Interchange Control Header, contains sender information.

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

ST Transaction Set Header, starts a transaction set.

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

SE Transaction Set Trailer, ends a transaction set.

ST Transaction Set Header, starts a transaction set.

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

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

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

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



ANSI ASC X12N 835-Remittance Advice

835-Remittance Advice

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

<http://wyomingmedicaid.acs-inc.com/>



Chapter 4 Data Retrieval Methods

Internet Data Exchange (iDEX)

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

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

<http://wyomingmedicaid.acs-inc.com/>



Chapter 5 Testing

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

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

Additionally, those submitters who have created their own software applications must use EDIFECS to validate that their transactions are X12N compliant prior to submitting any test files to ACS EDI Gateway. Submitters cannot obtain direct Internet access to EDIFECS. They can only obtain access through the Internet enrollment process with ACS EDI Gateway, <http://www.acs-gcro.com>.

ACS EDI Business Analysts will assist submitters with EDIFECS testing. However, the process has proven to be user-friendly, intuitive, and capable of guiding the tester to select a Transaction Set, submission of a text-formatted file and utilization of Implementation Guides to verify compliance.

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

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



Trading Partner Testing Procedures

1. ACS makes available companion guides and enrollment packages for download via the web at http://www.acs-gcro.com/Medicaid_Accounts/Wyoming_Medicaid/Companion_Guides/companion_guides.htm.
2. Trading Partner completes and submits enrollment package to ACS EDI Gateway.
3. ACS assigns Trading Partner's a Login Name and Login User ID.

Testing with EDIFECS

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

Testing with ACS EDI Gateway

1. Trading Partner creates test cases and transmits transaction data to ACS EDI Gateway.
2. The ACS EDI Support Unit representative evaluates the flow of test data through ACS' State Healthcare Clearinghouse, SHCH.
3. When a test case is passed successfully through ACS EDI Gateway, an ACS EDI Support Unit representative will contact the trading partner to communicate that they are approved for placement into the production environment for that specific Transaction Set, when available. If the testing entity is a software vendor, they will be required to provide a list of submitters using the approved software package.
4. Trading partners will remain in the testing environment until each Transaction Set they are testing has passed successfully.



Chapter 6 Payer Specific Data

EDI Support

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

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

Enrollment Information

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

Transmission Telephone Number

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



Tracking Transmission/Production Problems

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

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

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

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

Highlights

To promote efficient, accurate electronic transaction processing, please note:

- Each user is assigned an ACS EDI Gateway Trading Partner ID, 6-digits long.
- Logon Name, 8-characters long.
- Logon User ID (password), 9-characters long.
- ACS EDI Gateway Submitter ID, 5-digits long.
- All dates are in the CCYYMMDD format.
- All date/times are in the CCYYMMDDHHMM format.
- The same phone number will be used for transmitting test and production.
- Wyoming Medicaid Provider ID, 9-digits long.
- National Provider Identification (NPI) number, 10 digits long
- The Receiver ID and Payer ID for Wyoming Medicaid are 77046. Transmissions without this value in the appropriate fields will not be processed.
- The Trading Partner Agreement determines where reports and responses will be delivered.



Chapter 7 Segment Description - V4010.A1

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted (and),
- Parameters in the implementation guide that provide options.

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

**Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N Implementation Guide for Guide 837 Institutional Transaction Set, Combined May 2000 004010X096 and October 2002 004010X096A1.*

ISA Interchange Control Header

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
Appendix B.3	Header	ISA	01	Please use 00 .
Appendix B.4	Header	ISA	03	Please use 00 .
Appendix B.4	Header	ISA	05	Please use ZZ (Mutually Defined).
Appendix B.4	Header	ISA	06	Please enter the Trading Partner ID provided during the enrollment process. Example: 123456 followed by spaces to complete the 15-digit element
Appendix B.4	Header	ISA	07	Please use ZZ (Mutually Defined).



*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
Appendix B.5	Header	ISA	08	Please enter 100000 followed by spaces to complete the 15-digit element.
Appendix B.6	Header	ISA	15	Use one of the following values: T = Test data P = Production data



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*Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N Implementation Guide for Guide 837 Institutional Transaction Set, May 2000.

GS Functional Group Header

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
Appendix B.8 Page 542	Header	GS	02	The value in this data element should mirror that of ISA06. Example: 123456 followed by spaces to complete the 15-digit element
Appendix B.8 Page 542	Header	GS	03	Enter 77046 followed by spaces to complete the 15-digit element.



Chapter 8 Transaction Description - V4010.A1

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted (and),
- Parameters in the implementation guide that provide options.

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

**Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N Implementation Guide for Guide 837 Institutional Transaction Set, Combined May 2000 004010X096 and October 2002 004010X096A1.*

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*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
58	Header	BHT	02	Please use code 00 for the original claim/encounter transmission. Please use code 18 in case a transmission was disrupted and the batch needs to be sent again.
59	Header	BHT	06	Please only use code CH . This transaction is only fee-for-service or claims with at least one chargeable line item.
60	Header	REF	02	Please use 004010X096DA1 when sending the transaction set in a testing mode or 004010X096A1 when sending the transaction set in a production mode.
68	1000B	NM1	03	Please use Wyoming Medicaid .
68	1000B	NM1	09	Please use 77046 .
72	2000A	PRV	03	For NPI claims enter Provider Taxonomy Code if used when NPI number was registered with Wyoming Medicaid.
77	2010AA	NM	08	Please enter XX (NPI number).
78	2010AA	NM	09	Please enter 10-digit NPI number.



*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
81	2010AA	N4	03	For NPI claims please enter Provider zip code if used when NPI was registered with Wyoming Medicaid.
83	2010AA	REF	01	Please use 1D (Medicaid Provider ID). If " XX " is used to pass the NPI number in NM109, Medicaid Provider Number is no longer allowed.
84	2010AA	REF	02	Please enter the 9-digit Wyoming Medicaid Billing Provider ID. If " XX " is used to pass the NPI number in NM109, Medicaid Provider Number is no longer allowed.
92	2010AB	NM	08	Please enter XX (NPI number).
93	2010AB	NM	09	Please enter 10-digit NPI number.
95	2010AB	N4	03	For NPI claims please enter Provider zip code if used when NPI was registered with Wyoming Medicaid.
97	2010AB	REF	01	Please use 1D (Medicaid Provider ID). If " XX " is used to pass the NPI number in NM109, Medicaid Provider Number is no longer allowed.
98	2010AB	REF	02	Please enter the 9-digit Wyoming Medicaid Pay-to Provider ID. If " XX " is used to pass the NPI number in NM109, Medicaid Provider Number is no longer allowed.
100	2000B	HL	04	Please use 0 . The Subscriber is always the patient; therefore the dependent level will not be utilized.
102	2000B	SBR	01	Please use P (Primary- Payer Responsibility Sequence Number Code). Client has only Medicaid coverage.



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*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
104	2000B	SBR	09	Please use MC (Medicaid).
108	2010BA	NM1	08	Please use MI (Member Identification Number).
108	2010BA	NM1	09	Please enter the 10-digit Wyoming Medicaid Client ID.
124	2010BC	NM1	03	Please use Wyoming Medicaid .
124	2010BC	NM1	08	Please use PI (Payer Identification).
125	2010BC	NM1	09	Please use 77046 .
155	2300	CLM	01	The HIPAA maximum requirement to be supported is 20 characters. Beyond this number are not required to be stored.
159	2300	CLM	20	If applicable, please use this element to identify the reason the claim does not meet timely filing requirements.
162	2300	DTP	02	Please enter RD8 . Range of Dates expressed in format CCYYMMDD-CCYYMMDD.
169	2300	PWK	02	Please use one of the following Report Transmission Codes: AA Available on Request, BM By Mail, EL Electronically Only, EM E-Mail, FX , By Fax.



*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
170	2300	PWK	05	Required if PWK02 = BM, EL, EM, FX. Please use AC .
170	2300	PWK	06	Required if PWK02 = BM, EL, EM, FX. Please enter an Identification Code/ address/email address/fax number.
187	2300	REF	02	Please enter the original Wyoming Transaction Control Number (17 digits) of the claims that is to be adjusted. This element is required for Wyoming Medicaid Claims adjustment processing.
193	2300	REF	01	Please use G1 (Prior Authorization Number) if the service billed requires prior authorization and the provider has obtained a prior authorization number.
234-236	2300	HI		The principal diagnosis is required on all inpatient and outpatient claims. Admitting diagnoses is required on all inpatient claims. E-Code diagnosis required to describe an injury. Patient Reason required for visit diagnosis for all unscheduled outpatient visits.
235	2300	HI	02-1	Please only use BJ (Admitting Diagnosis) for the Code List Qualifier.
249	2300	HI	01-1	Please only use BR (ICD-9-CM) for the Code List Qualifier.
251-262	2300	HI	01-1 through 12-1	Please only use BQ (ICD-9-CM) for the Code List Qualifier.
313-314	2300	QTY		Send one repeat of this segment with information on covered days. If you have information regarding non-covered days, send a second repeat of this segment.
313	2300	QTY	01	Please only use CA (Covered-Actual), or use NA (Number of Non-covered Days).
330	2310A	NM1	08	Please enter XX (NPI number).



*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
330	2310A	NM1	09	Please enter Attending Physician 10-digit NPI number.
333	2310A	REF	01	Please use 1D (Medicaid Provider Number) or 1G (Provider UPIN Number). If "XX" is used to pass the NPI number in NM109 Medicaid Provider Number and UPIN are no longer allowed.
334	2310A	REF	02	Please enter the 9-digit Attending Physician's Wyoming Medicaid Provider ID or 6-character UPIN. If "XX" is used to pass the NPI number in NM109, Medicaid Provider Number and UPIN are no longer allowed.
337	2310B	NM1	08	Please enter XX (NPI number).
337	2310B	NM1	09	Please enter Operating Physician 10-digit NPI number.
338	2310B	REF	01	Please use 1D (Medicaid Provider Number) or 1G (Provider UPIN Number). If "XX" is used to pass the NPI number in NM109 Medicaid Provider Number and UPIN are no longer allowed.
339	2310B	REF	02	Please enter the 9-digit Operating Physician's Wyoming Medicaid Provider ID or 6-character UPIN. If "XX" is used to pass the NPI number in NM109, Medicaid Provider Number and UPIN are no longer allowed.
342	2310C	NM1	08	Please enter XX (NPI number).
342	2310C	NM1	09	Please enter Other Physician 10-digit NPI number.
343	2310C	REF	01	Please use 1D (Medicaid Provider Number) or 1G (Provider UPIN Number). If "XX" is used to pass the NPI number in NM109 Medicaid Provider Number and UPIN are no longer allowed.
344	2310C	REF	02	Please enter the 9-digit Other Physician's Wyoming Medicaid Provider ID or 6-character UPIN. If "XX" is used to pass the NPI number in



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*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
				NM109, Medicaid Provider Number and UPIN are no longer allowed.
353-433	2320			Provide Third Party Liability (TPL) and Medicare Crossover information in this loop. Make one repeat of the loop for each non-Medicaid payer.
354	2320	SBR	01	Please use one of the following Payer Responsibility Sequence Number Codes: P Primary, client has only Medicaid Coverage, S Secondary, client has one coverage plan in addition to Medicaid, T Tertiary, client has two or more coverage plans in addition to Medicaid.
357	2320	SBR	03	Please enter the subscriber's group number if available (not the subscriber's identification number).
357	2320	SBR	09	Please use MA (Medicare Part A) or MB (Medicare Part B). For TPL, use the code, which correctly identifies the type of coverage provided by the policy. Do not use code MC.
359-364	2320	CAS		Wyoming Medicaid will not accept partial claims. When resubmitting a claim, the entire claim must be resubmitted.
365	2320	AMT		Please enter Third Party Liability (TPL) payments in this segment.
370-371	2320	AMT		Please enter the total amount paid by Medicare in this segment.
395	2330A	NM1	02	Please use 1 (Person).
396	2330A	NM1	08	Please use MI (Member Identification Number).
405	2330B	NM1	08	Please use PI (Payer Identification Number).



*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
436	2400	SV2	02-1	Please use HC (HCPCS).
439	2400	SV2	04	Please use UN (Unit).
443	2400	PWK	02	Please use one of the following Report Transmission Codes: AA Available on Request, BM By Mail, EL Electronically Only, EM E-Mail, FX , By Fax.
443	2400	PWK	05	Required if PWK02 = BM, EL, EM, FX. Please use AC .
443	2400	PWK	06	Required if PWK02 = BM, EL, EM, FX. Please enter an Identification Code/ address/email address/fax number.
459	2410	LIN	02	Use Service ID Qualifier N4 (National Drug Code in 5-4-2 Format).
459	2410	LIN	03	Enter the 11-digit National Drug Code (NDC). NDCs less than 11 digits will cause the service line to be denied by Wyoming Medicaid. Do not enter hyphens or spaces within the NDC. NOTE: Only the first iteration of Loop 2410 will be used for claims processing. If two or more NDCs need to be reported for the same procedure code on the same claim, the procedure code must be repeated on a separate service line with the first iteration of Loop 2410 used to report each unique NDC. For more information, consult the provider bulletin on the Wyoming Medicaid website (http://wyequalitycare.acs-inc.com).



*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
465	2420A	NM1	08	Please enter XX (NPI number).
466	2420A	NM1	09	Please enter Attending Physician 10-digit NPI number.
467	2420A	REF	01	Please use 1D (Medicaid Provider Number) or 1G (Provider UPIN Number). If " XX " is used to pass the NPI number in NM109 Medicaid Provider Number and UPIN are no longer allowed.
468	2420A	REF	02	Please enter the 9-digit Attending Physician's Wyoming Medicaid Provider ID or 6-character UPIN. If " XX " is used to pass the NPI number in NM109, Medicaid Provider Number and UPIN are no longer allowed.
470	2420B	NM1	08	Please enter XX for NPI number.
471	2420B	NM1	09	Please enter Operating Physician 10-digit NPI number
472	2420A	REF	01	Please use 1D (Medicaid Provider Number) or 1G (Provider UPIN Number). If " XX " is used to pass the NPI number in NM109 Medicaid Provider Number and UPIN are no longer allowed.
473	2420A	REF	02	Please enter the 9-digit Operating Physician's Wyoming Medicaid Provider ID or 6-character UPIN. If " XX " is used to pass the NPI number in NM109, Medicaid Provider Number and UPIN are no longer allowed.
476	2420C	NM1	08	Please enter XX (NPI number).
476	2420C	NM1	09	Please enter Other Physician 10-digit NPI number.



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*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
477	2420C	REF	01	Please use 1D (Medicaid Provider Number) or 1G (Provider UPIN Number). If XX is used to pass the NPI number in NM109 Medicaid Provider Number and UPIN are no longer allowed.
478	2420C	REF	02	Please enter the 9-digit Other Physician's Wyoming Medicaid Provider ID or 6-character UPIN. If XX is used to pass the NPI number in NM109, Medicaid Provider Number and UPIN are no longer allowed.
483-490	2430	CAS		Wyoming Medicaid will not accept partial claims. When resubmitting a claim, the entire claim must be resubmitted.