

835 Health Care Remittance Advice



Disclaimer

This AmeriHealth Administrators/Inter-County Hospitalization Plan (hereinafter referred to as "AHA") Companion Guide to the EDI Transactions (the "Companion Guide") provides AHA's trading partners with guidelines for submitting electronic batch transactions. Because the HIPAA ASC X12N Implementation Guides require transmitters and receivers to make certain determinations/elections (*e.g.*, whether, or to what extent, situational data elements apply), this Companion Guide documents those determinations, elections, assumptions, or data issues that are permitted to be specific AHA's business processes when implementing the HIPAA ASC X12N 4010A Implementation Guides.

This Companion Guide does not replace the HIPAA ASC X12N Implementation Guides, nor does it attempt to amend any of the requirements of the Implementation Guides, or impose any additional obligations on trading partners of AHA that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This document provides information on Health Plan specific codes and situations that are within the parameters of the HIPAA Administrative Simplification rules. Readers of this Companion Guide should be acquainted with the HIPAA Implementation Guides, their structure, and content.

This Companion Guide provides supplemental information to the Trading Partner Agreement that exists between AHA and its trading partners. Trading partners should refer to the Trading Partner Agreement for guidelines pertaining to AHA's legal conditions surrounding the implementation of the EDI transactions and code sets. However, trading partners should refer to this Companion Guide for information on AHA's business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Nothing contained in this Companion Guide is intended to amend, revoke, contradict, or otherwise alter the terms and conditions of the Trading Partner Agreement. If there is an inconsistency between the terms of this Companion Guide and the terms of the Trading Partner Agreement, the terms of the Trading Partner Agreement will govern.

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Overview of Document

This Companion Guide is to be used as a supplement to the 835 Health Care Remittance Advice Implementation Guides, version 5010A1, issued August 2011. As such, this Companion Guide must be referred to when transmitting the 835 Health Care Remittance Advice transactions ("835") to AHA.

The purpose of this Companion Guide is to outline AHA processes for handling the 835 and to delineate specific data requirements for the receipt of the AHA 835 in the latest version (5010A1).

The Companion Guide was developed to guide organizations through the implementation process so that the resulting transaction will meet the following business objectives: [TOP](#)

- **Convey all required business information required by AHA to process transactions.**
- **Interpret information in the same way:** The definition of the transaction will be specific so that trading partners can correctly interpret, from a business perspective, the information that is received from each other.
- **Simplify the communication:** The transaction will be standard to simplify communication between trading partners and to follow the requirements of HIPAA.

National Provider Identifier (NPI)

AHA will require the submission of National Provider Identification Number (NPI) for all electronic transactions submitted May 23rd 2007 or thereafter.

If you have obtained your NPI(s) and submitted them to us, you may begin to report them **in addition to your current provider identification numbers**.

General Instructions

The 835 is utilized to send an electronic Explanation of Benefits (EOB) remittance advice from a health care payer to a health care provider. Health care providers that receive the 835 include but are not limited to hospitals, nursing homes, laboratories, physicians, dentists, and allied professional groups. [TOP](#)

Segment: **DTM** Coverage Expiration Date
 Loop: **2100-Claim Payment Information**
 Level: **Detail**
 Usage: **Required by Implementation Guide**
 Business Rule: **AHA requires submission with only the following data elements for this segment:**

Data Element Summary

| Ref Des | Element Name | Element Note |
|---------|---------------------|---|
| DTM01 | Date/Time Qualifier | 036 Expiration Date- This is the expiration date of the patient's coverage |
| DTM02 | Date | Date expressed as CCYYMMDD |

Segment: **PER** Payer Technical Contact Information
 Loop: **1000A- Payer Identification**
 Level: **Header**
 Usage: **Required by Implementation Guide**
 Business Rule: **AHA requires submission with only the following data elements for this segment:**

Data Element Summary

| Ref Des | Element Name | Element Note |
|--------------|------------------------------|------------------------------------|
| PER01 | Contact Function Code | BL Technical Department |
| PER02 | Name Communication Number | Payer Contact Name |
| PER03 | Qualifier | TE Telephone |
| PER04 | Communication Number | Payer Contact Communication Number |

Segment: **PLB** Provider Adjustment
Loop: **Provider Level Adjustment**
Level: **Summary**
Usage: **Required by Implementation Guide**
Business Rule: **AHA requires submission with only the following data elements for this segment:**

Data Element Summary

| Ref Des | Element Name | Element Note |
|---------|--------------------------|--|
| PLB01 | Reference Identification | When the provider is a covered health care provider under HIPAA, the National Provider Identifier (NPI) assigned to the provider is required. |

Segment: **PER**_R Payer Contact Information
 Loop: **1000A- Payer Identification**
 Level: **Header**
 Usage: **Required by Implementation Guide**
 Business Rule: **AHA requires submission with only the following data elements for this segment:**

Data Element Summary

| Ref Des | Element Name | Element Note |
|--------------|------------------------------|--|
| PER01 | Contact Function Code | CX Payers Claim Office |
| PER02 | Name Communication Number | Payer Contact Name |
| PER03 | Qualifier | TE Telephone Payer Contact Communication |
| PER04 | Communication Number | Number |

Segment: **DTM** Production Date
Loop: **Header**
Level: **Detail**
Usage: **Required by Implementation Guide**
Business Rule: **AHA requires submission with only the following data elements for this segment:**

Data Element Summary

| Ref Des | Element Name | Element Note |
|---------|---------------------|----------------------------|
| DTM01 | Date/Time Qualifier | 405 Production |
| DTM02 | Date | Date expressed as CCYYMMDD |

Segment: **REF** Rendering Provider Identification
 Loop: 2100 – Claim Payment Information
 Level: **Claim**
 Usage: **Required by Implementation Guide**
 Business Rule: **AHA will provide this segment to provide Federal Tax ID and Provider Number in repeating REF segments**

Data Element Summary

| Ref Des | Element Name | Element Note |
|---------|---|---|
| REF01 | Payee Additional Identification Qualifier | 1A – IBC Corporate ID G2 – AHA Provider Number |
| REF02 | Rendering Provider Identifier | Rendering Provider Identifier |

Segment: **REF** Payee Additional Identification
 Loop: 1000B
 Level: **Header**
 Usage: **Required by Implementation Guide**
 Business Rule: **AHA will provide the Federal Tax ID and Provider Number in repeating REF segments**

Data Element Summary

| Ref Des | Element Name | Element Note |
|---------|---|---|
| REF01 | Payee Additional Identification Qualifier | PQ – Will be utilized for the Payer’s assigned provider number TJ – Federal Tax ID |
| REF02 | Additional Payee Identifier | Additional Payee Number |

Segment: **NM1** Service Provider Name
 Loop: 2100 – Claim Payment Information
 Level: **Claim**
 Usage: **Required by Implementation Guide**
 Business Rule: **AHA will provide the Federal Tax ID and Provider Number in repeating REF segments**

Data Element Summary

| Ref Des | Element Name | Element Note |
|---------|---|---|
| NM108 | Payee Additional Identification Qualifier | BD – Will be utilized for the Payer’s assigned provider number FI – Federal Tax ID XX – National Provider ID |
| NM109 | Rendering Provider Identifier | Rendering Provider Identifier |

Segment: **REF** Rendering Provider Identification
 Loop: 2110 – Claim Payment Information
 Level: **Line Level**
 Usage: **Required by Implementation Guide**
 Business Rule: **AHA will provide this segment to identify services applicable to the service line**

Data Element Summary

| Ref Des | Element Name | Element Note |
|---------|---|---|
| REF01 | Payee Additional Identification Qualifier | 1A – Will be utilized for the Payer’s assigned provider number |
| REF02 | Rendering Provider Identifier | Rendering Provider Identifier |