Department of Social Services

DH94STARS
Behavioral Health

HIPAA Transaction Standard Companion Guide

Section 1

Refers to the ASC X12N Insurance Implementation Guides - Version 005010

Companion Guide Version 2.1

September 2019

DH94STARS COMPANION GUIDE

Disclosure Statement:

The South Dakota Department of Social Services-Division of Behavioral Health has developed this Companion Guide to help its Trading Partners exchange electronic claim and remittance information with the South Dakota DH94STARS Application. Conforming to the information in this guide is not a guarantee of transaction acceptance or of subsequent payment.

This Companion Guide is a work in progress. The Division of Behavioral Health reserves the right to change this Companion Guide at any time without notice.

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Preface:

This Companion Guide to the ASCX12N Implementation Guides adopted under HIPAA clarifies and specifies situational data elements and plan-specific values that must be included in transactions that are transmitted electronically to the South Dakota Department of Social Services-Division of Behavioral Health DH94STARS system. Transactions based on the information contained in this companion document, used in tandem with the X12N Implementation Guides, should ensure compliance with both X12 syntax and usage.

This Companion Guide is not intended to convey information that in any way modifies or exceeds the data requirements and usage as expressed in the Implementation Guides adopted under HIPAA.

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1. Introduction:

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 include provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1 Purpose of the Companion Guide

The HIPAA EDI Transaction Standard Companion Guide explains the procedures necessary for Trading Partners of the South Dakota Department of Social Services-Division of Behavioral Health to transmit Electronic Data Interchange (EDI) transactions.

These transactions could include:

835 - Health Care Claim Payment/Advice

837 - Health Care Claim: Professional

This Companion Guide is not intended to replace the X12N Implementation Guides; rather it is to be used in conjunction with them. In addition, the Companion Guide conveys information that is within the framework and structure of the X12N Implementation Guides but does not contradict or exceed them.

1.2 Overview

This Companion Guide includes sections that describe the methods of electronic exchange that are supported by the department, department specific transaction usage rules and limitations, transaction acknowledgment, and finally a sample trading partner agreement.

1.3 Transaction Support

The South Dakota Department of Social Services-Division of Behavioral Health supports the receipt of the following inbound transactions:

- 837 - Health Care Claim: Professional

In addition to the inbound transactions, the department will also generate the following transactions:

- 835 - Health Care Claim Payment/Advice
- 999 – Functional Acknowledgement

1.4 References

The following Implementation Guides were utilized in the development of this companion guide:

Health Care Claim Payment/Advice	ASC X12N 835 (005010)
Health Care Claim: Professional	ASC X12N 837 (005010)

2. Connectivity with the Department / Communications:

2.1 Methods of Electronic Exchange

South Dakota State Portal named Launchpad (DP96X12Medx) is used for electronic transmission of X12 837,835 Files.

- Providers need to login to Launchpad system by using login name & password provided by the Agency.
- Providers can upload X12 837P files to the Agency.
- Providers can download X12 999, 835 files through Launchpad itself.

Notes: Providers need to become a trading partner of the Department of Social Services to use this portal. See contact information section for details. DSS will not allow any other methods to transfer X12 files. See section 8 with regards to using the DP96X12Medx application.

3. Payer Specific Rules and Limitations:

This section describes specific data element values and situational segments, required by the department to properly process each inbound transaction. This information is within the framework of the *ASC X12N Implementation Guides,* adopted for use under HIPAA. The Companion Guide does not in any way exceed the requirements or usage of data expressed in the Implementation Guides. The information might for example:

- Indicate a desired number of repeats of an identified loop, or segment
- Specify a sub-set of Implementation Guide internal code listings needed by the department
- Limit the size of a particular element
- Clarify the use of loops, segments, composite and simple data elements
- Explain other information tied directly to a loop, segment, or composite or simple data element pertinent to electronic transactions with the department.

Provider Billing Requirements:

The following items are very important for processing 837 Health Care Claim transactions by DSS adjudication system.

- DSS will validate and accept or reject the entire Interchange control structure (ISA/IEA envelope)
- Subscriber must be same as Patient. (2000B loop SBR02 = 18)
- Procedures calculated with minutes must be converted into units of payment. (2400 Loop SV103 below for more details.)
- Replacement and void transactions require the DSS reference number obtained from 835 remittance advice transaction (2100 loop CLP07 field) or the online Claims Remittance Report be submitted as the original reference number (837 P 2300 Loop, REF01=F8, REF02=Original Reference Number).

LEGEND:

***SHADED* rows represent "segments" in the X12N implementation guide**

***NON-SHADED* rows represent "data elements" in the X12N implementation guide.**

"Loop – specific" comments should be indicated in the first segment of the loop.

3.1 837 Health Care Claim: Professional (005010)

The Department supports the 837 Health Care Claim: Professional transaction in a batch mode.

Loop ID	Reference	Name	Codes	Length	Notes/Comments
Outer	GS08	Version / Release	005010X222A1		DSS- Behavioral Health will only support Health Care Claim Professional transactions that incorporate the changes identified in the addenda published October 2002.
Header	BHT02	Transaction Set Purpose Code	00		Use '00' Original
Header	BHT04	Transaction Set Creation Date			Submission Date is gathered by DSS from this date field.
Header	BHT06	Transaction Type Code	CH		DSS-Behavioral Health accepts only Chargeable Claims (CH). Data reporting RP and 31 codes will be rejected.
1000B	NM109	Receiver Primary Identifier	SDDHSSTARS	10	All transactions should contain the ID "SDDHSSTARS" to identify the DSS-Behavioral Health as the claim receiver. Any transaction received without this ID will be rejected.
2010AA Loop - Professional Billing/Pay-to-Provider Hierarchical Level					
2010AA	NM108	Identification Code Qualifier	XX		Code XX= NPI The claim will be rejected if it is different.
2010AA	NM109	Identification Code		10	National Provider Identification (NPI)
2010AA	REF01	Reference Identification Qualifier	EI		EI = Employer's Identification Number .
2010AA	REF02	Billing Provider Secondary Identification Number		9	Employers Identification Number FIN
2000B Loop - Professional Subscriber/Patient Information					

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Loop ID	Reference	Name	Codes	Length	Notes/Comments
2000B	HL04	Hierarchical Child Code	0		To process a claim, subscriber must be the patient. Any claim which contains dependent level information will be denied.
2000B	SBR02	Individual Relationship Code	18		Subscriber is same as patient indicator. If this code is not 18, then the claim will be rejected by DSS
2010BA Loop – Subscriber Name					
2010BA	NM108	Identification Code Qualifier	MI		Member Identification Number
2010BA	NM109	Subscriber Primary Identifier		15	The unique client ID established in STARS. The claim will be rejected by DSS if this does not match the unique client ID in STARS.
2010BB Loop – Payer Name					
2010BB	NM108	Identification Code Qualifier	PI		Payer Identifier
2010BB	NM109	Payer Identifier	SDDHSSTARS	10	All transactions should contain the ID “SDDHSSTARS” to identify the payer. Any transaction received without this ID will be denied.
2300 Loop - Professional Claim Information					
2300	CLM01	Claim Submitter’s Identifier			Patient Claim/Invoice Number in Provider’s accounting system.
2300	CLM02	Total Claim Charge Amount			Total Claim Charge Amount. Total amount for all lines submitted on this claim.
2300	CLM05-3	Claim Frequency Type Code	1 or 7 or 8		Permissible code values: 1-Original, 7-Replacement & 8-Void. I 7 & 8 only apply to claims previously submitted and finalized.
2300	CLM20	Delay Reason Code			This is required if any claim lines being submitted are past 90 days. Required if Date DSS Process Claims is >= Service End Date + 90 days.
2300	CN101	Contract Type Code	09		After 03/31/2015 the CN segment will no longer be accepted and the transaction file will be rejected if used. Contract information must be submitted in the Claim NTE segment after 03/31/2015. 09 is the suggested code for this element.

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Loop ID	Reference	Name	Codes	Length	Notes/Comments
2300	CN104	Contract Code		16	After 03/31/2015 the CN segment will no longer be accepted and the transaction file will be rejected if used. Contract information must be submitted in the Claim NTE segment after 03/31/2015. This is the contract number assigned by DSS to each service contract. If the contract number is not submitted at the service line loop (2400 CN104) it must be submitted here. The service dates must fall in line with the contract period. Include all 12 digits of the contract number. Do not include – or spaces.
2300	NTE01	Note Reference Code	ADD	3	ADD is the suggested code for this element. Effective 01/01/2015 the NTE segment can be used to submit the contract number.
2300	NTE02	Description			This is the contract number assigned by DSS to each service contract. The service dates of the claim must fall in line with the contract period. Include all 12 digits of the contract number. Left Justified in the field. Do not include – or spaces. Effective 01/01/2015 the NTE segment can be used to submit the contract number.
2300	AMT02	Patient Amount Paid			Any amount paid by the client towards and service on this claim must be entered here. This amount is for the entire claim not a single service line.
2300	REF01	Reference Identification Qualifier (Original reference number qualifier)	F8		Required if the claim is resubmitted and frequency type code is 7 or 8. F8=Original reference number qualifier. If this field is missing, the claim will be rejected.
2300	REF02	Claim Original reference number		16	Original reference number is required if the claim is replacement or void. If it is missing for replacement or void transactions, then the claim will be rejected.
2320	AMT01	Amount Qualifier Code	D		D is the Prior Paid Amount Qualifier code. This code is a required field.
2320	AMT02	COB Payer Paid Amount			Total COB paid by other payers is calculated by DSS from this loop. It is required to provide all prior payment amounts by other payers in this loop. Preference is that all COB amounts be reported in 2430. If the 2430 loop is not present the COB amount identified in 2320 AMT02 is used.
2400 Loop – Professional Service Line Information					
2400	SV101-1	Product or Service ID Qualifier	HC		Service ID Qualifier code 'HC' is only supported at this time.
2400	SV101-2	Procedure Code			Ref code for the service.
2400	SV101-3	Procedure Modifier 1			Modifiers identify special circumstances related to the performance of the services. It is required to fill in the modifiers if it exists to calculate the correct payment.

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Loop ID	Reference	Name	Codes	Length	Notes/Comments
2400	SV101-4	Procedure Modifier 2			Modifiers identify special circumstances related to the performance of the services. It is required to fill in the modifiers if it exists to calculate the correct payment.
2400	SV101-5	Procedure Modifier 3			Modifiers identify special circumstances related to the performance of the services. It is required to fill in the modifiers if it exists to calculate the correct payment.
2400	SV101-6	Procedure Modifier 4			Modifiers identify special circumstances related to the performance of the services. It is required to fill in the modifiers if it exists to calculate the correct payment.
2400	SV102	Charged Amount			Service Line level charged amount.
2400	SV103	Measurement Code	UN		DSS does not support F2 (International Units) & MJ (Minutes).
2400	SV104	Units/Quantity			All units should be whole units.
2400	DTP02	Date Time Period Format Qualifier	D8 or RD8 for the date ranges		D8 format = CCYYMMDD RD8 format = CCYYMMDD- CCYYMMDD
2400	DTP03	Service Date			Service Start Date and Service End Date are gathered by DSS system from this field. If D8 is used then Start Date and Service End Date will be the same date for processing.
2400	CN101	Contract Type Code	09		After 03/31/2015 the CN segment will no longer be accepted and the transaction file will be rejected if used. Contract information must be submitted in the Claim NTE segment after 03/31/2015. 09 is the suggested code for this element.
2400	CN104	Contract Code		16	After 03/31/2015 the CN segment will no longer be accepted and the transaction file will be rejected if used. Contract information must be submitted in the Claim NTE segment after 03/31/2015. This is the contract number assigned by DSS to each service contract. If the contract code is entered here it will over ride the contract code at the claim level (2300 CN104) for this individual line. The service dates for this service line must fall in line with the contract period. Include all 12 digits of the contract number. For DSS purposes, all CN104 should have the same contract number on claim. Do not include – or spaces.

Loop ID	Reference	Name	Codes	Length	Notes/Comments
2430	SVD02	Service Line Paid Amount			Total COB paid by other payers is calculated by DSS from this loop. It is required to provide all prior payment amounts by other payers in this loop. Preference is that all COB amounts be reported in 2430. If COB amounts are present in both 2320 AMT02 and 2430, the amount in 2430 SVD02 is used.

4. Control Segments / Envelopes

This section describes South Dakota Department of Social Services-Division of Behavioral Health use of the interchange control and functional group control segments. It includes a description of expected sender and receiver codes, authorization information, and anticipated data values.

4.1 Interchange Control Header:

The following table lists each of the elements and sample values of the Interchange Control Header (ISA) segment. The ISA should accompany every transaction and should not vary from transaction to transaction.

Reference	Name	Codes	Notes/Comments
ISA01	Author Information Qualifier	00	No Authorization Information Present
ISA02	Author Information		Blank
ISA03	Security Information Qualifier	00	No Security Information Present
ISA04	Security Information		Blank
ISA05	Interchange Sender ID Qualifier	ZZ	Mutually Defined Sender ID Qualifier
ISA06	Interchange Sender ID	xxxxxxx	The Sender ID will be established during Trading Partner Registration.
ISA07	Interchange Receiver ID Qualifier	ZZ	Mutually Defined Receiver ID Qualifier
ISA08	Interchange Receiver ID	SDDHSSTARS	All Transactions destined for the department must contain this ID.

Reference	Name	Codes	Notes/Comments
ISA09	Interchange Date	YYMMDD	The date the transaction was generated
ISA10	Interchange Time	HHMM	The time the transaction was generated
ISA11	Repetition Separator	^	
ISA12	Interchange Version Number	00501	
ISA13	IC Control Number	nn	**Must be unique by Trading Partner. ***
ISA14	Acknowledgment Requested	1	999s will be generated for all batch transactions received by the Department of Social Services-Division of Behavioral Health
ISA15	Usage Indicator		Used as appropriate
ISA16	Composite Element Separator		Determined by the sender

- Re-transmitted transactions are identified by the Interchange Control Number is ISA14. If a transaction has previously been received and processed by the department, an error will be generated when the re-transmission is received.

4.2 Functional Group Header:

The following table lists each of the elements and sample values of the Functional Group Header (GS) segment. The ISA should accompany every transaction and should not vary from transaction to transaction.

Reference	Name	Codes	Notes/Comments
GS01	Functional Identifier Code	HC	Health Care Claim
GS02	Application Sender's Code	xxxxxxxx	The Sender ID will be established during Trading Partner Registration and will be the same as ISA06.
GS03	Application Receiver's Code	SDDHSSTARS	All Transactions destined for the department must contain this ID.
GS04	Date	YYMMDD	The date the transaction was generated
GS05	Time	HHMM	The time the transaction was generated
GS06	Group Control Number	xxxxxxx	The Sender ID will be established during

Reference	Name	Codes	Notes/Comments
			Trading Partner Registration.
GS07	Responsible Agency Code	X	
GS08	Version / Release / Industry Identifier Code	005010Xxxxxx	Varies by Transaction Type .

5. Acknowledgments

5.1 999 Functional Acknowledgment, 999

The Functional Acknowledgment Transaction Set, 999, has been designed to allow trading partners to establish a comprehensive control function as a part of their business exchange process. This acknowledgment process facilitates control of EDI. There is a one-to-one correspondence between a 999 and a functional group. Segments within the 999 can identify the acceptance or rejection of the functional group, transaction sets or segments. Data elements in error can also be identified. The benefit to this process is that the sending trading partner can determine if the receiving trading partner has successfully received the X12 transaction set.

The South Dakota Department of Social Services-Division of Behavioral Health will generate a 999 Functional Acknowledgment for every functional group within a “batch” transaction received by the department. This includes the receipt of the following transaction types:

- 837 - Health Care Claim: Professional

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6. Contact Information

If you have technical questions regarding the 837P or testing a transaction with DSS-Behavioral Health, contact the Division of Behavioral Health at (605) 367-5236.

To establish a Trading Partner Agreement with the South Dakota Department of Social Services-Division of Behavioral Health (South Dakota DH94STARS system), contact the Division of Behavioral Health at (605) 367-5236.

7. Sample Trading Partner Agreement

Trading partner agreement means an agreement related to the exchange of information in electronic transactions, whether the agreement is distinct or part of a larger agreement, between each party to the agreement. For example, a trading partner agreement may specify, among other things, the duties and responsibilities of each party to the agreement in conducting a standard transaction. [Part§ 160.103 Definitions.] This section is designed for those who intend to send and receive electronic transactions in HIPAA-specified ANSI-x12N standards.

8. LaunchPad – DP96X12Medx Instructions

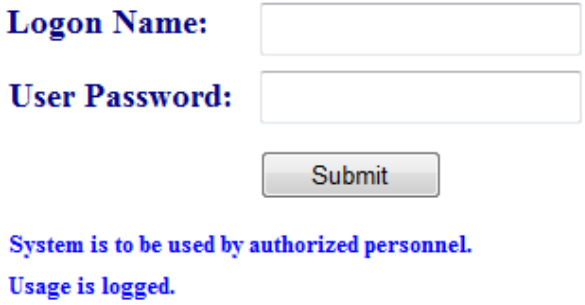
NOTE: You must use Internet Explorer 11 or a higher version.

8.1 LOGGING INTO LAUNCHPAD

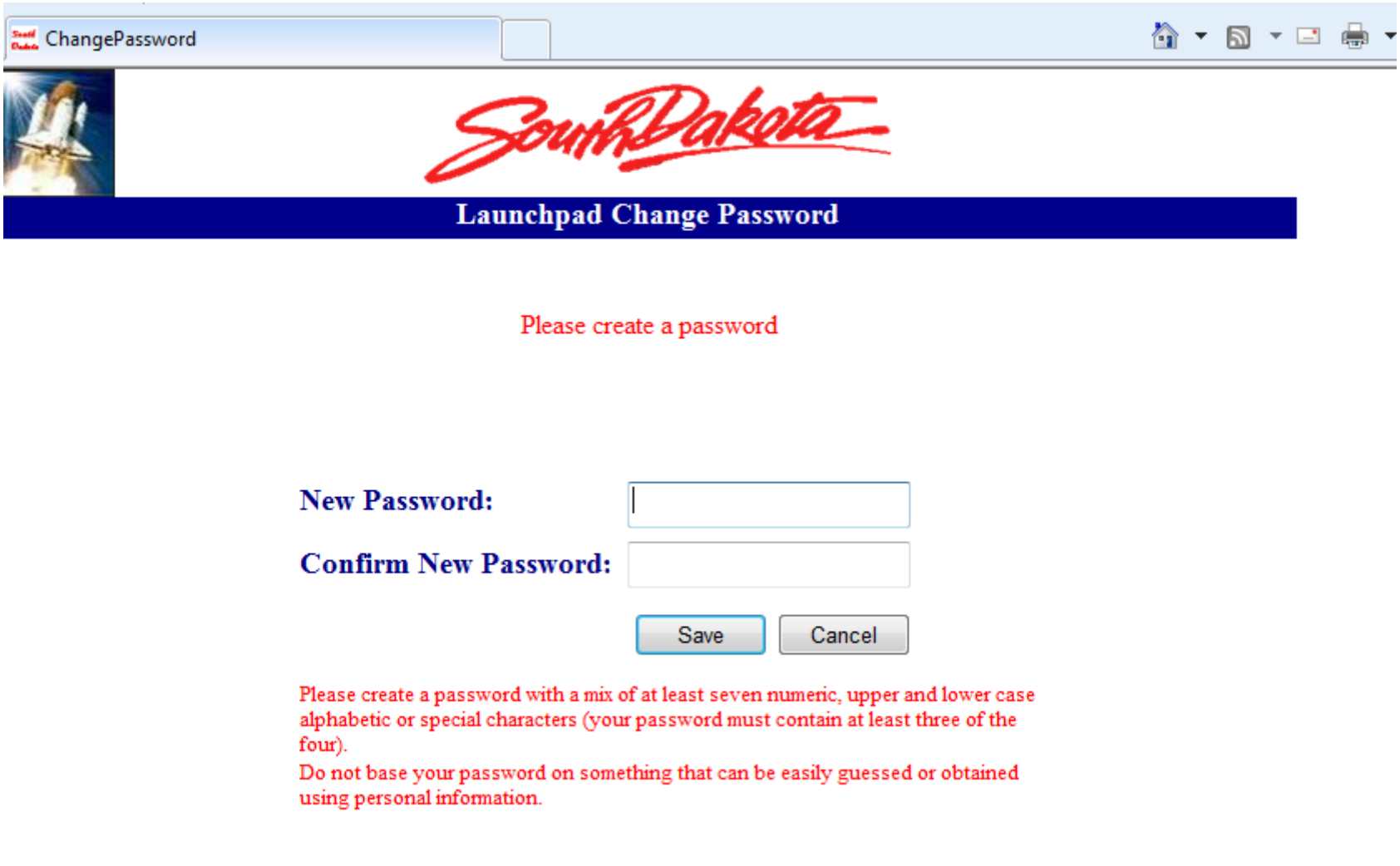
STEP 1: Enter the web address: **https://apps.sd.gov/DP42Launchpad/Logon.aspx**

STEP 2: Populate “Login Name” and “User Password” with the information provided.





STEP 3: Establish your own desired password by populating “New Password” and then re-entering it in “Confirm New Password” (this only happens once).



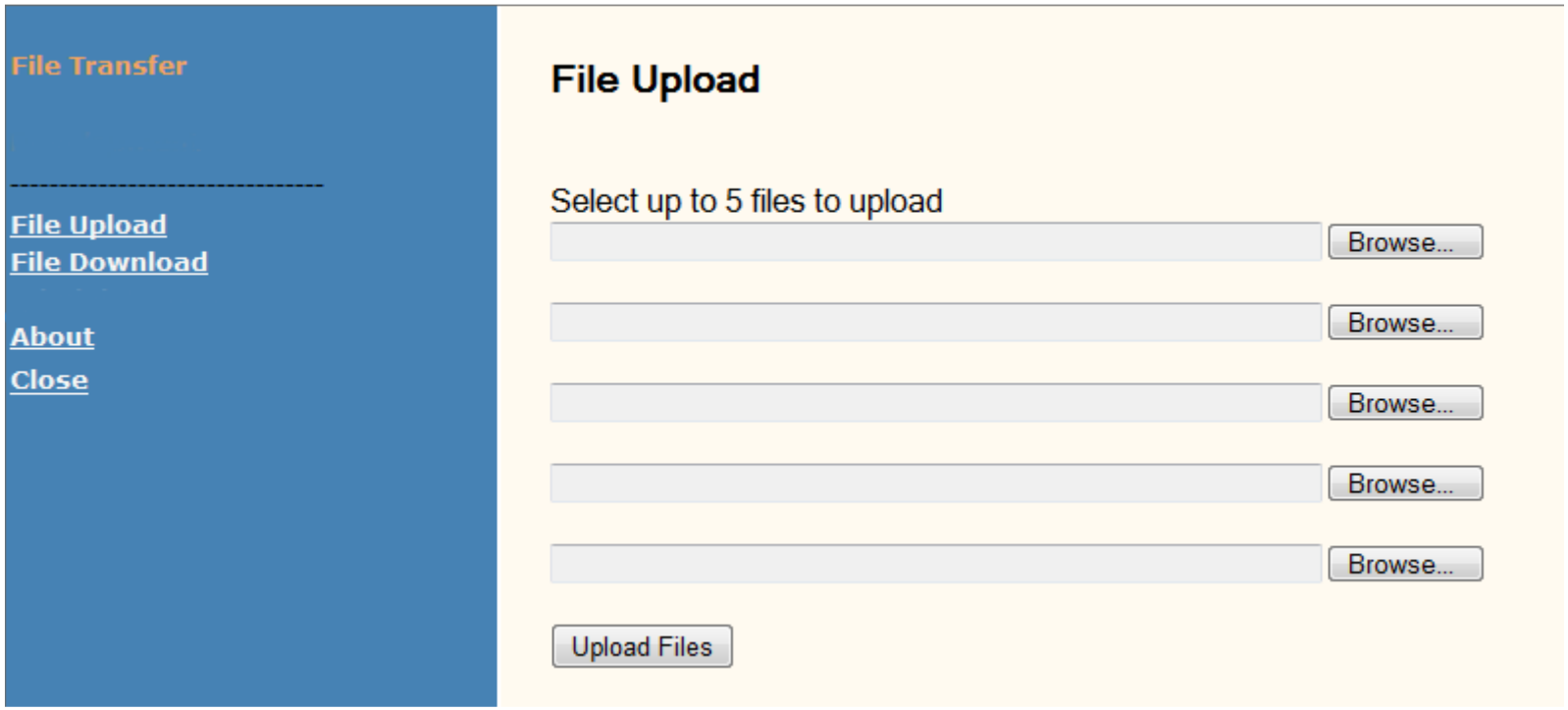
STEP 4: Click on “DP96X12Medx.”

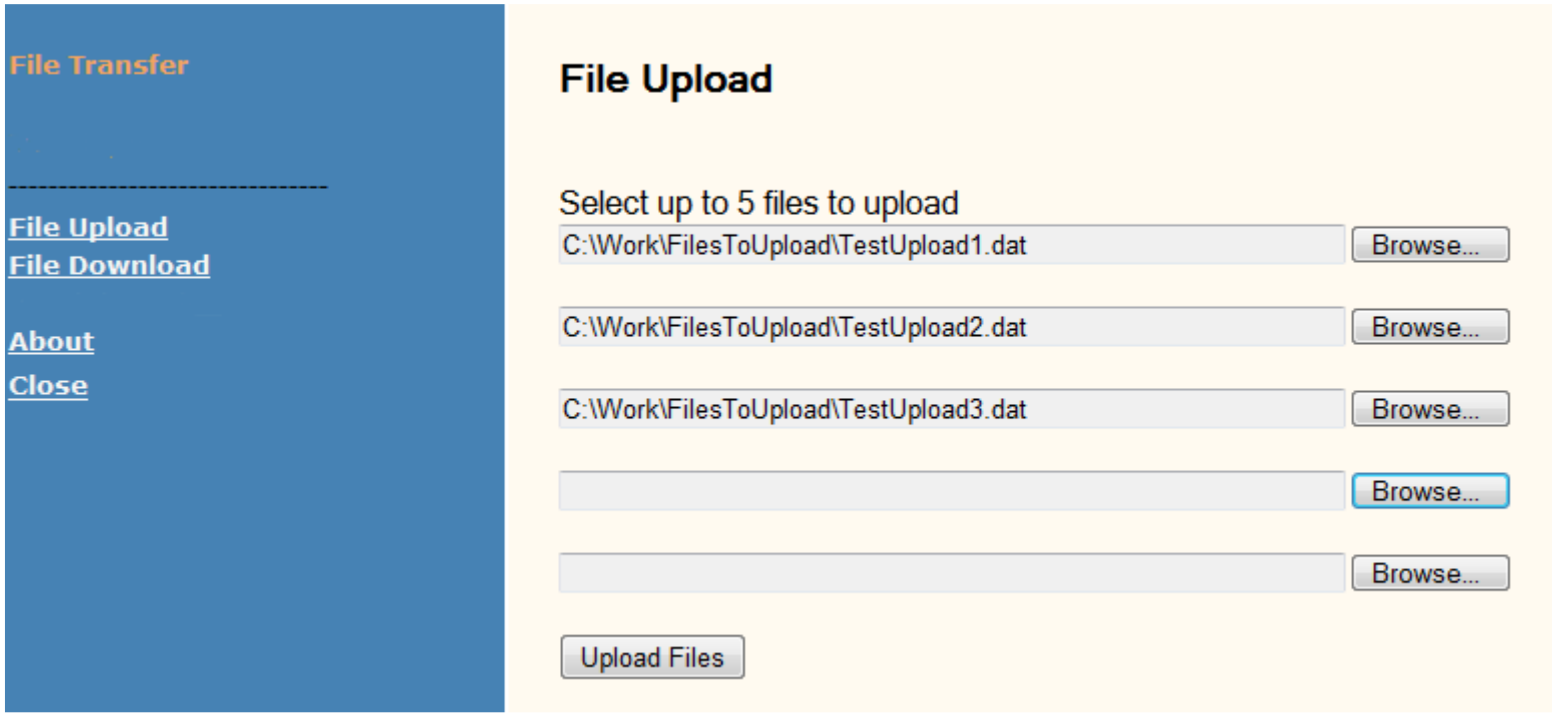


8.2 UPLOAD FILES TO SOUTH DAKOTA BEHAVIORAL HEALTH

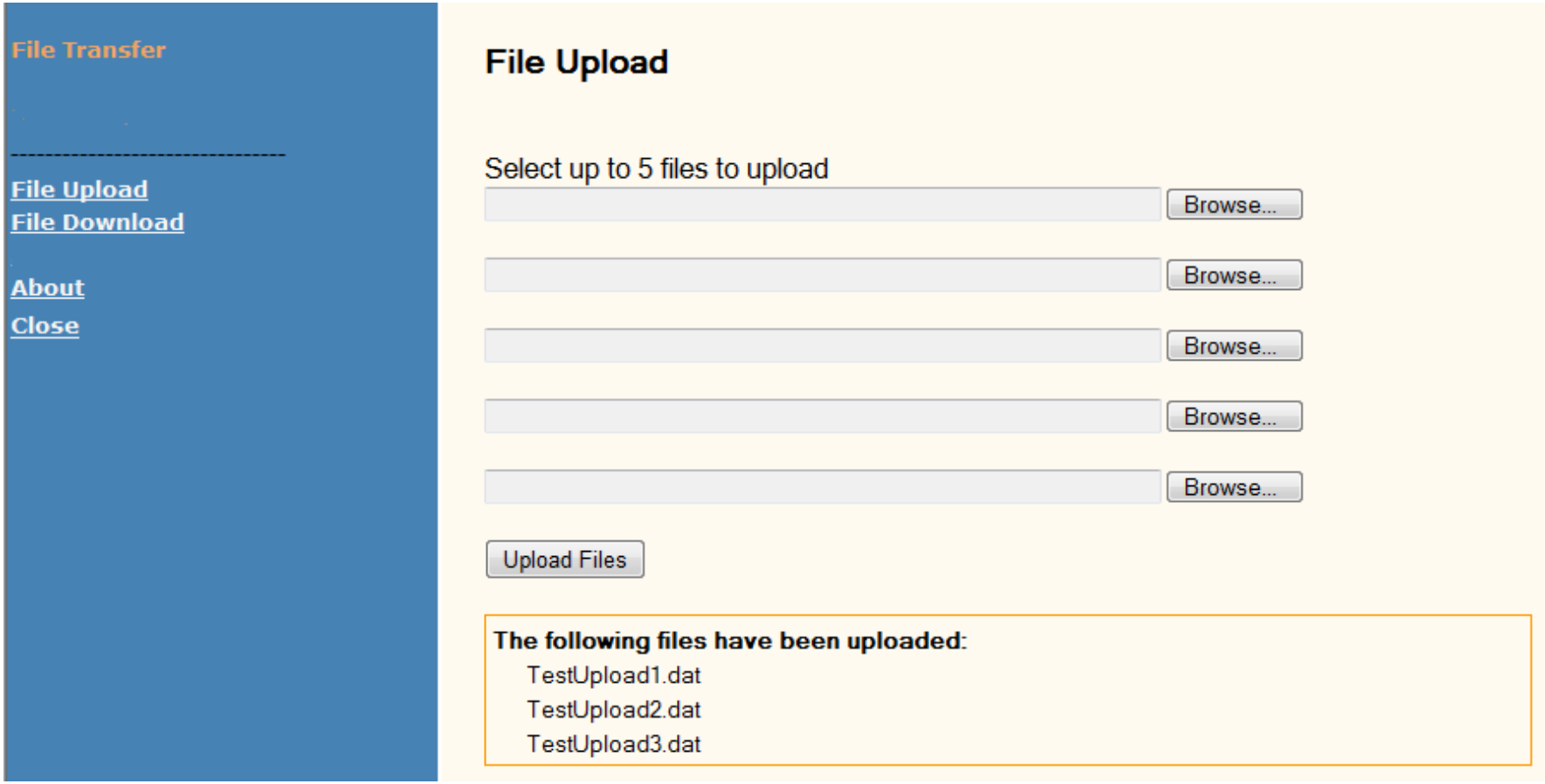
IMPORTANT: ALL FILES must have a ".dat" or ".zip" file extension.

STEP 1: Click the "Browse" button and select the file you would like to upload. You may select up to 5 files to upload at a time.




File Transfer
File Upload
File Download
About
Close
File Upload
Select up to 5 files to upload
C:\Work\FilesToUpload\TestUpload1.dat
Browse...
C:\Work\FilesToUpload\TestUpload2.dat
Browse...
C:\Work\FilesToUpload\TestUpload3.dat
Browse...
Browse...
Browse...
Upload Files

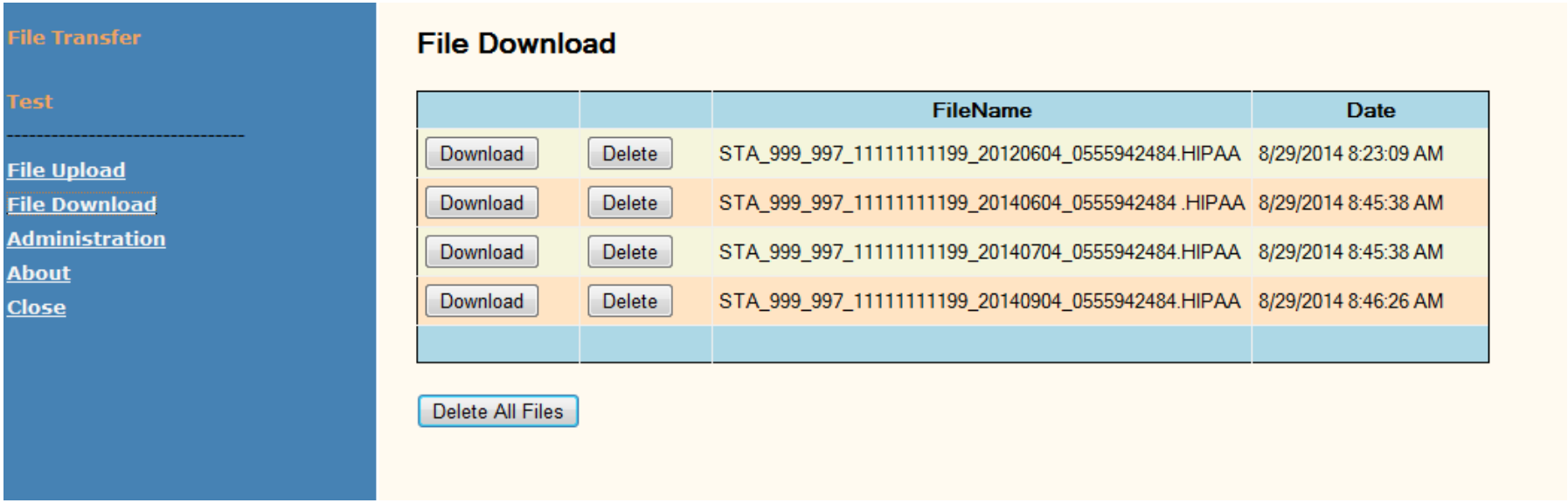
STEP 2: Click the “Upload Files” button. A summary of the files uploaded will appear at the bottom of the page.



To upload more files – repeat Step 1 & 2.

8.3 DOWNLOAD FILES FROM SOUTH DAKOTA BEHAVORIAL HEALTH

STEP 1: Click on the “File Download“ link on the left side of the screen.



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STEP 2: Click the “Download” button for the file you would like to download. Click the “Save” button and then select the location where you would like the file to be saved to and then click “Save.”

