835 Health Care Remittance Advice

For AmeriHealth Administrators

Disclaimer

This Amerihealth Administrators Intercounty Health Plan (hereinafter referred to as "AHA/ICHP") Companion Guide to the EDI Transactions (the "Companion Guide") provides AHA/ICHP trading partners with guidelines for receiving electronic batch 835 Healthcare Remittance Advice transactions. Because the HIPAA ASC X12N Implementation Guides require transmitters and receivers to make certain determinations/elections *(e.g.,* whether, or to what extent, situational data elements apply), this Companion Guide documents those determinations, elections, assumptions, or data issues that are permitted to be specific AHA/ICHP business processes when implementing the HIPAA ASC X12N 4010A Implementation Guides.

This Companion Guide does not replace the HIPAA ASC X12N Implementation Guides, nor does it attempt to amend any of the requirements of the Implementation Guides, or impose any additional obligations on trading partners of AHA/ICHP that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This document provides information on Health Plan specific codes and situations that are within the parameters of the HIPAA Administrative Simplification rules. Readers of this Companion Guide should be acquainted with the HIPAA Implementation Guides, their structure, and content.

This Companion Guide provides supplemental information to the Trading Partner Agreement that exists between AHA/ICHP and its trading partners. Trading partners should refer to the Trading Partner Agreement for guidelines pertaining to AHA/ICHP legal conditions surrounding the implementation of the EDI transactions and code sets. However, trading partners should refer to this Companion Guide for information on AHA/ICHP business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Nothing contained in this Companion Guide is intended to amend, revoke, contradict, or otherwise alter the terms and conditions of the Trading Partner Agreement. If there is an inconsistency between the terms of this Companion Guide and the terms of the Trading Partner Agreement, the terms of the Trading Partner Agreement will.

1.0 Overview of Document

This guide is to be used as a supplement to the 835 Health Care Remittance Advice Implementation Guide, version 4010A1, issued May 2000. It should be use to produce Remittance Advice for Amerihealth Administrators and Intercounty Health Plan (hereinafter referred to as AHA / ICHP).

The national transaction set implementation guide named in the HIPAA Administrative Simplification Electronic Transaction rule is the primary source for definitions, data usage and requirements. This Companion guide contains clarifications and payer-specific requirements related to data usage and content when receiving an 835 from AHA/ICHP operations.

The Companion Document was developed to guide organizations through the implementation process so that the resulting transaction will meet the following business objectives:

1. *Convey all required business information:* The transaction will convey the comprehensive set of information that is required for health plans to conduct their business.

2. *Interpret information in the same way*: The definition of the transaction will be specific so that trading partners can correctly interpret, from a business perspective, the information that is received from each other.

3. *Simplify the communication*: The transaction will be standard to simplify communication between trading partners and to comply with HIPAA regulation.

2.0 General Instructions

The 835 transaction is utilized to send an electronic Explanation of Benefits (EOB) remittance advice from a health care payer to a health care provider. Health care providers that may receive the 835 include but are not limited to hospitals, nursing homes, laboratories, physicians, dentists, and allied professional groups.

Segment: BPR FINANCIAL INFORMATION

Loop: Header

Level: Detail

Usage: Required

Notes: Due to AHA/ICHP business practices, this information will be provided

Data Element Summary

Ref Des	Element Name	Element Note
BPR01	Transaction Handling Code	The only values that will be passed are: **H** (Notification Only) **I** (Remittance Information Only)
BPR04	Payment Method Code	**CHK** (Check) will be utilized when payment is made via check. **NON** (Non-Payment Data) will be utilized when the payment amount for the 835 is zero.

Segment: DTM Production Date

Loop: Header

Level: Detail

Usage: Required

Notes: Due to AHA/ICHP business practices, this information will be provided.

Data Element Summary

Ref Des	Element Name	Element Note
DTM01	Date/Time Qualifier	**405** (Production Date)
DTM02	Date	Production Date expressed as CCYYMMDD

Segment: PER PAYER CONTACT INFORMATION

Loop: 1000A

Level: Header

Usage: Situational

Notes: Due to AHA/ICHP business practices, this information will be provided.

Data Element Summary

Ref Des	Element Name	Element Note
PER01	Contact Function Code	**CX** (Payers Claim Office)
PER02	Name	Payer Contact Name
PER03	Communication Number Qualifier	**TE** (Telephone)
PER04	Communication Number	Payer Contact Communication Number

Segment: REF Payee Additional Identification

Loop: 1000B

Level: Header

Usage: Situational

Notes: Due to AHA/ICHP business practices, this information will be provided.

Data Element Summary

Ref Des	Element Name	Element Note
REF01	Payee Additional Identification Qualifier	**PQ** (Payee Identification) Will be utilized for the Payer's assigned provider
REF02	Payee Additional Identification ID	Payee ID