



ForwardHealth interChange Companion Document to HIPAA Implementation Guide: X12 835 Health Care Claim Payment / Advice

ForwardHealth interChange
HIPAA Companion Document
X12 835 Health Care Claim Payment/Advice

Companion Document Audience

Companion documents are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Purpose of Companion Documents

The information contained in this companion document applies to ForwardHealth which includes the following programs: BadgerCare Plus, Wisconsin Medicaid, SeniorCare, Wisconsin Chronic Disease Program (WCDP) and Wisconsin Well Woman Program (WWWP). All of these programs use the ForwardHealth interChange.

The companion documents are designed to be used with HIPAA Implementation Guides. Companion documents provide ForwardHealth interChange-specific information that details the way to create HIPAA transactions for ForwardHealth interChange and explains how ForwardHealth interChange creates HIPAA transactions. Companion documents provide trading partners with a guide to communicate the ForwardHealth interChange-specific information required to successfully exchange transactions electronically with ForwardHealth interChange.

Companion documents highlight the data elements significant for ForwardHealth interChange. For transactions created by ForwardHealth interChange, companion documents explain how certain data elements are processed. Please refer to the companion document first if there is a question about how ForwardHealth interChange processes a HIPAA transaction. For further information, contact the ForwardHealth Electronic Data Interchange (EDI) Department at (866) 416-4979.

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VERSION 4 REVISION LOG

Companion Document: 835 Health Care Claim Payment/Advice

Approved: 02/2009

Modified by: WJ2

Loop(s) / Segment Revised	Page(s) Revised	Text Revised
2100/CLP02	7	This element is populated with one of the following: • 1 — Paid Claim with Medicaid as the primary payer on the claim. • 2 — Paid Claim with Medicaid as the secondary payer on the claim. • 3 — Paid Claim with Medicaid as the tertiary payer on the claim with 2 or more other payers • 4 — Denied claim • 22 — Reversal of a previous claim

VERSION 3 REVISION LOG

Companion Document: 835 Health Care Claim Payment/Advice

Approved: 05/2008

Modified by: DLR

Loop(s) / Segment Revised	Page(s) Revised	Text Revised
ISA08	4	This element is the nine-digit numeric Trading Partner Identification number assigned by ForwardHealth interChange.
GS02	4	This element is populated with "WISC_TXIX" for Wisconsin Medicaid, BadgerCare Plus and SeniorCare, "WISC_WWWP" for the Wisconsin Well Woman Program or "WISC_WCDP" for the Wisconsin Chronic Disease Program.
GS03	4	This element is the nine-digit numeric Trading Partner Identification number assigned by ForwardHealth interChange.
BPR01	4	This element is populated with "I", indicating check or Electronic Funds Transfer (EFT), or "H", indicating notification only, no payment.

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BPR04	4	This element is populated with “CHK”, indicating that a check is being sent, “ACH”, indicating funds will be transferred through an Automated Clearing House, or “NON”, indicating Non-payment data.
BPR15	4	This element is populated with the provider’s financial institutions account number when BPR04 equals “ACH”.
TRN02	5	This is the check or EFT trace number. If there is no payment, ForwardHealth interChange populates this element with zeros.
1000A/N102	5	This element is populated with “WISC_TXIX” for Wisconsin Medicaid, BadgerCare Plus and SeniorCare, “WISC_WWWP” for the Wisconsin Well Woman Program or “WISC_WCDP” for the Wisconsin Chronic Disease Program.
1000B/N103	5	This element is populated with the value “XX” for NPI or “FI” for Federal Taxpayer’s Identification number.
1000B/N104	5	This is the payee’s NPI when N103 contains the value “XX”. This is the payee’s Federal Tax Identification number when N103 contains the value “FI”.
2100/CLP02	6	This element is populated with one of the following: • 3 – Paid • 4 – Denied/Suspended • 22 – Reversal of previous payment
2100/CLP06	6	This element is populated with the value “MC”, indicating that this claim was processed by Medicaid, BadgerCare Plus or SeniorCare, or “OF”, indicating that this claim was processed by WWWP or WCDP.
2100/NM108	6	This element is populated with “MR” for Medicaid, BadgerCare Plus and SeniorCare, or “MI” for WWWP and WCDP.
2100/NM108	6	This element is populated with “XX”, indicating NPI, or “MC”, indicating ForwardHealth interChange provider number.
2100/NM109	7	This is the performing provider’s NPI when NM108 contains the value “XX” or the eight or

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		nine-digit ForwardHealth interChange provider number when NM108 contains the value "MC".
2100/REF01	7	Removed "G1" – Prior Authorization number and added "SY" – Social Security Number.
2100/REF01	7	This element is populated with the value "1D" – Indicating that the next element is the performing provider's ForwardHealth interChange eight or nine-digit provider number.
2100/AMT	N/A	Removed.
2100/AMT01	N/A	Removed.
2110/REF	8	This segment is populated if the rendering provider does not have a NPI.
2110/REF01	8	This element is populated with the value "1D" – Indicating that the next element is the provider's eight or nine-digit ForwardHealth interChange identification provider number.
SE02	8	This element contains a unique transaction set control number assigned by ForwardHealth interChange

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Loop	Element	Name	Instructions
	ISA06	Interchange sender ID	This element is populated with "WISC_DHFS".
	ISA08	Interchange receiver ID	This element is the nine-digit numeric Trading Partner Identification number assigned by ForwardHealth interChange.
	GS02	Application sender's code	This element is populated with "WISC_TXIX" for Wisconsin Medicaid, BadgerCare Plus and SeniorCare, "WISC_WWWP" for the Wisconsin Well Woman Program, or "WISC_WCDP" for the Wisconsin Chronic Disease Program.
	GS03	Application receiver's code	This element is the nine-digit numeric Trading Partner Identification number assigned by ForwardHealth interChange.
	ST02	Transaction set control number	This element contains a unique transaction set control number assigned by ForwardHealth interChange.
	BPR01	Transaction handling code	This element is populated with "I", indicating check or Electronic Funds Transfer (EFT), or "H", indicating notification only, no payment.
	BPR02	Total actual provider payment amount	This is the total amount of payment.
	BPR04	Payment method	This element is populated with "CHK", indicating that a check is being sent, "ACH", indicating funds will be transferred through an Automated Clearing House, or "NON", indicating non-payment data.
	BPR15	Account Number	This element is populated with the provider's financial institutions account number when BPR04 equals "ACH".
	BPR16	Check issue or EFT effective date	This is the date of process.

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Loop	Element	Name	Instructions
	TRN02	Check or EFT Trace number	This is the check or EFT trace number assigned by the payer. If there is no payment, ForwardHealth interChange populates this element with zeros.
	TRN03	Payer identification	This is the number “1” followed by the ForwardHealth tax identification number.
	REF02	Reference identification	This is the Trading Partner Identification number.
1000A	N102	Payer name	This element is populated with “WISC_TXIX” for Wisconsin Medicaid, BadgerCare Plus and SeniorCare, “WISC_WWWP” for the Wisconsin Well Woman Program, or “WISC_WCDP” for the Wisconsin Chronic Disease Program.
1000A	N301	Payer address line	This is the address of the payer, 6406 Bridge Road.
1000A	N401	Payer city name	This is the city of the payer, Madison.
1000A	N402	Payer state code	This is the state of the payer, Wisconsin.
1000A	N403	Payer postal zone or ZIP code	This is the ZIP code of the payer, 53713.
1000B	N102	Payee name	This is the billing provider’s name.
1000B	N103	Identification Code Qualifier	This element is populated with the value “XX” for NPI or “FI” for Federal Taxpayer’s Identification number.
1000B	N104	Payee identification code	This is the billing provider’s NPI when N103 contains the value “XX”. This is the billing provider’s Federal Tax Identification number when N103 contains the value “FI”.
1000B	N301	Payee address line	This is the address of the billing provider.
1000B	N401	Payee city name	This is the city of the billing provider.
1000B	N402	Payee state code	This is the state of the billing provider.
1000B	N403	Payee postal zone or ZIP code	This is the ZIP code of the billing provider.

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Loop	Element	Name	Instructions
2100	CLP02	Claim status code	This element is populated with one of the following: • 1 — Paid Claim with Medicaid as the primary payer on the claim. • 2 — Paid Claim with Medicaid as the secondary payer on the claim. • 3 — Paid Claim with Medicaid as the tertiary payer on the claim with 2 or more other payers • 4 — Denied claim • 22 — Reversal of a previous claim
2100	CLP05	Patient responsibility amount	This is the sum of the member's total cost share responsibility which may include copay, deductible, spenddown, co-insurance cutback, member liability, and nursing home personal needs allowance.
2100	CLP06	Claim filing indicator	This element is populated with the value "MC", indicating that this claim was processed by Medicaid, BadgerCare Plus or SeniorCare, or "OF", indicating that this claim was processed by WWWP or WCDP.
2100	CLP07	Payer claim control number	This is the Internal Control Number (ICN) as assigned by ForwardHealth interChange for this claim. It is used to assist the provider and payer when researching claims processed.
2100	NM1	Patient name	This is the member's information as submitted on the claim.
2100	NM108	Identification code qualifier	This element is populated with "MR" for Medicaid, BadgerCare Plus and SeniorCare or "MI" for WWWP and WCDP.
2100	NM109	Identification code	This is the member's ForwardHealth identification number as submitted on the claim.

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Loop	Element	Name	Instructions
2100	NM1	Service provider name	This segment is populated if performing provider information was submitted on the claim.
2100	NM108	Identification code qualifier	This element is populated with “XX”, indicating NPI, or “MC”, indicating ForwardHealth interChange provider number.
2100	NM109	Rendering provider number	This is the performing provider's NPI when NM108 contains the value “XX”, or the eight or nine-digit ForwardHealth interChange provider number when NM108 contains the value “MC”.
2100	MIA	Inpatient adjudication information	This segment may be populated for inpatient claims.
2100	MOA	Outpatient adjudication information	This segment may be populated for outpatient claims.
2100	REF	Other claim related identification	This segment is populated if medical record number (MRN) or adjustment ICN is known.
2100	REF01	Reference identification qualifier	This element is populated with any of the following: • EA - Indicating that the next element is the medical record number (MRN). • SY – Indicating that the next element is the social security number. • F8 - Indicating that the next element is the adjustment ICN.
2100	REF02	Other Claim Related Identification	This element is populated with the original ICN when REF01 contains the value “F8”.
2100	REF	Rendering Provider Identification	This segment is populated if a ForwardHealth interChange provider number was submitted on the claim.

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Loop	Element	Name	Instructions
2100	REF01	Reference Identification Qualifier	This element is populated with the value “1D” – Indicating that the next element is the performing provider's ForwardHealth interChange eight or nine-digit provider number.
2110	SVC02	Line item charge amount	This is the billed amount from the claim unless the line has been split for processing.
2110	REF	Service identification	This segment is populated if prior authorization number, provider control number/line item control number or prescription number is known.
2110	REF01	Reference identification qualifier	This element is populated with any of the following: • G1 – Indicating that the next element is the prior authorization number. • 6R – Indicating that the next element is the provider control number/line item control number submitted on the 837 or the Prescription number from an NCPDP claim.
2110	REF	Rendering provider information	This segment is populated if the rendering provider does not have a NPI.
2110	REF01	Reference identification qualifier	This element is populated with the value “1D” – Indicating that the next element is the provider's eight or nine-digit ForwardHealth interChange identification provider number.
2110	AMT	Service supplemental amount	This segment is populated if detail allowed amount is known.
2110	AMT01	Amount qualifier code	This element is populated with “B6”.
	PLB02	Fiscal period date	This date is December 31 st of the current year.
	SE02	Transaction set control number	This element contains a unique transaction set control number

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Loop	Element	Name	Instructions
			assigned by ForwardHealth interChange.