

HEALTHpac 835 Message Elements

Version 1.2

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ELDORADO COMPUTING, INC.



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1 Introduction

1.1 General comments

This document describes the HIPAA 835 standard message elements that are or may be used by Healthpac.

HEALTHpac maintains an electronic EOB file for providers who choose to receive this information through EDI using the HIPAA 835 format. This file is updated regularly through end-of-day processing, and entries are removed when HIPAA EOB files are created. A HEALTHpac user is responsible for initiating the conversion of extract information into 835 EOB files.

In the following tables, fields that have a fixed identifier when used (for instance, an ID code qualifier that, if used, can only have a single value) are not listed.

The columns contain the following:

- Group name – name of the group of segments in the HIPAA specification
- Item name – name of the element or subelement in the HIPAA specification
- Loop – loop identifier in the HIPAA specification
- Seg– name of the segment in the HIPAA specification
- Pos – position of the element or subelement in the HIPAA specification
- R/S – Required/Situational indicator from the HIPAA spec; “R” means the item is required if the segment itself is used, though the segment is Situational
- Type – element type (AN = alphanumeric, R = real/decimal, ID = ID code, and so on, following the nomenclature in the X12 specification.)
- Max – if the maximum field length differs between the HIPAA specification and Healthpac, the HIPAA value is listed first and the Healthpac value is listed second (e.g., 60/35); otherwise the single (common) length is listed
- Notes – miscellaneous notes about the use of the item.

1.2 Related Documents

Healthpac HIPAA Message Header Elements describes the elements in the ISA and GS segments.

2 835 Message Elements

2.1 Header - Initial

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Financial Information	Transaction Handle Code		BPR	01	R	ID	2/1	Set to "H"
Financial Information	Total Actual Provider Paid		BPR	02	R	R	18/12	
Financial Information	Credit/Debit Flag		BPR	03	R	ID	1	Set to "C"
Financial Information	Payment Method Code		BPR	04	R	ID	3	Set to "NON"
Financial Information	Check Issue Date		BPR	16	S	DT	8	
Re-association Trace Number	Check or EFT Trace Number		TRN	2	R	AN	30/8	
Re-association Trace Number	Traced Payer ID		TRN	3	R	AN	10	Trace type "1"
Production Date	Production Date		DTM	2	R	DT	8	Qualifier "405"

2.2 Payer Identification

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Payer Identification	Payer Name	1000A	N1	2	S	AN	60/30	
Payer Identification	First Line of Payer's Address	1000A	N3	1	R	AN	55/30	
Payer Identification	Second Line of Payer's Address	1000A	N3	2	S	AN	55/30	
Payer Identification	Payer's City	1000A	N4	1	R	AN	30/19	
Payer Identification	Payer's State Code	1000A	N4	2	R	ID	2	
Payer Identification	Payer's Postal Code	1000A	N4	3	R	ID	15/9	

2.3 Payee Identification

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Header	Payee's Name	1000B	N1	2	S	AN	60/40	Identifier "PE"
Header	Payee's ID Number	1000B	N1	4	R	AN	80/9	Qualifier "FI"
Header	First Line of Payee's Address	1000B	N3	1	R	AN	55/30	
Header	Second Line of Payee's Address	1000B	N3	2	S	AN	55/30	
Header	Payee's City	1000B	N4	1	R	AN	30/25	
Header	Payee's State Code	1000B	N4	2	R	ID	2	
Header	Payee's Postal Code	1000B	N4	3	R	ID	15/9	

2.4 Header Number

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Provider Summary Information	Provider ID	2000	TS3	1	R	AN	30/9	
Provider Summary Information	Facility Type Code	2000	TS3	2	R	AN	2/1	
Provider Summary Information	Fiscal Period Date	2000	TS3	3	R	DT	8	12/31 of current year
Provider Summary Information	Claim Count	2000	TS3	4	R	R	15	Always "1"
Provider Summary Information	Total Claim Charge Amount	2000	TS3	5	R	R	18/12	
Provider Summary Information	Total Covered Charge Amount	2000	TS3	6	S	R	18/12	
Provider Summary Information	Total Non-Covered Charge Amount	2000	TS3	7	S	R	18/12	
Provider Summary Information	Total Provider Payment	2000	TS3	9	S	R	18/12	
Provider Summary Information	Total Coinsurance Amount	2000	TS3	16	S	R	18/12	

2.5 Claim Payment Information

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Claim Payment Information	Patient Control Number	2100	CLP	1	R	AN	38/20	
Claim Payment Information	Claim Status Code	2100	CLP	2	R	ID	2	Set to "1"
Claim Payment Information	Submitted Claim Charge Amount	2100	CLP	3	R	R	18/12	
Claim Payment Information	Claim Payment Amount	2100	CLP	4	R	R	18/12	
Claim Payment Information	Patient Responsibility Amount	2100	CLP	5	S	R	18/12	
Claim Payment Information	Claim Filing Indicator Code	2100	CLP	6	R	ID	2	
Claim Payment Information	Payer Claim Control Number	2100	CLP	7	S	AN	30/11	
Claim Payment Information	Facility Type Code	2100	CLP	8	S	AN	2	
Claim Payment Information	Claim Frequency Code	2100	CLP	9	S	ID	1	
Claim Payment Information	DRG Code	2100	CLP	11	S	ID	4/3	
Patient Name	Patient Last Name	2100	NM1	3	R	AN	35/15	Entity type "1"
Patient Name	Patient First Name	2100	NM1	4	R	AN	35/15	
Patient Name	Patient Middle Name	2100	NM1	5	S	AN	25/1	
Patient Name	Patient Name Suffix	2100	NM1	7	S	AN	10/6	
Patient Name	Patient ID Code	2100	NM1	9	S	AN	80/11	Qualifier "34" or "MI"
Insured Name	Insured Last Name	2100	NM1	3	S	AN	35/15	Entity type "1"

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Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Insured Name	Insured First Name	2100	NM1	4	S	AN	25/15	
Insured Name	Insured Middle Name	2100	NM1	5	S	AN	25/1	
Insured Name	Insured Name Suffix	2100	NM1	7	S	AN	10/6	
Insured Name	Insured ID Code	2100	NM1	9	R	AN	80/9	Qualifier "34"
Service Provider Name	Provider Last Name	2100	NM1	3	S	AN	35/40	Identifier "82"
Service Provider Name	Provider First Name	2100	NM1	4	S	AN	25/15	
Service Provider Name	Provider Middle Name	2100	NM1	5	S	AN	25/1	
Service Provider Name	Provider Name Suffix	2100	NM1	7	S	AN	10/6	
Service Provider Name	Provider ID Code	2100	NM1	9	R	AN	80/9	Qualifier "1L"
Other Claim-Related Identification	Other claim-related reference ID	2100	REF	2	R	AN	30/6	Group number"

The insured name fields are only used if the patient is a dependent of the insured employee.

The service provider fields are supplied only if the payee's billing name and address are not the same as the service provider's own name and/or address.

2.6 Service Payment Information

Group Name	Item Name	Loop	Seg	Pos	R/S	Type	Max	Notes
Service Payment Information	Product/Service ID Qualifier	2110	SVC	01-1	R	ID	2	
Service Payment Information	Product/Service	2110	SVC	01-2	R	AN	48/6	
Service Payment Information	Procedure Modifier 1	2110	SVC	01-3	S	AN	2	
Service Payment Information	Procedure Modifier 2	2110	SVC	01-4	S	AN	2	
Service Payment Information	Procedure Modifier 3	2110	SVC	01-5	S	AN	2	
Service Payment Information	Line Item Charge Amount	2110	SVC	02	R	R	18/12	
Service Payment Information	Line Item Provider Payment Amount	2110	SVC	03	R	R	18/12	
Service Payment Information	Revenue Code	2110	SVC	04	S	AN	48/4	
Service Payment Information	Units of Service Paid Count	2110	SVC	05	S	R	15/4	
Service Date	Service Date	2110	DTM	02	R*	AN	8	See note
Service Adjustment	Claim Adjustment Group Code	2110	CAS	01	R*	ID	2	"CO", "CR" or "PR"
Service Adjustment	Claim Adjustment Reason Code	2110	CAS	02	R*	ID	5/2	See note
Service Adjustment	Claim Adjustment Amount	2110	CAS	03	R*	R	18/12	See note
Service Supplemental Amount	Service Supplemental Amount	2110	AMT	02	S	R	18/12	Qualifier "B6"

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If a single service date applies, the qualifier for DTM02 is “472”; if a range applies, the DTM segment appears twice, once with qualifier “150” and then with qualifier “151”.

Up to 7 claim adjustment reason codes and amounts may appear. The first six appear in a single CAS segment; the 7th (if needed) appears in a separate CAS segment.