



UnitedHealthcare West

HIPAA Transaction
Standard Companion Guide

Refers to the Technical Report Type 3 (TR3)
Implementation Guides
Based on ASC X12 Version 005010X221A1
Health Care Claim Payment/Advice (835)

Companion Guide Version Number: 1.0

September 2011

Preface

This companion guide (CG) to the v5010 ASC X12N Technical Report Type 3 (TR3) adopted under HIPAA clarifies and specifies the data content when exchanging electronically with UnitedHealthcare West. Transmissions based on this companion guide, used in tandem with the TR3, also called Health Care Claim Payment Advice (837) ASC X12N/005010X221A1, 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 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

1.1. SCOPE

This document is to be used for the implementation of the HIPAA 5010 Health Care Claim Payment Advice (835) (referred to Claim Payment in the rest of this document) for the purpose of reporting Claim Payment information electronically. This companion guide (CG) is not intended to replace the TR3.

1.2. OVERVIEW

This CG will replace, in total, the previous UnitedHealthcare West 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 electronic Claim Payment transactions that meet UnitedHealthcare West processing standards, by identifying pertinent structural and data related requirements and recommendations.

Updates to Companion Guides will occur periodically and new documents will be posted on <http://www.uhcwest.com/commonPortal/link?navnode=Library.BLOT&product=Commercial&audience=Provider-Before-Logon®ion=CA&cid=600626311> with reasonable notice, or a minimum of 30 days, prior to required 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. REFERENCES

For more information regarding the ASC Standards for Electronic Data Interchange (X12/005010X221A1) Health Care Claim Payment/Advice (835) and to purchase copies of these documents, consult the ASC X12 web site at - <http://store.x12.org/store/>

1.4. ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator and clearinghouse 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. WORKING WITH UNITEDHEALTHCARE WEST

There are four methods to connect with UnitedHealthcare to receive the 835 transactions; Direct Connection, Connectivity Director, Clearinghouse for paper check or Electronic Funds Transfer (EFT) payments, or UnitedHealthcareonline.com for EFT payments only.

Clearinghouse Connections:

Physicians and Health care providers should contact their current clearinghouse vendor to discuss their ability to support the ASC X12N/005010X221A1 Health Care Claim Payment/Advice transaction (835), as well as associated timeframe, costs, etc.

Physicians and Healthcare professionals also have an opportunity to submit and receive a suite of EDI transactions via the OptumInsight clearinghouse. For more information, please contact your OptumInsight Account Manager. If you do not have an OptumInsight Account Manager, please contact the OptumInsight Sales Team at (800) 341- 6141 option 3 for more information.

When utilizing a Clearinghouse to receive the UnitedHealthcare 835 transaction contact the Clearinghouse to facilitate the 835 enrollment process. The entity receiving the 835 file directly from UnitedHealthcare West will complete the 835 transaction enrollment process with UnitedHealthcare.

Contact your vendor or clearinghouse for instructions on how to download or view the 835 transactions.

Connectivity Director:

Connectivity Director is a self service tool that allows trading partners, physicians, and health care providers to connect directly to UnitedHealthcare for the submission and receipt of electronic transactions. There is no cost imposed on the trading partner by UnitedHealthcare to set up or use Connectivity Director.

Direct Connection:

Direct connection to UnitedHealthcare West is available via FTP with PGP encryption, SFTP or a web service connection. With PGP Encryption, UnitedHealthcare West will also require the trading partner PGP key. A signed "User Agreement for EDI Data Exchange Services" must be completed prior to direct connectivity set up. If you are interested in this type of direct connection, please contact the EDI Customer Support via email at EDISupport@phs.com or phone 1-800-203-7729 Monday – Friday: 9:00 a.m. – 5:00 p.m. PST.

2.2. TRADING PARTNER REGISTRATION

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss their ability to support Health Care Claim Payment/Advice transaction (835).

Connectivity Director:

Register for Connectivity Director via <http://www.unitedhealthcarecd.com>.

Direct Connection:

A signed "EDI Data Ex Services Agreement" must be completed prior to set up. There is no cost imposed on the trading partner by UnitedHealthcare to set up or use the direct connection process. If you are interested in this type of direct connect, please send an email to EDISupport@uhc.com or contact the EDI support line at 1-800-203-7729.

2.3. CERTIFICATION AND TESTING OVERVIEW

A certification process will not apply to the ASC X12N/005010X221A1 Health Care Claim Payment/Advice transaction (835),

3. TESTING WITH UNITEDHEALTHCARE WEST

Clearinghouse Connection

Vendors, physicians, and health care providers receiving 835 files from a clearinghouse will need to contact their clearinghouse for testing.

Connectivity Director:

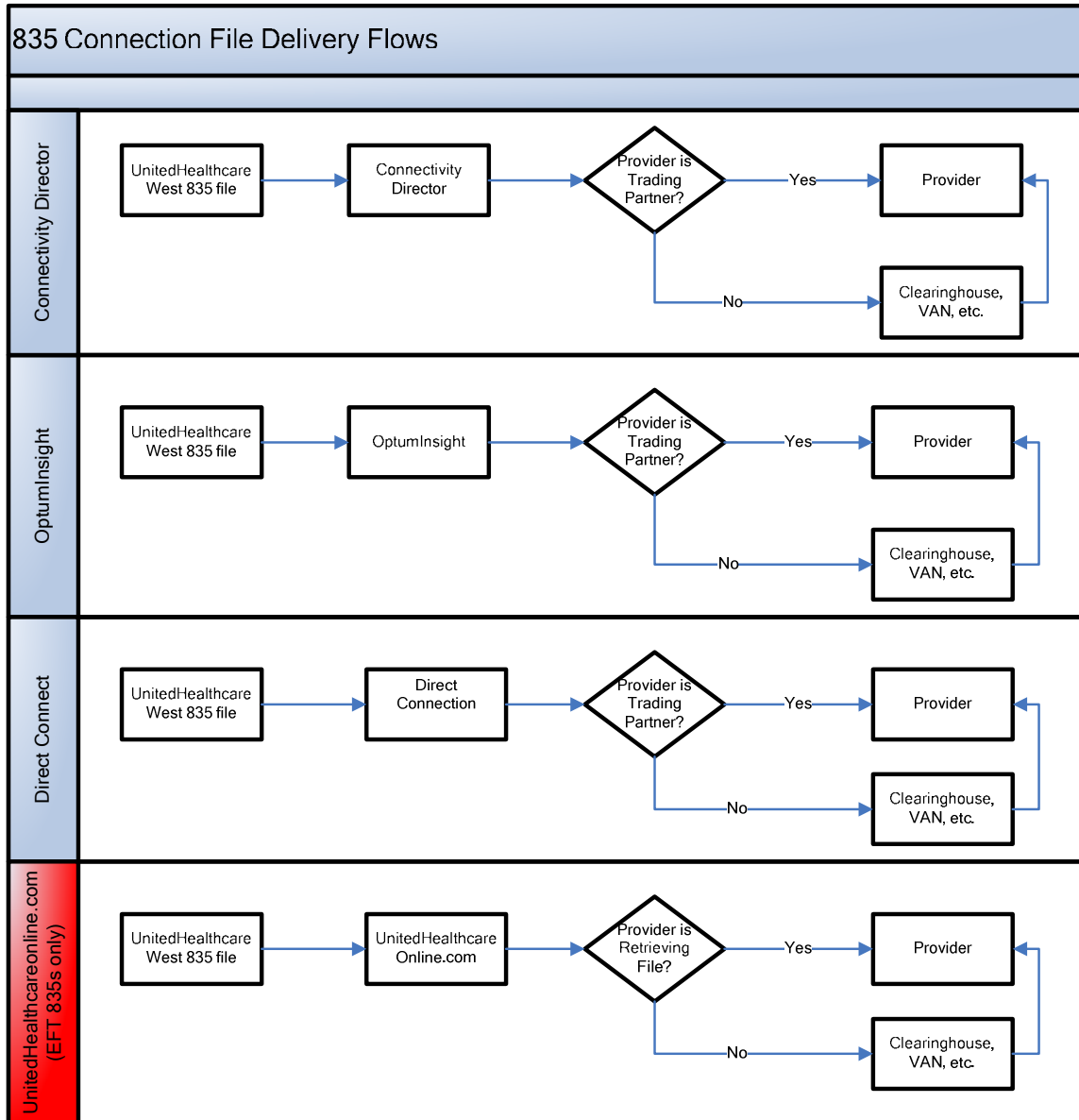
All trading partners who wish to utilize Connectivity Director must complete testing to ensure that their systems and connectivity are working correctly before any production transactions can be processed. Connectivity Director will assist in this testing process. Trading partners are able to get more information and register for Connectivity Director via this link <http://www.unitedhealthcarecd.com>.

Direct Connection to UnitedHealthcare (*outside of Connectivity Director*).

If you wish to test the 835 transaction in UnitedHealthcare West's testing region please contact your EDI Account manager. If you do not have an EDI Account Manager please call EDI Customer Support at 1-800-203-7729 or via email at EDISupport@uhc.com

4. CONNECTIVITY/COMMUNICATIONS WITH UNITEDHEALTHCARE WEST

4.1. PROCESS FLOWS



4.2. TRANSMISSION ADMINISTRATIVE PROCEDURES

The Connectivity Director system can be used in batch mode, either manually via the website or programmatically via several different communication protocols.

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

4.3. RE-TRANSMISSION PROCEDURE

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Trading Partners can request re-transmission of the entire 835 file by contacting the EDI Support Help Desk at (800)842-1109, Prompt 4, Option 2 or via email at EDIsupport@uhc.com. The 835 file will be sent via the Trading Partner's connection path. Note – the re-transmission is the entire 835 file and not a specified 835 contained within a file.

Physicians, health care providers, and other entities that do not have a direct connection with UnitedHealthcare will need to contact the entity they are receiving the 835 files from.

4.4. COMMUNICATION PROTOCOL SPECIFICATIONS

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss communication protocol specifications.

Connectivity Director

Connectivity Director currently supports the following communications methods.

- HTTPS Batch
- FTP + PGP Batch
- FTP over SSL Batch

Direct Connection:

Direct connection supports the following communication methods:

- FTP with PGP for batch
- SFTP for batch

4.5. PASSWORDS

Clearinghouse Connection:

Hospital and Healthcare facilities should contact their current clearinghouse vendor to discuss the process for obtaining a password.

Connectivity Director

If the Submitter/Receiver is not already set up, they need to register online through www.unitedhealthcarecd.com. After the application has been approved, a username and password will be sent by email. Please see CD user guide for more password information.

Direct Connection

Passwords for direct connection will be supplied upon signing of the trading partner agreement. Passwords will be sent via secure e-mail.

5. CONTACT INFORMATION

5.1. EDI CUSTOMER SERVICE

Most questions can be answered by referencing the materials posted at the EDI Resource Center at:

<https://www.uhcwest.com/commonPortal/link?navnode=Library.BLOT&product=Commercial&audience=Provider-Before-Logon®ion=CA&cid=600711338>.

835 Format or Data Content questions

EFT 835 Transactions (non-direct connection)

- Telephone: (866) 842-3278 Option 5

Paper Check 835 Transaction or Paper Check and EFT 835 with a direct connection

- Telephone: (800) 842-1109 Prompt 4; Option 2
- Email: EDISupport@uhc.com
- Online: UnitedHealthcareOnline.com
 - Select Claims and Payments then,
 - Select Electronic Claim Submission then,
 - Select EDI Issue Reporting Form
 - (An ID and Password is not required.)

835 Enrollment or File Delivery questions

If you have a direct connection

- Telephone: (800) 842-1109 Prompt 4; Option 2
- Email: SupportEDI@uhc.com

If you do not have a direct connection contact the entity you will be receiving the 835 transaction directly from.

5.2. EDI TECHNICAL ASSISTANCE

Clearinghouse Connection

- Hospital and Healthcare facilities should contact their current clearinghouse vendor for technical assistance.

Connectivity Director

- Email: Unitedhelpdesk@ediconnect.com
- Connectivity Director Customer Support line: (800) 445-8174

UnitedHealthcare West EDI Issue Reporting

- Email: EDIsupport@uhc.com
- Telephone: (800) 842-1109

5.3. PROVIDER SERVICE NUMBER

Providers should call the contact numbers listed in the “Contact Us” page of the Provider Portal located here:

<http://www.pacificare.com/commonPortal/link?product=Commercial&audience=Provider-Before-Logon®ion=CA&navnode=ProviderContactUs.0> Please select the correct state from the pull-down menu as they may be different based on product line. Provider Services is available Monday – Friday 8 a.m. to 5 p.m. in provider’s time zone.

For questions regarding claim payments or denials

- Telephone: (877) 842-3210

5.4. APPLICABLE WEBSITES / E-MAIL

Connectivity Director – <http://www.unitedhealthcarecd.com>
 Companion Guides - www.uhcwest.com - > Provider>Library>Resource Center>Electronic
 Data Interchange>Companion Guides
 UnitedHealthcare West EDI help desk – EDIsupport@uhc.com
 Ingenix Health Information Networks (HIN) - www.ingenix.com
 ASC X12 guides - <http://store.x12.org/store/>
 CAQH CORE – <http://www.caqh.org>

6. CONTROL SEGMENTS / ENVELOPES

6.1. ISA-IEA

Transactions are identified by an interchange header segment (ISA) and trailer segment (IEA) which forms the envelope enclosing the transmission. Each ISA marks the beginning of the transmission and provides sender and receiver identification.

UnitedHealthcare West uses the following delimiters on your 835 file:

- **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 (*).**
- **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 (~).**

The tables below represent only those fields that UnitedHealthcare West requires a specific value in or has additional guidance on what the value should be. The tables do not represent all of the fields necessary for a successful transaction the TR3 should be reviewed for that information.

Loop ID	Reference	NAME	Codes	Notes/Comments
None	ISA	ISA Interchange Control Header		
	ISA05	Interchange ID Qualifier	33	NAIC Company Code
	ISA06	Interchange Sender ID	87726	UnitedHealthcare West Sender ID -Right padded with spaces to 15 characters.
	ISA15	Usage Identifier	P	Code indicating whether data enclosed is production or test.
	ISA16	Component Element Separator	:	Colon (:)

6.2. 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.

The below table represents fields that UnitedHealthcare West specifies a value in or has additional guidance on. The table does not represent all of the fields used in the 835; the TR3 should be reviewed for that information.

Loop ID	Reference	Name	Values	Notes/Comments
None	GS	Functional Group Header		Required Header
	GS02	Application Sender Code	87726	UnitedHealthcare West Payer ID Code
	GS08	Version / Release / Industry Identifier Code	005010X221A1	Version sent by UnitedHealthcare West

6.3. 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).

The table below contains information that will be included in the Transaction Set Header of the 835.

Loop ID	Reference	Name	Values	Notes/Comments
None	ST	Transaction Set Header		Required Header
	ST03	Implementation Convention Reference	005010X279A1	Version sent by UnitedHealthcare West

7. PAYER SPECIFIC BUSINESS RULES AND

Claim Overpayment Recovery

Claim Overpayment Recovery occurs when UnitedHealthcare West identifies that a prior processed claim was over paid. To recoup the overpayment UnitedHealthcare West will follow the steps outlined in method three provided in section 1.10.2.17 (Claim Overpayment Recovery) of ASC X12/005010X221A1.

Secondary and Tertiary Payment Reporting

UnitedHealthcare West will report secondary and tertiary payment claims in the 835 transaction. On Physician claim reporting UnitedHealthcare West 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. See section 11.3 (Transaction Examples) for examples on Physician and Institutional secondary claims reporting in the 835 transactions.

835 Enrollments

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

8. ACKNOWLEDGEMENTS AND OR REPORTS

8.1. REPORT INVENTORY

Currently UnitedHealthcare West does not provide acknowledgments or reporting on the 835 transaction.

9. TRADING PARTNER AGREEMENTS

This section contains general information concerning Trading Partner Agreements (TPA).

9.1. TRADING PARTNERS

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

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. The agreement is an entity or a part of a larger agreement, between each party to the agreement.

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

Connectivity Director – The Trading Partner Agreement must be clicked through and agreed upon before the registration process can be completed.

Direct Connection – The Trading Partner Agreement must be signed and completed prior to set up.

10. TRANSACTION SPECIFIC INFORMATION

The below table represents only those fields that UnitedHealthcare West requires a specific value in or has additional guidance on what the value sent in the response means. The table does not represent all of the fields that will be returned in a successful transaction. The TR3 should be reviewed for that information.

Loop ID	Reference	Name	Codes	Notes/Comments
1000A	N3	Payer Address		
	N301	Address Information		Address where paper correspondence can be submitted.
	N4	Payer City, State, Zip Code		
	N401	City Name		City of the address where paper correspondence can be submitted.
	N402	State or Province Code		State of the address where paper correspondence can be submitted.
	N403	Postal Code		Zip code of the address where paper correspondence can be submitted.
	PER	Payer Business Contact Information	CX	
1000B	N1	Payee Address		
	N102	Name		Payee name from internal database will be reported
	N103	Identification Code Qualifier	FI, XX	Federal Taxpayer's Identification Number will be reported when a National Provider Identifier is not submitted on the claim.
	N104	Identification Code		Will report the National Provider Identifier when submitted as the Billing Provider Identification code in 2010AA NM109 of the 837. When the National Provider Identifier is not submitted will report the Federal Taxpayer's Identification Number.
	N3	Payee Address		
	N301	Address Information		Payee Address from internal database will be reported
	N4	Payee City, State, Zip Code		
	N401	City Name		Payee City from internal database will be reported.

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Loop ID	Reference	Name	Codes	Notes/Comments
	N402	State or Province Code		Payee State from internal database will be reported.
	N403	Postal Code		Payee Postal Code (Zip Code) from internal database will be reported.
	N407	Country Subdivision Code		Payee country subdivision code from 837 submitted.
2000	TS3	Provider Summary Information		
	TS2	Provider Supplemental Summary Information		
2100	CLP	Claim Payment Information		
	CLP02	Claim Status Code	1, 4, 22	
	CLP06	Claim Filing Indicator Code		The Claim Filing Indicator Code will be assigned based on best match to member's plan type.
	NM1	Corrected Payer Name		
	NM101	Corrected Priority Payer	PR	Will be available in the ASC X12N/005010X221A1 835 after Q1 2011.
	REF	Other Claim Related Identification		
	REF01	Reference Identification Qualifier – Class of Contract Code	G2, PQ, TJ	Will report the product name or abbreviated product name of the member's plan coverage.
	REF01	Reference Identification Qualifier		
2110	REF	Service Identification		
	REF01	Reference Identification Qualifier	G2, PQ, TJ	
	PLB	Provider Adjustment		
	PLB03-1	Adjustment Reason Codes	L6, WU, 50	Adjustment Reason Codes that may be reported in the 835 Transaction.
	PLB03-1	Adjustment Reason Codes		Utilized to report a refund or voided check.
	PLB03-1	Adjustment Reason Codes		Utilized to report a write off (Amount not being collected) of a prior Forward Balance amount.
	PLB03-1	Adjustment Reason Codes	FB	Utilized to report a balance being moved forward to a future remit or a balance that is brought forward from a prior remit.
	PLB03-1	Adjustment Reason Codes	IR	Utilized to report Internal Revenue Service amount being withheld from the current remit
	PLB03-1	Adjustment Reason Codes	J1	Utilized to report a Suppressed Payment Arrangement.

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Loop ID	Reference	Name	Codes	Notes/Comments
				Suppressed Payment Arrangement is when the Payee (Provider of Service) is the Employer Group and they request that monies be applied toward the Group Medical Plan coverage premium instead of the claim.
	PLB03-1	Adjustment Reason Codes	L6	Utilized to report the interest payment for a claim in the remit.
	PLB03-1	Adjustment Reason Codes	WO	Utilized to report the recovery of a prior overpaid claim that the payee did not submit refund check for; to offset an overpayment amount resulting from the reporting of a reversal and/or corrected claim where the monies are not immediately recouped; and to offset a reversal or corrected claim when they are not reported in the same 835. Utilized to offset the PLB 72 for refund and voided checks.
	PLB03-2	Reference Identification		Reference ID contains the beginning date of service and patient account number for the claim that the refund applies to.
	PLB03-2	Reference Identification		Reference ID when reducing a prior PLB FB balance is Payer Write Off.
	PLB03-2	Reference Identification		Reference ID will: <ul style="list-style-type: none"> Contain the TRN02 (Check or EFT trace number) from the current 835 transaction when a balance is moving forward to a future remit Contain the TRN02 (Check or EFT trace number) that was utilized as the Reference ID in the prior remit when a balance has been brought forward from a prior remit.
	PLB03-2	Reference Identification		Reference ID contains the beginning date of service and patient account number for the claim that the IRS withholding applies to.

Loop ID	Reference	Name	Codes	Notes/Comments
	PLB03-2	Reference Identification		The Reference ID contains the comment 'Suppressed Payment Arrangement.'
	PLB03-2	Reference Identification		Reference ID contains the beginning date of service and patient account number for the claim that the interest applies to.
	PLB03-2	Reference Identification		Reference ID contains the beginning date of service and patient account number of the claim that the recovery or offset is tied to.

11. APPENDICES

11.1. IMPLEMENTATION CHECKLIST

The following provides high level check lists for the connectivity set up process:

Connectivity Director

- ✓ Trading Partner registers for account on www.unitedhealthcarecd.com
- ✓ Trading Partner Agreement/Contact is signed
- ✓ Trading Partner downloads and submits 835 enrollment form
- ✓ Trading Partner 835 connection request is approved and is moved into test
- ✓ Trading Partner receives confirmation of approval and is provided temporary password
- ✓ Trading Partner sets new password
- ✓ Trading Partner will receive 835 files
- ✓ Trading partner will be moved into production after provider Federal Taxpayer Identification numbers are added to this account.

Direct Connection

- ✓ Trading Partner contacts UnitedHealthcare West
(Type of connection is determined)
- ✓ Trading Partner Agreement/Contract is signed
- ✓ Trading Partner Connection is established
(Routing ID is assigned, passwords identified, and connection is set up)
- ✓ Trading Partner submits 835 Enrollment form
(Includes the health care professional Tax IDs to be set up)
- ✓ 835 Enrollment is completed
- ✓ Trading Partner may utilize the 835 files for Testing but is not required.
(835 files will be actual production files for the health care provider's Federal Taxpayer ID unless testing the conversion to ASC X12/005010X221A1).

11.2. BUSINESS SCENARIOS

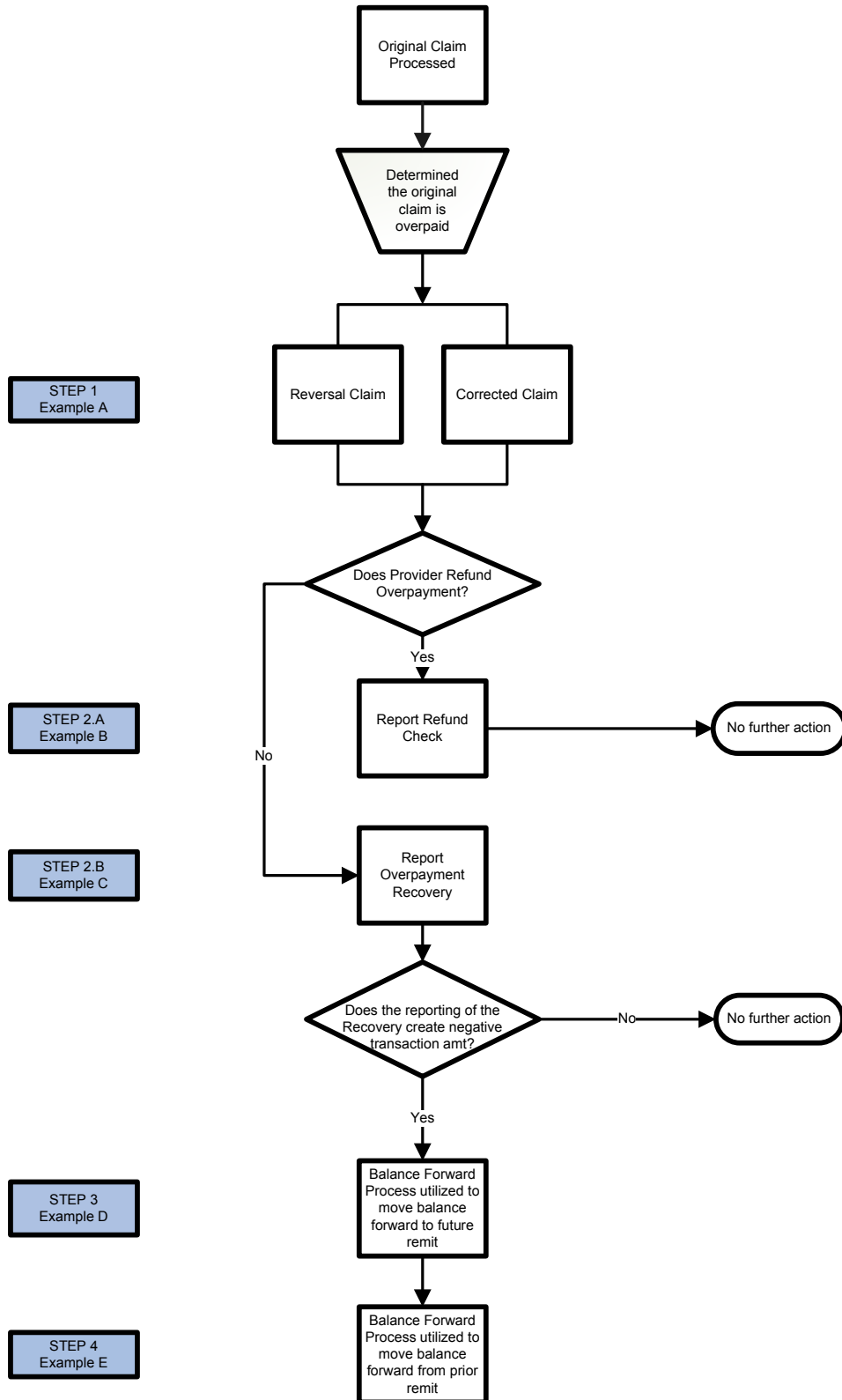
Examples on 835 reporting for the following business scenarios are provided in section 10.3 (Transmission Examples)

- Physician Secondary
- Institution Secondary
- Overpayment Recovery

Overpayment Recovery Flow Charts

The following flow charts depict the steps in 835 reporting that occur in the Overpayment Recovery process. Each step provides the example reference ID that corresponds to the 835 reporting example in section 10.3.

Overpayment Recovery Flow



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11.3. TRANSMISSION EXAMPLES

Encounter claim reporting

This scenario depicts the reporting of an encounter claim in the 835 transaction.

- Service 99394 is billed with \$115 charge. Allowed amount for the service is \$50. There is \$20 patient responsibility for copayment and \$30 covered under the capitation agreement
- Service 90471 is billed with \$15 charge. Allowed amount for the service is \$15 and is covered under the capitation agreement.
- Service 90472 is billed with \$15 charge. Allowed amount for the service is \$4.44 and is covered under the capitation agreement.

Claim Payment Information (2100)

CLP*ABC123*1*145*0*20*HM*1234567890 0000111111*11~
NM1*QC*1*SMITH*TOM****MI*999999999~
NM1*IL*1*SMITH*KRIS****MI*999999999~
NM1*82*1*PHYSICAN*MIKE*L***XX*1234567899~
REF*1L*123456~
REF*CE*PLANA~
DTM*050*20110712~
DTM*232*20110702~

Service Payment Information (2110)

SVC*HC:99394*115*0**1~
DTM*472*20110702~
CAS*CO*45*65**24*30~
CAS*PR*3*20~
REF*6R*987987~
AMT*B6*50~

Service Payment Information (2110)

SVC*HC:90471*15*0**1~
DTM*472*20110702~
CAS*CO*24*15~
REF*6R*987988~
AMT*B6*15~

Service Payment Information (2110)

SVC*HC:90472*15*0**1~
DTM*472*20110702~
CAS*CO*45*10.56**24*4.44~
REF*6R*987989~
AMT*B6*4.44~

Secondary Physician Claim

This scenario depicts the reporting of a Physician claim in the 835 where UnitedHealthcare is the secondary payer.

- Service 99214 is billed for \$300 and has an allowed amount of \$200. The impact from the primary payer to the service is \$260. UnitedHealthcare is paying \$15 for the service. Patient responsibility is \$25 for copayment.
- Service 77080 is billed for \$200 and has an allowed amount of \$180. The impact from the primary payer to the service is \$164. UnitedHealthcare is paying \$36 for the service.

Claim Payment Information (2100)

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CLP*GHI654*2*500*51*25*13*8889997776 000000001*11~
NM1*QC*1*CLARK*SUZY****MI*999999999~
NM1*IL*1*CLARK*LEWIS****MI*999999999~
NM1*82*1*PHYSICIAN*GEORGE****XX*1234567899~
REF*1L*123456~
REF*CE*PLANA~
DTM*232*20110715~
DTM*050*20110727~
AMT*AU*380~

Service Payment Information (2110)

SVC*HC:99214*300*15**1~
DTM*472*20100715~
CAS*OA*23*260~
CAS*PR*3*25~
REF*6R*000001~
AMT*B6*200~

Service Payment Information (2110)

SVC*HC:77080*200*36**1~
DTM*472*20100715~
CAS*OA*23*164~
REF*6R*000002~
AMT*B6*180~

Secondary Institutional Claim

This scenario depicts the reporting of an Institutional claim in the 835 where UnitedHealthcare is the secondary payer.

- The billed amount for the Claim is \$300 with a claim level allowed amount of \$150. The impact of the primary payer to the claim is \$500. Patient responsibility for copayment is \$285 and \$15 for coinsurance. UnitedHealthcare is not paying any amount to the health care provider on this claim.

Claim Payment Information (2100)

CLP*DEF321*2*800*0*300*13*000000002 0000011111*13*1~
CAS*PR*3*285**2*15~
CAS*OA*23*500~
NM1*QC*1*MORRE*JOHN****MI*998888888~
NM1*74*1*****C*888888888~
NM1*82*2*MEDICAL CENTER *****XX*1234567899~
REF*1L*654321~
REF*CE*PLANA~
DTM*232*20110605~
DTM*050*20110624~
AMT*AU*150~

Overpayment Recovery reporting

The following scenarios depict various stages of 835 transactions that may be reported in the Overpayment Recovery process on a professional claim

Example A – Reversal and Corrected claim reporting

Original claim had reported a \$63.71 payment. Original payment should have been \$0 due to patient responsibility. Funds are not immediately recouped.

- Overpayment of \$63.71 is identified by UnitedHealthcare and is reported in the 835 transaction with a reversal of 63.71 at the claim and service level.

- A corrected claim is reported showing payment of \$0. Patient responsibility is \$119 to deductible.
- The overpayment is offset in the PLB to prevent the funds from being recouped at the time of this reporting. A letter will be sent to Peter J Physician advising of the overpayment providing a specified amount of time to refund the overpayment.

Claim Payment Information (2100)

CLP*ABC123*22*-119*-63.71**13*1234567890 00111111111*21~
NM1*QC*1*JONES*SHEILA****MI*999999999~
NM1*IL*1*JONES*MALCOLM****MI*999999999~
NM1*82*1*PHYSICIAN*PETER*J**MD*XX*1234568899~
REF*1L*123456~
REF*CE*PLANA~
DTM*050*20110810~

Service Payment Information (2110)

SVC*HC:99232*-119*-63.71**1~
DTM*472*20110513~
CAS*CO*45*-55.29~
REF*6R*22~

Claim Payment Information (2100)

CLP*ABC123*1*119*0*119*13*1234567890 00111111112*21~
NM1*QC*1*JONES*SHEILA****MI*999999999~
NM1*IL*1*JONES*MALCOLM****MI*999999999~
NM1*82*1*PHYSICIAN*PETER*J**MD*XX*1234568899~
REF*1L*123456~
REF*CE*PLANA~
DTM*050*20110810~
DTM*232*20110513~

Service Payment Information (2110)

SVC*HC:99232*119*0**1~
DTM*472*20110513~
CAS*PR*1*119~
REF*6R*22~
LQ*HE*M17~

Transaction 835 (835)

PLB*1234567899*20111231*WO:20110513 ABC123*-63.71~

Example B – Health care provider refund check

The reporting in this stage is dependent on the health care professional. This scenario depicts reporting when a refund check is sent. *If refund is not submitted skip Example B and go to Example Ct.*

- A refund check of 63.71 is submitted to UnitedHealthcare for the overpayment amount and is reported in the PLB of an 835.
- The amount of the check with a PLB*72 \$-63.71 and is offset by a PLB*WO \$63.71.

BPR*I*77.5*C*ACH*CCP*01*124384877*DA*1470858534*1411289245*000087726*01*0
10000000*DA*200000000*20110721~
TRN*1*1011111111*1411289245*000087726~
REF*EV*B88888888~

DTM*405*20110716~

Payer Identification (1000A)

N1*PR*UNITEDHEALTHCARE INSURANCE COMPANY~
N3*9900 BREN ROAD~
N4*MINNETONKA*MN*553430000~
REF*2U*87726~
PER*CX*UNITED HEALTHCARE SERVICES INC. AND ITS
AFFILIATES*TE*8778423210~
PER*BL**UR*WWW.UNITEDHEALTHCAREONLINE.COM/B2C/CONTACTUS~

Header Number (2000)

LX*1~
TS3*1234567889*11*20111231*1*125~

Claim Payment Information (2100)

CLP*DEG789*1*125*77.5*25*13*8529637411 003332224445*11~
NM1*QC*1*SMITH*SHELLY****MI*988877799~
NM1*IL*1*SMITH*BRUCE****MI*988877799~
NM1*82*1*PHYSICIAN*PETER*J***XX*1234567899~
REF*1L*123456~
REF*CE*PLANB~
DTM*232*20110501~
DTM*050*20110715~

Service Payment Information (2110)

SVC*HC:99213*125*77.5**1~
DTM*472*20110501~
CAS*PR*3*25~
CAS*CO*45*22.5~
REF*6R*140109-1~
AMT*B6*102.5~
LQ*HE*N179~

Transaction 835 (835)

PLB*1234567889*20111231*72:20110513 ABC123*-63.71*WO:20110513 ABC123*63.71~

Example C – Overpayment Recovery Recoupment

This scenario depicts the reporting when a refund check has not been received and the specified amount time has passed. The overpayment recoupment for the claim is reported in the 835. *In this example the reporting the overpayment recovery amount does not create a negative value at the transaction level. See Example D showing reporting if a negative value at the transaction would occur.*

- The amount of the overpayment \$63.71 is reported with a PLB*WO.

BPR*1*13.79*C*ACH*CCP*01*124384877*DA*1470858534*1411289245*000087726*01*
010000000*DA*200000000*20110721~
TRN*1*1011111111*1411289245*000087726~
REF*EV*B88888888~
DTM*405*20110716~

Payer Identification (1000A)

N1*PR*UNITEDHEALTHCARE INSURANCE COMPANY~
N3*9900 BREN ROAD~

N4*MINNETONKA*MN*553430000~
REF*2U*87726~
PER*CX*UNITED HEALTHCARE SERVICES INC. AND ITS
AFFILIATES*TE*8778423210~
PER*BL**UR*WWW.UNITEDHEALTHCAREONLINE.COM/B2C/CONTACTUS~

Payee Identification (1000B)

N1*PE*PHYSICIAN MEDICAL GROUP*XX*1234567889~
N3*PO BOX 456~
N4*ANYTOWN*IL*618030000~
REF*TJ*987654321~

Header Number (2000)

LX*1~
TS3*1234567889*11*20111231*1*125~

Claim Payment Information (2100)

CLP*DEG789*1*125*77.5*25*13*8529637411 003332224445*11~
NM1*QC*1*DOOR*NORMA****MI*988877700~
NM1*IL*1*DOOR*BRUCE****MI*988877700~
NM1*82*1*PHYSICIAN*PETER*J***XX*1234567899~
REF*1L*123456~
REF*CE*PLANC~
DTM*232*20110501~
DTM*050*20110715~

Service Payment Information (2110)

SVC*HC:99213*125*77.5**1~
DTM*472*20110501~
CAS*PR*3*25~
CAS*CO*45*22.5~
REF*6R*140109-1~
AMT*B6*102.5~
LQ*HE*N179~

Transaction 835 (835)

PLB*1234567889*20111231*WO:20110513 ABC123*63.71~

Example D – Overpayment Recoup with Balance Forward processing.

In this scenario the refund has not been received and the specified amount time has passed. The overpayment recoupment is reported in the 835. Reporting the overpayment recovery amount results in a negative value at the transaction level. Balance Forward Processing as identified in 1.10.2.12 of the ACS X12N/005010X221A1 is utilized to balance the transaction.

- The amount of the overpayment \$63.71 is reported with a PLB*WO.
- The amount at the transaction level is -13.71. To balance the transaction and bring the transaction level to \$0 Balance Forward Processing is utilized.
- \$13.71 is reported in the PLB*FB as a negative value. Note the reference ID assigned follows the requirements in 1.10.2.12 of the ACS X12N/005010X221A1 835 guide.

BPR*1*0*C*NON*****20110721~
TRN*1*1011111111*1411289245*000087726~
REF*EV*B88888888~
DTM*405*20110716~

Payer Identification (1000A)

N1*PR*UNITEDHEALTHCARE INSURANCE COMPANY~
N3*9900 BREN ROAD~
N4*MINNETONKA*MN*553430000~
REF*2U*87726~
PER*CX*UNITED HEALTHCARE SERVICES INC. AND ITS
AFFILIATES*TE*8778423210~
PER*BL**UR*WWW.UNITEDHEALTHCAREONLINE.COM/B2C/CONTACTUS~

Payee Identification (1000B)

N1*PE*PHYSICIAN MEDICAL GROUP*XX*1234567889~
N3*PO BOX 456~
N4*ANYTOWN*IL*618030000~
REF*TJ*987654321~

Header Number (2000)

LX*1~
TS3*1234567889*11*20111231*1*125~

Claim Payment Information (2100)

CLP*DEG789*1*125*50*25*13*8529637411 003332224445*11~
NM1*QC*1*WALLACE*WILDA****MI*977788899~
NM1*IL*1*WALLACE*WALLY****MI*977788899~
NM1*82*1*PHYSICIAN*PETER*J***XX*1234567899~
REF*1L*123456~
REF*CE*PLANA~
DTM*232*20110501~
DTM*050*20110715~

Service Payment Information (2110)

SVC*HC:99213*125*50**1~
DTM*472*20110501~
CAS*PR*3*25~
CAS*CO*45*50~
REF*6R*140109-1~
AMT*B6*75~

Transaction 835 (835)

PLB*1234567889*20111231**WO:20110513 ABC123*63.71* FB: 101111111*-13.71~

Example E - Balance brought forward from prior 835 (Example D)

This scenario depicts the 835 where the forward balance from the previous 835 was brought forward. The balance has been brought forward from the transaction the Check/EFT Trace number of 1011111111.

- The Balance forward amount of \$13.71 is brought for from a prior 835.
- The \$13.71 is reporting in the PLB*FB is reporting a positive value. Note the reference ID assigned follows the requirements in 1.10.2.12 of the ACS X12N/005010X221A1 835 guide.

BPR*I*11.29*C*ACH*CCP*01*124384877*DA*1470858534*1411289245*000087726*01*
010000000*DA*200000000*20110730~
TRN*1*1011111222*1411289245*000087726~
REF*EV*B88888888~
DTM*405*20110728~

Payer Identification (1000A)

N1*PR*UNITEDHEALTHCARE INSURANCE COMPANY~
N3*9900 BREN ROAD~
N4*MINNETONKA*MN*553430000~
REF*2U*87726~
PER*CX*UNITED HEALTHCARE SERVICES INC. AND ITS
AFFILIATES*TE*8778423210~
PER*BL**UR*WWW.UNITEDHEALTHCAREONLINE.COM/B2C/CONTACTUS~

Payee Identification (1000B)

N1*PE*PHYSICIAN MEDICAL GROUP*XX*1234567889~
N3*PO BOX 456~
N4*ANYTOWN*IL*618030000~
REF*TJ*987654321~

Header Number (2000)

LX*1~
TS3*1234567889*11*20111231*1*100~

Claim Payment Information (2100)

CLP*IEA000*1*100*25*13*8529637500 003332224555*11~
NM1*QC*1*SAMPSON*JULIE****MI*999777001~
NM1*IL*1*SAMPSON*OSCAR****MI*999777001~
NM1*82*1*PHYSICIAN*PETER*J***XX*1234567899~
REF*1L*123456~
REF*CE*PLANA~
DTM*232*20110510~
DTM*050*20110715~

Service Payment Information (2110)

SVC*HC:99213*100*25**1~
DTM*472*20110510~
CAS*CO*45*75~
REF*6R*123321~
AMT*B6*25~

Transaction 835 (835)

PLB*1234567889*20111231** FB: 101111111*13.71~

11.4. FREQUENTLY ASKED QUESTIONS

1. If enrolled to receive the 835 transaction will the paper EOB (Explanation Of Benefits) still be mailed to the provider?

835 enrollments will not impact the delivery of the EOB. The EOB delivery is impacted by enrollment in EPS for those transactions where payment is made electronically. EOB's for EPS transactions can be still viewed on uhcwest.com but will not be mailed.

2. Does UnitedHealthcare West provide HRA (Health Reserve Account) or HSA (Health Savings Account) claim payments in the 835 transactions.

No. Payments from HRA/HSA accounts are not reported in the 835 transaction.

3. Does this companion guide apply to all UnitedHealthcare West Payers?

No. This companion guide will apply to UnitedHealthcare West commercial business using 87726 and a portion of Medica business using 94265.

4. Why are the claim adjustment reason codes different than the adjustment codes on the EOB?

The adjustment codes reported in the 835 transaction are from the National Claim Adjustment Reason Code list. In most instances the UnitedHealthcare West proprietary adjustment codes are reported on the EOB.

5. If a claim is submitted to UnitedHealthcare West on paper and not in an 837 will the claim payment data be reported in the 835?

Yes, the source of claim submission does not impact the 835 reporting.

6. If a claim is closed for additional information will the closed claim be reported in the 835?

No. UnitedHealthcare West only reports claims that are paid or denied are reported in the 835.

7. Does enrollment to receive the 835 transaction impact the payment cycle?

No, the generation of the 835 transaction will mirror the current payment cycle for the physician or health care professional.

11.5. CHANGE SUMMARY

This is the first UnitedHealthcare West 835 Companion Guide created in with the CORE template. The prior UnitedHealthcare West 835 companion guide was created for the ASC X12/004010X091A1 standards and only contained Transaction Specific Information.