

Partnership HealthPlan of California

HIPAA Transaction Companion Guide

CORE: 835/ERA Health Care Claim Payment/Advice

ASC X12 version 005010

**Disclosure Statement**

This document is subject to change. Changes will be posted to the PHC website. See http://www.partnershiphp.org for updates.

**Preface**

This Companion Guide clarifies and specifies the data content when exchanging electronically with Partnership Health Plan. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC 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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# INTRODUCTION

Partnership Health Plan (PHC) is following federal regulations of the Patent Protection and Affordable Care Act (PPACA) to support HIPAA CAQH/CORE Claim Payment/Advice 835 file batch retrieval transaction and send back 999 Acknowledgment of Claim Payment/Advice (835) to PHC.

EFT

While 835/ERA enrollment and transactions are directly handled by PHC, the EFT is handled by our 3rd party, SunGard. You will be directly working with SunGard, please see contact information in this companion guide below, for further assistance.

SCOPE

Providers, billing services and clearinghouses are advised to use the ASC X12N 835 (005010x221A1) Implementation Guide as a basis for receiving 835 batch file using web services. This companion document should be used to explain the CORE Business rules for 835 data content, transaction acknowledgment, connectivity, response time and system availability requirements.

REFERENCES

* ASC X12N 835 (Version 005010x221A1) Technical Report Type 3 guide for Health Care Claim Payment/Advice Request and Response: http://wpc-edi.com/

* PHC Companion Guide:

http://www.partnershiphp.org

* CAQH/CORE Rules: http://www.caqh.org
* CORE XML Schema: http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd

* WSDL: http://www.w3.org/TR/wsdl

* SOAP: http://www.w3.org/TR/soap/

* MIME Multipart: http://www.w3.org/Protocols/rfc1341/7\_2\_Multipart.html

ADDITIONAL INFORMATION

Submitters must obtain a valid PHC user ID, password, sender ID and receiver ID in order to submit a request to receive 835 Claim Payments /Advice file and to send 999 Acknowledgment of Claim Payment/ Advice.

PHC supports the 835 Health Care Claim Payment/Advice in batch mode only.

# GETTING STARTED

WORKING WITH PARTNERSHIP HEALTHPLAN

Providers, billing services and clearinghouses interested in submitting request for receiving Claim Payment/Advice requests (835) and sending back 999 Acknowledgement should submit a completed EDI Enrollment form to PHC.

TRADING PARTNER REGISTRATION

1. Complete attached EDI Enrollment form:

Fax to: 707- 863-4390

Or

Email to: [EDI-Enrollment-Testing@partnershiphp.org](mailto:EDI-Enrollment-Testing@partnershiphp.org)

1. PHC will provide a username (login ID), sender ID, receiver ID and send an email containing link to create password.
2. Trading partners should configure their system following the connection instructions provided by PHC.
3. Verify connectivity by submitting a Request for Claim Payment/Advice file (835) and sending back 999 Acknowledgement.

# TESTING WITH THE PAYER

PHC does not support a test environment. If you encounter any issues or errors during the Trading Partner Registration, please contact our EDI-Team for technical assistance.

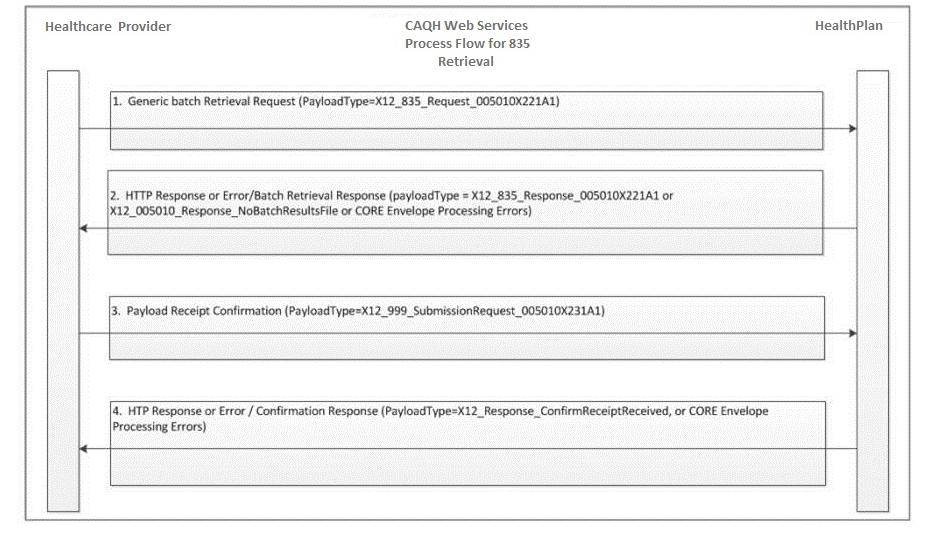
Once you have completed the Trading Partner registration process, you should submit a transaction to validate that connectivity has been successfully established and that you can process the returned response. If you encounter any errors during this process, please contact the EDI Support Team for technical assistance.

# CONNECTIVITY WITH PAYER/COMMUNICATIONS

PROCESS FLOWS

* The user application submits a CORE compliant SOAP+WSDL request to <https://core.partnershiphp.org/corecp/ClaimPayments.svc>

* The user application submits a CORE compliant HTTP+MIME request to <https://core.partnershiphp.org/corecpmime/ClaimPaymentsMIME.ashx>
* The PHC system authenticates the account credentials along with Sender ID /Receiver ID. If the account is not authorized, UNAUTHORIZED error code is returned.
* If the account is authorized, an HTTP 200-OK status response is returned to the user and one of the following will be returned:
* 835 Batch Retrieval – *GenericBatchRetrievalTransaction* (service method)
  + If Claim Payment 835 file is available, sending as an attachment in Payload
  + If Claim Payment 835 file is not available, sending NoBatchResultsFile as Status (PayloadType)
  + Refer to figure: 2
* 999 Batch Receipt Confirmation – *GenericBatchReceiptConfirmationTransaction* (service method)
  + If valid 999 file is sent, sending ConfirmationReceiptReceived as Status (PayloadType)
  + If invalid 999 file is sent, sending PayloadIllegal as error code
  + Refer to figure: 3



*Figure 1: Claim Payment/Advice Batch 835 Service Flow*



*Figure 2: Batch 835 Retrieval Transaction Flow*



*Figure 3: Batch 999 Acknowledgement Receipt Confirmation Transaction Flow*

TRANSMISSION ADMINISTRATIVE PROCEDURES

Request should be sent by Trading Partner/Hospitals via web services to receive Claim Payment/Advice batch (835) file. If file is available, it will be sent as an attachment.

RE-TRANSMISSION PROCEDURE

A duplicate transaction may be sent by the user’s CORE compliant system if the HTTP post reply message is not received. File will be available for one week time frame, if you need to request older file please submit request manually to our EDI Support team.

COMMUNICATION PROTOCOL SPECIFICATIONS

PHC supports two options for submitting request to receive Claim Payment/Advice file (835) transactions directly to PHC at no cost per transaction.

Our supported options are:

* **CAQH SOAP** : PHC supports the use of HTTP SOAP + WSDL envelope standards as defined in the CAQH CORE Phase II Connectivity standards (see http://caqh.org/pdf/CLEAN5010/270-v5010.pdf)

The following is a list of technical standards and versions for the HTTP SOAP + WSDL envelope standards:

* SOAP XML Schema: http://caqh.org/SOAP/WSDL/CORERule2.2.0.xsd
* WSDL Definition: <http://caqh.org/SOAP/WSDL/CORERule2.2.0.wsdl>
* HTTP Version 1.1
* SOAP Version 1.2
* SSL Version 3.0
* Health Care Claim Payment/Advice Request and Response version 005010X221A1

The submitter of the Claim Payment/Advice file request will need a PHC issued userID and password to connect to PHC.

* **CAQH MIME** – PHC supports the use of HTTP MIME Multipart existing envelope standards as defined in the CAQH CORE Phase II Connectivity standards (see http://caqh.org/pdf/CLEAN5010/270-v5010.pdf)

The following is a list of technical standards and versions for the HTTP MIME Multipart envelope and Claim Payment/Advice file payload:

* HTTP Version 1.1
* MIME Version 1.0
* SSL Version 3.0
* Health Care Claim Payment/Advice Request and Response version 005010X221A1

The submitter of the request for Claim Payment/Advice batch file will need a PHC issued userID and password to connect to PHC.

PASSWORDS

A userID and password must accompany each request for Claim Payment/Advice batch file (835) submitted to PHC.

MAINTENANCE

Routine maintenance is performed on Sunday mornings between 7 – 10 a.m. Pacific Time.

Transactions submitted during this time may receive rejection messages indicating that PHC is unable to process their transaction at that time. Please check the PHC website ([www.partnershiphp.org](http://www.partnershiphp.org/)) for any additional planned outages.

Notification of any non-routine, unscheduled or emergency downtime will be sent to the email address(es) provided in the enrollment process and posted on the PHC website.

# CONTACT INFORMATION

ERA

If all your questions have not been answered in this companion guide, please email our EDI-Support Team:

[EDI-Production-Support@partnershiphp.org](mailto:EDI-Production-Support@partnershiphp.org)

EFT

EFT services are provided by our third party, SunGard. Please contact SunGard directly if you have any questions or concerns.

Mon-Fri 5:00am – 3:00pm PT

Phone: 877-330-4950

For additional support with the Vendor Payment Portal, contact the following Customer Service Unit:

Mon–Fri (excluding federal holidays) 7:00 a.m.–6:00 p.m. PT

Global Treasury Management Servicing Phone: 800-322-2778

Email address: TMSImplementations@unionbank.com

CLAIMS / PROVIDER SERVICE NUMBERS

If you have any questions on claim adjudication results, claim status, claim payment, member eligibility or any other issues, please contact:

Claims Customer Service: 855-798-8757

Member Services Department: 800-863-4155

Provider Relations Department: 800-863-4155

APPLICABLE WEBSITES/E-MAIL

Partnership Health Plan Website: [www.partnershiphp.org](http://www.partnershiphp.org/)

# CONTROL SEGMENTS/ENVELOPES

Listed below are PHC specific requirements for the request of Claim Payment/Advice batch file (835) and returning the 999 Acknowledgement file transaction.

**Delimiters**

PHC accepts any of the standard delimiters as deﬁned by the ANSI standards.

We recommend the use of the following common delimiters:

Data Element Separator, Asterisk, (\*)

Sub-Element Separator, Exclamation point (!)

Segment Terminator, Tilde (~)

# PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

TRANSACTION LIMITATIONS

PHC supports Claim Payment/Advice File in batch mode only and one file per request.

## **CORE ENVELOP METADATA - 835**

HTTPS Message Format. The input parameters as described in the tables below for Batchmode needs to be provided as input while submitting a request to PHC in order to receive Claim Payment/Advice file (835) and send 999 Acknowledgement file for 835.

|  |  |  |  |
| --- | --- | --- | --- |
| HTTPS and SOAP Metadata (Batch 835) | | |  |
| Field Name | Description | Format | Example |
| Payload Type | Payload Type specifies the type of payload included within a request, | |  | | --- | | X12\_835\_Request\_005010X221A1 | |  |
| Processing Mode | Processing Mode indicates Batch processing mode. | Batch/ BatchMode | Batch/ BatchMode |
| Payload ID | This is an Identifier that you will use to identify the request submitted. | Alphanumeric, may contain hyphen. |  |
| Time Stamp | Time and Date  specifying when a message is created and sent to a receiver | Universal Time (UTC) time stamp. http://www.w3.org/TR/xmlschema11-  2/#dateTime | yyyy-MM-ddThh:mm:ss |
| User | This is the user name to log into the account. A Password will be associated with the User which allows a request to complete. Your User ID will be assigned. | PHC provided UserName | PHC provided UserName |
| Password | This is the password that pairs with the *User* field to allow access to the Eligibility request system. Your password will be assigned. | PHC provided Password | Valid Password |
| Sender ID | This is the Sender ID from the X12 file being submitted. From ISA06. | Alphanumeric | PHC provided Senderid |
| Receiver ID | This is the Receiver ID from the X12 file being submitted. From ISA08. | Alphanumeric | PHC100680301406 |
| CORE Rule Version | The CORE Rule version that this envelope is using. This value can be used to maintain backward compatibility when parsing/ processing messages. | 2.2.0 | 2.2.0 |

## **CORE ENVELOP METADATA - 999**

HTTPS Message Format. The input parameters as described in the tables below for Batchmode needs to be provided as input while submitting request to PHC to receive Claims Payment/Advice (835) file and sending 999 Acknowledgement file for Claims Payment/Advice (835) file to PHC.

|  |  |  |  |
| --- | --- | --- | --- |
| HTTPS and SOAP Metadata (Batch 999) | | |  |
| Field Name | Description | Format | Example |
| Payload Type | Payload Type specifies the type of payload included within a request, | |  | | --- | | X12\_999\_SubmissionRequest\_005010X221A1 | |  |
| Processing Mode | Processing Mode indicates Realtime processing mode. | Batch/ BatchMode | Batch/ BatchMode |
| Payload ID | This is an Identifier that you will use to identify the request submitted. | Alphanumeric, may contain hyphen. |  |
| Time Stamp | Time and Date  specifying when a message is created and sent to a receiver | Universal Time (UTC) time stamp. http://www.w3.org/TR/xmlschema11-  2/#dateTime | yyyy-MM-ddThh:mm:ss |
| User | This is the user name to log into the account. A Password will be associated with the User which allows a request to complete. Your User ID will be assigned. | PHC provided UserName | PHC provided UserName |
| Password | This is the password that pairs with the User field to allow access to the Eligibility request system. Your password will be assigned. | PHC provided Password | Valid Password |
| Sender ID | This is the Sender ID from the X12 file being submitted. From ISA06. | Alphanumeric | PHC provided Senderid |
| Receiver ID | This is the Receiver ID from the X12 file being submitted. From ISA08. | Alphanumeric | PHC100680301406 |
| CORE Rule Version | The CORE Rule version that this envelope is using. This value can be used to maintain backward compatibility when parsing/ processing messages. | 2.2.0 | 2.2.0 |
| Payload | This contains the file with the X12 999 data | Base64 Binary Array |  |
| PayloadLength | Length of Payload | Numeric | Int |
| CheckSum | Hash Sum of payload | Alphanumeric |  |

## **ERROR REPORTING FOR 999**

Incoming 999 Transactions are to ensure that they comply with HIPAA X12 regulation and with PHC business and security processes. The table below illustrates the type of transaction used in response to different levels of error reporting.

|  |  |
| --- | --- |
| Transaction Structure Level of Error | Type of Error |
| ISA/IEA Interchange Control | Illegal/Invalid value format provided on Payload 999 field. |

## **HTTP STATUS AND ERROR CODES**

|  |  |
| --- | --- |
| HTTP  Status/Error Codes | Status Code Description |
| 200 OK | Success |
| 500 Internal Server Error | The web-server encountered a processing error |
| 503 Server errors | 503 Service Unavailable |

## **ENVELOPE PROCESSING STATUS AND ERROR CODES**

|  |  |
| --- | --- |
| Envelope Processing  Status/Error Codes | Status Code Description |
| Success | Envelope was processed successfully. |
| <FieldName>Illegal | Illegal value provided for <FieldName>. |
| <FieldName>Required | The field <FieldName> is required but was not provided. |
| Unauthorized | The username/password/SenderId/ReceiverId could not be verified. |
| Sender | The envelope sent by the sender did not conform to the expected format. |
| Receiver | The message could not be processed for reasons attributable to the Receiver. |

ISA-IEA

The ISA segment terminator, which immediately follows the component separator, must consist of only **one** character code. The same character code must be used as the segment terminator for each segment in the ISA-IEA segment set.

**Expected inbound values (Only 999 Acknowledgement):**

| TR3  Page # | Reference | Name |  | Codes | Expected Value |
| --- | --- | --- | --- | --- | --- |
|
|  |
| C.3 | ISA | Interchange Control Header |  | ISA | All positions within each of the data elements must be filled. |
|  |  | Element Separator | \* |  |  |
| C.4 | ISA01 | Authorization Information Qualifier | 0 | ‘00’ | ‘00’ (zero zero) – No  Authorization Information Present (no meaningful information in ISA02) |
|  |  | Element Separator | \* |  |  |
|  | ISA02 | Authorization Information |  | Space Fill |  |
|  |  | Element Separator | \* |  |  |
|  | ISA03 | Security Information Qualifier | 0 | ‘00’ | ‘00’ – No Authorization Information Present (no meaningful information in ISA04) |
|  |  | Element Separator | \* |  |  |
|  | ISA04 | Security Information |  | [Not Used - Filled with Spaces] |  |
|  |  | Element Separator | \* |  |  |
|  | ISA05 | Interchange ID Qualifier |  | ‘ZZ’ | ZZ (Mutually Defined) |
|  |  | Element Separator | \* |  |  |
|  | ISA06 | Interchange Sender ID |  | PHC100680301406 | Interchange Sender ID |
|  |  | Element Separator | \* |  |  |
| C.5 | ISA07 | Interchange ID Qualifier |  | ZZ - Mutually Defined |  |
|  |  | Element Separator | \* |  |  |
|  | ISA08 | Interchange Receiver ID |  | ID assigned by PHC. | Interchange Receiver ID |
| C.5 |  | Element Separator | \* |  |  |
|  | ISA09 | Interchange Date |  |  | Interchange Creation Date in  YYMMDD format |
|  |  | Element Separator | \* |  |  |
|  | ISA10 | Interchange Time |  | HHMM | Interchange Creation Time in HHMM format |
|  |  | Element Separator | \* |  |  |
|  | ISA11 | Repetition Separator |  | > | PHC will utilize the symbol: (colon) as the repetition separator. |
|  |  | Element Separator | \* |  |  |
|  | ISA12 | Interchange Version Number |  | ‘00501’ | Indicates version number |
|  |  | Element Separator | \* |  |  |
|  | ISA13 | Interchange Control Number |  | Assigned by PHC | A control number assigned by the interchange sender |
|  |  | Element Separator | \* |  |  |
| C.6 | ISA14 | Acknowledgement Requested |  | ‘0’,‘1’ | 0 No Interchange Acknowledgment Requested  1 - Interchange  Acknowledgment Requested |
|  |  | Element Separator | \* |  |  |
|  | ISA15 | Usage Indicator |  | ‘P’, ‘T’ | P - Production data  T - Test data |
|  |  | Element Separator | \* |  |  |
|  | ISA16 | Component Element Separator |  | ‘!’ | An ! must be sent in this field. |
|  |  | Segment End | ~ |  |  |
| C.7 | GS | Functional Group Header |  | GS | All positions within each of the data elements must be filled. |
|  |  | Element Separator | \* |  |  |
|  | GS01 | Functional Identifier Code |  | HP | HP – Health Care Claim Payment Acknowledgement file |
| C.7 |  | Element Separator | \* |  |  |
|  | GS02 | Application Sender's Code |  | Same value as ISA06. | Same value as ISA06. |
|  |  | Element Separator | \* |  |  |
|  | GS03 | Application Receiver's Code |  | Same value as ISA08. | Same value as ISA08. |
|  |  | Element Separator | \* |  |  |
| C.8 | GS04 | Date |  | CCYYMMDD | Functional Group Creation Date in CCYYMMDD  format |
|  |  | Element Separator | \* |  |  |
|  | GS05 | Time |  | HHMM | Functional Group Creation  Time in HHMM format |
|  |  | Element Separator | \* |  |  |
|  | GS06 | Group Control Number |  | (Assigned by PHC) Must be identical to the value in the GS02 | Unique number within interchange. Will begin with 0001, and will be identical to GE02. |
|  |  | Element Separator | \* |  |  |
|  | GS07 | Responsible Agency Code |  | X | X - Accredited Standards  Committee X12 |
|  |  | Element Separator | \* |  |  |
|  | GS08 | Version / Release Code |  | 005010X221A1 | Version and transaction number |
|  |  | Segment End | ~ |  |  |

# ACKNOWLEDGEMENTS AND/OR REPORTS

For each request submitted to PHC to receive Claim Payment/Advice (835), one of the following will be returned

* Claim Payment/Advice (835) file if available
* NotBatchResultsFile as PaylaodType, if file is not available

# TRADING PARTNER AGREEMENTS

A completed EDI Enrollment form is required for all providers, clearinghouses and software vendors wishing to connect directly with PHC to receive Claim Payment/Advice (835) file.

# TRANSACTION SPECIFIC INFORMATION

Listed below are specific requirements that PHC is sending as Claim Payment/Advice (835) file**:**

| TR3  Page # | Reference | Name |  | Codes | Expected Value |
| --- | --- | --- | --- | --- | --- |
|
|  |
| C.3 | ISA | Interchange Control Header |  | ISA | All positions within each of the data elements must be filled. |
|  |  | Element Separator | \* |  |  |
| C.4 | ISA01 | Authorization Information Qualifier | 0 | ‘00’ | ‘00’ (zero zero) – No  Authorization Information Present (no meaningful information in ISA02) |
|  |  | Element Separator | \* |  |  |
|  | ISA02 | Authorization Information |  | Space Fill |  |
|  |  | Element Separator | \* |  |  |
|  | ISA03 | Security Information Qualifier | 0 | ‘00’ | ‘00’ – No Authorization Information Present (no meaningful information in ISA04) |
|  |  | Element Separator | \* |  |  |
|  | ISA04 | Security Information |  | [Not Used - Filled with Spaces] |  |
|  |  | Element Separator | \* |  |  |
|  | ISA05 | Interchange ID Qualifier |  | ‘ZZ’ | ZZ (Mutually Defined) |
|  |  | Element Separator | \* |  |  |
|  | ISA06 | Interchange Sender ID |  | PHC100680301406 | PHC100680301406 |
|  |  | Element Separator | \* |  |  |
| C.5 | ISA07 | Interchange ID Qualifier |  | ZZ - Mutually Defined] |  |
|  |  | Element Separator | \* |  |  |
|  | ISA08 | Interchange Receiver ID |  | Interchange Receiver ID | **I**nterchange Receiver ID |
| C.5 |  | Element Separator | \* |  |  |
|  | ISA09 | Interchange Date |  |  | Interchange Creation Date in  YYMMDD format |
|  |  | Element Separator | \* |  |  |
|  | ISA10 | Interchange Time |  | HHMM | Interchange Creation Time in HHMM format |
|  |  | Element Separator | \* |  |  |
|  | ISA11 | Repetition Separator |  | > | PHC will utilize the symbol: (colon) as the repetition separator. |
|  |  | Element Separator | \* |  |  |
|  | ISA12 | Interchange Version Number |  | ‘00501’ | Indicates version number |
|  |  | Element Separator | \* |  |  |
|  | ISA13 | Interchange Control Number |  | Assigned by Sender | A control number assigned by the interchange sender |
|  |  | Element Separator | \* |  |  |
| C.6 | ISA14 | Acknowledgement Requested |  | ‘0’,‘1’ | 0 No Interchange Acknowledgment Requested  1 - Interchange  Acknowledgment Requested |
|  |  | Element Separator | \* |  |  |
|  | ISA15 | Usage Indicator |  | ‘P’, ‘T’ | P - Production data  T - Test data |
|  |  | Element Separator | \* |  |  |
|  | ISA16 | Component Element Separator |  | ‘:’ |  |
|  |  | Segment End | ~ |  |  |
| C.7 | GS | Functional Group Header |  | GS | All positions within each of the data elements must be filled. |
|  |  | Element Separator | \* |  |  |
|  | GS01 | Functional Identifier Code |  | HP | HP – Health Care Claim Payment Acknowledgement file |
| C.7 |  | Element Separator | \* |  |  |
|  | GS02 | Application Sender's Code |  | Same value as ISA06. | Same value as ISA06. |
|  |  | Element Separator | \* |  |  |
|  | GS03 | Application Receiver's Code |  | Same value as ISA08. | Same value as ISA08. |
|  |  | Element Separator | \* |  |  |
| C.8 | GS04 | Date |  | CCYYMMDD | Functional Group Creation Date in CCYYMMDD  format |
|  |  | Element Separator | \* |  |  |
|  | GS05 | Time |  | HHMMSS | Functional Group Creation  Time in HHMMSS format |
|  |  | Element Separator | \* |  |  |
|  | GS06 | Group Control Number |  | (Assigned by Sender) Must be identical to the value in the GE02 | Unique number within interchange. Will begin with 0001, and will be identical to GE02. |
|  |  | Element Separator | \* |  |  |
|  | GS07 | Responsible Agency Code |  | X | X - Accredited Standards  Committee X12 |
|  |  | Element Separator | \* |  |  |
|  | GS08 | Version / Release Code |  | 005010X221A1 | Version and transaction number |
|  |  | Segment End | ~ |  |  |

| TR3  Page # | Reference | Name |  | Codes | Expected Value |
| --- | --- | --- | --- | --- | --- |
|
|  |
| 68 | ST | Transaction Set Header |  | ST |  |
|  |  | Element Separator | \* |  |  |
|  | ST01 | Transaction Set Identification Code |  | 835 |  |
|  |  | Element Separator | \* |  |  |
|  | ST02 | Transaction Set Control Number |  | Sequential number assigned by sender ST02 and SE02 must be identical |  |
|  |  | Segment End | ~ |  |  |
| 69 | BPR | Financial Information |  | BPR |  |
| 70 | BPR01 | Transaction Handling Code |  | I – remittance information only |  |
|  |  | Element Separator | \* |  |  |
| 71 | BPR02 | Monetary Amount |  |  | Payment amount |
|  |  | Element Separator | \* |  |  |
|  | BPR03 | Credit/Debit Flag code |  | C – Credit - payment to receiver's account |  |
|  |  | Element Separator | \* |  |  |
| 72 | BPR04 | Payment Method Code |  | CHK – Check ACH |  |
|  | BPR05 | Payment Format Code | \* | CCP When BPR04=ACH | Required when BPR04 is ACH. |
|  |  | Element Separator | \* |  |  |
| 73 | BPR06 | (DFI)ID Number Qualifier |  | 01 when BPR04 is ACH | Required when BPR04 is ACH |
|  |  | Element Separator | \* |  |  |
|  | BPR07 | (DFI) Identification Number |  | Sender Routing Number | Required when BPR04 is ACH |
|  |  | Element Separator | \* |  |  |
| 74 | BPR08 | Account Number Qualifier |  | DA | Required when BPR04 is ACH. |
|  |  | Element Separator | \* |  |  |
|  | BPR09 | Account Number |  | Sender Bank Account Number | Required when BPR04 is ACH. |
|  |  | Element Separator | \* |  |  |
|  | BPR10 | Originating Company Identifier |  | Payer Identifier | Required when BPR04 is ACH. |
|  |  | Element Separator | \* |  |  |
| 75 | BPR12 | (DFI) ID Number Qualifier |  | 01 | 01 when BPR04 is ACH |
|  | BPR13 | (DFI) Identification Number |  |  | Receiver or Provider Bank ID Number |
|  |  | Element Separator | \* |  |  |
| 76 | BPR14 | Account Number Qualifier |  | DA- Required when BPR04 is ACH. | Account Type |
|  |  | Element Separator | \* |  |  |
|  | BPR15 | Account Number |  | Receiver or Provider Account Number | Bank Account Number |
|  |  | Element Separator | \* |  |  |
|  | BPR16 | Date |  | CCYYMMDD | EFT or Check Issue Date |
|  |  | Segment End | ~ |  |  |
| 77 | TRN | Reassociation Trace Number |  | TRN |  |
|  |  | Element Separator | \* |  |  |
|  | TRN01 | Trace Type Code |  | 1 – Current Transaction Trace Number |  |
|  |  | Element Separator | \* |  |  |
|  | TRN02 | Reference Identification |  |  | Check or EFT Trace Number |
|  |  | Element Separator | \* |  |  |
| 78 | TRN03 | Originating Company Identifier |  |  | Payer Identifier |
|  |  | Segment End | **~** |  |  |
| 85 | DTM | Production Date |  | DTM |  |
|  |  | Element Separator | \* |  |  |
|  | DTM01 | Date/Time Qualifier |  | 405 |  |
|  |  | Element Separator | \* |  |  |
| 86 | DTM02 | Date |  | CCYYMMDD | Production Date |
|  |  |  |  |  |  |
|  |  | Segment End | ~ |  |  |
| 87 | N1 | Payer Identification |  | N1 |  |
|  |  | Element Separator | \* |  |  |
|  | N101 | Entity Identifier Code |  | PR – Payer |  |
|  |  | Element Separator | \* |  |  |
|  | N102 | Name |  | PARTNERSHIP HEALTHPLAN OF CALIFORNIA | Payer Name |
|  |  | Segment End | ~ |  |  |
| 89 | N3 | Payer Address |  | N3 |  |
|  |  | Element Separator | \* |  |  |
|  | N301 | Address Information |  | 4665 BUSINESS CENTER DRIVE | Payer Address |
|  |  | Segment Terminator | ~ |  |  |
| 90 | N4 | Payer City, State, ZIP Code |  | N4 |  |
|  |  | Element Separator | \* |  |  |
|  | N401 | City Name |  | FAIRFIELD | City |
|  |  | Element Separator | \* |  |  |
| 91 | N402 | State or Province Code |  | CA | State - Required if address is in the United States |
|  |  | Element Separator | \* |  |  |
|  | N403 | Postal Code |  | 94534 | Zip Code - Required if address is in the United States |
|  |  | Segment Terminator | ~ |  |  |
| 94 | PER | Payer Business Contact |  | PER |  |
|  |  | Information |  |  |  |
|  |  | Element Separator | \* |  |  |
| 95 | PER01 | Contact Function Code |  | CX – Payers Claim Office |  |
|  |  | Element Separator | \* |  |  |
|  | PER02 | Name |  | CLAIMS CONTACT | Contact Name |
|  |  | Element Separator | \* |  |  |
|  | PER03 | Communication Number |  | TE – Telephone |  |
|  |  | Qualifier |  |  |  |
|  |  | Element Separator | \* |  |  |
|  | PER04 | Communication Number |  | 7078634100 | Contact Number |
|  |  | Segment End | ~ |  |  |
| 97 | PER | Payer Technical Contact |  | PER |  |
|  |  | Information |  |  |  |
|  | PER01 | Contact Function Code |  | BL – Technical Department |  |
|  |  | Element Separator | \* |  |  |
| 98 | PER02 | Name |  | EDI TEAM | Contact Name |
|  |  | Element Separator | \* |  |  |
|  | PER03 | Communication Number |  | EM |  |
|  |  | Qualifier |  |  |  |
|  |  | Element Separator | \* |  |  |
|  | PER04 | Communication Number |  | EDITeam@partnershiphp.org | Email |
|  |  | Segment Terminator | ~ |  |  |
| 102 | N1 | Payee Identification |  | N1 |  |
|  |  | Element Separator | \* |  |  |
|  | N101 | Entity Identifier Code |  | PE – Payee |  |
|  |  | Element Separator | \* |  |  |
|  | N102 | Name |  |  | Provider Name |
|  |  | Element Separator | \* |  |  |
| 103 | N103 | Identification Code Qualifier |  | FI – Federal Taxpayer’s Identification Number National Provider ID |  |
|  |  | Element Separator | \* |  |  |
|  | N104 | Identification Code |  |  | Identification Code - NPI or Tax ID |
|  |  | Segment Terminator | ~ |  |  |
| 104 | N3 | Payee Address |  | N3 |  |
|  |  | Element Separator | \* |  |  |
|  | N301 | Address Information |  |  | Payee Address Line 1 – Street, PO |
|  |  | Element Separator | \* |  |  |
|  | N302 | Address Information |  |  | Address Line 2 - Suite |
|  |  | Segment Terminator | ~ |  |  |
| 105 | N4 | Payee City, State, ZIP Code |  | N4 |  |
|  |  | Element Separator | \* |  |  |
|  | N401 | City Name |  |  | City |
|  |  | Element Separator | \* |  |  |
| 106 | N402 | State or Province Code |  |  | Required if address is in the United States |
|  |  | Element Separator | \* |  |  |
|  | N403 | Postal Code |  |  | Required if address is in the United States |
|  |  | Segment Terminator | ~ |  |  |
| 107 | REF | Payee Additional identification |  | REF | Reference Identification |
|  |  | Element Separator | \* |  |  |
|  | REF01 | Reference Identification Qualifier |  | PQ – Payee Identification |  |
|  |  | Element Separator | \* |  |  |
| 108 | REF02 | Reference Identification |  |  | Additional Payee Identifier |
|  |  | Segment Terminator | ~ |  |  |
| 111 | LX | Header Number | LX |  |  |
|  |  | Element Separator | \* |  |  |
|  | LX01 | Assigned Number |  | 001 | Sequential Number |
|  |  | Segment Terminator | ~ |  |  |
| 123 | CLP | Claim Payment Information | CLP |  | CLAIM PAYMENT INFORMATION |
|  |  | Element Separator | \* |  |  |
|  | CLP01 | Claim Submitter’s Identifier |  |  |  |
|  |  | Element Separator | \* |  |  |
| 124 | CLP02 | Claim Status Code |  |  | Claim Status Code |
|  |  | Element Separator | \* |  |  |
| 125 | CLP03 | Monetary Amount |  |  | Total Claim Charge Amount |
|  |  | Element Separator | \* |  |  |
| 125 | CLP04 | Monetary Amount |  |  | Claim Payment Amount |
|  |  | Element Separator | \* |  |  |
|  | CLP05 | Monetary Amount |  |  | Patient Responsibility Amount |
|  |  | Element Separator | \* |  |  |
| 126 | CLP06 | Claim Filing Indicator Code |  | MC - Medicaid | Code Identifying the type of claim |
|  |  | Element Separator | \* |  |  |
| 127 | CLP07 | Reference Identification |  |  | Payer Claim Control Number |
|  |  | Element Separator | \* |  |  |
|  | CLP08 | Facility Code Value |  |  | Facility Type Code |
|  |  | Element Separator | \* |  |  |
|  | CLP09 | Claim Frequency Type Code |  |  | Claim Frequency Code. |
|  |  | Element Separator | \* |  |  |
| 128 | CLP11 | Diagnosis Related Group (DRG) Code |  |  |  |
|  |  | Segment Terminator | ~ |  |  |
| 137 | NM1 | Patient Name |  | NM1 | Individual or |
|  |  |  |  |  | Organizational Name |
|  |  | Element Separator | \* |  |  |
|  | NM101 | Entity Identifier Code |  | QC – Patient Name |  |
|  |  | Element Separator | \* |  |  |
| 138 | NM102 | Entity Type Qualifier |  | 1 – Person |  |
|  |  | Element Separator | \* |  |  |
|  | NM103 | Name, Last or Organization |  |  | Patient Last Name |
|  |  | Element Separator | \* |  |  |
|  | NM104 | Name, First |  |  | Patient First Name |
|  |  | Element Separator | \* |  |  |
| 139 | NM108 | Identification Code Qualifier |  | MI – Member Identification Number |  |
|  |  | Element Separator | \* |  |  |
|  | NM109 | Identification Code |  |  | Patient Identifier |
|  |  | Segment Terminator | ~ |  |  |
| 146 | NM1 | Service Provider Name |  | NM1 |  |
|  |  | Element Separator | \* |  |  |
| 147 | NM101 | Entity Identifier Code |  | 82 – Rendering Provider |  |
|  |  | Element Separator | \* |  |  |
|  | NM102 | Entity Type Qualifier |  | 1 – Person 2 – Non-Person |  |
|  |  | Element Separator | \* |  |  |
|  | NM103 | Name, Last or Organization |  |  | Rendering Provider Last |
|  |  | Element Separator | \* |  |  |
|  | NM104 | Name, First |  |  | Rendering Provider First |
|  |  | Element Separator | \* |  |  |
| 148 | NM108 | Identification code Qualifier |  | XX – National Provider ID MC – Medicaid Provider Number  FI - Federal Taxpayer’s Identification Number |  |
|  |  | Element Separator | \* |  |  |
| 149 | NM109 | Identification Code |  | Rendering Provider Identifier | NPI or Provider ID |
|  |  | Segment Terminator | ~ |  |  |
| 169 | REF | OTHER CLAIM RELATED  IDENTIFICATION |  | REF | Reference Identification |
|  |  | Element Separator | \* |  |  |
|  | REF01 | Reference Identification Qualifier |  | 1W – Member Identification Number |  |
|  |  | Element Separator | \* |  |  |
| 170 | REF02 | Reference Identification |  |  | Other Claim Related Identifier |
|  |  | Segment Terminator | ~ |  |  |
| 186 | SVC | Service Payment Information |  | SVC |  |
| 187 | SVC01-1 | Product/Service ID Qualifier |  |  |  |
|  |  | Component Separator | : |  |  |
| 188 | SVC01-2 | Product/Service ID |  |  | Adjudicated Procedure Code |
|  |  | Component Separator | : |  |  |
|  | SVC01-3 | Procedure Modifier |  |  | Modifier-1 |
|  |  | Component Separator | : |  |  |
| 189 | SVC01-4 | Procedure Modifier |  |  | Modifier-2 |
|  |  | Component Separator | : |  |  |
|  | SVC01-5 | Procedure Modifier |  |  | Modifier-3 |
|  |  | Component Separator | : |  |  |
|  | SVC01-6 | Procedure Modifier |  |  | Modifier-4 |
|  |  | Element Separator | \* |  |  |
|  | SVC02 | Monetary Amount |  |  | Line Item Charge Amount |
|  |  | Element Separator | \* |  |  |
| 190 | SVC03 | Monetary Amount |  |  | Line Item Provider Payment Amount |
|  |  | Element Separator | \* |  |  |
|  | SVC04 | Product/Service ID |  |  | Revenue Code |
|  |  | Element Separator | \* |  |  |
|  | SVC05 | Quantity |  |  | Units of Service Paid Count |
|  |  | Element Separator | \* |  |  |
| 191 | SVC0601 | Product/Service ID Qualifier |  |  |  |
| 192 | SVC0602 | Product/Service ID |  |  | Procedure Code |
|  |  | Segment Terminator | ~ |  |  |
| 194 | DTM | Service Date |  | DTM |  |
|  |  | Element Separator | \* |  |  |
| 195 | DTM01 | Date/Time Qualifier |  | 472 – Service |  |
|  |  | Element Separator | \* |  |  |
|  | DTM02 | Date |  | CCYYMMDD | Service Date |
|  |  | Segment Terminator | ~ |  |  |
| 196 | CAS | Service Adjustment |  | CAS | see note #3 below |
|  |  | Element Separator | \* |  |  |
| 198 | CAS01 | Claim Adjustment Group Code |  | CO – Contractual Obligations OA – Other Adjustments PR – Patient Responsibility  PI - Payor Initiated Reductions |  |
|  |  | Element Separator | \* |  |  |
|  | CAS02 | Claim Adjustment Reason Code |  |  | claim adjustment reason code |
|  |  | Element Separator | \* |  |  |
| 199 | CAS03 | Monetary Amount |  | Refer to the | The Amount displayed in CAS03 segment depends on the CAS01 & CAS02 Values. |
|  |  | Segment Terminator | ~ |  |  |
| 204 | REF | Service Identification |  | REF |  |
|  |  | Element Separator | \* |  |  |
|  | REF01 | Reference Identification Qualifier |  | BB – Authorization Number |  |
|  |  | Element Separator | \* |  |  |
| 205 | REF02 | Reference Identification |  |  | Provider Identifier |
|  |  | Segment Terminator | ~ |  |  |
| 206 | REF | Line Item Control Number |  | REF |  |
|  |  | Element Separator | \* |  |  |
|  | REF01 | Reference Identification Qualifier |  | 6R – Provider Control Number |  |
|  |  | Element Separator | \* |  |  |
|  | REF02 | Reference Identification |  |  | Line Item Control Number |
|  |  | Segment Terminator | ~ |  |  |
| 211 | AMT | Service Supplemental Amount |  | AMT |  |
|  |  | Element Separator | \* |  |  |
|  | AMT01 | Amount Qualifier Code |  | **B6** – Allowed  Actual  **ZK** - Federal Medicare or Medicaid Payment Mandate -  Category 1  **ZL** Federal Medicare or Medicaid Payment Mandate -  Category 2 |  |
|  |  | Element Separator | \* |  |  |
| 212 | AMT02 | Monetary Amount |  | If B6- Amount Medicare Paid  ZK – Amount Medicare Allowed  ZL- Amount Medicare paid |  |
|  |  | Segment Terminator | ~ |  |  |
| 215 | LQ | Industry Code – Health Care |  | LQ |  |
|  |  | Remark Codes |  |  |  |
|  |  | Element Separator | \* |  |  |
|  | LQ01 | Code List Qualifier Code |  | HE – Allowed Actual |  |
|  |  | Element Separator | \* |  |  |
| 216 | LQ02 | Industry Code |  |  | Remark Code |
|  |  | Segment Terminator |  |  |  |
| 217 | PLB | Provider Adjustment |  | PLB | Transaction Set Trailer |
|  |  | Element Separator | \* |  |  |
| 218 | PLB01 | Reference Identification |  |  | Provider Identifier |
|  |  | Element Separator | \* |  |  |
|  | PLB02 | Date | CCYYMMDD |  | Last Day of Current Year |
|  |  | Element Separator | \* |  |  |
| 219 | PLB03-1 | Adjustment Reason Code |  | FB | Adjustment Reason Code |
|  |  | Element Separator | \* |  |  |
| 223 | PLB04 | Monetary Amount |  |  | Provider Adjustment Amount |
|  |  | Element Separator | \* |  |  |
|  | PLB05-1 | Adjustment Reason Code |  | WO | Adjustment Reason Code |
|  |  | Element Separator | \* |  |  |
| 224 | PLB06 | Monetary Amount |  |  | Provider Adjustment Amount |
|  |  | Segment Terminator | ~ |  |  |
| 228 | SE | Transaction Set Trailer |  | SE |  |
|  |  | Element Separator | \* |  |  |
|  | SE01 | Number of Included Segments |  |  | Total number of ST thru SE segments |
|  |  | Element Separator | \* |  |  |
|  | SE02 | Transaction Set Control Number |  |  | Must be identical to value in ST02 Assigned by Sender |
|  |  | Segment Terminator | ~ |  |  |
| C.9 | GE | Functional Group Trailer |  | GE |  |
|  |  | Element Separator | \* |  |  |
|  | GE01 | Number of Transaction Sets Included | 1 |  |  |
|  |  | Element Separator | \* |  |  |
|  | GE02 | Group Control Number |  |  | Assigned by Sender Must be identical to value in GS06 |
|  |  | Segment Terminator | ~ |  |  |
| C.10 | IEA | Interchange Control Trailer |  | IEA |  |
|  |  | Element Separator | \* |  |  |
|  | IEA01 | Number of Included Functional Groups | 1 |  |  |
|  |  | Element Separator | \* |  |  |
|  | IEA02 | Interchange Control Number |  |  | Assigned by Sender - Pad Left with Zeroes Must be identical to value ISA13 |
|  |  | Segment Terminator | ~ |  |  |

**CARC/RARC Codes:**

|  |  |  |
| --- | --- | --- |
| Claim Adjustment Group Code(CAS01) | Claim Adjustment Reason Code(CAS02) | Amount(CAS03) |
| PR | 3 | Co-payment Amount |
| CO | 45 | Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement |
| PR | 85 | Patient Interest Adjustment |
| CO | B4 | Late filing penalty |
| CO | 131 | Claim specific negotiated discount |
| CO | 23 | The impact of prior payer(s) adjudication including payments and/or adjustments |
| CO | 24 | Charges are covered under a capitation agreement/managed care plan |

# APPENDICES

IMPLEMENTATION CHECKLIST

|  |
| --- |
| Complete the EDI Enrollment form and email to PHC at EnrollEDI@PHC.com.   * The form is available at   http://www.PHChealth.com/corp/ah/Providers/HipaaTransactions.htm |
| * PHC will provide a user ID and password. * Password should be changed every 60 days. Below is the link to reset the password:   https://core.partnershiphp.org/coreweb/phccore/userloginreset |
| * Provider / trading partner should configure their system following the connection instructions provided by PHC. |
| * Verify connectivity by submitting a request to receive Claim Payment/Advice File (835) and/ or sending back 999 Acknowledgement. |

BUSINESS SCENARIOS

**Example 1 – Electronic Remit Advice (835) with a Check**

For the below claim example, the patient’s name is Sam Jones. The Health Insurance

Claim Number is 666-66-6666A. The Claim Submitter’s Identifier is 666123.

Total charges reported are $1098.01. Paid amount is $135.95. There is no patient responsibility.

Contractual adjustment is $962.06.

ISA\*00\*          \*00\*          \*ZZ\*PHC100680301406\*ZZ\*13480          \*160128\*1409\*>\*00501\*000000726\*0\*P\*:~

GS\*HP\*PHC100680301406\*13480\*20160128\*140933\*1\*X\*005010X221A1~

ST\*835\*1001~

BPR\*I\*135.95\*C\*ACH\*CCP\*01\*122241501\*DA\*9080007598\*1680301406\*\*01\*122000030\*DA\*1233326394\*20160125~

TRN\*1\*R20001060418\*1680301406~

DTM\*405\*20160125~

N1\*PR\*PARTNERSHIP HEALTHPLAN OF CALIFORNIA~

N3\*4665 BUSINESS CENTER DRIVE~

N4\*FAIRFIELD\*CA\*94534~

PER\*CX\*CLAIMS CONTACT\*TE\*7078634100~

PER\*BL\*EDI [TEAM\*EM\*EDITeam@partnershiphp.org~](mailto:TEAM*EM*EDITeam@partnershiphp.org~)

N1\*PE\*AMERICAN MED.\*FI\*88888888~

N3\*FILE 56141~

N4\*LOS ANGELES\*CA\*90074~

REF\*PQ\*13480~

LX\*1~

CLP\*666123\*1\*1098.01\*135.95\*0\*MC\*666-66-6666A~

NM1\*QC\*1\* JONES \* SAM\*\*\*\*MI\*92757979A5~

NM1\*82\*1\*AMERICAN MED.\*RESPONSE-NEV.\*\*\*\*XX\*1235232562~

REF\*1W\*398281551C1~

SVC\*HC:A0427\*961.96\*118.2\*\*1~

DTM\*472\*20151110~

CAS\*CO\*45\*843.76~

REF\*6R\*0100~

AMT\*B6\*118.2~

SVC\*HC:A0390\*136.05\*17.75\*\*5~

DTM\*472\*20151110~

CAS\*CO\*45\*118.3~

REF\*6R\*0200~

AMT\*B6\*17.75~

PLB\*13480\*20160122\*FB\*0\*WO\*-0~

SE\*30\*1001~

GE\*1\*1~

IEA\*1\*000000726~

Business Scenario 2: For the below claim example, the patient’s name is GARN JEREH. The Health Insurance Claim Number is 151067704839X.

The claim below is an example of reversal and correction. Total charges reported are $0. Paid amount is $96.47. There is no patient responsibility. There are two service line in this claim. The first service line is the reversal and the second service line is the correction.

CLP\*401234198\*3\*0\*96.47\*0\*MC\*151067704839X\*\*\*\*0000~

NM1\*QC\*1\*GARN\*JEREH\*\*\*\*MI\*98645553E5~

NM1\*82\*1\*HOSPITAL\*NOVATO COMMUN\*\*\*\*XX\*1104059153~

SVC\*HC:96374\*-270\*0\*\*-1~

DTM\*472\*20150411~

CAS\*PI\*45\*-96.47~

CAS\*PI\*16\*-173.53~

REF\*6R\*0701~

AMT\*B6\*-96.47~

LQ\*HE\*N29~

SVC\*HC:96374\*270\*96.47\*\*1~

DTM\*472\*20150411~

CAS\*CO\*45\*173.53~

REF\*6R\*0702~

AMT\*B6\*96.47~

LQ\*HE\*N189~

Business Scenario 3: For the below claim example, the patient’s name is CEND TEOLE. The Health Insurance Claim Number is 160347714734X.

The claim below is an example of reversal and correction. Total charges reported are $46462. Paid amount is $1837.03. There is no patient responsibility. There is one service line in this claim.   
The non-covered amount for the claim is $44624.97. We are reporting the non-covered amount in the CAS segment (CAS\*CO\*45\*44624.97~). The code CO\*45 code in the CAS segment is based on the Adjustment Group code and Reason code defined in <http://wpc-edi.com/>. The Contractual Obligations(CO) in the claim is the Adjustment Group code and 45 is the Adjustment reason code.

CLP\*102202941101\*1\*46462\*1837.03\*0\*MC\*160347714734X~

NM1\*QC\*1\*CEND\*TEOLE\*\*\*\*MI\*93789679A6~

NM1\*82\*1\*UNIVERSITY\*DIALYSIS\*\*\*\*XX\*1154415982~

SVC\*HC:Z6004\*46462\*1837.03\*\*13~

DTM\*472\*20160102~

CAS\*CO\*45\*44624.97~

REF\*BB\*MCM00077~

REF\*6R\*0100~

AMT\*B6\*1837.03~

## FREQUENTLY ASKED QUESTIONS

Q. Is there a charge for a provider to submit requests and to receive 835 claim payment file back from PHC?

A. This is a free service offered by PHC to providers, clearinghouses and billing services. There are no fees associated with the use of this service.

Q. Once a request is submitted when will a response be received back from PHC?

A. If claim Payment/Advice file (835) is available for which request is made, it will be sent immediately.

Q. Who do I call for support if a problem arises?

A. If the answers to questions you have are not found in this Companion Guide, please contact the PHC EDI team:

**Phone:**  888.647.9708

PHC Help Desk – ask to open a ticket with the **PHC EDI Support Team**.

## 

## CHANGE SUMMARY

Version 0.1 – 01/2016

* Initial draft