ADDENDA

National Electronic Data Interchange Transaction Set Implementation Guide

Health Care Claim Payment/Advice

835

ASC X12N 835 (004010X091A1)

October 2002

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1 Introduction to Modified Pages

This document is addenda to the X12N Health Care Claim Payment/Advice Implementation Guide, originally published May 2000 as 004010X091. As a result of the post publication review process, items were identified that could be considered impediments to implementation. These items were passed to the X12N Health Care Work Group that created the original Implementation Guide for their review.

Modifications based on those comments were reflected in a draft version of the Addenda to the X12N 004010X091 Implementation Guide. Since the X12N 004010X091 Implementation Guide is named for use under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), an NPRM Draft Addenda went through a Notice of Proposed Rule Making (NPRM) comment process that began on May 31, 2002. Only the modifications noted in the NPRM Draft Addenda were considered in the NPRM and X12N review processes. No changes to the Addenda were necessary based on comments received during the NPRM process and X12N's own review processes. The Addenda was approved for publication by X12N on October 10, 2002. When using the X12N Health Care Claim Payment/Advice Implementation Guide, originally published May 2000 as 004010X091 and incorporating the changes identified in the Addenda, the value used in GS08 must be "004010X091A1".

Each of the changes made to the 004010X091 Implementation Guide has been annotated with a note in red and a line pointing to the location of the change. For convenience, the affected 004010X091 Implementation Guide page number is noted at the bottom of the page. Please note that as a result of insertion or deletion of material Addenda pages may not begin or end at the same place as the original referenced page. Because of this, Addenda pages are not page for page replacements and the original pages should be retained.

Changes in the Addenda may have caused changes to the Data Element Dictionary and the Data Element Name Index (Appendix E in the original Implementation Guide), but these changes are not identified in the Addenda. Changes in the Addenda may also have caused changes to the Examples and the EDI Transmission Examples (Section 4 in the original Implementation Guide), again these are not identified in the Addenda.

SITUATIONAL	N102	93	**Name** Free-form name *INDUSTRY:* ***Payer Name*** SYNTAX: R0203 **Required if the National PlanID is not transmitted in N104.**	X	AN	1/60
SITUATIONAL	N103	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: R0203, P0304 ADVISORY: Under most circumstances, this element is expected to be sent. **Required if the National PlanID is transmitted in N104.**	X	ID	1/2
SITUATIONAL	N104	67	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Payer Identifier*** SYNTAX: P0304 ADVISORY: Under most circumstances, this element is expected to be sent. COMMENT: This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party. **Required if the National Plan ID is mandated for use.**	X	AN	2/80
NOT USED	N105	706	**Entity Relationship Code**	O	ID	2/2
NOT USED	N106	98	**Entity Identifier Code**	O	ID	2/3

Note changed

CODE	DEFINITION
XV	**Health Care Financing Administration National PlanID** ***Required if the National PlanID is mandated for use.*** CODE SOURCE **540:** Health Care Financing Administration National PlanID

Note changed

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**SVC01**	**C003**	**COMPOSITE MEDICAL PROCEDURE IDENTIFIER** To identify a medical procedure by its standardized codes and applicable modifiers	**M**
			Use the adjudicated Medical Procedure Code.	
			This code is a composite data structure.	
REQUIRED	**SVC01 - 1**		**235 Product/Service ID Qualifier** Code identifying the type/source of the descriptive number used in Product/Service ID (234) *INDUSTRY:* ***Product or Service ID Qualifier***	**M ID 2/2**
			The value in SVC01-01 qualifies the values in SVC01-02, SVC01-03, SVC01-04, SVC01-05, and SVC01-06.	

CODE	DEFINITION
AD	**American Dental Association Codes** **CODE SOURCE 135:** American Dental Association Codes
ER	**Jurisdiction Specific Procedure and Supply Codes** **This is specific to Workman's Compensation Claims.**
HC	**Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes** **Because the CPT codes of the American Medical Association are also level 1 HCPCS codes, they are reported under the code HC.** **CODE SOURCE 130:** Health Care Financing Administration Common Procedural Coding System
ID	**International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
IV	**Home Infusion EDI Coalition (HIEC) Product/Service Code** **This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.** **CODE SOURCE 513:** Home Infusion EDI Coalition (HIEC) Product/Service Code List
N4	**National Drug Code in 5-4-2 Format** **CODE SOURCE 240:** National Drug Code by Format
NU	**National Uniform Billing Committee (NUBC) UB92 Codes** **CODE SOURCE 132:** National Uniform Billing Committee (NUBC) Codes

New code value

Codes N1, N2, N3 and ND deleted

REQUIRED **SVC06 - 1** **235** **Product/Service ID Qualifier** **M ID 2/2**

Code identifying the type/source of the descriptive number used in Product/Service ID (234)

INDUSTRY: ***Product or Service ID Qualifier***

The value in SVC06-01 qualifies the values in SVC06-02, SVC06-03, SVC06-04, SVC06-05, and SVC06-06.

CODE	DEFINITION
AD	**American Dental Association Codes**
	CODE SOURCE 135: American Dental Association Codes
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HC	**Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes** **Because the CPT codes of the American Medical Association are also level 1 HCPCS codes, they are reported under the code HC.**
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	CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List
N4	**National Drug Code in 5-4-2 Format**
	CODE SOURCE 240: National Drug Code by Format
NU	**National Uniform Billing Committee (NUBC) UB92 Codes**
	CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
RB	**National Uniform Billing Committee (NUBC) UB82 Codes**
	CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

New code value

Codes N1, N2, N3 and ND deleted

51	**Interest Penalty Charge** **Use this code for the interest assessment for late filing. Medicare Part A provides code "IP" in PLB03-2.**
72	**Authorized Return** **This monetary amount is the provider refund adjustment. This adjustment acknowledges a refund received from a provider for previous overpayment. PLB03-2 should always contain an identifying reference number when the value isused. PLB04 should contain a negative value. This adjustment should always be offset by some other PLB adjustment referring to the original refund request or reason. For balancing purposes, the amount related to this adjustment reason code must be directly offset. Medicare A will provide code "PR" in PLB03-2.**
90	**Early Payment Allowance**
AH	**Origination Fee** **This is the claim transmission fee. This is used for transmission fees that are not specific to or dependent upon individual claims.**
AM	**Applied to Borrower's Account** **See 2.2.10, Capitation and Related Payments or Adjustments, for additional information. Use this monetary amount for the loan repayment amount.**
AP	**Acceleration of Benefits** **Use this code to reflect accelerated payment amounts or withholdings. Withholding or payment identification is indicated by the sign of the amount in PLB04. A positive value represents a withholding. A negative value represents a payment. Medicare Part A will provide code "AP" for accelerated payment amounts and code "AW" for accelerated payment withholdings in PLB03-2.**
B2	**Rebate** **Use this code for the refund adjustment. Medicare Part A will provide code "RF" in PLB03-2.**

New code value

Data elements are assigned a unique reference number. Each data element has a name, description, type, minimum length, and maximum length. For ID type data elements, this guide provides the applicable ASC X12 code values and their descriptions or references where the valid code list can be obtained.

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric, decimal, and binary elements.

The data element types shown in matrix A4, Data Element Types, appear in this implementation guide.

SYMBOL	TYPE
Nn	Numeric
R	Decimal
ID	Identifier
AN	String
DT	Date
TM	Time
B	Binary

Matrix A4. Data Element Types

A.1.3.1.1 Numeric

A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data.

This set of guides denotes the number of implied decimal positions. The representation for this data element type is “Nn” where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.

If n is 0, it need not appear in the specification; N is equivalent to N0. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

EXAMPLE
A transmitted value of 1234, when specified as numeric type N2, represents a value of 12.34.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. The length of a numeric type data element does not include the optional sign.

A.1.3.1.2 Decimal

A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as “R.”

The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end) the decimal point should be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point should be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1,000,000) is expressly prohibited. The length of a decimal type data element does not include the optional leading sign or decimal point.

EXAMPLE
A transmitted value of 12.34 represents a decimal value of 12.34.

New note

For implementation of this guide under the rules promulgated under the Health Insurance Portability and Accountability Act (HIPAA), decimal data elements in Data Element 782 (Monetary Amount) will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). Note the statement in the preceding paragraph that the decimal point and leading sign, if sent, are not part of the character count.

A.1.3.1.3 Identifier

An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC X12 Committee or some other body recognized by the Committee. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is “ID.”

A.1.3.1.4 String

A string data element is a sequence of any characters from the basic or extended character sets. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is “AN.”

A.1.3.1.5 Date

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31). The representation for this data element type is “DT.” Users of this guide should note that all dates within transactions are 8-character dates (millennium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment, and also used in the TA1 Interchange Acknowledgment, where the century can be readily interpolated because of the nature of an interchange header.

A.1.3.1.6 Time

A time data element is used to express the ISO standard time HHMMSSd..d format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59), SS is the second (00 to 59) and d..d is decimal seconds. The representation for this data element type is “TM.” The length of the data element determines the format of the transmitted time.

EXAMPLE
Transmitted data elements of four characters denote HHMM. Transmitted data elements of six characters denote HHMMSS.

IMPLEMENTATION

FUNCTIONAL GROUP HEADER

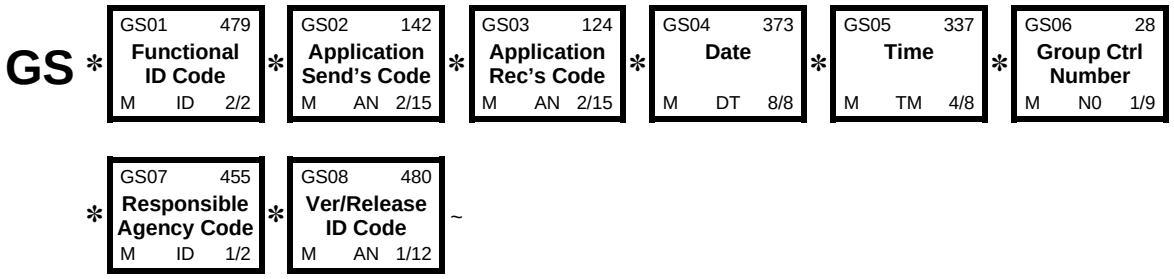
Example: **GS*HP*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X091A1~** Example changed

STANDARD

GS Functional Group Header

Purpose: To indicate the beginning of a functional group and to provide control information

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	GS01	479	**Functional Identifier Code** Code identifying a group of application related transaction sets CODE: **HP** — DEFINITION: **Health Care Claim Payment/Advice (835)**	**M ID 2/2**
REQUIRED	GS02	142	**Application Sender's Code** Code identifying party sending transmission; codes agreed to by trading partners **Use this code to identify the unit sending the information.**	**M AN 2/15**
REQUIRED	GS03	124	**Application Receiver's Code** Code identifying party receiving transmission. Codes agreed to by trading partners **Use this code to identify the unit receiving the information.**	**M AN 2/15**
REQUIRED	GS04	373	**Date** Date expressed as CCYYMMDD SEMANTIC: GS04 is the group date. **Use this date for the functional group creation date.**	**M DT 8/8**
REQUIRED	GS05	337	**Time** Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) SEMANTIC: GS05 is the group time. **Use this time for the creation time. The recommended format is HHMM.**	**M TM 4/8**

REQUIRED	GS06	28	**Group Control Number**	M	N0	1/9

Assigned number originated and maintained by the sender

SEMANTIC: The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

REQUIRED	GS07	455	**Responsible Agency Code**	M	ID	1/2

Code used in conjunction with Data Element 480 to identify the issuer of the standard

CODE	DEFINITION
X	**Accredited Standards Committee X12**

REQUIRED	GS08	480	**Version / Release / Industry Identifier Code**	M	AN	1/12

Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

CODE	DEFINITION
004010X091A1	**Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.** **When using the X12N Health Care Claim Payment/Advice Implementation Guide, originally published May 2000 as 004010X091 and incorporating the changes identified in the Addenda, the value used in GS08 must be "004010X091A1".**

New code value