



HIPAA Transaction
Standard Companion Guide
835 – Health Care Claim Payment Advice

**Refers to the Implementation Guides
Based on X12 version 005010 Errata
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Disclaimer Statement

The Health Insurance Portability and Accountability Act (HIPAA), sections 160 and 162, require that health care providers, health plans, and health care clearing houses comply with the EDI standards for health care. The HIPAA implementation specifications for ASC X12N standards may be obtained through the Washington Publishing Company on the Internet at <http://www.wpc-edi.com>.

The purpose of this companion guide is solely to supplement the HIPAA ASC X12N standards, to provide clarification to the ASC X12N standards, and should not be interpreted as a contract, amendment to a contract or an addendum to a contract. In any instance where this companion guide differs from the HIPAA ASC X12N Implementation Guides, the HIPAA ASC X12N standards shall govern.

Substantial effort has been taken to minimize errors; however, APEX Benefits Services, its agents, employees, directors and shareholders shall not be liable or responsible for any errors, omissions or expenses resulting from the use of the information in this document.

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1 Introduction

1.1 Overview

This Companion Guide identifies unique information processing or adjudication needs specific to APEX Benefits Services in its implementation of the 835 Health Care Claim Payment Advice and should be used in conjunction with the *HIPAA 835 Implementation Guide*. Throughout this document, "APEX" represents APEX Benefits Services. This companion guide contains three categories of information:

- General information applicable to the processing of claims and business edits performed by APEX.
- The transaction table outlining specific requests for data format or content within the transaction, or describing APEX handling of specific data types.
- Additional information containing a sample scenario and frequently asked questions (FAQ).

All claims (paper and electronic) will be reported on the 835, if a provider/submitter chooses to receive the 835.

While APEX accepts all ASCX12 compliant transactions, the HIPAA Implementation Guides allow for some discretion in applying the regulations to existing business practices. Understanding APEX business practices may expedite claims processing for trading partners as they exchange EDI transactions with APEX.

2 Eligibility

In order to receive an 835 Health Care Claim Payment Advice, submitters of health care claims must complete the following:

- Complete and submit a Trading Partner Agreement to APEX or enter into a contractual agreement with an APEX contracted Trading Partner.
- Complete the APEX 835 Registration Form.
- Complete testing requirements with APEX.

3 Data Exchange Frequency

New files may be available each business day by noon eastern standard time.

4 Electronic Funds Transfer (EFT)

The APEX 835 Transaction is for notification only and does not include Electronic Funds Transfer (EFT) to financial institutions. Providers who would like to implement EFT should contact EDISupport@APEX-Benefits.com or complete and mail in the EFT registration form located on APEX's website at <http://www.apex-benefits.com/login/provider/forms.aspx>.

5 Claim Remittance Processing

5.1 Interchange Control Structure

835 transactions are generated one file per Trading Partner during each scheduled payables process. The envelope structure is as follows for each individual check processed within a file. If a Trading Partner receives more than one check payment within the 835 then there will be multiple iterations of the structure below within the file.

ISA - Interchange Control Header
GS - Functional Group header
ST - Transaction Set Header
 Detail Segments (Please see the Implementation Guide for All possible detail segments)
SE - Transaction Set Trailer
GE - Functional Group Trailer
IEA - Interchange Control Trailer

5.2 Sorting order of data within the 835 file

Within the 835 transaction file the Interchange Control Structure(s) are ordered by check number in ascending order. The check number is located in the TRN02 segment. For each check within the 835 transaction the claims are ordered by claim number in ascending order. The claim number is located in the CLP07 segment.

5.3 Claims returned within the 835

Notes that are important to claims processing are as follows:

- 835 Transactions are only generated for claims that have a "paid" or "denied" status. Claims still in the adjudication process or returned with an error messages do not receive an 835 response.
- If a provider submits **claims on paper and EDI claims**, APEX will generate a format compliant 835 Health Care Claim Payment Advice transaction with required elements. However, the content of the resulting 835 will not be as complete as an 835 resulting from an electronic 837 Claim transaction.

APEX will turn off the paper Explanation of Payments (EOP) once a provider starts receiving the 835 transaction. The provider may access Plan Central to review a Portable Document Format (PDF) image of their EOP. To register and access this service please visit

<https://plancentral.apex-benefits.com/>

6 Claims/Batch Matching

Please note that there is not batch matching between 837 Health Care Claims and 835 Health Care Claim Payment Advice.

7 Bundling/Unbundling

As claims are processed, professional services reflected by procedure codes are bundled or unbundled utilizing APEX business processes. Procedure codes are returned for professional health care claims as processed reflecting APEX payment record. This does not necessarily reflect procedure codes submitted.

8 Identification Codes and Numbers

APEX uses the standard medical and non-medical code sets indicated in Appendix C of the 835 Payment Advice/Remittance Implementation Guide.

8.1 Provider Identifiers

APEX accepts the National Provider Identifier and Tax Identification numbers for provider's mandated by the state to obtain one. For exempt providers we will accept the Tax Identification number.

8.2 Subscriber Identifiers

The Subscriber Identifier returned on the 835 Claim Payment Advice is the membership identifier that appears within the APEX system which could be different than what was submitted on the 837 Health Care Claims transaction. If this identifier differs from that which was submitted, assume the returned identifier on the 835 transactions is correct.

8.3 Payer Claim Control Number

The Payer Claim Control Number (Payer Patient Control Number in the 2100 loop, CLP07) is the 12-digit claim number assigned to each claim by APEX. Receivers of the 835 Health Care Claim Payment Advice should use their Patient Control Number (Patient Control Number CLP01) and dates of service, in conjunction with the CLP07 value to match claims with remittances. If the Patient Control Number is submitted on paper claims, then this number will be returned on the 835 Health Care Claim Payment Advice. If there is no Patient Control Number on the paper claim, then the value of "0" will be returned.

8.4 Adjustment Group and Reason Codes

For claim adjustment reason code use code source 139 and for Health Care Remark Codes, use source code 411.

8.5 Remarks Codes

We will be returning the HIPAA Standard Remarks Codes (Loop2110, segment LQ02) along with our current Explanation Codes (Loop 2110, segment REF02).

9 Special Handling

In the event that we are unable to produce an 835 Health Care Claim Payment Advice electronically, APEX will generate a paper Explanation of Payment (EOP).

10 Inquiries

For inquiries concerning the EFT (Electronic Funds Transfer) please contact our Finance Department at (330) 996-8461. All other inquiries should contact: APEX Provider Services Unit at (330) 996-8400 or 1-800-996-8401.

11 Data Element Table

11.1 835 Health Care Claim Payment/Advice – Header

The 835 Transaction Set Header contains general information about the claim payment, such as Payee, Amount, Payer, Payment method, and Trace Number. The following table explains the header segments and data elements that require specific information for APEX processing.

| Table 1 - 835 Claim Payment / Advice - Header | | | | |
|---|---------|------------------------------------|--|--|
| Envelope/Section Label | Segment | Description | Value Options for APEX | Value Options from IG |
| Transaction Set Header | | | | |
| Financial Information | BPR01 | Transaction Handling Code | I, C, D, | I - Remittance information only, C- Payment Accompanies Remittance Advice, D- Make payment only |
| Financial Information | BPR03 | Credit / Debit Flag Code | C | C - Credit |
| Financial Information | BPR04 | Payment Method Code | ACH, CHK | ACH - Automated Clearing House CHK - Check |
| Financial Information | BPR05 | Payment Format Code | CCP | CCP - Cash Concentration / Disbursement plus Addenda |
| Financial Information | BPR06 | DFI ID Number Qualifier | 01 | 01 - ABA Transit Routing Number Including Check Digit (9 digits) |
| Financial Information | BPR07 | Sender DFI ID Number | Sender DFI ID | Represents APEX Insurance Company/ APEX Bank Number |
| Financial Information | BPR09 | Sender Bank Account Number | Sender Bank Account Number | Represents APEX Insurance Company/ APEX Bank Account Number |
| Financial Information | BPR12 | DFI ID Number Qualifier | 01 | 01 - ABA Transit Routing Number Including Check Digit (9 digits) |
| Financial Information | BPR13 | Receiver DFI ID Number | Receiver DFI ID | Represents Receiver / Provider's Bank Number |
| Financial Information | BPR15 | Receiver Bank Account Number | Receiver Bank Account Number | Represents Receiver / Provider's Bank Account Number |
| Financial Information | BPR16 | Check Issue or EFT Effective Date | Date | Represent the Check Issue Date or EFT Effective Date |
| Re-association Trace Number | TRN02 | Check or EFT Trace Number | Check Number, Advice Number | Check Number - If the Provider Receives a Paper Check. Advice Number - If the Provider Receives an EFT |
| Re-association Trace Number | TRN03 | Payer Identifier | 34196 | APEX Payer Identification Number |
| Receiver Identification | REF01 | Reference Identification Qualifier | EV | EV - Receiver ID Number |
| Receiver Identification | REF02 | Receiver Identifier | Receiver's EDI Sender ID Number | Represents the Receiver's EDI Sender ID Number Assigned by APEX |
| Payee Identification | N103 | Identification Code Qualifier | XX or FI | XX -Centers for Medicare and Medicaid Services National Provider Identifier(NPI) FI - Federal Tax Identification(This should only be sent for Exempt Providers) |
| Payee Identification | N104 | Payee Identification Code | Provider's NPI Number or Tax ID number | Represents the Provider's NPI number or Federal Tax ID number. |

11.2 835 Health Care Claim Payment /Advice – Detail

The 835 Payment Advice detail level contains the explanations of benefits and charges paid, reduced, or denied related to the adjudicated claims and services. The Claim Payment and Service Patient Information are contained in Loops 2100 and 2110 in the following table. The table also explains the situational segments and data elements that require specific information for APEX Processing.

| Table 2 - 835 Claim Payment / Advice - Detail | | | | |
|--|---------|-------------------------------|---|--|
| Envelope/Section Label | Segment | Description | Value Options for APEX | Value Options for IG |
| LOOP ID - 2100 Claims Payment Information | | | | |
| Claim Payment Information | CLP01 | Patient Control Number | Patient Control number (UB04) Patient Account Number (HCFA) | For electronic claims, this field will contain the value received in CLM01 on the inbound 837. For paper claims, this field will contain the value received in block 26 on the HCFA and block 3a on the UB04 claim forms. If the patient control number was not present on the inbound claim, a zero will appear here. |
| Claim Payment Information | CLP07 | Payer Claim Control Number | APEX Claim Number | Represents the claim number assigned by APEX |
| Patient Name | NM108 | Identification Code Qualifier | MI | MI - Member Identification Number |
| Patient Name | NM109 | Patient Identifier | APEX member number plus 2 digit suffix MI | Represents the Member Identification Number |
| Insured Name | NM108 | Identification Code Qualifier | *This segment is only used when the patient is not the subscriber MI | MI - Member Identification Number |
| Insured Name | NM109 | Patient Identifier | APEX's Subscriber's number *This segment is only used when the patient is not the subscriber | Represents the Member Identification Number |
| Service Provider Name | NM108 | Identification Code Qualifier | XX or FI | XX -Centers for Medicare and Medicaid Services National Provider Identifier(NPI) FI - Federal Tax Identification(This should only be sent for Exempt Providers) |
| Service Provider Name | NM109 | Identification Code | Provider's NPI Number or Tax ID number | Represents the Provider ID |

Table 2 - 835 Claim Payment / Advice – Detail (continued)

| Envelope/Section Label | Segment | Description | Value Options for APEX | Value Options for IG |
|---|---------|------------------------------------|--|---|
| LOOP ID - 2100 Claims Payment Information | | | | |
| Claim Date | DTM01 | Date / Time Qualifier | One of the following values: 232,233 | 232- Claim Statement Period Start 233 - Claim statement Period End |
| Claim Date | DTM02 | Date | Date specified by the code used in DTM01 | Date specified by the code used in DTM01 |
| LOOP ID - 2110 Service Payment Information | | | | |
| Service Payment Information | SVC01-1 | Product or Service ID Qualifier | One of the following values: AD HC NU | AD - American Dental Association Codes HC - Health Care Financing Administration Common Procedural Coding System Codes (HCPCS) NU - National Uniform Billing Committee Codes (NUBC) UB92 codes |
| Service Payment Information | SVC01-2 | Product or Service ID | Procedure Code | |
| Service Payment Information | SVC06-2 | Product/Service ID | Procedure Code | This element will be used if the submitted procedure code was bundled. The new bundled procedure code will be placed here. |
| Service Date | DTM01 | Date/Time Qualifier | One of the following values: 150, 151 or 472 | 150- Service Period Start 151- Service Period End 472 - Service |
| Service Date | DTM02 | Date | Service date | Service date |
| Service Identification | REF01 | Reference Identification Qualifier | E9 | E9 - Attachment Code |
| Service Identification | REF02 | Reference Identification | EX codes attached to the service line without the description of the EX code | This represents APEX's internal explanation code that is shown on the paper EOP. |

11.3 835 Health Care Claim Payment/Advice – Summary

The summary level contains the Provider Level Adjustment Segment and provides information related to adjustments to the payment amount not specific to the Detail level. The adjustments can either increase or decrease the actual payment.

The following table also explains the situational segments and data elements that require specific information for APEX Processing.

Table 3 - 835 Claim Payment / Advice - Summary

| Envelope/Section Label | Segment | Description | Value Options for APEX | Value Options for IG |
|---------------------------|---------|---------------------|------------------------|---|
| Provider Level Adjustment | PLB01 | Provider Identifier | Payee ID Number | Represents the Payee NPI. If the Payee is not required under the Mandate to acquire an NPI number this will represent the ID Number assigned by APEX. |

12 835 Claim Payment/Advice Transaction Sample

12.1 Claim Payment Advice Scenario

On September 2, 2009, Jonathan Doe was experiencing pain in his leg and ankle. He was taken to Healthy Hospital for an x-ray of his foot and ankle. The hospital submitted the bill to their clearinghouse. On September 18, 2009, the clearinghouse transmitted a claim to APEX in the 837I file format, for \$583.70. On September 25, 2009, APEX issued a check for \$171.55 to Healthy Hospital for their services.

Claim Information

Payment: \$175.11

Check Date: 9/25/2009

Facility Billed Amount: \$583.70

Check #: 97CF0000000411

Facility TIN: 207661234

Claim Production run date: 9/18/2009

Payer Name: APEX

Payer Address: 10 North Main Street, Akron, OH 44309

Facility: Healthy Hospital

Facility National Provider Identification (NPI) Number: 1234567890

Patient: Jonathan Doe

Patient ID: 98765432103

Patient Account #: 330866922

Date of Service: 9/2/2009

CPT Codes: 73610, 73630

Revenue Codes: 320

Adjustment: \$408.59 due to a contractual obligation

Provider System Control #: 090920T03109

12.2 Claim Payment /Advice Example ANSI X 12

ST*835*3207~
BPR*I*175.11*C*CHK*****20090925~
TRN*1*97CF0000000411*207661234~
DTM*405*20090918~
N1*PR*APEX~
N3*10 NORTH MAIN STREET~
N4*AKRON*OH*44309~
N1*PE*HEALTHY HOSPITAL*FI*123456789~
N3*PO BOX 625~
N4*BURLINGTON*VT*05402~
REF*PQ*V299~
LX*1~
CLP*330866922*1*583.7*175.11**13*090920T03109*13*1~
NM1*QC*1*DOE*JONATHAN****MI*98765432103~
NM1*IL*1*DOE*JONATHAN****MI*987654321~
NM1*82*2*HEALTHY HOSPITAL*****XX*1234567890~
DTM*232*20090902~
DTM*233*20090902~
SVC*HC:73610*297.40*89.22*320*1~
DTM*472*20090902~
CAS*CO*45*208.18~
REF*E9*PA~
AMT*B6*89.22~
SVC*HC:73630*286.30*85.89*320*1~
DTM*472*20090902~
CAS*CO*45*200.41~
REF*E9*PA~
AMT*B6*85.89~
SE*22*3207~

13 Frequently Asked Questions – FAQ

1. What is Electronic Data Interchange?

Electronic Data Interchange (EDI) allows providers to submit claims, retrieve remittance advices and retrieve claim file acknowledgements from their computer system to the insurance carrier or clearinghouse.

2. Can I receive my payment and Explanation of Payment Electronically (EOP)?

Yes. Providers can receive an Electronic Fund Transfer (EFT) Automated Clearing House (ACH) payment after an EFT registration form is completed and mailed back to APEX. Providers may review their EOP utilizing APEX'S Provider self service tool of Plan Central. To register or to locate the EFT Registration form please go to <http://www.apex-benefits.com/login/provider/forms.aspx>.

3. Do you send data on all claims or just paid claims?

We send data on all paid, denied and zero dollar charge claims. Data is not returned on electronic claims rejected at time of submission or claims in process in our system.

4. Do you send paper Explanation of Payment along with the electronic version?

- No, APEX will turn off the paper Explanation of Payments (EOP) once a provider starts receiving the 835 transaction. The provider may access Plan Central to review a Portable Document Format (PDF) image of their EOP by going to the following APEX website.

5. As a provider can I receive my 835 directly from APEX?

Yes, APEX can set up a direct File Transfer Protocol (FTP) secure internet connection for the provider to directly pick up their 835 from APEX.