

Version 1

Utah State Dept. of Health
Division of Health Care Financing

835 Health Care Claim Payment/Advice

Utah Specific Transaction Instructions

835 Health Care Claim Payment/Advice
ASCX12N 835 (004010X091A1)

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all health insurance payers in the United States, comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The ANSI ASC X12N 835 Version 4010 implementation guide has been established as the standard of compliance. Utah Medicaid will implement the Addenda corrections for the Health Care Claim Payment/Advice (004010X091A1). The implementation guide is available electronically at www.wpc-edi.com. The following supplemental requirements are specific to Utah Medicaid and are intended to serve as a companion guide to the HIPAA ANSI X12N implementation guide.

Requirements:

1. An Electronic Commerce Agreement must be in place. The form is available at www.UHIN.com.
2. A Utah Medicaid EDI Enrollment form must be completed and on file. The form is available at http://health.utah.gov/hipaa/medicaid_pcn.htm. Transactions submitted without an Electronic Transmitter Identification Number (ETIN) or Trading Partner Number (TPN) on file with Medicaid will be rejected back to the sender.
3. 835 transactions will be generated weekly and will be available for pickup Monday mornings.
4. When Medicaid splits an 837 claim, a provider will be notified through the 277 front end acknowledgment. The 835 will report line level information relating to each individual claim (split claim). A provider may receive multiple 835 responses to a single 837 transaction.
5. Electronic funds transfer (EFT) is not currently supported.

Version 1Utah State Dept. of Health
Division of Health Care Financing

835 Health Care Claim Payment/Advice

835 Health Care Claim Payment/Advice				
Page	Loop	Segment	Data Element	Values / Comments
46		BPR02	Total Actual Provider Payment Amount	Total payment amount for the 835.
47		BPR04	Payment Method Code	CHK will be utilized for Medicaid Warrants.
50		BPR16	Date	Check issue date.
53		TRN02	Check or EFT Trace Number	Check number.
61		DTM02	Date	Date of claim adjudication.
78	1000B	REF01	Reference ID Qualifier	1D – Medicaid Provider Number
78	1000B	REF02	Additional Payee Identifier	12 digit provider identifier assigned by Medicaid.
89	2100	CLP01	Patient Control Number	Patient control number as submitted by provider for claim.
90	2100	CLP02	Claim Status Code	1 – Processed as primary 2 – Processed as secondary 3 – Processed as tertiary 4 – Denied 22 – Reversal of previous payment Suspended claims will not be reported.
91	2100	CLP03	Total Claim Charge Amount	Total claim charge.
91	2100	CLP04	Claim Payment Amount	Medicaid reimbursement amount.
91	2100	CLP05	Patient Responsibility Amount	Co-pay, co-insurance assigned to patient.
92	2100	CLP06	Claim Filing Indicator Code	MC – Medicaid

Version 1Utah State Dept. of Health
Division of Health Care Financing

835 Health Care Claim Payment/Advice

835 Health Care Claim Payment/Advice				
Page	Loop	Segment	Data Element	Values / Comments
93	2100	CLP07	Payer Claim Control Number	Transaction Control Number (TCN) assigned to the claim.
93	2100	CLP11	Diagnosis Related Group (DRG) Code	DRG relating to claim adjudication.
95	2100	CAS	Claim Adjustment	Standard adjustment group and reason codes. Adjustment amount.
103	2100	NM103-109	Patient Name	Patient name as reported on the 837 or POS 5.1.
104	2100	NM109	Patient Identifier	Patient ID as reported on the 837 or POS 5.1.
108	2100	NM1	Corrected Patient/Insured Name	Utilized if submitted name/ID is different than Medicaid name/ID.
111	2100	NM1	Service Provider Name	Rendering provider.
117	2100	NM103	Corrected Priority Payer Name	Name of other responsible payer, i.e. TPL or capitated health plan.
117	2100	NM109	Corrected Priority Payer Identification Number	Other responsible payer ID.
118	2100	MIA	Inpatient Adjudication Information	Remark code appropriate to claim adjudication.
123	2100	MOA	Outpatient Adjudication Information	Remark code appropriate to claim adjudication.
126	2100	REF01	Reference Identification Qualifier	CE – Class or Contract Code F8 – Original Reference Number

Version 1Utah State Dept. of Health
Division of Health Care Financing

835 Health Care Claim Payment/Advice

835 Health Care Claim Payment/Advice				
Page	Loop	Segment	Data Element	Values / Comments
127	2100	REF02	Other Claim Related Identifier	If qualifier: CE – Name of plan, i.e. PCN, NTM, BYB, etc. F8 – Transaction Control Number (TCN) of history claim associated with current claim adjudication.
129	2100	REF02	Rendering Provider Secondary Identifier	12 digit rendering provider identifier assigned by Medicaid.
131	2100	DTM02	Claim Date	Beginning and/or ending claim level date(s) of service.
141	2110	SVC01	Product or Service	Procedure code and/or modifiers.
142	2110	SVC02	Line Item Charge Amount	Charge amount.
142	2110	SVC03	Line Item provider Payment Amount	Medicaid allowed amount.
142	2110	SVC04	National Uniform Billing Committee Revenue Code	REV code.
142	2110	SVC05	Units of Service Paid Count	Units of service/quantity.
143	2110	SVC06	Product or Service	Utilized if adjudicated procedure code is different than submitted procedure code.
147	2110	DTM02	Service Date	Line level date of service.
148	2110	CAS	Service Adjustment	Standard adjustment group and reason codes. Adjustment amount.

Version 1Utah State Dept. of Health
Division of Health Care Financing

835 Health Care Claim Payment/Advice

835 Health Care Claim Payment/Advice				
Page	Loop	Segment	Data Element	Values / Comments
155	2110	REF02	Provider Identifier	Line item control number submitted by provider in the 837.
157	2110	REF02	Rendering Provider Identifier	12 digit rendering provider identifier assigned by Medicaid.
159	2110	AMT02	Service Supplemental Amount	Allowed charge.
162	2110	LQ	Health Care Remark Codes	Standard remark codes or NCPDP reject/payment codes associated to line adjudication.
164		PLB	Provider Adjustment	Provider level payments or adjustments.