



Standard Companion Guide

Refers to the Implementation Guide
Based on X12 Version 005010X221A1
Health Care Claim Payment/Advice
(835)

Companion Guide Version Number 4.0

May 11, 2020

CHANGE LOG

Version	Release Date	Changes
1.0	12/10/2010	Created 835 Companion Guide based on version 5010.
2.0	09/25/2017	Changed Clearinghouse name from Ingenix to OptumInsight; Reformatted entire document and updated various sections with current information, including hyperlinks and contacts.
3.0	09/28/2018	Updated Intelligent EDI hyperlink in section 2.3 and ERA Payer List hyperlink in section 4.1
4.0	05/11/2020	Updated Section 2.2 Clearinghouse Connections and Section 4.1 EDI Support

PREFACE

This companion guide (CG) to the Technical Report Type 3 (TR3) clarifies and specifies the data content when exchanging transactions electronically with UnitedHealthcare. Transactions based on this companion guide used in tandem with the TR3, also called 835 Health Care Claim Payment/Advice ASC X12 (005010X221A1), are compliant with both X12 syntax and related guides. This Companion Guide is intended to convey information that is within the framework of the TR3 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 TR3.

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1. INTRODUCTION

This section describes how Technical Report Type 3 (TR3), also called 835 Health Care Claim Payment Advice ASC X12 (005010X221A1), adopted under HIPAA, will be detailed with the use of a table. The tables contain a row for each segment that UnitedHealth Group has included, in addition to the information contained in the TR3s. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the TR3's internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with UnitedHealthcare

In addition to the row for each segment, one or more additional rows are used to describe UnitedHealthcare's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The table below specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a row for each segment that UnitedHealthcare has included, in addition to the information contained in the TR3s.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides:

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
71	1000A	NM1	Submitter Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
114	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
114	2100C	NM108	Identification Code Qualifier			
				MI		This type of row exists when a note for a particular code value is required. For example, this note may say that value MI is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it.
184	2300	HI	Principal Diagnosis Code			
	2300	HI01-2	Reference Identifier Qualifier	BK		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

1.1 SCOPE

This document is to be used for the implementation of the TR3 HIPAA 5010 835 Health Care Claim Payment/Advice (referred to 835 claim payment in the rest of this document) for the purpose of reporting claim payment information from UnitedHealthcare. This document is to be used as a Companion Guide (CG) to the 835 Health Care Claim Payment/Advice ASC X12 (005010X221A1) Implementation Guide, also referred to as Technical Report Type 3 (TR3), not intended to replace the TR3.

1.2 OVERVIEW

This CG will replace, in total, the previous UnitedHealthcare CG versions for Health Care Claim Payment/Advice and must be used in conjunction with the TR3 instructions. The CG is intended to assist you in implementing 835 claim payment transactions that meet UnitedHealthcare processing standards, by identifying pertinent structural and data related requirements and recommendations to more effectively complete EDI transactions with UnitedHealthcare.

Updates to this companion guide will occur periodically and new documents will be posted in the Companion Guides section of our resource library and distributed to all registered trading partners with reasonable notice, or a minimum of 30 days, prior to implementation. In addition, all trading partners will receive an email with a summary of the updates and a link to the new documents posted online.

1.3 REFERENCE

For more information regarding the ASC X12 Standards for Electronic Data Interchange 276/277 Health Care Claim Payment/Advice (005010X221A1) and to purchase copies of the TR3 documents, consult the [Washington Publishing Company website](#).

1.4 ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979 ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standards is recognized by the United States as the standard for North America. Electronic Data Interchange (EDI) adoption has been proved to reduce the administrative burden on providers.

2. GETTING STARTED

2.1 EXCHANGING TRANSACTIONS WITH UNITEDHEALTHCARE

UnitedHealthcare exchanges transactions with clearinghouses and direct submitters, also referred to as Trading Partners. Most transactions go through the OptumInsight clearinghouse, formerly Ingenix Health Information Network (HIN), our managed gateway for EDI transactions.

2.2 CLEARINGHOUSE CONNECTION

Physicians, facilities and health care professionals should contact their current clearinghouse vendor to discuss their ability to support the X12 Version 005010X221A1 835 claim payment transaction, as well as associated timeframes, costs, etc. This includes protocols for testing the exchange of transactions with UnitedHealthcare through your clearinghouse.

When utilizing a clearinghouse to receive the 835 claim payment transaction, contact the clearinghouse to facilitate the 835 enrollment process. Once the enrollment is complete, your software vendor or clearinghouse will provide instructions on how to download or view the 835 transaction.

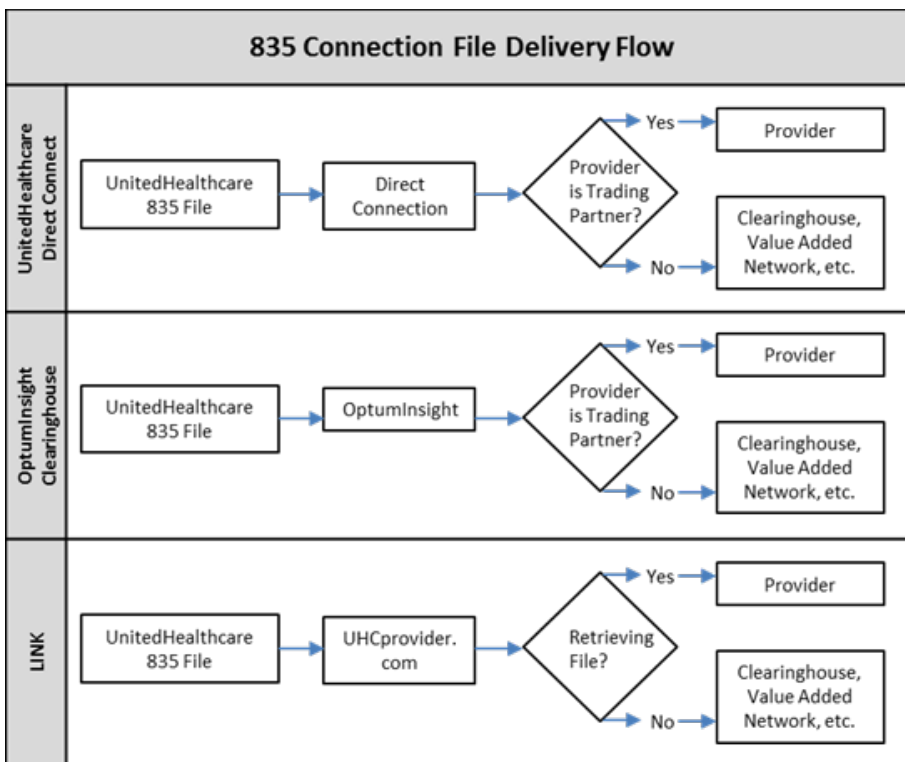
Go to UHCprovider.com/ediconnect for more information on clearinghouses and Optum solutions.

2.3 LINK

Download the 835 claim payment file from the Electronic Payments & Statements (EPS) app in LINK. Enrollment in EPS is required for this capability and allows you to receive Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) for UnitedHealthcare Commercial, UnitedHealthcare Community Plan, UnitedHealthcare Medicare Solutions and UnitedHealthcare Oxford. More information about [EPS](#) including enrollment and assistance is available online.

3. CONNECTIVITY AND COMMUNICATION PROTOCOLS

3.1 PROCESS FLOW



3.2 TRANSMISSION ADMINISTRATIVE PROCEDURES

The Direct Connection process can be used in batch mode (FTP or SFTP) using Web Services. Using these types of connections will allow you to either choose a manual process or automate your system.

3.3 RE-TRANSMISSION PROCEDURES

Trading Partners can request re-transmission of the entire 835 file by contacting EDI Support using our [EDI Transaction Support Form](#), sending an email to supportedi@uhc.com or calling 800-842-1109. The 835 file will be routed through the Trading Partner's regular connectivity path. Please note the re-transmission is the entire 835 file, not a specified 835 contained within a file.

Physicians and health care professionals that do not have a direct connection with UnitedHealthcare will need to contact the entity they are receiving the 835 file from to discuss how to receive a re-transmission.

3.4 COMMUNICATION PROTOCOL SPECIFICATIONS

Clearinghouse Connection: Physicians and health care professionals should contact their current clearinghouse for communication protocols with UnitedHealthcare.

Direct Connection

1. UnitedHealthcare: Our direct connection currently supports the following communication methods:
 - a. HTTPS batch
 - b. FTP + PGP batch
 - c. FTP over SSL batch
2. Optum: For communication protocols using IEDI, please contact your Optum account manager. If you do not have an account manager, please contact the Optum sales team at 866-367-9778, option 3, send an email to IEDIsales@optum.com or visit their [website](#).

3.5 PASSWORDS

1. Clearinghouse Connection: Physicians and health care professionals should contact their current clearinghouse vendor to discuss password policies.
2. UnitedHealthcare Direct Connect: Passwords will be supplied upon completion of set up; sent via secure email.

4. CONTACT INFORMATION

4.1 EDI SUPPORT

Most questions can be answered by referring to the [EDI section](#) of our resource library on UHCprovider.com. View the [EDI 835: Electronic Remittance Advice \(ERA\)](#) page for information specific to 835 health claim payment transactions. Enroll in [Electronic Payments and Statements](#) to receive your 835 files.

Visit [UHCprovider.com/contacts](https://uhcprovider.com/contacts) for 835 EDI Support.

If you have questions related to submitting transactions through a clearinghouse, please contact your clearinghouse or software vendor directly.

4.2 PROVIDER SERVICES

Provider Services should be contacted at 877-842-3210 instead of EDI Support if you have questions regarding the details of a member's benefits. Provider Services is available Monday - Friday, 7 am - 7 pm in the provider's time zone.

4.3 APPLICABLE WEBSITES/EMAIL

CAQH CORE: <http://www.caqh.org>

Companion Guides: <https://www.uhcprovider.com/en/resource-library/edi/edi-companion-guides.html>

UnitedHealthcare EDI Support: <UHCprovider.com/contacts>

UnitedHealthcare EDI website: <https://www.uhcprovider.com/en/resource-library/edi.html>

Optum: <https://www.optum.com/>

OptumInsight/Optum EDI Client Center - <https://www.enshealth.com/>

Washington Publishing Company - <http://www.wpc-edi.com/reference/>

5. CONTROL SEGMENTS/ENVELOPES

5.1 ISA-IEA

Transactions transmitted during a session or as a batch are identified by an interchange header segment (ISA) and trailer segment (IEA) which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification.

UnitedHealthcare uses the following delimiters on your 835 file:

1. Data Element: The first element separator following the ISA will define what Data Element Delimiter is used throughout the entire transaction. The Data Element Delimiter is an asterisk (*).
2. Segment: The last position in the ISA will define what Segment Element Delimiter is used throughout the entire transaction. The Segment Delimiter is a tilde (~).
3. Component-Element: Element ISA16 will define what Component-Element Delimiter is used throughout the entire transaction. The Component-Element Delimiter is a colon (:).

5.2 GS-GE

EDI transactions of a similar nature and destined for one trading partner may be gathered into a functional group, identified by a functional group header segment (GS) and a functional group trailer segment (GE). Each GS segment marks the beginning of a functional group. There can be many functional groups within an interchange envelope.

5.3 ST-SE

The beginning of each individual transaction is identified using a transaction set header segment (ST). The end of every transaction is marked by a transaction set trailer segment (SE).

6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

6.1 CLAIM OVERPAYMENT RECOVERY

Claim Overpayment Recovery occurs when UnitedHealthcare identifies that a prior processed claim was overpaid. To recoup the overpayment, UNET Business will follow the steps outlined in method three provided in section 1.10.2.17 (Claim Overpayment Recovery) of the ASC X12 005010X221A1 835 implementation guide.

COSMOS business follows a combination of methods.

6.2 SECONDARY AND TERTIARY PAYMENT REPORTING

UnitedHealthcare will report secondary and tertiary payment claims in the 835 transaction. On UNET, professional (physician) claim reporting will provide the payment information at the service line level with institutional claims reporting payment information at the claim level. No service level detail will be reported on institutional secondary and tertiary payment claims. Section 10.3 (Transaction Examples) provides examples of professional and institutional secondary claims reporting in the 835 transactions.

On COSMOS, professional and institutional claims report payment information at the service line level.

6.3 ENCOUNTER CLAIMS

UnitedHealthcare UNET 835s do not provide capitation payments in the 835 transaction, but will provide the Encounter claims processed under the capitation agreement. Encounter claims will be reported in the 835 transaction along with claims that fall outside of the capitation agreement. Section 10.3 (Transaction Examples) provides examples of encounter claim reporting in the 835 transaction.

COSMOS does not report capitation payments or encounter claims in the 835 transaction.

6.4 835 ENROLLMENTS

The 835 transaction enrollment registration will be done at the Federal Tax Identification Number level. Registrations for 835 at levels lower than the Federal Tax Identification Number do not currently exist.

6.5 LOST CHECK REPORTING

Occasionally, the re-association process identifies a received remittance advice without the associated payment. This could result from situations like a lost check or misdirected EFT. Since there is no problem with the remittance information, the remittance advice will not be recreated. To handle the lost payment, COSMOS will follow the method 2 described in Section 1.10.2.3.1 (Lost and Reissued Payments) of the ASC X12 005010X221A1 835 Implementation Guide.

7. ACKNOWLEDGEMENTS AND REPORTS

7.1 REPORT INVENTORY

No 835 reporting is available at this time.

8. TRADING PARTNER AGREEMENTS

8.1 TRADING PARTNERS

An EDI Trading Partner is defined as any UnitedHealthcare customer (provider, billing service, software vendor, clearinghouse, employer group, financial institution, etc.) that transmits to, or receives electronic data from UnitedHealth Group.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

UnitedHealthcare Direct Connect: Trading Partner Agreement must be signed and completed prior to set up.

9. TRANSACTION SPECIFIC INFORMATION

UnitedHealthcare has put together the following grid to assist you in designing and programming the information provided in 835 transactions. This Companion Guide is meant to illustrate the data provided by UnitedHealthcare for successful posting of Health Care Claim Payment/Advice transactions. The table contains a row for each segment that UnitedHealthcare has something additional, over and above, the information in the implementation guide. That information can:

1. Limit the repeat of loops or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the implementation guide's internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with UnitedHealthcare

All segments, data elements and codes supported in the ASC X12N/005010X221A1 835 Implementation Guide are acceptable, however, all data may not be used in the processing of this transaction by UnitedHealthcare for an 835 transaction.