Denti-Cal EDI Companion Guide

835 Health Care Claim Payment/Advice
V5010X221A1

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835 Health Care Claim Payment/Advice

Functional Group=HP

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Payment/Advice Transaction Set (835) for use within the context of the Electronic Data Interchange (EDI) environment. This 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 only from a health insurer to a health care provider either directly or via a financial institution.

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
0100	ST	Transaction Set Header	M	1		
0200	BPR	Financial Information	M	1		
0400	TRN	Reassociation Trace Number	O	1		
0500	CUR	Foreign Currency Information	O	1		
0600	REF	Receiver Identification	O	1		
0600	REF	Version Identification	O	1		
0700	DTM	Production Date	O	1		
LOOP ID - 1000A					**1**	
0800	N1	Payer Identification	O	1		
1000	N3	Payer Address	O	1		
1100	N4	Payer City, State, ZIP Code	O	1		
1300	PER	Payer Technical Contact Information	O	>1		
LOOP ID - 1000B					**1**	
0800	N1	Payee Identification	O	1		
1200	REF	Payee Additional Identification	O	>1		

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID - 2000					**>1**	
0030	LX	Header Number	O	1		
LOOP ID - 2100					**>1**	
0100	CLP	Claim Payment Information	M	1		
0300	NM1	Patient Name	M	1		
0300	NM1	Service Provider Name	O	1		
LOOP ID - 2110					**999**	
0700	SVC	Service Payment Information	O	1		
0800	DTM	Service Date	O	2		
0900	CAS	Service Adjustment	O	99		
1000	REF	Line Item Control Number	O	1		
1000	REF	Rendering Provider Information	O	10		

Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
0100	PLB	Provider Adjustment	O	>1		
0200	SE	Transaction Set Trailer	M	1		

ST Transaction Set Header

Pos: 0100 **Max: 1**
Heading - Mandatory
Loop: N/A **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ST01	143	**Transaction Set Identifier Code**	M	ID	3/3	Required
		Code / **Name** 835 / Health Care Claim Payment/Advice				
ST02	329	**Transaction Set Control Number**	M	AN	4/9	Required
		Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set				

Example:

*ST*835*0001~*

BPR Financial Information

Pos: 0200 **Max: 1**
Heading - Mandatory
Loop: N/A **Elements: 5**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BPR01	305	**Transaction Handling Code**	M	ID	1/2	Required
		Code / **Name** I / Remittance Information Only				
BPR02	782	**Total Actual Provider Payment Amount**	M	R	1/18	Required
BPR03	478	**Credit/Debit Flag Code**	M	ID	1/1	Required
		Code / **Name** C / Credit				
BPR04	591	**Payment Method Code**	M	ID	3/3	Required
		Code / **Name** CHK / Check				
BPR16	373	**Check Issue/EFT Effective Date**	O	DT	8/8	Required
		Description: Expressed as CCYYMMDD where CC represents the first two digits of the calendar year				

Example:

*BPR*I*8500*C*CHK**********20120315~*

TRN Reassociation Trace Number

Pos: 0400 **Max: 1**
Heading - Optional
Loop: N/A **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
TRN01	481	**Trace Type Code**	M	ID	1/2	Required
		Code / **Name** 1 / Current Transaction Trace Numbers				
TRN02	127	**Check/EFT Trace Number**	M	AN	1/50	Required
TRN03	509	**Originating Company Identifier**	O	AN	10/10	Required
		DENTI-CAL NOTE: *Denti-Cal transmits '1941461312'*				

Example:

*TRN*1*661111000*1941461312~*

CUR Foreign Currency Information

Pos: 0500	Max: 1
Heading - Optional	
Loop: N/A	Elements: 0

DENTI-CAL NOTE:

Denti-Cal does not transmit this segment.

REF Receiver Identification

Pos: 0600 **Max: 1**
Heading - Optional
Loop: N/A **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
		Code / **Name** EV / Receiver Identification Number				
REF02	127	**Receiver Identification Number**	X	AN	1/50	Required
		DENTI-CAL NOTE: *This ID will reflect the Denti-Cal assigned clearinghouse registration number.*				

Example:

*REF*EV*9999~*

DENTI-CAL NOTE:

This segment will only be included in transactions sent to clearinghouses registered with Denti-Cal.

REF Version Identification

Pos: 0600	Max: 1
Heading - Optional	
Loop: N/A	Elements: 0

DENTI-CAL NOTE:

Denti-Cal does not transmit this segment.

DTM Production Date

Pos: 0700	Max: 1
Heading - Optional	
Loop: N/A	Elements: 0

DENTI-CAL NOTE:

Denti-Cal does not transmit this segment.

N1 Payer Identification

Pos: 0800 **Max: 1**
Heading - Optional
Loop: 1000A **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N101	98	**Entity Identifier Code**	M	ID	2/3	Required
		Code / **Name** PR / Payer				
N102	93	**Payer Name**	X	AN	1/60	Required

Example:

*N1*PR*DENTICAL~*

N3 Payer Address

Pos: 1000 **Max: 1**
Heading - Optional
Loop: 1000A **Elements: 1**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N301	166	**Payer Address**	M	AN	1/55	Required

Example:

*N3*P.O. BOX 15609~*

N4 Payer City, State, ZIP Code

Pos: 1100 **Max: 1**
Heading - Optional
Loop: 1000A **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N401	19	**Payer City Name**	O	AN	2/30	Required
N402	156	**Payer State Code**	X	ID	2/2	Situational
N403	116	**Payer Zip Code**	O	ID	3/15	Situational

Example:

*N4*SACRAMENTO*CA*958520609~*

PER Payer Technical Contact Information

Pos: 1300 **Max: >1**
Heading - Optional
Loop: 1000A **Elements: 6**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER01	366	**Contact Function Code**	M	ID	2/2	Required
		Code / **Name** BL / Technical Department				
PER02	93	**Payer Technical Contact Name**	O	AN	1/60	Situational
PER03	365	**Communication Number Qualifier**	X	ID	2/2	Situational
		Code / **Name** EM / Electronic Mail				
PER04	364	**Contact Email Address**	X	AN	1/256	Situational
PER05	365	**Communication Number Qualifier**	X	ID	2/2	Situational
		Code / **Name** TE / Telephone				
PER06	364	**Contact Telephone Number**	X	AN	1/256	Situational

Example:

*PER*BL*DENTI-CAL EDI SUPPORT GROUP*EM*DENTI-CALEDI@DELTA.ORG*TE*9168537373~*

N1 Payee Identification

Pos: 0800 **Max: 1**
Heading - Optional
Loop: 1000B **Elements: 4**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N101	98	**Entity Identifier Code**	M	ID	2/3	Required
		Code / **Name** PE / Payee				
N102	93	**Payee Name**	X	AN	1/60	Required
N103	66	**Identification Code Qualifier**	X	ID	1/2	Required
		Code / **Name** FI / Federal Taxpayer's Identification Number XX / Centers for Medicare and Medicaid Services National Provider Identifier				
N104	67	**Payee Identification Code**	X	AN	2/80	Required

Example:

*N1*PE*HAPPY DENTAL*XX*1234567890~*

REF Payee Additional Identification

Pos: 1200 **Max: >1**
Heading - Optional
Loop: 1000B **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
		Code / **Name** PQ / Payee Identification				
REF02	127	**Additional Payee Identification Code**	X	AN	1/50	Required

Example:

*REF*PQ*G9999901~*

DENTI-CAL NOTE:

This segment will only be transmitted when the billing provider's NPI is not on file.

LX Header Number

Pos: 0030	Max: 1
Detail - Optional	
Loop: 2000	Elements: 1

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
LX01	554	**Assigned Number**	M	N0	1/6	Required
		Description: Number assigned for differentiation within a transaction set				

Example:

*LX*1~*

CLP Claim Payment Information

Pos: 0100 **Max: 1**
Detail - Mandatory
Loop: 2100 **Elements: 9**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CLP01	1028	**Claim Submitter's Identifier**	M	AN	1/17	Required
		Description: Patient Control Number as submitted in CLM01 of the 837 transaction.				
CLP02	1029	**Claim Status Code**	M	ID	1/2	Required
		Code / **Name** 1 Processed as Primary 22 Reversal of Previous Payment				
CLP03	782	**Total Claim Billed Amount**	M	R	1/18	Required
CLP04	782	**Claim Payment Amount**	M	R	1/18	Required
CLP05	782	**Patient Share of Cost Amount**	O	R	1/18	Situational
CLP06	1032	**Claim Filing Indicator Code**	O	ID	1/2	Required
		Code / **Name** MC Medicaid				
CLP07	127	**Reference Identification**	O	AN	1/50	Required
		Description: Denti-Cal assigned Document Control Number				
CLP08	1331	**Facility Code Value**	O	AN	1/2	Situational
		Description: Place of Service Code as submitted in CLM05-1 of the 837 transaction				
CLP09	1325	**Claim Frequency Type Code**	O	ID	1/1	Situational
		DENTI-CAL NOTE: *Denti-Cal will transmit '7' for adjustment transactions; otherwise '1' will be transmitted.*				

Example:

*CLP*7722337*1*253.50*250**MC*12045180001*11*1~*

NM1 Patient Name

Pos: 0300 **Max: 1**
Detail - Mandatory
Loop: 2100 **Elements: 6**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
		Code / **Name** QC / Patient				
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
		Code / **Name** 1 / Person				
NM103	1035	**Beneficiary Last Name**	X	AN	1/60	Situational
NM104	1036	**Beneficiary First Name**	O	AN	1/35	Situational
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Situational
		Code / **Name** MR / Medicaid Recipient Identification Number				
NM109	67	**Beneficiary ID**	X	AN	2/80	Situational
		DENTI-CAL NOTE: *Beneficiary Client Index Number (CIN)*				

Example:

*NM1*QC*1*DOE*JANE*****MR*96666666A~*

NM1 Service Provider Name

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2100	Elements: 6

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code** **Code** / **Name** 82 / Rendering Provider	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier** **Code** / **Name** 1 / Person	M	ID	1/1	Required
NM103	1035	**Rendering Provider Last Name**	X	AN	1/60	Situational
NM104	1036	**Rendering Provider First Name**	O	AN	1/35	Situational
NM108	66	**Service Provider Identification Code Qualifier** **Code** / **Name** MC / Medicaid Provider Number XX / Centers for Medicare and Medicaid Services National Provider Identifier	X	ID	1/2	Required
NM109	67	**Rendering Provider ID**	X	AN	2/80	Required

Example:

*NM1*82*1*SMITH*JOHN***XX*1234567890~*

DENTI-CAL NOTE:

When the rendering provider ID is different than the billing provider ID, this NM1 segment will be transmitted. Because there may be multiple rendering providers associated with a document, Denti-Cal will transmit information associated with the first rendering provider encountered on the document. Use the REF segment in Loop 2110 for rendering provider information specific to each submitted service.

SVC Service Payment Information

Pos: 0700 **Max: 1**
Detail - Optional
Loop: 2110 **Elements: 6**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SVC01	C003	**Composite Medical Procedure Identifier**	M	Comp		Required
SVC01-01	235	**Product/Service ID Qualifier**	M	ID	2/2	Required
		Code **Name** AD American Dental Association Codes				
SVC01-02	234	**CDT Procedure Code**	M	AN	1/48	Required
		Description: Adjudicated procedure code				
SVC02	782	**Procedure Billed Amount**	M	R	1/18	Required
SVC03	782	**Procedure Allowed Amount**	O	R	1/18	Required
SVC05	380	**Quantity**	O	R	1/15	Situational
		Description: Paid units of service				
SVC06	C003	**Composite Medical Procedure Identifier**	O	Comp		Situational
		DENTI-CAL NOTE: *Provided only when the adjudicated procedure code in SVC01 is different from the procedure code submitted with the original claim.*				
SVC06-01	235	**Product/Service ID Qualifier**	M	ID	2/2	Required
		Code **Name** AD American Dental Association Codes				
SVC06-02	234	**CDT Procedure Code**	M	AN	1/48	Required
		Description: Submitted procedure code (when different than adjudicated procedure)				
SVC06-07	352	**Procedure Code Description**	O	AN	1/80	Situational
		DENTI-CAL NOTE: *Procedure code description is provided when a description was submitted with the claim in SV301-7 of the 837 transaction and composite SVC06 is used.*				
SVC07	380	**Quantity**	O	R	1/15	Situational
		Description: Original units of service submitted				

Example:

*SVC*AD:D1110*50*40*1~*

DTM Service Date

Pos: 0800 **Max: 2**
Detail - Optional
Loop: 2110 **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTM01	374	**Date/Time Qualifier**	M	ID	3/3	Required
		Code 472 — **Name** Service				
DTM02	373	**Date of Service**	X	DT	8/8	Required
		Description: Expressed as CCYYMMDD where CC represents the first two digits of the calendar year				

Example:

*DTM*472*20120302~*

CAS Service Adjustment

Pos: 0900 **Max: 99**
Detail - Optional
Loop: 2110 **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS01	1033	**Claim Adjustment Group Code**	M	ID	1/2	Required
		Code / **Name** CO Contractual Obligations OA Other adjustments PR Patient Responsibility				
CAS02	1034	**Adjustment Reason Code**	M	ID	1/5	Required
CAS03	782	**Adjustment Amount**	M	R	1/18	Required

Example:

*CAS*PR*03*50~*
*CAS*CO*45*25.10~*

REF Line Item Control Number

Pos: 1000 **Max: 1**
Detail - Optional
Loop: 2110 **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
		Code / **Name** 6R / Provider Control Number				
REF02	127	**Line Item Control Number**	X	AN	1/50	Required
		Description: Provider assigned Line Item Control Number submitted with 837 transaction.				

Example:

*REF*6R*A78910~*

REF Rendering Provider Information

Pos: 1000 **Max: 10**
Detail - Optional
Loop: 2110 **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
		Code / **Name**				
		1D / Medicaid Provider Number				
		HPI / Centers for Medicare and Medicaid Services National Provider Identifier				
REF02	127	**Rendering Provider ID**	X	AN	1/50	Required

Example:

*REF*HPI*1234567890~*

PLB Provider Adjustment

Pos: 0100 **Max: >1**
Summary - Optional
Loop: N/A **Elements: 14**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PLB01	127	**Provider ID**	M	AN	1/50	Required
PLB02	373	**Fiscal Period End Date**	M	DT	8/8	Required
		Description: Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year **DENTI-CAL NOTE:** *Denti-Cal transmits December 31 of the current year.*				
PLB03	C042	**Adjustment Identifier**	M	Comp		Required
PLB03-01	426	**Adjustment Reason Code**	M	ID	2/2	Required

Code	Name
51	Interest Penalty Charge
72	Authorized Return
CS	Adjustment
IS	Interim Settlement
L3	Penalty
LE	Levy
WO	Overpayment Recovery

PLB03-02	127	**Adjustment Reference Identification**	O	AN	1/50	Situational
		Description: Reference Number associated with adjustment, e.g., A/R#, A/P#, or Levy #.				
PLB04	782	**Provider Adjustment Amount**	M	R	1/18	Required
PLB05	C042	**Adjustment Identifier**	X	Comp		Situational
PLB05-01	426	**Adjustment Reason Code**	M	ID	2/2	Required

Code	Name
51	Interest Penalty Charge
72	Authorized Return
CS	Adjustment
IS	Interim Settlement
L3	Penalty
LE	Levy
WO	Overpayment Recovery

PLB05-02	127	**Adjustment Reference Identification**	O	AN	1/50	Situational
		Description: Reference Number associated with adjustment, e.g., A/R#, A/P#, or Levy #.				
PLB06	782	**Provider Adjustment Amount**	X	R	1/18	Situational
PLB07	C042	**Adjustment Identifier**	X	Comp		Situational
PLB07-01	426	**Adjustment Reason Code**	M	ID	2/2	Required

Code	Name
51	Interest Penalty Charge
72	Authorized Return

		CS	Adjustment			
		IS	Interim Settlement			
		L3	Penalty			
		LE	Levy			
		WO	Overpayment Recovery			
PLB07-02	127	**Adjustment Reference Identification**		O	AN	1/50	Situational
		Description: Reference Number associated with adjustment, e.g., A/R#, A/P#, Levy #.					
PLB08	782	**Provider Adjustment Amount**		X	R	1/18	Situational
PLB09	C042	**Adjustment Identifier**		X	Comp		Situational
PLB09-01	426	**Adjustment Reason Code**		M	ID	2/2	Required
		Code	**Name**				
		51	Interest Penalty Charge				
		72	Authorized Return				
		CS	Adjustment				
		IS	Interim Settlement				
		L3	Penalty				
		LE	Levy				
		WO	Overpayment Recovery				
PLB09-02	127	**Adjustment Reference Identification**		O	AN	1/50	Situational
		Description: Reference Number associated with adjustment, e.g., A/R#, A/P#, or Levy#.					
PLB10	782	**Provider Adjustment Amount**		X	R	1/18	Situational
PLB11	C042	**Adjustment Identifier**		X	Comp		Situational
PLB11-01	426	**Adjustment Reason Code**		M	ID	2/2	Required
		Code	**Name**				
		51	Interest Penalty Charge				
		72	Authorized Return				
		CS	Adjustment				
		IS	Interim Settlement				
		L3	Penalty				
		LE	Levy				
		WO	Overpayment Recovery				
PLB11-02	127	**Adjustment Reference Identification**		O	AN	1/50	Situational
		Description: Reference Number associated with adjustment, e.g., A/R#, A/P#, or Levy#.					
PLB12	782	**Provider Adjustment Amount**		X	R	1/18	Situational
PLB13	C042	**Adjustment Identifier**		X	Comp		Situational
PLB13-01	426	**Adjustment Reason Code**		M	ID	2/2	Required
		Code	**Name**				
		51	Interest Penalty Charge				
		72	Authorized Return				
		CS	Adjustment				
		IS	Interim Settlement				
		L3	Penalty				

		LE Levy WO Overpayment Recovery				
PLB13-02	127	**Adjustment Reference Identification**	O	AN	1/50	Situational
		Description: Reference Number associated with adjustment, e.g., A/R#, A/P#, or Levy#.				
PLB14	782	**Provider Adjustment Amount**	X	R	1/18	Situational

Example:

*PLB*1234567890*20120231*LE:9876514*25~*

SE Transaction Set Trailer

Pos: 0200 **Max: 1**
Summary - Mandatory
Loop: N/A **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SE01	96	**Number of Included Segments**	M	N0	1/10	Required
		Description: Total number of segments included in a transaction set including ST and SE segments				
SE02	329	**Transaction Set Control Number**	M	AN	4/9	Required

Example:

*SE*45*0001~*