



**HIPAA Transaction
Standard Companion Guide**

**Refers to the Technical Report Type 3 (TR3)
Implementation Guides
Based on Instructions Related to 835 Health Care Claim
Payment/Advice (835)**

Companion Guide Version Number: 1.0

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Disclaimer: The information contained in this companion guide is subject to change. Electronic Data Interchange (EDI) submitters are advised to refer to the Companion Guide page of the Trading Partners area of the ForwardHealth Portal at www.forwardhealth.wi.gov/ for the latest updates.

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Companion guides may contain two types of data, instructions for electronic communications with the publishing entity (communications/connectivity instructions), and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 implementation guide (transaction instructions). Either the communications/connectivity component or the transaction instruction component must be included in every companion guide. The components may be published as separate documents or as a single document.

The communications/connectivity component is included in the companion guide when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The transaction instruction component is included in the companion guide when the publishing entity wants to clarify the implementation guide instructions for submission of specific electronic transactions. The transaction instruction component content is limited by ASC X12's copyrights and Fair Use statement.

Preface

This companion guide to the v5010 ASC X12N Technical Report Type 3 (TR3) adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies the data content when exchanging transactions electronically with ForwardHealth.

Transmissions based on this companion guide, used in tandem with the TR3, also called 835 Health Care Claim Payment/Advice (835) ASC X12N (version 005010X221A1), 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 adopted for use under HIPAA. This companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

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1 INTRODUCTION

This section describes how TR3, also called 835 ASC X12N (005010X221A1), which was adopted under HIPAA, will be detailed with the use of a table. The table contains a Notes/Comments column for each segment that ForwardHealth has additional information to provide over and above the information in the TR3. That information can do the any of the following:

1. Limit the repeat of loops, or segments.
2. Limit the length of a simple data element.
3. Specify a sub-set of the implementation guide internal code listings.
4. Clarify the use of loops, segments, composite, and simple data elements.
5. Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with ForwardHealth.

In addition to the row for each segment, one or more additional rows are used to describe ForwardHealth'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 for each segment that ForwardHealth has additional information to provide, over and above the information in the TR3. The following is just an example of the type of information that would be spelled out or elaborated on in Section 10: Transaction Specific Information.

Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row exists to indicate that a new segment has begun. It is shaded at 10 percent and notes or comments about the segment itself go in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by ForwardHealth.
			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			
231	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 companion guide is intended for trading partner use in conjunction with the TR3 HIPAA 5010 835 (referred to as Claim Payment/Advice in the rest of this document) for the purpose of submitting Claim Payment/Advice requests electronically. This companion guide is not intended to replace the TR3. The TR3s define 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 guide to communicate ForwardHealth-specific information required to successfully exchange transactions electronically with ForwardHealth interChange. The instructions in this companion guide are not intended to be stand-alone requirements documents. 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 information contained in this companion guide applies to ForwardHealth, which includes the following programs: BadgerCare Plus, Wisconsin Medicaid, SeniorCare, Wisconsin Chronic Disease Program (WCDP), the Wisconsin Well Woman Program (WWWP), and Medicaid managed care programs. All of these programs use ForwardHealth interChange for processing.

ForwardHealth interChange will accept and process any HIPAA-compliant transaction; however, a compliant transaction that does not contain ForwardHealth-specific information, though processed, may be denied. For example, a compliant 276 Health Care Claim Status (276) inquiry created with an invalid ForwardHealth member identification number will be processed by ForwardHealth but will not find the claim requested. For questions regarding appropriate billing procedures, as well as for policy and billing information, providers should refer to their policy-specific area of the ForwardHealth Online Handbook.

Refer to the companion guide first if there is a question about how ForwardHealth processes a HIPAA transaction. For further information, contact the ForwardHealth Electronic Data Interchange (EDI) Department at (866) 416-4979. This document is intended as a resource to assist providers, clearinghouses, service bureaus, and all other trading partners with ForwardHealth interChange in successfully conducting EDI of administrative health care transactions. This document provides instructions for enrolling as a ForwardHealth interChange trading partner, obtaining technical assistance, initiating and maintaining connectivity, sending and receiving files, testing, and other related information. This document does not provide detailed data specifications, which are published separately by the industry committees responsible for their creation and maintenance.

1.2 Overview

ForwardHealth and all other covered entities are required by HIPAA to comply with the EDI standards for health care as established by the Secretary of the federal Department of Health and Human Services (HHS). The Secretary of the HHS is required by HIPAA to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. The Health Insurance Portability and Accountability Act of 1996 directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

The Health Insurance Portability and Accountability Act of 1996 serves to:

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

This guide is designed to help those responsible for testing and setting up electronic Claim Payment/Advice transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting and identifies codes and data elements that do not apply to ForwardHealth interChange. This guide supplements (but does not contradict) requirements in the ASC X12N 835 (version 005010X221A1) implementation. This information should be given to the provider's business area to ensure that Claim Payment/Advice transactions are interpreted correctly. This

companion guide provides communications-related information a trading partner needs to enroll as a trading partner, obtain support, format the interchange control header (ISA) and functional group header (GS) envelopes, and exchange test and production transactions with ForwardHealth interChange.

This companion guide must be used in conjunction with the TR3 instructions. The companion guide is intended to assist trading partners in implementing electronic Claim Payment/Advice transactions that meet ForwardHealth interChange 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 Portal at www.forwardhealth.wi.gov/.

1.3 References

For more information regarding the ASC X12 standards for EDI 835 (version 005010X221A1) and to purchase copies of the TR3 documents, consult the Washington Publishing Company Web site at <http://www.wpc-edi.com/>.

The implementation guide specifies in detail the required formats for transactions exchanged electronically with an insurance company, health care payer, or government agency. The 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 the trading partner's information technology (IT) staff or software vendor review this document in its entirety and follow the stated requirements to exchange HIPAA-compliant files with ForwardHealth interChange.

1.4 Additional Information

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979, ANSI chartered the ASC X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standard is recognized by the United States as the standard for North America. Electronic Data Interchange adoption has been proved to reduce the administrative burden on providers.

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

1.5 National Provider Identifier

As a result of HIPAA, the federal HHS adopted a standard identifier for health care providers. The Final Rule published by the HHS adopted the National Provider Identifier (NPI) as the standard identifier.

The NPI replaces all payer-specific identification numbers (e.g., Medicaid provider numbers) on nationally recognized electronic transactions (also known as standard transactions); therefore, all health care providers are required to obtain an NPI to identify themselves on these transactions. The NPI is the only identification number that will be allowed on these transactions.

ForwardHealth has determined that all providers, except for personal care only providers, specialized medical vehicle providers, and blood banks, are health care providers (per the definitions within the NPI Final Rule) and, therefore, are required to obtain and use an NPI. ForwardHealth requires all health care providers to submit their NPI on electronic transactions.

1.6 Acceptable Characters

The HIPAA transactions must not contain any carriage returns nor line feeds; the data must be received in one, continuous stream. ForwardHealth accepts the extended character set. Uppercase characters are recommended.

1.7 Acknowledgements

An accepted 999 Implementation Acknowledgement (999), rejected 999 Implementation Acknowledgement, or rejected TA1 InterChange Acknowledgement (TA1) will be generated in response to all submitted files. Trading partners are responsible for retrieving acknowledgments from the ForwardHealth Portal to determine the status of their files.

2 GETTING STARTED

2.1 Working with ForwardHealth

This section describes how to interact with ForwardHealth's EDI Department.

Before ForwardHealth can process transactions, the submitter must obtain a trading partner ID, create a Portal user account, and complete authorization testing. Additional information is provided in the next section of this companion guide. Trading partners should exchange electronic health care transactions with ForwardHealth interChange via the Portal or Safe Harbor Connectivity (Council for Affordable Quality Healthcare [CAQH] Committee on Operating Rules for Information Exchange [CORE] Operating Rules 153 & 270). Each trading partner must successfully complete testing. Upon successful completion of testing, production transactions may be exchanged.

2.2 Trading Partner Registration

This section describes how to register as a trading partner with ForwardHealth.

ForwardHealth maintains a profile for all trading partners. All ForwardHealth trading partners are required to do the following:

- Complete a Trading Partner Profile — Go to <https://www.forwardhealth.wi.gov/>.
- Click [Trading Partner Profile](#) on the bottom right side of the screen.
- Download to your desktop the **Trading Partner Profile Testing Packet for ASC X12 transactions**.
- Click **Submit online** at the top of the screen.
- Enter the information requested and select the transaction types you will be exchanging.
- Agree to the Trading Partner Agreement at the end of the Trading Partner Profile process.
- You will be assigned a Trading Partner ID, which you should save.
- Create a Portal user account using the personal identification number (PIN) (that will be mailed to you) and the trading partner ID.
- Complete Authorization testing (using the Trading Partner [Testing Packet](#) above as your guide) by uploading test files using the ForwardHealth Portal (www.forwardhealth.wi.gov/).

Once this process is completed, you will not be required to complete it again.

Contact the ForwardHealth EDI Helpdesk by telephone at (866) 416-4979 or via e-mail using the Contact link at the bottom of the Portal at <https://www.forwardhealth.wi.gov/> if you have any questions.

2.3 Certification and Testing Overview

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

ForwardHealth does not require certification of trading partners and their transactions but does require some minimal transaction testing. All trading partners will be “certified” through the completion of trading partner authorization testing. All trading partners that exchange electronic transactions with ForwardHealth are required to complete trading partner authorization testing. Completion of the testing process must occur prior to electronic submission of production transactions. Testing is conducted to verify the integrity of the format, not the integrity of the data; however, in order to simulate a production environment, we request that trading partners send live transmission data. Test transactions (ISA15 value of “T”) with production data can be sent to our production environment without any negative impact. More than one test transmission may be required depending on the number of format errors on a transmission and the relative severity of these errors. Additional testing may be required in the future to verify any changes made to the ForwardHealth interChange system. Also, changes to the ANSI formats may require additional testing.

Reminder: Testers are responsible for the preservation, privacy, and security of data in their possession. While using production data that contains personal health information (PHI) to conduct testing, the data must be guarded and disposed of appropriately.

3 TESTING WITH FORWARDHEALTH

This section contains a detailed description of the testing phase.

Before exchanging production transactions with ForwardHealth, each trading partner is required to complete authorization testing (upload test files using the ForwardHealth Portal at www.forwardhealth.wi.gov). Test transactions (ISA15 value of "T") with production data can be sent to our production environment without any negative impact.

Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

ForwardHealth recommends that trading partners submit two successful and unique submissions and receive the associated 999 (accepted) acknowledgement in response in order to obtain approval from ForwardHealth to promote to Production.

Trading Partner Authorization Testing is detailed in the Trading Partner [Testing Packet](#) for ASC X12 transactions available on the Trading Partner area of the Portal at <https://www.forwardhealth.wi.gov> — click [Trading Partner Profile](#) in the bottom right corner of the main landing page.

Contact the EDI Helpdesk with questions by telephone at (866) 416-4979 or via e-mail using the Contact link at the bottom of the Portal home page at <https://www.forwardhealth.wi.gov>.

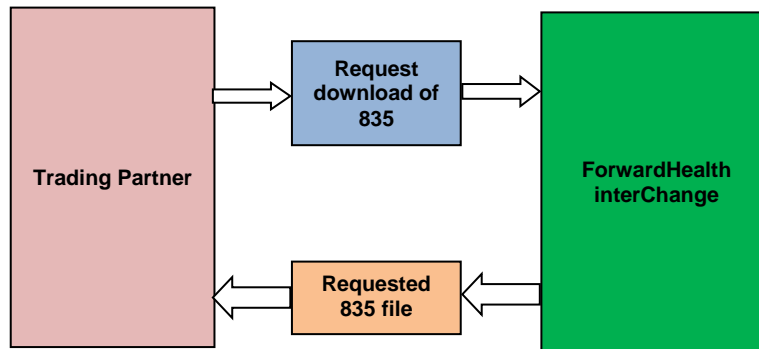
4 CONNECTIVITY WITH FORWARDHEALTH / COMMUNICATIONS

This section describes the process for downloading HIPAA 835 transactions, along with various security requirements and exceptions to handling procedures.

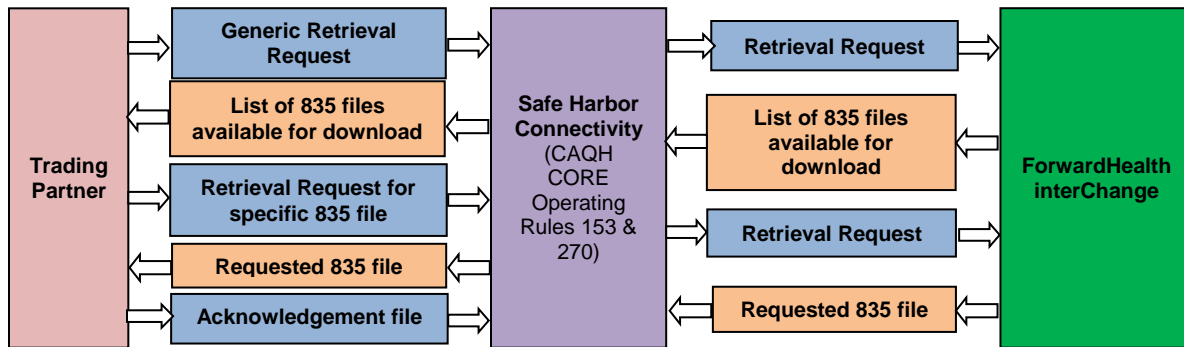
4.1 Process Flows

This section contains process flow diagrams and appropriate text.

Retrieval of Claim Payment/Advice via ForwardHealth Portal.



Retrieval of Claim Payment/Advice via ForwardHealth Safe Harbor Connectivity.



4.2 Transmission Administrative Procedures

This section provides ForwardHealth-specific transmission administrative procedures.

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

ForwardHealth is available only to authorized users. Submitters are required to be ForwardHealth trading partners. A submitter is authenticated using a username and password assigned by the trading partner.

4.3 Re-transmission Procedure

This section provides ForwardHealth-specific procedures for re-transmissions.

In the event of an interrupted communications session, the trading partner only has to reconnect and initiate their file transfer as they normally would.

4.4 Communication Protocol Specifications

This section describes ForwardHealth's communication protocol(s).

The following communication methods are available to get a Claim Payment/Advice from ForwardHealth:

- Portal.
- Safe Harbor Connectivity (CAQH CORE Operating Rules 153 & 270).

Portal

Trading partners can download Claim Payment/Advice files. Access is free, however, the user must have his or her own internet connection to access the Web application.

Safe Harbor Connectivity (CAQH CORE Operating Rules 153 & 270).

Safe Harbor is a web-based access method used to exchange transaction files. This application complies with the CAQH CORE Phase I & II "Safe Harbor" rules. The ForwardHealth Safe Harbor Connectivity Companion Guide, P-00678, is available for download on the Trading Partner area of the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/>.

4.5 Passwords

This section describes ForwardHealth's use of passwords.

The Portal password must be reset every 60 days. The passwords are maintained by the external user. If a general user needs a password reset, they must contact the EDI Helpdesk at (866) 416-4979.

As a security measure, the passwords for any Portal account will expire 60 days after issuance. When a user logs in on or after the expiration day, they will be prompted to change the password. Please follow the password guidelines to change your password to a new one. If a user needs additional assistance with resetting passwords, or are having other issues with their account, they should contact the Portal Helpdesk by telephone at (866) 908-1363.

After six months, passwords are deactivated.

Reminder: Strong security precautions should be taken with passwords. For example, password complexity should be used. Passwords must not be shared or written down where persons other than the authorized party can access them.

5 CONTACT INFORMATION

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

5.1 Electronic Data Interchange Helpdesk

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

Most questions can be answered by referencing the materials posted at <https://www.forwardhealth.wi.gov/>. If you have questions related to ForwardHealth's 835, contact the EDI Helpdesk by telephone at (866) 416-4979.

5.2 Electronic Data Interchange Technical Assistance

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

ForwardHealth EDI Customer Service can help with connectivity issues or transaction formatting issues at (866) 416-4979 (Monday – Friday, 8:30 a.m. – 4:30 p.m. Central Standard Time [CST]) or via e-mail using the Contact link at the bottom of the Portal at <https://www.forwardhealth.wi.gov/>.

Trading Partner ID: The Trading Partner ID is ForwardHealth's key to accessing trading partner information. Trading partners should have this number available each time they contact the EDI Helpdesk.

5.3 Provider Services

This section contains detailed information concerning Provider Services, especially contact numbers.

Contact Provider Services instead of EDI Customer Service for questions regarding the details of a member's benefits, claim status information, policy, credentialing, and many other services. Provider Services is available by telephone at (800) 947-9627 (Monday – Friday, 7:00 a.m. – 6:00 p.m. CST) or via e-mail using the "Contact" link at the bottom of the at <https://www.forwardhealth.wi.gov/>.

Note: Have the applicable provider number — the National Provider Identifier (NPI) for health care providers or the Wisconsin Medicaid provider ID for atypical providers — available for tracking and faster issue resolution.

Provider Relations Representatives, also known as field representatives, conduct training sessions on various ForwardHealth topics for both large and small groups of providers and billers. In addition to provider education, field representative are available to assist providers with complex billing and claims processing questions. To find or contact the Provider Relations Representative for your area, use the Contact link at the bottom of the Portal at <https://www.forwardhealth.wi.gov/>.

5.4 Applicable Web Sites

This section contains detailed information about useful Web sites and e-mail addresses.

From the secure ForwardHealth Portal at <https://www.forwardhealth.wi.gov/>, non-enrolled providers can begin the enrollment process and enrolled providers can do all of the following:

- Create 837 Health Care Claim: Dental (837D), 837 Health Care Claim: Institutional (837I), 837 Health Care Claim: Professional (837P), and National Council for Prescription Drug Plan (NCPDP) claims for submission to interChange.
- Request claim reconsiderations.
- Check claim status and member enrollment.
- Submit authorizations, notifications, and referrals.

- View, download and print explanation of benefits (EOBs) and Remittance Advices.

Trading Partners can:

- Complete a Trading Partner Profile and authorization testing.
- Submit batch transactions (270 Health Care Eligibility Benefit Inquiry [270], 276, 278 Health Care Services Review — Request for Review and Response [278], 837D, 837I, and 837P).
- Download batch transactions/acknowledgements (271 Health Care Eligibility Benefit Response [271], 277 Health Care Claim Status [277], 278, TA1, 999, and 835).
- View, download, and print companion guides.

A suite of other EDI and provider tools are also available on the Portal.

Additional information is available on the following Web sites:

- The current list of Claim Status Category Codes: www.wpc-edi.com/content/view/181/224.
- The current list of claim status codes: www.wpc-edi.com/content/view/524/225.
- Accredited Standards Committee X12 develops and maintains standards for inter-industry electronic interchange of business transactions: www.x12.org.
- Accredited Standards Committee 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 Hospital Association (AHA) Central Office on *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) is a resource for the ICD-9-CM codes used in medical transcription, billing, and for Level I Healthcare Common Procedure Coding System (HCPCS) procedure codes: www.ahacentraloffice.org.
- American Medical Association (AMA) 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 and Medicaid Services (CMS) is the unit within the HHS that administers the Medicare and Medicaid programs. The CMS provides the Electronic Health Care Transactions and Code Sets Model Compliance Plan at www.cms.hhs.gov/HIPAAGenInfo/.
- The CMS is the resource for information related to HCPCS procedure codes: www.cms.hhs.gov/HCPCSReleaseCodeSets/.
- The CMS is the resource for Medicaid HIPAA information related to the Administrative Simplification provision: www.cms.gov/medicaid/hipaa/adminsim.
- As a multi-phase initiative of CAQH, 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.
- The CAQH is a nonprofit alliance of health plans and trade associations, working to simplify health care administration through industry collaboration on public-private initiatives. Through two initiatives — CORE and Universal Provider Datasource (UPD) — CAQH aims to reduce administrative burden for providers and health plans: www.caqh.org.
- Designated Standard Maintenance Organizations (DSMO) is a resource for information about the standard-setting organizations and transaction change request system: www.hipaa-dsmo.org.
- Health Level Seven (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) is 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.

- Medicaid HIPAA Compliant Concept Model (MHCCM) presents the Medicaid HIPAA Compliance Concept Model, information, and a toolkit: www.mhccm.org.
- National Committee on Vital and Health Statistics (NCVHS) was established by Congress to serve as an advisory body to the HHS on health data, statistics and national health information policy; for more information, refer to: www.ncvhs.hhs.gov.
- The NCPDP is the standards and codes development organization for pharmacy; for more information, refer to: www.ncdp.org.
- National Uniform Billing Committee (NUBC) is affiliated with the AHA and develops standards for institutional claims, which can be found at: www.nubc.org.
- National Uniform Claim Committee (NUCC) is affiliated with the AMA. It develops and maintains a standardized data set for use by the non-institutional health care organizations to transmit claims and encounter information. The NUCC maintains the national provider taxonomy at: www.nucc.org.
- Office for Civil Rights (OCR) is the office within the federal HHS responsible for enforcing the Privacy Rule under HIPAA, which can be found at: www.hhs.gov/ocr/hipaa.
- The federal HHS is a resource for the Notice of Proposed Rule Making, rules, and other information about HIPAA, which can be found at: www.aspe.hhs.gov/admsimp.
- Washington Publishing Company (WPC) is a resource for HIPAA-required transaction implementation guides and code sets, which can be found at: www.wpc-edi.com/.
- The 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.
- The registry for the NPI is the National Plan and Provider Enumeration System (NPPES), at: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.
- Other resources pertaining to the NPI: www.cms.hhs.gov/NationalProvIdentStand/.
- Implementation guides and non-medical code sets are at: store.x12.org/.
- The HIPAA statute, Final Rules, and related Notices of Proposed Rulemaking (NPRMS) are available at: www.cms.hhs.gov/HIPAAGenInfo/ or aspe.hhs.gov/datacncl/admsim.shtml.
- Information from CMS about ICD-9 and *International Classification of Diseases, 10th Revision* (ICD-10) codes: www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/01_overview.asp#TopOfPage and <https://www.cms.gov/ICD10/>.
- Quarterly updates to the HCPCS code set are available from CMS at: www.cms.hhs.gov/HCPCSReleaseCodeSets/.

Note: CPT-4, or Level 1 HCPCS, is maintained and licensed by the AMA and is available for purchase in various hardcopy and softcopy formats from of variety of vendors.
- Information at the federal level about Medicaid can be found at: www.cms.hhs.gov/home/medicaid.asp.
- The CMS online manuals system and Internet only manuals (IOM) system, including transmittals and program memoranda, can be found at: www.cms.hhs.gov/Manuals/.
- Place of service codes are listed in the Medicare Claims Processing Manual and are maintained by CMS, which are available online at: www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf.

6 CONTROL SEGMENTS / ENVELOPES

6.1 ISA-IEA

This section describes ForwardHealth's use of the ISA. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

To promote efficient, accurate electronic transaction processing, note the following ForwardHealth specifications:

- Each trading partner is assigned a nine-digit trading partner ID.
- All dates are in the CCYYMMDD format.
- All date/times are in the CCYYMMDDHHMM format.
- Payer IDs can be found in all companion guides.
- Batch responses are not returned until all inquiries are processed. Limiting the number of total inquiries per ISA-IEA will produce faster results.
- Each Payer ID must be in its own file.
- No more than 99 inquiries per Transaction Set (ST-SE).
- 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 and trailer segment (IEA) which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification. The table below represents only those fields in which ForwardHealth requires a specific value or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction — the TR3 should be reviewed for that information.

TR3 Page #	LOOP ID	Reference	NAME	CODES	Notes/Comments
C.3	None	ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length elements.
C.4		ISA01	Authorization Information Qualifier	00	No authorization information present.
C.4		ISA03	Security Information Qualifier	00	No security information present.
C.4		ISA05	Interchange ID (Sender) Qualifier	ZZ	
C.4		ISA06	Interchange Sender ID	WISC_DHFS	
C.5		ISA07	Interchange ID (Receiver) Qualifier	ZZ	
C.5		ISA08	Interchange Receiver ID		Trading partner's nine-digit numeric identification number assigned by ForwardHealth interChange.
C.5		ISA11	Repetition Separator	^	
C.5		ISA13	Interchange Control Number		The interchange control number assigned in ISA13 will be identical to the value in IEA02.
C.6		ISA14	Acknowledgement Requested	0	No interchange acknowledgment requested (TA1).
C.6		ISA15	Usage Identifier	P	Code indicating whether the data enclosed is production or test.
			Production Data	P	The file contains production data.
C.6		ISA16	Component Element Separator	:	

6.2 GS-GE

This section describes ForwardHealth’s use of the functional group control segments.

It includes a description of expected application sender and receiver codes.

The table below represents only those fields in which ForwardHealth sends a specific value. The table does not represent all of the fields necessary for a successful transaction — the TR3 should be reviewed for that information.

TR3 Page #	LOOP ID	Reference	NAME	CODES	Notes/Comments
C.7	None	GS	Functional Group Header		
C.7		GS02	Application Sender’s Code	WISC_TXIX WISC_WWWP WISC_WCDP WISC_ADAP	These are the only valid values from ForwardHealth.
			Wisconsin Medicaid, SeniorCare, and BadgerCare Plus	WISC_TXIX	
			Wisconsin Well Women Program	WISC_WWWP	
			Wisconsin Chronic Disease Program	WISC_WCDP	
			AIDS/HIV Drug Assistance Program	WISC_ADAP	
C.7		GS03	Application Receiver’s Code		Trading partner’s nine-digit numeric identification number assigned by ForwardHealth interChange.

6.3 ST-SE

This section describes ForwardHealth’s use of transaction set control numbers.

ForwardHealth follows the guidelines set forth in the TR3.

6.4 Control Segment Notes

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

6.5 File Delimiters

ForwardHealth uses the following delimiters in the 835 file:

- **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 (~).

These characters (* : ~ ^) are not present within the data content of the transaction sets.

7 FORWARDHEALTH-SPECIFIC BUSINESS RULES AND LIMITATIONS

7.1 Trading Partner Identification Number

Every entity that exchanges transactions with ForwardHealth must complete a Trading Partner Profile using the Portal (<https://www.forwardhealth.wi.gov/>). The trading partner ID of the trading partner sending the transaction is expected in the outside envelope data element ISA06 (Interchange Sender ID) and in data element GS02 (Application Sender's Code). These must always be the same. Additional information about the Trading Partner Profile is included in the Trading Partner Testing Packet, available in the Trading Partner area of the Portal at <https://www.forwardhealth.wi.gov/>.

7.2 Testing

ForwardHealth requires testing of transactions prior to accepting production files. Test requests will be processed to validate that the file structure and content meet HIPAA standards and ForwardHealth-specific data requirements. Once this validation is complete, the trading partner may submit production files to ForwardHealth interChange. Follow the steps in the Trading Partner Testing Packet (available in the Trading Partner area of the Portal at <https://www.forwardhealth.wi.gov/>) to complete Authorization Testing.

Note: All testing is done using the ForwardHealth Portal (<https://www.forwardhealth.wi.gov/>).

7.3 Terminology

The term “subscriber” will be used as a generic term throughout the companion guide. This term could refer to any one of the following programs for which a transaction is being processed:

- BadgerCare Plus.
- SeniorCare.
- Wisconsin Chronic Disease Program.
- Wisconsin Medicaid.
- Wisconsin Well Woman Program.

7.4 Claims Limit

There is no file size restriction on how many claims will be reported in an 835.

7.5 Notes on 835 Claim Payment/Advice

ForwardHealth posts for download an 835 batch transaction upon release of a financial cycle. Each payer has a different release day of the week. Each financial cycle covers seven days.

Denied pharmacy claims are not reported in the 835.

Pharmacy claims that are reversed in the same financial cycle in which they are received are not reported in the 835.

ForwardHealth generates electronic 835 transactions only for claims that have a “paid” or “denied” status on file. Claims that are still in the adjudication process or that have been returned with error messages do not receive an 835 response. Trading partners wishing to verify receipt of an 837 submission should access their 999 Acknowledgement or use an X12 276/277 inquiry. Providers wishing to verify receipt/status of a claim can access the Claims tab on the Portal at (<https://www.forwardhealth.wi.gov/>).

ForwardHealth will only generate electronic 835 transactions for providers that have designated a trading partner to receive their 835. Providers can designate a trading partner by using the Designate 835 Receiver link in the Quick Links section of the Portal home page (<https://www.forwardhealth.wi.gov/>).

The 835 transaction is for notification only and does not include payment of funds, such as checks or Electronic Funds Transfers (EFT) to financial institutions. Providers who would like to implement EFT should sign up for EFT online via the Electronic Funds Transfer link in the Home Page section of the main landing page of the secure Portal (<https://www.forwardhealth.wi.gov/>) account. For questions about EFT, contact Provider Services at (800) 947-9627 (Monday – Friday, 7:00 a.m. – 6:00 p.m. CST) or via e-mail using the Contact link at the bottom of the Portal <https://www.forwardhealth.wi.gov/>.

The 835 files will be available for retrieval (Portal or Safe Harbor) for six months. If an 835 file is needed after six months, contact the EDI Helpdesk by telephone at (866) 416-4979 or via e-mail using the Contact link at the bottom of the Portal <https://www.forwardhealth.wi.gov/>.

7.6 Scheduled Maintenance

ForwardHealth recycles the real-time servers every night between 00:00 a.m. to 01:00 a.m. CST. Real-time processing is not available during this period.

ForwardHealth schedules regular maintenance every Sunday from 00:00 a.m. to 04:00 a.m. CST. Real-time processing may not be available during this period.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

8.1 Acknowledgements

TA1 — Transaction Acknowledgement

999 — Functional Acknowledgement

8.2 Report Inventory

There are no acknowledgement reports at this time.

9 TRADING PARTNER AGREEMENTS

Any entity intending to exchange electronic transactions with ForwardHealth must agree to the ForwardHealth Trading Partner Agreement at the end of the Trading Partner Profile process. A Trading Partner Profile can be completed using the Portal (<https://www.forwardhealth.wi.gov>).

9.1 Trading Partners

An EDI trading partner is defined as any ForwardHealth customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from, ForwardHealth.

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

10 TRANSACTION-SPECIFIC INFORMATION

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

1. Limit the repeat of loops or segments.
2. Limit the length of a simple data element.
3. Specify a sub-set of the implementation guide's internal code listings.
4. Clarify the use of loops, segments, composite, and simple data elements.
5. Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with ForwardHealth.

In addition to the row for each segment, one or more additional rows are used to describe ForwardHealth's usage for composite and simple data elements and for any other information. Notes and comments will be placed at the deepest level of detail. For example, a note about a code value will 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 for each segment that ForwardHealth has additional information to provide, over and above the information in the TR3.

005010X221A1 — 835 Health Care Claim Payment / Advice

TR3 Page #	LOOP ID	Reference	NAME	CODES	Notes/Comments
69		BPR	Financial Information		
70		BPR01	Financial Information	I H	ForwardHealth will only use codes I & H.
			Check or Electronic Funds Transfer (EFT)	I	
			notification only, no payment.	H	
71		BPR03	Credit or Debit Flag Code	C	This field will contain "C" to indicate credit.
72		BPR04	Payment Method	ACH CHK NON	
			Funds will be transferred through an Automated Clearing House (ACH).	ACH	
			A check is being sent.	CHK	
			Non-payment data.	NON	
72		BPR05	Payment Format Code	CCP	Used only when ACH is sent in BPR04.
77		TRN	Reassociation Trace Number		Uniquely identify this transaction set and to aid in reassociating payments and remittances that have been separated.
77		TRN02	Check or EFT Trace number		This is the check or EFT trace number assigned by the payer. If there is no payment, this field will contain zeros.
78		TRN03	Payer Identification		This field contains the value "1" followed by the ForwardHealth federal Tax Identification Number (TIN).
79		CUR	Foreign Currency Information		This segment does not meet the situational requirements to be sent by ForwardHealth.
82		REF	Receiver Identification		

TR3 Page #	LOOP ID	Reference	NAME	CODES	Notes/Comments
82		REF02	Receiver Identifier		This field will contain the Trading Partner ID.
84		REF	Version Identification		This segment does not meet the situational requirements to be sent by ForwardHealth.
87	1000A	N1	Payer Identification		
87	1000A	N102	Payer Name	WISC_TXIX WISC_WWWP WISC_WCDP WISC_ADAP	
			Wisconsin Medicaid, SeniorCare, and BadgerCare Plus	WISC_TXIX	
			Wisconsin Well Women Program	WISC_WWWP	
			Wisconsin Chronic Disease Program	WISC_WCDP	
			AIDS/HIV Drug Assistance Program	WISC_ADAP	
88	1000A	N3	Payer Address		
88	1000A	N301	Payer Address Line	313 BLETTNER BOULEVARD	This field will contain the address of the payer.
88	1000A	N4	Payer City, State, ZIP Code		
90	1000A	N402	Payer City Name	Madison	This field will contain the city of the payer.
91	1000A	N401	Payer State Code	WI	This field will contain the state of the payer.
91	1000A	N402	Postal Zone or ZIP Code	53784	This field will contain the ZIP code of the payer.
92	1000A	REF	Additional Payer Identification		This segment does not meet the situational requirements to be sent by ForwardHealth.
94	1000A	PER	Payer Business Contact		This segment will contain Provider Services information as the Business Contact.
95	1000A	PER04	Payer Contact Communication Number	(800) 947-9627	
97	1000A	PER	Payer Technical Contact		This segment will contain EDI Helpdesk information as the Technical Contact.
98	1000A	PER04	Payer Contact Communication Number	(866) 416-4979	
100	1000A	PER	Payer Web Site		This segment does not meet the situational requirements to be sent by ForwardHealth.
102	1000B	N1	Payee Identification		
103	1000B	N103	Payee Name	FI XX	
			Federal TIN	FI	
			National Provider Identifier (NPI)	XX	
103	1000B	N104	Payee Identification Code		This field contains the billing provider's NPI when N103 contains the value "XX". This is the billing provider's Federal TIN when N103 contains the value "FI".

TR3 Page #	LOOP ID	Reference	NAME	CODES	Notes/Comments
104	1000B	N3	Payee Address		This segment does not meet the situational requirements to be sent by ForwardHealth.
105	1000B	N4	Payee City, State, ZIP		This segment does not meet the situational requirements to be sent by ForwardHealth.
107	1000B	REF	Payee Additional Identification		This segment does not meet the situational requirements to be sent by ForwardHealth.
109	1000B	RDM	Remittance Delivery Method		This segment does not meet the situational requirements to be sent by ForwardHealth.
111	2000	LX	Header Number		
111	2000	LX01	Assigned Number		"1" for first claim loop within ST. Add +1 for each claim loop. Begin New Loop for each claim type/claim status break.
112	2000	TS3	Provider Summary Information		This segment does not meet the situational requirements to be sent by ForwardHealth.
120	2000	TS2	Provider Supplemental Summary		This segment does not meet the situational requirements to be sent by ForwardHealth.
123	2100	CLP	Claim Payment Information		
124	2100	CLP02	Claim Status Code	1 2 3 4 22	
			Paid claim with Medicaid as the primary payer on the claim.	1	
			Paid claim with Medicaid as the secondary payer on the claim.	2	
			Paid claim with Medicaid as tertiary or greater payer.	3	
			Denied claim.	4	
			Reversal of a previous claim.	22	
125	2100	CLP05	Patient Responsibility Amount		This is the sum of the member's total cost share responsibility, which may include copayment, deductible, spend down, coinsurance cutback, member liability, and nursing home personal needs allowance.
126	2100	CLP06	Claim Filing Indicator Code	MC OF	
			Claim Processed by Medicaid, BadgerCare Plus, or SeniorCare	MC	
			Claim Processed by WWWP or WCDP	OF	
129	2100	CAS	Claim Adjustment		ForwardHealth will send the Claim Adjustment segment.
137	2100	NM1	Patient Name		This is the member's information as submitted on the original claim.
139	2100	NM108	Identification Code Qualifier	MR MI	This field will contain the city of the payer.
			Medicaid, BadgerCare Plus, and SeniorCare.	MR	

TR3 Page #	LOOP ID	Reference	NAME	CODES	Notes/Comments
			WWWP and WCDP	MI	
139	2100	NM109	Patient Identifier		This is the member's ForwardHealth member ID as submitted on the claim.
140	2100	NM1	Insured Name		ForwardHealth meets the situational rule to require this segment.
143	2100	NM1	Corrected Patient/Insured Name		ForwardHealth meets the situational rule to require this segment.
146	2100	NM1	Service Provider Name		ForwardHealth meets the situational rule to require this segment.
148	2100	NM108	Identification Code Qualifier	XX MC	
			National Provider Identifier (NPI)	XX	
			ForwardHealth interChange provider number.	MC	
149	2100	NM109	Rendering Provider Identifier		This field will contain the rendering provider's NPI when NM108 contains the value "XX" or eight or nine-digit ForwardHealth interChange provider number when NM108 contains the value "MC".
150	2100	NM1	Crossover Carrier Name		This segment does not meet the situational requirements to be sent by ForwardHealth.
153	2100	NM1	Corrected Priority Payer Name		ForwardHealth meets the situational rule to require this segment.
156	2100	NM1	Other Subscriber Name		ForwardHealth meets the situational rule to require this segment.
159	2100	MIA	Inpatient Adjudication Information		ForwardHealth meets the situational rule to require this segment.
166	2100	MOA	Outpatient Adjudication Information		ForwardHealth meets the situational rule to require this segment.
169	2100	REF	Other Claim Related Identification		This segment will populate if Medical Record Number (MRN), Social Security Number (SSN), or Adjustment Internal Control Number (ICN) is known.
169	2100	REF01	Reference Identification Qualifier	EA SY F8	
			The next element is the MRN.	EA	
			The next element is the SSN.	SY	
			The next element is the adjustment ICN.	F8	
171	2100	REF	Rendering Provider Identification		This segment will populate if a ForwardHealth provider number was submitted on the claim.
171	2100	REF01	Reference Identification Qualifier	1D	Indicates that the next element is the rendering Medicaid provider number.
173	2100	DTM	Statement From or To Date		ForwardHealth meets the situational rule to require this segment.
175	2100	DTM	Coverage Expiration Date		ForwardHealth meets the situational rule to require this segment.

TR3 Page #	LOOP ID	Reference	NAME	CODES	Notes/Comments
177	2100	DTM	Claim Received Date		This segment does not meet the situational requirements to be sent by ForwardHealth.
179	2100	PER	Claim Contact Information		This segment does not meet the situational requirements to be sent by ForwardHealth.
182	2100	AMT	Claim Supplemental Information		This segment does not meet the situational requirements to be sent by ForwardHealth.
184	2100	QTY	Claim Supplemental Information Quantity		This segment does not meet the situational requirements to be sent by ForwardHealth.
186	2110	SVC	Service Payment Information		
187	2110	SVC01-1	Product or Service ID Qualifier	AD HC N4 NU	
			American Dental Association (ADA) codes.	AD	
			Healthcare Common Procedure Coding System (HCPCS) codes.	HC	
			National Drug Code (NDC) in 5-4-2 format.	N4	
			National Uniform Billing Committee (NUBC) UB-04 codes.	NU	
189	2110	SVC02	Line Item Charge Amount		This is the billed amount from the claim unless the line has been split for processing.
191	2110	SVC06-1	Product or Service ID Qualifier	AD HC N4	
			ADA codes.	AD	
			HCPCS codes.	HC	
			NDC in 5-4-2 format.	N4	
194	2110	DTM	Service Date		ForwardHealth meets the situational rule to require this segment.
195	2110	DTM02	Service Date		ForwardHealth will report the Service Period Start and Service Period End dates on long term care and inpatient claims.
196	2110	CAS	Service Adjustment		ForwardHealth will send the Claim Adjustment segment.
204	2110	REF	Service Identification		This segment populates if Enhanced Ambulatory Patient Grouping (EAPG) pricing was applied to an outpatient claim.
204	2110	REF01	Reference Identification Qualifier	1S	This field will contain "1S", indicating that the next element is the Ambulatory Patient Group (APG) number.
204	2110	REF	Service Identification		This segment populates if prior authorization (PA) number is known.
204	2110	REF01	Reference Identification Qualifier	G1	This field will contain "G1", indicating that the next element is the PA number.
206	2110	REF	Line Item Control Number		

TR3 Page #	LOOP ID	Reference	NAME	CODES	Notes/Comments
206	2110	REF01	Reference Identification Qualifier	6R	This field will contain "6R", indicating that the next element is the provider control number/line item control number submitted on the 837.
207	2110	REF	Rendering Provider Information		ForwardHealth populates if the rendering provider does not have a NPI.
207	2110	REF01	Reference Identification Qualifier	1D	This field will contain "1D", indicating that the next element is the provider's eight or nine-digit ForwardHealth provider number.
209	2110	REF	Healthcare Policy Identification		This segment does not meet the situational requirements to be sent by ForwardHealth.
211	2110	AMT	Service Supplemental Amount		This segment will be sent if detail allowed amount is known.
211	2110	AMT01	Amount Qualifier Code	B6	This field will contain "B6", indicating the allowed amount.
213	2110	QTY	Service Supplemental Quantity		This segment does not meet the situational requirements to be sent by ForwardHealth.
215	2110	LQ	Health Care Remark Codes		ForwardHealth meets the situational rule to require this segment.
217	2110	PLB	Provider Adjustment		
218	2110	PLB02	Fiscal Period Date		This date is December 31 st of the current year.
219	2110	PLB03-1	Adjustment Reason Code	CS FB LS WO	
			Adjustment	CS	
			Forward Balance	FB	
			Lump Sum	LS	
			Overpayment Recovery	WO	

APPENDICES

1. Implementation Checklist

A complete implementation checklist is available on the Portal (<https://www.forwardhealth.wi.gov/>). Click on [Trading Partner Profile](#) on the bottom right side of the screen. Download the Trading Partner [Testing Packet](#) for ASC X12 transactions. Contact the EDI Helpdesk with questions by telephone at (866) 416-4979 or via e-mail using the Contact link at the bottom of the Portal home page (<https://www.forwardhealth.wi.gov/>).

2. Business Scenarios

Terminology

The term “subscriber” will be used as a generic term throughout the Companion Guide. This term could refer to any one of the following programs for which the 276/277 transaction is being processed:

- BadgerCare Plus.
- SeniorCare.
- Wisconsin Chronic Disease Program.
- Wisconsin Medicaid.
- Wisconsin Well Woman Program.

Claim Limit

File Size is not restricted. The 835 will contain all claims adjudicated during the financial cycle (week). The 835 file will contain only one GS/GE loop.

3. Frequently Asked Questions

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

Q: What are the main differences between the Portal, batch, and Real-Time submission methods?

A:

- Portal — This option is best for those providers who have a low volume of ForwardHealth claims, want to check specific claims, or other limited review of ForwardHealth data. Portal access also allows you to modify a claim.
- Batch — This option is best for providers who have large volumes of ForwardHealth members and need an automated way to check claim status. Typically, software vendors, billing intermediaries, clearinghouses, and providers with a technical team benefit from this option.
- Real-Time — This option is best for those providers who have a large volume of ForwardHealth members and see them on a regular basis but don't have the resources or expertise to use the batch method. This option must be used for single queries.

Q: What are the main differences between a 277 and a 999?

A: A 277 is the response to a 276 and contains claim status information. A 999 is an acknowledgement transaction that indicates if a 276 file was accepted or rejected. A 999 does not contain any claim status information.

Q: Is there a limit to the number of inquiries I can submit at once?

A: We recommend you follow HIPAA requirements for a maximum of 99 inquiries per ST/SE segment. Real-time transactions are limited to one inquiry per interchange.

Q: Are any fields case sensitive?

A: ForwardHealth accepts the extended character set. Uppercase characters are recommended.

4. Change Summary

Version 1.0 Revision Log
Companion Document: 835 Health Care Claim Payment Advice
Approved: 06/2014
Modified by: WJ2

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
	ALL PAGES				Modified for CAQH CORE Phase I, II & III Template & Safe Harbor Connectivity Rules.