

HEALTH CARE CLAIM PAYMENT/ADVICE 835

(004010X091A1)

Last Updated August 14, 2006

UnitedHealth Group processes claims on various claim processing systems which generate their own 835 transaction. The systems include Unet, Cosmos, and Plan D (Railroad). Approximately 85% of the UnitedHealth Group claim volume is processed on Unet, with 13% on Cosmos, and 2% for Plan D.

By contractual agreement we process claims for Medica and Harvard Pilgrim. With the Medica business the majority of claims are processed on the Cosmos system with a portion processed on Unet. For Harvard Pilgrim we currently process only a small portion of their business. These claims are processed on the Unet system. With Medica and Harvard Pilgrim being independent plans not affiliated with UnitedHealth Group you will see information noted in the guide for elements where the data returned varies from the UnitedHealth Group data.

UnitedHealth Group offers Electronic Funds Transfer (EFT) under a plan you will see referenced as Electronic Payment and Statements (EPS). Currently EFT is available to the majority of the health care plans that are processed on Unet. EFT will not encompass claims processed on the Cosmos and Plan D systems nor the UBH (UnitedBehavioral Health) claims. Medica currently does not offer EFT however, Medica claims processed on the Unet system to health care physician and other health care professional records enrolled for EFT will be included in the EFT transactions. Physicians and other health care professionals enrolled in EFT and receive the 835 will receive a consolidated 835 for only the EFT transaction. A consolidated 835 takes the regular 835's generated for a payment date and combines them into one or two 835s by tax ID. NOTE - The consolidated 835 is only available for EFT transactions. Physicians and other health care professionals enrolled to receive EFT will continue to receive the regular 835 for non-EFT transactions.

INTERCHANGE CONTROL HEADER & TRAILER

Page #	Seg	DE	Qualifier	Usage	Description	Trading Partner Instructions
B.3	ISA	01	00	R	Authorization Information Qualifier	00 will always be the qualifier
	ISA	02		R	Authorization Information	10 spaces
	ISA	03	00	R	Security Information Qualifier	00 will always be the qualifier
	ISA	04		R	Security Information	10 spaces
	ISA	05	33	R	Interchange ID Qualifier	National Association of Insurance Commissioners Company Code (NAIC)
	ISA	06		R	Interchange Sender ID	87726
	ISA	07	ZZ	R	Interchange ID Qualifier	30 or ZZ
	ISA	08		R	Interchange Receiver ID	Defined by trading partner agreement. Submitter id for the direct client
	ISA	09		R	Interchange Date	
	ISA	10		R	Interchange Time	
	ISA	11	U	R	Interchange Control Standards Identifier	
	ISA	12		R	Interchange Control Version Number	00401
	ISA	13		R	Interchanger Control Number	Assigned by Payer
	ISA	14	1	R	Acknowledgment Requested	We default to a 1 but do not request acknowledgment
	ISA	15	P	R	Usage Indicator	Currently no test process available
	ISA	16		R	Component Element Separator	: (Colon)
B.7	IEA	01		R	Number of Included Functional Groups	We only return 1 GS/GE
	IEA	02		R	Interchange Control Number	Return the same number as in the ISA13

FUNCTIONAL GROUP HEADER & TRAILER

Page #	Seg	DE	Qualifier	Usage	Description	Trading Partner Instructions
B.8	GS	01		R	Functional ID Code	HP
	GS	02		R	Application Send's Code	87726
	GS	03		R	Applications Rec's Code	Defined by trading partner agreement. Submitter id for the direct client
	GS	04		R	Date	
	GS	05		R	Time	
	GS	06		R	Group Ctrl Number	Last 5 digits of the date i.e. (20051121) would show 51121
	GS	07		R	Responsible Agency Code	X
	GS	08		R	Ver/Release ID Code	004010X091A1
B.10	GE	01		R	Number of Transaction Sets	EDI Assigned
	GE	02		R	Group Ctrl Number	Same number as GS06

TRANSACTION SET HEADER & TRAILER

Page #	Seg	DE	Qualifier	Usage	Description	Trading Partner Instructions
43	ST	01		R	Transaction set Identifier	835
	ST	02		R	Transaction set Cntrl Number	EDI Assigned
173	SE	01		R	Number of Included Segments	EDI Assigned
	SE	02		R	Transaction set Cntrl Number	EDI Assigned. Same number as ST02

835 PAYMENT AND CLAIM DATA

Page #	Seg	DE	Qualifier	Usage	Description	Trading Partner Instructions
REASSOCIATION TRACE NUMBER						
	TRN	03		R	Originating Company ID	1411289245
	TRN	04		R	Reference Identification	<u>UnitedHealthcare</u> - Payer ID returned 87726 <u>Medica</u> - Payer ID returned 94265
LOOP 1000A						
62	N1	02		R	Name	<u>UnitedHealthcare</u> - Varies by Plan Name <u>Medica</u> - Medica Health Plan <u>Harvard Pilgrim</u> - HPHC Insurance Company, Inc., A subsidiary of Harvard-Pilgr <u>EPS C835</u> - United Healthcare Services, Inc. and its affiliates
67	REF	02	2U	S	Additional Payer Identification	<u>UnitedHealthcare</u> - Payer ID returned 87726 <u>Medica</u> - Payer ID returned 94265

Page #	Seg	DE	Qualifier	Usage	Description	Trading Partner Instructions
LOOP 2100						
89	CLP				<u>General Comment</u> - Secondary Claim Processing	The UNET application adjusts for the primary payer at the claim level. Service line CAS adjustments show the reduction to allowed amount, but the impact of the primary payer is shown in CAS at the claim level.
	CLP	01		R	Claim Submitter's Identifier	- 837 Claim Submissions will return the patient control number stored in the claim payment system for the claim. - Paper/keyed claims will return the patient control number that was manually entered.
	CLP	06		R	Claim Filing Indicator Code	Code returned is the insurance plan code assigned by UnitedHealthcare.
	CLP	07		S	Reference Identification	Internal claim number assigned by the claim payment system
96	CAS	01		R	Claim Adjustment Group Code	CO, CR, OA, PI, PR
		02		R	Claim Adjustment Reason Code	Documents that reference the Cosmos and Unet proprietary denial/adjustment coding to the claim adjustment reason coding that are utilized in the 835 can be found at http://www.uniprise.com/hipaa/index.html

Page #	Seg	DE	Qualifier	Usage	Description	Trading Partner Instructions
LOOP 2110						
139	SVC	01		R	Composite Medical Procedure	If the medical procedure adjudicates under a different code than submitted you will see the coding information used for the adjudication of the service line in the SVC01. In these instances the code billed will be returned in the SVC06. Our claim processing platforms may utilize NUBC codes for service line adjudication on professional claim submissions. If this occurs the NUBC coding will be returned in the SVC01.
139	SVC	01		R	Procedure Modifier	Paper or manually keyed claims will return the modifier as entered on the claim.
148	CAS	01		R	Claim Adjustment Group Code	CO, CR, OA, PI, PR
		02		R	Claim Adjustment Reason Code	Documents that reference the Cosmos and Unet proprietary denial/adjustment coding to the claim adjustment reason coding that are utilized in the 835 can be found at http://www.uniprise.com/hipaa/index.html
PROVIDER ADJUSTMENT						
164	PLB	03		R	Adjustment Reason Code	The primary adjustment reason codes utilized by UnitedHealthcare are: 72 = used to reflect the amount returned by the provider FB = used to reflect a previous or future payment L6 = Interest amount for a claim/claims in the 835 WO = Previous overpayment taken back on this 835

Page #	Seg	DE	Qualifier	Usage	Description	Trading Partner Instructions
164	PLB	03		R	Reference Identification	<p>Number assigned by the payer</p> <p>72 = identifier is the payer claim control number</p> <p>L6 =Taxid suffix</p> <p>WO = Patient Account Number and beginning date of service</p> <p>FB = identifier is the payer claim control number</p> <p>B3 = identifier is the payer claim control number</p>