Nevada Medicaid

HIPAA Transaction

Standard Companion Guide

Refers to the Technical Report Type 3 Document

Based on ASC X12N version: 005010X279A1

Health Care Eligibility Benefit Inquiry and Information Response (270/271)

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/005010X279 Health Care Eligibility/Benefit Inquiry and Information Response (270/271), its related Addenda (005010X279A1) and its related Errata (005010X279E1). 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 005010X279 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 270/271 ASC X12N (version 005010X279), 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	Subscriber Primary Identifier	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 270/271 Eligibility Request and 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 eligibility request (270) electronically to Nevada Medicaid and receiving eligibility response (271).

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 270/271 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 837 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 50 270 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 Eligibility Inquiry/Response, the following conditions should be addressed in one or more test files:

- The ability to perform a 270 inquiry by the 11-digit recipient identification number
- The ability to perform a 270 inquiry using the recipient first name, last name, and date of birth (DOB)
- The ability to perform a 270 inquiry using the recipient social security number (SSN) and date of birth

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 Provider Web 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_270_201708301140512.dat
- 01234567_270_TRANS01_20170830.dat
- 01234567_270_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 271 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:

- 1705000_1704996_72DBABD5_271X12BATCH_3_TPID1234.271
- 1704052_1704038_5DBBF870_271X12BATCH_1234_TPID1234.271

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

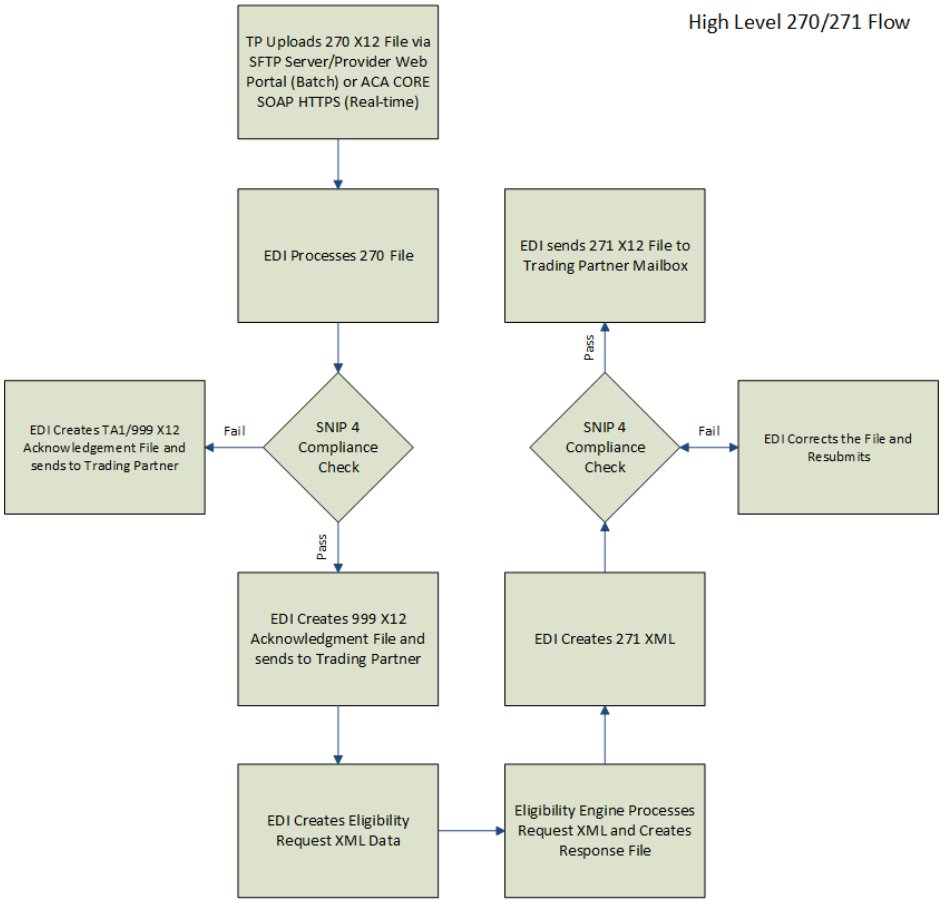
This section describes the process to submit HIPAA 270 transactions using real-time or batch, along with various submission methods, security requirements, and exception handling procedures.

Nevada Medicaid supports multiple methods for exchanging electronic healthcare transactions depending on the Trading Partner's needs. For HIPAA 270 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 eligibility benefit 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 271 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.

    Each transaction is validated to ensure that the 270 complies with the 005010X279A1 TR3 Implementation Guide.
3. Third level response: 271 will be generated indicating either the eligibility and benefits or AAA errors within request validation.

Transactions that pass compliance checks, but failed to process (e.g., due to Recipient not being found) will generate a 271 response transaction, including an AAA segment indicating the nature of the error. Transactions that pass compliance checks and have not failed to process (e.g., the Recipient was found with enrollment within the requested dates) do not generate AAA segments, but will create a 271 using the information in our eligibility and benefit system.

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 submitter/receiver must be a Nevada Medicaid Trading Partner. Each submitter/receiver 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
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 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.

4.7 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. For more information, please contact the EDI Customer Service Helpdesk at (877) 638-3472 options 2, 0, and then 3.

4.8 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 Partner 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 then 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 270/271 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

This section contains detailed information about useful 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): The DHCFP website assists 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 270/271 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.

270 (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		
				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	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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.

271 (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

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.4		ISA05	Interchange ID Qualifier	ZZ	2	
C.4		ISA06	Interchange Sender ID	NVMED	15	Nevada Medicaid Trading Partner ID, left justified space fill.
C.4		ISA07	Interchange ID Qualifier	ZZ	2	
C.4		ISA08	Interchange Receiver ID		15	8-digit Trading Partner ID will be returned as entered in the 270 inquiry.
C.5		ISA09	Interchange Date		6	Format is YYMMDD
C.5		ISA10	Interchange Time		4	Format is HHMM
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.

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	Number of included Functional Groups included in an interchange.
C.10		IEA02	Interchange Control Number		9	The control number assigned by the interchange sender. This will be identical to the value in the ISA13.

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.

270 (Inbound)

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

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.8		GS07	Responsible Agency Code	X	1	
C.8		GS08	Version/Release/Industry ID Code		12	005010X279A1

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. 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.

271 (Outbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS01	Functional ID Code	HB	2	
C.7		GS02	Application Sender's Code	NVMED	5	Nevada Medicaid Trading Partner ID.
C.7		GS03	Application Receiver's Code		8	8 digit Trading Partner ID supplied by Nevada Medicaid. This will be identical to the value in the ISA06.
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		12	005010X279A1

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.

270 (Inbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
61		ST	Transaction Set Header			
61		ST01	Transaction Set Identifier Code	270	3	
62		ST02	Transaction Set Control Number		4/9	Identical to the value in SE02.
63		ST03	Implementation Convention Reference		12	005010X279A1

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.

271 (Outbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
209		ST	Transaction Set Header			
209		ST01	Transaction Set Identifier Code	271	3	
210		ST02	Transaction Set Control Number		4/9	This will be identical to the value in the SE02.
211		ST03	Implementation Convention Reference		12	005010X279A1

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 Eligibility Search Criteria

- Inquiry by 11-digit Recipient identification (ID) number
- Inquiry by Recipient's first name, last name, and Date of birth (DOB)
- Inquiry by Social Security Number (SSN) and Date of Birth (DOB)

7.2 Logical File Structure

For real-time 270/271 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 the Eligibility or Benefit Inquiry (EQ) segment within Loop 2110C.

For Batch 270/271 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 Subscriber Date (Subscriber Information 2100C Loop)

For eligibility inquires, the date of service must be within a one month date range. If inquiries span over a one month period, the 271 response will contain an AAA03=62 (Date of Service Not Within Allowable Inquiry Period).

7.4 Acceptable Characters

For real-time the HIPAA transactions must not contain any carriage returns nor line feeds; the data must be received in one, continuous stream. For batch the HIPAA transactions can contain carriage returns and line feeds; however, it is recommended the data is received in one, continuous stream without carriage return and line feeds. Nevada Medicaid requires Trading Partners to use the ASC X12 Extended Character set. Uppercase characters are recommended.

7.5 Service Type Codes

Service Type Codes in the 270 2110C EQ01 data element are limited to 20 codes. If the number of service type codes is greater than 20, the transaction set will reject.

7.6 Compliance Checking

Inbound 270 transactions are validated through Strategic National Implementation Process (SNIP) Level 4. Refer to Appendix B for a list of SNIP Level 4 edits.

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*000
000001~

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 270 eligibility request 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 270 Eligibility Inquiry file would be "HS").
- 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 270 Eligibility Inquiry file would be "270").
- 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

Code	Description
6	Segment not in defined transaction set
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

Code	Description
7	Invalid code value
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 entire file 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.

10.1 270 (Inbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
63		BHT	Beginning of Hierarchical Transaction			
64		BHT02	Transaction Set Purpose Code	13	2	13 = 'Request'
64		BHT03	Reference Identification		50	Required when the transaction is used in real-time. In 270 batch, may be provided at the sender's discretion. In 271 real-time, value received on the 270 will be returned on the 271.
66	2000A	HL	Information Source Level			Per HIPAA requirement, there can only be one 2000A Loop within a transaction (ST/SE).
69	2100A	NM1	Information Source Name			

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
69-70	2100A	NM101	Entity Identifier Code	PR	2	PR = 'Payer'
70	2100A	NM102	Entity Type Qualifier	2	1	2 = 'Non-Person Entity'
70	2100A	NM103	Name Last or Organization Name		5	DHCFP
71	2100A	NM108	Identification Code Qualifier	PI	2	PI = 'Payor Identification'
71	2100A	NM109	Identification Code		8	NV_TXIXL
72	2000B	HL	Information Receiver Level			Per HIPAA requirement there can only be one 2000 Loop within a transaction (ST/SE).
75	2100B	NM1	Information Receiver Name			Information received within the 2100B NM1 segment will be echoed back on the 271 response.
75-76	2100B	NM101	Entity Identifier Code	1P	2	1P = 'Provider'
77	2100B	NM108	Identification Code Qualifier	SV, XX		
			Service Provider	SV	2	
			National Provider Identifier (NPI)	XX	2	
78	2100B	NM109	Identification Code			
			Nevada Medicaid Service Provider		10	If NM108=SV, use the Atypical Provider Number.
			National Provider Identifier (NPI)		10	If NM108=XX, use the National Provider Identifier (NPI).
82	2100B	N4	Information Receiver City, State, Zip Code			
83	2100B	N403	Postal Code		9	Provider's Zip Code. Zip code must equal a length of 5 or 9. Used in processing the request if the 2100B-NM108=XX (NPI).

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
84	2100B	PRV	Information Receiver Provider Information			
85	2100B	PRV03	Reference Identification		1/50	Provider Taxonomy Code. Used in processing the request if the 2100B-NM108=XX (NPI).
86-87	2000C	HL	Subscriber Level			
89	2000C	HL04	Hierarchical Child Code	0, 1		
			No Subordinate HL Segment in This Hierarchical Structure	0	1	For NV Medicaid the Member is the Subscriber so there should never be a Dependent Level.
90	2000C	TRN	Subscriber Trace Number			
91	2000C	TRN02	Reference Identification		50	Trace Number. Value received on the 270 will be returned on the 271.
91	2000C	TRN03	Originating Company Identifier		10	Value received on the 270 will be returned on the 271. Per HIPAA, the first position must be: '1' if an EIN is used. '3' if a DUNS is used. '9' if a user-assigned identifier is used.
91	2000C	TRN04	Reference Identification		50	Additional Trace Number. Value received on the 270 will be returned on the 271.
97	2100C	REF	Subscriber Additional Identification			If the Patient Account Number is on the 270 request, it will be returned on the 271 response.
98-99	2100C	REF01	Reference Identification Qualifier	EJ	2	EJ = 'Patient Account Number'
99	2100C	REF02	Reference Identification		38	Nevada Recipient Patient Account Number.
122	2100C	DTP	Subscriber Date			

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
123	2100C	DTP01	Date/Time Qualifier	291	3	291 = 'Plan'
123	2100C	DTP02	Date Time Period Format Qualifier	D8, RD8	2/3	
123	2100C	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.
124	2110C	EQ	Subscriber Eligibility or Benefit Inquiry			This is required when the subscriber is the patient whose benefits are being verified.
124	2110C	EQ01	Service type code	30	1/2	Note: EQ01 can only repeat 20 times. If the service type code is greater than 20, the transaction set will reject.

Nevada Medicaid supports multiple search criteria for an eligibility inquiry. An inquiry may be submitted using:

- Nevada Medicaid Recipient ID
- Recipient First Name, Last Name, and DOB
- Recipient Social Security Number and Date of Birth

Inquiry by Medicaid Recipient ID

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
92	2100C	NM1	Subscriber Name			
95	2100C	NM108	Identification Code Qualifier	MI	2	MI = 'Member Identification Number'
96	2100C	NM109	Identification Code		12	Use the 11-digit Medicaid Recipient's ID. If Recipient is not found, information received on this NM1 will be echoed back on the 271.

Inquiry by Recipient First Name, Last Name, and Date of Birth

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
92	2100C	NM1	Subscriber Name			If a Recipient is not found based on this search criteria submitted, information received will be echoed back on the 271.
93	2100C	NM103	Name Last or Organization Name		60	A maximum of 25 characters will be used for the search.
93	2100C	NM104	Name First		35	A maximum of 20 characters will be used for the search.
107	2100C	DMG	Subscriber Demographic Information			
108	2100C	DMG01	Date Time Period Format	D8	2	'D8' Format = CCYYMMDD
109	2100C	DMG02	Date Time Period		8	Recipient Date of Birth. Format: CCYYMMDD

Inquiry by Recipient Social Security Number and Date of Birth

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
97	2100C	REF	Subscriber Additional Identification			If a Recipient is not found based on this search criteria submitted, information received will be echoed back on the 271.
98-99	2100C	REF01	Reference Identification Qualifier	SY	2	SY = 'Social Security Number'
99	2100C	REF02	Reference Identification		9	9-digit Nevada Recipient Social Security Number.
107	2100C	DMG	Subscriber Demographic Information			
108	2100C	DMG01	Date Time Period Format	D8	2	'D8' Format = CCYYMMDD

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
109	2100C	DMG02	Date Time Period		8	Recipient Date of Birth. Format: CCYYMMDD

10.2 271 (Outbound) Active Coverage Response

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
218	2100A	NM1	Information Source Name			
218-219	2100A	NM101	Entity Identifier Code	PR	2	PR = 'Payer'
219	2100A	NM102	Entity Type Qualifier	2	1	2 = 'Non-Person Entity'
219	2100A	NM103	Name Last or Organization Name	DHCFP	5	
220	2100A	NM108	Identification Code Qualifier	PI	2	PI = 'Payor Identification'
220	2100A	NM109	Identification Code	NV_TXIXL	5	
226	2100A	AAA	Request validation			
227	2100A	AAA03	Reject reason code		2	Code indicating why the transaction was not processed.
232	2100B	NM1	Information Receiver Name			2100B NM1 segment will contain the information that was received on the 270.
243	2000C	HL	Subscriber Level			
245	2000C	HL04	Hierarchical Child Code	0	1	0 = 'No Subordinate HL Segment in This Hierarchical Structure'
246	2000C	TRN	Subscriber Trace Number			Number received on the 270.
247-248	2000C	TRN01	Trace Type Code	2, 1	1	2 = 'Referenced Transaction Trace Numbers' 1 = Current Transaction Trace Numbers

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
248	2000C	TRN02	Reference Identification		50	Value received on the 270: 2000C-TRN02.
248	2000C	TRN03	Originating Company Identifier		10	Hardcoded value as NVMEDICAID when TRN01 =1
248	2000C	TRN04	Reference Identification		50	Value received on the 270: 2000C-TRN04.
249	2100C	NM1	Subscriber Name			
250	2100C	NM103	Name Last or Organization Name		25	Recipient Last Name. A maximum of 25 characters will be used for the search. If not found, the value submitted on the 270 will be returned on the 271.
250	2100C	NM104	Name First		20	Recipient First Name. A Maximum of 20 characters will be used for the search. If not found, the value submitted on the 270 will be returned on the 271.
251	2100C	NM108	Identification Code Qualifier	MI	2	MI = 'Member Identification Number'
252	2100C	NM109	Identification Code		12	11-digit Nevada Recipient Medicaid ID. If not found, the value submitted on the 270 will be returned on the 271.
253	2100C	REF	Subscriber Additional Identification			
254-255	2100C	REF01	Reference Identification Qualifier	EJ, SY, NQ		If EJ (Patient Account Number), SY (Social Security Number), or HJ (Recipient ID) was sent on the 270 inquiry, this value is returned here.
268	2100C	DMG	Subscriber Demographic Information			
269	2100C	DMG01	Date Time Period Format Qualifier	D8	2	'D8' Format = CCYYMMDD

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
269	2100C	DMG02	Date Time Period		8	If Recipient found, Nevada Medicaid date of birth is returned. If not found, the value submitted on the 270 will be returned on the 271.
283	2100C	DTP	Subscriber Date			
283	2100C	DTP01	Date/Time Qualifier	307	3	Eligibility
123	2100C	DTP02	Date Time Period Format Qualifier	D8, RD8	2/3	'D8' Format = CCYYMMDD
123	2100C	DTP03	Date Time Period		8	
283	2100C	DTP	Subscriber Date			
283	2100C	DTP01	Date/Time Qualifier	458	3	Certification
123	2100C	DTP02	Date Time Period Format Qualifier	D8	2	'D8' Format = CCYYMMDD
123	2100C	DTP03	Date Time Period		8	
289	2110C	EB	Subscriber Eligibility or Benefit Information			
291-292	2110C	EB01	Eligibility or Benefit Information	1	1	For other codes refer to the TR3 guides. Note: If qualifier equals, A, B, C, G, J or Y EB07 and EB08 will be sent.
292	2110C	EB02	Benefit Coverage Level Code	IND	3	
298	2110C	EB03	Service Type Code	MC	1/2	Refer to TR3 Guide for values
298	2110C	EB04	Insurance Type Code	MC	2	MC = 'Medicaid'
300	2110C	EB07	Monetary amount		1/18	
301	2110C	EB08	Percentage as Decimal		1/10	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
315	2110C	REF	Subscriber Additional Identification			
315-316	2110C	REF01	Reference Identification Qualifier	1L	2	1L = 'Group or Policy Number'
316	2100C	REF02	Reference Identification		50	Plan Number

Potential AAA (Reject Reason Code) Information that can be returned within the 2100A (Information Source Request Validation)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
226	2100A	AAA	Request Validation			
226	2100A	AAA01	Yes/No Condition or Response Code	N	1	N = 'No'
227	2100A	AAA03	Reject Reason Code	04, 41,42 ,79, 80, T4	2	
228	2100A	AAA03	Reject Reason Code	T4	2	TR3 Description: Payer Name or Identifier missing
228	2100A	AAA03	Reject Reason Code	79	2	TR3 Description: Invalid Participant Identification
228	2100A	AAA04	Follow-up Action Code	C	1	C = Please Correct and Resubmit

Potential AAA (Reject Reason Code) Information that can be returned within the 2100B (Information Receiver Request Validation)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
238	2100B	AAA	Request Validation			

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
239	2100B	AAA01	Yes/No Condition or Response Code	N	1	N = 'No'
239	2100B	AAA03	Reject Reason Code	50 & 51	2	
239	2100B	AAA03	Provider who is ineligible for inquiries or enrolled as an Ordering, Prescribing or Referring (OPR) Provider	50	2	TR3 Description: Provider Ineligible for Inquiries
239	2100B	AAA03	Provider not found on database or a non-numeric Provider ID was received	51	2	TR3 Description: Provider Not on File
239	2100B	AAA04	Follow-up Action Code	C	1	C = Please Correct and Resubmit

Potential AAA (Reject Reason Code) Information that can be returned within the 2100C (Subscriber Request Validation)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
262	2100C	AAA	Subscriber Request Validation			
262	2100C	AAA01	Yes/No Condition or Response Code	N	1	N = 'No'

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
262/ 263	2100C	AAA03	Reject Reason Code	42, 52, 56, 57, 58, 62, 72, 73, 75 & 76	2	
262	2100C	AAA03	System problem/error	42	2	TR3 Description: Unable to Respond at Current Time
262	2100C	AAA03	Provider NPI that is inactive	52	2	TR3 Description: Service Dates Not Within Provider Plan Enrollment
262	2100C	AAA03	Inappropriate date	56	2	TR3 Description: Inappropriate Date
262	2100C	AAA03	Invalid service dates	57	2	TR3 Description: Invalid/Missing Date(s) of Service
262	2100C	AAA03	Enrollee ID not received AND Date of Birth received but is an invalid date	58	2	TR3 Description: Invalid/Missing Date-of-Birth
262	2100C	AAA03	Dates of service not within range	62	2	TR3 Description: Date of Service Not Within Allowable Inquiry Period

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
263	2100C	AAA03	Enrollee ID received but not numeric OR Enrollee ID not received, SSN was received but is not numeric OR Enrollee ID not received AND (Date of Birth, First and Last Name, and SSN are all blank OR SSN AND First and Last Name are blank OR SSN and Date of birth are blank) OR Enrollee ID is received, but cannot be found on the database	72	2	TR3 Description: Invalid/Missing Subscriber/Insured ID
264	2100C	AAA03	Enrollee ID not received AND Name received is invalid (either the first or last name is blank)	73	2	TR3 Description: Invalid/Missing Subscriber/Insured Name

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
264	2100C	AAA03	Enrollee ID not received and SSN not received AND First and Last name AND Date of birth are blank	75	2	TR3 Description: Subscriber/Insured Not Found
264	2100C	AAA03	Multiple eligible Enrollees found OR More than 10 matches found	76	2	TR3 Description: Duplicate Subscriber/Insured ID Number
264	2100C	AAA04	Follow-up Action Code	C	1	C = Please Correct and Resubmit

10.3 Various Repetitions of 2110C (Subscriber Eligibility or Benefit Information Responses)

Inactive Response

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
289	2110C	EB	Subscriber Eligibility or Benefit Information			
291-292	2110C	EB01	Eligibility or Benefit Information	6	1	Recipient is not eligible for the request period
292	2110C	EB02	Benefit Coverage Level Code	IND	3	
298	2110C	EB04	Insurance Type Code	MC	2	MC = 'Medicaid'

Medicare Part A

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
289	2110C	EB	Subscriber Eligibility or Benefit Information			
291-292	2110C	EB01	Eligibility or Benefit Information	R	2	R = 'Other or Additional Payer'
292-293	2110C	EB02	Coverage Level Code	IND	3/3	IND = 'Individual'
293-298	2110C	EB03	Service Type Code	30	2	30 = 'Health Benefit Plan Coverage'
298	2110C	EB04	Insurance Type Code	MA	2	MA = 'Medicare Part A'
315	2110C	REF	Subscriber Additional Identification			
315-316	2110C	REF01	Reference Identification Qualifier	F6	2	F6 = 'Health Insurance Claim (HIC) Number'
316	2100C	REF02	Reference Identification		50	
315	2110C	DTP	Subscriber Eligibility/Benefit Date			
317-318	2110C	DTP01	Date/Time Qualifier	307	3	307 = 'Eligibility'
318	2110C	DTP02	Date Time Period Format Qualifier	RD8	3	'RD8' Format = CCYYMMDD-CCYYMMDD
318	2110C	DTP03	Date Time Period		17	Eligibility Date = 'CCYYMMDD-CCYYMMDD'

Medicare Part B

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
289	2110C	EB	Subscriber Eligibility or Benefit Information			
291-292	2110C	EB01	Eligibility or Benefit Information	R	1	R = 'Other or Additional Payer'
292-293	2110C	EB02	Coverage Level Code	IND	3/3	IND = 'Individual'
293-298	2110C	EB03	Service Type Code	30	2	30 = 'Health Benefit Plan Coverage
298	2110C	EB04	Insurance Type Code	MB	2	MB = 'Medicare Part B'
315	2110C	REF	Subscriber Additional Identification			
315-316	2110C	REF01	Reference Identification Qualifier	F6	2	F6 = 'Health Insurance Claim (HIC) Number'
316	2100C	REF02	Reference Identification		50	
315	2110C	DTP	Subscriber Eligibility/Benefit Date			
318	2110C	DTP01	Date/Time Qualifier	307	3	307 = 'Eligibility'
318	2110C	DTP02	Date Time Period Format Qualifier	RD8	3	'RD8' Format = CCYYMMDD-CCYYMMDD
318	2110C	DTP03	Date Time Period		17	Eligibility Date = 'CCYYMMDD-CCYYMMDD'

Medicare Part D

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
289	2110C	EB	Subscriber Eligibility or Benefit Information			
291-292	2110C	EB01	Eligibility or Benefit Information	R	1	R = 'Other or Additional Payer'
292-293	2110C	EB02	Coverage Level Code	IND	3/3	IND = 'Individual'
293-298	2110C	EB03	Service Type Code	30	2	30 = 'Health Benefit Plan Coverage
298	2110C	EB04	Insurance Type Code	OT	2	OT = 'Other'
315	2110C	REF	Subscriber Additional Identification			
315-316	2110C	REF01	Reference Identification Qualifier	F6	2	F6 = 'Health Insurance Claim (HIC) Number'
316	2100C	REF02	Reference Identification		50	
315	2110C	DTP	Subscriber Eligibility/Benefit Date			
318	2110C	DTP01	Date/Time Qualifier	307	3	307 = 'Eligibility'
318	2110C	DTP02	Date Time Period Format Qualifier	RD8	3	'RD8' Format = CCYYMMDD-CCYYMMDD
318	2110C	DTP03	Date Time Period		17	Eligibility Date = 'CCYYMMDD-CCYYMMDD'

Third Party Liability (TPL)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
289	2110C	EB	Subscriber Eligibility or Benefit Information			
291-292	2110C	EB01	Eligibility or Benefit Information	R	1	R = 'Other or Additional Payer'
292-293	2110C	EB02	Coverage Level Code	IND	3/3	IND = 'Individual'
293-298	2110C	EB03	Service Type Code	30	2	30 = 'Health Benefit Plan Coverage'
298	2110C	EB04	Insurance Type Code	OT	2	OT = 'Other'
299	2110C	EB05	Plan Coverage Description		50	Coverage Description
315	2110C	REF	Subscriber Additional Identification			
315-316	2110C	REF01	Reference Identification Qualifier	IL	2	1L = 'Group or Policy Number'
316	2100C	REF02	Reference Identification		50	Plan Number
315	2110C	DTP	Subscriber Eligibility/Benefit Date			
317-318	2110C	DTP01	Date/Time Qualifier	307	3	307 = 'Eligibility'
318	2110C	DTP02	Date Time Period Format Qualifier	RD8	3	'RD8' Format = CCYYMMDD-CCYYMMDD
318	2110C	DTP03	Date Time Period		17	Eligibility Date = 'CCYYMMDD-CCYYMMDD'
328	2110C	LS	Loop Header			
328	2110C	LS01	Loop Identifier Code	2120	4	'2120'

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
329	2120C	NM1	Subscriber Benefit Related Entity Name			
330	2120C	NM101	Entity Identifier Code	IP	2	IP = 'Provider'
331	2120C	NM102	Entity Type Qualifier	2	1	2 = 'Non-Person Entity'
331	2120C	NM103	Name Last or Organization Name		60	'Carrier Name'
339	2120C	PER	Subscriber Benefit Related Entity Contact Information			
340	2120C	PER01	Contact Function Code	IC	2	
341	2120C	PER03	Communication Number Qualifier	TE	2	
341	2120C	PER04	Benefit Related Entity Communication Number		10	Benefit Related contact phone number
346	2110C	LE	Loop Trailer			
346	2110C	LE01	Loop Identifier Code	2120	4	'2120'

Lock-In

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
289	2110C	EB	Subscriber Eligibility or Benefit Information			
291-292	2110C	EB01	Eligibility or Benefit Information	R	1	R = 'Other or Additional Payer'
292-293	2110C	EB02	Coverage Level Code	IND	3/3	IND = 'Individual'
293-298	2110C	EB03	Service Type Code	30	2	30 = 'Health Benefit Plan Coverage'
298	2110C	EB04	Insurance Type Code	MC	2	MC = 'Medicaid'
299	2110C	EB05	Plan Coverage Description		50	Program Code and Description
315	2110C	REF	Subscriber Additional Identification			
315-316	2110C	REF01	Reference Identification Qualifier	IL	2	1L = 'Group or Policy Number'
316	2100C	REF02	Reference Identification		50	Plan Number
315	2110C	DTP	Subscriber Eligibility/Benefit Date			
317-318	2110C	DTP01	Date/Time Qualifier	307	3	307 = 'Eligibility'
318	2110C	DTP02	Date Time Period Format Qualifier	RD8	3	'RD8' Format = CCYYMMDD-CCYYMMDD
318	2110C	DTP03	Date Time Period		17	Eligibility Date = 'CCYYMMDD-CCYYMMDD'
328	2110C	LS	Loop Header			
328	2110C	LS01	Loop Identifier Code	2120	4	'2120'

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
329	2120C	NM1	Subscriber Benefit Related Entity Name			
330	2120C	NM101	Entity Identifier Code	IP	2	IP = 'Provider'
331	2120C	NM102	Entity Type Qualifier	2	1	2 = 'Non-Person Entity'
331	2120C	NM103	Name Last or Organization Name		60	'Carrier Name'
339	2120C	PER	Subscriber Benefit Related Entity Contact Information			
340	2120C	PER01	Contact Function Code	IC	2	IC = 'Information Contact'
341	2120C	PER03	Communication Number Qualifier	TE	2	TE = 'Telephone'
341	2120C	PER04	Benefit Related Entity Communication Number		10	Contact Telephone Number
346	2110C	LE	Loop Trailer			
346	2110C	LE01	Loop Identifier Code	2120	4	'2120'

Appendix A: Implementation Checklist

This appendix contains all necessary steps for submitting transactions 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. Confirm you have registered all the NPIs on the Nevada Medicaid Provider Web Portal. If the entity testing is a billing intermediary or software vendor, they should use the provider's identifiers on the test transaction.
8. 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.
9. 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 270 transactions:

LOOP	MESSAGE
2000C	EQ must be present.
2000D	2000C TRN must be absent when 2000D loop is present
2100C	2100C REF02 must not be equal to NM109 when NM108 is MI
2100C	2110C EQ05 must be used when 2100C HI is present
2100C	2110D DTP must be different from 2100C DTP_291
2100C	2110C DTP must be different from 2100C DTP_291
2100D	2110D EQ05 must be used when 2100D HI is present
2100D	2110D DTP_291 must be different from 2100D DTP_291
2110C	2100C DTP_291 reqd when 2110C DTP_291 is used
2110C	2100C HI must be present when 2110C EQ05 is present
2110D	2100D DTP_291 reqd when 2110D DTP_291 is used
2110D	2100D HI must be present when 2110D EQ05 is present

The following SNIP level 4 edits are applied to 271 transactions before they are sent to the Trading Partner:

LOOP	MESSAGE
2000A	Either AAA or EB segment must be present in txn
2000A	2110C EB must be absent when 2000A AAA is used
2000A	2110D EB must be absent when 2000A AAA is used
2000B	2000A or 2100A AAA reqd when 2000B HL not used
2100A	2110C EB must be absent when 2100A AAA is used
2100A	2110D EB must be absent when 2100A AAA is used
2100B	2110C EB must be absent when 2100B AAA is used
2100B	2110D EB must be absent when 2100B AAA is used
2100C	2110C EB must be absent when 2100C AAA is used

2100C	2110D EB must be absent when 2100C AAA is used
2100C	2100C NM108="II" must be present when 2100C REF01="1W"
2100C	2100C INS03="001" must be present when 2100C REF01="Q4"
2100C	2100C INS04="25" must be present when 2100C REF01="Q4"
2100C	2100C REF02 must not be equal to NM109 when NM108 is MI
2100D	2110D EB must be absent when 2100D AAA is used
2100D	2100D INS03="001" must be present when 2100D REF01="Q4"
2100D	2100D INS04="25" must be present when 2100D REF01="Q4"
2110C	2110C EB03 or EB13 must be present when 2110C HSD is used
2110C	2110C EB01="R" must be present when 2110C REF01="1W"
2110C	2100C HI must be present when 2110C EB14 is used
2110C	2110C MSG must be present when 2110C AAA03 = "33"
2110D	2110D EB01="R" must be present when 2110D REF01="1W"
2110D	2100D HI must be present when 2110D EB14 is used
2110D	2110D MSG must be present when 2110D AAA03 = "33"

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 270 transaction inquiring with Nevada Medicaid Recipient ID:
    - Submitter: PEACHTREE CLINIC
    - NPI#: 1111111112
    - Recipient ID: 12121212121
    - Recipient Name: LNAME, FNAME
    - Recipient DOB: 08-27-1934
- 5010 Nevada Medicaid 270 transaction inquiry with Nevada Medicaid Recipient Social Security Number and Date of Birth.

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 270 transaction (Nevada Medicaid Recipient ID Inquiry):

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

GS*HS*TPID1234*NVMED*20180207*0800*43666*X*005010X279A1~

ST*270*0001*005010X279A1~

BHT*0022*13*TEST01*20180207*1200~

HL*1**20*1~

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

HL*2*1*21*1~

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

HL*3*2*22*0~

TRN*1*TRACE-NUMBER1*1~

NM1*IL*1******MI*12121212121~

DTP*291*RD8*20180101-20180115~

EQ*30~

SE*12*0001~

GE*1*43666~

IEA*1*505043666~

Nevada Medicaid Response 271 transaction for inquiry with Nevada Medicaid Recipient ID:

ISA*00* *00* *ZZ*NVMED *ZZ*TPID1234 *180207*0801*^*00501*000000001*0*T*:~

GS*HB*NVMED*TPID1234*20180207*170427*00002*X*005010X279A1~

ST*271*0001*005010X279A1~

BHT*0022*11*TEST01*20180207*0801~

HL*1**20*1~

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

HL*2*1*21*1~

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

HL*3*2*22*0~

TRN*2*TRACE-NUMBER1*1~

NM1*IL*1*MLAST*MFIRST****MI*12121212121~

DMG*D8*19340824 ~

DTP*307*RD8*20180101-20180115~

DTP*458*D8*20060413~

EB*C*IND*1^33^35^47^48^UC^86^88^98^AL^MH^50*MC*Medicaid Fee For Service MCD*25*0

REF*9F*100000000001~

EB*Y*IND**PL*CLIENT NH PATLIAB 3361**0 ~

REF*9F*100000000000~

LS*2120~

NM1*1P*2*HEALTH PLAN OF NEVADA, INC~

PER*IC**TE*7021234567~

LE*2120~

SE*22*0001~

GE*1*00002~

IEA*1*000000001~

2. Nevada Medicaid 270 transaction (Nevada Medicaid Recipient Social Security Number and Date of Birth Inquiry):

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

GS*HS*TPID1234*NVMED*20180207*0800*43666*X*005010X279A1~

ST*270*0003*005010X279A1~

BHT*0022*13*TEST03*20180207*1200~

HL*1**20*1~

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

HL*2*1*21*1~

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

HL*3*2*22*0~

TRN*1*TRACE-NUMBER3*3~

NM1*IL*1 ~

REF*SY*123001234~

DMG*D8*19340824 ~

DTP*291*RD8*20180101-20180115~

EQ*30~

SE*14*0003~

GE*1*43666~

IEA*1*505043666~

Nevada Medicaid Response 271 transaction for inquiry with Nevada Medicaid Recipient Social Security Number and Date of Birth:

ISA*00* *00* *ZZ*NVMED *ZZ*TPID1234
*180207*0801*!*00501*000000001*0*T*:~

GS*HB*NVMED*TPID1234*20180207*170427*00002*X*005010X279A1~

ST*271*0001*005010X279A1~

BHT*0022*11*TEST03*20180207*0801~

HL*1**20*1~

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

HL*2*1*21*1~

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

HL*3*2*22*0~

TRN*2*TRACE-NUMBER3*3~

NM1*IL*1*MLAST*MFIRST****MI*12121212121~

DMG*D8*19340824 ~

DTP*307*RD8*20180101-20180115~

DTP*458*D8*20171002~

EB*A*IND*1^33^35^47^48^UC^86^88^98^AL^MH^50*MC*Medicaid Fee For Service
MCD***0

REF*9F*100000000001~

EB*B*IND*1^33^35^47^48^UC^86^88^98^AL^MH^50*MC*Medicaid Fee For Service
MCD*27*0~

REF*9F*100000000000~

LS*2120~

NM1*1P*2*HEALTH PLAN OF NEVADA, INC~

PER*IC**TE*7021234567~

LE*2120~

SE*23*0001~

GE*1*00002~

IEA*1*000000001~

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
*180207*0800*^*00501*505043666*0*T*:~

GS*HS*TPID1234*NVMED*20180207*0800*43666*X*005010X279A1~

ST*270*0001*005010X279A1~

BHT*0022*13*TEST03*20180207*1200~

HL*1**20*1~

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

HL*2*1*21*1~

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

HL*3*2*22*0~

TRN*1*TRACE-NUMBER1*4~

NM1*IL*1*LNAME*FNAME*M***MI*12345678901~

DMG*D8*19340824 ~

DTP*291*RD8*20180101-20180115~

EQ*30~

HL*4*2*22*0~

TRN*1*TRACE-NUMBER2*5~

NM1*IL*1~

REF*SY*123001234~

DMG*D8*19350828 ~

DTP*291*D8*20180101~

EQ*30~

SE*20*0001~

ST*270*0002*005010X279A1~

BHT*0022*13*TEST04*20180207*1200~

HL*1**20*1~

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

HL*2*1*21*1~

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

HL*3*2*22*0~

TRN*1*TRACE*6~

NM1*IL*1*MLAST*MFIRST~

REF*SY*555555555~

DTP*291*RD8*20180201-20180205~

EQ*30~

SE*13*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. Pacific Time 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 environments

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	Added Service Type Code information in section 7. Updated the value in the 270 - 2100A NM103 to be "DHCFP". Updated the value in the 270 – 2100A NM109 to be "NV_TXIXL". Updated notes in 270 - 2110C EQ01 segment. Added value "79" in the 2100A AAA segment in section 10.2. Updated the 270 - 2100 NM103 and NM109 in the examples from Appendix D.