



KyHealth Choices
New KY MMIS 835 Companion Guide Health
Care Claim Payment and Remittance Advice
(ASC X12N 835)
Companion Guide
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*Cabinet for Health and Family Services
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1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarifying the Cabinet for Health and Family Services Department for Medicaid Services use of the Health Care Premium Payments transaction. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at <http://aspe.hhs.gov/admsimp/final/txfin00.htm>. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

1.1 Purpose

According to HIPAA regulations, the 835 Transaction Set can be used to make a payment, send an Explanation of Benefits (EOB) remittance advice, or make a payment and send an EOB remittance advice.

1.2 Special Considerations for 835 Transaction

1. Subscriber, Insured = Member in the Kentucky Medicaid Eligibility Verification System

The Commonwealth of Kentucky Medicaid Eligibility Verification System does not allow for dependents to be enrolled under a primary subscriber, rather all enrollees/members are primary subscribers within each program or MCO (Managed Care Organization).

2. Provider Identification = Commonwealth of Kentucky Medicaid ID or NPI

The Commonwealth of Kentucky will use the Medicaid Provider Number until the National Provider Identifier (NPI) is implemented. The implementation date for NPI is scheduled for May 23, 2008.

Prior to May 23, 2008 the 1000B (Payee Identification) Loop sent on the 835, the value in the N104 will contain the Medicaid Provider Number.

Beginning May 23, 2008 the 1000B (Payee Identification) Loop sent on the 835, the value in the N104 will contain Medicaid Provider number (atypical only) or NPI ID.

Claims submitted with KY Medicaid legacy id by a provider who requires a NPI will receive different RA media. A paper RA is generated for all Medicaid legacy id submitted claims and 835 for NPI submitted claims. Only NPI pay or deny claims will report in the 835.

3. Atypical provider = a KY Medicaid provider who is exempt from NPI

2 Control Segment Definitions For Kentucky Medicaid

X12N EDI Control Segments	
➤	ISA – Interchange Control Header Segment
➤	IEA – Interchange Control Trailer Segment
➤	GS – Functional Group Header Segment
➤	GE – Functional Group Trailer Segment
➤	ST – Transaction Set Header
➤	SE – Transaction Set Trailer

2.1 ISA - Interchange Control Header Segment

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

835 Health Care Claim Payment and Remittance Advice				
Page	Loop	Segment	Data Element	Comments
B.3	N/A	ISA	ISA01 - Authorization Information Qualifier	'00' – No Authorization Information Present
B.3	N/A	ISA	ISA02 - Authorization Information	[space fill]
B.4	N/A	ISA	ISA03 - Security Information Qualifier	'00' – No Security Information Present
B.4	N/A	ISA	ISA04 - Security Information	[space fill]
B.4	N/A	ISA	ISA05 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.4	N/A	ISA	ISA06 - Interchange Sender ID	'KY Medicaid' – Sender ID
B.4	N/A	ISA	ISA07 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.5	N/A	ISA	ISA08 - Interchange Receiver ID	'ID Supplied by KY Medicaid' – Receiver ID
B.5	N/A	ISA	ISA09 - Interchange Date	The date format is YYMMDD

835 Health Care Claim Payment and Remittance Advice				
Page	Loop	Segment	Data Element	Comments
B.5	N/A	ISA	ISA10 - Interchange Time	The time format is HHMM
B.5	N/A	ISA	ISA11 - Interchange Control Standards Identifier	'U' – Interchange Control Standards Identifier
B.5	N/A	ISA	ISA12 - Interchange Control Version Number	'00401' – Control Version Number
B.5	N/A	ISA	ISA13 - Sequential Control Number	Interchange Unique Control Number
B.6	N/A	ISA	ISA14 - Acknowledgment Request	'1' – Acknowledgement Requested
B.6	N/A	ISA	ISA15 - Usage Indicator	'T' - Test Data 'P' - Production Data
B.6	N/A	ISA	ISA16 - Component Element Separator	'.' – Component Element Separator

2.2 IEA - Interchange Control Trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

835 Health Care Claim Payment and Remittance Advice				
Page	Loop	Segment	Data Element	Comments
B.7	N/A	IEA	IEA01 - Number of included Functional Groups	Number of included Functional Groups
B.7	N/A	IEA	IEA02 - Interchange Control Number	Must be identical to the value in ISA13

2.3 GS – Functional Group Header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control

information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

835 Health Care Claim Payment and Remittance Advice				
Page	Loop	Segment	Data Element	Comments
B.8	N/A	GS	GS01 - Functional ID Code	'HP' – Health Care Claim Payment/Advice (835)
B.8	N/A	GS	GS02 - Application Sender's Code	This will be equal to the value in ISA06.
B.8	N/A	GS	GS03 - Application Receiver's Code	This will be equal to the value in ISA08.
B.8	N/A	GS	GS04 - Date	The date format is CCYYMMDD
B.8	N/A	GS	GS05 – Time	The time format is HHMM
B.9	N/A	GS	GS06 - Group Control Number	Group Control Number
B.9	N/A	GS	GS07 - Responsible Agency Code	'X' – Responsible Agency Code
B.9	N/A	GS	GS08 - Version/Release/ Industry ID Code	'004010X091A1' – Version / Release / Industry Identifier Code

2.4 GE – Functional Group Trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

835 Health Care Claim Payment and Remittance Advice				
Page	Loop	Segment	Data Element	Comments
B.10	N/A	GE	GE01 – Number of Transaction Sets Included	Number of included Transaction Sets
B.10	N/A	GE	GE02 – Group Control Number	Must be identical to the value in GS06

2.5 ST – Transaction Set Header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

835 Health Care Claim Payment and Remittance Advice				
Page	Loop	Segment	Data Element	Comments
34	N/A	ST	ST01 – Transaction Set Identifier Code	'835' – Health Care Claim Payment/Advice
34	N/A	ST	ST02 – Transaction Set Control Number	Transaction Control Number

2.6 SE – Transaction Set Trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

835 Health Care Claim Payment and Remittance Advice				
Page	Loop	Segment	Data Element	Comments
98	N/A	SE	SE01 – Number of Included Segments	Total Number of Segments included in Transaction Set Including ST and SE.
98	N/A	SE	SE02 – Transaction Set Control Number	Must be identical to the value in ST02

2.7 Valid Delimiters for Kentucky Medicaid EDI

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A

3 Companion Guide For The 835 Transaction

835 Health Care Claim Payment and Remittance Advice				
Page	Loop	Segment	Data Element	Comments
45	N/A	BPR	BPR01 - Transaction Handling Code	'I' – Remittance Information Only 'H' – Notification Only
46	N/A	BPR	BPR02 - Monetary Amount (Total Actual Provider Payment Amount)	Check Amount
46	N/A	BPR	BPR03 - Credit/Debit Flag	'C' - Credit
46	N/A	BPR	BPR04 - Payment Method Code	'ACH' – Automated Clearing House 'CHK' – Check 'NON' – Non-Payment Data
50	N/A	BPR	BPR16 - Date (Check Issue or EFT Effective Date)	Cycle Date
52	N/A	TRN	TRN01 - Trace Type Code	'1' – Current Transaction Trace No.
53	N/A	TRN	TRN02 - Reference Identification (Check or EFT Trace Number)	Check Number OR Internal Trace Number (The RA number will be moved to the payment number when the paid amount is zero.)
53	N/A	TRN	TRN03 - Originating Company Identifier (Payer Identifier)	KY Medicaid EIN
57	N/A	REF	REF01 - Reference Identification Qualifier	'EV' – Receiver Identification Number
57	N/A	REF	REF02 - Reference Identification	KY Medicaid assigned Trading Partner ID
61	N/A	DTM	DTM02 - Date (Production Date)	Cycle Date

835 Health Care Claim Payment and Remittance Advice				
63	1000A	N1	N102 - Name (Payer Name)	'KYMEDICAID'
64	1000A	N3	N301 - Address Information	'DMS 275 East Main'
65	1000A	N4	N401 - City Name	'FRANKFORT'
65	1000A	N4	N402 - State or Province Code	'KY'
65	1000A	N4	N403 - Postal Code	'406210001'
70	1000A	PER	PER02 - Name (Payer Contact Name)	'Provider Relations Department'
70	1000A	PER	PER03 - Communication Number Qualifier	'TE' - Telephone
71	1000A	PER	PER04 - Communication Number	'8008071232'
73	1000B	N1	N101 - Entity Identifier Code	'PE' - Payee
73	1000B	N1	N102 - Name (Payee Name)	Pay-to-Provider Last Name/First Name as stored on KY Medicaid Provider File
73	1000B	N1	N103 - Identification Code Qualifier	'XX' – Health Care Financing Administration National Provider Identifier
73	1000B	N1	N104 - Identification Code	NPI
77	1000B	REF	REF01 - Reference Identification Qualifier	'1D' – Medicaid Provider Number (for atypical only)
78	1000B	REF	REF02 - Reference Identification (Additional Payee Identifier)	8 or 10 digit Medicaid Pay-to-Provider Number (atypical only)

835 Health Care Claim Payment and Remittance Advice				
90	2100	CLP	CLP01 - Claim Submitter's Identifier (Patient Control Number)	Patient Account Number
90	2100	CLP	CLP02 - Claim Status Code	'1' – Processed as Primary (Regular Medicaid Claims) '2' – Processed as Secondary (Medicare Crossover Claims) '4' – All Denied (Regular & Crossover)
91	2100	CLP	CLP03 - Monetary Amount (Total Claim Charge Amount)	Total Billed Amount for this claim
91	2100	CLP	CLP04 - Monetary Amount (Claim Payment Amount)	Total Medicaid Paid amount for this claim
91	2100	CLP	CLP05 - Monetary Amount (Patient Responsibility Amount)	Recipient Co-pay amount if applicable Non-covered
92	2100	CLP	CLP06 - Claim Filing Indicator Code	'MC' - Medicaid
93	2100	CLP	CLP07 - Reference Identification (Payer Claim Control Number)	Claim Internal Control Number (ICN) assigned by Medicaid
93	2100	CLP	CLP11 - Diagnosis Related Group (DRG) Code	Institutional claims only
93	2100	CLP	CLP12 - Quantity (Diagnosis Related Group (DRG) Weight)	The diagnosis-related group (DRG) weight – Institutional claims only
97	2100	CAS	CAS01 - Claim Adjustment Group Code	'PI' – Payer Initiated Reductions
97	2100	CAS	CAS02 - Claim Adjustment Reason Code (Adjustment Reason Code)	Adjustment Code can be found on www.wpc-edi.com Crosswalk to KY EOB see http://kymmis.com

835 Health Care Claim Payment and Remittance Advice				
97	2100	CAS	CAS03 - Monetary Amount (Adjustment Amount)	Difference between the billed charge and Medicaid paid amount. Header Non Covered Amounts will be reported as CAS01=PR, CAS02=96 and a matching CLP05. Other Insurance, Spenddown, Patient Liability at the Line Level will be reported with CAS01=P1, CAS02=an appropriate Adjustment Reason Code matching the claim error. Any additional difference between the billed amount and Medicaid Paid amount will be reported as CAS01=P1 with an appropriate Adjustment Reason Code matching the claim adjustment.
102	2100	NM1	NM101 - Entity Identifier Code	'QC' - Patient
103	2100	NM1	NM103 - Name Last or Organization Name	Member last name as stored on KY Medicaid file. If member not found on file, the value will be the member last name from the claim form.
103	2100	NM1	NM104 - Name First	Member first name as stored on KY Medicaid file. If member not found on file, the value will be the member first name from the claim form.
103	2100	NM1	NM108 - Identification Code Qualifier	'MR' – Medicaid Recipient Identification Number
104	2100	NM1	NM109 - Identification Code	10 digit MAID number assigned by KY Medicaid
112	2100	NM1	NM101 - Entity Identifier Code	'82' – Rendering Provider

835 Health Care Claim Payment and Remittance Advice				
113	2100	NM1	NM108 - Identification Code Qualifier	'MC' – Medicaid Provider Number (atypical only) 'XX' – Health Care Financing Administration National Provider Identifier
113	2100	NM1	NM109 - Identification Code (Rendering Provider Identifier)	8 or 10 digit KY Medicaid Provider Number (atypical only) or NPI
116	2100	NM1	NM101 - Entity Identifier Code	'PR' – Payer
117	2100	NM1	NM103 - Name Last or Organization Name	THIRD PARTY LIABILITY insurance company name
117	2100	NM1	NM108 - Identification Code Qualifier	'PI' – Payer Identification
117	2100	NM1	NM109 - Identification Code (Corrected Priority Payer Identification Number)	THIRD PARTY LIABILITY policy number
119	2100	MIA	MIA01 - Quantity (Covered Days or Visits Count)	Default to '0' – Institutional only
120	2100	MIA	MIA04 - Monetary Amount (Claim DRG Amount)	Use this monetary amount for the DRG dollar amount. – Institutional only
120	2100	MIA	MIA05 - Reference Identification (Remark Code)	HIPAA Remark Code for Inpatient and Institutional Regular and Crossover claims. Remark Codes can be found on www.wpc-edi.com Crosswalk to KY EOB See http://kymmis.com
122	2100	MIA	MIA20 - Reference Identification (Remark Code)	HIPAA Remark Code for Inpatient and Institutional Regular and Crossover claims (2)

835 Health Care Claim Payment and Remittance Advice				
124	2100	MOA	MOA03 - Reference Identification (Remark Code)	HIPAA Remark Code for Outpatient/Professional Crossover claims. Remark Codes can be found on www.wpc-edi.com Crossover to KY EOB See http://kymmis.com
124	2100	MOA	MOA04 - Reference Identification (Remark Code)	HIPAA Remark Code for Outpatient/Professional Crossover claims (2)
126	2100	REF	REF01 - Reference Identification Code	'9C' – Adjusted Repriced Claim Reference OR 'F8' – Original Reference Number (as indicated in REF02)
127	2100	REF	REF02 - Reference Identification (Other Claim Related Identifier)	Original Medicaid Internal Control Number for adjusted claim (9C) OR duplicate claim ICN number (F8). ICN previously called TCN for KY Medicaid
131	2100	DTM	DTM01 - Date/Time Qualifier	'232' – Claim Statement Period Start
131	2100	DTM	DTM02 - Date/Time Qualifier	'233' – Claim Statement Period End
135	2100	AMT	AMT01 - Amount Qualifier Code	'AU' – Coverage Amount
136	2100	AMT	AMT02 - Monetary Amount	Provider Type 21 only – Original Medicaid Allowed Amount
141	2110	SVC	SVC01-7 - Description (Procedure Code Description)	Used to report 5 digits CMHC modifier for dates of service before 10/16/03.
142	2110	SVC	SVC04 - Product/Service ID (National Uniform Billing Committee Revenue Code)	Revenue Code if billed in conjunction with a HCPCS code.

835 Health Care Claim Payment and Remittance Advice				
143	2110	SVC	SVC06-1 - Product/Service ID Qualifier (GMIS codes)	'AD' – American Dental Association Codes 'HC' – Health Care Financing Administration Common Procedural Coding System 'N4' – National Drug Code (NDC) 'NU' – National Uniform Billing Committee (NUBC) UB92
144	2110	SVC	SVC06-2 - Product/Service ID (Procedure Code)	Reports the original code billed on claim.
144	2110	SVC	SVC06-3 - Procedure Modifier	Procedure code modifier
145	2110	SVC	SVC07 - Quantity (Original Units of Service Count)	Units of Service are reported here if different than the original billed units.
150	2110	CAS	CAS01 - Claim Adjustment Reason Code	'PI' – Payer Initiated Reductions
150	2110	CAS	CAS02 - Claim Adjustment Reason Code (Adjustment Reason Code)	Adjustment Code can be found on www.wpc-edi.com Crosswalk to KY EOB see http://kymmis.com
150	2110	CAS	CAS03 - Monetary Amount (Adjustment Amount)	Difference between the line billed charge and line Medicaid paid amount
154	2110	REF	REF01 - Reference Identification Qualifier	'6R' – Provider Control Number OR 'BB' – Authorization Number OR 'LU' – Location Number
155	2110	REF	REF02 - Reference Identification	Original Line Item Control Number from 837-claim line (6R) OR duplicate ICN (Previously called TCN) for claim line (BB) OR KenPAC site number (LU).
158	2110	AMT	AMT01 - Amount Qualifier Code	'B6' – Allowed Actual

835 Health Care Claim Payment and Remittance Advice				
159	2110	AMT	AMT02 - Monetary Amount (Service Supplemental Amount)	Provider Type 21 only – The original Medicaid Allowed Amount
162	2110	LQ	LQ01 - Code List Qualifier Code	'HE' – Claim Payment Remark Codes
163	2110	LQ	LQ02 - Industry Code (Remark Code)	Remark Codes can be found on www.wpc-edi.com Crosswalk to KY EOB see http://kymmis.com
165	2110	PLB	PLB01 - Reference Identification (Provider Identifier)	10 digit KY Medicaid Pay to Provider number (atypical only) Or NPI
165	2110	PLB	PLB02 - Date (Fiscal Period Date)	Accounts Receivable Financial Cost Settlement Fiscal Year End Date or Set-up date for A/R transaction. For a Negative Net Payment Amount this field contains the Remittance Date.
170 – 172	2110	PLB	PLB03-2, PLB05-2, PLB07-2, PLB09-2, PLB11-2, and PLB13-2. Reference Identification (Provider Adjustment Identifier)	KY Medicaid explanation of description.
170 – 172	2110	PLB	PLB04, PLB06, PLB08, PLB10, PLB12, and PLB14. Monetary Amount (Provider Adjustment Amount)	The monetary amount for the adjustment to the preceding adjustment code. Amount of increase/decrease OR amount received/recouped. / OR Negative Net Payment Amount. <i>Note: As required for HIPAA compliance, only amounts that effect the remittance check amount will be reported in the PLB segment.</i>