

# North Dakota MMIS

## Companion Guide to the 005010X224A2 Health Care Encounter: Dental (837)

North Dakota Medicaid  
May 2023

# Preface

This Companion Guide to the Accredited Standards Committee (ASC) X12 Technical Report Type 3 (TR3) and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with the North Dakota MMIS.

Transmissions based on this Companion Guide, used in tandem with the v5010 ASC X12N Technical Report Type 3 (TR3), are compliant with both ASC X12N syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the TR3 adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

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# 1 Introduction

This Companion Guide is intended for use by North Dakota Medicaid Managed Care Organization (MCO) Trading Partners for the submission of the X12N 837D Encounter transactions to ND Medicaid. It is to be used in conjunction with the ASC X12N 837D National Electronic Data Interchange Technical Report Type 3 (TR3). The TR3 can be accessed at <https://x12.org/products/technical-reports> (Note: select Implementation Guide – Type 3 (TR3). System will then prompt you to create a unique user ID and login password).

This Companion Guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with the North Dakota MMIS and specifies data clarification where applicable. [Section 10 Transaction Specific Information](#) contains data clarifications for fields and values that are specific for the ND MMIS.

Transaction specific data will be detailed using a table. Each row on the table will contain information on the loop, segment, or data element that is specific to the ND MMIS. The table format is as described below:

| TR3 Page | Loop ID | Reference | Name                                 | Codes | Length | Notes/Comments  |
|----------|---------|-----------|--------------------------------------|-------|--------|---|
| 193      | 2100C   | NM1       | Subscriber Name                      |       |        | This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comments about the segment itself goes 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 |       |        |   |

| TR3 Page | Loop ID | Reference | Name  | Codes             | Length | Notes/Comments   |
|----------|---------|-----------|---|-------------------|--------|--|
| 197      | 2100C   | REF01     | Reference Identification Qualifier            | 18,49, 6P, HJ, N6 |        | These are the only codes transmitted by the payer.   |
|          |         |           | 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 3 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 how to specify that only one code value is applicable.   |

## Scope

This Companion Guide is intended for use by North Dakota Medicaid MCO Trading Partners for the submission of the X12N 837D Encounter transactions to North Dakota Medicaid. This Companion Document is to be used in conjunction with the 837D TR3.

ND Medicaid provides connectivity for the flow of medical information and data between medical providers, facilities, vendors, claim payment agencies, clearinghouses, and the Front-end Online Transaction Processor (OLTP). Beyond the receipt and delivery of this data, ND Medicaid provides translation to and from ASC X12N standard formats.

The 837 Dental transaction data will be submitted to ND Medicaid for processing and validation of the X12N format(s). Please refer to [Section 4 Connectivity with the North Dakota MMIS](#) for more information regarding transmission methods.

## Overview

This Companion Guide is divided into 10 Sections. Each section will describe the process or requirement that each Trading Partner must complete to submit and receive X12N transactions for North Dakota Medicaid.

Each section will provide the needed information of how Trading Partners will be required to complete successful transmissions to the North Dakota Medicaid MMIS.

This Companion Guide will provide contact information for obtaining assistance from the North Dakota Medicaid MMIS. It will provide data clarifications, including North Dakota Medicaid specific data requirements.

## References

This document serves as a companion to the ASC X12N Electronic Data Interchange Technical Report Type 3 (TR3) as adopted under HIPAA. These can be accessed at: <https://x12.org/products/technical-reports> (Note: select Implementation Guide – Type 3 (TR3). System will then prompt you to create a unique user ID and login password).

# Additional Information

For more information on North Dakota Medicaid EDI services for providers, including provider enrollment and claim transaction information, please visit:

<http://www.hhs.nd.gov>

## 2 Getting Started

### Working with North Dakota Medicaid

We provide availability for transaction transmission and download retrieval 24 hours a day, seven days a week. This availability is subject to scheduled and unanticipated non-scheduled downtime.

#### Scheduled Downtime

##### **Holiday Schedule**

The following days are recognized as official State holidays. Please note that during these days assistance with system issues will be very limited.

- New Year's Day, January 1
- Martin Luther King Day, the 3<sup>rd</sup> Monday in January
- President's Day, the 3<sup>rd</sup> Monday in February
- Memorial Day, the last Monday in May
- Independence Day, July 4
- Labor Day, the 1<sup>st</sup> Monday in September
- Veteran's Day, November 11
- Thanksgiving Day, the 4<sup>th</sup> Thursday in November
- Christmas Day, December 25

- Every day appointed by the President of the United States, or by the Governor of North Dakota for a public holiday

## Routine Maintenance

It is operational policy to schedule preventative maintenance periods on the second Thursday of the month from 09:00PM to 4:00AM CT. Any alteration from this schedule will be noted in the notification message as described below.

For scheduled downtime, a notification message will be published on the Home screen and login screen.

## Scheduled downtime – Home Screen

The screenshot shows the North Dakota MMIS Web Portal Home screen. At the top, there is a navigation bar with links for Home, Program, Member, Provider, Documentation, and Directories. Below the navigation bar is a banner image showing various healthcare scenes: a newborn baby being held, a doctor examining an elderly patient, hands being clasped, a doctor's stethoscope, and a doctor examining a patient's teeth. Below the banner are four main content areas:

- Welcome:** A message stating, "Welcome to the North Dakota MMIS Web Portal. ND MMIS has established a scheduled maintenance window for May 2017 - Dec 2017 on every 2nd Thursday of the month from 9:00PM to 4:00AM Central Time, with the following exceptions: 7/20 and 8/17. During the maintenance window, the system may not be accessible."
- Provider Registration:** A message stating, "To obtain a user id and password, Providers and Trading Partners must have an approved enrollment with North Dakota and have received their Provider or Trading Partner ID." Below this is a "Register" link.
- Quick Links:** A list of links including "Find a Healthcare Provider", "Benefits Overview", "Provider Enrollment", and "Report Fraud & Abuse".
- Sign In:** A message stating, "Log into the system based upon your role:" followed by links for "Providers", "Members", and "Internal Users".

At the bottom of the page, there is a copyright notice: "©2017 Affiliated Computer Services, Inc. All Rights Reserved." and links for "Privacy Policy", "Site Map", "Terms of Use", "Browser Requirements", and "Accessibility Compliance".

## Scheduled downtime – Login Screen

The screenshot shows the North Dakota MMIS Web Portal Login screen. At the top, there is a navigation bar with links for Home, Program, Member, Provider, Documentation, and Directories. Below the navigation bar is a banner image showing various healthcare scenes. Below the banner are three main content areas:

- Quick Links:** A list of links including "Enrollment", "ProviderManuals", "FAQ", "Billing Manuals", "Messages & Announcements", and "News".
- News:** A message stating, "Governor's Task Force on Access to Affordable Health Insurance. ND MMIS has established a scheduled maintenance window for May 2017 - Dec 2017 on every 2nd Thursday of the month from 9:00PM to 4:00AM Central Time, with the following exceptions: 7/20 and 8/17. During the maintenance window, the system may not be accessible."
- Provider Login:** A message stating, "To access secure areas of the portal, please log in by entering your User ID and Password." Below this are input fields for "User ID:" and "Password:", a "Forgot User Name or Password?" link, and "Login" and "Reset" buttons.

At the bottom of the page, there is a copyright notice: "©2017 Affiliated Computer Services, Inc. All Rights Reserved." and links for "Privacy Policy", "Site Map", "Terms of Use", "Browser Requirements", and "Accessibility Compliance".

## Non-Scheduled Downtime

In the event of a non-scheduled downtime, North Dakota Medicaid will resolve the outage as quickly as possible. A notification message will be displayed near the Sign In portlet of the HOME page and near the Login portlet of the Login screen, as noted below. The anticipated timeframe for resolution will be noted on the message. Also, the message will state the extent of the disruption, whether it affects the MMIS functionality only, or if it also affects electronic file transfer processing.

If the file transfer processing is affected, trading partners will receive an email notification.

### Non – Routine Downtime (MMIS and File Transfer affected)– Home Screen

The screenshot shows the North Dakota MMIS Web Portal Home Screen. At the top right, the date is Oct 1, 2016. The navigation bar includes Home, Program, Member, Provider, Documentation, and Directories. Below the navigation bar is a banner image with five panels: a newborn baby, a doctor examining an elderly patient, hands being held, a doctor's stethoscope, and a doctor examining a patient. Below the banner are four portlets: Welcome, Provider Registration, Quick Links, and Sign In. The Welcome portlet contains a red notification: "ND MMIS has established a maintenance window from 9:00 PM to 4:00 AM every two weeks Thursday to apply scheduled system upgrades. During the maintenance window, the system may not be accessible." The Sign In portlet also contains a red notification: "The ND MMIS and File Transfer systems will be unavailable between 10/01/2016 12:00 AM - 10/01/2016 04:00 PM for maintenance activities." At the bottom, there is a copyright notice for ©2016 Affiliated Computer Services, Inc. and links for Privacy Policy, Site Map, Terms of Use, Browser Requirements, and Accessibility Compliance.

### Non – Routine Downtime (MMIS and File Transfer affected)– login Screen

The screenshot shows the North Dakota MMIS Web Portal Login Screen. At the top right, the date is Oct 1, 2016. The navigation bar includes Home, Program, Member, Provider, Documentation, and Directories. Below the navigation bar are three portlets: Quick Links, Provider, and Provider Login. The Quick Links portlet lists: Enrollment, ProviderManuals, FAQ, Benefits Overview, Billing Manuals, and Messages & Announcements. The Provider portlet contains a description of the ACS Health Enterprise Portal. The Provider Login portlet has a form with fields for User ID (containing "KYAKKALA") and Password (masked with dots). Below the form are "Forgot User Name or Password?" and "Login" and "Reset" buttons. A red notification at the bottom of the login portlet states: "The ND MMIS and File Transfer systems will be unavailable between 10/01/2016 12:00 AM - 10/01/2016 04:00 PM for maintenance activities." At the bottom, there is a copyright notice for ©2016 Affiliated Computer Services, Inc. and links for Privacy Policy, Site Map, Terms of Use, Browser Requirements, and Accessibility Compliance.

## Non – Routine Downtime (File Transfer affected)– Home Screen

The screenshot shows the North Dakota MMIS Web Portal Home Screen. At the top, there is a navigation bar with "Home" selected and other options like "Program", "Member", "Provider", "Documentation", and "Directories". The main content area features a banner with five images related to healthcare. Below the banner are four panels: "Welcome" with a maintenance window announcement, "Provider Registration" with a "Register" link, "Quick Links" with links for "FAQ", "Find a Healthcare Provider", "Benefits Overview", "Provider Enrollment", and "Report Fraud & Abuse", and "Sign In" with options for "Providers", "Members", and "Internal Users". A red text box on the right side of the "Sign In" panel states: "The ND MMIS File Transfer system will be unavailable 10/01/2016 12:00 AM – 10/02/2016 04:00 PM. However, the web portal will remain available during this time." The footer contains copyright information and links for "Privacy Policy", "Site Map", "Terms of Use", "Browser Requirements", and "Accessibility Compliance".

## Non – Routine Downtime (File Transfer affected)– login Screen

The screenshot shows the North Dakota MMIS Web Portal login screen. The navigation bar is the same as in the Home screen. The main content area features a "Quick Links" panel with links for "Enrollment", "Application Status", "ProviderManuals", "FAQ", and "Benefits Overview". A "News" panel contains a link to "Governor's Task Force on Access to Affordable Health Insurance" and a maintenance window announcement. The "EnterpriseLogin" panel contains the following text: "To access secure areas of the portal, please log in by entering your User ID and Password." Below this are input fields for "User ID:" and "Password:". There are also links for "Forgot User Name or Password?", "Forgot User Name or Password?", and "Forgot User Name or Password?". "Login" and "Reset" buttons are at the bottom of the form. A red text box at the bottom right of the login panel states: "The ND MMIS File Transfer system will be unavailable 10/01/2016 12:00 AM – 10/02/2016 04:00 PM. However, the web portal will remain available during this time." The footer is identical to the Home screen.

## Unscheduled/Emergency Downtime

North Dakota Medicaid will resolve the outage as expeditiously as possible, for Unscheduled/Emergency Downtime. Along with the MMIS notification messages outlined above, the system sends an email notification to the trading partners.

# Trading Partner Registration

All entities that send electronic transactions to ND Medicaid for processing and retrieve reports and responses must enroll as EDI Trading Partners. The completed Trading Partner enrollment application provides ND Medicaid Claim Customer Service the information necessary to assign a Login Name, Login ID, and Trading Partner ID, which are required to send or retrieve electronic transactions. The Trading Partner enrollment application is available on the North Dakota Medicaid Web site at <https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment>.

## Certification and Testing Overview

X12N transaction files are certified by EDIFECS Transaction Manager software. Transaction Manager provides accurate trading partner verification and validation of HIPAA transactions (Type 1 EDI Syntax, Type 2 HIPAA Syntax, and some Type 7 ND Trading Partner Specific). ND Medicaid requires transaction testing with all enrolling Trading Partners.

Once a Trading Partner has successfully enrolled with North Dakota Medicaid, they will be contacted by a ND EDI Specialist. The EDI Specialist will guide the Trading Partner through the testing process.

# 3 Testing with the North Dakota MMIS

Before submitting production files to ND Medicaid, the Trading Partner must submit two valid test files for each transaction type. If the Trading Partner has received a test status of “Pass”, then ND Medicaid will contact the Trading Partner and update the Trading Partner status to Production.

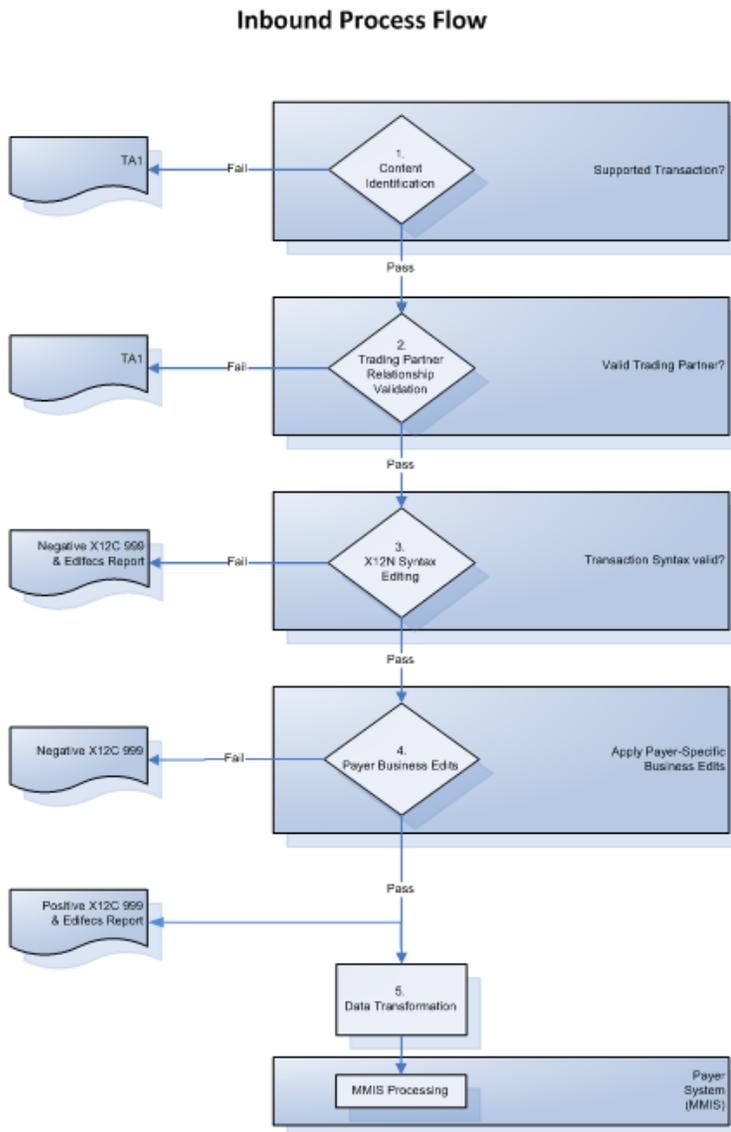
These tests verify a Trading Partner’s ability to submit a specific transaction type containing valid data in the required format. Trading Partners are encouraged to include a minimum of 10 unique claims per test file to ensure more comprehensive testing.

For each file submission, the Trading Partner will receive an X12C 999 response file and an Edifecs Error Report in the trading partner’s mailbox. The X12C 999 contains ACCEPT, REJECT or PARTIAL status. Should Trading Partners receive a test status of “REJECT” or “PARTIAL”, then the Trading Partner should review the error(s) using the EDIFECS Error Report. The Trading Partner should correct and resubmit their test file until it receives a status of “ACCEPT”. If Trading Partners require further assistance with testing or resolving errors, please contact ND Medicaid Claim Customer Service by email at [NDDMMISEDI@nd.gov](mailto:NDDMMISEDI@nd.gov), or call 701-328-2325 or 1-844-848-0844.

# 4 Connectivity with the North Dakota MMIS

## Process Flows

### Editing and Validation Flow Diagram



**Legend:**

1. **Content Identification:** Data identification is attempted. If the data can be identified, it is then checked for Trading Partner Relationship Validation.
2. **Trading Partner Relationship Validation:** The Trading Partner information is validated. If the Trading Partner relationship is valid, the data will be passed for X12N syntax validation.
3. **X12N Syntax Validation:** A determination will be made as to whether the data is ASC X12N. An X12C 999 (Implementation Acknowledgement) will be sent to the mailbox of the submitter. The X12C 999 contains **ACCEPT, REJECT or PARTIAL** status. If the file contained syntactical errors, the segment(s), and element(s) where the error(s) occurred will be reported in the X12C 999 and will be further detailed in the EDIFECs Report.
4. **Payer Business Edits:** If the data passes X12N syntax validation, payer business edits, such as the NPI "check digit" validation" will be performed. Any errors found will be returned in an X12C 999, with details explaining the segment(s) and element(s) where the error(s) occurred. The X12C 999 will be sent to the Mailbox System for submitter retrieval.
5. **Data Transformation:** Inbound X12N data is translated to XML format and passed to the North Dakota MMIS for processing.

# Transmission Administration Procedures

Enrolled North Dakota Trading Partners will submit X12N 837 Dental transaction data to ND Medicaid for processing. ND Medicaid validates submission of X12N format(s). The TA1 Interchange Acknowledgement reports the syntactical analysis of the interchange header and trailer. If the data (Interchange Envelope) is invalid, the file will be rejected. A TA1 will be delivered to the Trading Partner mailbox and a copy forwarded to the Trading Partner Support Specialist for review. If the Trading Partner/Transaction Type relationship does not exist in the Trading Partner Management Database (a missing or invalid Trading Partner ID), then a TA1 will not be generated because the relationship does not exist within the ND Medicaid EDIFICS Trading Partner Management Database. A report of the TA1 will be generated and delivered to the Trading Partner Support Specialist for additional review.

An X12C 999 Implementation Acknowledgement is generated when a file has passed the interchange header and trailer validation. A negative X12C 999 is generated if the file contains one or more Type 1 or Type 2 EDI or HIPAA Syntax errors or Type 7 ND Trading Partner Specific errors. The segment(s) and element(s) where the error(s) occurred will be reported to the submitter in the X12C 999 response.

If you have questions or require assistance with your TA1 or X12C 999 please contact ND Medicaid Claim Customer Service by email at [NDMMISEDI@nd.gov](mailto:NDMMISEDI@nd.gov) or call 701-328-2325 or 844-848-0844.

# Re-Transmission Procedures

## Transmission/Production Issues

When file transmission or technical production issues occur, which could require the re-submission of files, please contact ND Medicaid Claim Customer Service by email at [NDMMISEDI@nd.gov](mailto:NDMMISEDI@nd.gov), or call 701-328-2325 or 844-848-0844.

Please have the following information available when calling ND Medicaid Claim Customer Service regarding transmission and production issues.

- Trading Partner ID
- Web Portal Login Name (if using the Web Portal)
- Enterprise Managed File Transfer (if using Secure FTP)

## Communication Protocol Specifications

North Dakota Trading Partners can submit X12N files and download files such as the X12N 835, X12N 277CA, TA1, and X12C 999 via the ND Health Enterprise MMIS Web Portal and Secure FTP.

### Web Portal

The Web Portal method allows a Trading Partner to initiate the submission of a batch file for processing by ND Medicaid. A Trading Partner must be an authenticated portal user who is either an active North Dakota Provider, or an authorized representative of the Provider. The Trading Partner accesses the Web Portal via a Web browser and is prompted for a login and password. Trading Partners may select files for upload from their PC or work environment using the “Browse” function. All 837 files submitted must meet the ASC X12N 837 standard.

**Note:** All files submitted via the Web Portal must be less than 10MB. The File Name can be a maximum of 80 Characters. A “space” is not allowed in the file name. An “underscore” may be used in the file name instead of a space.

## Web Portal Upload Procedures

1. In your Web browser, log on to the **North Dakota MMIS Health Enterprise Portal** at <https://mmis.nd.gov>.
2. From the **EDI** menu, select **Upload X12**.



### North Dakota MMIS Web Portal

A screenshot of the North Dakota MMIS Web Portal navigation menu. The menu is a horizontal bar with several items: Home, Member, Provider, Claims, EDI (with a dropdown arrow), Authorizations, My Account, and FES. The EDI dropdown menu is open, showing three options: Upload X12, File Retrieval Mailbox, and Upload NCPDP Batch Claims. Below the navigation bar, there are two buttons: Quick Links and Provider Message Center.

3. Navigate to the file you wish to upload using the Browse button or type the path and filename into the File Information field.

A screenshot of the "Upload X12" form. The form has a title bar "Upload X12" and a "Print | Help" button. Below the title bar, there is a red asterisk and the text "Required field". A message states: "This page allows you to transmit X12N formatted batches. For more information on this process, please refer to the 'Contact Us' feature and/or the 'Help' feature found in the upper right corner of this page, or call Customer Service at 1-800-755-2604." The form has a section titled "File Information" with a label "\*File Path" and a text input field. To the right of the input field is a "Browse..." button. At the bottom right of the form are "Submit" and "Reset" buttons.

4. Click **Submit**. Information on the file submitted is displayed in the **Upload Completed** screen.

A screenshot of the "Upload X12 Complete" confirmation screen. The screen has a title bar "Upload X12 Complete" and a "Print | Help" button. Below the title bar, there is a message: "File was successfully received and is being processed. Please check for a confirmation report in your mailbox." At the bottom right of the screen are two buttons: "Upload Another File" and "Message Center".

5. To retrieve the file confirmation, click on the **Message Center** button to go to your mailbox.

## Web Portal Data Retrieval Procedures

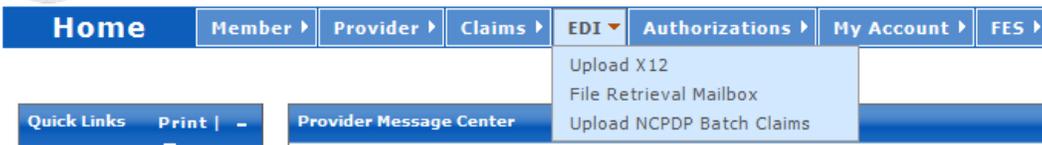
The Web Portal allows a Trading Partner to initiate file retrieval. Once logged into the Provider Homepage, multiple functions such as File Retrieval are available.

### Downloading Files from the Web Portal

1. In your Web browser, log on to the **North Dakota MMIS Health Enterprise Portal** at <https://mmis.nd.gov/portals/wps/portal/EnterpriseHome>
2. From the **EDI** menu, select **File Retrieval Mailbox**.



### North Dakota MMIS Web Portal



3. Select the **X12** radio button; select a file type; and if desired, enter beginning and end dates for the search.

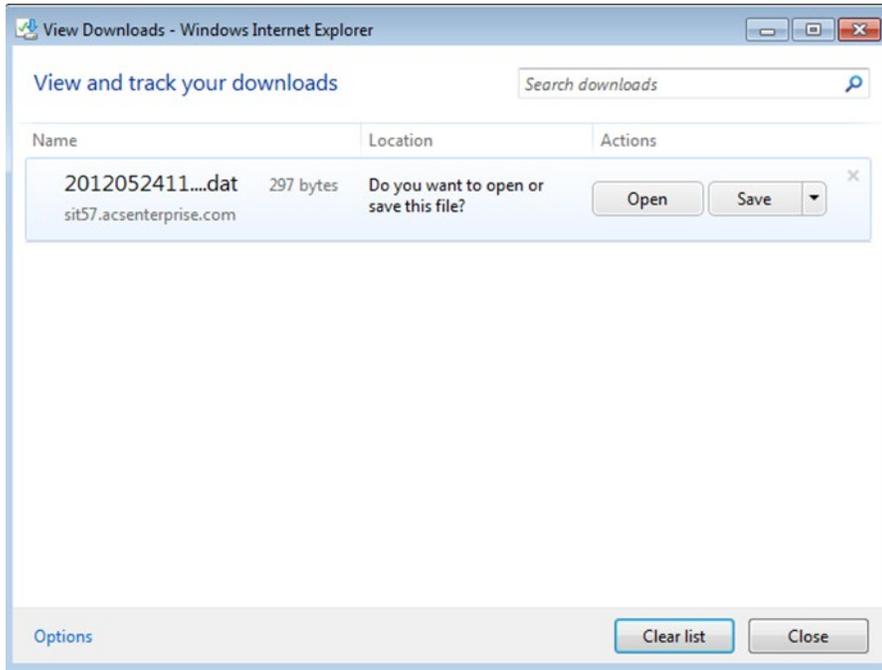
4. Click the **Search** button. The **Results** view displays files matching the search criteria. From the **Results** view, click the Creation Date of the file for downloads.

**Note:** After the first time selecting the files, the **Show All** box needs to be checked to retrieve them again

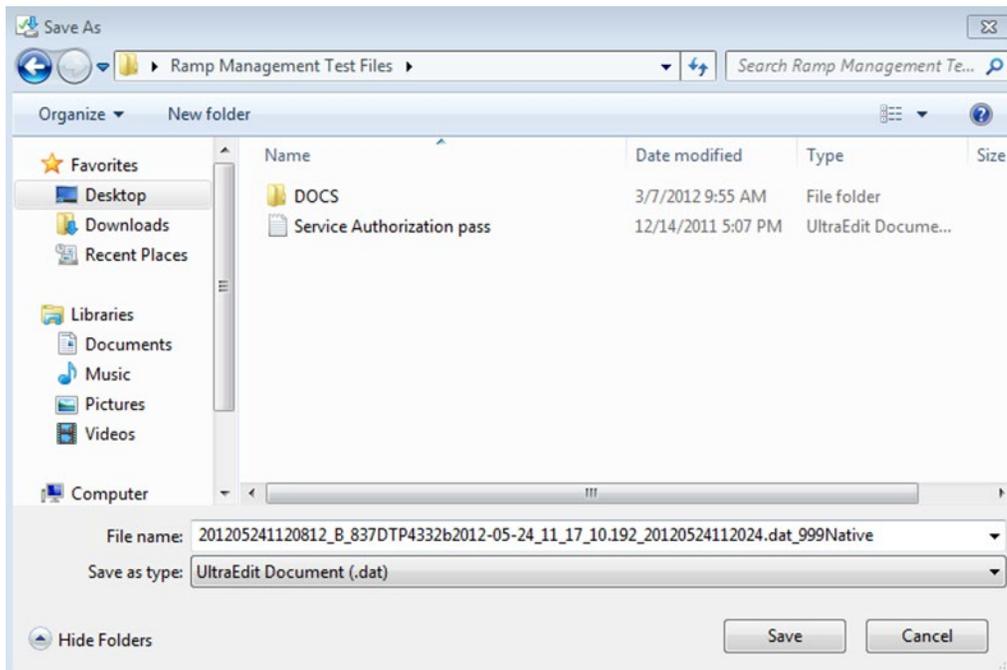
| Creation Date | Filename  | File Size |
|---------------|---|-----------|
| Sep 06, 2012  | 201209061025750_B_201209061025538_B_270_TP045_20120906102509_20120906102509.dat_999Native.dat   | 296       |
| Sep 06, 2012  | 201209061025818_B_201209061025729_B_278_TP045_2_20120906102510_20120906102514.dat_999Native.dat   | 279       |
| Sep 06, 2012  | 201209061025766_B_201209061025683_B_276_TP045_2_20120906102510_20120906102510.dat_999Native.dat   | 279       |
| Sep 06, 2012  | 201209061025251_B_201209061025184_B_837ITP045_20120906102511_20120906102511.dat_999Native.dat   | 296       |
| Sep 06, 2012  | 201209061025849_B_201209061025822_B_837D_TP045_2_20120906102510_20120906102514.dat_999Native.dat  | 333       |
| Sep 06, 2012  | 201209060745844_B_201209060745662_B_WhiteSpaceInprt_20120906074505_20120906074505.dat_999Native.dat   | 318       |
| Sep 06, 2012  | 201209060740935_B_201209060740475_B_InvalidProv_20120906074006_20120906074006.dat_999Native.dat   | 296       |
| Sep 06, 2012  | 201209060720439_B_201209060720133_B_ProfInvalid_20120906072004_20120906072004.dat_999Native.dat   | 296       |
| Sep 06, 2012  | 201209060715584_B_201209060715210_B_LFIInprt_20120906071508_20120906071508.dat_999Native.dat  | 318       |
| Sep 06, 2012  | 201209060428407_B_201209060428037_B_201209050839111_B_201209050839339_B_Prof_McarInsl_20120905083915_20120905083922.dat_20120906042817_20120906042817.dat_999Native.dat | 296       |

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5. Click **Save**, to save the file to your PC



6. Specify a path for download and click **Save** again.



## ND Enterprise Managed File Transfer

ND Enterprise Managed File Transfer (MFT), or commonly referred to as Secure FTP is an appropriate alternative to the North Dakota Web Portal for large files (i.e., files more than 10MB each). MFT setup is separate from Trading Partner Enrollment, but still coordinated through ND Medicaid Claim Customer Service. Trading partners may use MFT for submission and retrieval of files. Note that ND Medicaid staff will not provide technical support for applications other than MFT.

**Note:** File Name is a maximum of 128 Characters. A “space” is not allowed in the inbound file name. An “underscore” may be used in the inbound file name instead of a space.

### Secure FTP Setup and Support

Upon successful Trading Partner enrollment, a Trading Partner MFT account will be created. Trading Partners set up for submission and/or retrieval of files via the MFT mechanism will receive connectivity details from ND Medicaid Claim Customer Service once setup is complete. This information will include login credentials, policies concerning passwords, file retention, and basic information on site navigation. The ND Enterprise Managed File Transfer secured website is <https://mft.nd.gov/>.

If the Trading Partner requires support (i.e., account becomes locked or experiences connectivity issues), the Trading Partner should contact ND Medicaid Claim Customer Service by email at [NDMMISED@nd.gov](mailto:NDMMISED@nd.gov), or call 701-328-2325 or 844-848-0844.

## Passwords

**Log in Credentials:** In order to receive your authorized user log in credentials all Trading Partners, regardless of submission method, must be enrolled with ND Medicaid and approved as Trading Partners on the ND Health Enterprise MMIS. Log in credentials include names/ids and passwords, that will be required for the submission of transactions to ND Medicaid.

**Trading Partner ID:** The Trading Partner ID links the Trading Partner to their transaction data and is the ND Health Enterprise MMIS’s internal key to accessing their Trading Partner information. Please have this number available each time you contact ND Medicaid Claim Customer Service by email at [NDMMISED@nd.gov](mailto:NDMMISED@nd.gov), or call 701-328-2325 or 1-844-848-0844.

**The following login credentials are issued depending on the chosen communication method.**

**Web Portal User ID/Password:** This Web Portal User ID allows Trading Partners access to the North Dakota MMIS Health Enterprise Portal for functions that include file submission and file retrieval. ND Medicaid Claim Customer Service also uses the logon name to access Web Portal data submissions.

**Managed File Transfer ID/Password:** These are the login credentials for the ND Medicaid Grab-It site. These allow FTP Trading Partners to access assigned folders for file submission or to retrieve responses. ND Medicaid Claim Customer Service also uses this secure FTP ID to reference your Grab-It data submissions.

# 5 Contact Information

## EDI Customer Service

ND Medicaid Claim Customer Service is available to all North Dakota Medicaid Trading Partners, Monday through Friday from 8:00 a.m. to 5:00 p.m., Central Time, at the following numbers:

**Toll Free: 844-848-0844**

**Local: 701-328-2325**

## EDI Technical Assistance

ND Medicaid Claim Customer Service assists users with questions about electronic submissions. ND Medicaid Claim Customer Service is available to all North Dakota Medicaid Trading Partners, Monday through Friday from 8:00 a.m. to 5:00 p.m., Central Time, at **844-848-0844** or **701-328-2325**. ND Medicaid Claim Customer Service specializes in the following:

- Provides information on available services
- Creates user accounts for file submission for approved Trading Partners
- Verifies receipt of electronic transmissions
- Aids Trading Partners experiencing transmission difficulties

## Provider Services Number

ND Medicaid Claim Customer Service is available to all North Dakota Medicaid Trading Partners, Monday through Friday from 8:00 a.m. to 5:00 p.m., Central Time, at **844-848-0844** or **701-328-2325**.

## Applicable Web site/E-mail

Please visit <http://www.hhs.nd.gov> for ND Medicaid provider and Trading Partner services information, including Trading Partner enrollment information, FAQs, manuals and related documentation.

# 6 Control Segments/ Envelopes

## ISA-IEA

ND Medicaid will read the Interchange Control Segments to validate the Interchange Envelope of each ASC X12 file received for processing. If the Interchange Envelope is invalid, the Trading Partner will receive a TA1 Interchange Acknowledgement. In the event a TA1 is generated, the TA1 will be delivered to the Trading Partner Mailbox. The ISA table provides sender and receiver codes, authorization, and delimiter information.

## GS-GE

ND Medicaid permits Trading Partners to submit single or multiple functional groups within an X12 file. If the X12 file contains multiple functional groups, ND Medicaid will split a file containing multiple functional groups in several files for processing. As a result, the Trading Partner will receive multiple X12C 999 Implementation Acknowledgments.

## ST-SE

ND Medicaid will require a unique Transaction Set Control Number in the ST02. The ST02 value should match the SE02 value. Should a file contain multiple ST to SE Transaction Sets, each transaction set control number may not be duplicated within the same interchange (ISA to IEA).

# 7 North Dakota Medicaid Specific Business Rules and Limitations

Many of the data elements detailed in this Companion Guide reflect North Dakota business requirements, but still meet the standard requirements in the ASC X12N TR3. Inclusion of a “business-required” data field, as defined by this Companion Guide, will aid in the delivery of a positive response from the North Dakota Health Enterprise MMIS. For more information regarding North Dakota specific billing requirements, consult the applicable ND Medicaid provider billing manual, which can be downloaded from the North Dakota Medicaid Web site at: <http://www.hhs.nd.gov>

**Note on decimal/amount fields:** Even though the X12N transaction defines Amount fields as having an 18-byte maximum, there is an additional HIPAA rule that limits all decimal fields to a maximum of 10 characters, including the two implied or reported decimal places. Accordingly, for all decimal or amount fields:

- “123456789012” is not an acceptable amount, because it is greater than 10 bytes.
- “12345678.90” is acceptable because the number of digits is not greater than 10; the decimal point itself is not limited by the rule.
- However, “1234567890” is not acceptable because the X12N engine assumes that a decimal point and succeeding zeroes are implied so that the actual number being communicated is “1234567890.00”, which is greater than 10 bytes.
- The 10-byte limitation applies to all decimal or amount fields, including AMT segments, but also including any other fields that hold amounts or decimals, such as 837 SV207, CAS03, CAS06, CAS09, CAS12, CAS15, CAS18, HI01-5, HI02-5, HCP02 and HCP03, etc.

For all fields not listed in these bullets, follow the guidelines in the ASC X12N Electronic Data Interchange Technical Report Type 3 (TR3), available at <https://x12.org/products/technical-reports> (Note: select Implementation Guide – Type 3 (TR3). System will then prompt you to create a unique user ID and login password).

# 8 Acknowledgements and/or Reports

## Transmission Errors and Reports

Each file submission will create an acceptance or rejection report. The rejection reports which are generated depend on the severity of the error and the level where the error occurs. For submissions with errors, the result may be the rejection of an entire file or a single claim.

## Transmission Errors

Transmission Errors can occur when there are errors in the ISA segment. The ISA is part of the Interchange Control. A transmission error will occur when the ISA and/or GS Sender and Receiver information is not submitted correctly or does not pass the Edifecs Trading Partner Validation process. When the file is unable to be recognized, an audit report will be generated and posted to the Trading Partner mailbox. If the Trading Partner is unable to be identified in either the ISA or GS, the audit report will still generate and post to a mailbox created for the Trading Partner ID found in the inbound file. The Trading Partner should use the audit report to correct and resubmit their X12 file.

- Example: Leading spaces before the start of the data makes the file unrecognizable. Compliance Check expects "ISA" in the first three spaces.

## EDIFECs Audit Report

| Report Summary       |  | Error Severity Summary |          | File Information      |   |
|----------------------|--|------------------------|----------|-----------------------|---|
| Failed<br>1 Error(s) |  | Rejecting              | Normal:1 | Interchange Received: | 1 |
|                      |  |                        |          | Interchange Accepted: | 0 |

| 1 Interchange  |          |  |              |  |          |   |
|--|----------|--|--------------|--|----------|---|
| <b>Interchange Status: Rejected</b>                        |          |  |              |  |          |   |
| FunctionalGroup Received: 1<br>FunctionalGroup Accepted: 0 |          | Sender ID: ND1746<br>Receiver ID: ND00994<br>Control Number: 800065404<br>Date: 130501   |              | Sender Qualifier: ZZ<br>Receiver Qualifier: ZZ<br>Version: 00501<br>Time: 1230 |          |   |
| 1.1 FunctionalGroup  |          |  |              |  |          |   |
| <b>FunctionalGroup Status: Rejected</b>                    |          |  |              |  |          |   |
| TransactionSets Received: 1<br>TransactionSets Accepted: 0 |          | Sender ID: ND1746<br>Control Number: 131210002<br>Date: 20130501   |              | Receiver ID: ND00994<br>Version: 005010X223A2<br>Time: 1230                    |          |   |
| 1.1.1 Transaction  |          |  |              |  |          |   |
| <b>Transaction Status: Rejected</b>                        |          |  |              |  |          |   |
| Provider Received: 1<br>Provider Accepted: 0               |          | Control Number: 0001   |              | Transaction ID: 837  |          |   |
| #  | Error ID | Error  | Error Data   | SNIP Type  | Severity | Guideline Properties  |
| 1  | 0x810005 | The number of submitted segments in your file is 46. Number of included segments (SE01) has a value of '47'. Please review the specification and re-submit a test.<br><br>This error was detected at:<br>Segment Count: 46<br>Element Count: 1<br>Characters: 1335 through 1337<br><br>Business Message:<br>The values are not equal.<br><br>Business path:<br>SE/96 | SE* 47 *0001 | 1  | Normal   | ID: 96<br>IID: 54430<br>Name: Number of Included Segments<br>Standard Option: Mandatory<br>User Option: Must Use<br>Max Use: 1<br>Min Length: 1<br>Max Length: 10<br>Type: Numeric with implied decimal |

# Report Inventory

The three acceptance/rejection reports are:

- TA1 Interchange Acknowledgement
- X12C 999 Implementation Acknowledgement
- EDIFECs Error Report

## TA1 Interchange Acknowledgement Rejection Report

The ISA and GS segments contain the header and trailer information within the Interchange (ISA-IEA) and Functional Group (GS-GE) envelopes. Some ISA-IEA and GS-GE problems will result in the entire submission being rejected resulting in the generation of a TA1 to be delivered to the Trading Partner mailbox. If the Trading Partner relationship does not exist (a missing or invalid Trading Partner ID), a TA1 will not be generated because the relationship does not exist within the ND Medicaid Trading Partner Management Database (TPMS).

A report of the TA1 will be generated daily and delivered to ND Medicaid Claim Customer Service for additional review. For additional information regarding the TA1, please refer to the ASC X12C 999 (v005010X231A1) Electronic Data Interchange Technical Report Type 3 (TR3).

The TA1 Interchange Acknowledgement Report may result from various sources:

- The submitted file is not recognized as an X12N file due to file corruption or data errors in the ISA-IEA or GS-GE envelopes.
- The submitted file has errors that would prevent the translation engine from uniquely identifying the file, transaction type, or submitter.
- The ISA01 contains a value other than 00 or 03.

## Interchange-Level Errors and the TA1 Rejection Report

Envelope data and/or format issues may make it impossible to identify the ISA-IEA envelope will result in a TA1 Interchange Acknowledgement rejection of the entire submission.

*An example of an Interchange-Level error that will result in a TA1:*

- The Header Interchange Control Number in ISA13 (“014640000”) does not match the Trailer Interchange Control Number in IEA02 (“014640001”). The interchange envelope cannot be validated when the ISA13 and IEA02 do not contain the same values.

```
ISA*00*                *00*                *ZZ*654321*ZZ*NDDHSMED
*120719*1249*^*00501*014640000*1*T*:~
GS*HC*ND0012345*NDDHSMED*20120719*16265868*900000001*X*005010X224A2~
```

ST\*837\*319162942\*005010X224A2~  
 BHT\*0019\*00\*319162942\*20120719\*162943\*RP~  
 NM1\*41\*1\*SMITH\*JOHN\*A\*\*\*46\*ND0012345~  
 PER\*IC\*TIFFANY L. JOHNSON\*TE\*9125551212\*EX\*111\*FX\*9125551313~  
 NM1\*40\*2\*ND MEDICAID\*\*\*\*\*46\*NDDHSMED~  
 HL\*1\*\*20\*1~  
 PRV\*BI\*PXC\*193200000X~  
 NM1\*85\*1\*BILLING\*PROVIDER\*X\*\*\*XX\*1104922392~  
 N3\*2010AA ADDRESS LINE 1\*2010AA ADDRESS LINE 2~  
 N4\*BILLING CITY\*ND\*033011234~  
 REF\*EI\*591234567~  
 HL\*2\*1\*22\*0~  
 SBR\*P\*18\*\*\*\*\*MC~  
 NM1\*IL\*1\*DOE\*JOHN\*\*\*\*MI\*11102228198~  
 N3\*366 S. PALM ST\*APT 102~  
 N4\*JESUP\*ND\*033014567~  
 DMG\*D8\*19941209\*M~  
 NM1\*PR\*2\*ND MEDICAID\*\*\*\*\*PI\*NDDHSMED~  
 N3\*P.O. BOX 5000~  
 N4\*MCRAE\*ND\*033015000~  
 CLM\*KERRC\*257.00\*\*\*11:B:1\*Y\*A\*Y\*Y~  
 DTP\*472\*D8\*20120715~  
 PWK\*DA\*BM\*\*\*AC\*8234756111022281982012071220120712~  
 REF\*9F\*1234567890~  
 REF\*F8\*13574258963412874~  
 NTE\*ADD\*20120615~  
 NM1\*DN\*1\*REFERRING\*PROVIDER\*X\*\*\*XX\*1104922392~  
 PRV\*RF\*PXC\*193200000X~  
 NM1\*82\*1\*RENDERING\*PROVIDER\*A\*\*\*XX\*1234567890~  
 PRV\*PE\*PXC\*193300000X~  
 LX\*1~  
 SV3\*AD:D0150\*39.33\*11\*\*\*1~  
 DTP\*472\*D8\*20120715~  
 LX\*2~  
 SV3\*AD:D1120\*32.08\*11\*\*\*1~  
 DTP\*472\*D8\*20120715~  
 LX\*3~  
 SV3\*AD:D1203\*17.59\*11\*\*\*1~  
 DTP\*472\*D8\*20120715~  
 LX\*4~  
 SV3\*AD:D0330\*56.92\*11\*\*\*1~  
 DTP\*472\*D8\*20120715~  
 LX\*5~  
 SV3\*AD:D0274\*33.12\*11\*\*\*1~  
 DTP\*472\*D8\*20120715~  
 SE\*46\*319162942~  
 GE\*1\*900000001~  
 IEA\*1\*014640001~

## Functional Group Level Errors and the TA1 Rejection Report

When the ISA-IEA and GS-GE envelopes are identifiable, but the Trading Partner is not authorized for the transaction, the entire submission is rejected with a TA1.

*Example of a Functional-Group-Level error that will result in a TA1 rejection:*

- If an invalid Receiver ID is transmitted in the GS.

```
ISA*00*                *00*                *ZZ*ND0012345          *ZZ*NDDHSMED
*120719*1249*^*00501*014640000*1*E*::~~
GS*HC*ND0012345*02600068*20120719*16265868*900000001*X*005010X224A2~
ST*837*319162942*005010X224A2~
  BHT*0019*00*319162942*20120719*162943*RP~
  NM1*41*1*SMITH*JOHN*A***46*ND0012345~
  PER*IC*TIFFANY L. JOHNSON*TE*9125551212*EX*111*FX*9125551313~
  NM1*40*2*ND MEDICAID*****46*NDDHSMED~
  HL*1**20*1~
  PRV*BI*PXC*193200000X~
  NM1*85*1*BILLING*PROVIDER*X***XX*1104922392~
  N3*2010AA ADDRESS LINE 1*2010AA ADDRESS LINE 2~
  N4*BILLING CITY*ND*033011234~
  REF*EI*591234567~
  HL*2*1*22*0~
  SBR*P*18*****MC~
  NM1*IL*1*DOE*JOHN****MI*11102228198~
  N3*366 S. PALM ST*APT 102~
  N4*JESUP*ND*033014567~
  DMG*D8*19941209*M~
  NM1*PR*2*ND MEDICAID*****PI*NDDHSMED~
  N3*P.O. BOX 5000~
  N4*MCRAE*ND*033015000~
  CLM*KERRC*257.00***11:B:1*Y*A*Y*Y~
  DTP*472*D8*20120715~
  PWK*DA*BM***AC*8234756111022281982012071220120712~
  REF*9F*1234567890~
  REF*F8*13574258963412874~
  NTE*ADD*20120615~
  NM1*DN*1*REFERRING*PROVIDER*X***XX*1104922392~
  PRV*RF*PXC*193200000X~
  NM1*82*1*RENDERING*PROVIDER*A***XX*1234567890~
  PRV*PE*PXC*193300000X~
  LX*1~
  SV3*AD:D0150*39.33*11***1~
  DTP*472*D8*20120715~
  LX*2~
  SV3*AD:D1120*32.08*11***1~
  DTP*472*D8*20120715~
  LX*3~
  SV3*AD:D1203*17.59*11***1~
  DTP*472*D8*20120715~
  LX*4~
  SV3*AD:D0330*56.92*11***1~
  DTP*472*D8*20120715~
  LX*5~
  SV3*AD:D0274*33.12*11***1~
  DTP*472*D8*20120715~
  SE*46*319162942~
  GE*1*9000000001~
  IEA*1*014640000~
```

## X12C 999 Implementation Acknowledgment

If the file, envelope, and submitter are recognized, the file is passed through Compliance Check to determine the syntactical validity of the X12N submission. An X12C 999 Implementation Acknowledgment is generated for all files that receive an accepted TA1. If errors are found, a rejected or partial X12C 999 will be generated. If the Trading Partner receives a rejected or partial X12C 999, the Trading Partner will review, correct, and resubmit. For additional information regarding the X12C 999, please refer to the ASC X12C 999 (v005010X231A1TR3) Electronic Data Interchange Technical Report Type 3 (TR3). If the Trading Partner requires additional assistance with the X12C 999, please contact ND Medicaid Claim Customer Service.

### Interchange Level Errors and the X12C 999 Implementation Acknowledgement

If the Interchange Header is recognizable and all elements are the proper length, but the header contains syntactically invalid data, such as invalid qualifiers or data relationships, an X12C 999 will be generated.

*Example of an Interchange-Level error that will result in an X12C 999:*

- “K” is technically a valid repetition separator. An accepted TA1 will be produced. However, if “K” is used anywhere in the file, it will be classified as a repetition separator and it will fail as a syntax error on the X12C 999. ND Medicaid recommends using a caret (^) as the repetition separator.

```
ISA*00*                *00*                *xx*ND0012345          *ZZ*NDDHSMED
*120719*1249*K*00501*014640000*1*T*:~
  GS*HC*ND0012345*NDDHSMED*20120719*16265868*900000001*X*005010X224A2~
  ST*837*319162942*005010X224A2~
    BHT*0019*00*319162942*20120719*162943*CH~
    NM1*41*1*SMITH*JOHN*K****46*ND0012345~
    PER*IC*TIFANY L. JOHNSON*TE*9125551212*EX*111*FX*9125551313~
    NM1*40*2*ND MEDICAID*****46*NDDHSMED~
    HL*1**20*1~
    PRV*BI*PXC*193200000X~
    NM1*85*1*BILLING*PROVIDER*X***XX*1104922392~
    N3*2010AA ADDRESS LINE 1*2010AA ADDRESS LINE 2~
    N4*BILLING CITY*ND*033011234~
    REF*EI*591234567~
    HL*2*1*22*0~
    SBR*P*18*****MC~
    NM1*IL*1*DOE*JOHN***MI*11102228198~
    N3*366 S. PALM ST*APT 102~
    N4*JESUP*ND*033014567~
    DMG*D8*19941209*M~
    NM1*PR*2*ND MEDICAID*****PI*NDDHSMED~
    N3*P.O. BOX 5000~
    N4*MCRAE*ND*033015000~
    CLM*KERRC*257.00***11:B:1*Y*A*Y*Y~
    DTP*472*D8*20120715~
    PWK*DA*BM***AC*8234756111022281982012071220120712~
    REF*9F*1234567890~
    REF*F8*13574258963412874~
    NTE*ADD*20120615~
    NM1*DN*1*REFERRING*PROVIDER*X***XX*1104922392~
    PRV*RF*PXC*193200000X~
    NM1*82*1*RENDERING*PROVIDER*A***XX*1234567890~
```

```

PRV*PE*PXC*193300000X~
LX*1~
SV3*AD:D0150*39.33*11***1~
DTP*472*D8*20120715~
LX*2~
SV3*AD:D1120*32.08*11***1~
DTP*472*D8*20120715~
LX*3~
SV3*AD:D1203*17.59*11***1~
DTP*472*D8*20120715~
LX*4~
SV3*AD:D0330*56.92*11***1~
DTP*472*D8*20120715~
LX*5~
SV3*AD:D0274*33.12*11***1~
DTP*472*D8*20120715~
SE*46*319162942~
GE*1*900000001~
IEA*1*014640000~

```

## Functional Group Level Errors and the X12C 999 Implementation Acknowledgement

When the GS and GE segments are identifiable and the Trading Partner is authorized for the transaction, but a syntactical error is identified in the GS or GE segments, the entire functional group (from GS to GE) is rejected with an X12C 999.

*Example of Functional Group Level Error that will result in an X12C 999:*

- The transaction was built with incorrect Total Number of transaction sets at the Functional Group Trailer. GE01 should be 2 because the Functional Group contains two ST to SE transaction sets.

```

ISA*00*          *00*          *ZZ*ND0012345          *ZZ*NDDHSMED
*120719*1249*^*00501*014640000*1*T*::~~
GS*HC*ND0012345*NDDHSMED*20120719*16265868*900000001*X*005010X224A2~
ST*837*319162942*005010X224A2~
BHT*0019*00*319162942*20120719*162943*CH~
NM1*41*1*SMITH*JOHN*A***46*ND0012345~
PER*IC*TIFFANY L. JOHNSON*TE*9125551212*EX*111*FX*9125551313~
NM1*40*2*ND MEDICAID*****46*NDDHSMED~
HL*1**20*1~
PRV*BI*PXC*193200000X~
NM1*85*1*BILLING*PROVIDER*X***XX*1104922392~
N3*2010AA ADDRESS LINE 1*2010AA ADDRESS LINE 2~
N4*BILLING CITY*ND*033011234~
REF*EI*591234567~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN***MI*11102228198~
N3*366 S. PALM ST*APT 102~
N4*JESUP*ND*033014567~
DMG*D8*19941209*M~
NM1*PR*2*ND MEDICAID*****PI*NDDHSMED~
N3*P.O. BOX 5000~
N4*MCRAE*ND*033015000~
CLM*KERRC*257.00***11:B:1*Y*A*Y*Y~
DTP*472*D8*20121115~
PWK*DA*BM***AC*8234756111022281982012071220120712~
REF*9F*1234567890~

```

REF\*F8\*13574258963412874~  
NTE\*ADD\*20120615~  
NM1\*DN\*1\*REFERRING\*PROVIDER\*X\*\*\*XX\*1104922392~  
PRV\*RF\*PXC\*193200000X~  
NM1\*82\*1\*RENDERING\*PROVIDER\*A\*\*\*XX\*1234567890~  
PRV\*PE\*PXC\*193300000X~  
LX\*1~  
SV3\*AD:D0150\*39.33\*11\*\*\*1~  
DTP\*472\*D8\*20120715~  
LX\*2~  
SV3\*AD:D1120\*32.08\*11\*\*\*1~  
DTP\*472\*D8\*20120715~  
LX\*3~  
SV3\*AD:D1203\*17.59\*11\*\*\*1~  
DTP\*472\*D8\*20120715~  
LX\*4~  
SV3\*AD:D0330\*56.92\*11\*\*\*1~  
DTP\*472\*D8\*20120715~  
LX\*5~  
SV3\*AD:D0274\*33.12\*11\*\*\*1~  
DTP\*472\*D8\*20120715~

**SE\*46\*0001~**

**ST\*837\*0002\*005010X224A2~~**

BHT\*0019\*00\*319162942\*20120719\*162943\*CH~  
NM1\*41\*1\*SMITH\*JOHN\*A\*\*\*46\*ND0012345~  
PER\*IC\*TIFFANY L. JOHNSON\*TE\*9125551212\*EX\*111\*FX\*9125551313~  
NM1\*40\*2\*ND MEDICAID\*\*\*\*\*46\*NDDHSMED~  
HL\*1\*\*20\*1~  
PRV\*BI\*PXC\*193200000X~  
NM1\*85\*1\*BILLING\*PROVIDER\*X\*\*\*XX\*1104922392~  
N3\*2010AA ADDRESS LINE 1\*2010AA ADDRESS LINE 2~  
N4\*BILLING CITY\*ND\*033011234~  
REF\*EI\*591234567~  
HL\*2\*1\*22\*0~  
SBR\*P\*18\*\*\*\*\*MC~  
NM1\*IL\*1\*DOE\*JOHN\*\*\*\*\*MI\*11102228198~  
N3\*366 S. PALM ST\*APT 102~  
N4\*JESUP\*ND\*033014567~  
DMG\*D8\*19941209\*M~  
NM1\*PR\*2\*ND MEDICAID\*\*\*\*\*PI\*NDDHSMED~  
N3\*P.O. BOX 5000~  
N4\*MCRAE\*ND\*033015000~  
CLM\*KERRC\*257.00\*\*\*11:B:1\*Y\*A\*Y\*Y~  
DTP\*472\*D8\*20120715~  
PWK\*DA\*BM\*\*\*AC\*8234756111022281982012071220120712~  
REF\*G1\*12345678~  
REF\*9F\*1234567890~  
REF\*F8\*13574258963412874~  
NTE\*ADD\*20120615~  
NM1\*DN\*1\*REFERRING\*PROVIDER\*X\*\*\*XX\*1104922392~  
PRV\*RF\*PXC\*193200000X~  
NM1\*82\*1\*RENDERING\*PROVIDER\*A\*\*\*XX\*1234567890~  
PRV\*PE\*PXC\*193300000X~  
LX\*1~  
SV3\*AD:D0150\*39.33\*11\*\*\*1~  
DTP\*472\*D8\*20120715~  
LX\*2~  
SV3\*AD:D1120\*32.08\*11\*\*\*1~  
DTP\*472\*D8\*20120715~  
LX\*3~  
SV3\*AD:D1203\*17.59\*11\*\*\*1~  
DTP\*472\*D8\*20120715~  
LX\*4~  
SV3\*AD:D0330\*56.92\*11\*\*\*1~

```

DTP*472*D8*20120715~
LX*5~
SV3*AD:D0274*33.12*11***1~
DTP*472*D8*20120715~
SE*47*319162943~
GE*1*900000001~
IEA*1*014640000~

```

## Transaction Set Level Errors and the X12C 999

If an error is identified within the Submitter, Receiver, or Provider loops, the entire Transaction Set (ST and SE segments and all segments in between) is rejected with an X12C 999. However, if the functional group consists of additional transactions without errors, the other transactions will be processed.

*Example of a Transaction Set Level Error:*

- The following example contains an invalid Payer ID of 77101. The Payer ID for ND Medicaid is NDDHSMED.

```

ISA*00*          *00*          *ZZ*ND0012345          *ZZ*NDDHSMED
*120719*1249*^*00501*014640000*1*T*:~
GS*HC*ND0012345*NDDHSMED*20120719*16265868*900000001*X*005010X224A2~
ST*837*319162942*005010X224A2~
  BHT*0019*00*319162942*20120719*162943*CH~
  NM1*41*1*SMITH*JOHN*A***46*ND0012345~
  PER*IC*TIFFANY L. JOHNSON*TE*9125551212*EX*111*FX*9125551313~
  NM1*40*2*ND MEDICAID*****46*77101~
  HL*1**20*1~
  PRV*BI*PXC*193200000X~
  NM1*85*1*BILLING*PROVIDER*X***XX*1104922392~
  N3*2010AA ADDRESS LINE 1*2010AA ADDRESS LINE 2~
  N4*BILLING CITY*ND*033011234~
  REF*EI*591234567~
  HL*2*1*22*0~
  SBR*P*18*****MC~
  NM1*IL*1*DOE*JOHN***MI*11102228198~
  N3*366 S. PALM ST*APT 102~
  N4*JESUP*ND*033014567~
  DMG*D8*19941209*M~
  NM1*PR*2*ND MEDICAID*****PI*NDDHSMED~
  N3*P.O. BOX 5000~
  N4*MCRAE*ND*033015000~
  CLM*KERRC*257.00***11:B:1*Y*A*Y*Y~
  DTP*472*D8*20120715~
  PWK*DA*BM***AC*8234756111022281982012071220120712~
  REF*9F*1234567890~
  REF*F8*13574258963412874~
  NTE*ADD*20120615~
  NM1*DN*1*REFERRING*PROVIDER*X***XX*1104922392~
  PRV*RF*PXC*193200000X~
  NM1*82*1*RENDERING*PROVIDER*A***XX*1234567890~
  PRV*PE*PXC*193300000X~
  LX*1~
  SV3*AD:D0150*39.33*11***1~
  DTP*472*D8*20120715~
  LX*2~
  SV3*AD:D1120*32.08*11***1~
  DTP*472*D8*20120715~
  LX*3~

```

```

SV3*AD:D1203*17.59*11***1~
DTP*472*D8*20120715~
LX*4~
SV3*AD:D0330*56.92*11***1~
DTP*472*D8*20120715~
LX*5~
SV3*AD:D0274*33.12*11***1~
DTP*472*D8*20120715~
SE*46*319162942~
GE*1*900000001~
IEA*1*014640000~

```

## Claim-Level Errors and the X12C 999

In a case where header, submitter, receiver, provider, and subscriber loops are all valid, but an error occurs in a single claim, only the claim containing the error is rejected.

*Example of a Claim-Level Error:*

- In the following example, the Segment ID "REN" is not a valid X12N 837 segment. The highlighted claim (CLM and subsidiary segments) would be rejected with an X12C 999. The claim above it would be passed on for processing.

```

ISA*00*          *00*          *ZZ*ND0012345          *ZZ*NDDHSMED
*120719*1249*^*00501*014640000*1*T*:~
GS*HC*ND0012345*NDDHSMED*20120719*16265868*900000001*X*005010X224A2~
ST*837*319162942*005010X224A2~
  BHT*0019*00*319162942*20120719*162943*CH~
  NM1*41*1*SMITH*JOHN*A***46*ND0012345~
  PER*IC*TIFFANY JOHNSON*TE*9125551212*EX*111*FX*9125551313~
  NM1*40*2*ND MEDICAID*****46*NDDHSMED~
  HL*1**20*1~
  PRV*BI*PXC*193200000X~
  NM1*85*1*BILLING*PROVIDER*X***XX*1104922392~
  N3*2010AA ADDRESS LINE 1*2010AA ADDRESS LINE 2~
  N4*BILLING CITY*ND*033011234~
  REF*EI*591234567~
  HL*2*1*22*0~
  SBR*P*18*****MC~
  NM1*IL*1*DOE*JOHN****MI*11102228198~
  N3*366 S. PALM ST*APT 102~
  N4*JESUP*ND*033014567~
  DMG*D8*19941209*M~
  NM1*PR*2*ND MEDICAID*****PI*NDDHSMED~
  N3*P.O. BOX 5000~
  N4*MCRAE*ND*033015000~
  CLM*KERRC*257.00***11:B:1*Y*A*Y*Y~
  DTP*472*D8*20120715~
  PWK*DA*BM***AC*8234756111022281982012071220120712~
  REF*G1*12345678~
  REF*9F*1234567890~
  REF*F8*13574258963412874~
  NTE*ADD*20120615~
  NM1*DN*1*REFERRING*PROVIDER*X***XX*1104922392~
  PRV*RF*PXC*193200000X~
  NM1*82*1*RENDERING*PROVIDER*A***XX*1234567890~
  RV*PE*PXC*193300000X~
  LX*1~
  SV3*AD:D0150*39.33*11***1~
  DTP*472*D8*20120715~
  LX*2~

```

SV3\*AD:D1120\*32.08\*11\*\*\*1~  
 DTP\*472\*D8\*20120715~  
 LX\*3~  
 SV3\*AD:D1203\*17.59\*11\*\*\*1~  
 DTP\*472\*D8\*20120715~  
 LX\*4~  
 SV3\*AD:D0330\*56.92\*11\*\*\*1~  
 DTP\*472\*D8\*20120715~  
 LX\*5~  
 SV3\*AD:D0274\*33.12\*11\*\*\*1~  
 DTP\*472\*D8\*20120715~  
 SE\*47\*0001~  
 ST\*837\*0002\*005010X224A2~  
 BHT\*0019\*00\*319162942\*20120719\*162943\*CH~  
 NM1\*41\*1\*SMITH\*JOHN\*A\*\*\*46\*ND0012345~  
 PER\*IC\*TIFFANY JOHNSON\*TE\*9125551212\*EX\*111\*FX\*9125551313~  
 NM1\*40\*2\*ND MEDICAID\*\*\*\*\*46\*NDDHSMED~  
 HL\*1\*\*20\*1~  
 PRV\*BI\*PXC\*193200000X~  
 NM1\*85\*1\*BILLING\*PROVIDER\*X\*\*\*XX\*1104922392~  
 N3\*2010AA ADDRESS LINE 1\*2010AA ADDRESS LINE 2~  
 N4\*BILLING CITY\*ND\*033011234~  
 REF\*EI\*591234567~  
 HL\*2\*1\*22\*0~  
 SBR\*P\*18\*\*\*\*\*MC~  
 NM1\*IL\*1\*DOE\*JOHN\*\*\*MI\*11102228198~  
 N3\*366 S. PALM ST\*APT 102~  
 N4\*JESUP\*ND\*033014567~  
 DMG\*D8\*19941209\*M~  
 NM1\*PR\*2\*ND MEDICAID\*\*\*\*\*PI\*NDDHSMED~  
 N3\*P.O. BOX 5000~  
 N4\*MCRAE\*ND\*033015000~  
 CLM\*KERRC\*257.00\*\*\*11:B:1\*Y\*A\*Y\*Y~  
 DTP\*472\*D8\*20120715~  
 PWK\*DA\*BM\*\*\*AC\*8234756111022281982012071220120712~  
 REN\*9F\*1234567890~  
 REF\*F8\*13574258963412874~  
 NTE\*ADD\*20120615~  
 NM1\*DN\*1\*REFERRING\*PROVIDER\*X\*\*\*XX\*1104922392~  
 PRV\*RF\*PXC\*193200000X~  
 NM1\*82\*1\*RENDERING\*PROVIDER\*A\*\*\*XX\*1234567890~  
 PRV\*PE\*PXC\*193300000X~  
 LX\*1~  
 SV3\*AD:D0150\*39.33\*11\*\*\*1~  
 DTP\*472\*D8\*20120715~  
 LX\*2~  
 SV3\*AD:D1120\*32.08\*11\*\*\*1~  
 DTP\*472\*D8\*20120715~  
 LX\*3~  
 SV3\*AD:D1203\*17.59\*11\*\*\*1~  
 DTP\*472\*D8\*20120715~  
 LX\*4~  
 SV3\*AD:D0330\*56.92\*11\*\*\*1~  
 DTP\*472\*D8\*20120715~  
 LX\*5~  
 SV3\*AD:D0274\*33.12\*11\*\*\*1~  
 DTP\*472\*D8\*20120715~  
 SE\*47\*0002~  
 GE\*2\*900000001~  
 IEA\*1\*014640000~

## EDIFECS Error Report

Every X12N transaction that does not receive a TA1 or X12C 999 transaction rejection will pass through the EDIFECS Compliance Check engine. EDIFECS generates a full report of all Loops, Segments, Elements, along with the data contained within them, and explanations of the errors, if any. This report is especially useful in troubleshooting errors when it is combined with the X12C 999. The EDIFECS reports will be available to Trading Partners in their mailbox.

Below is an abbreviated sample Error Report that shows the level of detail contained in the EDIFECS Error Report. Note that the invalid data is shown in **bold** type, and the full explanation of the error is given in the "Error Message" column.

| Sample EDIFECS Error Report  |                     |  |
|--|---------------------|--|
| <b>Error Report</b>  |                     |  |
| Submitted: Sunday, August 26, 2012, 11:59:05 (Central Time)  |                     |  |
| Guideline: Spec7.ecs   |                     |  |
| Data File: I:\CustomerImplementation\North Dakota\Test Data\837\x12s only\837D – Test  |                     |  |
| This report shows the results of a submitted data file validated against a guideline. If there are errors, you must fix the application that created the data file and then generate and submit a new data file. |                     |  |
| <b>Summary Report</b>  |                     |  |
| <b>Total Errors: 6</b>   |                     |  |
| <b>Total Warnings: 0</b>   |                     |  |
| <b>Total Information: 0</b>  |                     |  |
| <b>Error Count by WEDI SNIP</b>  |                     |  |
| SNIP Type  | SNIP Name           | Counts   |
| <b>0</b>   | <b>System</b>       | <b>0</b>   |
| <b>1</b>   | <b>EDI Syntax</b>   | <b>1 Errors</b><br><b>0 Warnings</b><br><b>0 Information</b> |
| <b>2</b>   | <b>HIPAA Syntax</b> | <b>5 Errors</b><br><b>0 Warnings</b><br><b>0 Information</b> |

| Sample EDIFECS Error Report |   |   |                        |          |  |  |
|-----------------------------|---|---|------------------------|----------|--|--|
| # Error ID                  | Error Message   | Error Data  | SNIP Type              | Severity | Guideline Properties   |  |
| 1<br>0x8100<br>24           | Element ISA07 (Interchange ID Qualifier) does not contain a valid identification code: 'PP' is not allowed. Segment ISA is defined in the guideline at position N/A.<br><br>This error was detected at:<br>Segment Count: 1<br>Element Count: 7 | ISA*00*<br>*00*<br>*ZZ*820000514<br>* <b>PP</b><br>*NDDHSMED<br>*101206*1013* <sup>^</sup><br>00501*00000024<br>8*0*T*: | 2 –<br>HIPAA<br>Syntax | Normal   | Element:<br>Name:<br>ID:<br>Standard<br>Option:<br>Type:<br>Min Length:<br>Max Length:<br>User Option: | ISA07<br>Interchange ID<br>Qualifier<br>I05<br>Mandatory<br>ID<br>2<br>2<br>Required |

| Sample EDIFICS Error Report |   |  |                        |          |   |  |
|-----------------------------|---|--|------------------------|----------|---|--|
| # Error ID                  | Error Message   | Error Data   | SNIP Type              | Severity | Guideline Properties  |  |
|                             | <p>Characters: 51 through 53</p> <p>An invalid code value was encountered.</p>  |  |                        |          |   |  |
| 2<br>0x8100<br>24           | <p>Element NM108 (Identification Code Qualifier) does not contain a valid identification code: 'XY' is not allowed. Segment NM1 is defined in the guideline at position 015.</p> <p>This error was detected at:</p> <p>Segment Count: 11<br/>Element Count: 8<br/>Characters: 443 through 445</p> <p>An invalid code value was encountered.</p>   | <p>NM1*85*2*MAN<br/>CHESTER<br/>HEALTH<br/>DEPARTMENT**<br/>*** XY<br/>*1174783468</p> | 2 –<br>HIPAA<br>Syntax | Normal   | <p>Element: NM108<br/>Name: Identification Code Qualifier<br/>ID: 66<br/>Standard: Conditional<br/>Option:<br/>Type: ID<br/>Min Length: 1<br/>Max Length: 2<br/>User Option: Required</p> |  |
| 3<br>0x8100<br>3C           | <p>Element DMG02 (Date Time Period) contains a lexical format rule – the data in this element did not match the rule. The lexical format pattern specified in the guideline is CCYYMMDD. Segment DMG is defined in the guideline at position 032.</p> <p>This error was detected at:</p> <p>Segment Count: 26<br/>Element Count: 2<br/>Characters: 893 through 902</p> <p>A lexical format mismatch occurred.</p> | <p>DMG*D8*<br/>201201271 *M</p>  | 2 –<br>HIPAA<br>Syntax | Normal   | <p>Element: DMG02<br/>Name: Date Time Period<br/>ID: 1251<br/>Standard: Conditional<br/>Option:<br/>Type: AN<br/>Min Length: 1<br/>Max Length: 35<br/>User Option: Required</p>           |  |
| 4<br>0x3939<br>3D2          | <p>Value of element N403 is incorrect. It should be formatted as 5 or 9 digits for US Zip Code. Segment N4 is defined in the guideline at position 030.</p> <p>This error was detected at:</p> <p>Segment Count: 29<br/>Element Count: 3<br/>Character: 970 through 982</p>   | <p>N4*MC<br/>RAE*ND*<br/>310550000000</p>  | 2 –<br>HIPAA<br>Syntax | Normal   | <p>Element: N403<br/>Name: Postal Code<br/>ID: 116<br/>Standard: Optional<br/>Option:<br/>Type: ID<br/>Min Length: 3<br/>Max Length: 15<br/>User Option: Required</p>                     |  |

| Sample EDIFECs Error Report |          |  |                             |                  |          |   |
|-----------------------------|----------|--|-----------------------------|------------------|----------|---|
| #                           | Error ID | Error Message  | Error Data                  | SNIP Type        | Severity | Guideline Properties  |
|                             |          | ZIP Code is invalid in Payer City/State/ZIP Code.  |                             |                  |          |   |
| 5                           | 0x810024 | <p>Element REF01 (Reference Identification Qualifier) does not contain a valid identification code: 'XX' is not allowed. Segment REF is defined in the guideline at position 271.</p> <p>This error was detected at:<br/> Segment Count: 39<br/> Element Count: 1<br/> Characters: 1256 through 1258</p> <p>An invalid code value was encountered.</p> | REF* <b>XX</b><br>*99999999 | 2 – HIPAA Syntax | Normal   | <p>Element: REF01<br/> Name: Reference Identification Qualifier<br/> ID: 128<br/> Standard: Mandatory<br/> Option:<br/> Type: ID<br/> Min Length: 2<br/> Max Length: 3<br/> User Option: Required</p> |
| 6                           | 0x810005 | <p>Element SE02 (Transaction Set Control Number) has a value of '1001'. The expected value was '10011'. Segment SE is defined in the guideline at position 555.</p> <p>This error was detected at:<br/> Segment Count: 87<br/> Element Count: 2<br/> Characters: 2238 through 2242</p> <p>The values are not equal.</p>                                | SE*85* <b>1001</b>          | 1 – EDI Syntax   | Normal   | <p>Element: SE02<br/> Name: Transaction Set Control Number<br/> ID: 329<br/> Standard: Mandatory<br/> Option:<br/> Type: AN<br/> Min Length: 4<br/> Max Length: 9<br/> User Option: Required</p>      |

# 9 Trading Partner Agreements

Prior to engaging in EDI with the North Dakota MMIS Enterprise, prospective Trading Partners must complete a Trading Partner enrollment package, which includes a Trading Partner Signature Agreement Form that requires an original signature. Please follow all enrollment instructions and mail the signed Trading Partner Agreement Form to ND Medicaid, along with any other required documents to complete the enrollment application process.

Please find all North Dakota Provider/Trading Partner Enrollment information at: <https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment>

The mailing address is:

North Dakota Health and Human Services  
Attn: ND Medicaid Claim Customer Service  
600 East Boulevard Avenue, Dept 325  
Bismarck, ND 58505-0250

## Trading Partners

In simple terms, an EDI Trading Partner is defined as any provider or agent acting on behalf of a provider that transmits electronic transaction data to or receives electronic transaction data from a health plan.

There are three different types of Trading Partners for the North Dakota Medicaid:

First, there are Vendors, Billing Agents, Clearinghouses and Switch Vendors who engage in Electronic Data Interchange (EDI) which may include claims and eligibility inquiries on behalf of enrolled ND Title XIX providers. These Trading Partners are not enrolled providers, their only interaction with the MMIS is to submit and retrieve electronic data files.

Second, there are providers re-enrolling under the Title XIX Program who use their own software programs to engage in Electronic Data Interchange (EDI) with the North Dakota Medicaid. Some providers may use the MMIS online file upload and retrieval features via the North Dakota MMIS Health Enterprise Portal.

Third, there are Managed Care Organizations (MCOs) which have contracted with the State of North Dakota to develop a comprehensive statewide care management program for Medicaid enrollees.

# 10 Transaction Specific Information

This section contains data clarifications, including North Dakota-specific data requirements. For additional guidance on the use of business rules, please see [Section 7 North Dakota Medicaid Specific Business Rules and Limitations](#).

## ASC X12N 837D Health Care Claim: Dental

| TR3 Page | Loop ID | Reference | Name                       | Codes        | Length | Notes/Comments                                       |
|----------|---------|-----------|----------------------------|--------------|--------|--|
| C.3      | N/A     | ISA       | Interchange Control Header |              |        |  |
| C.4      | N/A     | ISA05     | Interchange ID Qualifier   | ZZ           |        |  |
| C.4      | N/A     | ISA06     | Interchange Sender ID      |              |        | Trading Partner ID assigned by North Dakota Medicaid |
| C.5      | N/A     | ISA07     | Interchange ID Qualifier   | ZZ           |        |  |
| C.5      | N/A     | ISA08     | Interchange Receiver ID    | NDDH<br>SMED |        |  |
| C.7      | N/A     | GS        | Functional Group Header    |              |        |  |
| C.7      | N/A     | GS02      | Application Sender's Code  |              |        | Trading Partner ID assigned by North Dakota Medicaid |

|     |       |       |   |                          |  |  |
|-----|-------|-------|---|--------------------------|--|--|
| 66  | N/A   | BHT   | Beginning of Hierarchical Transaction     |                          |  |  |
| 67  | N/A   | BHT06 | Transaction Type Code                     | RP                       |  |  |
| 69  | 1000A | NM1   | Submitter Name                            |                          |  |  |
| 70  | 1000A | NM109 | Submitter Identifier                      |                          |  | Trading Partner ID assigned by North Dakota Medicaid   |
| 74  | 1000B | NM1   | Receiver Name                             |                          |  |  |
| 75  | 1000B | NM103 | Name Last or Organization Name            | ND Medicaid              |  |  |
| 75  | 1000B | NM109 | Identification Code                       | NDDH SMED                |  |  |
| 78  | 2000A | PRV   | Billing Provider Specialty Information    |                          |  | This segment is required.  |
| 78  | 2000A | PRV03 | Reference Identification                  |                          |  | Enter the Billing Provider's Taxonomy Code. See <a href="https://www.hhs.nd.gov/taxonomy">https://www.hhs.nd.gov/taxonomy</a> for appropriate codes. |
| 111 | 2000B | SBR   | Subscriber Information                    |                          |  |  |
| 111 | 2000B | SBR01 | Payer Responsibility Sequence Number Code | A,B,C, D,E,F, G,H,P ,S,T |  | U is not accepted  |
| 113 | 2000B | SBR09 | Claim Filing Indicator Code               | MC                       |  |  |

|     |        |       |   |                          |    |   |
|-----|--------|-------|---|--------------------------|----|---|
| 114 | 2010BA | NM1   | Subscriber Name                           |                          |    |   |
| 116 | 2010BA | NM109 | Identification Code                       | ND Medicaid Recipient ID |    | ND Medicaid Subscriber ID. If there are leading zeroes in the subscriber's ID, include them in this element.  |
| 124 | 2010BB | NM1   | Payer Name                                |                          |    |   |
| 125 | 2010BB | NM103 | Name Last or Organization Name            | ND Medicaid              |    |   |
| 125 | 2010BB | NM109 | Identification Code                       | NDDH SMED                |    |   |
| 131 | 2010BB | REF   | Billing Provider Secondary Identification |                          |    | It is highly recommended that this segment be submitted by the MCO.<br><br>Use of the 2010BB-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2010AA-NM1 has potential to be 1-many. |
| 131 | 2010BB | REF01 | Reference Identification Qualifier        | G2                       |    |   |
| 132 | 2010BB | REF02 | Reference Identification                  |                          |    | ND Medicaid Provider ID   |
| 145 | 2300   | CLM   | Claim Information                         |                          |    |   |
| 146 | 2300   | CLM01 | Claim Submitter's                         |                          | 20 | Claim Submitter's Identifier (i.e., MCO   |

|     |      |         |                                    |  |  |   |
|-----|------|---------|------------------------------------|--|--|---|
|     |      |         | Identifier                         |  |  | TCN)<br><br>The MCO TCN must be a unique value for each claim.<br><br>An original MCO TCN cannot match another original TCN and cannot match any void TCN.<br><br>A void MCO TCN cannot match another void TCN and cannot match any original TCN.         |
| 147 | 2300 | CLM05-3 | Claim Frequency Type Code          | 7<br>(Replacement of Prior Claim) is NOT allowed |  | If an encounter claim must be adjusted, the following steps must be used (note that "7" is NOT allowed)<br><br>Encounter claims are adjusted by first Voiding the original claim using CLM05-3 value of 8, followed by submission of a new original claim |
| 155 | 2300 | DTP     | Date – Repricer Received Date      |  |  | Date MCO Received the claim from the provider   |
| 155 | 2300 | DTP01   | 050                                |  |  |   |
| 168 | 2300 | REF     | Payer Claim Control Number         |  |  |   |
| 168 | 2300 | REF01   | Reference Identification Qualifier | F8   |  |   |
| 168 | 2300 | REF02   | Reference Identification           |  |  | Either the MCO's DCN or the Claim number (MMIS TCN from 835 CLP07 Reference Identification) assigned by the MMIS to the original  |

|     |      |       |                                     |           |  |  |
|-----|------|-------|-------------------------------------|-----------|--|--|
|     |      |       |                                     |           |  | claim submission being voided (if applicable).   |
| 169 | 2300 | REF   | Referral Number                     |           |  | If the MCO required a referral, then this segment is required on the Encounter Claim   |
| 171 | 2300 | REF   | Prior Authorization                 |           |  | If the MCO required a prior authorization, then this segment is required on the Encounter Claim  |
| 179 | 2300 | NTE   | Claim Note                          |           |  |  |
| 179 | 2300 | NTE01 | Note Reference Code                 | ADD       |  |  |
| 179 | 2300 | NTE02 | Description                         |           |  | MCO Claim Receipt Date – Date claim was received from the provider. Format CCYYMMDD.   |
| 185 | 2300 | HCP   | Claim Pricing/Repricing Information |           |  | This segment is required   |
| 186 | 2300 | HCP01 | Pricing Methodology                 | 00, 07,10 |  | <p>If the MCO needs to consider providers as In-Network or Out-Of-Network for processing and the provider is considered Out-Of-Network and DOES NOT meet criteria for payment, use the following:<br/>00 – Zero Pricing (Not Covered Under Contract)</p> <p>If the MCO has NO NEED to consider whether providers are considered In-Network or Out-Of-Network for processing, then use the default value:<br/>07 – Flat Rate Pricing</p> <p>If the MCO needs to</p> |

|     |       |       |  |                |  |   |
|-----|-------|-------|--|----------------|--|---|
|     |       |       |  |                |  | <p>consider providers as In-Network or Out-Of-Network for processing and the provider is considered In-Network, then use the default value:<br/>07 – Flat Rate Pricing</p> <p>If the MCO needs to consider providers as In-Network or Out-Of-Network for processing and the provider is considered Out-Of-Network and meets criteria for payment, use the following:<br/>10 – Other Pricing</p> |
| 186 | 2300  | HCP02 | Monetary Amount                          |                |  | This is the MCO claim header level Allowed Amount   |
| 187 | 2300  | HCP04 | Reference Identification                 | PH, DH, PL, DL |  | <p>This element contains 2 positional values.</p> <p>Position 1 – Claim Status Code (P=Paid, D=Denied)</p> <p>Position 2 – Claim Pricing Method (H=Header-priced, L=Line-priced)</p>  |
| 193 | 2310A | PRV   | Referring Provider Specialty Information |                |  | Situational – this segment required only if the 2310A loop is required.   |
| 193 | 2310A | PRV03 | Reference Identification                 |                |  | <p>Enter the Referring Provider's Taxonomy Code. See <a href="https://www.hhs.gov/taxonomy">https://www.hhs.gov/taxonomy</a> for appropriate codes.</p>   |
| 194 | 2310A | REF   | Referring                                |                |  | Situational – this segment is highly recommended to be  |

|     |       |       |   |    |  |   |
|-----|-------|-------|---|----|--|---|
|     |       |       | Provider Secondary Identification           |    |  | submitted by the MCO if the 2310A loop is required.<br><br>Use of the 2310A-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2310A-NM1 has potential to be 1-many.   |
| 194 | 2310A | REF01 | Reference Identification Qualifier          | G2 |  |   |
| 195 | 2310A | REF02 | Reference Identification                    |    |  | ND Medicaid Provider ID   |
| 199 | 2310B | PRV   | Rendering Provider Specialty Information    |    |  | Situational – this segment required only if the 2310B loop is required.   |
| 199 | 2310B | PRV03 | Reference Identification                    |    |  | Enter the Rendering Provider's Taxonomy Code. See <a href="https://www.hhs.nd.gov/taxonomy">https://www.hhs.nd.gov/taxonomy</a> for appropriate codes.  |
| 200 | 2310B | REF   | Rendering Provider Secondary Identification |    |  | Situational – this segment is highly recommended to be submitted by the MCO if the 2310B loop is required.<br><br>Use of the 2310B-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2310B-NM1 has potential to be 1- |

|     |       |       |  |    |  |   |
|-----|-------|-------|--|----|--|---|
|     |       |       |  |    |  | many.   |
| 200 | 2310B | REF01 | Reference Identification Qualifier                 | G2 |  |   |
| 201 | 2310B | REF02 | Reference Identification                           |    |  | ND Medicaid Provider ID   |
| 208 | 2310C | REF   | Service Facility Location Secondary Identification |    |  | <p>Situational – this segment is highly recommended to be submitted by the MCO if the 2310C loop is required.</p> <p>Use of the 2310C-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2310C-NM1 has potential to be 1-many.</p> |
| 208 | 2310C | REF01 | Reference Identification Qualifier                 | G2 |  |   |
| 209 | 2310C | REF02 | Reference Identification                           |    |  | ND Medicaid Provider ID   |
| 213 | 2310D | PRV   | Assistant Surgeon Specialty Information            |    |  | Situational – this segment required only if the 2310D loop is required.   |
| 213 | 2310D | PRV03 | Reference Identification                           |    |  | <p>Enter the Assistant Surgeon's Taxonomy Code. See <a href="https://www.hhs.gov/taxonomy">https://www.hhs.gov/taxonomy</a> for appropriate codes.</p>  |
| 214 | 2310D | REF   | Assistant Surgeon                                  |    |  | Situational – this segment is highly recommended to be submitted by the   |

|     |       |       |   |    |  |  |
|-----|-------|-------|---|----|--|--|
|     |       |       | Secondary Identification                      |    |  | MCO if the 2310D loop is required.<br><br>Use of the 2310D-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2310D-NM1 has potential to be 1-many.   |
| 214 | 2310D | REF01 | Reference Identification Qualifier            | G2 |  |  |
| 215 | 2310D | REF02 | Reference Identification                      |    |  | ND Medicaid Provider ID  |
| 219 | 2310E | REF   | Supervising Provider Secondary Identification |    |  | Situational – this segment is highly recommended to be submitted by the MCO if the 2310E loop is required.<br><br>Use of the 2310E-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2310E-NM1 has potential to be 1-many. |
| 219 | 2310E | REF01 | Reference Identification Qualifier            | G2 |  |  |
| 220 | 2310E | REF02 | Reference Identification                      |    |  | ND Medicaid Provider ID  |
| 221 | 2320  | SBR   | Other Subscriber Information                  |    |  | The first iteration of the 2320 loop must contain information pertaining to the MCO's action on the  |

|     |       |       |  |                          |  |  |
|-----|-------|-------|--|--------------------------|--|--|
|     |       |       |  |                          |  | claim  |
| 222 | 2320  | SBR01 | Payer Responsibility Sequence Number Code        | A,B,C, D,E,F, G,H,P ,S,T |  | U is not accepted  |
| 224 | 2320  | SBR09 | Claim Filing Indicator Code                      |                          |  | Any valid code from the TR3 is allowed   |
|     |       |       |  | HM                       |  | The first iteration of the 2320 loop must have HM                                  |
| 231 | 2320  | AMT   | Coordination Of Benefits (COB) Payer Paid Amount |                          |  |  |
| 231 | 2320  | AMT01 | Amount Qualifier Code                            | D                        |  |  |
| 231 | 2320  | AMT02 | Monetary Amount                                  |                          |  | The first iteration of the 2320 loop will contain the MCO payment                  |
| 251 | 2330B | DTP   | Claim Check or Remittance Date                   |                          |  | Date MCO paid or denied the claim  |
| 251 | 2330B | DTP01 | Date/Time Qualifier                              | 573                      |  |  |
| 311 | 2400  | HCP   | Line Pricing/Repricing Information               |                          |  | If the claim is paid at the line, this segment is required, otherwise do not send. |
| 312 | 2400  | HCP01 | Pricing Methodology                              | 00, 07, 10               |  | This value should match 2300-HCP01   |

|     |       |       |   |        |  |  |
|-----|-------|-------|---|--------|--|--|
| 312 | 2400  | HCP02 | Monetary Amount                             |        |  | This is the MCO line level Allowed Amount  |
| 313 | 2400  | HCP04 | Reference Identification                    | PL, DL |  | This element contains 2 positional values.<br>Position 1 – Line Status Code (P=Paid, D=Denied)<br>Position 2 – Line Pricing Method (H=Header-priced, L=Line-priced)  |
|     |       |       |   |        |  |  |
| 319 | 2420A | PRV   | Rendering Provider Specialty Information    |        |  | Situational – this segment required only if the 2420A loop is required.  |
| 319 | 2420A | PRV03 | Reference Identification                    |        |  | Enter the Rendering Provider's Taxonomy Code. See <a href="https://www.hhs.nd.gov/taxonomy">https://www.hhs.nd.gov/taxonomy</a> for appropriate codes.   |
| 320 | 2420A | REF   | Rendering Provider Secondary Identification |        |  | Situational – this segment is highly recommended to be submitted by the MCO if the 2420A loop is required.<br><br>Use of the 2420A-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2420A-NM1 has potential to be 1-many. |

|     |       |       |   |    |  |  |
|-----|-------|-------|---|----|--|--|
| 320 | 2420A | REF01 | Reference Identification Qualifier            | G2 |  |  |
| 321 | 2420A | REF02 | Reference Identification                      |    |  | ND Medicaid Provider ID  |
| 325 | 2420B | PRV   | Assistant Surgeon Specialty Information       |    |  | Situational – this segment required only if the 2420B loop is required.  |
| 325 | 2420B | PRV03 | Reference Identification                      |    |  | Enter the Assistant Surgeon's Taxonomy Code. See <a href="https://www.hhs.nd.gov/taxonomy">https://www.hhs.nd.gov/taxonomy</a> for appropriate codes.  |
| 326 | 2420B | REF   | Assistant Surgeon Secondary Identification    |    |  | Situational – this segment is highly recommended to be submitted by the MCO if the 2420B loop is required.<br><br>Use of the 2420B-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2420B-NM1 has potential to be 1-many. |
| 326 | 2420B | REF01 | Reference Identification Qualifier            | G2 |  |  |
| 327 | 2420B | REF02 | Reference Identification                      |    |  | ND Medicaid Provider ID  |
| 331 | 2420C | REF   | Supervising Provider Secondary Identification |    |  | Situational – this segment is highly recommended to be submitted by the MCO if the 2310A loop is required.   |

|     |       |       |  |    |  |  |
|-----|-------|-------|--|----|--|--|
|     |       |       |  |    |  | Use of the 2310A-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2310A-NM1 has potential to be 1-many.   |
| 331 | 2420C | REF01 | Reference Identification Qualifier                 | G2 |  |  |
| 332 | 2420C | REF02 | Reference Identification                           |    |  | ND Medicaid Provider ID  |
| 339 | 2420D | REF   | Service Facility Location Secondary Identification |    |  | Situational – this segment is highly recommended to be submitted by the MCO if the 2420D loop is required.<br><br>Use of the 2420D-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2420D-NM1 has potential to be 1-many. |
| 339 | 2420D | REF01 | Reference Identification Qualifier                 | G2 |  |  |
| 340 | 2420D | REF02 | Reference Identification                           |    |  | ND Medicaid Provider ID  |
| 341 | 2430  | SVD   | Line Adjudication Information                      |    |  | This segment is required when the claim is priced at the line level.<br><br>The first iteration of the 2430 loop must contain information pertaining to the  |

|     |      |       |                     |  |  | MCO's action on the line.  |
|-----|------|-------|---------------------|--|--|--|
| 341 | 2430 | SVD01 | Identification Code |  |  | Indicates the payer responsible and matches to the Other Payer Primary Identifier at 2330B-NM109 |
| 342 | 2430 | SVD02 | Monetary Amount     |  |  | This is the MCO line level Paid Amount   |

# Appendices

## Implementation Checklist

ND Medicaid Claim Customer Service assists new Trading Partners with enrollment and testing. The following checklist will help trading partners to begin exchanging information with ND Medicaid.

| <b>Trading Partner Checklist</b> |   |  |                       |
|----------------------------------|---|--|-----------------------|
|                                  | <b>Task</b>   | <b>Responsibility</b>                  | <b>Completed Date</b> |
| <input type="checkbox"/>         | <b>Enroll in the new MMIS as a Trading Partner at:</b><br><a href="https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment">https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment</a> | <b>Trading Partner and ND Medicaid</b> |                       |
| <input type="checkbox"/>         | <b>Exchange Contact information for Business, Technical and/or Data contacts.</b> (Name, Phone number, Email address and Mailing Address)   | <b>Trading Partner and ND Medicaid</b> |                       |
| <input type="checkbox"/>         | <b>Confirm X12 Transaction selections</b>   | <b>Trading Partner and ND Medicaid</b> |                       |
| <input type="checkbox"/>         | <b>Establish Standard ISA and GS information</b>  | <b>Trading Partner and ND Medicaid</b> |                       |
| <input type="checkbox"/>         | <b>Determine communication method</b>   | <b>Trading Partner and ND Medicaid</b> |                       |
| <input type="checkbox"/>         | <b>Establish a schedule for testing</b>   | <b>Trading Partner and ND Medicaid</b> |                       |

|                          |  |  |  |
|--------------------------|--|--|--|
| <input type="checkbox"/> | <b>Complete the testing for all selected X12 Transactions</b>    | <b>Trading Partner and ND Medicaid</b> |  |
| <input type="checkbox"/> | <b>Promote Trading Partner to Production status</b>              | <b>Trading Partner and ND Medicaid</b> |  |
| <input type="checkbox"/> | <b>Production cut-over</b>                                       | <b>ND Medicaid</b>                     |  |
| <input type="checkbox"/> | <b>Begin sending X12 transactions to new MMIS for processing</b> | <b>Trading Partner</b>                 |  |

## Business Scenarios

Please contact the ND Medicaid Claim Customer Service to discuss your specific EDI related business needs, should they not be covered in this guide or other available ND Medicaid X12N transaction companion guides.

## Transmission Examples

Please contact ND Medicaid Claim Customer Service for transmission examples beyond the samples already provided in this guide.

## Frequently Asked Questions

For current Provider and Trading Partner FAQs, please visit the following page:  
<https://mmis.nd.gov/portals/wps/portal/ProviderFaq>

# Change Summary

| Version | Date       | Description   | Description of Changes   |
|---------|------------|---|--|
| 1.0     | 12/17/2014 | Initial Document for Deliverables                     | Document reformatted to meet CAQH CORE standard companion guide format (Phase I CORE Req. 152).  |
| 1.1     | 05/15/2015 | Added requirement for provider taxonomy codes.        | Provider Taxonomy Codes are required (PRV) when the provider loop is required. This affects 2000A, 2310A, 2310B, 2310D, 2420A, and 2420B.  |
| 1.2     | 05/25/2017 | Updates related to HIPAA Operating Rules requirements | Updated System Availability section  |
| 1.3     | 06/01/2018 | “Replacement” claims not accepted                     | The system cannot accept “replacement” claims (2300-CLM05-3 Frequency Type Code = 7). Only Frequency Type Codes 1 or 8 are accepted.   |
| 1.4     | 8/13/2021  | Clarification on CLM01                                | MCO TCN cannot be duplicated across claims   |
| 1.5     | 5/11/2023  | Medicaid Expansion changes                            | CR 4371 – build changes needed for Medicaid Expansion...corrected requirements for CLM05-3...added requirements for the HCP segment...added verbiage for Provider Secondary Identification using the ND Medicaid Provider ID |
| 1.6     | 05/23/2023 | Updated Logo and EDI Phone Numbers                    | Updated Logo and EDI Phone Numbers   |