



## **Beacon Health Strategies**

# **835 Health Care Claim Companion Guide**

**For use with  
ASC X12N 835 Health Care Claim Payment/Advice Transaction  
Set Implementation Guide and Addenda  
(Version 4010X091A1)**

December 27, 2004  
Version 1.0

## Document Version History

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<b>Version</b>	<b>Date Published</b>	<b>Notes</b>
0.9	12/19/2003	Beta testing version
1.0	12/27/2004	Made Changes to Key Points. Added NM1, DTM & REF segments to the detail. Modified Contact Information

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## Introduction

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### ***What is HIPAA?***

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates the establishment of national standards for electronic transmission of health data and ensuring privacy protection. The Administrative Simplification provisions of HIPAA, Title II require the Department of Health and Human Services to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addresses the security and privacy of health data. Adopting these standards will improve the efficiency and effectiveness of the nation's health care system by encouraging the widespread use of electronic data interchange in health care.

### ***Purpose***

The 835 companion guide has been prepared as a Beacon Health Strategies (Beacon) specific companion document to assist those responsible for testing and setup of electronic health care claim payment/advice and to clarify when conditional data elements and segments are to be used for Beacon reporting, and identify those codes and data elements that do not apply to Beacon. This companion guide document ***supplements***, but does not contradict any requirements in the 835 version 4010a implementation guide. This companion is to be used in conjunction with the X12 implementation guide. The implementation guides for all HIPAA transactions are available from Washington Publishing Company and are available electronically to download at [www.wpc-edi.com/HIPAA](http://www.wpc-edi.com/HIPAA).

This document will be subject to revisions as new versions of the X12 835 Implementation Guides are released.

### ***Intended Audience***

The intended audience for this document is the technical area which is responsible for programming to receive and post electronic claims payment advice to the Providers A/R System.

## Contact Information

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The purpose of this section is to provide contact information for any questions regarding HIPAA, 837 transactions, EDI, EDI Gateway, documentation and testing.

For General HIPAA questions relating to Beacon, you can get answers in one of the following ways:

1. From the Beacon website at **www.beaconhealthstrategies.com**. Go to the providers sections and click on 'resources' and then on 'HIPAA'.
2. By contacting any of the following staff listed here by responsibility.

Type of Contact	Contact	Telephone Number	Email Address
General TCS	Anup Vidyarthi	(781) 994-7524	anup.vidyarthi@beaconhs.com
Security	Anup Vidyarthi	(781) 994-7524	anup.vidyarthi@beaconhs.com
Privacy	Donna Zeh	(781) 994-7528	donna.zeh@beaconhs.com
Local codes	Melissa LaCriox	(781) 994-7508	melissa.lacriox@beaconhs.com
Companion Documents	EDI Operations	(781) 994-7500	EDI.Operations@beaconhs.com
Trading Partner Setup	EDI Operations	(781) 994-7500	EDI.Operations@beaconhs.com
EDI Gateway	EDI Operations	(781) 994-7500	EDI.Operations@beaconhs.com
Transactions and Testing	EDI Operations	(781) 994-7500	EDI.Operations@beaconhs.com

## Transaction Receiving Procedures

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### **Receiving Method**

Providers/Trading partners will be able to download the 835 payment advice transaction using Beacon's online secure EDI Gateway. To use this EDI gateway, you will need an Internet connection, a browser that supports 128-bit encryption, such as Internet Explorer 5.5 or higher.

The 835 file will be available to providers/trading partners via the EDI Gateway in their respective mailboxes.

### **Considerations**

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#### **Transaction Supported (outbound)**

- 835 Health Care Claim Payment Advice – ASC X12N 835 (004010X091A1)

### **Delimiters Supported**

A delimiter is a character used to separate two data elements or sub elements, or to terminate a segment. Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the transaction.

Beacon will be utilizing the following default delimiters:

<u>Description</u>	<u>Default Delimiter</u>
Data element separator	* (Asterisk)
Sub-element separator	: (Colon)
Segment Terminator	~ (Tilde)

### **Key Points**

- Beacon supports the batch 835 Health Care Claim Payment Advice transaction with payment by check. At this time Beacon does not support Electronic Funds Transfer
- The Beacon paper EOB will contain payment information for all claims submitted to Beacon.
- All 835 files will be posted in the provider's mail box on the EDI Gateway
- 835's should be applied to the providers system in the order that they were received (chronological order). If 835's are not applied in the chronological order, the results may not be accurate.

## Specific Data Requirements

### Interchange Control and Functional Group Specifications

#### General

This section outlines the specifications for the Interchange Control and Functional Group header and trailer information.

LoopID/ Segment	Element / Description	Usage	RQD	Comments	Values
<b>Headers</b>					
<b>ISA</b>	<b>Interchange Control Header</b>			<b>Fixed record length segment</b>	
	ISA01 - Authorization Info Qualifier		R	No Authorization Info Present	00
	ISA02 - Authorization Information		R	10 spaces	
	ISA03 - Security Info Qualifier		R		00
	ISA04 - Security Information		R	10 spaces	
	ISA05 - Interchange ID Qualifier		R	Mutually Defined	ZZ
	ISA06 - Interchange Sender ID		R	"BHS-963116116"	
	ISA07 - Interchange ID Qualifier		R	Mutually Defined	ZZ
	ISA08 - Interchange Receiver ID		R	Submitter ID Provided by Beacon	
	ISA09 - Interchange Date		R	Format YYMMDD	
	ISA10 - Interchange Time		R	Format HHMM	
	ISA11 - Interchange Control Standards ID		R		U
	ISA12 - Interchange Version Number		R		00401
	ISA13 - Interchange Control Number		R	Assigned by Beacon. Must equal IEA02	
	ISA14 - Acknowledgement Required		R		0
	ISA15 - Usage Indicator		R	"T" for testing, "P" for production	
	ISA16 - Component Element Separator		R		:
<b>GS</b>	<b>Functional Group Header</b>				
	GS01 - Functional ID Code		R		HC
	GS02 - Application Sender's Code		R	"BHS-963116116"	
	GS03 - Application Receiver's Code		R	Submitter ID Provided by Beacon	
	GS04 - Date		R	Format "CCYYMMDD"	
	GS05 - Time		R	Format "HHMM"	
	GS06 - Group Control Number			Assigned by sender. Must equal GE02	
	GS07 - Responsible Agency Code		R		X
	GS08 - Version / Release		R	"004010X091A1"	

#### Trailers

<b>GE</b>	<b>Functional Group Trailer</b>				
	GE01 - Number of Transaction sets		R		
	GE02 - Group Control Number		R	Same as GS06	
<b>IEA</b>	<b>Interchange Control Trailer</b>				
	IEA01 - Number of Functional Groups		R		
	IEA02 - Interchange Control Number		R	Same as ISA13	

**Health Care Claim Payment/Advice (835) Data**

**General**

**Detail Data**

LoopID/ Segment	Element / Description	Usage	RQ D	Comments	Values
<b>ST</b>	<b>Transaction set Header</b>	<b>1</b>	<b>R</b>		
	ST01 - Transaction set ID code		R		835
	ST02 - Transaction set control number		R	Assigned by Sender. Must equal SE02	
<b>BPR</b>	<b>Financial Information</b>	<b>1</b>	<b>R</b>		
	BPR01 – Transaction Handle Code		R	Remittance Information Only	I
	BPR02 – Monetary Amount		R	Total Payment Amount	
	BPR03 – Credit/Debit Flag Code		R	Credit	C
	BPR04 – Payment Method Code		R	Check	CHK
	BPR16 - Date		R	Check Issue Date	
<b>TRN</b>	<b>Re-association Trace Number</b>	<b>1</b>	<b>R</b>		
	TRN01 – Trace Type Code		R	Current Transaction Trace Numbers	1
	TRN02 – Reference Identification		R	Check Number	
	TRN03 - Originating Company ID		R		
<b>LOOP 1000A</b>	<b>Payer Identification</b>	<b>1</b>			
<b>N1</b>	<b>Payer name</b>	<b>1</b>	<b>R</b>		
	N101 - Entity ID Code		R		PR
	N102 – Name		S		
	N103 – ID Code Qualifier		S		
	N104 – Identification Code		S		
<b>LOOP 1000B</b>	<b>Payee Identification</b>	<b>1</b>			
<b>N1</b>	<b>Payee name</b>	<b>1</b>	<b>R</b>		
	N101 - Entity ID Code		R		PE
	N102 – Name		S		
	N103 – ID Code qualifier		R		
	N104 – Payee Identification Code		R		
<b>LOOP 2000</b>	<b>Header Number</b>	<b>&gt; 1</b>			
<b>LX</b>	<b>Header Number</b>		<b>R</b>		
	LX01 – Assigned Number		R	Sequence number incremented for each occurrence of LX.	
<b>LOOP 2100</b>	<b>Claim Payment Information</b>	<b>1</b>			
<b>CLP</b>	<b>Claim Payment Information</b>	<b>1</b>	<b>R</b>		
	CLP01 – Claim Submitters Identifier		R	Patient Control Number received in CLM01 of an 837 file	
	CLP02 – Claim Status Code		R		
	CLP03 – Monetary Amount		R	Total Claim Charge Amount	
	CLP04 - Monetary Amount		R	Claim Payment Amount	
	CLP05 – Monetary Amount		S	Patient Responsibility Amount	
	CLP06 – Claim Filing Indicator		R		
	CLP07 - Reference Identification		S	Beacon Claim ID	

<b>NM1</b>	<b>Patient Name</b>	<b>1</b>	<b>R</b>		
	NM101 - Entity ID Code		R		QC
	NM102 - Entity Type Qualifier		R		1
	NM103 - Last Name / Org Name		R		
	NM104 - First Name		R		
	NM105 - Middle Name		S		
	NM107 - Name Suffix		S		
	NM108 - ID Code qualifier		R		MI
	NM109 - ID Code		R		
<b>LOOP 2010</b>	<b>Service Payment Information</b>	<b>&gt; 1</b>			
<b>SVC</b>	<b>Service Payment Information</b>	<b>1</b>	<b>S</b>		
	SVC01 – 1 Product/Service ID Qualifier		R		HC
	SVC01 – 2 Product/Service ID		R	Procedure Code	
	SVC01 – 3 Procedure Modifier		S		
	SVC01 – 4 Procedure Modifier		S		
	SVC01 – 5 Procedure Modifier		S		
	SVC01 – 6 Procedure Modifier		S		
	SVC01 – 7 Description		S	Procedure Code Description	
	SVC02 - Monetary Amount		R	Line Item charge amount	
	SVC03 - Monetary Amount		R	Line item provider payment amount	
	SVC05 – Quantity		S	Units of service paid count	
<b>DTM</b>	<b>Service Date</b>	<b>1</b>	<b>S</b>		
	DTP01 - Date/Time qualifier		R		472
	DTP02- Date Time Period		R	In the format CCYYMMDD	
<b>CAS</b>	<b>Service Adjustment</b>	<b>99</b>	<b>S</b>		
	CAS01 – Claim Adjustment Group Code		R		
	CAS02 – Claim Adjustment Reason Code		R		
	CAS03 - Monetary Amount		R	Adjustment Amount (-ve Amt increases payment & +ve Amt decreases payment)	
	CAS04 – Quantity		S	Adjustment Quantity	
<b>REF</b>	<b>Service Identification</b>	<b>1</b>	<b>S</b>		
	REF01 - Reference ID Qualifier		R		6R
	REF02 - Reference ID		R	Provider Control Number (Received in an 837)	
	<b>Summary</b>				
<b>PLB</b>	<b>Provider Level Adjustment</b>	<b>&gt;1</b>	<b>S</b>		
	PLB01 – Reference Identification		R	Provider Identifier	
	PLB02 - Date		R	Fiscal Period Date	
	PLB03 – 1 Adjustment Reason Code		R		
	PLB03 – 2 Reference Identification		O		
	PLB04 - Monetary Amount		R	Adjustment Amount (-ve Amt increases payment & +ve Amt decreases payment)	
<b>SE</b>	<b>Transaction Set Trailer</b>	<b>1</b>	<b>R</b>		
	SE01 – Number of included segments		R		
	SE02 – Transaction Set Control Number		R	Assigned by Sender. Must equal SE02	