Standard Companion Guide Transaction Information

Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010

Companion Guide Version Number: 1.0

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Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12’s copyrights and Fair Use statement.

Table of Contents

1 TI Introduction 4

1.1 Background 4
1.1.1 Overview of HIPAA Legislation 4
1.1.2 Compliance according to HIPAA 4
1.1.3 Compliance according to ASC X12 4
1.2 Intended Use 5

2 Included ASC X12 Implementation Guides 5

3 Instruction Tables 6

4 TI Additional Information 9

4.1 Business Scenarios 9
4.1.1 Balanced ERA 9
4.1.2 Payee Address 9
4.1.3 Zero Pay ERA 10
4.1.4 Coordination of Benefits (COB) 10
4.1.5 Special Transaction Information 10
4.2 Frequently Asked Questions 11
4.3 Other Resources 13

5 TI Change Summary 14

Transaction Instruction (TI)

1 TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and health plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard. HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities ***not*** enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that ***prohibit*** trading partners from:

- Modification of any defining, explanatory, or clarifying content contained in the implementation guide.
- Modification of any requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide ***are not*** intended to be stand-alone requirements documents. *This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.*

2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X221A1	Health Care Claim Payment/ Advice (835)

3 Instruction Tables

The following is an example of a typical ERA with detail and summary level information.

*ISA*00* *00* *ZZ*113454103 *ZZ*RECEIVERID 130724*1200*^*00501*000000062*0*P*:~*

*GS*HP*113454103* RECEIVERID *20130724*1200*62*X*005010X221A1~*

*ST*835*0001*~*

*BPR*I*908.42*C*CHK**********20130724 ~*

*TRN*1*01362235*1113454103~*

*REF*EV*999999999~*

*N1*PR*CARECENTRIX~*

*DTM*405*20130717~*

*N3*111 FOUNDERS PLAZA*SUITE 801~*

*N4*EAST HARTFORD*CT*06108~*

*PER*CX*PROVIDER RESOLUTION*TE*8777256525~*

*PER*BL*EDI SUPPORT*EM*EAS@CARECENTRIX.COM~*

*N1*PE*PROVIDER*XX*0123456789~*

*N3*1111 MAIN STREET~*

*N4*KANSAS*MO*64108~*

*REF*TJ*123456789~*

*LX*1~*

*CLP*7722337*1*925.39*907.39**15*20080050~*

*NM1*QC*1*SHEPHARD*SAMUEL****MI*3761944~*

*NM1*82*2*PATIENT HEALTHCARE, INC*****XX*999999999~*

*AMT*I*1.03~*

*SVC*HC:E0470:NU*925.39*907.39**1~*

*DTM*150*20130701~*

*DTM*151*20130701~*

*CAS*CO*45*18~*

*REF*6R*A78910~*

*PLB*1417097593*20130701*L6:INTEREST*-1.03~*

*SE*25*0001~*

*GE*1*62~*

*IEA*1*000000062~*

By rule, there are entity-specific categories established to govern the appropriateness of information that should be included in the ERA supplemental table.

Category	Description
1	Situational Rules that explicitly depend upon and reference knowledge of the transaction receiver's policies or processes.
2	Technical characteristics or attributes of data elements that have been assigned by the payer or other receiving entity, including size, and character sets applicable, that a sender must be aware of for preparing a transmission.
3	Situational segments and elements that are allowed by the implementation guide but do not impact the receiver’s processing. (applies to inbound transactions)
4	Optional business functions supported by an implementation guide that an entity doesn't support.
5	To indicate if there needs to be an agreement between PAYER and the transaction sender to send a specific type of transaction (claim/encounter or specific kind of benefit data) where a specific mandate doesn’t already exist.
6	To indicate a specific value needed for processing, such that processing may fail without that value, where there are options in the TR3.
7	TR3 specification constraints that apply differently between batch and real-time implementations, and are not explicitly set in the guide.
8	To identify data values sent by a sender to the receiver.
9	To identify important processing schedules or constraints to trading partner expectations.
10	To identify situational data values or elements never sent.

Legend
SHADED rows represent “segments” in the X12N implementation guide.
NON-SHADED rows represent “data elements” in the X12N implementation guide.

The table below contains rows where supplemental instruction is necessary.

Loop ID	Ref	Name	Code	Category	Notes/Comments
Header	BPR01	FINANCIAL INFORMATION Transaction Handling Code	I, H	8	H= Notification Only I=Remittance Information Only
Header	BPR03	FINANCIAL INFORMATION Credit Debit Flag Code	C,D	8	C= Credit to the Provider D- Debit to CareCentrix
Header	BPR04	FINANCIAL INFORMATION Payment Method Code	ACH, CHK	8	
Header	BPR06	FINANCIAL INFORMATION (DFI) ID Number Qualifier	01	8	
Header	BPR12	FINANCIAL INFORMATION (DFI) ID Number Qualifier	01	8	
Header	TRN03	Originating Company Identifier		6	This is a 1 + CareCentrix EIN
1000B	REF	Payee Additional Identification	TJ	8	
2000	LX	HEADER NUMBER		2	
2100	CLP02	Claim Status Code	1, 2,3,22	2	
2100	NM108	PATIENT NAME Identification Code Qualifier	MI	8	
2100	NM108	SERVICE PROVIDER NAME Identification Code Qualifier	XX	8	
2100	AMT01	CLAIM SUPPLEMENTAL INFORMATION Amount Qualifier Code	AU, D8,DY,I,T,T2	8	**See Appendix A
2110	SVC01-1	SERVICE PAYMENT INFORMATION Product/Service ID Qualifier	HC	8	
2110	CAS01	SERVICE ADJUSTMENT Claim Adjustment Group code	CO,OA,PI	8	
PLB	PLB03-1	PROVIDER ADJUSTMENT Adjustment Reason Code	CS, FB, L6, WO, 72	8	**See Appendix A

4 TI Additional Information

4.1 Business Scenarios

This section contains selected business scenarios with transmission examples.

4.1.1 Balanced ERA

The ERA must be balanced on three different levels in order to ensure the accuracy of the transaction. These levels are the Service Level, Claim Level and Transaction Level.

Service Level Balancing

Service level balancing requires that the value in SVC03 must equal the value in SVC02 minus all monetary amounts in the subsequent CAS segments of this iteration of the loop (i.e., SVC02 minus the sum of all related 2110 loop CAS03, CAS06, CAS09, CAS12, CAS15, CAS18 must equal the value in SVC03).

EXAMPLE:

SVC*HC:L5684:NU*860*252.04**1~
DTM*150*20111220~
DTM*151*20111220~
CAS*OA*B13*555.46~
CAS*CO*45*52.50~

In the above example, the billed amount for the Service Line is $860.00. However, the claim was adjusted and the amount paid is $252.04. Therefore to ensure balancing the adjustments in the CAS (Claim Adjustment Segment) equal a total of $607.96 - the difference between $860.00 and $252.04.

Claim Level Balancing

Claim level balancing requires that the claim submitted charge minus the sum of the related claim AND service adjustments must equal the claim paid amount. That is CLP03 minus (the sum of all related 2100 and 2110 loop CAS03, CAS06, CAS09, CAS12, CAS15, and CAS18) must equal CLP04.

Transaction Level Balancing

In a balanced ERA, the sum of the claim paid amounts minus the provider level adjustments must equal the total ERA payment (BPR02) amount. Therefore, the sum of CLP04 minus PLB04, PLB06, PLB08, PLB10, PLB12 and PLB14 must equal BPR02.

Please contact the EDI support team for issues related to balancing of the ERA. EDISupport@CareCentrix.com

4.1.2 Payee Address

During the ERA enrollment process, providers are required to submit a “Remit –To-Address”. This address is used in Loop 1000B (Payee Identification) of the ERA transaction.

Although the “Remit-To-Address” is collected during the initial enrollment process, it is important that CareCentrix is notified of all demographical changes. Please refer to the CareCentrix Provider Manual for more details regarding required notifications when changes take place within provider organizations. The provider manual may be downloaded from the following location: (https://www.carecentrixportal.com/ProviderPortal).

4.1.3 Zero Pay ERA

An ERA will have a zero paid amount when the paid amount of all the service lines is adjusted to zero. Explanations of all adjustments are included in the ERA.

EXAMPLE:

LX1
*CLP*122222222*1*678.79*0**15*17025760*12~*
*NM1*QC*1*JOHN*SMITH****MI*2222222~*
*SVC*HC:L5688:NU*66.05*0**1~*
*DTM*150*20111220~*
*DTM*151*20111220~*
*CAS*OA*B13*66.05~*
*SVC*HC:L8440:NU*170.07*0**3~*
*DTM*150*20111220~*
*DTM*151*20111220~*
*CAS*OA*B13*170.07~*
*SVC*HC:L5450:NU*442.67*0**1~*
*DTM*150*20111220~*
*DTM*151*20111220~*
*CAS*OA*133*442.67~*

4.1.4 Coordination of Benefits (COB)

A claim adjudicated by a primary health plan has the following details:

- Charge $2,500.00.
- Primary Plan Payment $1,800.00.
- Primary Plan Allowable: $2,400.00.

The claim is forwarded to a secondary payer health plan which returns the following:

- Secondary Plan payment in absence of other coverage: $1,500.00.
- Secondary Plan Allowable: $2,200.00.

COB Calculation:
Total allowable for the claim is $2,400.00.
Remaining balance after primary payment is $600.00.
As $600.00 is less than the amount that the secondary plan would pay, if there were no other coverage, the secondary plan pays $700.00.

Impact of the primary payment on the secondary carrier is $1800.00:

- $100.00 contractual write-off;
- $1800.00 payment;

*SVC*HC: L5688:NU *2500*600~*
*CAS*OA*23*1800~*
*CAS*CO*45*100~*

4.1.5 Special Transaction Information

This version of the CareCentrix ERA includes capability to support report of overpayment recovery, refunds, or claim reversals. Specific codes (WO, 72, 22, etc.) within the transaction code set convey reversal of previous payments, authorized returns, and recovery of overpayments.

4.2 Frequently Asked Questions

What is an ERA- Electronic Remittance Advice?

An ERA is an electronic version of the standard Explanation of Payment (EOP) paper remit. The ERA is more commonly known as the EDI 835 transaction. It provides information about the final adjudication outcome of claims – fully paid, adjusted, or pended. For more details about the ERA transaction, please refer to the Technical Report Type 3 Guide for the ASC X12 Health Care Claim Payment/Advice (835); version 5010X221A1.

How do I enroll to receive ERAs?

The ERA enrollment process begins by visiting the CareCentrix provider portal (https://www.carecentrixportal.com/ProviderPortal). Click the link "Sign up for Electronic Remittance Advice" to complete and submit the electronic form. A CareCentrix associate will contact you within 48 to 72 hours after submission and assist you with necessary steps to complete the enrollment process.

How long will it take to complete testing?

Testing is included as part of the ERA implementation process. You must be partnered with a clearinghouse before testing can begin. Test files are generated from *your* historical claims data. It is important to note that this process cannot start until historical claims data are available. Testing lasts until both trading partners are satisfied with the outcome of the process. The average expected time period to complete this process is 30 days.

How long will it take to receive "production" ERA after being enrolled?

After successful completion of the testing phase, the EDI team changes your ERA status from 'test' to 'production'. Note, your first production ERA file may require one or two payment cycles before delivery because of the availability of unsettled claims in our production environment for your provider identifier at the time of status change.

What are the methods of communication for ERA? Can I receive ERAs directly from CareCentrix?

Currently, the only way to receive an ERA is through a CareCentrix clearinghouse trading partner or their designated channel partners.

Does CareCentrix have scheduled downtime for maintenance?

CareCentrix does not anticipate any scheduled maintenance that will delay delivery of production ERA files. However, in cases where unexpected technical issues occur, messages will be delivered to your clearinghouse as well as displayed on the CareCentrix Provider Portal.

What are the production cycles for ERA file generation?

The ERA files are generated each week.

Will CareCentrix provide paper EOPs after being enrolled for ERAs?

Yes. CareCentrix will continue delivering preproduction ERA EOPs for a period of three payment cycles. This time period permits you to reconcile production ERA files with EOP statements. Once satisfactory reconciliation of ERAs and EOPs is achieved, delivery of EOP is terminated.

Are there any reports available from my Electronic Remittance Advice?

Please check with your clearinghouse for the availability of ERA related reports.

Will the claims information on the ERA match with the EOP?

Yes. The EOP and the ERA are expected to reconcile. The EOP should be used as a reference to verify the accuracy of the ERA.

Can I determine if a payment has been paid via paper check or direct deposit (EFT)?

Yes. The 'Payment Method Code' BPR04 segment within the ERA transaction indicates whether the payment has been paid via EFT or Check. The value of the TRN04 represents the Trace Number of the check or the EFT.

Does the ERA provide data for all adjudicated claims? Are pended claims included in ERA files?

Other than claims that reject prior to payment outcome processing or are in the payment outcome process, the ERA file should report information about all fully paid, adjusted, pended, and zero paid claims.

If I submitted a paper claim to CareCentrix, will claim payment information be reported in the ERA?

Yes. Paper claims are reported in ERA transactions.

How can I identify a claim for which CareCentrix is the secondary payer?

Claims that are processed with CareCentrix as secondary payer will have a value of "2" in the Claim Status Code 'CLP02' segment of the ERA transaction.

How can I identify a denied claim?

A claim will have all service line paid amounts equals to zero.

How do I know if a Service Line has been denied?

The Service Adjustment segment (CAS) in loop 2110 will be used to indicate a denied service line. The Claim Adjustment Reason Code along with a monetary amount equal to zero in CAS03 is used to indicate a denied service line.

What are the available acknowledgment transactions?

Verify available options with your clearinghouse.

What is the contact email address for ERA technical support?

For questions and concerns, please contact the EDI support team at:
EDISupport@CareCentrix.com

4.3 Other Resources

The below links provide additional resources for the healthcare EDI transactions.

Website	Comments
http://www.wpc-edi.com	Washington Publishing Company Health Care Documentation and Reference
http://www.x12.org/	ASC X12 The Accredited Standards Company TR3 Implementation Guides
http://www.caqh.org	Council for Affordable Quality Healthcare
https://www.carecentrixportal.com/ProviderPortal/homePage.do	CareCentrix Provider Portal

5 TI Change Summary

Date	Reviewer Name	Version	Change Summary
07/23/2013	Ali Mansour	1.0	Final Draft
07/30/2013	Leonard Mallard	1.1	Pre-Compliance Review
07/31/2013	Leonard Mallard	1.2	Release 2 - PreComp
08/05/2013	Leonard Mallard	2.0	Release 3 - PreComp