KY Medicaid

835 Companion Guide

Cabinet for Health and Family Services Department for Medicaid Services

September 19, 2022

Document Change Log

Version	Changed Date	Changed By	Reason
1.0	8/22/2011	Kathy Dugan	Initial Creation
1.1	9/28/2011	Tina Rorrer	Made modifications based on DMS first review.
1.2	10/6/2011	Tina Rorrer	Made modifications based on DMS second review.
1.3	12/29/2011	Tina Rorrer	Made modifications based on DMS test case review.
1.3	01/19/2012	Tina Rorrer	Formatted to DMS specifications.
1.4	8/14/2013	Martha Senn	ASC X12 required modifications
1.5	1/23/2014	Martha Senn	Updates to ASC X12 required modifications X12 approved on 4/7/2014
1.6	11/24/2021	Brianna Hicks	Updated Header Logo from Kentucky Unbridled (CO33090)
1.7	9/19/2022	Brianna Hicks	Updated Header Logo from Kentucky Sunrise (CO33931)

Companion Guide Version Number: FINAL 1.7

Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

Table of Contents

Contents

Transaction Instruction (TI)

1 TI Introduction

1.1   Background

1.1.1   Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2   Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked "not used" in the standard's implementation specifications or are not in the standard's implementation specification(s).
- Change the meaning or intent of the standard's implementation specification(s).

1.1.3   Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.2   Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guide for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X221A1	Health Care Payment/Advice (835)

3 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent "segments" in the X12N implementation guide.
NON-SHADED rows represent "data elements" in the X12N implementation guide.

005010X221A1 Health Care Claim Payment/Advice

4 Companion Guide for the 835 Transaction

Loop ID	Reference	Name	Codes	Notes/Comments
	BPR	Financial Information		
	BPR01	Transaction Handling Code	'I' & 'H'	
	BPR02	Total Actual Provider Payment Amount		
	BPR03	Credit or Debit Flag Code	'C'	
	BPR04	Payment Method Code	'ACH', 'CHK' & 'NON'	
	BPR06	(DFI) Id Number Qualifier	'01'	
	BPR07	Sender DFI Identifier		KY Medicaid Financial Institution Identification Number
	BPR09	Sender Bank Account Number		KY Medicaid Financial Institution Account Number
	BPR12	Depository Financial Institution (DFI) Identification Number Qualifier	'01'	
	BPR14	Account Number Qualifier	'DA'	
	TRN	Reassociation Trace Number		

Loop ID	Reference	Name	Codes	Notes/Comments
	TRN02	Reference Identification		Check Number OR Internal Trace Number (The RA number will be moved to the

Loop ID	Reference	Name	Codes	Notes/Comments
				payment number when the paid amount is zero.)
	TRN03	Originating Company Identifier		KY Medicaid EIN
	DTM	Production Date		
	DTM02	Date		Cycle Date
1000A	N1	Payer Identification		
1000A	N102	Name		KY MEDICAID
1000A	PER	Payer Business Contact Information		
1000A	PER02	Name		Provider Relations Department
1000A	PER03	Communication Number Qualifier	'TE'	
1000A	PER04	Payer Contact Number Qualifier		8008071232
1000A	PER05	Communication Number Qualifier	'TE'	
1000A	PER06	Payer Contact Communication Number		5025648217
1000A	PER07	Communication Number Qualifier	'EM'	
1000A	PER08	Payer Contact Communication Number		KY_Provider_inquiry@hpe.com
1000A	PER	Payer Technical Contact Information		
1000A	PER02	Name		EDI Helpdesk
1000A	PER03	Communication Number Qualifier	'TE'	
1000A	PER04	Communication Number		8002054696
1000A	PER05	Communication Number Qualifier	'EM'	
1000A	PER06	Communication Number		KY_EDI_Helpdesk@hpe.com

1000A	PER04	Communication Number		http://www.chfs.ky.gov/DMS
1000B	N1	Payee Identification		
1000B	N103	Identification Code Qualifier	'XX or 'FI'	
1000B	N104	Payee Identification Code		Provider Tax ID

Loop ID	Reference	Name	Codes	Notes/Comments
1000B	REF	Payee Additional Identification		
1000B	REF01	Reference Identification Qualifier	'TJ', or 'PQ'	
1000B	REF02	Reference Identification		Federal Tax ID OR 8 or 10 Digit Medicaid Provider number for Atypical Providers ONLY
2100	CLP	Claim Payment Information		
2100	CLP01	Claim Submitter's Identifier		
2100	CLP03	Total Claim Charge Amount		Total Billed Amount for the claim
2100	CLP04	Claim Payment Amount		Total Medicaid Paid Amount for the claim
2100	CLP05	Patient Responsibility		Member Co-pay amount if applicable Non-covered
2100	CLP06	Claim Filing Indicator Code	'MC'	
2100	CLP09	Claim Frequency Code		
2100	CAS	Claim Adjustment		
2100	CAS02	Adjustment Reason Code		Adjustment Code can be found on www.wpc-edi.com Crosswalk to KY EOB see http://kymmis.com

Loop ID	Reference	Name	Codes	Notes/Comments
2100	CAS03	Monetary Amount		Difference between the billed charge and Medicaid paid amount. Header Non Covered Amounts will be reported as CAS01=PR, CAS02=96 and a matching CLP05. Other Insurance, Spenddown, Patient Liability at the Line Level will be reported with CAS01=P1, CAS02=an appropriate Adjustment Reason Code matching the claim error. Any additional difference between the billed amount and Medicaid Paid amount will be reported as CAS01=P1 with an appropriate Adjustment Reason Code matching the claim adjustment.
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
2100	NM1	Patient Name		
2100	NM108	Identification Code Qualifier	'MR'	
2100	NM109	Identification Code		
2100	NM1	Corrected Patient/Insured Name		
2100	NM109	Identification Code		10 digit MAID number assigned by KY Medicaid If different from Patient as adjudicated.
2100	NM1	Service Provider Name		
2100	NM108	Identification Code Qualifier	'MC'	This qualifier is for atypical providers only. If the provider is not atypical the NPI qualifier is returned.
2100	NM109	Identification Code		8 or 10 digit KY Medicaid Provider Number (atypical only) or NPI
2100	NM1	Corrected Priority Payer Name		
2100	NM108	Identification Code Qualifier	'PI'	

| 2100 | NM109 | Corrected Priority Payer Identification Number | | THIRD PARTY LIABILITY policy number |

Loop ID	Reference	Name	Codes	Notes/Comments
2100	NM1	Other Subscriber Name		
2100	NM108	Identification Code Qualifier	'MI'	
2100	NM109	Other Subscriber Identifier		
2100	MIA	Inpatient Adjudication Information		
2100	MIA01	Covered Days or Visits Count		
2100	MIA04	Claim DRG Amount		Use this monetary amount for the DRG dollar amount. – Institutional only
2100	MIA05	Claim Payment Remark Code		HIPAA Remark Code for Inpatient and Institutional Regular and Crossover claims. Remark Codes can be found on www.wpc-edi.com Crosswalk to KY EOB See http://kymmis.com
2100	MOA	Outpatient Adjudication Information		
2100	MOA03	Claim Payment Remark Code		HIPAA Remark Code for Outpatient/Professional Crossover claims. Remark Codes can be found on www.wpc-edi.com Crossover to KY EOB See http://kymmis.com
2100	REF	Other Claim Related Identification		
2100	REF01	Reference Identification Qualifier	'9C', 'EA', 'F8' & 'SY'	

2100	REF02	Other Claim Related Identifier		
2100	AMT	Claim supplemental information		
2100	AMT01	Amount Qualifier Code	'AU'	
2100	AMT02	Claim Supplemental Information Amount		

Loop ID	Reference	Name	Codes	Notes/Comments
2110	SVC	Service Payment Information		
2110	SVC01-1	Product or Service ID Qualifier	'HC','NU','AD' & 'N4'	
2110	DTM	Service Date		
2110	DTM01	Date/Time Qualifier	'472'	
2110	CAS	Service Adjustment		
2110	CAS01	Claim Adjustment Group Code	'PI'	
2110	CAS02	Adjustment Reason Code		Adjustment Code can be found on www.wpc-edi.com Crosswalk to KY EOB see http://kymmis.com
2110	CAS03	Adjustment Amount		Difference between the line billed charge and line Medicaid paid amount
2110	REF	Service Identification		
2110	REF01	Reference Identification Qualifier	'BB' & 'LU'	
2110	REF	Rendering Provider information		
2110	REF01	Reference Identification Qualifier	'HPI', 'TJ', 'SY'	

Loop ID	Reference	Name	Codes	Notes/Comments
2110	REF02	Rendering Provider		
2110	AMT	Service Supplemental Amount		
2110	AMT01	Amount Qualifier Code	'B6'	Allowed Actual
2110	AMT02	Service Supplemental Amount		Provider Type 21 only – The original Medicaid Allowed Amount
2110	LQ	Health Care Remark Codes		
2110	LQ01	Code List Qualifier Code	'HE'	
2110	LQ02	Remark Code		Remark Codes can be found on www.wpc-edi.com
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
				Crosswalk to KY EOB see http://kymmis.com
N/A	PLB	Provider Adjustment		
N/A	PLB01	Provider Identifier		10 digit KY Medicaid Pay to Provider number (atypical only) Or NPI
N/A	PLB02	Fiscal Period Date		Accounts Receivable Financial Cost Settlement Fiscal Year End Date or Setup date for A/R transaction. For a Negative Net Payment Amount this field contains the Remittance Date.
N/A	PLB03-2	Provider Adjustment Identifier		KY Medicaid explanation of description.