

**MICHIGAN DEPARTMENT OF
COMMUNITY HEALTH**

**COMPANION GUIDE
FOR THE HIPAA
835 HEALTH CARE CLAIM
PAYMENT/ADVICE ADDENDA
VERSION 4010A1**

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*Michigan Department
of Community Health*



MSA

**MEDICAL
SERVICES
ADMINISTRATION**



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This document is intended as a companion to the **National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Claim Payment/Advice, ASC X12N 835 (004010X091)**, dated May 2000. It contains data clarifications authorized by the Department of Health and Human Services on September 17, 2001. It does reflect the changes found in the addenda (004010X095A1) to that Implementation Guide. The clarifications described herein include:

- Identifiers to use when a national standard has not been adopted, and
- Parameters in the implementation guide that provide options.

The implementation guide and code lists can be found at http://www.wpc-edi.com/hipaa/hipaa_40.asp. Additional information on the Final Rule for Standards for Electronic Transmissions can be found at <http://aspe.os.dhhs.gov/admnsimp/bannertx.htm>.

Purpose of the 835 Health Care Claim Payment/Advice

The Michigan Department of Community Health (MDCH) will use the 835 transaction to send remittance advice information. The 835 Transaction will be available to Medicaid providers on request through their billing agent (also known as service bureau). The 835 will include all finalized claims for a pay cycle. The MDCH will make claim payments via Electronic Funds Transfer (EFT) or warrant (commonly referred to as a voucher or check).

The 835 transaction relies on the HIPAA Claim Adjustment Group Codes, Claim Adjustment Reason Codes, and Remark Codes to explain why a claim or service payment has been adjusted.

A Claim Adjustment Group Code and a Claim Adjustment Reason Code will be created for each non-zero adjustment, while Remark Codes will be conveyed for each proprietary MDCH edit code. Therefore, there may be more than one Remark Code for each non-zero adjustment in order to supply as much information as possible. However, Remark Codes will not appear when there is no service-level information available. In this instance, only a Group Code and a Reason Code will appear for each non-zero adjustment.

The 835 transaction will “gap fill” in order to meet specific data requirements. In keeping with Medicare, Medicaid will “gap fill” the standard system with meaningless characters to meet the data element minimum requirements in any outgoing X12 transaction if insufficient data are available for a required data element. The 835 must adhere to the data attributes in the Implementation Guide, including but not limited to minimum length requirements.

Note: MDCH may exceed the recommended limit of 10,000 CLP (Claim Payment Information) segments per ST-SE envelope.



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Delimiters

Delimiters are used throughout the 835 transaction to separate data elements and to terminate segments. The delimiters are specified in the interchange header segment (ISA). The use of these delimiters within the data elements of submitted claims should be avoided. If one of the characters below is transmitted in a claim data element that is echoed back on the 835 transaction errors may occur.

The 835 transaction uses the following delimiters, as shown in the table below.

Character	Name	Delimiter
*	Asterisk	Data Element Separator
:	Colon	Subelement Separator
~	Tilde	Segment Terminator

Routing of the 835

The 835 – Health Care Claim Payment/Advice requires that one 835 transaction reflect a single payment device. Payment is made at the Federal Tax ID level (EFTs and consolidated warrants), therefore one corresponding 835 transaction will be transmitted for all providers associated with that tax ID. The 835 will be transmitted to the billing agent assigned per the Federal Tax ID.

Line Feeds

The 835 transaction can be downloaded from the Data Exchange Gateway (DEG) in two formats, either ASCII or binary. When downloading to ASCII, files will include line feeds. Line feeds will appear after each segment, and will function as carriage returns. However, downloading to binary eliminates the use of line feeds.



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Loop ID	Segment ID	Data Element ID	Loop/ Segment/ Element Name	Companion Guide Rules
	ISA		INTERCHANGE CONTROL HEADER	
	ISA	ISA01	Authorization Information Qualifier	"03"
	ISA	ISA02	Authorization Information	Elements 1-2 indicate Pay Cycle Number. Element 3 will always be "8".
	ISA	ISA03	Security Information Qualifier	"00"
	ISA	ISA04	Security Information	<spaces>
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA06	Interchange Sender ID	<D00111>
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA08	Interchange Receiver ID	4-character Billing Agent ID.
	ISA	ISA09	Interchange Date	<Interchange Date> in YYMMDD format.
	ISA	ISA10	Interchange Time	<Interchange Time> in HHMM format.
	ISA	ISA11	Interchange Control Standards Identifier	"U" (U.S. EDI Community of ASC X12, TDCC, and UCS).
	ISA	ISA12	Interchange Control Version Number	<00401>
	ISA	ISA13	Interchange Control Number	ISA13 must be the same as IEA02.
	ISA	ISA14	Acknowledgment Requested	"0" (No Acknowledgement Requested).
	ISA	ISA15	Usage Indicator	"P" (Production) or "T" (Test) data.
	ISA	ISA16	Component Element Separator	<:>
	GS		FUNCTIONAL GROUP HEADER	
	GS	GS02	Application Sender's Code	<D00111>
	GS	GS03	Application Receiver's Code	4-character Billing Agent ID.
	GS	GS04	Date	Format - CCYYMMDD.
	GS	GS05	Time	Format = HHMM
	GS	GS06	Group Control Number	GS06 = GE02



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	GS	GS08	Version / Release / Industry Identifier Code	"004010X091A1"
	ST		Transaction Set Header	
	ST	ST01	Transaction Set Identifier Code	"835"
	ST	ST02	Transaction Set Control Number	<Transaction Set Control Number> MDCH will assign a unique number within the transaction set to indicate the start of the transaction. MDCH will transmit identical transaction set control numbers in ST02 and SE03.
	BPR		Financial Information	
	BPR	BPR01	Transaction Handling Code	"I" (Remittance Information Only) "H" (Notification Only)
	BPR	BPR03	Credit/Debit Flag Code	"C" (Credit)
	BPR	BPR04	Payment Method Code	"ACH" (Automated Clearing House) - Reflects an EFT payment. "CHK" (Check) - Reflects payment made via voucher. This value will also be used when there is no match on the warrant file for a particular payee. "NON" (Non-Payment) - Used if the total amount paid is \$0.
	BPR	BPR05	Payment Format Code	Included when payment is by EFT.
	BPR	BPR06	(DFI) ID Number Qualifier	"01" (ABA Transmit Routing Number) included when payment is by EFT.
	BPR	BPR07	(DFI) Identification Number	<MDCH Financial Institution ID> is included when payment if by EFT.
	BPR	BPR08	Account Number Qualifier	"DA" (Demand Deposit) included when payment is by EFT.
	BPR	BPR09	Account Number	<Bank Account Number> is included when payment if by EFT.
	BPR	BPR10	Originating Company Identifier	<MDCH Federal Tax ID Number preceded by 1> included when payment is by EFT.
	BPR	BPR12	(DFI) ID Number Qualifier	"01" (ABA Transmit Routing Number) included when payment is by EFT.
	BPR	BPR13	(DFI) Identification Number	<Receiver's Financial Institution's ID Number> included when payment is EFT.



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	BPR	BPR14	Account Number Qualifier	"DA" (Demand Deposit), "SG" (Savings) Included when payment is by EFT.
	BPR	BPR15	Account Number	<Receiver's Bank Account Number> included when payment is by EFT.
	BPR	BPR16	Date	<MDCH Pay Date> When the payment format code is EFT or CHK, the pay date is used. When the payment format code is NON, the date the 835 was generated is used.
	TRN		Reassociation Trace Number	
	TRN	TRN01	Trace Type Code	"1"
	TRN	TRN02	Reference Identification	<Check or EFT Trace Number> When there is no match on the warrant file for a particular payee, this value will be <999999999>.
	TRN	TRN03	Originating Company Identifier	<MDCH Federal Tax ID preceded by 1>
	REF		Receiver Identification	
	REF	REF01	Reference Identification Qualifier	"EV"
	REF	REF02	Receiver Identification	4-character Billing Agent ID
	DTM		Production Date	
	DTM	DTM01	Date/Time Qualifier	"405"
	DTM	DTM02	Date	<MDCH Pay Date>
1000A	N1		Payer Identification	
1000A	N1	N101	Entity Identifier Code	"PR"
1000A	N1	N102	Name	<Department of Community Health>
1000A	N3		Payer Address	
1000A	N3	N301	Address Information	<P.O. BOX 30479>
1000A	N4		Payer City, State, Zip Code	
1000A	N4	N401	City Name	<LANSING>
1000A	N4	N402	State or Province Code	<MI>
1000A	N4	N403	Postal Code	<48909>
1000A	PER		Payer Contact Information	
1000A	PER	PER01	Contact Function Code	"CX"



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1000A	PER	PER03	Communication Number Qualifier	"EM" (Electronic Mail)
1000A	PER	PER04	Communication Number	PROVIDERSUPPORT@MICHIGAN.GOV
1000A	PER	PER05	Communication Number Qualifier	"TE"
1000A	PER	PER06	Communication Number	<8002922550>
1000B	N1		Payee Identification	
1000B	N1	N101	Entity Identifier Code	PE
1000B	N1	N102	Name	<Payee Name> This is the name of the payee. When the name of the payee is not known, this element will be populated with <UNKNOWN>.
1000B	N1	N103	Identification Code Qualifier	"FI" will be used for Tax ID.
1000B	N1	N104	Identification Code	Tax ID
2000	TS3		Provider Summary Identification	
2000	TS3	TS301	Reference Identification	NPI
2000	TS3	TS302	Facility Code Value	<Place of Service> This code identifies the type of facility where the services were performed. This element will be populated with <AA> in cases where the code is absent.
2100	CLP		Claim Payment Information	
2100	CLP	CLP02	Claim Status Code	"1" (Processed as Primary) "2" (Processed as Secondary) "3" (Processed as Tertiary) "4" (Denied) "22" (Reversal of Previous Payment) - takes precedence over 1, 2, 3, or 4
2100	CLP	CLP06	Claim Filing Indicator Code	"MC" (Medicaid)
2100	CLP	CLP07	Reference Identification	(Payer's Claim Reference Number)
2100	NM1	Insured Name	Patient Name	
2100	NM1	NM101	Entity Identifier Code	"QC" (Patient)



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2100	NM1	NM103	Name Last or Organization Name	<Beneficiary Last Name> MDCH Beneficiary Last Name When a name is not available, <UNKNOWN? Will populate this field.
2100	NM1	NM104	Name First	<Beneficiary First Name> MDCH Beneficiary First Name. When a name is not available, <UNKNOWN> Will populate this field.
2100	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)
2100	NM1	NM109	Identification Code	<10-digit Member ID Number> When the Member ID Number is not available, <00000001> is used to populate this field.
2100	NM1		Service Provider Name	
2100	NM1	NM101	Entity Identifier Code	"82"
2100	NM1	NM108	Identification Code Qualifier	"XX" for NPI.
2100	NM1	NM109	Identification Code	NPI
2100	NM1		Corrected Priority Payer Name	
2100	NM1	NM108	Identification Code Qualifier	"PI" (Payer Identification)
2100	NM1	NM109	Identification Code	<Carrier ID> of the Corrected Priority Payer 8-digit carrier code assigned by MDCH (see DCH website for listing of carrier codes).
2100	REF		Other Claim Related Identification	
2100	REF	REF01	Reference Identification Qualifier	"G1" (Prior Auth Number) "EA" (Medical Record ID Number) "F8" (Original TCN)
2100	REF	REF02	Other Claim Related Identifier	<Prior Authorization Number> or <Medicaid Recond Number> <Original TCN> Returned if submitted on the claim
2100	DTM		Claim Date	
2100	DTM	DTM01	Date/Time Qualifier	"232" (Claim Statement Period Start) "233" (Claim Statement Period End)



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2100	DTM	DTM02	Date	<Claim Start Date> <11111111> will be used for those claims without a start date.
2100	AMT		Claim Supplemental Information	
2100	AMT	AMT01	Amount Qualifier Code	"ZZ" as qualifier for APC processing
2100	AMT	AMT02	Monetary Amount	The is the sum of the outlier payment amounts
2110	SVC		Service Payment Information	MDCH adjudicates inpatient hospital claims by DRG. When such a claim is payable, Loop 2110 will not appear.
2110	SVC	SVC01-1	Product/Service ID Qualifier	<Procedure Code Qualifier> "ZZ" (Mutually Defined) will be used when the procedure code cannot be referenced.
2110	SVC	SVC01-2	Product/Service ID	<Procedure Code>
2110	SVC	SVC06-1	Product/Service ID Qualifier	<Procedure Code Qualifier> "ZZ" (Mutually Defined) will be used when the procedure code cannot be referenced.
2110	SVC	SVC06-2	Product/Service ID	<Procedure Code> <Z99999> will be used in cases where the procedure code is absent.
2110	REF		Service Identification	
2110	REF	REF01	Reference Identification Qualifier	"6R" (Provider Control Number Returned if submitted on the claim "1S" Ambulatory Patient Group (APG)
2110	REF	REF02	Reference Identification	<Line Item Control Number> Returned if submitted on the claim If REF01 = 1S, load APC code.
2110	LQ		Health Care Remark Codes	
2110	LQ	LQ01	Code List Qualifier Code	"HE" (Claim Payment Remark Codes) This segment may repeat up to 99 times.
2110	LQ	LQ02	Industry Code	<Remark Codes>
	PLB		Provider Adjustment	
Summary	PLB	PLB01	Reference Identification	<NPI>
Summary	PLB	PLB03	Adjustment Identifier	Map as specified on Gross Adjustments Worksheet
Summary	PLB	PLB03-1	Adjustment Reason Code	<Adjustment Reason Code>



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Summary	PLB	PLB03-2	Reference Identification	<Gross Adjustment Code> This is the MDCH proprietary adjustment code.
	SE		Transaction Set Trailer	
Trailer	SE	SE01	Number of Included Segments	<Total number of segments included in a transaction set> Includes ST and SE segments.
Trailer	SE	SE02	Transaction Set Control Number	<Transaction Set Control Number> MDCH will transmit identical transaction set control numbers in ST02 and SE02.
	GE		FUNCTIONAL GROUP TRAILER	
	GE	GE01	Number of Transaction Sets Included	<Total number of segments included in a functional group> Includes GT and GE segments
	GE	GE02	Group Control Number	<Data Interchange Control Number> MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group.
	IEA		INTERCHANGE CONTROL TRAILER	
	IEA	IEA01	Number of Included Functional Groups	<Total number of functional groups> included within an interchange
	IEA	IEA02	Interchange Control Number	<Interchange Control Number> MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.