



## **Standard Companion Guide Transaction Information**

**Instructions related to Transactions based on ASC  
X12 Implementation Guides, version 005010**

***Final***

# **835 Companion Guide Version Number: 2.0**

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## Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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# Transaction Instruction (TI)

## 1 TI Introduction

### 1.1 Background

#### 1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

#### 1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

### 1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

## 1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

## 2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
[005010X221	Health Care Claim Payment/ Advice (835)]

### 3 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

<b>Legend</b>
SHADED rows represent "segments" in the X12N implementation guide.
NON-SHADED rows represent "data elements" in the X12N implementation guide.

#### 3.1 835 005010X221A1 Health Care Claim Payment/Advice

##### 005010X221A1 Health Care Claim Payment/Advice

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	ISA	<b>INTERCHANGE CONTROL HEADER</b>		1	R	1		
HDR	ISA01	Authorization Information Qualifier	ID	2-2	R		00, 03	'Default 00'
HDR	ISA03	Security Information Qualifier	ID	2-2	R		00, 01	'Default 00'
HDR	ISA05	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Default to 'ZZ'
HDR	ISA06	Interchange Sender ID	AN	15-15	R			Default " SC Medicaid Assigned Submitter Number"
HDR	ISA07	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Default to 'ZZ'
HDR	ISA08	Interchange Receiver ID	AN	15-15	R			Use Value 'SCMEDICAID'-
HDR	ISA11	Repetition Separator	AN	1-1	R			Hardcode Caret ^
HDR	ISA14	Acknowledgement Requested	ID	1-1	R		0,1	Use '0' for No Interchange Acknowledgement Requested
HDR	ISA15	Usage Indicator	ID	1-1	R		P, T	'Provider should use 'T' until testing of the Trading Partner is approved
HDR	ISA16	Component Element Separator	AN	1-1	R			Default to :

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	GS	<b>FUNCTIONAL GROUP HEADER</b>		1	R	>1		
HDR	GS02	Application Sender Code	AN	2-15	R			Default to "SCMEDICAID"
HDR	GS03	Application Receiver Code	AN	2-15	R			Default to ' SC Medicaid Assigned Submitter ID"

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
<b>HDR</b>	<b>BPR</b>	<b>FINANCIAL INFORMATION</b>		<b>1</b>	<b>R</b>	<b>1</b>		
HDR	BPR05	Payment Format Code	ID	1-10	S			Default "CCP"
HDR	BPR07	Sender DFI Identifier	AN	3-12	S			Default "53900225"
HDR	BPR09	Sender Bank Account Number	AN	1-35	S			Default '2079900430615
HDR	BPR10	Payer Identifier	AN	1-10	S			Default '1570859576
HDR	TRN04	Originating Company Supplemental Code	AN	1-50	S			Default '1570859576
HDR	REF02	Receiver Identifier	AN	1-50	R			Trading Partner ID key

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
<b>1000A</b>	<b>N1</b>	<b>Payer Identification</b>		<b>1</b>	<b>R</b>	<b>1</b>		
1000A	N102	Payer Name	AN	1-60	R			Default 'SC Department Of Health And Human Services'
1000A	N104	Payer Identifier	AN	2-80	S			Default '570859576'

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
<b>1000A</b>	<b>N3</b>	<b>Payer Address</b>		<b>1</b>	<b>R</b>	<b>1</b>		
1000A	N301	Payer address line	AN	1-60	R			Default 'PO Box 8206'

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
<b>1000A</b>	<b>N4</b>	<b>Payer city state zip</b>		<b>1</b>	<b>R</b>	<b>1</b>		
1000A	N401	Payer city name	AN	1-60	R			Default "Columbia"
1000A	N402	Payer state code	AN	2-80	S			Default ' SC'
1000A	N403	Payer Postal Zone or ZIP Code	ID	3-15	S			Default ' 292028206

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
<b>1000A</b>	<b>PER</b>	<b>PAYER TECHNICAL CONTACT INFORMATION</b>		<b>1</b>	<b>R</b>	<b>1</b>		
1000A	PER01	Contact Function Code	ID	2--2	R			Use value "CX" = Payer's Claim Office
1000A	PER02	Payer Contact Name	AN	1-60	S			Use EDI Support Desk
1000A	PER03	Communication Number Qualifier	ID	2--2	S			Use value "TE"
1000A	PER04	Payer Contact Communication Number	AN	1-256	S			Use value "888-289-0709"
1000A	PER05	Communication Number Qualifier	ID	2--2	S			Use value "EM"
1000A	PER06	Payer Contact Communication Number	AN	1-256	S			Use value "EDIG-OPS@BCBSSC.com"

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
<b>1000B</b>	<b>REF</b>	<b>PAYEE ADDITIONAL IDENTIFICATION</b>			<b>S</b>	<b>&gt;1</b>	<b>First Occurrence</b>	
1000B	REF01	Reference Identification Qualifier					Value "PQ"	Payee Identification

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
1000B	REF	PAYEE ADDITIONAL IDENTIFICATION			S	>1	Second Occurrence	
1000B	REF01	Reference Identification Qualifier					Values "TJ"	Federal Tax ID

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100	CLP	Claim Level Data			R	>1		
2100	CLP02	Claim Status Code		1-38	R		Values 1,2 and 3	

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100	CAS	Claim Adjustment			R	>1		
2100	CAS01	Claim Adjustment Group Code		1-38	R		Value "CO"	Contractual Obligations

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100	NM1	CORRECTED PRIORITY PAYER NAME	1		S			
2100	NM108	ID Code Qualifier					Value "PI"	Payor Identification

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100	REF	OTHER CLAIM-RELATED IDENTIFICATION			S	5	First Occurrence	
2100	REF01	Reference Identification Qualifier					Value "EA"	Medical Record Identification Number

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100	REF	OTHER CLAIM-RELATED IDENTIFICATION			S	5	Second Occurrence	
2100	REF01	Reference Identification Qualifier					Value "G1"	Prior Authorization Number

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100	REF	Rendering Provider			R	10		
2100	REF01	Reference Identification Qualifier					Value "1D"	Medicaid Provider Number

## 4 TI Change Summary

Version	Issue Date	Modified By	Comments / Reason
1.0	05/25/2011	William Douglas	Original document 05/03 /2011
1.1	06/15/2011	William Douglas	Updates to ISA14
2.0	06/30/2011	William Douglas	Comments from Review and updates to ISA 16 should be a : and ISA11 should be ^