INGENIX®

835 5010A1 Health Care Claim: Payment/Advice Companion Guide

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Introduction

INGENIX is publishing this *Electronic Data Interchange (EDI) 835 Payment/Advice Transaction Companion Guide (Companion Guide)* to accompany the *ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (Implementation Guide)* for the *ASC X12N Health Care Claims Payment/Advice (835) Transaction Set*.

The *Implementation Guide* provides general information about EDI transmission, such as delimiters, enveloping and related topics. This INGENIX *Companion Guide* will not duplicate these efforts.

HIPAA Implementation Guides are available through Washington Publishing, Inc. at:

http://www.wpc-edi.com/

Preferences and Conventions

1. Trading Partner Agreements specify the terms and conditions by which transactions are exchanged electronically with INGENIX. This *Companion Guide* may be an addendum to a new or existing Trading Partner Agreement.
2. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA.
3. While INGENIX supports all of the characters in the extended character set, it is recommended that incoming 835 claim data use the basic character set as defined in *Appendix B of the Implementation Guide*.
4. Trading Partners cannot send test and production information within the same transaction file, regardless of the transaction. Test data and production data must be submitted in separate files.
5. Only multiple data loops or segments should be populated with the first occurrence, and each loop or segment populated consecutively thereafter. There should be no loops or segments without valid data.
6. Delimiters must be consistently applied throughout the transmissions. Any delimiter can be used as long as the same one is used throughout the transmission. Printable characters are preferred.
7. Ingenix prefers to receive an 835 file with the following naming convention – Five character Payer-id + date (MMDDYY) with extension of 835, example is listed below.
    a. 12345042910.835 (where 12345 is the payer-id, 042910 is the date and the 835 is the extension of the file).

Privacy and Security Protection

INGENIX will comply with the privacy and confidentiality requirements as outlined in the *HIPAA Privacy and Security* regulations regarding the need to protect health information. All Trading Partners are also expected to comply with these regulations.

Testing Requirements

INGENIX has adopted the *Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) Testing Sub-Workgroups* recommendations on the types of testing that need to occur in order to remain in line with the health care industry's testing recommendations. INGENIX has selected Claredi for HIPAA transaction validation, compliance and testing. Initially, the types of testing that INGENIX strongly recommends for the 835 Transaction Sets include:

- Type 1: EDI syntax integrity testing – Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 or NCPDP syntax, and compliance with X12 and NCPDP rules. This will validate the basic syntactical integrity of the EDI submission.
- Type 2: HIPAA syntactical requirement testing – Testing for HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. Also included in this type is testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via the X12 code list or table.
- Type 3: Balancing – Test the transaction for balanced field totals, financial balancing of claims or remittance advice, and balancing of summary fields, if appropriate. An example of this includes items such as all claim line item amounts equal the total claim amount.

ISA and GS Segments – 835 Payment/Advice

The following table details segment specifics and data elements that require specific information for INGENIX processing.

835 Health Care Claim: Payment/Advice – Control Segments			
This table includes only data elements requiring specific information for INGENIX processing.			
Segment	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to INGENIX**
Interchange Control Header			
ISA Interchange Control Header *REQUIRED*	**ISA05** – Interchange ID Qualifier	*ZZ*	
	ISA06 – Interchange Sender ID	*SENDER-ID*	*SENDER-ID* will be defined during the Implementation with the Health Plans and/or Providers.
	ISA07 – Interchange ID Qualifier	*ZZ*	
	ISA08 – Interchange Receiver ID	*RECEIVER-ID*	*RECEIVER-ID* will be defined during the Implementation with the Health Plans and/or Providers.
	ISA11 – Repetition Separator		Defined between Trading Partners

	ISA12 – Interchange Control Version Number	*00501*	
	ISA15 – Usage Indicator	*T* *P*	During testing Once approved for production
GS Functional Group Header *REQUIRED*	**GS02** – Application Sender's Code	*SENDER-CODE*	*SENDER-CODE* will be defined during the Implementation with the Health Plans and/or Providers.
	GS03 – Application Receiver's Code	*RECEIVER-CODE*	*RECEIVER-CODE* will be defined during the Implementation with the Health Plans and/or Providers.
	GS08 – Version Release / Industry Code	*005010X221A1*	

Loop 1000A – 835 Payment/Advice

835 Health Care Claim: Payment/Advice—Payer Level Detail This table includes only data elements requiring specific information for INGENIX processing.			
Segment	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to INGENIX**
Loop 1000A			
N1 Payer Identification *REQUIRED*	N101 Entity Identifier Code	*PR*	*Payer*
	N102 – Payer Name		
N3 Payer Address *REQUIRED*	N301 – Address Information		
N4 Payer City, State, ZIP Code *REQUIRED*	N401 – City Name		
PER Payer Technical Contact Information *REQUIRED*	PER01 – Contact Function Code	*BL*	

Loop 1000B – 835 Payment/Advice

835 Health Care Claim: Payment/Advice—Payee Level Detail			
This table includes only data elements requiring specific information for INGENIX processing.			
Segment	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to INGENIX**
Loop 1000B			
N1 Payee Identification *REQUIRED*	N101 Entity Identifier Code	*PE*	*Payee*
	N102 – Payee Name		
	N103 – Identification Code Qualifier	*FI, XV, XX*	
	N104 – Identification Code		
N3 Payee Address *SITUATIONAL*	N301 – Address Information		
N4 Payee City, State, ZIP Code *SITUATIONAL*	N401 – City Name		