

## PROVIDER BULLETIN

Volume 31 Number 57

<http://www.dss.mo.gov/mhd>

April 14, 2009

## HIPAA COMPLIANCY STANDARDS – CORRECTED 5/27/09

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### ENFORCEMENT OF HIPAA COMPLIANCY STANDARDS

The information provided in this bulletin is intended for billing providers and technical staff who exchange standard Health Insurance Portability and Accountability Act (HIPAA) compliant electronic transactions with MO HealthNet.

**During the third calendar quarter of 2009**, MO HealthNet will enhance enforcement of HIPAA compliancy standards within the automated claims payment system for X12 transactions as the result of a software upgrade. MO HealthNet will stagger implementation of the following transactions:

- Inbound Transactions (837D, 837I, 837P, 270/271, 276/277 & resulting 997)
- Outbound Transactions (834)
- Outbound Transactions (820 and 835)

Due to the enhanced compliancy checking, transactions that contain compliancy errors that may have been accepted and processed by MO HealthNet in the past will be rejected. MO HealthNet trading partners have always been expected to meet all HIPAA mandated compliancy for each transaction; however, during the third calendar quarter of 2009, these newly identifiable compliancy issues will be detected and rejected by the system. The MO HealthNet claims payment system will continue to process transactions at SNIP Level 4.

**A follow-up bulletin will be released with the exact implementation dates.**

For technical assistance, please contact the Infocrossing Healthcare Services Help Desk at 573/635-3559.

**HIPAA TEST FILE SYSTEM**

The HIPAA test file system will be upgraded **May 11, 2009**. It is **highly recommended** that the billing community send test files to verify HIPAA compliance prior to the third calendar quarter of 2009. Watch your Emomed account for news regarding the status of the HIPAA test file system upgrade.

**824 APPLICATION ADVICE**

In an effort to report specific errors on a submitter's reject file. MO HealthNet will provide an Application Advice Transaction (X12 824, version 4050) back to the submitters. The Application Advice (X12 824), is a generic application acknowledgement that can be used in response to any X12 transaction. The 824 will be created when SNIP level 3 and 4 errors are found.

MO HealthNet will begin transmitting the 824 transaction to submitters when the HIPAA test file system is upgraded and will continue to do so after implementation.

For INET billers, MO HealthNet will concatenate the 824 transaction with the 997 Functional Acknowledgement. The link to the 997 Functional Acknowledgement is located on your Emomed home page in the box titled Receive Provider Files. For FTP and NDM billers, the 824 transaction will be included in the transmission with the 997 Functional Acknowledgement.

Please reference [www.emomed.com](http://www.emomed.com) for the companion guide on the X12 824 transaction.

**COMPLIANCY ERRORS**

MO HealthNet has identified instances that were allowed to process through the system prior to the software upgrade. If additional instances are identified, providers will be notified by bulletin. The following charts provide an explanation of the instances MO HealthNet has identified. Please refer to the X12 HIPAA Implementation Guides for additional information regarding compliancy rules.

**Applies to 270 Health Care Eligibility Inquiry Transactions Only**

AFFECTED LOOP	AFFECTED SEGMENT	AFFECTED DATA ELEMENT	INSTANCE IDENTIFIED
2100C – SUBSCRIBER NAME	REF – Subscriber Additional Identification		Segment must not contain blanks if the situational REF segment is sent. If the segment is used, REF02 is a required field.
2110C – SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY	EQ – Eligibility or Benefit Inquiry	EQ01 – Service Type Code EQ02 – Composite Medical Procedure Identifier	If the EQ segment is used, either EQ01 – Service Type Code or EQ02 - Composite Medical Procedure Identifier must be used. Only EQ01 or EQ02 is to be sent, not both.
2000C – SUBSCRIBER LEVEL	HL – HL Hierarchical Level	HL04 – Hierarchical Child Code	When HL04 is equal to '0', 2110C – SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY Loop is required.

**Applies to 837 Professional Claim Transactions Only**

AFFECTED LOOP	AFFECTED SEGMENT	AFFECTED DATA ELEMENT	INSTANCE IDENTIFIED
2300 – CLAIM INFORMATION	CR1 – Ambulance Certification		CR1 segment is required when CR1 (Ambulance Certification) segment is used in 2400 – SERVICE LINE Loop.
2400 – SERVICE LINE	SV1 – Professional Service	SV107 – Composite Diagnosis Code Pointer	SV107 data element is required if HI (Health Care Information Codes) segment is used in 2300 – CLAIM INFORMATION Loop.
2400 – SERVICE LINE	SV1 – Professional Service	SV101-2 – Product/Service ID	Must contain HCPCS Code when SV101-1 (Product/Service ID Qualifier) is equal to ‘HC’.
<b>NEW: 2310D – SERVICE FACILITY LOCATION</b>			<b>NEW: Loop is required when the location of health care service is different than that carried in the 2010AA – BILLING PROVIDER Loop or 2010AB – PAY-TO PROVIDER Loop.</b>

**Applies to 837 ~~Professional and~~ Institutional Claim Transactions Only**

AFFECTED LOOP	AFFECTED SEGMENT	AFFECTED DATA ELEMENT	INSTANCE IDENTIFIED
<b>CORRECTED: 2310E – SERVICE FACILITY NAME</b>			Loop is required when the location of health care service is different than that carried in the 2010AA – BILLING PROVIDER Loop or 2010AB – PAY-TO PROVIDER Loop.

**Applies to 837 Professional, Institutional and Dental Claim Transactions Only**

AFFECTED LOOP	AFFECTED SEGMENT	AFFECTED DATA ELEMENT	INSTANCE IDENTIFIED
2000B – SUBSCRIBER HIERARCHICAL LEVEL	SBR – Subscriber Information		Segment is required in the Loop.
2010AA – BILLING PROVIDER NAME	REF – Reference Identification	REF01 – Reference Identification Qualifier	If “code XX - NPI” is used in the NM108/09 of this loop, then either the Employer’s Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 5 times.
2010AB – PAY-TO PROVIDER NAME	REF – Reference Identification	REF01 – Reference Identification Qualifier	If “code XX - NPI” is used in the NM108/09 of this loop, then either the Employer’s Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 5 times.

<b>2400 – SERVICE LINE</b>	<b>LX – Assigned Number</b>		Must begin at '1' and increment by one for each new LX segment within a claim. The LX segment functions as a line counter.
<b>2310B – RENDERING PROVIDER NAME</b>	<b>NM1 – Individual or Organizational Name</b>	<b>NM104 – Name First</b>	NM104 is required when NM102 (Entity Type Qualifier) is equal to '1'. <b>CORRECTED: THIS DOES NOT APPLY TO INSTITUTIONAL.</b>
<b>2010BC – PAYER NAME</b>	<b>NM1 – Individual or Organizational Name</b>	<b>NM103 – Name Last or Organization Name</b>	Segment is required.
<b>2300 – CLAIM INFORMATION</b>	<b>CLM11 – Related Causes Information</b>	<b>CLM11-1 – Related-Causes Code</b> or <b>CLM11-2 – Related-Causes Code</b> or <b>CLM11-3 – Related-Causes Code</b>	When CLM11-1, CLM11-2 or CLM11-3 data element contain AB, OA, AP or AA, then DTP Segment (Date or Time or Period) must have 439 in DTP01.
<b>2010BA – SUBSCRIBER NAME</b>	<b>N3 – Address Information</b> <b>N4 – Geographic Location</b>		N3 and N4 are required when 2000B – SUBSCRIBER HIERARCHICAL LEVEL Loop contains SBR02 (Individual Relationship Code) equal to '18' (Self).
<b>2000C – PATIENT HIERARCHICAL LEVEL</b>			Loop is required when 2000B – SUBSCRIBER HIERARCHICAL LEVEL SBR02 (Individual Relationship Code) equal to '18' (Self) is not used.
<b>2300 – CLAIM INFORMATION</b>	<b>CLM – Claim Information</b>	<b>CLM02 – Total Claim Charge Amount</b>	CLM02 is the total amount of all submitted charges of service segments for this claim.
<b>2320 – OTHER SUBSCRIBER INFORMATION</b>	<b>DMG – Demographic Information</b>		Segment is required when 2330A – Other Subscriber Name NM102 (Entity Type Qualifier) equal '1' (Person).

**Applies To All Transactions**

In addition to the instances listed below, you may see a difference in the organization of X12 data returned to you. For example, currently, if you submit multiple ISA's during a processing period, a single X12 997 Functional Acknowledgement ISA is returned to you with an ST/SE grouping for each ISA originally submitted. After the upgrade, an X12 997 ISA will be returned for each ISA originally submitted.

<b>AFFECTED LOOP</b>	<b>AFFECTED SEGMENT</b>	<b>AFFECTED DATA ELEMENT</b>	<b>INSTANCE IDENTIFIED</b>
<b>INTERCHANGE CONTROL HEADER</b>	<b>ISA – Interchange Control Header</b>	<b>ISA13 – Interchange Control Number</b>	ISA13 (Interchange Control Number), must be identical to the associated Interchange Trailer IEA02 (Interchange Control Number)

<b>INTERCHANGE CONTROL HEADER</b>	<b>ISA – Interchange Control Header</b>	<b>ISA14 – Acknowledgment Requested</b>	ISA14 (Acknowledgment Requested) must contain a valid value of '0' or '1' if utilized.
	<b>REF – Reference Identification</b>	<b>REF01 – Reference Identification Qualifier</b> <b>REF02 – Reference Identification</b>	REF02 (Reference Identification) is required when using REF01 (Reference Identification Qualifier).
	<b>NM1 – Individual or Organizational Name</b>	<b>NM108 – Identification Code Qualifier</b> <b>NM109 – Identification Code</b>	If either NM108, or NM109 is present, then the other is required.
<b>FUNCTIONAL GROUP TRAILER</b>	<b>GE – Functional Group Trailer</b>	<b>GE02 – Group Control Number</b>	GE02 in the GE Functional Group Trailer must be identical to the same data element in the associated Functional Group Header, GS06 (Group Control Number).  GS06 (Group Control Number) and GE02 (Group Control Number) are defined as data type of 'Numeric with implied decimal' (N0). Leading zeroes are not allowed.
<b>TRANSACTION SET TRAILER</b>	<b>SE – Transaction Set Trailer</b>	<b>SE01 – Number of Included Segments</b>	SE01 has a data type of 'Numeric with implied decimal' (N0). Leading zeroes are not allowed.  SE01 must reflect the total number of all segments between the ST and the SE segments including the ST and SE segments.

### **INTERCHANGE CONTROL NUMBER REMINDER**

One final reminder regarding Provider Bulletin, Volume 30, Number 63, dated June 4, 2008, [http://www.dss.mo.gov/mhd/providers/pdf/bulletin30-63\\_2008jun04.pdf](http://www.dss.mo.gov/mhd/providers/pdf/bulletin30-63_2008jun04.pdf).

- During the third calendar quarter of 2009, the software upgrade will enforce the restrictions reported in the above reference bulletin for production files.

To clarify the use of the interchange control number on the ISA, the number does not need to start at 1 (one), it may be started at any number of your choice, but it must increment with each transmission sent.

**Please Note:** The HIPAA test file system **DOES NOT** enforce the interchange control number requirement.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Website at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via e-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

**Provider Communications Hotline  
573-751-2896**