



835 Health Care Claim Payment/Advice Companion Guide

Version 1.0

Revision History

Document Version Number	Revision Date	Revision Page Numbers	Reason for Revision

Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States comply with the electronic data interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The American National Standards Institute (ANSI) X12N implementation guides have been established as the standards of compliance for healthcare claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict, any requirements in the X12N implementation guide. Additional information on the Final Rule for Standards for Electronic Transactions can be found at <http://aspe.hhs.gov/admsimp/final/txfin00.htm>. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

This *Companion Guide* is considered a living document, and as such, the information provided herein will be subject to change. The most recent version of this document can be found at www.kansashealthsolutions.com.

Purpose of 835 Health Care Claim Payment/Advice

According to HIPAA regulations, the 835 transaction set can be used to make a payment, send an explanation of benefits (EOB) remittance advice, or make a payment and send an EOB remittance advice.

For Kansas Health Solutions (KHS), payment is separated from the EOB remittance advice. The 835 transaction supplies remittance advice information only. The 835 transaction is available to contracted KHS providers requesting electronic remittance advice and is only available in a downloadable file from a secure website. A PDF form of the remittance advice will be available via a secure website. A paper remittance advice is also available upon request.

The 835 transaction does not include notification of claims with a status of pended or under review.

Special Considerations for 835 Transactions

1. **Subscriber, Insured, and Member = Beneficiary in the KHS Environment**
KHS does not allow for dependents to be enrolled under a primary subscriber; rather all enrollees/beneficiaries are primary subscribers within each program or managed care organization (MCO). If dependent level segments are received on incoming claims transactions, they are ignored during processing and not returned on the 835 transaction.

835 Batch Data Element Descriptions

835 Health Care Claim Payment/Advice				
Page	Loop	Segment	Data Element	Comments
	N/A	ISA	ISA01 - Authorization Information Qualifier	Use '00' - No Authorization Information Present
	N/A	ISA	ISA03 - Security Information Qualifier	Use '00' - No Security Information Present
	N/A	ISA	ISA05 - Interchange ID Qualifier	Use 'ZZ' - Mutually Defined
	N/A	ISA	ISA06 - Interchange Sender ID	'208498601' – Sender Identification
	N/A	ISA	ISA07 - Interchange ID Qualifier	Use 'ZZ' - Mutually Defined
	N/A	ISA	ISA08 - Interchange Receiver ID	Kansas Health Solutions assigned code received in the 837
	N/A	GS	GS01 - Functional ID Code	Use 'HP' - Health Care Claim Payment/Advice
	N/A	GS	GS02 - Application Sender's Code	This is equal to the value in ISA06.
	N/A	GS	GS03 - Application Receiver Code	This is equal to the value in ISA08.
	N/A	GS	GS08 - Version/Release/ Industry ID Code	'004010X091A1'
43	N/A	ST	ST01 – Transaction Set Identifier Code	'835' – Health Care Claim

				Payment/Advice
45-46	N/A	BPR	BPR01- Transaction Handling Code	'T' – Remittance Information Only
46	N/A	BPR	BPR03 – Credit/Debit Flag Code	'C' – Credit
46-47	N/A	BPR	BPR04 – Payment Method Code	'CHK' – Check
53	N/A	TRN	TRN02 – Check or EFT Trace Number	Check Number
53	N/A	TRN	TRN03 – Originating Company Identifier	'1208498601' – Payer Identifier
63	1000A	N1	N102 – Name	'Kansas Health Solutions'
73	1000B	N1	N103 – Identification Code Qualifier	'FI' Federal Taxpayer's Identification Number or 'XX' National Provider Identifier (NPI)
73	1000B	N1	N104 – Payee Identification Code	Pay-to-Provider Tax Identification or NPI
74	1000B	N3	Payee Address	Pay-to-Provider service location
75-76	1000B	N4	Payee City, State, Zip Code	Pay-to-Provider service location
90-91	2100	CLP	CLP02 – Claim Status Code	'1', '2', '3', '4', or '22' 1 = Processed as Primary 2 = Processed as Secondary 3 = Processed as Tertiary 4 = Denied 22 = Reversal of Previous Payment
92	2100	CLP	CLP06 – Claim Filing Indicator Code	'MC'- Medicaid
93	2100	CLP	CLP07 – Payer Claim Control Number	KHS Claim number, use this for any inquiries on claim status or any

				adjustments to original claims
102	2100	NM1	NM101 – Entity Identifier Code	‘QC’ – Patient
103	2100	NM1	NM108 – Identification Code Qualifier	‘34’ – Social Security Number
104	2100	NM1	NM109 – Patient Identifier	Patient’s Social Security Number
112	2100	NM1	NM101 – Entity Identifier Code	‘82’ – Rendering Provider
113	2100	NM1	NM108 – Identification Code Qualifier	‘FI’ – Federal Tax Identification Number or ‘XX’ - National Provider Identifier (NPI)
131	2100	DTM	DTM01 – Date/Time Qualifier	‘050’ – Received Date
140	2110	SVC	SVC01-1 – Composite Medical Procedure Identifier	‘HC’ – Health Care Financing Administration Common Procedure Coding System (HCPCS) codes
146	2110	DTM	DTM01 – Date/Time Qualifier	‘472’ – Service Date
150	2110	CAS	CAS01 – Claim Adjustment Group Code	See IG Guide for Adjustment Group Codes
150	2110	CAS	CAS02 – Adjustment Reason Code	Claim Adjustment Reason codes are available from the WPA
154-155	2110	REF	REF01- Reference Identification Qualifier	‘6R’ – Provider Control Number Only used when received on original claim
	N/A	GE	GE02 – Group Control Number	This is equal to the value in GS06
	N/A	IEA	IEA02 – Interchange Control Number	This is equal to the value in ISA13