

**HM Benefits Administrators
Provider EDI Reference Guide**

CLAIM PAYMENT ADVICE (835)

VERSION 1.1



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11 Claim Payment Advice (835)

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 a 835 transaction include but are not limited to hospitals, nursing homes, laboratories, physicians, dentists, and allied professional groups.

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 supplemental document contains clarifications and payer-specific requirements related to data usage and content when receiving an 835 transaction from HM Benefits Administrators, hereafter known as “The Organization” EDI Operations.

This EDI Reference Guide applies to transactions related to the following traditional and managed care products: Medicare Supplemental and Vision. The health care payer and corresponding EIN code represented in sections 11.1:

- HM Benefits Administrators - 25-1128451

11.1 General Information and Guidelines for 835

While the Claim Payment Advice information listed below may have been submitted in a standard claim transaction, it was not captured and used in processing by the payer listed in the EDI Reference Guide. The payer will utilize data from internal databases.

- Payer name and address
- Payee name and address

11.1.1 Missing Checks

If a payment reflected in the 835 transaction is not received, the provider or facility should contact the payer's customer or provider service department for assistance.

11.1.2 Administrative Checks

Administrative check information will not be reflected in the 835 transaction. An Administrative check does not routinely contain an Explanation of Benefits notice.

11.1.3 Availability

835 transactions are created on a weekly basis to correspond with payers' weekly payment cycles. The 835 transaction files become available for retrieval between Monday and Wednesday of each week and remain available through the remainder of the week. If an 835 transaction was expected but not available for retrieval in any given week, contact **WHO** for assistance

11.1.4 Unavailable Claim Data

Paper claims may not provide all data utilized in the 835. Therefore, some data segments and elements in the 835 Claim Payment Advice may be populated with "dummy data" or not available as a result of the claim submission mode.

11.1.5 Member Identification Numbers

This is the identification number reflected on the member's identification card (ID Card), including alpha characters. Spaces, dashes and other special characters that may appear on the ID Card are for readability and appearance only and are not part of the identification code and therefore will not be returned in this transaction.

11.1.6 Data that is Not Used

The following segments will not be utilized in the 835:

- CUR Foreign Currency Information
- REF Additional Payer Identification (1000A)
- TS3 Provider Summary Information (2000)
- TS2 Provider Supplemental Summary Identification (2000)
- CAS Claim Adjustment (2100)
- NM1 Corrected Patient Name/Insured Name (2100)
- NM1 Crossover Carrier Name (2100)
- MIA Inpatient Adjudication Information (2100)
- MOA Outpatient Adjudication Information (2100)
- REF Rendering Provider Identification (2100)
- AMT Claim Supplemental Information (2100)
- QTY Claim Supplemental Information Quantity (2100)
- REF Rendering Provider Information (2110)
- AMT Service Supplemental Amount (2110)
- QTY Service Supplemental Quantity (2110)
- LQ HealthCare Remark Codes (2110)

11.2 Data Detail for 835

The following segment references are clarifications and payer-specific requirements related to data usage and content.

Segment: **GS Functional Group Header**

Loop:

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Data Element Summary

Ref Des	Element Name	Element Note
GS02	Application Senders' Code	The Organization will send the EIN code.
GS03	Application Receiver's Code	The Organization's Trading Partner Number assigned to the receiver will be used.
GS06	Group Control Number	The Organization will send unique control numbers for each functional group.

Segment: **BPR** Financial Information

Loop:

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Data Element Summary

Ref Des	Element Name	Element Note
BPR01	Transaction Handling Code	The only values that will be passed are H and I.
BPR04	Payment Method Code	ACH will be utilized when payment is made via electronic funds transfer. This will be applicable to Institutional business only. CHK will be utilized when payment is made via check. NON will be utilized when the payment amount for the 835 is zero.

Segment: **REF** Receiver Identification

Loop:

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Data Element Summary

Ref Des	Element Name	Element Note
REF02	Receiver ID	This will be the electronic Trading Partner Number assigned by the Organization's EDI Operations for transmission of 835 Transactions.

Segment: CLP Claim Payment Information

Loop: 2100

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Data Element Summary

Ref Des	Element Name	Element Note
CLP01	Claim Submitter's Identifier	The actual Patient Account value may not be passed from paper claim submissions.
CLP06	Claim Filing Indicator Code	The Value passed will be <ul style="list-style-type: none">• 15 - Indemnity Insurance

Segment: NM1 Service Provider Name

Loop: 2100

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Data Element Summary

Ref Des	Element Name	Element Note
NM108	Service Provider Name Identification Code Qualifier	FI - Federal Taxpayer's Identification Number

Segment: REF Other Claim Related Identification

Loop: 2100

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Data Element Summary

Ref Des	Element Name	Element Note
REF01	Other Claim Related Information Qualifier	Value 1L is the only value that will be passed.