

Chapter 10 Companion Guide 835 Payment & Remittance Advice

This companion guide for the ANSI ASC X12N 835 Healthcare Claim Payment/Advice transaction has been created for use in conjunction with the *ANSI ASC X12N 835 004010A1 Healthcare Claim Payment and Remittance Advice Implementation Guide*. It should not be considered a replacement for the *ANSI ASC X12N 835 004010A1 Healthcare Claim Payment and Remittance Advice Implementation Guide*, but rather used as an additional source of information.

28 Tex. Admin. Code §133.240 subsection (e) requires insurance carriers to provide the explanation of benefits (EOB) in the “form and manner prescribed by the Division.” Rule 133.501(a) states: “(e)lectronic medical bill processing is the exclusive process to exchange medical bill data in accordance with §133.500 of this chapter (relating to Electronic Formats for Electronic Medical Bill Processing) for professional, institutional/hospital, pharmacy, and dental services. Accordingly, the “form and manner” for electronic EOBs is governed by the provisions of §§133.500 and 133.501, which requires the use of the ANSI X12 835 format and code values.

Claim Adjustment Group Code

The Division prescribes the use of ANSI Claim Adjustment Group Codes in the ANSI 835 format. The most current, valid codes should be used as appropriate for workers’ compensation. The ANSI Group Code represents the general category of payment, reduction, or denial. For example, the ANSI Group Code CO Contractual Obligation might be used in conjunction with an ANSI Reason Code for a network contract reduction.

The ANSI Group Code transmitted in the ANSI 835 is the same code that is transmitted in the IAIABC 837 Medical State Reporting EDI reporting format. The Division accepts ANSI Group Codes that were valid on the date the insurance carrier paid or denied a bill. The Division does not validate for ANSI Group Code/ANSI Reason Code agreement in Medical State Reporting EDI processing.

Claim Adjustment Reason Code

The ANSI X12 835 format requires the use of ANSI codes as the electronic means of providing specific payment, reduction, or denial information. The Division prescribes the use of ANSI Claim Adjustment Reason Codes in conjunction with ANSI Group Codes in the ANSI 835 format. As a result, use of the ANSI 835 eliminates the use of proprietary reduction codes and free form text used on paper Explanation of Benefits (EOB)/DWC-62 forms. Accordingly, insurance carriers that provide the required ANSI 835 information in the transmission, including the use of the standard and jurisdictional claim adjustment reason codes, are compliant with 28 Tex. Admin. Code §§133.240 (e) and 133.501.

Remittance Remark Codes

The ANSI 835 format supports the use of ANSI Remittance Advice Remark Code to provide supplemental explanation for a payment, reduction or denial already described by an ANSI Reason Code. The use of ANSI Remark Codes is not mandated. However, use of the ANSI 835 eliminates the use of proprietary reduction codes and free form text used on paper Explanation of Benefits (EOB)/DWC-62 forms. ANSI Remark Codes are not associated with an ANSI Group or Reason Code in the same manner that an ANSI Reason Code is associated with an ANSI Group Code.

Product/Service ID Qualifier

The Product/Service Identification Number transmitted in the inbound electronic billing format is returned in the ANSI 835 SVC Service Payment Information Segment with the appropriate qualifier. For example, a Revenue Code billed with a HCPCS on a UB-04 is transmitted to the insurance carrier. The Revenue Code qualifier and Revenue Code are returned in the ANSI 835, not the HCPCS Code.

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Reference Information

The HIPAA Implementation Guide for the ANSI ASC X12 835 004010A1 Healthcare Claim Payment and Remittance Advice transaction is available through the Washington Publishing Company, www.wpc-edi.com.

The Texas workers' compensation direction for the use of the ANSI ASC X12 835 for remittance advice is contained in the following table.

Loop	Segment / Element	ANSI HIPAA Version	Workers' Comp	State Reporting Req	Occurrence	Length	Data Type	Value	EOR Data Reference #	Description
TS	Transaction Set									
TS	ST	R	R		1	Transaction Set Header				
	ST01	R	R			3	ID	835		Transaction Set Identifier Code
	ST02	R	R			4/9	AN			Transaction Set Control Number
TS	BPR	R	R		1	Financial Information				
	BPR01	R	R			1/2	ID		2	Transaction Handling Code
								C		Payment Accompanies Remittance Advice
								I		Remittance Information Only
	BPR02	R	R			1/18	R			Total Actual Payment Amount
	BPR03	R	R			1	ID	C		Credit/Debit Flag Code
	BPR04	R	R			3	ID		3	Payment Method Code
								CHK		Paper Check
								ACH		EFT via ACH
								FWT		EFT via Wire Transfer
								NON		Non-Payment Data
	BPR05	S	S			1/10	ID			Payment Format Code
								CCP		Cash Concentration/Disbursement plus Addenda (CC+)(ACH)
								CTX		ACH Payment Format Code
	BPR06	S	S			2	ID	01		(DFI) ID Number Qualifier
	BPR07	S	S			3/12	AN			Sender (DFI) Identification Number
	BPR08	S	S			1/3	ID	DA		Sender Account Number Qualifier
	BPR09	S	S			1/35	AN			Sender Account Number
	BPR10	S	S			10	AN			Originating Company Identifier
	BPR11	S	S			9	AN			Originating Company Supplemental Code
	BPR12	S	S			2	ID	01		Receiving (DFI) ID Number Qualifier
	BPR13	S	S			3/12	AN			Receiving (DFI) Identification Number
	BPR14	S	S			1/3	ID			Receiving Account Number Qualifier
								DA		Deposit Account
								SG		Savings Account
	BPR15	S	S			1/35	AN			(DFI) Receiving Account Number for ACH or FWT
	BPR16	R	R			8	DT		5	Check Issue or ACH/FWT Effective Date
TS	TRN	R	R		1	Reassociation Trace Number				

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	TRN01	R	R			1/2	ID	1		Trace Type Code
	TRN02	R	R			1/30	AN		4	Check or EFT Trace Number
	TRN03	R	R			10	AN			Originating Company Identifier
	TRN04	S	S			1/30	AN			Reference Identification
TS	REF	S	S		1	Receiver Identification				
						Use this segment only when the receiver of the transaction is other than the payee (e.g., Clearing House or billing service ID).				
	REF01	R	R			2	ID	EV		Reference Identification Qualifier
	REF02	R	R			1/30	AN			Reference Identification
TS	DTM	S	S		1	Production Date (Date of Review)				
	DTM01	R	R			3	ID	405		Production
	DMT02	R	R			8	DT		1	Date Expressed as CCYYMMDD
1000A	Payer Identification									
1000A	N1	R	R		1	Identification				
	N101	R	R			2/3	ID	PR		Entity Identifier Code
	N102	S	S			1/60	AN		6	Name
	N103	S	S			2	ID	XV	8	Identification Code Qualifier
	N104	S	S			2/80	AN			Identification Code
1000A	N3	R	R		1	Payer Address				
	N301	R	R			1/55	AN	R	7	Address Line 1
	N302	S	S			1/55	AN	S		Address Line 2
1000A	N4	R	R		1	City State Zip				
	N401	R	R			2/30	AN		7	City Name
	N402	R	R			2	ID		7	State or Province Code
	N403	R	R			3/15	ID		7	Postal Code
1000A	REF	S	S		1	Payer Identification				
						Use this REF segment whenever additional payer identification numbers are required. The ID numbers available in the TRN and N1 segments should be used before using the REF segment				
	REF01	R	R			2/3	ID	EO		Reference Identification Qualifier
	REF02	R	R			1/30	AN			Submitter Identification Number (Carrier FEIN)
1000A	PER	S	S		1	Contact Information				
						Additional Payer Administrative Communication Contact Information e.g., Claim Adjustor				
	PER01	R	R			2	ID	CX		Contact Function Code
	PER02	S	S			1/60	AN		9	Contact Name
	PER03	S	S			2	ID	TE		Communications Number Qual
	PER04	S	S			1/80	AN		10	Communication Number
	PER05	S	S			2	ID			Communications Number Qual
	PER06	S	S			1/80	AN			Communication Number
	PER07	S	S			2	ID			Communications Number Qual

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	PER08	S	S			1/80	AN			Communication Number
1000B	Payee Identification									
1000B	N1	R	R		1	Identification				
	N101	R	R			2/3	ID	PE		Entity Identifier Code
	N102	S	S			1/60	AN		12	Name
	N103	R	R			2	ID	FI		Identification Code Qualifier
	N104	R	R			2/80	AN		14	Identification Code (Federal Tax ID)
1000B	N3	S	S		1	Payee Address				
	N301	R	R			1/55	AN		13	Address Line 1
	N302	S	S			1/55	AN			Address Line 2
1000B	N4	S	S		1	City State Zip				
	N401	R	R			2/30	AN		13	City Name
	N402	R	R			2	ID		13	State or Provide Code
	N403	R	R			3/15	ID		13	Postal Code
	N404	S	S			2/3	ID			Country Code
1000B	REF	S	S		1	State License				
	REF01	R	R			2/3	ID	0B		Reference Identification Qualifier
	REF02	R	R			1/30	AN		14a	State License Number
2000	Header Number (Repeat >1)									
2000	LX	S	S		1	Header Number				
	LX01	R	R			1/6	N0			Number assigned for differentiation within a transaction set
2000	TS3	S	S		1	Provider Summary Information				
						This segment may be used to identify provider subsidiaries whose remittance information is contained in the 835 transactions transmitted to a single provider entity (i.e., the corporate office of a hospital chain. For this purpose, TS301 identifies the subsidiary provider				
	TS301	R	R			1/30	AN			Reference Identification (NPI Number if Available or State License Number)
	TS302	R	R			1/2	AN			Facility Type Code
	TS303	R	R			8	DT			Fiscal Period date
	TS304	R	R			1/15	R			Quantity (Total Claim Count)
	TS305	R	R			1/18	R			Total Charge Amount
	TS309	S	S			1/18	R			Total Provider Payment Amount
2100	Bill Payment Information Repeat > 1									
2100	CLP	R	R		1	Bill Level Data				
	CLP01	R	R			1/38	AN		31	Bill Submitter's Identifier (Patient Control Number)
	CLP02	R	R			1/2	ID		32	Claim Status Code
									1	Paid
									4	Denied
									22	Reversal of a Previous Payment (Refund)
	CLP03	R	R			1/18	R		33	Total Charge Amount

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	CLP04	R	R			1/18	R		34	Total Payment Amount
	CLP06	R	R			2	ID	WC	35	Claim Filing Indicator Code WC=Workers' Compensation Health Claim
	CLP07	S	S			1/30	AN		36	Payer Control Number (Bill Control Number)
	CLP08	S	S			1/2	AN			Facility Type Code (from CLM05-1 of the 837)
	CLP09	S	S			1	ID		37	Claim Frequency Type Code (Institutional Bills Only)
	CLP11	S	S			3/4	ID		38	Diag. Related Group Code (Institutional Bills Only)
	CLP12	S	S			1/15	R			Diagnosis Related Group (DRG) Weight
	CLP13	S	S			1/10	R			Discharge Fraction
2100	CAS	S	S		99	Bill Level Adjustments				
						Required if using adjustments reason codes and amounts as needed for an entire bill or for a particular service within the bill being paid.				
	CAS01	R	R			1/2	ID		41	Bill Adjustment Group Code
	CAS02	R	R			1/5	ID		42	Claim Adjustment Reason Code
	CAS03	R	R			1/18	R		43	Monetary Amount
	CAS04	S	S			1/15	R		44	Units Adjusted
	CAS05	S	S			1/5	ID			Claim Adjustment Reason Code
	CAS06	S	S			1/18	R			Monetary Amount
	CAS07	S	S			1/15	R			Units Adjusted
	CAS08	S	S			1/5	ID			Claim Adjustment Reason Code
	CAS09	S	S			1/18	R			Monetary Amount
	CAS10	S	S			1/15	R			Units Adjusted
	CAS11	S	S			1/5	ID			Claim Adjustment Reason Code
	CAS12	S	S			1/18	R			Monetary Amount
	CAS13	S	S			1/15	R			Units Adjusted
	CAS14	S	S			1/5	ID			Claim Adjustment Reason Code
	CAS15	S	S			1/18	R			Monetary Amount
	CAS16	S	S			1/15	R			Units Adjusted
	CAS17	S	S			1/5	ID			Claim Adjustment Reason Code
	CAS18	S	S			1/18	R			Monetary Amount
	CAS19	S	S			1/15	R			Units Adjusted
2100	NM1	R	R		1	Patient Name				
	NM101	R	R			2/3	ID	QC		Entity Identifier Code (patient)
	NM102	R	R			1	ID	1		Entity Type Qualifier (person)
	NM103	R	R			1/35	AN		15	Last Name
	NM104	R	R			1/25	AN			First Name
	NM105	S	S			1/25	AN			Middle Name
	NM107	S	S			1/10	AN			Name Suffix
	NM108	S	S			2	ID	34		Identification Code Qualifier (usually the Social Security Number)
	NM109	S	S			2/80	AN		16	Identification Code (usually the Social Security Number)

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Loop	Segment / Element	ANSI HIPAA Version	Workers' Comp	State Reporting Req	Occurrence	Length	Data Type	Value	EOR Data Reference #	Description
2100	NM1	S	R		1	Employer (Insured Name)				
						Worker's Compensation Required Segment				
	NM101	R	R			2/3	ID	IL		Entity Identifier Code (insured)
	NM102	R	R			1	ID	2		Entity Type Qualifier (company)
	NM103	S	S			1/35	AN		19	Organization Name
	NM108	R	R			2	ID	MI		Identification Code Qualifier
	NM109	R	R			2/80	AN		20	Identification Code
										Payer Assigned ID Number for Insured
2100	NM1	S	S		1	Service Provider Name (Rendering Provider)				
						This segment is required when the rendering provider is different from the Payee				
	NM101	R	R			2/3	ID	82		Entity Identifier Code
	NM102	R	R			1	ID			Entity Type Qualifier
								1		Person
								2		Non- Person Entity (Company)
	NM103	S	S			1/35	AN		21	Last Name or Organization Name
	NM104	S	S			1/25	AN			First
	NM105	S	S			1/25	AN			Middle
	NM107	S	S			1/10	AN			Suffix
	NM108	R	R			2	ID			Identification Code Qualifier
								FI		Federal Tax Identification Number
								SL		State License Number
								XX		NPI Number
	NM109	R	R			2/80	AN		22	Identification Code
2100	REF	S	S		1	PPO/MPN Plan Identification				
	REF01	R	R			2	ID			Reference Identification Qualifier
								CE		Class of Contract Code
	REF02	R	R			1/30	AN		25	Reference Identification
2100	REF	S	S		1	WC Claim Number				
	REF01	R	R			2	ID			Reference Identification Qualifier
								F8		Original Reference Number
	REF02	R	R			1/30	AN		27	Reference Identification (workers' compensation claim number)
2100	DTM	S	S		1	From Service Date				
	DTM01	R	R			3	ID	232		Date/Time Qualifier
	DTM02	R	R			8	DT		39	Date
2100	DTM	S	S		1	Thru Service Date				
	DTM01	R	R			3	ID	233		Date/Time Qualifier
	DTM02	R	R			8	DT		39	Date
2100	DTM	S	S		1	Bill Received Date (Date Payer Received Bill)				
	DTM01	R	R			3	ID	050		Date/Time Qualifier
	DTM02	R	R			8	DT		40	Date
2100	PER	S	S		1	Bill Contact Information (Payer/Bill Review Contact)				

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Loop	Segment / Element	ANSI HIPAA Version	Workers' Comp	State Reporting Req	Occurrence	Length	Data Type	Value	EOR Data Reference #	Description
	PER01	R	R			2	ID	CX		Contact Function Code
	PER02	S	S			1/60	AN		29	Contact Name
	PER03	S	S			2	ID			Communications Number Qualifier
	PER04	S	S			1/80	AN		30	Communication Number
	PER05	S	S			2	ID			Communications Number Qualifier
	PER06	S	S			1/80	AN			Communication Number
	PER07	S	S			2	ID			Communication Number Qualifier
	PER08	S	S			1/80	AN			Communication Number
2110	Service Payment Information Repeat > 999									
2110	SVC	S	S		1	Service Payment				
	SVC01	R	R						45	Composite Medical Procedure Identifier
	SVC01-1	R	R			2	ID			Product/ Service ID Qualifier
AD									ADA Codes	
ER									WC Jurisdiction Code OMFS (California)	
HC									HCPCS / CPT code	
IV									Home Infusion EDI Product Service	
N4									NDC Code	
NU									NUBC Revenue Code	
ZZ									HIPPS Skilled Nursing Facility Rate Code	
	SVC01-2	R	R			1/48	AN			Product/Service ID
	SVC01-3	S	S			2	AN			Procedure Modifier
	SVC01-4	S	S			2	AN			Procedure Modifier
	SVC01-5	S	S			2	AN			Procedure Modifier
	SVC01-6	S	S			2	AN			Procedure Modifier
	SVC02	R	R			1/18	R		46	Charge amount
	SVC03	R	R			1/18	R		47	Payment amount
	SVC04	S	S			1/48	AN		47a	Revenue Code
	SVC05	S	S			1/15	R		48	Units paid
	SV06	S	S						49	Billed Product/Service
										Required if the adjudicated service code in SVC01 was altered from the billed service code, SVC06 is used to reflect the original service code.
	SVC06-1	R	R			2	ID			Billed Product/Service ID Qualifier.
AD									ADA Codes	
ER									WC Jurisdiction Code OMFS (California)	
HC									HCPCS / CPT code	
IV									Home Infusion EDI Product Service	
N4									NDC Code	
NU									NUBC Revenue Code	
ZZ									HIPPS Skilled Nursing Facility Rate Code	
	SVC06-2	R	R			1/48	AN			Billed Product/Service ID

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	SVC06-3	S	S			2	AN			Billed Procedure Modifier
	SVC06-4	S	S			2	AN			Billed Procedure Modifier
	SVC06-5	S	S			2	AN			Billed Procedure Modifier
	SVC06-6	S	S			2	AN			Billed Procedure Modifier
	SVC07	S	S			1/15	R		50	Units billed
2110	DTM	S	S		3	Service Date				
	DTM01	R	R			3	ID	472		Date/Time Qualifier
	DTM02	R	R			8	DT		51	Date
2110	CAS	S	S		99	Service Level Adjustments				
	CAS01	R	R			1/2	ID		53	Bill Adjustment Group Code
										Refer to ANSI Jurisdiction Companion Guide for specific Group Codes and Claims Adjustment Reason Codes
	CAS02	R	R			1/5	ID		54	Claim Adjustment Reason Code
	CAS03	R	R			1/18	R		55	Adjustment Amount
	CAS04	S	S			1/15	R		56	Adjustment Quantity
	CAS05	S	S			1/5	ID			Claim Adjustment Reason Code
	CAS06	S	S			1/18	R			Monetary Amount
	CAS07	S	S			1/15	R			Units Adjusted
	CAS08	S	S			1/5	ID			Claim Adjustment Reason Code
	CAS09	S	S			1/18	R			Monetary Amount
	CAS10	S	S			1/15	R			Units Adjusted
	CAS11	S	S			1/5	ID			Claim Adjustment Reason Code
	CAS12	S	S			1/18	R			Monetary Amount
	CAS13	S	S			1/15	R			Units Adjusted
	CAS14	S	S			1/5	ID			Claim Adjustment Reason Code
	CAS15	S	S			1/18	R			Monetary Amount
	CAS16	S	S			1/15	R			Units Adjusted
	CAS17	S	S			1/5	ID			Claim Adjustment Reason Code
	CAS18	S	S			1/18	R			Monetary Amount
	CAS19	S	S			1/15	R			Units Adjusted
2110	REF	S	S		10	Service Identification				
	REF01	R	R			2/3	ID			Reference Identification Qualifier
								1S		Ambulatory Patient Group (APG) Number
								6R		Provider Control Number
								BB		Authorization Number
								E9		Attachment Code
								G1		Prior Authorization Number
								G3		Predetermination of Benefits Identification Number
								LU		Location Number
								RB		Rate code number

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Loop	Segment / Element	ANSI HIPAA Version	Workers' Comp	State Reporting Req	Occurrence	Length	Data Type	Value	EOR Data Reference #	Description
	REF02	R	R			1/30	AN			Reference Identification
2110	AMT	S	S		12	Service Identification				
	AMT01	R	R			1/3	ID			Amount Qualifier Code
								B6		Allowed - Actual
								T		Tax
	AMT02	R	R			1/18	R			Reference Identification Qualifier
2110	LQ	S	S		99	Remark Codes				
	LQ01	R	R		1	1/3	ID			Qualifier Code
								HE		Claim Payment Remark Codes
								RX		RX NCPDP Reject/Payment Codes
	LQ02	R	R			1/30	ID		57	Remark Code
TS	SE	R	R			Transaction Set Trailer				
	SE01	R	R			1/10	N			Number of Included Segments
	SE02	R	R			4/9	AN			Transaction Set Control Number (ST02)