

# TennCare

## Standard Companion Guide Transaction Information

Instructions related to Transactions based on ASC  
X12 Implementation Guides, version 005010

### 270 Transaction

Companion Guide Version Number: 1.0

8/9/2013

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## Preface

Companion Guides (CG) 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 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

Express permission to use ASC X12 copyrighted materials has been granted to TennCare related to this CG. The underlying TR3 that is used as the basis for this CG can be purchased at <http://store.X12.org>.

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# Transaction Instruction (TI)

## 1 TI Introduction

### 1.1 Background

#### 1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries 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 transactions 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

#### 1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

### **1.1.3 Compliance according to ASC X12**

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

## **1.2 Intended Use**

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. 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 Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

## 2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X279A1	Eligibility, Coverage or Benefit Inquiry (270)

### 3 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

<b>Legend</b>
SHADED rows represent "segments" in the X12N implementation guide.
NON-SHADED rows represent "data elements" in the X12N implementation guide.

#### V5010X279A1 Eligibility, Coverage or Benefit Inquiry

Loop ID	Reference	Name	Codes	Notes/Comments
2100A	NM1	Information Source Name		TennCare must be identified as the information source as follows: NM101 = P5 or PR, NM103 = TennCare, NM108 = FI, and NM109 = 626001445.
2000C	HL	Subscriber Level		TennCare looks at the NM1, REF, and DMG segments of this loop and used Name, SSN, MID, and DOB information for recipient selection when provided.
2100C	DTP	Subscriber Date		TennCare checks recipient eligibility for the date or date range specified in this segment. The maximum range TennCare will accept is 366 days.
2000D	HL	Dependent Level		All TennCare recipients are considered individual subscribers. TennCare does not process the dependent loop.



## **4 TI Additional Information**

### **4.1 Business Scenarios**

(Intentionally left blank.)

### **4.2 Payer Specific Business Rules and Limitations**

Each trading partner must identify itself to TennCare by the trading partner id assigned by TennCare and must be used in ISA06, GS02, and 1000A NM109.

The trading partner id for TennCare is “626001445TC” and must be used in ISA08, GS03, and 1000B NM109.

### **4.3 Frequently Asked Questions**

(Intentionally left blank.)

### **4.4 Other Resources**

(Intentionally left blank.)

## 5 TI Change Summary

There are no previous versions in this format