

**Companion Document For**  
**ANSI ASC X12N 835 4010A1 (Claim Payment Advice) Retrieval**

**Cahaba Government Benefit Administrators®, LLC**

**July 2009**

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicare, 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 and Human Services. The ANSI ASC X12N 835 implementation guide has been established as the standard of compliance for claim transactions. The implementation guides for each transaction are available electronically at [www.wpc-edi.com](http://www.wpc-edi.com).

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 835 implementation guide. The table contains specific requirements to be used for processing data in the Medicare Part B MCS System of Cahaba Government Benefit Administrators®, LLC.

The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict, any requirements in the ANSI ASC X12N 835 implementation guides. Additional companion documents will be developed for use with other HIPAA standards as they become available. You may obtain the most recent version of this Companion Document by visiting our web site at [http://www.cahabagba.com/part\\_b/edi/hipaa\\_n3\\_companion\\_documents.htm](http://www.cahabagba.com/part_b/edi/hipaa_n3_companion_documents.htm).

**Interchange Sender and Receiver ID**

- The **Interchange Sender ID** data element within the ISA segment (ISA06) and the **Application Sender's Code** data element within the GS segment (GS02) must be populated with the applicable submitter ID assigned by Cahaba GBA.
- The **Interchange Receiver ID** data element within the ISA segment (ISA08) and the **Application Receiver's Code** data element within the GS segment (GS03) must be populated as follows:

Segment	Current Cahaba GBA Receiver ID	New Cahaba GBA MAC Workload Number (Receiver ID)	New Receiver ID Effective Date
Alabama – Part A	00010MA	10101	May 18, 2009
Alabama – Part B	00510MB*	10102	May 4, 2009
Georgia – Part A	N/A	10201	May 4, 2009
Georgia – Part B	00511	10202	August 3, 2009
Tennessee – Part A	N/A	10301	August 3, 2009
Tennessee – Part B	N/A	10302	August 29, 2009
Mississippi – Part B	00512	N/A	N/A
Home Health & Hospice	00011	N/A	N/A

\*Alabama Part B Submitters – The current Receiver ID used in 1000B loop is 00510. This will also change to 10102 effective May 4, 2009.

ITEM #	LOOP	SEGMENT NAME	LANGUAGE
1.	-----	-----	835 files will contain upper case characters.
2.	-----	-----	835 files may contain any character from the basic character set as defined in Appendix A of the 835 Professional Implementation Guide. In addition to the basic character set, there may also be the '@' symbol from the extended character set.
3.	-----	-----	The 835 transactions utilize the ~ (tilde) character as the segment terminator, the * (asterisk) character as the data element separator, and the : (colon) character as the component element separator.
4.	-----	-----	Cahaba GBA will only create one transaction type (records group) per interchange (transmission); and only one GS-GE (Functional Group) within an ISA-IEA (Interchange). Therefore, if you receive multiple remittances for different lines of business you will receive multiple 835 files.
5.	-----	-----	Cahaba GBA may create multiple transaction sets per functional group; multiple ST-SE (Transaction Sets) within a GS-GE (Functional Group).
6.	-----	-----	Compression of files is supported for transmissions between the submitter and Cahaba GBA. Any compression software compatible with PKZIP by PKWARE, Inc. is supported.
7.		Interchange Control Header	The Interchange Sender ID, AL = 00510MB, GA = 00511, MS = 00512, TN = 10302, plus 8 spaces to meet the minimum/maximum data element requirement of 15 bytes, will be in the ISA06. <b>Effective May 4, 2009, AL will change from 00510MB to 10102. Effective August 3, 2009, GA will change from 00511 to 10202. Effective August 29, 2009, use 10302 for TN.</b>

8.		Interchange Control Header	Your 8 or 9-character Submitter ID followed by 6 or 7 spaces to meet the minimum/maximum data element requirement of 15 bytes will be in ISA08 as the Interchange Receiver ID.
9.		Interchange Control Header	ISA14 (Acknowledgement Requested) will be 0 (zero).
10.		Functional Group Header	GS02 (Application Sender's Code) will be 00510MB, 00511, 00512, or 10302. <b>Effective May 4, 2009, AL will change from 00510MB to 10102. Effective August 3, 2009, GA will change from 00511 to 10202. Effective August 29, 2009, use 10302 for TN.</b>
11.		Functional Group Header	GS03 (Application Receiver's Code) will be your 8 or 9 character submitter ID.
12.		Functional Group Header	GS05 (Time) will be formatted as HHMM (recommended format in IG).
13.		Financial Information	BPR03 (Credit or Debit Flag Card) will be C.
14.		Financial Information	BPR04 (Payment Method Code) will be ACH, CHK, or NON.
15.		Financial Information	BPR06 (DFI ID Number Qualifier) will be 01.
16.		Financial Information	BPR12 (DFI ID Number Qualifier) will be 01.
17.	1000A	Additional Payer Identification	REF01 (Reference Identification Qualifier) will be 2U.
18.	1000B	Payee Additional	REF01 (Reference Identification Qualifier). Display TJ when an NPI is being

		Identification	reported in N104, display 1C when a tax ID is reported in N104.
<b>19.</b>	2000	Header Number	LX01 (Assigned Number) will be 1 or 0 (zero).
<b>20.</b>	2100	Claim Level Data	CLP02 (Claim Status Code) will be 1, 2, 3, 4, 19, 20, 21, 22, or 23.
<b>21.</b>	2100	Claim Level Data	CLP06 (Claim Filing Indicator Code) will be MB
<b>22.</b>	2100	Patient Name	NM108 (ID Code Qualifier) will be HN.
<b>23.</b>	2100	Corrected Patient/Insured Name	NM102 (Entity Type Qualifier) will be 1.
<b>24.</b>	2100	Service Provider Name	NM108 (ID Code Qualifier). If the first service line rendering provider NPI is present, display XX. If no NPI is present or contains a placeholder NPI, then if the first service line rendering provider UPIN is present, display UP. If the first service line rendering provider UPIN is not present, display FI.
<b>25.</b>	2100	Crossover Carrier Name	NM108 (ID Code Qualifier) will be FI.
<b>26.</b>	2100	Corrected Priority Payer Name	NM108 (ID Code Qualifier) will be FI.
<b>27.</b>	2100	Claim Payment Date	DTM01 (Date Time Qualifier) will be 050.
<b>28.</b>	2100	Claim Payment Information	AMT01 (Amount Qualifier Code) will be F5 or I.
<b>29.</b>	2110	Service Payment Information	SVC01-1 (Product or Service ID Qualifier) of the Composite Medical Procedure Identifier data element will be HC.
<b>30.</b>	2110	Service Payment	SVC06-1 (Product or Service ID Qualifier) of the Composite Medical

		Information	Procedure Identifier data element will be HC.
<b>31.</b>	2110	Service Payment Information	SVC06-2 - Situational, but required if the procedure or drug code has been changed during adjudication. Insert the original submitted code.
<b>32.</b>	2110	Service Adjustment	CAS01 (Claim Adjustment Group Code) will be CO, CR, OA or PR.
<b>33.</b>	2110	Service Indicator	REF01 (Reference ID Qualifier) will be 6R.
<b>34.</b>	2110	Rendering Provider Information	REF01 (Reference ID Qualifier). Display HPI for the detail rendering provider NPI. If the NPI is a placeholder NPI, or only a legacy PIN is present, then display 1C for the line level provider PIN.
<b>35.</b>	2110	Service Supplemental Amount	AMT01 (Amount Qualifier Code) will be B6 or KH.
<b>36.</b>	2110	Health Care Remarks Code	LQ01 (Code List Qualifier Code) will be HE.
<b>37.</b>		Provider Level Adjustment	PLB03-1, 05-1, 07-1, 09-1, 11-1, and 13-1 (Adjustment Reason Codes) of the Adjustment Identifier data element will be AP, B2, CS, FB, LE, L6, IR, WO, or 50.
<b>38.</b>		Provider Level Adjustment	PLB03-2 - Situational, but required for Medicare. Positions 1-2 is OB, RB, RI, or if none of these apply, 00. Positions 3-19 is the Financial Control Number or ICN, if applicable to the type of adjustment. Positions 20-30 is the HIC number and may be entered at the carrier's option. Medicare Carriers and DMERCs report this information in these positions when the PLB segment is included in the 835.