

835 Health Care Claim Payment / Advice

This companion document is for informational purposes only to describe certain aspects and expectations regarding the transaction and is not a complete guide. The details contained in this document are supplemental and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

Section 1 – 835 Health Care Claim Payment / Advice: Basic Instructions

Section 2 – 835 Health Care Claim Payment / Advice: Enveloping

Section 3 – 835 Health Care Claim Payment / Advice: Charts for Situational Rules

Any questions?

Contact E-Solutions

www.unicare.com/edi, LiveChat

Section 1 - Basic Instructions

1.1 835 Overview

The 835 Health Care Payment / Advice, also known as the Electronic Remittance Advice (ERA), provides information for the payee regarding claims in their final status, including information about the payee, the payer, the payment amount, and any payment identifying information.

1.2 Basic Format of 835 File

- Claim payments are made based on the NPI (or Payee ID) and Tax ID Number. Depending on the reimbursement arrangement, multiple providers may be paid under their group NPI (or group Payee ID) and Tax ID. Therefore, when a provider group requests an 835, by default all provider payments linked to the group NPI (or group Payee ID) will appear on the 835.
- The format of the 835 file may show multiple checks and/or payment information tied to the provider group or individual provider on a given day in one or multiple ERA files. Checks and/or payment information can be bundled within the same 835 file.
- Multiple checks and/or payment information within one 835 file may cause difficulty and require system changes for providers who directly download 835 files.

1.3 X12 and HIPAA Compliance Checking, and Business Edits

Each transaction passes through the Enterprise EDI Gateway/Clearinghouse for HIPAA Level 1-8 compliance editing before delivery to the trading partner mailbox.

1.4 Delimiters

As specified in the TR3, the basic character set includes uppercase letters, digits, space, and other special characters.

- Suggested delimiters for the outbound transaction are assigned as part of the trading partner set up. EDI Representative will discuss options with trading partners, if applicable.
- To avoid syntax errors, UniCare will not use the following special characters as part of the value: asterisk (*), less than/greater than signs (<, >), colon (:), and slash (/). This minimizes the risk for a special character to be recognized as a delimiter.

Outbound Delimiters		
	Suggested Value	
Data Element Separator	*	Asterisk
Sub-Element Separator	:	Colon
Segment Terminator	~	Tilde
Repetition Separator	^	Caret

Example: Provider assigns a Patient Control Number '12*3456789'. Although an asterisk (*) is a valid special character, it adversely affects processing since it is also a common delimiter. The value '12*3456789' may incorrectly be identified as two separate data element values '12' and '3456789'.

1.5 Scheduling

Under normal operating conditions, the 835 file is available the next business day. For example, payment information for the check remit date of Monday will be available and posted in the 835 file on Tuesday. Company closings or holidays may affect delivery of 835 files. Scheduling resumes when production begins on the next business day.

1.6 Claim Adjustment Reason Codes (CARC)/ Remittance Advice Remark Codes (RARC)

A claim adjustment reason code (CAS segment) is used to communicate that an adjustment was made at the claim/service line, and provides the reason for why the payment differs from what was billed. The adjustment reason code list is available at the Washington Publishing Company website (<http://www.wpc-edi.com/codes>, select **Claim Adjustment Reason Codes**) and updated by the Claim Adjustment Status Code maintenance committee tri-annually at the end of March, July, and November.

NOTE: It is important to monitor these code lists throughout the year.

A claim remittance advice remark code (LQ segment) provides supplemental explanation for an adjustment already described by an adjustment reason code. Previously, the remittance remark code list was created and supported for Medicare only, but now it is appropriate for use by all payers. The remark code list is available (<http://www.wpc-edi.com/codes>, select **Remittance Advice Remark Codes**) and updated by the Remittance Advice Code Maintenance Committee whose members represent various components from CMS.

The use of HIPAA standards has imposed a limitation on what detailed explanation is reported on the 835 Payment/Advice. Proprietary disposition codes do not always map exactly to a standard HIPAA claim adjustment reason and/or remittance advice remark code.

1.7 Provider Level Adjustment (PLB)

The provider level adjustment, PLB segment, is reported after all the claim payments in Table 3 - summary of the 835 transaction. This segment is used for adjustments such as interest payments, takeback notification and actual takebacks. Up to six adjustments can be reported per PLB segment.

Example with one adjustment: PLB*111111112*20101231*IR:FEDER*135.31

Provider Identifier	End of Fiscal Year	Adj Reas Code	Adjusted Amount
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The third data element, PLB03, in the PLB segment is a composite segment with distinct values.

- PLB03-1: The Adjustment Reason Code (FB, IR, PI, L6, WO) identifies the type of adjustment.
- PLB03-2: Text and/or numerical reference information associated to adjustment reason code.
- PLB04: The PLB will **decrease** when the adjustment amount is **positive**.
The PLB will **increase** when the adjustment amount is **negative**.

Section 2 - Enveloping

EDI envelopes control and track communications between you and UniCare. One envelope may contain many transaction sets grouped into the following:

- Interchange Control Header (ISA)
- Functional Group Header (GS)
- Functional Group Trailer (GE)
- Interchange Control Trailer (IEA)

835 Health Care Claim Payment/Advice-Envelope Specific from UniCare (TR3, Appendix C)			
ISA—Interchange Control Header		GS—Functional Group Header	
ISA01	00	GS01	HP
ISA02	refer to TR3	GS02	058916206CMSCOS
ISA03	00		ANTHEMCT
ISA04	refer to TR3		ANTHEMFCS
ISA05	ZZ		ANTHEMME
ISA06	ANTHEM		ANTHEMNH
	BCBSCAIDSC		BCBSO
	BCBSGA		BCBSIN
	BCCA		BCBSNV
	EMPIRENY		BCBSWI
	UNICARE		NASCO
	835EDIERA		BCBSCAIDSC
ISA07	ZZ		BCBSGA
ISA08	RECEIVER ID		BCCA
ISA09	refer to TR3		EMPIRENY
ISA10	refer to TR3		UNICARE
ISA11	^ (5E)		835EDIERA
ISA12	00501	GS03	RECEIVER ID
ISA13	refer to TR3	GS04	refer to TR3
ISA14	refer to TR3	GS05	refer to TR3
ISA15	refer to TR3	GS06	refer to TR3
ISA16	refer to TR3	GS07	X
		GS08	005010X221A1
GE—Functional Group Trailer		IEA—Interchange Control Trailer	
GE01	refer to TR3	IEA01	refer to TR3
GE02	refer to TR3	IEA02	refer to TR3

Section 3 - Charts for Situational Rules

Listed below are loops, segments, and data elements required for proper processing by UniCare per the situational rules in the 837I TR3.

835 Health Care Claim Payment / Advice				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
P.68	ST	Transaction Set Header - Refer to TR3		
P.69	BPR	Financial Information - Refer to TR3		
P.77	TRN	Reassociation Trace Number - Refer to TR3		
P.79	CUR	Foreign Currency Information - Refer to TR3		
P.82	REF	Receiver Identification - Refer to TR3		
P.84	REF	Version Identification - Refer to TR3		
P.85	DTM	Production Date - Refer to TR3		
Loop ID 1000A—Payer Identification				
P.87	N1	Payer Identification - Refer to TR3		
P.89	N3	Payer Address - Refer to TR3		
P.90	N4	Payer City, State, ZIP Code - Refer to TR3		
P.92	REF	Additional Payer Identification - Refer to TR3		
P.94	PER	Payer Business Contact Information - Refer to TR3		
P.97	PER	Payer Technical Contact Information - Refer to TR3		
P.100	PER	Payer WEB Site - Refer to TR3		
Loop ID 1000B—Payee Identification				
P.102	N1	Payee Identification - Refer to TR3		
P.104	N3	Payee Address - Refer to TR3		
P.105	N4	Payee City, State, ZIP Code - Refer to TR3		
P.107	REF	Payee Additional Identification - Refer to TR3		
P.109	RDM	Remittance Delivery Method - Refer to TR3		
Loop ID 2000—Header Number				
P.111	LX	Header Number - Refer to TR3		
P.112	TS3	Provider Summary Information - Refer to TR3		
P.117	TS2	Provider Supplemental Summary Information - Refer to TR3		
Loop ID 2100—Claim Payment Information				
P.123	CLP	Claim Payment Information - Refer to TR3		
P.129	CAS	Claim Adjustment - Refer to TR3		
P.137	NM1	Patient Name - Refer to TR3		
P.140	NM1	Insured Name - Refer to TR3		
P.143	NM1	Corrected Patient/Insured Name - Refer to TR3		
P.146	NM1	Service Provider Name - Refer to TR3		
P.150	NM1	Crossover Carrier Name - Refer to TR3		
P.153	NM1	Corrected Priority Payer Name - Refer to TR3		
P.156	NM1	Other Subscriber Name - Refer to TR3		
P.159	MIA	Inpatient Adjudication Information - Refer to TR3		
P.166	MOA	Outpatient Adjudication Information - Refer to TR3		
P.169	REF	Other Claim Related Identification - Refer to TR3		
P.171	REF	Rendering Provider Identification - Refer to TR3		
P.173	DTM	Statement From or To Date - Refer to TR3		
P.175	DTM	Coverage Expiration Date - Refer to TR3		
P.177	DTM	Claim Received Date - Refer to TR3		
P.179	PER	Claim Contact Information - Refer to TR3		
P.182	AMT	Claim Supplemental Information - Refer to TR3		
P.184	QTY	Claim Supplemental Information Quantity - Refer to TR3		

835 Health Care Claim Payment / Advice				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
Loop ID 2110—Service Payment Information				
P.186	SVC			Service Payment Information - Refer to TR3
P.194	DTM			Service Date - Refer to TR3
P.196	CAS			Service Adjustment - Refer to TR3
P.204	REF			Service Identification - Refer to TR3
P.206	REF			Line Item Control Number - Refer to TR3
P.207	REF			Rendering Provider Information - Refer to TR3
P.209	REF			HealthCare Policy Identification - Refer to TR3
P.211	AMT			Service Supplemental Amount - Refer to TR3
P.213	QTY			Service Supplemental Quantity - Refer to TR3
P.215	LQ			Health Care Remark Codes - Refer to TR3
P.217	PLB			Provider Adjustment - Refer to TR3
P.228	SE			Transaction Set Trailer - Refer to TR3