

# HEALTH CARE CLAIM PAYMENT/ADVICE: 835 SUPPLEMENTAL GUIDE

**NOTE:**

This document does *NOT* include all elements required to be HIPAA compliant.  
 This document is to be used in conjunction with the HIPAA ANSI ASC X12N 835 Implementation Guide (IG) and the 835 Specifications Amendment.  
 The information in this document is subject to change without notice.

**Disclaimer:** *The material contained within this document may contain inaccuracies or typographical errors. CBHNP makes no representations as to the accuracy, reliability, completeness, or timeliness of the material within. User acknowledges that reliance on this document will be at the User's own risk.*

Red Text = Required to be HIPAA Compliant  
 Black Text = Situational Requirement

Note Added



**NOTE:**

*Any adjustments to a claim originally submitted electronically will be returned in an 835.  
 This includes rebills on paper.*

IG Page #	Loop ID	SEG ID	Data Element	REQUIREMENT DESIGNATOR	Name	Check IG for Specific ID or Code Set Required	Expected Value	Notes:
				<b>R</b>	<b>Header</b>			
		ISA		R	Interchange Control Header			
			ISA01	R	Authorization Information Qualifier	✓	00	No meaningful information in ISA02
			ISA02	R	Authorization Information			
			ISA03	R	Security Information Qualifier	✓	00	No meaningful information in ISA04
			ISA04	R	Security Information			
			ISA05	R	Interchange ID Qualifier	✓	ZZ	Mutually Defined
			ISA06	R	Interchange Sender ID		251765391	CBHNP EIN Number
			ISA07	R	Interchange ID Qualifier	✓	ZZ	This ID qualifies the Receiver in ISA08
			ISA08	R	Interchange Receiver ID			CBHNP assigned number received in 837
			ISA09	R	Interchange Date			Format YYMMDD
			ISA10	R	Interchange Time			Format HHMM
			ISA11	R	Interchange Control Standards Identifier	✓	U	
			ISA12	R	Interchange Control Version Number		00401	
			ISA13	R	Interchange Control Number			Identical to IEA02
			ISA14	R	Acknowledgement Requested	✓	0	No acknowledgement Requested
			ISA15	R	Usage Indicator	✓	P or T	P - Production Data and T - Test Data
			ISA16	R	Component Element Separator		:	delimiter
		GS		R	Functional Group Header			
			GS01	R	Functional Identifier Code		HP	Health Care Claim Payment/Advice (835)
			GS02	R	Application Sender's Code		251765391	CBHNP EIN Number
			GS03	R	Application Receiver's Code			CBHNP assigned number received in 837
			GS04	R	Date			Format CCYYMMDD
			GS05	R	Time			Format HHMM
			GS06	R	Group Control Number			Identical to GE02
			GS07	R	Responsible Agency Code		X	Accredited Standards Committee X12
			GS08	R	Version / Release / Industry Identifier Code		004010X091A1	
				<b>R</b>	<b>Transaction Set Header</b>			
43		ST		R	Transaction Set Header			
			ST01	R	Transaction Set Identifier Code		835	
			ST02	R	Transaction Set Control Number			Identical to SE02

IG Page #	Loop ID	SEG ID	Data Element	REQUIREMENT DESIGNATOR	Name	Check IG for Specific ID or Code Set Required	Expected Value	Notes:
44		BPR		R	Financial Information			
45			BPR01	R	Transaction Handling Code	✓	I	Remittance Information Only
46			BPR02	R	Total Actual Provider Payment Amount			Total payment amount
			BPR03	R	Credit/Debit Flag Code	✓	C	Credit
			BPR04	R	Payment Method Code	✓	CHK	Check
50			BPR16	R	Check Issue or EFT Effective Date			Format CCYYMMDD
52		TRN		R	REASSOCIATION TRACE NUMBER			
			TRN01	R	Trace Type Code		1	Current Transaction Trace Numbers
53			TRN02	R	Check/EFT Trace Number			Check Number
			TRN03	R	Payer Identifier		1251765391	CBHNP EIN ID Number, preceded by a "1."
58		REF		R	VERSION IDENTIFICATION			
			REF01	R	Reference Identification Qualifier		F2	Version Code - Local
			REF02	R	Version Identification Code		ECURA 3.X	Software version where X will be replaced
60		DTM		R	PRODUCTION DATE			
			DTM01	R	Date/Time Qualifier		405	Production
61			DTM02	R	Production Date			Format CCYYMMDD
<b>R Loop ID 1000A - PAYER IDENTIFICATION</b>								
62	1000A	N1		R	Payer Identification			
	1000A		N101	R	Entity Identifier Code		PR	Payer
	1000A		N102	S	Payer Name		CBHNP	
64	1000A	N3		R	PAYER ADDRESS			
	1000A		N301	R	Payer Address Line			
65	1000A	N4		R	PAYER CITY, STATE, ZIP CODE			
			N401	R	Payer City Name			
			N402	R	Payer State Code			
			N403	R	Payer Postal Code			
<b>R Loop ID 1000B - PAYEE IDENTIFICATION</b>								
72	1000B	N1		R	PAYEE IDENTIFICATION			
	1000B		N101	R	Entity Identifier Code		PE	Payee
73	1000B		N102	S	Payee Name			Provider/Payee Name
	1000B		N103	R	Identification Code Qualifier	✓	FI	Federal Taxpayer's Identification Number
	1000B		N104	R	Payee Identification Code			Payee Federal Tax ID
74	1000B	N3		S	PAYEE ADDRESS			
	1000B		N301	R	Payee Address Information			
75	1000B	N4		S	PAYEE CITY, STATE, ZIP CODE			
	1000B		N401	R	Payee City Name			
	1000B		N402	R	Payee State or Province Code			
	1000B		N403	R	Payee Postal Code			
<b>S Loop ID 2000 - HEADER NUMBER</b>								
79	2000	LX		S	Header Number			
	2000		LX01	R	Assigned Number			
<b>R Loop ID 2100 - CLAIM PAYMENT INFORMATION</b>								
89	2100	CLP		R	CLAIM PAYMENT INFORMATION			
	2100		CLP01	R	Patient Control Number			This is the value sent originally in the 837 CLM01.
90	2100		CLP02	R	Claim Status Code	✓	1/4/22	1 - Approved/Paid, 4 - Denied, 22 - Reversal of Previous Payment
91	2100		CLP03	R	Total Claim Charge Amount			
	2100		CLP04	R	Claim Payment Amount			
	2100		CLP05	S	Patient Responsibility Amount		0	This will always be zero

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92	2100		CLP06	R	Claim Filing Indicator Code	✓	MC	Medicaid
92	2100		CLP07	S	Payer Claim Control Number			CBHNP Claim number, use this for rebills or any contact with CBHNP's claims department
102	2100	NM1		R	PATIENT NAME			
	2100		NM101	R	Entity Identifier Code		QC	Patient
103	2100		NM102	R	Entity Type Qualifier		1	Person
	2100		NM103	R	Patient Last Name			
	2100		NM104	R	Patient First Name			
	2100		NM108	S	Identification Code Qualifier	✓	34	Social Security Number
104	2100		NM109	S	Patient Identifier			Patient's Social Security Number
111	2100	NM1		S	SERVICE PROVIDER NAME			
112	2100		NM101	R	Entity Identifier Code		82	Rendering Provider
	2100		NM102	R	Entity Type Qualifier	✓	1 or 2	1 - Person and 2 - Non-Person
	2100		NM103	S	Rendering Provider Last or Organization Name			
	2100		NM104	S	Rendering Provider First Name			If NM102 is a "2" this element is not used.
113	2100		NM108	R	Identification Code Qualifier	✓	FI	Federal Taxpayer's Identification Number
	2100		NM109	R	Rendering Provider Identifier			Provider's Federal Tax Identification Number or SS# if Person
130	2100	DTM		S	CLAIM DATE			
131	2100		DTM01	R	Date/Time Qualifier	✓	050	Received date
	2100		DTM02	R	Claim Date			Format CCYYMMDD
<b>2110</b>				<b>S</b>	<b>Loop ID 2110 - SERVICE PAYMENT INFORMATION</b>			
139	2110	SVC		S	SERVICE PAYMENT INFORMATION			
140	2110		SVC01	R	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			
	2110		SVC01 - 1	R	Product/Service ID Qualifier	✓	HC	Procedural Coding System (HCPCS) Codes
141	2110		SVC01 - 2	R	Product/Service ID	✓		Procedure Code
	2110		SVC01 - 3	S	Procedure Modifier	✓		Required when procedure code modifiers apply to this service.
	2110		SVC01 - 4	S	Procedure Modifier	✓		Required when procedure code modifiers apply to this service.
142	2110		SVC02	R	Line Item Charge			
	2110		SVC03	R	Line Item Provider Payment Amount			
	2110		SVC05	S	Units of Service Paid Count			
146	2110	DTM		S	SERVICE DATE			
	2110		DTM01	R	Date/Time Qualifier	✓	472	Service
	2110		DTM02	R	Service Date			Format CCYYMMDD
148	2110	CAS		S	SERVICE ADJUSTMENT			
150	2110		CAS01	R	Claim Adjustment Group Code	✓		See IG guide for Adjustment Group Codes
	2110		CAS02	R	Adjustment Reason Code	✓		Claim Adjustment Reason Codes are available from the Washington Publishing Company <a href="http://www.wpc-edi.com/codes/">http://www.wpc-edi.com/codes/</a>
	2110		CAS03	R	Adjustment Amount			
	2110		CAS04	S	Adjustment Quantity			
151	2110		CAS05	S	Adjustment Reason Code	✓		Used when additional adjustments apply within the group identified in CAS01
	2110		CAS06	S	Adjustment Amount			Used when additional adjustments apply within the group identified in CAS01
	2110		CAS07	S	Adjustment Quantity			Used when additional adjustments apply within the group identified in CAS01

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154	2110		REF01	S	Reference Identification Qualifier	✓	6R	Indicates Provider Control Number
155	2110		REF02	S	Provider Identifier			The Line Item Control Number submitted in the 837 will be returned here.
<b>Transaction Set Trailer</b>								
173		SE		R	<i>Transaction Set Trailer</i>			
			SE01	R	Transaction Segment Count			
			SE02	R	Transaction Set Control Number			
<b>Trailer</b>								
		GE		R	<i>Functional Group Trailer</i>			
			GE01	R	Number of Transaction Sets Included			
			GE02	R	Group Control Number			
		IEA		R	<i>Interchange Control Trailer</i>			
			IEA01	R	Number of Included Functional Groups			
			IEA02	R	Interchange Control Number			