Nevada Medicaid

HIPAA Transaction

Standard Companion Guide

Refers to the Technical Report Type 3 Document

Based on ASC X12N version: 005010X212

Health Care Claim Status Inquiry and Response (276/277)

The information in this Companion Guide is valid to use for the certification/testing to transition to the modernized MMIS and upon implementation of the MMIS Modernization Project

September 11, 2018

Medicaid Management Information System (MMIS)

Department of Health and Human Services (DHHS)

Division of Health Care Financing and Policy (DHCFP)

Disclosure Statement

The following Nevada Medicaid companion guide is intended to serve as a companion document to the corresponding Accredited Standards Committee (ASC) X12N/005010X212 Health Care Claim Status Inquiry and Response (276/277) and its related Errata (005010X212E1). The companion guide further specifies the requirements to be used when preparing, submitting, receiving, and processing electronic health care administrative data. The companion guide supplements, but does not contradict, disagree, oppose, or otherwise modify the 005010X212 in a manner that will make its implementation by users to be out of compliance.

NOTE: Type 1 Technical Report Type 3 (TR3) Errata are substantive modifications, necessary to correct impediments to implementation and are identified with a letter 'A' in the errata document identifier. Type 1 TR3 Errata were formerly known as Implementation Guide Addenda.
Type 2 TR3 Errata are typographical modifications and are identified with a letter 'E' in the errata document identifier.

The information contained in this companion guide is subject to change. Electronic Data Interchange (EDI) submitters are advised to check the Nevada Medicaid website at http://www.medicaid.nv.gov/providers/edi.aspx regularly for the latest updates.

DXC Technology is the fiscal agent for Nevada Medicaid and is referred to as Nevada Medicaid throughout this document.

About DHCFP

The Nevada Department of Health and Human Services' Division of Health Care Financing and Policy (DHCFP) works in partnership with the Centers for Medicare & Medicaid Services (CMS) to assist in providing quality medical care for eligible individuals and families with low incomes and limited resources. The medical programs are known as Medicaid and Nevada Check Up.

DHCFP website: Medicaid Services Manual, rates, policy updates, public notices: http://dhcfp.nv.gov.

Preface

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services.

This companion guide to the 5010 ASC X12N TR3 documents and associated errata and addenda adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with Nevada Medicaid. Transmissions based on this companion guide, used in tandem with 005010 ASC X12 TR3 documents, are compliant with both ASC X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the ASC X12N TR3 documents adopted for use under HIPAA. The companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3 documents.

Table of Contents

1 Introduction

This section describes how TR3 Implementation Guides, also called 276/277 ASC X12N (version 005010X212), adopted under HIPAA, will be detailed with the use of a table. The tables contain a Notes/Comments column for each segment that Nevada Medicaid has information additional to the TR3 Implementation Guide. That information can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a sub-set of the implementation guide's internal code listings
- Clarify the use of loops, segments, composite and simple data elements
- Provide any other information tied directly to a loop, segment, and composite, or simple data element pertinent to trading electronically with Nevada Medicaid

In addition to the row for each segment (highlighted in blue in the tables), one or more additional rows are used to describe Nevada Medicaid's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a Notes/Comments column to provide additional information from Nevada Medicaid for specific segments provided by the TR3 Implementation Guide. The following is just an example of the type of information that would be spelled out or elaborated on in the Section 10: Transaction Specific Information.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10 percent and notes or comments about the segment itself go in this cell.
193	2100C	NM109	Identification Code	00	15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by Nevada Medicaid Management Information System (NVMMIS).
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first three columns makes it clear that the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit Information			
241	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable

1.1 Scope

This section specifies the appropriate and recommended use of the companion guide.

This companion guide is intended for Trading Partner use in conjunction with the TR3 HIPAA 5010 276/277 Claim Status Request and Claim Status Response Implementation Guide for the purpose of receiving health care payment/advice information. This companion guide is not intended to replace the TR3 Implementation Guide. The TR3 defines the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of this companion guide is to provide Trading Partners with a companion guide to communicate Nevada Medicaid-specific information required to successfully exchange transactions electronically with Nevada Medicaid. The instructions in this companion guide are not intended to be stand-alone requirements. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guide and is in conformance with ASC X12's Fair Use and Copyright statements.

The intended purpose of this document is to provide information such as registration, testing, support and specific transaction requirements to EDI Trading Partners that exchange X12 information with the Nevada Medicaid Agency.

This companion guide provides specific requirements for submitting claim status request (276) electronically to Nevada Medicaid and receiving claim status response (277).

1.2 Overview

This section specifies how to use the various sections of the document in combination with each other.

Nevada Medicaid created this companion guide for Nevada Trading Partners to supplement the X12N Implementation Guide. This guide contains Nevada Medicaid specific instructions related to the following:

- Data formats, content, codes, business rules, and characteristics of the electronic transaction
- Technical requirements and transmission options
- Information on testing procedures that each Trading Partner must complete before transmitting electronic transactions

This companion guide must be used in conjunction with the TR3 instructions. The companion guide is intended to assist Trading Partners in implementing electronic 276/277 transactions that meet Nevada Medicaid processing standards by identifying pertinent structural and data-related requirements and recommendations. Updates to this companion guide will occur periodically and new documents will be posted on the Nevada Medicaid Provider Web Portal at https://www.medicaid.nv.gov/providers/edi.aspx.

1.3 References

This section specifies additional useful reference documents; for example, the X12N Implementation Guides adopted under HIPAA to which this document is a companion.

The TR3 Implementation Guide specifies in detail the required formats for transactions exchanged electronically with an insurance company, health care payer or government agency. The TR3 Implementation Guide contains requirements for the use of specific segments and specific data elements within those segments and applies to all health care providers and their Trading Partners. It is critical that your IT staff or software vendor review this document in its entirety and follow the stated requirements to exchange HIPAA-compliant files with Nevada Medicaid.

The implementation guides for X12N and all other HIPAA standard transactions are available electronically at http://www.wpc-edi.com/.

1.4 Additional Information

The intended audience for this document is the technical and operational staff responsible for generating, receiving, and reviewing electronic health care transactions.

2 Getting Started

This section describes how to interact with Nevada Medicaid's EDI department.

The Nevada Medicaid EDI Department or Helpdesk can be contacted at (877) 638-3472 options 2, 0, and then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of Nevada State holidays. You can also send an email to nvmmis.edisupport@dxc.com.

2.1 Trading Partner Registration

This section describes how to register as a Trading Partner with Nevada Medicaid.

In order to submit and/or receive transactions with Nevada Medicaid, Trading Partners must complete a Trading Partner Profile (TPP) agreement, establish connectivity and certify transactions.

- A Trading Partner is any entity (provider, billing service, clearinghouse, software vendor, etc.) that transmits electronic data to and receives electronic data from another entity. Nevada Medicaid requires all Trading Partners to complete a TPP agreement regardless of the Trading Partner type listed below.
- 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 is an entity that creates software used by billing services, clearinghouses and providers/suppliers to conduct the exchange of electronic transactions
    - Billing service is a third party that prepares and/or submits claims for a provider
    - Clearinghouse is a third party that submits and/or exchanges electronic transactions on behalf of a provider

Establishing a Trading Partner Profile (TPP) agreement is a simple process which the Trading Partner completes using the Nevada Medicaid Provider Web Portal link at https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx.

Trading Partners must agree to the Nevada Medicaid Trading Partner Agreement at the end of the Trading Partner Profile enrollment process. Once the TPP application is completed, an 8-digit Trading Partner ID will be assigned.

After the TPP Agreement has been completed, the Trading Partner must submit a Secure Shell (SSH) public key file to Nevada Medicaid to complete their enrollment. Once the SSH key is received, you will be contacted to initiate the process to exchange the directory structure and authorization access on the Nevada Medicaid external SFTP servers.

Failure to provide the SSH key file to Nevada Medicaid will result in your TPP application request being rejected and you will be unable to submit transactions electronically to Nevada Medicaid. Please submit the SSH public key via email within five business days of completing the TPP application. Should you require additional assistance with information on SSH keys, please contact the Nevada EDI Helpdesk at (877) 638-3472 options 2, 0, and then 3.

2.2 Certification and Testing Overview

This section provides a general overview of what to expect during certification and testing phases.

All Trading Partners who submit electronic transactions with Nevada Medicaid will be certified through the completion of Trading Partner testing. This includes Clearinghouses, Software Vendors, Provider Groups and Managed Care Organizations (MCOs).

Providers who use a billing agent, clearinghouse or software vendor will not need to test for those electronic transactions that their entity submits on their behalf.

3 Testing with Nevada Medicaid

This section contains a detailed description of the testing phase.

Testing is conducted to ensure compliance with HIPAA guidelines. Inbound 276 transactions are validated through Strategic National Implementation Process (SNIP) Level 4. Refer to Appendix B for a list of SNIP Level 4 edits.

Testing data such as provider IDs and recipient IDs will not be provided. Users should submit recipient information and provider information as done for production as the test environment is continually updated with production information.

There is no limit to the number of files that may be submitted, however, it is recommended that a test file contain a mimimum of 10 and maximum of 50 276 inquiries. We also recommend that all different search options are tested. Once the test files pass EDI compliance, a production URL and Production Authorization letter will be sent confirming certification.

The following transaction types are available for testing:

- 270 Eligibility Request/271 Eligibility Response
- 276 Claim Status Request/277 Claim Status Response
- 837D Dental Claim
- 837P Professional (CMS-1500) Claim
- 837I Institutional (UB-04) Claim

For Claim Status Inquiry/Response, the following conditions should be addressed in one or more test files:

- Inquiry by 11-digit Recipient ID Number, First/Last Name, Billed Amount and Date of Service
- Inquiry by 11-digit Recipient Identification (ID) Number, First/Last Name, Internal Control Number (ICN), and Date of Service

3.1 Testing Process

The following points are actions that a Trading Partner will need to take before submitting/receiving production files to/from Nevada Medicaid:

- Enroll by using the Trading Partner Enrollment Application on the Nevada Medicaid Provider Web Portal to obtain a new Trading Partner ID
- Register on the Nevada Medicaid Web Provider Portal (optional unless submitting files via the Web Portal)
- Receive EDI Trading Partner Welcome Letter indicating Trading Partner Profile (TPP) has been approved for testing
- Submit/receive test files using SFTP until transaction sets pass compliance testing
- Receive Production Authorization letter containing the list of approved transactions that

could be submitted to the production environment along with the connection information

- Upon completion of the testing process, you may begin submitting production files for all approved transactions via the Nevada Medicaid Provider Web Portal or SFTP

To begin the testing process, please review the Nevada Medicaid Trading Partner User Guide located at: https://www.medicaid.nv.gov/providers/edi.aspx.

3.2 File Naming Standard

Use the following naming standards when submitting files to Nevada Medicaid:

- Trading Partner ID = 8-digit assigned, example – 01234567
- Filetype = transaction type, example – 270, 276, 837P, 837D, 837I
- UniqueID = any unique ANSI qualifier, example – DATETIMESTAMP [CCYYMMDDHHMMSSS as 201708301140512]

Here are some examples of good file naming standards:

- 01234567_276_201708301140512.dat
- 01234567_276_TRANS01_20170830.dat
- 01234567_276_SMALL_FILE_2017_08.txt

The preferred extension is .dat; however, .txt is also allowed. Zip files (.zip) may also be submitted, but each zip file can contain only one encounter file, either .dat or .txt. Both the zip file and the encounter file it contains must meet the file naming standards.

If the file does not meet the file naming standard, the file will not be processed. In this instance, the Nevada Medicaid EDI Helpdesk will notify the submitter of the issue and request correction and resubmittal. You will need to correct the file name and resubmit the file in order for it to process.

The following naming standards are used when receiving 277 outbound files from Nevada Medicaid:

- File Tracking ID_Correlated file Tracking ID_Checksum_Transaction Type, X12BATCH_number of HL segments_Trading Partner ID.filetype.

Examples are as follows:

- 1704052_1704038_5DBBF870 _277X12BATCH_3_TPID1234.277
- 1705000_1704996_72DBABD5_277X12BATCH_1234_TPID1234.277

Note: The files are in plain text and can be opened with any text editor.

3.3 File Retention

All electronic files that have been made available for download will remain available online for download for sixty (60) days. This applies to Web Portal and SFTP Trading Partners.

After the 60 days' time frame, the files will be removed from the list and will no longer be available for download. This applies to testing and production environments.

3.4 Payer Specific Documentation

For additional information in regards to business processes related to eligibility, prior authorization and claims processing, please review the Provider Manual located on the Nevada Medicaid Provider Web Portal at: http://www.medicaid.nv.gov.

4 Connectivity with Nevada Medicaid/ Communications

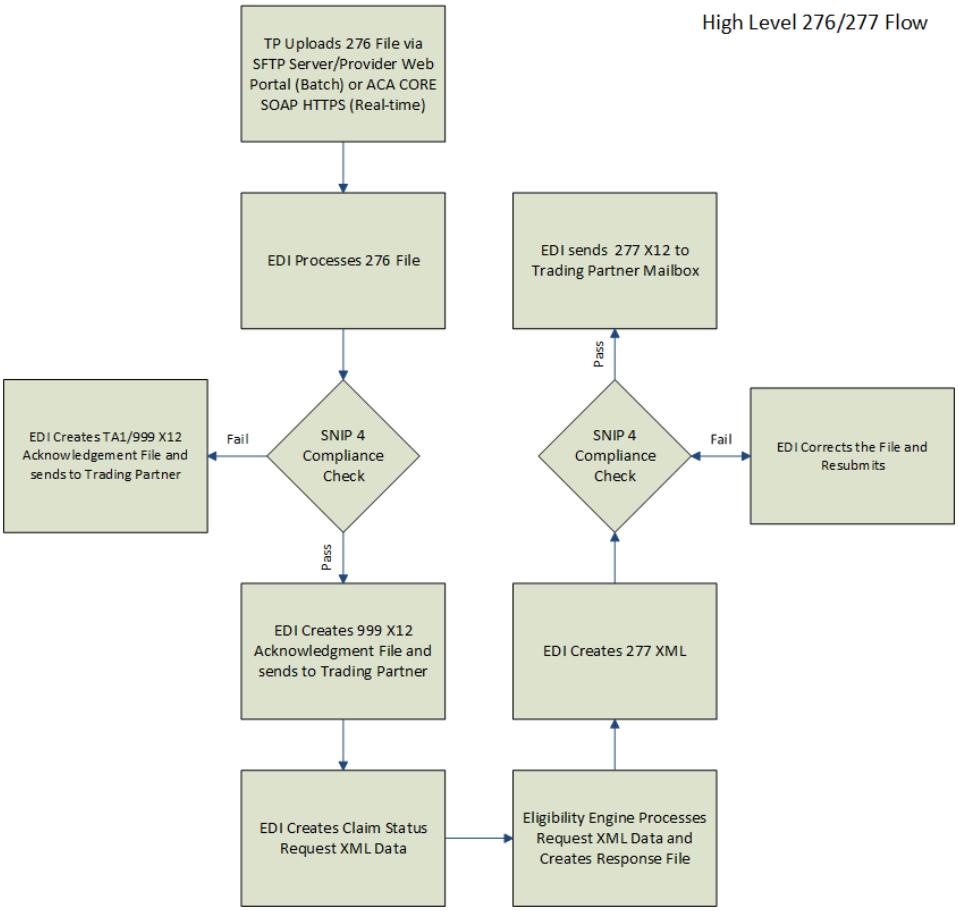
This section describes the process to submit HIPAA 276 transaction using real-time or batch, along with various submission methods, security requirements, and exception handling procedures.

Nevada Medicaid supports multiple methods for exchanging electronic healthcare transactions depending on the Trading Partner's needs. For HIPAA 276 transactions, the following can be used:

- Secure File Transfer Protocol (SFTP) (this only applies to batch transactions)
- Nevada Medicaid Provider Web Portal (this only applies to batch transactions)
- CORE-certified multi-format network Interface (this applies to real-time and batch transactions)

4.1 Process Flows

This section contains a process flow diagram and appropriate text.



4.2 Batch and Real-time Claim Status Inquiry and Response

The response to a batch and real-time claim status inquiry transaction will consist of the following:

1. First level response: TA1 will be generated when errors occur within the outer envelope (no 999 or 277 will be generated). If the ISA14 – Acknowledgment Requested is set as a "1", a TA1 will be provided regardless if the file passes compliance. If you do not wish to receive a TA1 response for files that pass compliance, the ISA14 must be set to a "0".
2. Second level response: 999 will be generated.
    - A=Accepted (AK9=A)
    - R=Rejected (AK9=R) when errors occur during the compliance validation process. The entire file is rejected. The claim(s) in error will need to be corrected and the entire file resubmitted for processing.
    - P=Partial (AK9=P) when errors occur during the compliance validation process. The file was partially accepted. The file is rejected at the transaction set level (ST/SE). The claim(s) in error will need to be corrected and the transaction set(s) in error, will need to be resubmitted for processing.
    - E=Accepted, But Errors Were Noted (AK9=E). No action is needed as this means the entire file was accepted for processing, but warning or informational edits were found.
3. The response to a batch or real-time claim status inquiry will consist of a 277 response being generated indicating the claim status OR indicating errors using the STC segment.

4.3 Transmission Administrative Procedures

This section provides Nevada Medicaid's specific transmission administrative procedures.

For details about available Nevada Medicaid Access Methods, refer to the Communication Protocol Specifications section below.

Nevada Medicaid is only available to authorized users. The Trading Partner must be a Nevada Medicaid Trading Partner. Each Trading Partner is authenticated using the Username and private SSH key provided by the Trading Partner as part of the enrollment process.

4.4 System Availability

The system is typically available 24X7 with the exception of scheduled maintenance windows as noted on the Nevada Medicaid Provider Web Portal at https://www.medicaid.nv.gov/.

4.5 Transmission File Size

Transactions	Submission Method	File Size Limit	Other Conditions
837s	SFTP	300 MB	5,000 claims per transaction set

Transactions	Submission Method	File Size Limit	Other Conditions
270 Batch	SFTP	30 MB	
276 Batch	SFTP	30 MB	
270 Real-Time	CORE		Real-time limited to 1 eligibility request per transaction
276 Real-Time	CORE		Real-time limited to 1 claim status request per transaction
837s	Web Portal	4 MB	5,000 claims per transaction set
270 Batch	Web Portal	4 MB	
276 Batch	Web Portal	4 MB	

4.6 Transmission Errors

When processing a real-time or batch EDI transaction that has Interchange Header errors, a TA1 will be generated. If the Interchange Header is valid but the transaction fails compliance, a 999 will be generated.

4.7 Re-Transmission Procedures

Nevada Medicaid does not require any identification of a previous transmission of a file with the noted exception listed below. All files sent should be marked as original transmissions.

Nevada Medicaid does identify duplicate files based on content of the file before it reaches the MMIS system. The duplicate check algorithm only checks for file content. It does not check for filename or file size.

> Note: If the same file was resubmitted using SFTP and the data content is the same content of another file, this file will be detected as a duplicate file. The EDI Helpdesk will contact the EDI contact listed on file to verify if the file was meant to be reprocessed.

4.8 Communication Protocol Specifications

This section describes Nevada Medicaid's communication protocols.

- **Secure File Transfer Protocol (SFTP)**: Nevada Medicaid allows Trading Partners to connect to the Nevada Medicaid SFTP server using the SSH private key and assigned user name. There is no password for the connection
- **Nevada Medicaid Provider Web Portal**: Nevada Medicaid allows Trading Partners to connect to the Nevada Medicaid Provider Web Portal. Refer to the Trading Partner User Guide for instructions.
- **CORE-certified multi-format network Interface (Real-Time and Batch):** BizTalk and interchange web services provide CORE-certified transactional SSL or non-SSL message exchange over public or private networks in real-time or batch modes using

Multipart or Simple Object Access Protocol/Web Services Description Language messaging.

4.9 Passwords

Trading Partners must adhere to Nevada Medicaid's use of passwords. Trading Partners are responsible for managing their own data. Each Trading Partner is responsible for managing access to their organization's data through the interchange security function. Each Trading Partners must take all necessary precautions to ensure that they are safeguarding their information and sharing their data (e.g., granting access) only with users and entities who meet the required privacy standards. It is equally important that Trading Partners know who on their staff is linked to other providers or entities, in order to notify those entities whenever they remove access for that person in your organization(s).

5 Contact Information

Refer to this companion guide with questions and use the contact information below for questions not answered by this guide.

5.1 EDI Customer Service

This section contains detailed information concerning EDI Customer Service, especially contact numbers.

Most questions can be answered by referencing materials posted on the Nevada Medicaid Provider Web Portal at https://www.medicaid.nv.gov.

If you have questions related to the Nevada Medicaid's 276/277 transaction, you may contact the EDI Helpdesk at (877) 638-3472 options 2, 0, then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of Nevada State holidays or send an email to nvmmis.edisupport@dxc.

5.2 EDI Technical Assistance

This section contains detailed information concerning EDI Technical Assistance, especially contact numbers.

The Nevada Medicaid EDI Helpdesk can help with connectivity issues or transaction formatting issues at (877) 638-3472 options 2, 0, then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of Nevada State holidays, or send an email to nvmmis.edisupport@dxc.com.

Please have your 8 digit Trading Partner ID available. Trading Partners should have this number available each time they contact the Nevada Medicaid EDI Helpdesk.

For written correspondence:

Nevada Medicaid

PO Box 30042

Reno, Nevada 89520-3042

5.3 Customer Service/Provider Enrollment

This section contains information for contacting Customer Service and Provider Enrollment.

Customer Service should be contacted instead of the EDI Helpdesk for questions regarding claim status information and Provider enrollment.

Customer Service

- Phone: (877) 638-3472 (select option 2, option 0 and then option 2)
- Fax: (775) 335-8502

- Billing Provider Manuals can be found at: https://www.medicaid.nv.gov/Downloads/provider/NV_Billing_General.pdf

Provider Enrollment

- Phone: (877) 638-3472 (select option 2, option 0 and then option 5)
- Fax: (775) 335-8593
- E-mail: nv.providerapps@dxc.com
- Provider Enrollment Information Booklet can be found at: https://www.medicaid.nv.gov/Downloads/provider/NV_Provider_Enrollment_Information_Booklet.pdf

5.4 Applicable Websites/Email

Additional information is available on the following websites:

- Accredited Standards Committee (ASC X12): ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. www.x12.org.
- Accredited Standards Committee (ASC X12N): ASC X12N develops and maintains X12 EDI and XML standards, standards interpretations, and guidelines as they relate to all aspects of insurance and insurance-related business processes. www.x12.org.
- American Dental Association (ADA): Develops and maintains a standardized data set for use by dental organizations to transmit claims and encounter information. www.ada.org.
- American Hospital Association Central Office on ICD-10-CM/ICD-10-PCS (AHA): This site is a resource for the International Classifications of Diseases, 10th edition, Clinical Modification (ICD-10-CM) codes, used for reporting patient diagnoses and (ICD-10-PCS) for reporting hospital inpatient procedures. www.ahacentraloffice.org.
- American Medical Association (AMA): This site is a resource for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes. www.ama-assn.org.
- Centers for Medicare & Medicaid Services (CMS): CMS is the unit within HHS that administers the Medicare and Medicaid programs. Information related to the Medicaid HIPAA Administrative Simplification provision, along with the Electronic Health-Care Transactions and Code Sets, can be found at https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/.

  This site is the resource for information related to the Healthcare Common Procedure Coding System (HCPCS). www.cms.hhs.gov/HCPCSReleaseCodeSets/.
- Committee on Operating Rules for Information Exchange (CORE): A multi-phase initiative of Council for Affordable Quality Healthcare, CORE is a committee of more than 100 industry leaders who help create and promulgate a set of voluntary business rules focused on improving physician and hospital access to electronic patient insurance information at or before the time of care. www.caqh.org/CORE_overview.php.

- Council for Affordable Quality Healthcare (CAQH): A nonprofit alliance of health plans and trade associations, working to simplify healthcare administration through industry collaboration on public-private initiatives. Through two initiatives – the Committee on Operating Rules for Information Exchange and Universal Provider Datasource, CAQH aims to reduce administrative burden for providers and health plans. www.caqh.org.
- Designated Standard Maintenance Organizations (DSMO): This site is a resource for information about the standard-setting organizations and transaction change request system. www.hipaa-dsmo.org.
- Health Level Seven (HL7): HL7 is one of several ANSI-accredited Standards Development Organizations (SDOs), and is responsible for clinical and administrative data standards. www.hl7.org.
- Healthcare Information and Management Systems (HIMSS): An organization exclusively focused on providing global leadership for the optimal use of IT and management systems for the betterment of health care. www.himss.org.
- National Committee on Vital and Health Statistics (NCVHS): The National Committee on Vital and Health Statistics was established by Congress to serve as an advisory body to the Department of Health and Human Services on health data, statistics, and national health information policy. www.ncvhs.hhs.gov.
- National Council of Prescription Drug Programs (NCPDP): The NCPDP is the standards and codes development organization for pharmacy. www.ncpdp.org.
- National Uniform Billing Committee (NUBC): NUBC is affiliated with the American Hospital Association. It develops and maintains a national uniform billing instrument for use by the institutional health-care community to transmit claims and encounter information. www.nubc.org.
- National Uniform Claim Committee (NUCC): NUCC is affiliated with the American Medical Association. It develops and maintains a standardized data set for use by the non-institutional health-care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy. www.nucc.org.
- Nevada Department of Health and Human Services (DHHS) Division of Health Care Policy and Financing (DHCFP): This DCFFP website assists providers with policy questions: dhcfp.nv.gov and this website assists providers with billing and enrollment support: www.medicaid.nv.gov/.
- Office for Civil Rights (OCR): OCR is the office within the Department of Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa.
- United States Department of Health and Human Services (HHS): The DHHS website is a resource for the Notice of Proposed Rule Making, rules, and their information about HIPAA. www.aspe.hhs.gov/admnsimp.
- Washington Publishing Company (WPC): WPC is a resource for HIPAA-required transaction technical report type 3 documents and code sets. www.wpc-edi.com.

- Workgroup for Electronic Data Interchange (WEDI): WEDI is a workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. www.wedi.org.

6 Control Segments/Envelopes

The page numbers listed below in each of the tables represent the corresponding page number in the X12N 276/277 HIPAA Implementation Guide.

X12N EDI Control Segments
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer
TA1 – Interchange Acknowledgement

6.1 ISA-IEA

This section describes Nevada Medicaid's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

To promote efficient, accurate electronic transaction processing, please note the following Nevada Medicaid specifications:

- Nevada Medicaid requires Trading Partners to use the ASC X12 Extended Character Set
- Each Trading Partner is assigned a unique Trading Partner ID
- All dates are in the CCYYMMDD format with the exception of the ISA09 which is YYMMDD
- All date/times are in the CCYYMMDDHHMM format
- Nevada Medicaid Payer ID is NVMED
- Batch responses are not returned until all inquiries are processed
- Only one ISA/IEA is allowed per logical file
- Utilize BHT Segment for Transaction Set Inquiry Response association
- Utilize TRN Segments for Subscriber Inquiry Response association

Transactions transmitted during a session or as a batch are identified by an ISA header segment and IEA trailer segment, which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification. The tables below represent the interchange envelope information.

276 (Inbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00, 03		
			No Authorization Information Present	00	2	
C.4		ISA02	Authorization Information		10	Space fill
C.4		ISA03	Security Information Qualifier	00, 01		
			No Security Information Present	00	2	
C.4		ISA04	Security Information		10	Space fill
C.4		ISA05	Interchange ID Qualifier	01, 14, 20, 27-30, 33, ZZ		
			Mutually Defined	ZZ	2	
C.4		ISA06	Interchange Sender ID		15	The 8-digit Trading Partner ID assigned by Nevada Medicaid, left justified and space filled.
C.4		ISA07	Interchange ID Qualifier	01, 14, 20, 27-30, 33, ZZ		
			Mutually Defined	ZZ	2	
C.4		ISA08	Interchange Receiver ID	NVMED	15	NV Medicaid receiver ID, left justified and space filled.
C.5		ISA09	Interchange Date		6	Format is YYMMDD
C.5		ISA10	Interchange Time		4	Format is HHMM

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.5		ISA11	Repetition Separator	^	1	The repetition separator is a delimiter and not a data element. It is used to separate repeated occurrences of a simple data element or a composite data structure. This value must be different from the data element separator, component element separator, and the segment terminator.
C.5		ISA12	Interchange Control Version Number	00501	5	
C.5		ISA13	Interchange Control Number		9	Must be identical to the associated interchange control trailer IEA02.
C.6		ISA14	Acknowledgment Requested	0, 1		
			No interchange acknowledgment requested	0	1	A TA1 will be generated if the file fails the 'Interchange Envelope' content regardless of the value used.
			Interchange acknowledgement requested	1	1	
C.6		ISA15	Usage Indicator	T, P		
			Test data	T	1	
			Production data	P	1	
C.6		ISA16	Component Element Separator	:	1	The component element separator is a delimiter and not a data element. It is used to separate component data elements within a composite data structure. This value must be different from the data element separator and the segment terminator.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups		1/5	Must equal '1' for the real-time transaction to qualify for immediate response.
C.10		IEA02	Interchange Control Number		9	The control number assigned by the interchange sender. Must be identical to the value in ISA13.

277 (Outbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00	2	
C.4		ISA02	Authorization Information		10	Space fill
C.4		ISA03	Security Information Qualifier	00	2	
C.4		ISA04	Security Information		10	Space fill
C.4		ISA05	Interchange ID Qualifier	ZZ	2	
C.4		ISA06	Interchange Sender ID	NVMED	15	Nevada Medicaid Trading Partner ID. Will be left justified, space fill.
C.4		ISA07	Interchange ID Qualifier	ZZ	2	
C.4		ISA08	Interchange Receiver ID		15	The 8-digit Trading Partner ID will be returned as entered in the 276 inquiry. Will be left justified, space fill.
C.5		ISA09	Interchange Date		6	Format is YYMMDD
C.5		ISA10	Interchange Time		4	Format is HHMM

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.5		ISA11	Repetition Separator	^	1	The repetition separator is a delimiter and not a data element. It is used to separate repeated occurrences of a simple data element or a composite data structure.
C.5		ISA12	Interchange Control Version Number	00501	5	
C.5		ISA13	Interchange Control Number		9	This will be Identical to the value in the IEA02.
C.6		ISA14	Acknowledgment Requested	0	1	0 = No interchange acknowledgment requested
C.6		ISA15	Usage Indicator	T, P	1	P = Production Data T = Test Data
C.6		ISA16	Component Element Separator	:	1	The component element separator is a delimiter and not a data element. It is used to separate component data elements within a composite data structure.

6.2 GS-GE

This section describes Nevada Medicaid's use of the functional group control segments.

It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Nevada Medicaid expects functional groups to be sent and how Nevada Medicaid will send functional groups. These discussions will describe how similar transaction sets will be packaged and Nevada Medicaid's use of functional group control numbers. The tables below represent the functional group information.

276 (Inbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS01	Functional Identifier Code	HR	2	
C.7		GS02	Application Sender's Code		8	Trading Partner ID supplied by NV Medicaid. This will be the same value in the

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						ISA06.
C.7		GS03	Application Receiver's Code	NVMED	5	NV Medicaid receiver ID. This will be the same value in the ISA08.
C.7		GS04	Date		8	Format is CCYYMMDD
C.8		GS05	Time		4/8	Format is HHMM
C.8		GS06	Group Control Number		1/9	Must be identical to the value in GE02.
C.8		GS07	Responsible Agency Code	X	1	
C.8		GS08	Version/Release/Industry ID Code		10	005010X212

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included		1/6	Number of included Transaction Sets. Must equal '1' for the real-time transaction to qualify for immediate response.
C.9		GE02	Group Control Number		1/9	Same value as GS06.

277 (Outbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS01	Functional Identifier Code	HN	2	
C.7		GS02	Application Sender's Code	NVMED	5	Nevada Medicaid Trading Partner ID.
C.7		GS03	Application Receiver's Code		8	The 8 digit Trading Partner ID supplied by Nevada Medicaid. This will be identical to the value in the ISA06.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS04	Date		8	Format is CCYYMMDD
C.8		GS05	Time		4/8	Format is HHMMSS
C.8		GS06	Group Control Number		1/9	This will be identical to the value in the GE02.
C.8		GS07	Responsible Agency Code	X	1	
C.8		GS08	Version/Release/Industry ID Code		10	005010X212

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included		1/6	Total number of transaction sets included in the functional group.
C.9		GE02	Group Control Number		1/9	The functional group control number. This will be identical to the value in the GS06.

6.3 ST-SE

This section describes Nevada Medicaid's use of transaction set control numbers.

Nevada Medicaid recommends that Trading Partners follow the guidelines set forth in the TR3 – start the first ST02 in the first file with 000000001 and increment from there. The TR3 should be reviewed for how to create compliant transactions set control segments.

If using the CORE-certified multi-format network Interface Batch method, the transaction set (ST-SE) cannot contain more than 99 inquiries. If submitting more than 99 inquires, this will produce a negative 999.

276 (Inbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
61		ST	Transaction Set Header			
61		ST01	Transaction Set Identifier Code	276	3	
62		ST02	Transaction Set Control Number		4/9	Identical to the value in SE02.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
63		ST03	Implementation Convention Reference		10	005010X212

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
200		SE	Transaction Set Trailer			
200		SE01	Number of Included Segments		1/10	Total number of segments included in a transaction set including ST and SE segments.
200		SE02	Transaction Set Control Number		4/9	Identical to the value in ST02.

277 (Outbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
209		ST	Transaction Set Header			
209		ST01	Transaction Set Identifier Code	277	3	
210		ST02	Transaction Set Control Number		4/9	This will be identical to the value in SE02.
211		ST03	Implementation Convention Reference		10	005010X212

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
450		SE	Transaction Set Trailer			
450		SE01	Number of Included Segments		1/10	Total number of segments included in a transaction set including ST and SE segments.
450		SE02	Transaction Set Control Number		4/9	This will be identical to the value in the ST02.

6.4 Control Segment Notes

The ISA data segment is a fixed length record and all fields must be supplied. Fields that are not populated with actual data must be filled in with spaces.

6.5 File Delimiters

Nevada Medicaid requests that submitters use the following delimiters on your 837 file. If used as delimiters, these characters (* : ~ ^) must not be submitted within the data content of the transaction sets.

- **Data Element**: Byte 4 in the ISA segment defines the data element separator to be used throughout the entire transaction. The recommended data element delimiter is an asterisk (*).
- **Repetition Separator**: ISA11 defines the repetition separator to be used throughout the entire transaction. The recommended repetition separator is a caret (^).
- **Component-Element**: ISA16 defines the component element delimiter to be used throughout the entire transaction. The recommended component-element delimiter is a colon (:).
- **Data Segment**: Byte 106 of the ISA segment defines the segment terminator used throughout the entire transaction. The recommended data segment delimiter is a tilde (~).

7 Nevada Medicaid Specific Business Rules and Limitations

This section describes Nevada Medicaid's business rules, for example:

- Communicating payer specific edits
- Billing for specific services

Before submitting electronic claims to Nevada Medicaid, please review the appropriate HIPAA implementation guide and Nevada Medicaid companion guide. In addition, Nevada Medicaid recommends that you review the Nevada provider billing guides. The CMS-1500 and UB-04 claim form instructions provide additional billing instructions for specific provider types. These guides are located on the Nevada Medicaid website at www.medicaid.nv.gov/providers/BillingInfo.aspx.

The following sections outline recommendations, instructions, and conditional data requirements for transactions submitted to Nevada Medicaid. This information is designed to help Trading Partners construct transactions in a manner that will allow Nevada Medicaid to efficiently process transactions.

7.1 Claim Search Criteria

- Inquiry by Service provider, 11-digit Recipient Identification (ID) Number, First/Last Name, and Date of Service
- Inquiry by 11-digit Recipient Identification (ID) Number, First/Last Name, 16 digit Internal Control Number (ICN), and Date of Service

7.2 Logical File Structure

For Real-time 276/277 transactions, there can be only one interchange (ISA/IEA), one functional group (GS/GE), and one transaction (ST/SE) per logical file. Within the transaction (ST/SE), there can only be one request. This has been defined as one subscriber (2000D Loop) within the transaction (ST/SE) along with only one occurrence of the inquiry methods document in Additional Information for Recipient Name within this section.

For Batch 276/277 transactions, there can be only one interchange (ISE/IEA) per logical file. The interchange can contain multiple functional groups (GS/GE); however, the functional groups must be the same type.

7.3 Compliance Checking

Inbound 276/277 transactions are validated through Strategic National Implementation Process (SNIP) Level 4. Refer to Appendix B for a list of SNIP Level 4 edits.

7.4 HL Segment

As noted in the 276 Implementation Guide, "If the subscriber and the patient are the same person, do not use the next HL (HL23) for the dependent information." Nevada Medicaid does not recognize the dependent.

7.5 REF Segment

When REF01 equals 1K, the value in the REF02 needs to contain the correct Internal Control Number (ICN), which is available to the provider on the remittance advice. If the value in REF01 is other than 1K, it will not be used when selecting claims from Nevada Medicaid.

7.6 DMG Segment

For the 276 claim status request transaction, the 2000D: DMG segment is required when the subscriber is the patient. This segment is always required because in the Nevada Medicaid implementation of HIPAA, the subscriber is always the patient.

7.7 TRN Segment

For the 276 claim status request transaction, the TRN segment is required when the subscriber is the patient. Since the Nevada Medicaid implementation of HIPAA, the subscriber is always the patient, this segment is always required.

7.8 AMT Segment

For the 276 claim status request transaction submitted with the AMT segment, the monetary amount requires either explicit or implicit denotation of decimal.

7.9 2220D Loop (Service Line Information)

Nevada Medicaid ignores the 2210D loop (Service Line Information) submitted on the 276 transaction and will not perform the search using any of this information. Nevada Medicaid will always return service line information stored in the database when claims are found and returned on the response transaction.

7.10 Service Limitations

The limitations are up to 10 claims returned for real-time and up to 500 claims returned for Batch. Dates of service cannot span more than 45 days, the Service From date cannot be older than seven years, the Service From date cannot be greater than the Service Thru date, and the Service From date cannot be greater than the current date (not a future date).

8 Acknowledgements and/or Reports

This section contains information and examples on any applicable payer acknowledgements.

8.1 The TA1 Interchange Acknowledgement

The TA1 allows the receiver of a file to notify the sender that an invalid interchange structure was received or that problems were encountered. The TA1 verifies only the interchange header (ISA/GS) and trailer (IEA/GE) segments of the file envelope.

If ISA or GS errors were encountered for batch and real-time, then the generated TA1 report with the Interchange Header errors will be returned for pickup.

What to look for in the TA1

The TA1 segment indicates whether or not the submitted interchange control structure passed the HIPAA compliance check.

If TA104 is "R", then the transmitted interchange control structure header and trailer were rejected because of errors. The submitter will need to correct the errors and resubmit the corrected file to Nevada Medicaid.

Example:

TA1*000100049*130716*0935*R*020~

The data elements in the TA1 segment are defined as follows:

- TA101 contains the Interchange Control Number (ISA13) from the file to which this TA1 is responding ("000100049" in the example above).
- TA102 contains the Interchange Date ("130716" in the example above).
- TA103 contains the Interchange Time ("0935" in the example above).
- TA104 code indicates the status of the interchange control structure ("R" in the example above). The definition of the code is as follows: "R" – The transmitted interchange control structure header and trailer are rejected because of errors.
- TA105 code indicates the error found while processing the interchange control structure ("020" in the example above). The definitions of the codes are as follows:

Code	Description
000	No Error
001	The Interchange Control Number in the Header and Trailer Do Not Match. The Value From the Header is Used in the Acknowledgment.
002	This Standard as Noted in the Control Standards Identifier is Not Supported
003	This Version of the Controls is Not Supported
004	The Segment Terminator is Invalid
005	Invalid Interchange ID Qualifier for Sender

Code	Description
006	Invalid Interchange Sender ID
007	Invalid Interchange ID Qualifier for Receiver
008	Invalid Interchange Receiver ID
009	Unknown Interchange Receiver ID
010	Invalid Authorization Information Qualifier Value
011	Invalid Authorization Information Value
012	Invalid Security Information Qualifier Value
013	Invalid Security Information Value
014	Invalid Interchange Date Value
015	Invalid Interchange Time Value
016	Invalid Interchange Standards Identifier Value
017	Invalid Interchange Version ID Value
018	Invalid Interchange Control Number Value
019	Invalid Acknowledgment Requested Value
020	Invalid Test Indicator Value
021	Invalid Number of Included Groups Value
022	Invalid Control Structure
023	Improper (Premature) End-of-File (Transmission)
024	Invalid Interchange Content (e.g., Invalid GS Segment)
025	Duplicate Interchange Control Number
026	Invalid Data Element Separator
027	Invalid Component Element Separator
028	Invalid Delivery Date in Deferred Delivery Request
029	Invalid Delivery Time in Deferred Delivery Request
030	Invalid Delivery Time Code in Deferred Delivery Request
031	Invalid Grade of Service Code

The TA1 segment will be sent within its own interchange (i.e., ISA-TA1-IEA)

Example of a TA1 within its own interchange:

ISA*00* *00* *ZZ*TPID1234 *ZZ*NVMED
*171222*0106*^*00501*000000001*0*P*:~TA1*000100049*130716*0935*R*020~IEA*0*
000000001~

For additional information, consult the Interchange Control Structures, X12.5 Guide. TR3 documents may be obtained by logging on to www.wpc-edi.com and following the links to 'EDI Publications' and '5010 Technical Reports.'

8.2 The 999 Implementation Acknowledgement

For batch, each time a 5010 X12 file is submitted to Nevada Medicaid, a 999 acknowledgement is sent to the submitter within one business day. For real-time, a 999 acknowledgement is generated only if the 276 claim status inquiry fails compliance. A 999 does not guarantee processing of the transaction. It only signifies that Nevada Medicaid received the Functional Group.

The following sections explain how to read the 999 to find out whether a file is Accepted, Rejected, Partially Accepted or Accepted, But Errors Were Noted. If a Functional Group is Accepted or Accepted, But Errors Were Noted, no action is required by the submitter. If the Functional Group is Partially Accepted or Rejected, the submitter must correct the errors and re-submit the corrected file or transaction set(s) to Nevada Medicaid.

What to look for in the 999

Locate the AK9 segment. These segments indicate whether or not the submitted Functional Group passed the HIPAA compliance check.

- If the AK9 segment appears as AK9*A (Accepted), the entire file was accepted for processing.
- If the AK9 segment appears as AK9*R (Rejected), the entire file was rejected.
- If the AK9 segment appears as AK9*P (Partially Accepted), the transaction set(s) was rejected.
- If the AK9 segment appears as AK9*E (Accepted, But Errors Were Noted), the entire file was accepted for processing, but warning or informational edits were found.

Example of the 999 Acknowledgment:

ST*999*0001*005010X231~

AK1*HC*6454*005010X231~

AK2*837*0001~

IK5*A~

AK2*837*0002~

IK3*CLM*22*22**8~

CTX*CLM01:123456789~

IK4*2*782*1~

IK5*R*5~

AK9*P*2*2*1~

SE*8*0001~

AK1

This segment refers to the (GS) Group Set level of the original file sent to Nevada Medicaid.

- AK101 is equal to GS01 from the original file (e.g., the AK101 of an 837 claims file would be "HC"; the AK101 of a 276 Claim Status Inquiry file would be "HR").
- AK102 is equal to GS06 from the original file (Group Control Number).
- AK103 is equal to GS08 from the original file (EDI Implementation Version).

AK2

This segment refers to the (ST) Transaction Set level of the original file sent to Nevada Medicaid.

- AK201 is equal to ST01 from the original file (e.g., the AK201 of an 837 claims file would be "837"; the AK201 of a 276 Claim Status Inquiry file would be "276").
- AK202 is equal to ST02 from the original file (Transaction Set Control Number).
- AK203 is equal to ST03 from the original file (EDI Implementation Version).

IK3

This segment reports errors in a data segment.

Example:

IK3*CLM*22**8~

- IK301 contains the segment name that has the error. In the example above, the segment name is "CLM".
- IK302 contains the numerical count position of this data segment from the start of the transaction set (a "line count"). The erroneous "CLM" segment in the example above is the 22nd segment line in the Transaction Set. Transaction Sets start with the "ST" segment. Therefore, the erroneous segment in the example is the 24th line from the beginning of the file because the first two segments in the file, ISA and GS, are not part of the transaction set.
- IK303 may contain the loop ID where the error occurred.
- IK304 contains the error code and states the specific error. In the example above, the code "8" states "Segment Has Data Element Errors. "

Code	Description
1	Unrecognized segment ID
2	Unexpected segment
3	Required segment missing
4	Loop occurs over maximum times
5	Segment Exceeds Maximum Use
6	Segment not in defined transaction set

Code	Description
7	Segment not in proper sequence
8	Segment has data element errors
I4	Implementation "Not Used" segment present
I6	Implementation Dependent segment missing
I7	Implementation loop occurs under minimum times
I8	Implementation segment below minimum use
I9	Implementation Dependent "Not Used" segment present

CTX

This segment describes the Context/Business Unit. The CTX segment is used to identify the data that triggered the situational requirement in the IK3.

Example:

IK3*CLM*22**8~

CTX*CLM01:123456789~

IK4

This segment reports errors in a data element.

Example:

IK4*2*782*1~

- IK401 contains the data element position in the segment that is in error. The "2" in the example above represents the second data element in the segment.
- IK402 contains the data element reference number as found in the appropriate TR3 document. The "782" in the example above represents the CLM02 data element from the 837P.
- IK403 contains the error code and states the specific error. The "1" in the example above represents "Required Data Element Missing."

Code	Description
1	Required data element missing
2	Conditional required data element missing
3	Too many data elements
4	Data element too short
5	Data element too long
6	Invalid character in data element
7	Invalid code value

Code	Description
8	Invalid date
9	Invalid time
10	Exclusion condition violated
12	Too many repetitions
13	Too many components
I6	Code value not used in implementation
I9	Implementation dependent data element missing
I10	Implementation "Not Used" data element present
I11	Implementation too few repetitions
I12	Implementation pattern match failure
I13	Implementation Dependent "Not Used" element present

Note: IK404 may contain a copy of the bad data element

IK5

This segment reports errors in a transaction set.

Example:

IK5*R*5~

- IK501 indicates whether the transaction set is:
  - A = Accepted
  - R = Rejected

  The "R" in the example above means the transaction set was rejected due to errors.
- IK502 indicates the implementation transaction set syntax error. The "5" in the example above indicates "One or More Segments in Error."

Below is a sample of IK502 error codes. Please refer to the 999 TR3 document for a complete list of these error codes.

Code	Description
1	Transaction Set not supported
2	Transaction Set trailer missing
3	Transaction Set Control Number in Header/Trailer do not match
5	One or more segments in error

AK9

This segment reports the functional group compliance status.

Example:

AK9*P*2*2*1~

- AK901 indicates whether the entire functional group is:
  - A = Accepted
  - P = Partially Accepted. The transaction set(s) rejected and will NOT be forwarded for processing. The transaction set(s) will need to be corrected and resubmitted.
  - R = Rejected. The functional group was rejected and will NOT be forwarded for processing. The file will need to be corrected and resubmitted.
  - E = Accepted, But Errors Were Noted. No action is needed as this means the entire file was accepted for processing, but warning or informational edits were found.

  The "P" in the example above means the functional group was partially accepted and at least one transaction set was rejected.
- AK902 contains the total number of transaction sets. In the example above, two transaction sets were submitted.
- AK903 contains the number of received transaction sets. In the example above, two transaction sets were received.
- AK904 contains the number of accepted transaction sets in a Functional Group. In the example above, one transaction set was accepted.
- AK905 contains the Functional Group Syntax Error Code.

Below is a sample of AK905 error codes. Please refer to the 999 TR3 document for a complete list of error codes.

Code	Description
1	Functional group not supported
2	Functional group version not supported
3	Functional group trailer missing
4	Group Control Number in the functional group Header and Trailer do not agree
5	Number of included transaction sets does not match actual count
6	Group Control Number violates syntax
17	Incorrect message length (Encryption only)
18	Message authentication code failed
19	Functional Group Control Number not unique within interchange

For additional information, consult the Implementation Acknowledgment for Health Care Insurance (999) Guide. TR3 documents may be obtained by logging onto www.wpc-edi.com and following the links to "HIPAA" and "HIPAA Guides. "

8.3 Report Inventory

There are no acknowledgement reports at this time.

9 Trading Partner Agreements

Trading Partners who intend to conduct electronic transactions with Nevada Medicaid must agree to the terms of the Nevada Medicaid Trading Partner Agreement.

An EDI Trading Partner is defined as any entity (provider, billing service, software vendor, employer group, financial institution, etc.) that conducts electronic transactions with Nevada Medicaid. The Trading Partner and Nevada Medicaid acknowledge and agree that the privacy and security of data held by or exchanged between them is of utmost priority. Each party agrees to take all steps reasonably necessary to ensure that all electronic transactions between them conform to all HIPAA regulations.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to 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.

A copy of the agreement is available on the Nevada Medicaid Provider Web Portal at https://www.medicaid.nv.gov/providers/edi.aspx.

10 Transaction Specific Information

This section describes how ASC X12N TR3 Implementation Guides adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Nevada Medicaid has something additional, over and above, the information in the TR3s. That information can:

- Limit the repeat of loops or segments
- Limit the length of a simple data element
- Specify a sub-set of the TR3 internal code listings
- Clarify the use of loops, segments, composite, and simple data elements
- Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with Nevada Medicaid

In addition to the row for each segment, one or more additional rows are used to describe Nevada Medicaid's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

10.1 276 (Inbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
37		BHT	Beginning of Hierarchical Transaction			
37		BHT03	Reference Identification Number		50	Required when the transaction is used in real-time. Value received on the 276 will be returned on the 277.
38		BHT05	Transaction Set Creation Time		4/8	Transaction Set Creation Time
41	2100A	NM1	Payer Name			
41	2100A	NM103	Name Last or Organization Name	DHCFP	5	
42	2100A	NM108	Identification Code Qualifier	PI	2	
42	2100A	NM109	Identification Code	NV_TXIXL	8	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
45	2100B	NM1	Information Receiver Name			Information received within the 2100B NM1 segment will be echoed back on the 277 response.
49	2100C	NM1	Provider Name			Only 1 occurrence of this loop must be sent.
51	2100C	NM108	Identification Code Qualifier	SV, XX, FI	2	SV = Service provider's Atypical Provider Identifier. XX = Service provider's National Provider Identifier (NPI). F– - Federal Taxpayer's Identification Number
51	2100C	NM109	Identification Code		10	If NM108=SV, use the Atypical Servicing Provider Number If NM108=XX, use the Servicing National Provider Identifier (NPI)
52	2000D	HL	Subscriber Level			
53	2000D	HL04	Hierarchical Child Code	0, 1		
			No Subordinate HL Segment in This Hierarchical Structure	0	1	For Nevada Medicaid the Recipient is the Subscriber so there should never be a Dependent Level.
56	2100D	NM1	Subscriber Name			Nevada Medicaid requires Recipient First/Last Name and Recipient ID to refine the search criteria for a specific claim.
56	2100D	NM102	Entity Type Qualifier	1	1	
57	2100D	NM103	Name Last		25	Recipient Last Name
57	2100D	NM104	Name First		20	Recipient First Name
57	2100D	NM108	Identification Code Qualifier	MI	2	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
57	2100D	NM109	Identification Code		11	11-digit Nevada Recipient ID.
58	2200D	TRN	Claim Submitter Trace Number			
58	2200D	TRN01	Trace Type Code	1	1	
58	2200D	TRN02	Reference Identification		50	Trace Number. Value received on the 276 will be returned on the 277.
59	2200D	REF	Payer Claim Control Number			Required if requesting information by Internal Control Number (ICN)
59	2200D	REF01	Reference Identification Qualifier	1K	2	Payers claim number
59	2200D	REF02	Reference Identification		13	13 digit ICN number Format: RRYYJJJBBBSSS R=region, Y=Year, J=Julian date, B=Batch and S=Sequence
63	2200D	REF	Patient Control Number			If the Patient Account Number is on the 276 request, it will be returned on the 277 response.
63	2200D	REF01	Reference Identification Qualifier	EJ	2	
63	2200D	REF02	Reference Identification		38	Nevada Recipient Patient Account Number.
65	2200D	REF	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries			If the Claim Identification Number is on the 276 request, it will be returned on the 277 response.
65	2200D	REF01	Reference Identification Qualifier	D9	2	Claim Number

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
63	2200D	REF02	Reference Identification		50	Claim Identification Number
66	2200D	AMT	Claim Submitted Charges			Nevada Medicaid recommends this segment to refine the search criteria for a specific claim when the ICN is not included.
66	2200D	AMT01	Amount Qualifier Code	T3	2	
66	2200D	AMT02	Monetary Amount		10	Total Claim Charge Amount
67	2200D	DTP	Claim Service Date			Nevada Medicaid requires this segment to refine the search criteria for a specific claim.
67	2200D	DTP01	Date/Time Qualifier	472	3	
67	2200D	DTP02	Date Time Period Format Qualifier	D8, RD8	2/3	D8 Date: CCYYMMDD RD8 Date Range: CCYYMMDDCCYYMMDD Please Note: A maximum of 500 claims will be returned for this Date Range search.
67	2200D	DTP03	Date Time Period		16	To date of service if DTP02=D8 Format CCYYMMDD. From/To date of service if DTP02=RD8 Format CCYYMMDD-CCYYMMDD.

10.2 277 (Outbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
107		BHT	Beginning of Hierarchical Transaction			

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
107		BHT03	Originator Application Transaction Identifier		50	This value will equal the value that was received on the 276 within the BHT03.
111	2100A	NM1	Payer Name			
111	2100A	NM103	Payer Name	DHCFP		
112	2100A	NM108	Identification Code Qualifier	PI	2	
112	2100A	NM109	Identification Code	NV_TXIXL	8	
118	2100B	NM1	Information Receiver Name			2100B NM1 segment will contain the information that was received on the 276.
126	2100C	NM1	Provider Name			
127	2100C	NM108	Identification Code Qualifier	SV, XX	2	SV = Service provider's Atypical Provider Identifier. XX = Service provider's National Provider Identifier (NPI).
128	2100C	NM109	Identification Code		10	If NM108=SV, the Atypical Provider Number is returned If NM108=XX, the National Provider Identifier (NPI) is returned
129	2200C	TRN	Provider of Service Trace Identifier			2000C TRN Segment will only be present if the claim status request is rejected at this level.
130	2200C	STC	Provider Status Information			2000C STC Segment will only be present if provider identification sent on the 276 is not found.
130	2200C	STC01-1	Industry Code	D0, E0, E1, E2		
			Response not possible	E0	1	
130	2200C	STC02-2	Industry Code	26	2	'Entity not Found'
130	2200C	STC02-3	Entity Identifier Code	1P	2	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
135	2100D	NM1	Subscriber Name			
135	2100D	NM102	Entity Type Qualifier	1	1	
136	2100D	NM103	Name Last		25	Recipient Last Name
136	2100D	NM104	Name First		20	Recipient First Name
136	2100D	NM108	Identification Code Qualifier	MI	2	
136	2100D	NM109	Identification Code		11	11-digit Recipient ID
137	2200D	TRN	Claim Submitter Trace Number			
137	2200D	TRN01	Trace Type Code	2	1	
137	2200D	TRN02	Reference Identification		50	Submitter Trace Number – Value received from 276 2200D-TRN02.
138	2200D	STC	Claim Level Status Information			
138	2200D	STC01-1	Industry Code			Health Care Claim Status Category Code (ANSI X12N code source 507).
138	2200D	STC01-2	Industry Code			Claim Status Code (ANSI X12N code source 508).
145	2200D	STC02	Date		8	Status Information Effective Date. Date expressed as CCYYMMDD
145	2200D	STC04	Monetary Amount		10	Total Claim Charge Amount
145	2200D	STC05	Monetary Amount		10	Claim Payment Amount
146	2200D	STC10	Health Care Claim Status			STC10 is used if a second status is needed.
147	2200D	STC11	Health Care Claim Status			STC11 is used if a third status is needed.
149	2200D	REF	Payer Claim Control Number			
149	2200D	REF01	Reference Identification Qualifier	1K	2	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
149	2200D	REF02	Reference Identification		13	13 digit ICN number Format: RRYYJJJBBBSSS R=region, Y=Year, J=Julian date, B=Batch and S=Sequence
151	2200D	REF	Patient Control Number			
151	2200D	REF01	Reference Identification Qualifier	EJ	2	
151	2200D	REF02	Reference Identification		38	Patient Account Number – Value received from 276 2200D-REF02, where REF01=EJ.
154	2200D	REF	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries			
154	2200D	REF01	Reference Identification Qualifier	D9	2	
154	2200D	REF02	Reference Identification		50	Clearinghouse Trace Number – Value received from 276 2200D-REF02, where REF01=D9.
155	2200D	DTP	Claim Service Date			
155	2200D	DTP01	Date/Time Qualifier	472	3	
155	2200D	DTP02	Date Time Period Format Qualifier	D8, RD8	2/3	
			Date Format = CCYYMMDD	D8	2	
			Date Format = CCYYMMDD-CCYYMMDD	RD8	3	
156	2200D	DTP03	Date Time Period		17	Claim Service Date
157	2220D	SVC	Service Line Information			

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
157	2220D	SVC01-1	Product Service ID Qualifier	AD, ER, HC, HP, IV, N4, NU, WK		
			American Dental Association Code	AD	2	
			Healthcare Common Procedural Coding System (HCPCS) Code	HC	2	
			National Drug Code	N4	2	
			National Uniform Billing Committee (NUBC) UB92 Codes	NU	2	If present, SVC04 will not be used.
158	2220D	SVC01-2	Product/Service ID			
			Dental Procedure Code			Where, SVC01-1=AD
			HCPCS Procedure Code			Where, SVC01-1=HC
			NDC			Where, SVC01-1=N4
			Revenue Code			Where, SVC01-1=NU
160	2220D	SVC02	Monetary Amount		10	'Line Item Charge Amount'
160	2220D	SVC03	Monetary Amount		10	'Line Item Paid Amount'
161	2220D	STC	Service Line Status Information			
161	2220D	STC01-1	Industry Code			Health Care Claim Status Category Code (ANSI X12N code source 507).
161	2220D	STC01-2	Industry Code			Claim Status Code (ANSI X12N code source 508).
168	2220D	STC02	Date		8	Status Information Effective Date. Date expressed as CCYYMMDD

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
168	2220D	STC10	Health Care Claim Status			STC10 is used if a second status is needed.
169	2220D	STC11	Health Care Claim Status			STC11 is used if a third status is needed.
171	2220D	REF	Service Line Item Identification			
171	2220D	REF01	Reference Identification Qualifier	FJ	2	
171	2220D	REF02	Reference Identification		50	Line Item Control Number – Value received from 276 2220D-REF02, where REF01=FJ.
172	2210D	DTP	Service Line Date			
172	2220D	DTP01	Date/Time Qualifier	472	3	
172	2220D	DTP02	Date Time Period Format Qualifier	D8, RD8	2/3	
			Date Format = CCYYMMDD	D8	2	
			Date Format = CCYYMMDD-CCYYMMDD	RD8	3	
172	2220D	DTP03	Date Time Period		17	Service Line Date

Appendix A: Implementation Checklist

This appendix contains all necessary steps for going live with Nevada Medicaid.

1. Call the Nevada Medicaid EDI Helpdesk with any questions at (877) 638-3472 options 2, 0, and then 3 or send an email to nvmmis.edisupport@dxc.com.
2. Check the Nevada Medicaid Provider Web Portal at www.medicaid.nv.gov regularly for the latest updates.
3. Review the Trading Partner User Guide which includes enrollment and testing information. This can be found on the EDI webpage at: https://www.medicaid.nv.gov/providers/edi.aspx.
4. Confirm you have completed your Trading Partner Agreement and been assigned a Trading Partner ID.
5. Make the appropriate changes to your systems/business processes to support the updated companion guides. If you use a third party software, work with your software vendor to have the appropriate software installed.
6. Identify the transactions you will be testing:
    - Health Care Eligibility/Benefit Inquiry and Information Response (270/271)
    - Health Care Claim Status Request and Response (276/277)
    - Health Care Claim: Dental (837D)
    - Health Care Claim: Institutional (837I)
    - Health Care Claim: Professional (837P)
7. When submitting test files, make sure the recipients/claims you submit are representative of the type of service(s) you provide to Nevada Medicaid providers.
8. Schedule a week for the initial test.

Appendix B: SNIP Edit (Compliance)

The Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) recommends seven types of testing to determine compliance with HIPAA. Nevada Medicaid has adopted this through SNIP Level 4 edits. At this level a claim's inter-segment relationships are validated. For example, if element A exists, then element B should be populated.

The following SNIP Level 4 edits are applied for 276 transactions:

LOOP	MESSAGE
2000D	2000D DMG is required when 2000D HL0″=″0"
2000D	2200D TRN is required when 2000D HL0″=″0"
2210D	2200D DTP0″="4″2" when 2210D DTP0″="4″2" is not used
2210E	2200E DTP0″="4″2" when 2210E DTP0″="4″2" is not used

The following SNIP Level 4 edits are applied to 277 transactions before they are sent to the Trading Partner:

LOOP	MESSAGE
2000D	2200D TRN is required when 2000D HL0″=″0"
2200B	2000C is not used when 2200B STC is used
2200B	2000D is not used when 2200B STC is used
2200B	2000E is not used when 2200B STC is used
2200B	2000C is required when 2200B STC is not used
2200C	2000D is not used when 2200C STC is used
2200C	2000E is not used when 2200C STC is used
2220D	2200D DTP0″="4″2" when 2220D DTP0″="4″2" is not used
2220E	2200E DTP0″="4″2" when 2220E DTP0″="4″2" is not used

Appendix C: Business Scenarios

This appendix contains typical business scenarios. The actual data streams linked to these scenarios are included in Appendix D.

- 5010 Nevada Medicaid 276 transaction inquiring with Nevada Medicaid Recipient ID, First/Last Name, Billed Amount, and Date of Service:

  Provider: PEACHTREE CLINIC

  NPI#: 1111111112

  Recipient ID: 12121212121

  Recipient Name: LNAME, FNAME

  DOB: 09/13/1959

  Billed Amount: 2026.58

  DATE of Service: 02/03/2018

  ICN: 2018090000001

- 5010 Nevada Medicaid 276 transaction inquiring with Nevada Medicaid Recipient Number, First/Last Name, ICN, and Date of Service.

Appendix D: Transmission Examples

This appendix contains actual data streams. The business scenarios linked to the data streams are included in Appendix C.

Batch Transaction Examples:

1. Nevada Medicaid 276 transaction (Without ICN):

ISA*00* *00* *ZZ*TPID1234 *ZZ*NVMED *130805*0800*^*00501*505043666*0*T*:~

GS*HR*TPID1234*NVMED*20180305*0800*43666*X* 005010X212~

ST*276*0001*005010X212

BHT*0010*13*TEST*20180305*0800~

HL*1**20*1~

NM1*PR*2*DHCFP *****PI*NV_TXIXL~

HL*2*1*21*1~

NM1*41*2*RECEIVER NAME*****46*122356~

HL*3*2*19*1~

NM1*1P*2*PEACHTREE CLINIC *****XX*1111111112~

HL*4*3*22*0~

DMG*D8*19590913*M~

NM1*IL*1*LNAME*FNAME****MI*12121212121~

TRN*1*TRACENUM~

REF*D9*CHTRACENUM~

AMT*T3*2026.58~

DTP*472*RD8*20180203-20180203~

SE*16*0001~

GE*1*43666~

IEA*1*505043666~

Nevada Medicaid Response 277 transaction for inquiry without ICN:

ISA*00* *00* *ZZ*NVMED *ZZ*TPID1234 *180305*0802*^*00501*505043666*0*T*:~

GS*HN*NVMED*TPID1234*20180305*125138*55411*X*005010X212~

ST*277*0001*005010X212~

BHT*0010*08*TEST*20180305*0802*DG~

HL*1**20*1~

NM1*PR*2*DHCFP*****PI*NV_TXIXL~

HL*2*1*21*1~

NM1*41*2*RECEIVER NAME*****46*122356~

HL*3*2*19*1~

NM1*1P*2*PEACHTREE CLINIC*****XX*1111111112~

HL*4*3*22*0~

NM1*IL*1*LNAME*FNAME****MI*12121212121~

TRN*2*TRACENUM ~

STC*F2:252:1P*20180305**2026.58*0*****F2:286:QC~

REF*1K*2218090001101~

REF*D9*CHTRACENUM~

DTP*472*RD8*20180203-20180203~

SVC*HC:H2017:U4:U6*2026.58*0****6~

STC*F2:252:1P*20130301********F2:286:QC~

DTP*472*RD8*20180203-20180203~

SE*19*0001~

GE*1*55411~

IEA*1*023517231~

2. Nevada Medicaid 276 transaction (With ICN):

ISA*00* *00* *ZZ*TPID1234 *ZZ*NVMED
*180207*0800*^*00501*505043666*0 *T*:~

GS*HR*TPID1234*NVMED*20180305*0800*43666*X* 005010X212 ~

ST*276*0001*005010X212

BHT*0010*13*TEST*20180305*0800~

HL*1**20*1~

NM1*PR*2*DHCFP *****PI*NV_TXIXL~

HL*2*1*21*1~

NM1*41*2*RECEIVER NAME*****46*122356~

HL*3*2*19*1~

NM1*1P*2*PEACHTREE CLINIC*****XX*1111111112~

HL*4*3*22*0~

DMG*D8*19590913*M~

NM1*IL*1*LNAME*FNAME****MI*12121212121~

TRN*1*TRACENUM~

REF*1K*2218090001101~

REF*D9*CHTRACENUM~

AMT*T3*2026.58~

DTP*472*RD8*20180203-20180203~

SE*17*0001~

GE*1*43666~

IEA*1*505043666~

Nevada Medicaid Response 277 transaction for inquiry with ICN:

ISA*00* *00* *ZZ*NVMED *ZZ*TPID1234
*130805*0802*!*00501*505043666*0 *T*:~

GS*HN*NVMED*TPID1234*20180305*0802*55411*X*005010X212~

ST*277*0001*005010X212~

BHT*0010*08*TEST*20180305*0802*DG~

HL*1**20*1~

NM1*PR*2*DHCFP*****PI*NV_TXIXL ~

HL*2*1*21*1~

NM1*41*2*RECEIVER NAME*****46*122356~

HL*3*2*19*1~

NM1*1P*2*PEACHTREE CLINIC*****XX*1111111112~

HL*4*3*22*0~

NM1*IL*1*LNAME*FNAME****MI*12121212121~

TRN*2*TRACENUM ~

STC*F2:252:1P*20180305**2026.58*0*****F2:286:QC~

REF*1K*2218090001101~

REF*D9*CHTRACENUM~

DTP*472*RD8*20180203-20180203~

SVC*HC:H2017:U4:U6*2026.58*0****6~

STC*F2:252:1P*20180301********F2:286:QC~

DTP*472*RD8*20170203-20170203~

SE*19*0001~

GE*1*55411~

IEA*1*023517231~

Batch Transaction Example:

This is an example of a batch file containing three inquires; two within the first transaction for the same provider, different Recipient, and one within the second transaction. For Nevada Medicaid, batch files have the ability to loop at the functional group, transaction, and hierarchical levels. Each functional group within an interchange has to be the same transaction type.

ISA*00* *00* *ZZ*TPID1234 *ZZ*NVMED
*180305*0800*^*00501*505043666*0*T*:~

GS*HR*TPID1234*NVMED*20180305*0800*43666*X*005010X212 ~

ST*276*0001*005010X212

BHT*0010*13*TEST*20180305*0800~

HL*1**20*1~

NM1*PR*2*DHCFP *****PI*NV_TXIXL~

HL*2*1*21*1~

NM1*41*2*RECEIVER NAME*****46*122356~

HL*3*2*19*1~

NM1*1P*2*PEACHTREE CLINIC*****XX*1111111112~

HL*4*3*22*0~

DMG*D8*19590913*M~

NM1*IL*1*LNAME*FNAME****MI*12121212121~

TRN*1*TRACENUM~

REF*D9*CHTRACENUM~

AMT*T3*2026.58~

DTP*472*RD8*20180203-20180203~

HL*5*3*22*0~

DMG*D8*19620414*F~

NM1*IL*1*LASTNAME*FIRSTNAME****MI*12121212121~

TRN*1*TRACENUM1~

REF*D9*CHTRACENUM1~

AMT*T3*5026.58~

DTP*472*D8*20180203~

SE*23*0001~

ST*276*0002*005010X212

BHT*0010*13*TEST*20180305*0800~

HL*1**20*1~

NM1*PR*2*DHCFP*****PI*NV_TXIXL~

HL*2*1*21*1~

NM1*41*2*RECEIVER NAME*****46*122356~

HL*3*2*19*1~

NM1*1P*2*PEACHTREE CLINIC*****XX*1111111112~

HL*4*3*22*0~

DMG*D8*19590913*M~

NM1*IL*1*LNAME*FNAME****MI*12121212121~

TRN*1*TRACENUM~

REF*1K*2218090001101~

REF*D9*CHTRACENUM~

AMT*T3*2026.58~

DTP*472*RD8*20180203-20180203~

SE*17*0002~

GE*2*43666~

IEA*1*505043666~

Appendix E: Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to Nevada Medicaid and its providers.

Q: As a Trading Partner or clearinghouse, who should I contact if I have questions about testing, specifications, Trading Partner enrollment or if I need technical assistance with electronic submission?

A: After visiting the EDI webpage located at: https://www.medicaid.nv.gov/providers/edi.aspx if you still have questions regarding EDI testing and Trading Partner enrollment support is available Monday through Friday 8 a.m.-5 p.m. by calling toll-free at (877) 638-3472 option 2, 0, and then 3. You can send an email to nvmmis.edisupport@dxc.com.

Q: Who should I contact if I have questions pertaining to billing or to check on the status of a submitted claim?

A: Trading Partners should contact the Customer Service Center for any non-EDI related questions at 877-638-3472 and follow the prompts for the department you wish to speak with.

Q: How do I request and submit EDI files through the secure SFTP server in production?

A: Once you have satisfied testing, you will receive an approval letter via email, which will contain the URL to connect to production.

Q: How long will files be available for download on the secure Nevada Medicaid Services SFTP server and through the Web Portal?

A: All electronic files that have been made available for download will remain available online for download for sixty days. This applies to Web Portal and SFTP Trading Partners. After the sixty days' time frame, the files will be removed from the list and will no longer be available for download. This applies to testing and production

Q: What types of acknowledgment reports will Nevada Medicaid return following EDI submission?

A: A TA1 will be generated when errors occur within the interchange envelope ISA/IEA. A 999 acknowledgement will be returned on batch 270 (Eligibility) and 276 (Claim Status), and failed 270 Real-Time (Eligibility Requests) and 276 Real-Time (Claim Status) transaction types. For those real-time 270 and 276 transactions that pass compliance, the respective 271 and 277 transactions will be generated.

Q: Where can I find a copy of the HIPAA ANSI TR3 documents?

A: The TR3 documents must be purchased from the Washington Publishing Company at www.wpc-edi.com.

Appendix F: Change Summary

This section describes the differences between the current Companion Guide and previous versions of the guide.

Published / Revised	Section / Nature of change
06/28/2018	Initial version
09/11/2018	Updated the value in the 276 – 2100A NM109 to be "NV_TXIXL". Updated notes in the 2200D REF02 segment in section 10.1. Updated notes in the 2200D REF02 segment in section 10.2. Updated the 276 - 2100 NM109 in the examples from Appendix D.