

835 Companion Guide

Refers to the Implementation Guides Based on HIPAA Transaction ASC X12N. Standards for Electronic Data Interchange Technical Report Health Care Claim/Advice (835) X12N/005010X221A1



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Preface

Companion Guides (CG) to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Carolina Complete Health. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

Disclosure Statement

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1. INTRODUCTION

1.1 SCOPE

This Companion Guide has been designed to describe to Carolina Complete Health's trading partners the format and data content of the Remittance Advice 835 transaction set in the Electronic Data Interchange (EDI) environment. The 835 transaction is used to report the status of a received claim.

1.2 OVERVIEW

This Companion Guide has been written to assist you in implementing Health Care Claim Payment/Advice transactions with Centene.

1.3 REFERENCES

The document is a companion to the ASC X12N 835 (version 005010X221A1) Health Care Claim Payment/Advice.

2. GETTING STARTED

2.1 WORKING WITH CAROLINA COMPLETE HEALTH

Carolina Complete Health offers multiple connectivity options to receive The ASC X12N 835 (005010x221A1).

All trading partners must have an active trading partner agreement. If a third-party has been selected to handle your electronic transactions additional Trading Partner information may be required.

If you have additional question please contact us at our email address EDIBA@Centene.com.

2.2 TRADING PARTNER REGISTRATION

All trading partners or Providers who wish to receive the 835 Payment/Advice from Carolina Complete Health are required to supply contact information along with submitter receiver information.

To begin the process please contact Carolina Complete Health either via email at EDIBA@Centene.com or you can call us at 1 (800) 225-2573, ext. 6075225.

3. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

3.1 SYSTEM AVAILABILITY AND DOWNTIME

The 835 transaction is generally available 24 hours a day, 7 days a week. To allow for maintenance, the 835 batch transactions may be unavailable every Thursday from 2pm - 9pm EST. All batch transactions are queued during this time frame and once maintenance is complete then batch files are released.

3.2 TRANSMISSION ADMINISTRATIVE PROCEDURES

Carolina Complete Health only expects to receive a 999 if an 835 X12 rejects. The 999 should be received within 48 hours of receiving the 835 X12.

3.3 RE-TRANSMISSION PROCEDURE

Carolina Complete Health will notify the Trading Partner when retransmitting the 835 files.

4. CONTACT INFORMATION

4.1 EDI Assistance

Most questions can be answered by referencing this Companion Guide. If you have additional questions related to Carolina Complete Health's 835 Payment/Advice, contact EDIBA@centene.com

5. CONTROL SEGMENTS/ENVELOPES

5.1 ISA-IEA

This section describes the use of the Interchange Control segments, ISA and IEA. These segments mark the beginning and ending of an interchange. The ISA segment has a fixed length and all the elements within this segment must be populated. This segment includes a description of the expected sender and receiver codes and delimiters. The first element delimiter in the ISA segment is an Asterisk (*) which will be used as the delimiter throughout the transaction. The final character in the ISA segment is a Tilde (~) will be used as the delimiter for each segment in the transaction.

835:

Segment ID	Element ID	Name	Code	Definition of Code / Notes
ISA				
	ISA01	Authorization Information Qualifier	'00'	No Authorization Information Present
	ISA02	Authorization Information	10 'spaces'	Authorization Information
	ISA03	Security Information Qualifier	'00'	Password Qualifier
	ISA04	Security Information	10 'spaces'	Security Information
	ISA05	Interchange ID Qualifier of Sender	<Qualifier>	Decide Upon Enrollment
	ISA06	Interchange Sender ID	<Sender ID>	Interchange Sender ID
	ISA07	Interchange ID Qualifier of Receiver	<Qualifier>	Decide Upon Enrollment
	ISA08	Interchange Receiver ID	<Receiver Id>	Interchange Receiver ID
	ISA09	Interchange Date	YYMMDD	Date of the interchange
	ISA10	Interchange Time	HHMM	Time of the interchange
	ISA11	Interchange Control Standards Identifier	'!'	U.S. EDI Community of ASC X12, TDCC and UCS
	ISA12	Interchange Control Version Number	'00501'	
	ISA13	Interchange Control Number		Must be identical to IEA02
	ISA14	Acknowledgement Requested	'0'	No acknowledgement requested
	ISA15	Usage Indicator	'P'	'P': Production Data
	ISA16	Component Element Separator	*	Component element separator is a delimiter and not a data element
IEA		Interchange Control Trailer Segment		
	IEA01	Number of Included Functional Groups		Functional Group count
	IEA02	Interchange Control Number		Identical to ISA13

5.2 ST-SE

This section indicates the beginning and the ending of a transaction set and provides the count of the transmitted segments including the beginning (ST) and ending (SE) segments. These segments also provide a Transaction Set Control Number which must be identical in each segment.

Segment ID	Element ID	Name	Code	Definition of Code / Notes
ST		Transaction Set Header		
	ST01	Transaction Set Identifier Code	'835'	
	ST02	Transaction Set Control Number		Transaction Set Control Number. The transaction set control numbers in ST02 and SE02 must be identical.
SE		Transaction Set Trailer		
	SE01	Transaction Segment Count	<Total Segments>	Total number of segments included in a transaction set including ST and SE segments.
	SE02	Transaction Set Control Number		Transaction Set Control Number. The transaction set control numbers in ST02 and SE02 must be identical.

6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Carolina Complete Health is CAQH CORE Phases I, II and III certified.

7. TRADING PARTNER AGREEMENTS

Trading Partner Agreements for existing Partners are currently on file with Carolina Complete Health. For new Trading Partner requests please contact EDIBA@centene.com.

8. TRANSACTION SPECIFIC INFORMATION (Loops)

A Transaction Loop is a group of related segments. Carolina Complete Health specific values are required for the elements which comprise the segments for the 835 Transaction Loops. The following section identifies these loops, their segments and their element values:

8.1 Loop N/A

- 8.2 Loop 1000B – Payee Identification
- 8.3 Loop 2100 – Claim Payment Information
- 8.4 Loop 2110 – Service Payment Information

8.1 Loop N/A (835)

Loop	Segment	Name	Definition of Code
N/A	REF	Receiver Identification	Centene will provider this segment
N/A	DTM	Production Date	Centene will provider this segment
N/A	PLB	Provider Adjustment	Centene does not have a maximum limit of the PLB segments in a remittance

8.2 Loop 1000B (835) - Payee Identification

Loop	Segment	Name	Definition of Code
1000B	N3	Payee Address	Centene will always provide this segment
1000B	REF	Payee Additional Information	Centene utilizes up to 4 occurrences in this segment

8.3 Loop 2100 (835)-Claim Payment Information

Loop ID	Segment	Name	Codes	Notes/Comments
2100	CLP02	Claim Status Code	1, 2, 3, 4 & 22	Future enhancements will be 19 & 20.
2100	NM1	Crossover Carrier Name		Future enhancement will include this segment in unison with CLP02 19 and 20.
2100	NM1	Corrected Priority Payer Name		Future enhancement will include this segment.
2100	NM1	Other Subscriber Name		Future enhancement will include this segment
2100	REF01	Reference Identification Qualifier	EA	Other codes are not used
2100	REF01	Reference Identification Qualifier	G2	Other codes are not used
2100	PER	Claim Contact Information	CX	This segment is sent at the claim level

8.4 Loop 2110 (835)-Service Payment Information

Loop ID	Segment	Name	Codes	Notes/Comments
2110	REF01	Reference Line Item Control Number	6R	Must Equal: 6R Provider Control Number (Line item control number in Loop 2400, REF01) Used in 837 Professional if submitted then this must be returned on the remittance.
2110	AMT01	Amount Qualifier Code	B6	Other codes are not used
	PLB03-1, PLB03-2	Adjustment Reason Code, Provider Adjustment Identifier	Most commonly used L6 & WO	These adjustments can either decrease the payment (a positive number) or increase the payment (a negative number). Zero dollar adjustments are not allowed. Some examples of PLB adjustments are a Periodic Interim Payment (loans and loan repayment) or a capitation payment. Multiple adjustments can be placed in one PLB segment, grouped by the provider identified in PLB01 and the period identified in PLB02.

9. APPENDIX

9.1 Change Summary

The Change Log below will be used to document revisions that are made after initial publication of the Carolina Complete Health ANSI v5010 Companion Guide.

835 ERA Companion Guide Change Log			
Section	Change Description	Date of Change	Version