

5010 835 Companion Guide

**Refers to the Implementation Guides
Based on X12 version 005010**

Companion Guide Version Number: 1.4

Revision Date: August 30, 2023

INTRODUCTION

The objective of the guide is to define pertinent fields to facilitate 835 Health Care Claim Payment/Advice file processing.

The following sections are contained within the guide.

- 1. Envelope Data** – ISA and GS segments information. (Page 3)
- 2. Payment Data** – Important payment segments are summarized. (Page 6)
- 3. Trading Partner Requirements** – Explanation of procedures to be followed by providers and vendors intending to receive 835 file transmissions. (Page 17)
- 4. Contact Information** (Page 19)
- 5. Appendix A** – 835 Companion Guide revision list. (Page 20)
- 6. Appendix B** – List of Payer IDs (Page 20)

Please contact the HIPAA 835 Transaction Coordinator with additional inquiries.

AultCare EDI Support

edisupport@aultcare.com

5. ENVELOPE DATA REQUIREMENTS

The ISA and GS segments make up the header information for the 835 transaction. Within the ISA segment is the Test/Production indicator. This indicator must be correctly set. Test files must be sent with a “T” indicator. Production files are sent with a “P” indicator.

ISA – Interchange Control Header

| Location | Data Element Description | Expected Value |
|----------|--|--|
| ISA01 | Authorization Information Qualifier | 00 |
| ISA02 | Authorization Information | Blank |
| ISA03 | Security Information Qualifier | 00 |
| ISA04 | Security Information | Blank |
| ISA05 | Interchange ID Qualifier | ZZ |
| ISA06 | Interchange Sender ID | AultCare Federal Tax ID: 341488123 |
| ISA07 | Interchange ID Qualifier | ZZ |
| ISA08 | Interchange Receiver ID | Client Federal Tax ID |
| ISA09 | Interchange Date | YYMMDD |
| ISA10 | Interchange Time | HHMM |
| ISA11 | Interchange Control Standards Identifier | U |
| ISA12 | Interchange Control Version Number | 005010 |
| ISA13 | Interchange Control Number | Increment by 1 with each |

AULTCARE 835 COMPANION GUIDE

| | | |
|-------|------------------------------------|------------------------|
| | | submission |
| ISA14 | Acknowledgment Requested | 0 or 1 |
| ISA15 | Usage Indicator | T or P |
| ISA16 | Component Element Separator | Recommend colon (☺) |

Note: An asterisk (*) is recommended as the data element separator.

A tilde (~) is recommended as the segment terminator.

GS – Functional Group Header

| Location | Data Element Description | Expected Value |
|-----------------|---|--|
| GS01 | Functional Identifier Code | HP |
| GS02 | Application Sender's Code | AultCare Federal Tax ID: 341488123 |
| GS03 | Application Receiver's Code | Client Federal Tax ID |
| GS04 | Date | CCYYMMDD |
| GS05 | Time | HHMM |
| GS06 | Group Control Number | Provider Assigned |
| GS07 | Responsible Agency Code | X |
| GS08 | Version / Release / Industry Identifier Code | 005010X221 |

2. Payment Data

The following segments are provided by AultCare. **Only** fields that warrant additional clarification beyond the HIPAA 835 Implementation Guide have been included.

Headers

Transaction Set Header: Consistent with the HIPAA Implementation Guide.

Financial Information

BPR Segment

| Data Element | Data Element Description | Data Requirements |
|--------------|---------------------------------------|--|
| BPR01 | Transaction Handling Code | I – Remittance information only D – Make payment only |
| BPR02 | Monetary Amount | Total actual provider payment amount |
| BPR03 | Credit/Debit Flag Code | C – Credit to provider’s account and debit to payer’s account. |
| BPR04 | Payment Method Code | BOP – Financial institution option |
| BPR05 | Payment Format Code | N/A – Field not supplied |
| BPR06 | (DFI) ID Number Qualifier | 01 – ABA transit routing number |
| BPR07 | (DFI) Identification Number | Sender DFI identifier |
| BPR08 | Account Number Qualifier | DA – Demand deposit |
| BPR09 | Account Number | Sender bank account number |
| BPR10 | Originating Company Identifier | Payer tax id identifier |

AULTCARE 835 COMPANION GUIDE

| | | |
|-------|--|---|
| | | Note: The payer tax id may vary depending on the account tied to a group. See Appendix B for the list of potential payers. |
| BPR11 | Originating Company Supplemental Code | N/A – Field not supplied |
| BPR12 | (DFI) ID Number Qualifier | 01 – Depository financial institution (DFI) identification number qualifier. |
| BPR13 | (DFI) Identification Number | Receiver or Provider bank ID number |
| BPR14 | Account Number Qualifier | DA – Demand deposit |
| BPR15 | Account Number | Receiver or Provider account number |
| BPR16 | Date | EFT Effective Date |

Reassociation Trace Number

TRN Segment

| Data Element | Data Element Description | Data Requirements |
|--------------|--------------------------------|---------------------------------------|
| TRN01 | Trace Type Code | 1 – Current Transaction Trace Numbers |
| TRN02 | Reference Identification | EFT Trace number |
| TRN03 | Originating Company Identifier | Payer tax id identifier |

Version Identification

REF Segment

| Data Element | Data Element Description | Data Requirements |
|--------------|------------------------------------|-----------------------------|
| REF01 | Reference Identification Qualifier | F2 – Version Code, local |
| REF02 | Reference Identification | Version identification code |

Production Date

DTM Segment

| Data Element | Data Element Description | Data Requirements |
|--------------|--------------------------|--|
| DTM01 | Date/Time Qualifier | 405 – End date for the adjudication production cycle for included claims |
| DTM02 | Date | Production Date in CCYYMMDD format |

Payer Identification: Consistent with the HIPAA Implementation Guide.

Payer Address: Consistent with the HIPAA Implementation Guide.

Payer City, State, and Zip Code: Consistent with the HIPAA Implementation Guide.

Payer Technical Contact Information

PER Segment

| Data Element | Data Element Description | Data Requirements |
|---------------------|---------------------------------------|---|
| PER01 | Contact Function Code | BL – Payers claim office |
| PER02 | Name | AultCare Information Systems |
| PER03 | Communication Number Qualifier | EM – Electronic Mail |
| PER04 | Communication Number | Payer email address: AultCare-IS@AultCare.com |
| PER05 | Communication Number Qualifier | TE – Telephone Number |
| PER06 | Communication Number | Telephone: 330-363-7495 (TTY Users Call 711) |

Payee Identification: Consistent with the HIPAA Implementation Guide.

Payee Address: Consistent with the HIPAA Implementation Guide.

Payee City, State, and Zip Code: Consistent with the HIPAA Implementation Guide.

Header Number: Consistent with the HIPAA Implementation Guide.

Claim Payment Information

CLP Segment

| Data Element | Data Element Description | Data Requirements |
|--------------|-------------------------------------|--|
| CLP01 | Claim Submitter's Identifier | Patient control number |
| CLP02 | Claim Status Code | Claim status code as assigned by AultCare or repricing organization. |
| CLP03 | Monetary Amount | Total claim charge amount |
| CLP04 | Monetary Amount | Claim payment amount |
| CLP05 | Monetary Amount | <p>Patient responsibility amount.</p> <p>Note: This amount is the difference between the total charge and total paid amount. The patient responsibility amount is usually reduced by the amounts supplied in the CAS (Claim Adjustment) and AMT (Service Supplemental Amount) segments.</p> <p>Note: When COB (Coordination of Benefits) apply to the claim, patient responsibility amount is determined by subtracting: payment, write-off, and adjustment amounts from the total charge.</p> |
| CLP06 | Claim Filing Indicator | <p>Code identifying type of claim:</p> <p>CI – Commercial Insurance</p> <p>16 – Medicare</p> |
| CLP07 | Reference Identification | Payer claim control number |

| | | |
|-----|-----------------------|--|
| N/A | Claim Comments | Note: The 835 HIPAA file does not provide a field to pass claim comments, therefore this information is not supplied. |
|-----|-----------------------|--|

Patient Name

NM1 Segment

| Data Element | Data Element Description | Data Requirements |
|---------------------|---------------------------------------|--|
| NM101 | Entity Identifier Code | QC – Patient |
| NM102 | Entity Type Qualifier | 1 – Person |
| NM103 | Name Last or Organization Name | Patient last name |
| NM104 | Name First | Patient first name |
| NM105 | Name Middle | Patient middle initial |
| NM106 | Name Prefix | Patient name prefix |
| NM107 | Name Suffix | Patient name suffix |
| NM108 | Identification Code Qualifier | MI –Member Identification number |
| NM109 | Identification Code | Member Identification number Note: AultCare will always return member identification number in the 835 file. |

Insured Name

NM1 Segment

| Data Element | Data Element Description | Data Requirements |
|--------------|--------------------------------|--|
| NM101 | Entity Identifier Code | IL – Subscriber |
| NM102 | Entity Type Qualifier | 1 – Person |
| NM103 | Name Last or Organization Name | Subscriber last name |
| NM104 | Name First | Subscriber first name |
| NM105 | Name Middle | Subscriber middle initial |
| NM106 | Name Prefix | Subscriber name prefix |
| NM107 | Name Suffix | Subscriber name suffix |
| NM108 | Identification Code Qualifier | MI – Member Identification Number |
| NM109 | Identification Code | Member Identification Number Note: AultCare will always return member identification number in the 835 file. |

Service Provider Name

NM1 Segment

| Data Element | Data Element Description | Data Requirements |
|---------------------|---------------------------------------|---|
| NM101 | Entity Identifier Code | 82 – Rendering provider |
| NM102 | Entity Type Qualifier | 1 – Person |
| NM103 | Name Last or Organization Name | Rendering provider last name |
| NM104 | Name First | Rendering provider first name |
| NM105 | Name Middle | Rendering provider middle initial |
| NM106 | Name Prefix | Rendering provider name prefix |
| NM107 | Name Suffix | Rendering provider name suffix |
| NM108 | Identification Code Qualifier | XX – National Provider Identifier |
| NM109 | Identification Code | Rendering provider National Provider Identifier |

Other Claim Related Identification

REF Segment

| Data Element | Data Element Description | Data Requirements |
|---------------------|---|-----------------------------|
| REF01 | Reference Identification Qualifier | 1L – Group number |
| REF02 | Reference Identification | Version identification code |

Claim Date

DTM Segment

| Data Element | Data Element Description | Data Requirements |
|--------------|--------------------------|--|
| D'TM01 | Date/Time Qualifier | 232 – Claim statement period start date 233 – Claim statement period end date |
| D'TM02 | Date | Date in CCYYMMDD format |

Service Payment Information

SVC Segment

| Data Element | Data Element Description | Data Requirements |
|--------------|--|--|
| SVC01 | Composite Medical Procedure Identifier | AD – American Dental Association Codes HC – HCPCS Codes |
| SVC02 | Monetary Amount | Line item charge amount |
| SVC03 | Monetary Amount | Line item provider payment amount |
| SVC04 | Product/Service ID | N/A – Field not supplied |
| SVC05 | Quantity | Units of service paid count |

Service Date

DTM Segment

| Data Element | Data Element Description | Data Requirements |
|--------------|--------------------------|-------------------------|
| DTM01 | Date/Time Qualifier | 472 – Service Date |
| DTM02 | Date | Date in CCYYMMDD format |

Service Adjustment

CAS Segment

| Data Element | Data Element Description | Data Requirements |
|--------------|------------------------------|---|
| CAS01 | Claim Adjustment Group Code | CO – Contractual Obligations OA – Other Adjustments PI – Payor Initiated Reductions PR – Patient Responsibility |
| CAS02 | Claim Adjustment Reason Code | Claim adjustment Reason Code |
| CAS03 | Monetary Amount | Adjustment amount Note: A negative amount increases the payment, and a positive amount decreases the payment contained SVC03 and CLP04. <u>For example:</u> If the total charge is 150.00 and the CAS segment contains 19.16, this amount is subtracted from the 150 charge to calculate the payment amount of |

| | | |
|----------------|---------------------------------|---|
| | | 130.84 dollars. |
| CAS04 | Quantity | Adjustment quantity supplied as needed. |
| CAS05 CAS19 | – Additional adjustments | Supplied as needed |

Service Supplemental Amount

AMT Segment

| Data Element | Data Element Description | Data Requirements |
|---------------------|---------------------------------|--------------------------|
| AMT01 | Amount Qualifier Code | B6 – Allowed Amount |
| AMT02 | Monetary Amount | Allowed Amount |

Trailers

Transaction Set Trailer: Consistent with the HIPAA Implementation Guide.

Functional Group Trailer: Consistent with the HIPAA Implementation Guide

Interchange Control Trailer: Consistent with the HIPAA Implementation Guide.

3. Trading Partner Requirements

The information in this chapter explains the procedures required by a provider and/or vendor to establish electronic file transmission with AultCare.

835 Health Care Claim Payment/Advice Procedures for Providers/Vendors:

Account Information:

The account information supplied in the testing process will be used for production 835 processing. It is the provider's responsibility to notify AultCare when bank account information has changed.

Third Party Vendors:

Providers that contract with a vendor to facilitate file transfer and processing are responsible for notifying AultCare of any change in vendor status (e.g. service transferring to a different vendor, vendor system changes, vendor system upgrades, etc.) Providers are responsible for coordinating pick up and delivery of run-out claims when switching vendors.

Vendors new to AultCare are required to complete both 837 and 835 testing.

Test Procedures:

The following test procedures must be completed by providers/vendors prior to implementing the 835 Health Care Claim Payment/Advice file.

Prerequisites:

- AultCare will verify that a signed trading partner agreement is on file. The trading partner agreement requirement should be fulfilled from 837 testing.
- The provider/vendor must supply bank account information:
 - ABA routing number (bank's nine digit routing number)

- Bank account number of where funds will be deposited
- Depository Financial Institution name

- Interchange ID Qualifier will be 30, US Federal Tax identification number.

- Receiving Provider US Federal Tax ID.

- Receiving Vendor (if applicable) US Federal Tax ID

Note: If a provider is using a vendor, the vendor tax id will be populated in the ISA Receiver ID field. The provider tax id will be populated in the GS Application ID field.

If a provider is not using a vendor, the provider's tax id will be populated in both the ISA Receiver ID field and GS Application ID field.

Testing:

Claims will be processed to create the corresponding test 835 file.

AultCare will place the 835 test ERA file on the Payer Connectivity Services (PCS) Test system for the provider/vendor to retrieve.

AultCare will send a one penny preauthorization transaction to the provider's designated financial institution to confirm the accurate information was supplied.

AultCare will notify the provider/vendor when the test files are available.

Once the provider has completed testing and the final checklist is returned to AultCare, a date will be established to begin 835 remits in production. Production files will be placed on the Payer Connectivity Services (PCS) system for the provider/vendor to retrieve. Files will also be transferred utilizing a Secure File

AULTCARE 835 COMPANION GUIDE

Transfer Protocol (SFTP) connection if applicable. 835 files are also archived in the PCS system within the archive/835 folder for approximately 6 months.

4. Contact Information:

Contracted providers should contact their AultCare Provider Relations Representative with questions regarding the 835 process utilizing the following email address:

providerrelations@aultcare.com

Non-contracted providers and vendors should contact AultCare EDI Support with questions regarding the 835 process utilizing the following email address:

edisupport@aultcare.com.

5. Appendix A: Revision Summary

The information in this chapter lists the date and changes made to the AultCare 835 Companion Guide.

AultCare 835 HIPAA Companion Guide Change Summary:

Refer to the Data Requirements column within the document for details of the updates listed below.

| Date | Updated Data Element | Data Requirements |
|-------------|-----------------------------|---|
| 6/15/2020 | NM109 | Updated social security number to member identification number. Removed- Claims submitted with a member id will be returned to the submitter with a social security number instead of the member id value. |
| 6/15/2020 | CLP07 | Removed MC-Medicaid |
| 6/15/2020 | NM108 | Removed 34- Social Security number to MI- Member identification number |

AULTCARE 835 COMPANION GUIDE

| | | |
|-----------|-------------------------------------|--|
| 6/15/2020 | NM109 | Updated Patient Social Security number to member identification number |
| 6/15/2020 | NM108 | Updated FI- Federal tax identification to XX- National Provider Identifier |
| 2/26/2021 | Prerequisites | Removed: The provider/vendor must be successfully sending production 837 Electronic Claim files to be eligible to receive the 835 Health Care Claim Payment/Advice file. |
| 2/26/2021 | Testing; | Removed: AultCare will copy a production 837 file to the AultCare test system. |
| 1/12/2022 | Payer Technical Contact Information | Added TTY Users Call 711 |
| 8/30/2023 | | Updated AultCare's PrimeTime Health Plan logo |

6. Appendix B: List of Payer IDs

The following payer federal tax identification numbers may be returned in the 835 file. The payer tax id correlates to the account paying for the claims and may vary by group.

| Name | Tax ID |
|-----------------------------|-----------|
| AultCare | 341488123 |
| AultCare Insurance Company | 341624818 |
| Aultra Administrative Group | 341488123 |

Groups utilizing their own checking account would reflect the group's federal tax identification number.