



CareSource

HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides Based on ASC X12 version 005010

Companion Guide Version Number: 1.1

Preface:

The information contained in this guide is meant to provide assistance to providers regarding the electronic submission of health information to CareSource. The sole purpose of this document is to provide guidance to entities who wish to become a Trading Partner. Every effort has been made to assure the information in this guide conforms to current requirements of the law. Each Medicaid provider and Trading Partner has the ultimate responsibility to follow federal and state laws. All users of this guide are advised to review these legal requirements with their legal counsel.

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with CareSource. Transmissions based on this companion guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1. INTRODUCTION

This document is intended as a companion to the errata Health Care Claim Payment/Advice (835) ASC X12N/005010X220A1, published in June 2010, and the Health Care Claim Payment/Advice (835) Implementation Guide (IG) ASC X12N/005010X220, originally published August 2006. This companion guide will give CareSource specific guidelines they need to process certain scenarios on a payable claim that the Implementation Guides can't provide. This clarifying information will be listed in a table format consisting of a row for each segment that CareSource has something additional, over and above, the information in the Implementation Guides. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listing
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with CareSource

a. Scope

The companion guide is intended to be used as a supplement of the implementation guides.

b. Overview

This companion guide clarifies what CareSource looks for in specific loops/segments under specific scenarios on a payable claim.

c. References

This companion guide supplements errata and IG documents "835 A1.pdf" and "835.pdf" respectively, which are published by the **Washington Publishing Company** www.wpc-edi.com.

d. Additional Information

2. GETTING STARTED

a. Working with CareSource

Please email CareSource's EDI department at EDIServices@caresource.com to initiate interaction regarding questions/comments/clarifications needed regarding this companion guide.

b. Trading Partner Registration

c. Certification and Testing Overview

d.

3. Testing with the Payer

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

- a. Process Flows and Passwords
- b. Transmission Administrative Procedures
- c. Re-Transmission Procedure
- d. Communication Protocol Specifications – Downtime for Server Maintenance will be notified via email
- e. Passwords

5. CONTACT INFORMATION

- a. EDI Technical Assistance: EDIServices@caresource.com
- b. Provider Services Number: 1-800-488-0134
- c. Provider Service Number
- d. Applicable Website: www.caresource.com

6. CONTROL SEGMENTS / ENVELOPES

Specific requirements/expectations, based on transaction type, will be communicated by the EDI department during the life cycle requirements phase for the following:

- a. ISA-IEA Interchange Control
- b. GS-GE Functional Group
- c. ST-SE Transaction Set

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Please refer to the Notes/Comments column in section “Transaction Specific Information.”

8. ACKNOWLEDGEMENTS AND/OR REPORTS

Not applicable.

9. TRADING PARTNER AGREEMENTS

a. Trading Partners

An EDI Trading Partner is defined as any CareSource customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from CareSource.

10. TRANSACTION SPECIFIC INFORMATION:

Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
C.3	Control Segment Header	ISA	ISA - Interchange Control				
C.4	Header	ISA01	Authorization Information Qualifier	00	2		00
C.4	Header	ISA02	Authorization Information		10		blank
C.4	Header	ISA03	Security Information Qualifier	00	2		00
C.4	Header	ISA04	Security Information		10		blank
C.4	Header	ISA05	Interchange ID Qualifier	01	2		01
C.4	Header	ISA06	Interchange Sender ID		15		311143265
C.5	Header	ISA07	Interchange ID Qualifier	ZZ	2		ZZ
C.5	Header	ISA08	Interchange Receiver ID		15		<Trading Partner Identifier>
C.5	Header	ISA09	Interchange Date		6		yymmdd

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
C.5	Header	ISA10	Interchange Time		4		hhmm
C.5	Header	ISA11	Repetition Separator		1		^
C.5	Header	ISA12	Interchange Control Version Number	00501	5		00501
C.5	Header	ISA13	Interchange Control Number		9		<Unique control number> / Interchange control number
C.6	Header	ISA14	Acknowledgment Requested	0	1		0
C.6	Header	ISA15	Interchange Usage Indicator	P, T	1		P - Test; T - Test
C.6	Header	ISA16	Component Element Separator		1		~
C.7	Header	GS	Functional Group Header				
C.7	Header	GS01	Functional Identifier Code		2		BE
C.7	Header	GS02	Application Sender's Code		15		311143265
C.7	Header	GS03	Application Receiver's Code		15		<Trading Partner Identifier>
C.7	Header	GS04	functional group creation date		8		yyyymmdd
C.8	Header	GS05	creation time		8		hhmm
C.8	Header	GS06	Group Control Number		9		Counter - Increment by 1
C.8	Header	GS07	Responsible Agency Code	X	2		X
C.8	Header	GS08	Version / Release / Industry Identifier Code	005010X220A1	12		005010X220A1
68	Header	ST	Transaction Set Header				
68	Header	ST01	Transaction Set Identifier Code	835	3	M	835
68	Header	ST02	Transaction Set Control Number		9	M	000501
68	Header	ST03	Implementation Convention Reference		35	O	005010X220A1
70		BPR	FINANCIAL INFORMATION				
70		BPR01	Transaction Handling Code	C,D,H,I,P U,X	2	M	
71		BPR02	Monetary Amount		18	M	
71		BPR03	Credit/Debit Flag Code	C,D	1	M	
72		BPR04	Payment Method Code	ACH,BOP ,CHK,FW T,NON	3	M	
72		BPR05	Payment Format Code	CCP,CTX	10	O	
73		BPR06	(DFI) ID Number Qualifier	01,04	2	X	
73		BPR07	(DFI) Identification Number		12	X	
74		BPR08	Account Number Qualifier	DA	3	O	
74		BPR09	Account Number		35	X	
74		BPR10	Originating Company Identifier		10	O	

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
74		BPR11	Originating Company Supplemental Code		9	O	
75		BPR12	(DFI) ID Number Qualifier		2	X	
75		BPR13	(DFI) Identification Number		12	X	
76		BPR14	Account Number Qualifier		3	O	
76		BPR15	Account Number		35	X	
76		BPR16	Date		8	O	
76		BPR17	NOT USED				
76		BPR18	NOT USED				
76		BPR19	NOT USED				
76		BPR20	NOT USED				
76		BPR21	NOT USED				
77		TRN	REASSOCIATION TRACE NUMBER				
77		TRN01	Trace Type Code		2	M	
77		TRN02	Reference Identification		50	M	
78		TRN03	Originating Company Identifier		10	O	
78		TRN04	Reference Identification		50	O	
79		CUR	FOREIGN CURRENCY INFORMATION				
80		CUR01	Entity Identifier Code		3	M	
80		CUR02	Currency Code		3	M	
82		REF	RECEIVER IDENTIFICATION				
82		REF01	Reference Identification Qualifier		3	M	
82		REF02	Reference Identification		50	X	
82		REF03	Description		80	X	
82		REF04	REFERENCE IDENTIFIER			O	
84		REF	VERSION IDENTIFICATION				
84		REF01	Reference Identification Qualifier		3	M	
84		REF02	Reference Identification		50	X	
85		DTM	PRODUCTION DATE				
85		DTM01		405	3	M	
86		DTM02			8	X	CCYYMMDD
87	1000A	N1	PAYER IDENTIFICATION				
87	1000A	N101	Entity Identifier Code	PR	3	M	PR - Payer
87	1000A	N102	Name		60	X	
88	1000A	N103	Identification Code Qualifier	XV	2	X	
88	1000A	N104	Identification Code		80	X	
89	1000A	N3	PAYER ADDRESS				
89	1000A	N301	Address Information		55	M	
89	1000A	N302	Address Information		55	O	
90	1000A	N4	PAYER CITY, STATE, ZIP CODE				
90	1000A	N401	City Name		30	O	

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
91	1000A	N402	State or Province Code		2	X	
91	1000A	N403	Postal Code		15	O	
91	1000A	N404	Country Code		3	X	
92	1000A	REF	ADDITIONAL PAYER IDENTIFICATION				
92	1000A	REF01	Reference Identification Qualifier	2U, EO, HI, NF	3	M	
93	1000A	REF02	Reference Identification		50	X	
94	1000A	PER	PAYER BUSINESS CONTACT INFORMATION				
95	1000A	PER01	Contact Function Code	CX	2	M	Payers Claim Office
95	1000A	PER02	Name		60	O	
95	1000A	PER03	Communication Number Qualifier		2	X	
95	1000A	PER04	Communication Number		256	X	
96	1000A	PER05	Communication Number Qualifier	EM, EX	2	X	
96	1000A	PER06	Communication Number		256	X	
96	1000A	PER07	Communication Number Qualifier	EX	2	X	
96	1000A	PER08	Communication Number		256	X	
96	1000A	PER09	Contact Inquiry Reference		20	O	
97	1000A	PER	PAYER TECHNICAL CONTACT INFORMATION		2	M	
97	1000A	PER01	Contact Function Code	BL	60	O	
98	1000A	PER02	Name				
98	1000A	PER03	Communication Number Qualifier	EM,TE,U R	2	X	
98	1000A	PER04	Communication Number		256	X	
98	1000A	PER05	Communication Number Qualifier	EM.EX,FX ,TE	2	X	
99	1000A	PER06	Communication Number		256	X	
99	1000A	PER07	Communication Number Qualifier	EX	2	X	
99	1000A	PER08	Communication Number		256	X	
100	1000A	PER	PAYER WEB SITE				
100	1000A	PER01	Contact Function Code		2	M	
100	1000A	PER02	Name (NOT USED)		60	O	
101	1000A	PER03	Communication Number Qualifier		2	X	
101	1000A	PER04	Communication Number		256	X	
102	1000B	N1	PAYEE IDENTIFICATION				
102	1000B	N101	Entity Identifier Code	PE	2	M	Payee
102	1000B	N102	Name		60	X	
103	1000B	N103	Identification Code Qualifier		2	X	
103	1000B	N104	Identification Code		80	X	
104	1000B	N3	PAYEE ADDRESS				
104	1000B	N301	Address Information		55	M	
104	1000B	N302	Address Information		55	O	

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
105	1000B	N4	PAYEE CITY, STATE, ZIP CODE				
105	1000B	N401	City Name		30	O	
106	1000B	N402	Postal Code		3	X	
106	1000B	N403	Country Code		15	O	
106	1000B	N404	Country Subdivision Code		3	X	
107	1000B	REF	PAYEE ADDITIONAL IDENTIFICATION				
107	1000B	REF01	Reference Identification Qualifier		3	M	
108	1000B	REF02	Reference Identification		50	X	
109	1000B	RDM	REMITTANCE DELIVERY METHOD				
109	1000B	RDM01	Report Transmission Code		2	M	
110	1000B	RDM02	Name		60	O	
110	1000B	RDM03	Communication Number		256	O	
111	2000	LX	HEADER NUMBER				
111	2000	LX01	Assigned Number		6	M	
112	2000	TS3	PROVIDER SUMMARY INFORMATION				
113	2000	TS301	Reference Identification		50	M	
113	2000	TS302	Facility Code Value		2	M	
113	2000	TS303	Date		8	M	CCYYMMDD
113	2000	TS304	Quantity		15	M	
114	2000	TS305	Monetary Amount		18	M	Total Claim Charge Amount
114	2000	TS305	Monetary Amount		18	O	Total MSP Payer Amount
114	2000	TS315	Monetary Amount		18	O	Total Non-Lab Charge Amount
115	2000	TS317	Monetary Amount		18	O	Total HCPCS Reported Charge Amount
115	2000	TS318	Monetary Amount		18	O	Total HCPCS Payable Amount
115	2000	TS320	Monetary Amount		18	O	Total Professional Component Amount
115	2000	TS321	Monetary Amount		18	O	Total MSP Patient Liability Met Amount
116	2000	TS322	Monetary Amount		18	O	Total Patient Reimbursement Amount
116	2000	TS323	Monetary Amount		18	O	Total PIP Claim Count
116	2000	TS324	Monetary Amount		18	O	Total PIP Adjustment Amount
117	2000	TS2	PROVIDER SUPPLEMENTAL SUMMARY INFORMATION				
118	2000	TS201	Monetary Amount		18	O	Total DRG Amount
118	2000	TS202	Monetary Amount		18	O	Total Federal Specific Amount
118	2000	TS203	Monetary Amount		18	O	Total Hospital Specific Amount
119	2000	TS204	Monetary Amount		18	O	Total Disproportionate Share Amount
119	2000	TS205	Monetary Amount		18	O	Total Capital Amount
119	2000	TS206	Monetary Amount		18	O	Total Indirect Medical Education Amount

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
119	2000	TS207	Quantity		15	O	Total Outlier Day Count
119	2000	TS208	Monetary Amount		18	O	Total Day Outlier Amount
120	2000	TS209	Monetary Amount		18	O	Total Cost Outlier Amount
120	2000	TS210	Quantity		15	O	Average DRG Length of Stay
120	2000	TS211	Quantity		15	O	Total Discharge Count
120	2000	TS212	Quantity		15	O	Total Cost Report Day Count
121	2000	TS213	Quantity		15	O	Total Covered Day Count
121	2000	TS214	Quantity		15	O	Total Noncovered Day Count
121	2000	TS215	Quantity		15	O	Total MSP Pass-Through Amount
121	2000	TS216	Quantity		15	O	Average DRG weight
122	2000	TS217	Monetary Amount		18	O	Total PPS Capital FSP DRG Amount
122	2000	TS218	Monetary Amount		18	O	Total PPS Capital HSP DRG Amount
122	2000	TS219	Monetary Amount		18	O	Total PPS DSH DRG Amount
123	2100	CLP	CLAIM PAYMENT INFORMATION				
123	2100	CLP01	Claim Submitter's Identifier		38	M	Patient Control Number
124	2100	CLP02	Claim Status Code	1,2,3,4,1 9,20,21,2 22,23,25	2	M	
125	2100	CLP03	Monetary Amount		18	M	Total Claim Charge Amount
125	2100	CLP04	Monetary Amount		18	M	Claim Payment Amount
125	2100	CLP05	Monetary Amount		18	M	Patient Responsibility Amount
126	2100	CLP06	Claim Filing Indicator Code	12,13,14, 15,16,17, AM,CH,D S,HM,LM ,MA,MB, MC,OF	2	O	
127	2100	CLP07	Payer Claim Control Number		50	O	
127	2100	CLP08	Facility Code Value		2	O	
127	2100	CLP09	Claim Frequency Type Code		1	O	
127	2100	CLP10	Patient Status Code		2	O	
128	2100	CLP11	Diagnosis Related Group (DRG) Code		4	O	
128	2100	CLP12	Quantity		15	O	
128	2100	CLP13	Percentage as Decimal		10	O	
129	2100	CAS	CLAIM ADJUSTMENT				
131	2100	CAS01	Claim Adjustment Group Code	CO, OA, PI, PR	2	M	
131	2100	CAS02	Claim Adjustment Reason Code		5	M	
132	2100	CAS03	Monetary Amount		18	M	Adjustment Amount
132	2100	CAS04	Quantity		15	O	

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
132	2100	CAS05	Claim Adjustment Reason Code		5	X	Adjustment Reason Code
133	2100	CAS06	Monetary Amount		18	M	Adjustment Amount
133	2100	CAS07	Quantity		15	O	Adjustment Quantity
133	2100	CAS08	Claim Adjustment Reason Code		5	X	Adjustment Reason Code
133	2100	CAS09	Monetary Amount		18	M	Adjustment Amount
134	2100	CAS10	Quantity		15	O	Adjustment Quantity
134	2100	CAS11	Claim Adjustment Reason Code		5	X	
134	2100	CAS12	Monetary Amount		18	M	Adjustment Amount
134	2100	CAS13	Quantity		15	O	Adjustment Quantity
135	2100	CAS14	Claim Adjustment Reason Code		5	X	
135	2100	CAS15	Monetary Amount		18	M	Adjustment Amount
135	2100	CAS16	Quantity		15	O	Adjustment Quantity
135	2100	CAS17	Claim Adjustment Reason Code		5	X	
136	2100	CAS18	Monetary Amount		18	M	Adjustment Amount
136	2100	CAS19	Quantity		15	O	Adjustment Quantity
137	2100	NM1	PATIENT NAME				
137	2100	NM101	Entity Identifier Code	QC	3	M	
138	2100	NM102	Entity Type Qualifier	1	1	M	
138	2100	NM103	Name Last or Organization Name		60	X	
138	2100	NM104	Name First		35	O	
138	2100	NM105	Name Middle		25	O	
138	2100	NM107	Name Suffix		10	O	
139	2100	NM108	Identification Code Qualifier		2	X	
139	2100	NM109	Identification Code		80	X	
140	2100	NM1	INSURED NAME				
141	2100	NM101	Entity Identifier Code	IL	3	M	
141	2100	NM102	Entity Type Qualifier	1,2	1	M	
141	2100	NM103	Name Last or Organization Name		60	X	
141	2100	NM104	Name First		35	O	
141	2100	NM105	Name Middle		25	O	
142	2100	NM107	Name Suffix		10	O	
142	2100	NM108	Identification Code Qualifier		2	X	
142	2100	NM109	Identification Code		80	X	
143	2100	NM1	CORRECTED PATIENT/INSURED NAME				
143	2100	NM101	Entity Identifier Code	74			74-Corrected Insured
144	2100	NM102	Entity Type Qualifier	1,2	1	M	
144	2100	NM103	Name Last or Organization Name		60	X	
144	2100	NM104	Name First		35	O	
144	2100	NM105	Name Middle		25	O	
144	2100	NM107	Name Suffix		10	O	

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
145	2100	NM108	Identification Code Qualifier		2	X	
145	2100	NM109	Identification Code		80	X	Corrected Insured Identification Indicator
145		NM1	SERVICE PROVIDER NAME				
147	2100	NM101	Entity Identifier Code	82			82-Rendering Provider
147	2100	NM102	Entity Type Qualifier	1,2	1	M	
147	2100	NM103	Name Last or Organization Name		60	X	
147	2100	NM104	Name First		35	O	
148	2100	NM105	Name Middle		25	O	
148	2100	NM107	Name Suffix		10	O	
148	2100	NM108	Identification Code Qualifier		2	X	
149	2100	NM109	Identification Code		80	X	Rendering Provider Identifier
150	2100	NM1	CROSSOVER CARRIER NAME				
151	2100	NM101	Entity Identifier Code	TT	3	M	TT - Transfer To
151	2100	NM102	Entity Type Qualifier	2	1	M	
151	2100	NM103	Name Last or Organization Name		60	X	Coordination of Benefits Carrier Name
151	2100	NM108	Identification Code Qualifier	AD, FI, NI, PI, PP, XV	2	X	
151	2100	NM109	Coordination of Benefits Carrier Identifier		80	X	
153	2100	NM1	CORRECTED PRIORITY PAYER NAME				
153	2100	NM101	Entity Identifier Code	PR	3	M	PR - Payer
154	2100	NM102	Entity Type Qualifier	2	1	M	
154	2100	NM103	Name Last or Organization Name		60	X	Coordination of Benefits Carrier Name
154	2100	NM108	Identification Code Qualifier	AD, FI, NI, PI, PP, XV	2	X	
154	2100	NM109	Coordination of Benefits Carrier Identifier		80	X	
	2100	NM1	OTHER SUBSCRIBER NAME				
	2100	NM101	Entity Identifier Code	GB	3	M	GB - Other Insured
157	2100	NM102	Entity Type Qualifier	1,2	1	M	
157	2100	NM103	Name Last or Organization Name		60	X	Coordination of Benefits Carrier Name
157	2100	NM104	Name First		35	O	
157	2100	NM105	Name Middle		25	O	
157	2100	NM107	Name Suffix		10	O	
158	2100	NM108	Identification Code Qualifier	FI,II, MI	2	X	
158	2100	NM109	Coordination of Benefits Carrier Identifier		80	X	
159	2100	MIA	INPATIENT ADJUDICATION INFORMATION				

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
160	2100	MIA01	Quantity		15	M	
160	2100	MIA02	Monetary Amount		18	O	PPS Operating Outlier Amount
160	2100	MIA03	Quantity		15	M	
161	2100	MIA04	Monetary Amount		18	O	Claim DRG Amount
161	2100	MIA05	Reference Identification		50	O	Claim Payment Remark Code
161	2100	MIA06	Monetary Amount		18	O	Claim Disproportionate Share Amount
161	2100	MIA07	Monetary Amount		18	O	Claim MSP Pass-through Amount
161	2100	MIA08	Monetary Amount		18	O	Claim PPS Capital Amount
162	2100	MIA09	Monetary Amount		18	O	PPS-Capital FSP DRG Amount
162	2100	MIA10	Monetary Amount		18	O	PPS-Capital HSP DRG Amount
162	2100	MIA11	Monetary Amount		18	O	PPS-Capital DSH DRG Amount
162	2100	MIA12	Monetary Amount		18	O	Old Capital Amount
163	2100	MIA13	Monetary Amount		18	O	PPS-Capital IME amount
163	2100	MIA14	Monetary Amount		18	O	PPS-Operating Hospital Specific DRG Amount
163	2100	MIA15	Quantity		15	M	
163	2100	MIA16	Monetary Amount		18	O	PPS-Operating Federal Specific DRG Amount
164	2100	MIA17	Monetary Amount		18	O	Claim PPS Capital Outlier Amount
164	2100	MIA18	Monetary Amount		18	O	Claim Indirect Teaching Amount
164	2100	MIA19	Monetary Amount		18	O	Nonpayable Professional Component Amount
164	2100	MIA20	Reference Identification		50	O	Claim Payment Remark Code
165	2100	MIA21	Reference Identification		50	O	Claim Payment Remark Code
165	2100	MIA22	Reference Identification		50	O	Claim Payment Remark Code
165	2100	MIA23	Reference Identification		50	O	Claim Payment Remark Code
165	2100	MIA24	Monetary Amount		18	O	PPS-Capital Exception Amount
166	2100	MOA	OUTPATIENT ADJUDICATION INFORMATION				
166	2100	MOA01	Percentage as Decimal		10	O	
167	2100	MOA02	Monetary Amount		18	O	Claim HCPCS Payable Amount
167	2100	MOA03	Reference Identification		50	O	Claim Payment Remark Code
167	2100	MOA04	Reference Identification		50	O	Claim Payment Remark Code
167	2100	MOA05	Reference Identification		50	O	Claim Payment Remark Code
168	2100	MOA06	Reference Identification		50	O	Claim Payment Remark Code
168	2100	MOA07	Reference Identification		50	O	Claim Payment Remark Code
168	2100	MOA08	Monetary Amount		18	O	Claim ESRD Payment Amount
168	2100	MOA09	Monetary Amount		18	O	Nonpayable Professional Component Amount
169	2100	REF	OTHER CLAIM RELATED				

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
			IDENTIFICATION				
169	2100	REF01	Reference Identification Qualifier	1L, 1W, 28, 6P, 9A, 9C, BB, CE, EA, F8, G1, G3, IG, SY	3	M	
169	2100	REF02	Reference Identification		50	X	
169	2100	REF	RENDERING PROVIDER IDENTIFICATION				
171	2100	REF01	Reference Identification Qualifier	OB, 1A, 1B, 1B, 1C, 1D, 1G, 1H, 1J, D3, G2, LU	3	M	
172	2100	REF02	Reference Identification		50	O	Rendering Provider Secondary Identifier
173	2100	DTM	STATEMENT FROM OR TO DATE				
174	2100	DTM01	Date/Time Qualifier	232, 233	3	M	
174	2100	DTM02	Date		8	X	CCYYMMDD
175	2100	DTM	COVERAGE EXPIRATION DATE				
175	2100	DTM01	Date/Time Qualifier	036	3	M	Expiration
175	2100	DTM02	Date		8	X	CCYYMMDD
177	2100	DTM	CLAIM RECEIVED DATE				
177	2100	DTM01	Date/Time Qualifier	050	3	M	Received
177	2100	DTM02	Date		8	X	CCYYMMDD
179	2100	PER	CLAIM CONTACT INFORMATION				
180	2100	PER01	Contact Function Code	CX	2	M	CX-Payers Claim Office
180	2100	PER02	Name		60	O	Claim Contact Name
180	2100	PER03	Communication Number Qualifier	EM, FX, TE	2	X	
180	2100	PER04	Communication Number		256	X	Claim Contact Communications Number
180	2100	PER05	Communication Number Qualifier	EM, EX, FX, TE	2	X	
181	2100	PER06	Communication Number		256	X	Claim Contact Communications Number
181	2100	PER07	Communication Number Qualifier		2	X	
181	2100	PER08	Communication Number		256	X	Communication Number Extension
181	2100	PER09	Communication Number Qualifier		2	X	
182	2100	AMT	CLAIM SUPPLEMENTAL INFORMATION				
182	2100	AMT01	Amount Qualifier Code	AU, D8, DY, F5, I,	3	M	

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
				NL, T, T2, ZK, ZL, ZM, ZN, ZO			
183	2100	AMT02	Monetary Amount		18	M	
184	2100	QTY	CLAIM SUPPLEMENTAL INFORMATION QUANTITY				
184	2100	QTY01	Quantity Qualifier	CA, CD, LA, LE, NE, NR, OU, PS, VS, ZK, ZL, ZM, ZN, ZO	2	M	
185	2100	QTY02	Quantity		15	X	
186	2110	SVC	SERVICE PAYMENT INFORMATION				
186	2110	SVC01	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			M	
187	2110	SVC01 - 1	Product/Service ID Qualifier	AD, ER, HC, HP, IV, N4, N6, NU, UI, WK,	2	M	
188		SVC01 - 2	Product/Service ID		48	M	Adjudicated Procedure Code
188	2110	SVC01 - 3	Procedure Modifier		2	O	
189	2110	SVC01 - 4	Procedure Modifier		2	O	
189	2110	SVC01 - 5	Procedure Modifier		2	O	
189	2110	SVC01 - 6	Procedure Modifier		2	O	
189	2110	SVC02	Monetary Amount		18	M	Line Item Charge Amount
190	2110	SVC03	Monetary Amount		18	O	Line Item Charge Amount
190	2110	SVC04	Product/Service ID		48	O	
190	2110	SVC05	Quantity		15	O	Units of Service Paid Count
190	2110	SVC06	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			O	
191	2110	SVC06 - 1	Product/Service ID Qualifier	AD, ER, HC, HP, IV, N4, NU, WK,	2	M	
192	2110	SVC06 - 2	Product/Service ID		48	M	
192	2110	SVC06 - 3	Procedure Modifier		2	O	
192	2110	SVC06 - 4	Procedure Modifier		2	O	
192	2110	SVC06 - 5	Procedure Modifier		2	O	

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
192	2110	SVC06 - 6	Procedure Modifier		2	O	
193	2110	SVC06 - 7	Description		80	O	
193	2110	SVC07	Quantity		15	O	
194	2110	DTM	SERVICE DATE				
195	2110	DTM01	Date/Time Qualifier		3	M	
195	2110	DTM02	Date		8	X	CCYYMMDD
196	2110	CAS	SERVICE ADJUSTMENT				
198	2110	CAS01	Claim Adjustment Group Code	CO, OA, PI, PR	2	M	
198	2110	CAS02	Claim Adjustment Reason Code		5	M	
199	2110	CAS03	Monetary Amount		18	M	Adjustment Amount
199	2110	CAS04	Quantity		15	O	
199	2110	CAS05	Claim Adjustment Reason Code		5	X	Adjustment Reason Code
199	2110	CAS06	Monetary Amount		18	M	Adjustment Amount
200	2110	CAS07	Quantity		15	X	Adjustment Quantity
200	2110	CAS08	Claim Adjustment Reason Code		5	X	Adjustment Reason Code
200	2110	CAS09	Monetary Amount		18	M	Adjustment Amount
200	2110	CAS10	Quantity		15	O	Adjustment Quantity
201	2110	CAS11	Claim Adjustment Reason Code		5	X	Adjustment Reason Code
201	2110	CAS12	Monetary Amount		18	X	Adjustment Amount
201	2110	CAS13	Quantity		15	X	Adjustment Quantity
202	2110	CAS14	Claim Adjustment Reason Code		5	X	Adjustment Reason Code
202	2110	CAS15	Monetary Amount		18	X	Adjustment Amount
202	2110	CAS16	Quantity		15	X	Adjustment Quantity
203	2110	CAS17	Claim Adjustment Reason Code		5	X	Adjustment Reason Code
203	2110	CAS18	Monetary Amount		18	X	Adjustment Amount
203	2110	CAS19	Quantity		15	X	Adjustment Quantity
204	2110	REF	SERVICE IDENTIFICATION				
204	2110	REF01	Reference Identification Qualifier	1S, APC, BB, E9, G1, G3, LU, RB	3	M	
205	2110	REF02	Reference Identification		50	X	
206	2110	REF	LINE ITEM CONTROL NUMBER				
206	2110	REF01	Reference Identification Qualifier	6R	3	M	Provider Control Number
206	2110	REF02	Reference Identification		50	X	Line Item Control Number
	2110	REF	RENDERING PROVIDER INFORMATION				
	2110	REF01	Reference Identification Qualifier	OB, 1A, 1B, 1C, 1D, 1G, 1H, 2J,	3	M	

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
				D3, G2, HPI, SY, TJ			
	2110	REF02	Reference Identification		50	X	Rendering Provider Identifier
209	2110	REF	HEALTHCARE POLICY IDENTIFICATION				
210	2110	REF01	Reference Identification Qualifier	OK	3	M	Policy Form Identifying Number
210	2110	REF02	Reference Identification		50	X	Healthcare Policy Identification
211	2110	AMT	SERVICE SUPPLEMENTAL AMOUNT				
211	2110	AMT01	Amount Qualifier Code	B6, KH, T, T2, ZK, ZL, ZM, ZN, ZO	3	M	
212	2110	AMT02	Monetary Amount		18	M	Service Supplemental Amount
213	2110	QTY	SERVICE SUPPLEMENTAL QUANTITY				
213	2110	QTY01	Quantity Qualifier	ZK, ZL, ZM, ZN, ZO	2	M	
214	2110	QTY02	Quantity		15	X	
215	2110	LQ	HEALTH CARE REMARK CODES				
215	2110	LQ01	Code List Qualifier Code	HE, RX	3	O	
216	2110	LQ02	Industry Code		30	X	Remark Code
217	PLB	PLB	PROVIDER ADJUSTMENT				
218	PLB	PLB01	Reference Identification		50	M	Provider Identifier
218	PLB	PLB02	Date		8	M	Fiscal Period Date CCYYMMDD
218	PLB	PLB03	ADJUSTMENT IDENTIFIER			M	
219	PLB	PLB03 - 1	Adjustment Reason Code		2	M	
222	PLB	PLB03 - 2	Reference Identification		50	O	Provider Adjustment Identifier
223	PLB	PLB04	Monetary Amount		18	M	Provider Adjustment Amount
223	PLB	PLB05	ADJUSTMENT IDENTIFIER			X	
223	PLB	PLB05 - 1	Adjustment Reason Code		2	M	
223	PLB	PLB05 - 2	Reference Identification		50	O	Provider Adjustment Identifier
224	PLB	PLB06	Monetary Amount		18	X	
224	PLB	PLB07	ADJUSTMENT IDENTIFIER			X	
224	PLB	PLB07 - 1	Adjustment Reason Code		2	M	
224	PLB	PLB07 - 2	Reference Identification		50	O	Provider Adjustment Identifier
224	PLB	PLB08	Monetary Amount		18	X	Provider Adjustment Amount
225	PLB	PLB09	ADJUSTMENT IDENTIFIER			X	
225	PLB	PLB09 - 1	Adjustment Reason Code		2	M	
225	PLB	PLB09 - 2	Reference Identification		50	O	Provider Adjustment Identifier
225	PLB	PLB10	Monetary Amount		18	X	Provider Adjustment Amount
225	PLB	PLB11	ADJUSTMENT IDENTIFIER			X	

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
225	PLB	PLB11 - 1	Adjustment Reason Code		2	M	
226	PLB	PLB11 - 2	Reference Identification		50	O	
226	PLB	PLB12	Monetary Amount		18	X	Provider Adjustment Amount
226	PLB	PLB13	ADJUSTMENT IDENTIFIER			X	
226	PLB	PLB13 - 1	Adjustment Reason Code		2	M	
226	PLB	PLB13 - 2	Reference Identification		50	O	
227	PLB	PLB14	Monetary Amount		18	X	Provider Adjustment Amount
228	TRAILER	SE	TRANSACTION SET TRAILER				
228	TRAILER	SE01	Number of Included Segments		10	M	
228	TRAILER	SE02	Transaction Set Control Number		9	M	
C.9	TRAILER	GE	FUNCTIONAL GROUP TRAILER				
C.9	TRAILER	GE01	Number of Transaction Sets Included		6	M	
C.9	TRAILER	GE02	Group Control Number		9	M	
C.10	TRAILER	IEA	INTERCHANGE CONTROL TRAILER				
C.10	TRAILER	IEA01	Number of Included Functional Groups		5	M	
C.10	TRAILER	IEA02	Interchange Control Number		9	M	

11. Balancing

The amounts reported in the 835, if present, MUST balance at three different levels the service line, the claim, and the transaction. Adjustments within the 835, through use of the Claim Adjustment and Service Adjustment Segments, CAS, or Provider Level Adjustment Segments, PLB, DECREASE the payment when the adjustment amount is POSITIVE, and INCREASE the payment when the adjustment amount is NEGATIVE.

NOTE: Amounts are not present and balancing does not apply when an 835 is used ONLY to initiate an electronic funds transfer.

a: Service Line Balancing

Although the service payment information is optional, it is **REQUIRED** for all professional claims or anytime payment adjustments are related to specific line items from the original submitted claim. When used, the submitted service charge plus or minus the sum of all monetary adjustments must equal the amount paid for this service line.

Amount 1 - Amount 2 = Amount 3

Where:

Amount 1 -- transmitted in the Service Payment Information Segment, SVC02, is the submitted charge for this service line.

Amount 2 -- transmitted in the Service Adjustment Segment, the sum of CAS03, 06, 09, 12, 15, and 18 -- is the monetary adjustment amount applied to this service line.

Amount 3 -- transmitted in the Service Payment Information Segment, SVC03 -- is the paid amount for this service line.

NOTES:

- Adjustments within CAS DECREASE the payment when the adjustment amount is POSITIVE, and INCREASE the payment when the adjustment amount is NEGATIVE.

- Providing service detail is critical for business, especially when professional or fee-based services are involved.

All services for the claim being paid from the adjudication system must be reported. This may be a subset of the original claim services when claims are split.

If any service detail is reported in the claim payment, all services for the claim payment must be reported.

b: Claim Balancing

Balancing must occur within each Claim Payment loop so that the submitted charges for the claim minus the sum of all monetary adjustments equals the claim paid amount.

When the Service Payment Information loop is not present, the following formula applies:

Amount 4 - Amount 5 = Amount 6

Where,

Amount 4 -- transmitted in the Claim Payment Segment, CLP03 -- is the total submitted charge for the claim.

Amount 5 -- transmitted in the Claim Adjustment Segment, the sum of CAS03, 06, 09, 12, 15, and 18 -- is the monetary adjustment amount applied to this claim.

Amount 6 -- transmitted in the Claim Payment Segment, CLP04 -- is the paid amount for this claim.

When the Service Payment Information loop is present, the following formula applies:

Amount 7 - Amount 8 = Amount 9

Where,

Amount 7 -- transmitted in the Claim Payment Segment, CLP03 -- is the total submitted charge for the claim.

Amount 8 -- transmitted in the Claim Adjustment Segment and/or Service Adjustment Segment, the sum of CAS03, 06, 09, 12, 15, and 18 -- is the monetary adjustment amount applied to this claim.

Amount 9 -- transmitted in the Claim Payment Segment, CLP04 -- is the paid amount for this claim.

NOTES: Adjustments within the Claim Adjustment or Service Adjustment Segments DECREASE the payment when the adjustment amount is POSITIVE and INCREASE the payment when the adjustment amount is NEGATIVE.

When balancing claims that include the Service Payment Information loop, all Claim Adjustment and Service Adjustment monetary amounts are included in the balancing equation (amount 8 above). When balancing claims that do not include the Service payment Information loop, all Claim Adjustment monetary amounts are included in the balancing equation (Amount 5 above).

When the Service Payment Information loop is present, adjustments are reported in either the Claim Adjustment or the Service Adjustment Segments but not in both. For example, if a \$100 deductible adjustment is taken at the service level, do not repeat that deductible at the claim level. It is preferred that the adjustment be shown at the service level when possible. When specific service detail is presented, the claim level balancing includes balancing the total claim charge (CLP03) to the sum of the related service charges (SVC02). Service lines that are not finalized must be adjusted with a CAS segment using a Claim Adjustment Group code (CAS01) of 'OA' (Other Adjustment), a Claim Adjustment Reason code (CAS02) of 133 (This service is suspended pending further review) and the full dollar

Amount for the service in CAS03. When finalized, the claim must be reported using the instructions found in the Reversal and Correction section.

c: Transaction Balancing

Within the transaction, the sum of all claim payments minus the sum of all provider level adjustments equals the total payment amount.

Amount 10 - Amount 11 = Amount 12

Where: Amount 10 -- the sum of all CLP04 amounts transmitted in the Claim Payment Segment -- is the total of all claim amounts included in this transaction set.

Amount 11 -- the sum of PLB04, 06, 08, 10, 12, and 14 transmitted in the Provider Adjustments Segment -- is the provider level adjustment made to the claim payment.

Amount 12 -- transmitted in the Financial Information Segment, BPR02 -- is the total payment amount of this claim payment.

NOTE: A POSITIVE amount in PLB indicates a DECREASE in the payment amount. A NEGATIVE amount in PLB indicates an INCREASE in the payment amount.

APPENDICES:

Business Scenario 1:

Dollars and data are being sent together through the banking system to pay Medicare Part A institutional claims.

ST*835*1234~
BPR*C*15000*C*ACH*CTX*01*999999992*DA*123456*1512345678**01*999988880*DA*98765*20200913~
TRN*1*12345*1512345678~
DTM*405*20200916~
N1*PR*CareSource Ohio~
N3*One South Main St~
N4*Dayton*OH*45402~
REF*2U*31114~
N1*PE*REGIONAL HOPE HOSPITAL*XX*6543210903~
N3*540 E Main St~
N4*Canfield*OH*44406~
LX*110212~
TS3*6543210903*11*20201231*1*211366.97***138018.4**73348.57~
TS2*2178.45*1919.71**56.82*197.69*4.23~
CLP*666123*1*211366.97*138018.4**MA*1999999444444*11*1~
CAS*CO*45*73348.57~
NM1*QC*1*JONES*SAM*O***HN*666666666A~
MIA*0***138018.4~
DTM*232*20200816~
DTM*233*20200824~
QTY*CA*8~
LX*130212~
TS3*6543210909*13*19961231*1*15000***11980.33**3019.67~
CLP*777777*1*15000*11980.33**MB*1999999444445*13*1~
CAS*CO*45*3019.67~
NM1*QC*1*BORDER*LIZ*E***HN*996669999B~
MOA***MA02~
DTM*232*20200512~
PLB*6543210903*20201231*CV:CP*-1.27~
SE*28*1234

Business Scenario 2:

Dollars and data are sent separately. The funds are moved separately from the remittance detail. In this scenario, the funds are sent by EFT to the provider's account, and the remittance data is transmitted directly to the provider.

ST*835*112233~
BPR*I*945*C*ACH*CCP*01*888999777*DA*24681012*1935665544**01*111333555*DA*144444*20200316~
TRN*1*71700666555*1935665544~
DTM*405*20200314~
N1*PR*CareSource Ohio~
N3*One South Main St~
N4*Dayton*OH*45402~
N1*PE*ACME MEDICAL CENTER*XX*5544667733~

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REF*TJ*777667755~
LX*1~
CLP*5554555444*1*800*450*300*12*94060555410000~
CAS*CO*A2*50~
NM1*QC*1*BUDD*WILLIAM***MI*33344555510~
SVC*HC:99211*800*500~
DTM*150*20200301~
DTM*151*20200304~
CAS*PR*1*300~
CLP*8765432112*1*1200*495*600*12*9407779923000~
CAS*CO*A2*55~
NM1*QC*1*SETTLE*SUSAN***MI*44455666610~
SVC*HC:93555*1200*550~
DTM*150*20200310~
DTM*151*20200312~
CAS*PR*1*600~
CAS*CO*45*50~
SE*25*112233~

Business Scenario 3:

Regardless of which COB methodology is used to derive a subsequent payment, the following examples provide illustrations of how to report secondary or tertiary payments back to the provider that will facilitate auto-posting.

ST*835*0001~
BPR*I*1222*C*CHK*****20200412~
TRN*1*0012524965*1559123456~
REF*EV*030240928~
DTM*405*20200412~
N1*PR*CareSource Ohio~
N3*One South Main St~
N4*Dayton*OH*45402~
N1*PE*ACME MEDICAL CENTER*FI*599944521~
N3*PO BOX 863382~
N4*ORLANDO*FL*55115~
REF*PQ*10488~
LX*1~
CLP*L0004828311*2*10323.64*912**12*05090256390*11*1~
CAS*OA*23*9411.64~
NM1*QC*1*TOWNSEND*WILLIAM*P***MI*XXX123456789~
NM1*82*2*ACME MEDICAL CENTER*****BD*987~
DTM*232*20200303~
DTM*233*20200304~
AMT*AU*912~
LX*2~
CLP*0001000053*2*751.50*310*220*12*50630626430~

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NM1*QC*1*BAKI*ANGI***MI*456789123~
NM1*82*2*SMITH JONES PA****BS*34426~
DTM*232*20200106~
DTM*233*20200106~
SVC*HC>12345>26*166.5*30**1~
DTM*472*20200106~
CAS*OA*23*136.50~
REF*1B*43285~
AMT*AU*150~
SVC*HC>66543>26*585*280*220*1~
DTM*472*20200106~
CAS*PR*1*150**2*70~
CAS*CO*42*85~
REF*1B*43285~
AMT*AU*500~
SE*38*0001~

Business Scenario 4:

This is an example of a tertiary payment.

ST*835*0001~
BPR*I*187.50*C*CHK*****20050412~
TRN*1*0012524879*1559123456~
REF*EV*030240928~
DTM*405*20050412~
N1*PR*CareSource Ohio~
N3*One South Main St~
N4*Dayton*OH*45402~
N1*PE*ACME MEDICAL CENTER*FI*599944521~
N3*PO BOX 863382~
N4*ORLANDO*FL*55115~
REF*PQ*10488~
LX*1~
CLP*0001000054*3*1766.5*187.50**12*50580155533~
NM1*QC*1*ISLAND*ELLIS*E***MI*789123456~
NM1*82*2*JONES ASSOCIATES****BS*AB34U~
DTM*232*20050120~
SVC*HC*24599*1766.5*187.50**1~
DTM*472*20050120~
CAS*OA*23*1579~
REF*1B*44280~
AMT*AU*1700~
SE*38*0001~