

835 Health Care Remittance Advice

Disclaimer

This AmeriHealth (hereinafter referred to as "AH") Companion Guide to the EDI Transactions (the "Companion Guide") provides AH'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 AH 's business processes when implementing the HIPAA ASC X12N 5010A1 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 AH 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 AH and its trading partners. Trading partners should refer to the Trading Partner Agreement for guidelines pertaining to AH'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 AH'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 AH.

The purpose of this Companion Guide is to outline AH processes for handling the 835 and to delineate specific data requirements for the receipt of the AH 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 AH 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)

AmeriHealth 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: **AH 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: **AH 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: **AH 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 Indicator (NPI) assigned to the provider must be provided.

Segment: **SVC** Service Payment Information
 Loop: 2110 – Service Payment Information
 Level: **Detail**
 Usage: **Required by Implementation Guide**
 Business Rule: **AH 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
SVC01-1	Product/Service ID Qualifier	HP – Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code

Segment: **REF** Service Identification
Loop: 2100 – Service Payment Information
Level: **Claim**
Usage: **Required by Implementation Guide**
Business Rule: **AH 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	APC – Ambulatory Payment Classification

Segment: **REF** Line Item Control Number Control Number
 Loop: 2110 – Service Payment Information
 Level: **Claim**
 Usage: **Required by Implementation Guide**
 Business Rule: **AH 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	Reference Identification Qualifier	6R- Provider Control Number- new data element for Facility Claims

Segment: **PER** Payer Contact Information
 Loop: **1000A- Payer Identification**
 Level: **Header**
 Usage: **Required by Implementation Guide**
 Business Rule: **AH 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
PER04	Communication Number	Payer Contact Communication Number

Segment: **DTM** Production Date
 Loop: **Header**
 Level: **Detail**
 Usage: **Required by Implementation Guide**
 Business Rule: **AH 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: **AH 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 – Blue Cross Provider Number
REF02	Rendering Provider Identifier	Rendering Provider Identifier

Segment: **N1** Payee Identification
Loop: 1000B
Level: **Header**
Usage: **Required by Implementation Guide**
Business Rule: **AH requires submission with only the following data elements for this segment:**

Data Element Summary

Ref Des	Element Name	Element Note
N103	Identification Code Qualifier	XX – National Provider ID
N104	Payee Identification Code	National Provider ID Number

Segment: **REF** Payee Additional Identification
 Loop: 1000B
 Level: **Header**
 Usage: **Required by Implementation Guide**
 Business Rule: **AH 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 – Blue Cross 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: **AH 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 – Blue Cross 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: **AH 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 – Blue Cross Provider Number
REF02	Rendering Provider Identifier	Rendering Provider Identifier