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1.0 Overview

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation mandates that many of the major health care electronic data exchanges, such as electronic claims and remittance advices, be standardized into the same national format for all payers, providers, and clearinghouses. All providers who submit governed data electronically to CSC must submit in the mandated HIPAA formats. HIPAA specifically names several electronic standards that must be followed when certain health care information is exchanged. These standards are published as National Electronic Data Interchange Transaction Set Implementation Guides. They are commonly called Implementation Guides (IGs) and are referred to as IGs throughout this document. The implementation guide for a 5010 transaction is also known as a Technical Report Type 3 or TR3. The following table lists the adopted standards. The file types that CSC supports for communication to and from Provider Agencies are marked in bold.

This document is applicable to HIPAA 5010 standards and, as such, is effective January 1, 2012.

<table>
<thead>
<tr>
<th>Business Category</th>
<th>Transaction Name/Implementation Guide</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims Processing</td>
<td>ASC X12N 837P (005010X222A1)</td>
<td>Health Care Claim: Professional</td>
</tr>
<tr>
<td>Explanation of Payment/Remittance</td>
<td>ASC X12N 835 (005010X221A1)</td>
<td>Health Care Claim: Payment/Advice</td>
</tr>
<tr>
<td>Advice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claim Status</td>
<td>ASC X12N 276/277 (005010X212)</td>
<td>Health Care Claims Status Request and Response</td>
</tr>
</tbody>
</table>

The Implementation Guides are available for download through the Washington Publishing Company Web site at http://www.wpc-edi.com and other locations. Developers must have copies of the respective Implementation Guides as well as all associated Errata and Addenda prior to beginning the development process.

CSC has developed technical companion guides to assist application developers during the implementation process. In most instances, an existing data exchange format has completely changed, for instance claims. In other cases, a new method for electronic data exchange has been developed, such as prior authorization. The information contained in the CSC Companion Guide is only intended to supplement the adopted Implementation Guides and provide guidance and clarification as it applies to CSC. The CSC Companion Guide is never intended to modify, contradict, or reinterpret the rules established by the Implementation Guides.
2.0 Introduction

The ASC X12N 835 (005010X221A1) transaction is HIPAA mandated instrument by which electronic Health Care Claim Payment/Advice must be reported. This document is intended only as a companion guide and is not intended to contradict or replace any information in the IG or the Early Intervention Program Provider Billing Manual. It is highly recommended that implementers have the following resources available during the development process:

- This document, Companion Guide – 835 Health Care Claim Payment/Advice
- Implementation Guides for the ASC X12N 835 ((005010X221A1) and the Addenda and Errata
- Early Intervention Program Provider Billing Manual

Additionally, there are several processing assumptions, limitations, and guidelines a developer must be aware of when implementing the 835 Transaction. The following list identifies these processing stipulations:

- CSC Covansys will make available for download an electronic 835 remittance advice for each payment period in which the payee has claims and/or transactions processed.
- All monetary amounts have explicit decimals. The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end) the decimal point should be omitted. See the IG for additional clarification.
- Non claim related adjustments will be in the PLB segment(s).
- Other data elements with lengths greater than CSC Covansys definitions are truncated.
- Qualifier codes are case sensitive and should be presented as they are in the IGs.
- CSC Covansys is referred to as “CSC Covansys” in applicable Sender segments.
- Adjustments will be made at the service line level, not the claim level.
- For Version 5010, the Implementation Guide (IG) is also called the Technical Report 3 (TR3). In this document the terms are treated as synonymous.
3.0 Data Exchange Technical Specifications and Interchange Control

Appendix B, Section B.1.1 of each X12N HIPAA Implementation Guide or TR 3 provides complete detail about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an electronic envelope. The communication envelope consists of an interchange envelope and functional groups. The interchange control structure described in the Implementation Guide is used for inbound files. An inbound interchange control structure is the envelope that wraps all transaction data (ST-SE) sent to CSC for processing. The following pages detail specific information about what is required by CSC in certain segments and elements as it relates to outbound communication to CSC. Refer to the Implementation Guide for complete information about all other segments and elements.

3.1 Outbound Transaction Segments

Segment Name: Interchange Control Header
Segment ID: ISA
Usage: Required
Segment Notes:

- All positions within each data element in the ISA segment must be filled.
- Delimiters are specified in the interchange header segment.
- ISA01 is populated with “00” to indicate no security.
- ISA03 is populated with “00” to indicate no security.
- ISA05 is populated with “ZZ” to indicate that the value is mutually defined.
- ISA06 is populated with “CRO-CSC”. This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
- ISA07 is populated with “ZZ” to indicate that the value is mutually defined.
- ISA08 is populated with the Payee’s nine digit federal tax ID. This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
- The character immediately following the segment ID, ISA, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Examples of the separators are as follows:

<table>
<thead>
<tr>
<th>Character</th>
<th>Name</th>
<th>Delimiter</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>Asterisk</td>
<td>Data Element Separator</td>
</tr>
<tr>
<td>&gt;</td>
<td>Greater Than</td>
<td>Sub Element Separator</td>
</tr>
<tr>
<td>~</td>
<td>Tilde</td>
<td>Segment Terminator</td>
</tr>
<tr>
<td>^</td>
<td>Caret</td>
<td>Repetition Separator</td>
</tr>
</tbody>
</table>

Example:
ISA*00*  "00"  "ZZ"IN999999  "Z"CRO CSC  "930602*1253***00501*0000009050*P">~

© 2011 Computer Sciences Corporation.
Segment Name: Functional Group Header
Segment ID: GS
Loop: N/A
Usage: Required
Segment Notes:
- Element GS02 is populated with the value “CRO-CSC”
- Element GS03 is populated with the Provider’s nine digit federal tax ID.

Example:
GS*HC*CRO-CSC*912936336*20030808*145901*5*X*005010X222A1~

3.2 Sample Outbound Interchange Control

This example illustrates a file that includes an 835 transaction set.

ISA*00* *00* *ZZ*CRO-CSC *4472691280001 *ZZ*930602*1253***00501*000000905*0*P*>~
GS*HP*CRO-CSC*4472691280001*20020606*105531*5*X*005010X221~
ST – 835 TRANSACTION SET HEADER
835 DETAIL SEGMENTS
SE – 835 TRANSACTION SET TRAILER
GE*1*5~
IEA*1*000000905~
4.0 Segment Usage -835 Health Care Claim Payment/Advice

4.1 Segment Usage Matrix

The following matrix lists segments that CSC utilizes for creation of the 5010 version of the 835 file. Additionally, it includes a CSC Usage column that identifies segments that are required or situational for use by CSC. A required segment must appear on all transactions. Failure to include a required segment results in a compliance error. A situational segment is not required for every transaction. However, it may be required under certain circumstances. Please refer to the Early Intervention Provider Manual for specific billing requirements. Any segment identified in the Usage column as required or situational is explained in the Segment and Data Element Description section of the document.

There are many segments not noted in the grid below that are required by the X12 standard. Refer to the Implementation Guide or TR3 for information regarding these segments. They will exist in files created by CSC, but the Implementation Guide must be consulted for their use and formatting.

<table>
<thead>
<tr>
<th>Segment ID</th>
<th>Loop ID</th>
<th>Segment Name</th>
<th>CSC Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>N1</td>
<td>1000A</td>
<td>Payer Identification</td>
<td>R</td>
</tr>
<tr>
<td>N3</td>
<td>1000A</td>
<td>Payer Address</td>
<td>R</td>
</tr>
<tr>
<td>N4</td>
<td>1000A</td>
<td>Payer City, State, Zip Code</td>
<td>R</td>
</tr>
<tr>
<td>PER</td>
<td>1000A</td>
<td>Payer Business Contact Information</td>
<td>R</td>
</tr>
<tr>
<td>PER</td>
<td>1000A</td>
<td>Payer Technical Contact Information</td>
<td>R</td>
</tr>
<tr>
<td>PER</td>
<td>1000A</td>
<td>Payer Web Site</td>
<td>R</td>
</tr>
<tr>
<td>N1</td>
<td>1000B</td>
<td>Payee Identification</td>
<td>R</td>
</tr>
<tr>
<td>N2</td>
<td>1000B</td>
<td>Payee Address</td>
<td>R</td>
</tr>
<tr>
<td>N4</td>
<td>1000B</td>
<td>Payee City/State/Zip Code</td>
<td>R</td>
</tr>
<tr>
<td>CLP</td>
<td>2100</td>
<td>Claim Payment Information</td>
<td>R</td>
</tr>
<tr>
<td>NM1</td>
<td>2100</td>
<td>Patient Name</td>
<td>R</td>
</tr>
<tr>
<td>NM1</td>
<td>2100</td>
<td>Service Provider Name</td>
<td>R</td>
</tr>
<tr>
<td>REF</td>
<td>2100</td>
<td>Other Claim Related Identification</td>
<td>R</td>
</tr>
<tr>
<td>SVC</td>
<td>2110</td>
<td>Service Payment Information</td>
<td>R</td>
</tr>
<tr>
<td>DTM</td>
<td>2110</td>
<td>Service Date</td>
<td>R</td>
</tr>
<tr>
<td>CAS</td>
<td>2110</td>
<td>Service Adjustment</td>
<td>S</td>
</tr>
<tr>
<td>REF</td>
<td>2110</td>
<td>Service Identification</td>
<td>S</td>
</tr>
<tr>
<td>PLB</td>
<td>N/A</td>
<td>Provider Adjustment</td>
<td>S</td>
</tr>
</tbody>
</table>
4.2 Segment and Data Element Description

This section contains information pertaining to any segments that are required or situational for the CSC implementation of the HIPAA 835. Please refer to the Implementation Guide or TR3 for complete information on the elements and specific formatting of these segments.

**Segment Name** – Industry assigned segment name as identified in the IG.
**Segment ID** – Industry assigned segment ID as identified in the IG.
**Loop ID** – The loop within which the segment should appear.
**Usage** – Identifies the segment as required or situational.
**Segment Notes** – A brief description of the purpose or use of the segment.
**Example** – An example of complete segment.

**Segment Name: Reassociation Number**
Segment ID: TRN
Loop ID: N/A
Usage: Required
Segment Notes:
- Element TRN03 is populated by 1 + Federal Tax ID

Example:
TRN*1*12987*1123456789~

**Segment Name: Payer Identification**
Segment ID: N1
Loop ID: N/A
Usage: Required
Segment Notes:
- Element N102 is populated by “FSSA”

Example:
N1*PR*FSSA~

**Segment Name: Payer Address**
Segment ID: N3
Loop ID: 1000A
Usage: Required
Segment Notes:
- This identifies payer address
- Element N301 is populated with “P.O. Box 29134”

Example:
N3*P.O. Box 29134~
**Segment Name: Payer City, State, Zip**
Segment: ID: N4  
Loop ID: 1000A  
Usage: Required  
Segment Notes:  
- This identifies payer’s City, State, and Zip Code.  
- Element N401 is populated with “Shawnee Mission”  
- Element N402 is populated with “KS”  
- Element N403 is populated with “662019134”

Example:

N4*Shawnee Mission*KS*662019134~

**Segment Name: Payer Business Contact Information**
Segment: ID: PER  
Loop ID: 1000A  
Usage: Required  
Segment Notes:  
- This identifies payer’s business contact information.  
- Element PER02 is populated with “Help Desk”  
- Element PER04 is populated with “8885672351” which is the CRO Help Desk number.

Example:

PER*CX*Help Desk*TE*8885672351~

**Segment Name: Payer Technical Contact Information**
Segment: ID: PER  
Loop ID: 1000A  
Usage: Required  
Segment Notes:  
- This identifies payer’s technical contact information.  
- Element PER02 is populated with “Help Desk”  
- Element PER04 is populated with “8885672351” which is the CRO Help Desk number.

Example:

PER*BL*Help Desk*TE*8885672351~

**Segment Name: Payer Web Site**
Segment: ID: PER  
Loop ID: 1000A  
Usage: Required  
Segment Notes:  
- This identifies payer’s technical contact information.  
- Element PER04 is populated with “www.csc.com”

Example:

PER*IC**UR*www.csc.com~
Segment Name: Payee Identification
Segment: ID: N1
Loop ID: 1000
Usage: Required
Segment Notes:
- This identifies payee.
- Element N102 is populated with the Payee Name.
- Element N104 is populated with the Payee’s Federal Tax ID.

Example:
N1*PE*Medical Arts Association*FI*421864563~

Segment Name: Payee Address
Segment: ID: N3
Loop ID: 1000
Usage: Required
Segment Notes:
- This identifies the payee's address.
- Element N301 is populated with the Payee Name.

Example:
N3*3500 Peachtree~

Segment Name: Payee City, State, Zip Code
Segment: ID: N4
Loop ID: 1000
Usage: Required
Segment Notes:
- This identifies the payee's city, state, and zip code.
- Element N401 is populated with the Payee's city.
- Element N402 is populated with the Payee's state.
- Element N403 is populated with the Payee's zip code.

Example:
N4*Indianapolis*IN*46207~
Segment Name: Claim Payment Information
Segment: ID: CLP
Loop ID: 2100
Usage: Required
Segment Notes:
- Supplies information common to the entire claim.
- Claims are only processed as primary. Resubmissions must be made on paper.
- Element CLP01 returns up to 20 characters of the patient control number submitted by the payee in the claim.
- Element CLP07 is populated with the Payer Claim Control Number.

Example:
CLP*48572000988*1*2505*2005**OF*786543287~

Segment Name: Patient Name
Segment: ID: NM1
Loop ID: 2100
Usage: Required
Segment Notes:
- Element NM109 is populated with the Early Intervention child ID.

Example:
NM1*QC*1*LAST*FIRST*L***MI*102948755012~

Segment Name: Service Provider Name
Segment: ID: NM1
Loop ID: 2100
Usage: Required
Segment Notes:
- Element NM109 is populated with the Federal Tax ID + four digit Provider Sequence number.

Example:
NM1*82*1*Provider*Sue*L***FI*6984677870033~

Segment Name: Other Claim Related Information
Segment: ID: REF
Loop ID: 2100
Usage: Required
Segment Notes:
- Element REF02 is populated by the Authorization number assigned by the Spoe.

Example:
REF*G1*A99000123212~
Segment Name: Service Payment Information
Segment: ID: SVC
Loop ID: 2110
Usage: Required
Segment Notes:
- This segment returns the CPT Code, amount charged, amount paid, and the units charged on this claim.

Example:
SVC*HC>97110*100*85.52**4**0~

Segment Name: Service Date
Segment: ID: DTM
Loop ID: 2110
Usage: Required
Segment Notes:
- CSC reports service date at the line level.

Example:
DTM*472*20030715~

Segment Name: Service Adjustment
Segment: ID: CAS
Loop ID: 2110
Usage: Required
Segment Notes:
- CSC reports adjustments at the line level.

Example:
CAS*CO*A2*14.48~

Segment Name: Service Identification
Segment: ID: REF
Loop ID: 2110
Usage: Required
Segment Notes:
- If provided in the claim, the Provider Control Number will be returned in the REF02 element.

Example:
REF*6R*301-1000-2323~

Segment Name: Provider Adjustment
Segment: ID: PLB
Loop ID: N/A
Usage: Required
Segment Notes:
- The Provider Adjustment Segment reports adjustments that are not specific to a certain claim.

Example:
PLB*9999999990022*20121231*LE*-50~
5.0 File Transfer and Verification
CSC utilizes EDIFECS for testing HIPAA X12 837P files. This site can be accessed by providers once a Trading Partner Agreement has been signed. The website will allow the providers to submit test files. These test files will be processed against the CSC companion guide. Once both parties are confident in the consistency of the test files submitted, the provider will be able to upload 837P claim files, and check the status of files submitted. 278 files and 835 files are available on the Service Matrix website as soon as the Trading Partner Agreement has been received and entered. Testing does not need to be completed to make these available.

Normal processing of 837P files will occur as they are uploaded. It may take up to an hour to process a file, but files are processed in the order they are received from all agencies. The status of the files will be visible as soon as the files are processed. Please be sure that you check the status of your files after they have been processed so that you can fix any data problems that occur in a timely manner.
## 6.0 Change Log

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 1.0</td>
<td>01/15/2009</td>
<td>Updated Title Page / All Text Updated web page reference on page 3 Modified the document version and font style</td>
</tr>
<tr>
<td>Version 2.0</td>
<td>05/23/2011</td>
<td>Updated for 5010</td>
</tr>
<tr>
<td>Version 3.0</td>
<td>10/19/2012</td>
<td>Formatting and information changes.</td>
</tr>
</tbody>
</table>
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