



UnitedHealth GroupSM

Standard Companion Guide

**Refers to the Implementation Guide Based
on ASC X12N/005010X221A1
Health Care Claim Payment/Advice
(835)**

Companion Guide Version Number: 1.0

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Change Log

<i>Version</i>	<i>Release date</i>	<i>Changes</i>
1.0	12/10/2010	Initial External Release Draft

Preface

This Companion Guide to the ASC X12N/005010X221A1 Health Care Claim Payment Advice (835) Implementation Guide, also known as Technical Report Type 3 (TR3), clarifies and specifies the data content when exchanging electronically with UnitedHealthcare. Transmissions based on this companion guide, used in tandem with the specified ASC X12/005010X221A1 835 Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N/005010X221A1 835 implementation Guide 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.

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1. INTRODUCTION

This section describes how Technical Report Type 3 (TR3), also called Health Care Claim: Professional (837) ASC X12N/005010X222A1, adopted under HIPAA, will be detailed with the use of a table. The tables contain a row for each segment that UnitedHealth Group has something additional, over and above, the information in the TR3. 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 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 following table 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 something additional, over and above, the information in the TR3's. The following is just an example of the type of information that would be spelled out or elaborated on in: Section 9 – Transaction Specific Information.

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 only valid value. 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	Code List	BK		This row illustrates how to

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			Qualifier Code			indicate a component data element in the Reference column and also how to specify that only one code value is applicable.
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1.1. SCOPE

This guide is to be used by the Trading Partner for the development of the ASC X12/005010X221A1 835 transaction for the purpose of reporting claim payment information from UnitedHealthcare.

1.2. OVERVIEW

This Companion Guide will replace the previous UnitedHealth Group Companion Guide for Health Care Claim Payment/Advice release dated August, 2006.

This UnitedHealthcare Health Care Claim Payment/Advice Companion Guide has been written to assist you in designing and implementing Claim Payment Advice transactions to meet UnitedHealthcare's processing standards. This Companion Guide must be used in conjunction with the Health Care Claim Payment/Advice (835) instructions as set forth by the ASC X12 Standards for Electronic Data Interchange (Version 005010X221), April 2006, and the Errata (Version 005010X221A1), June 2010. The UnitedHealthcare Companion Guide identifies key data elements from the transaction set that will be provided in the transaction. The recommendations made are to enable you to more effectively complete EDI transactions with UnitedHealthcare.

Updates to this companion guide will occur periodically and new documents will be posted on www.UnitedHealthcareOnline.com > News. These updates will also be available at http://www.uniprise.com/hipaa/companion_docs.html and distributed to all registered trading partners 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.
- Trading partners can also sign up for email alerts on www.UnitedHealthcareOnline.com > News > Register to receive important news and updates including the Network Bulletin. Information will be included in these alerts anytime an updated 835 document is posted online.

1.3. REFERENCE

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 Washington Publishing Company web site at www.wpc-edi.com

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.

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2. GETTING STARTED

2.1. WORKING WITH UNITEDHEALTHCARE

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.

Direct Connection to UnitedHealthcare (outside of Connectivity Director).

Direct connection to UnitedHealthcare for the purpose of the ASC X12 005010X221A1 835 will be available via an FTP with PGP encryption, or SFTP. If choosing a PGP Encryption, UnitedHealthcare will also require the trading partner PGP key.

Direct Connection to UnitedHealthcare via 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.

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 Health care providers also have an opportunity to submit and receive a suite of EDI transactions via the Ingenix Health Information Networks (HIN) clearinghouse. For more information, please contact your Ingenix HIN Account Manager. If you do not have an Ingenix HIN Account Manager, please contact the Ingenix HIN 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 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.

UnitedHealthcareonline.com

The 835 transaction for EFT payments is available online at www.unitedhealthcareonline.com. Once enrolled for Electronic Payments and Statements (EPS) you can access the file by the following steps:

- Go to www.unitedhealthcareonline.com
- Select Claims and Payment tab
- Select Electronic Payments and Statements
- On the menu option select View Payments
- Select the Download 835 on the payment row
- Save the file to a destination on your work station/network

For more information on EPS, log onto to www.unitedhealthcareonline.com or call 1-866-842-3278 Prompt 5.

2.2. TRADING PARTNER REGISTRATION

Direct Connection to UnitedHealthcare via *Connectivity Director – a self service tool*

Trading partners, physicians, and health care providers are able to get more information and register for Connectivity Director via this link www.unitedhealthcarecd.com. This link will also bring them to a user guide and other useful documents. They may also call the Connectivity Director Customer Support line at 1-800-445-8174.

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

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 Provider eSolutions-Connectivity Team or contact the EDI support line at 1-800-842-1109

2.3. CERTIFICATION AND TESTING OVERVIEW

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

2.4. TESTING WITH UNITEDHEALTHCARE

Direct Connection to UnitedHealthcare via *Connectivity Director – a self service tool*

Trading Partners, physicians, and health care providers utilizing Connectivity Director may obtain a sample ASC X12N/005010X221A1 835 file by contacting Connectivity Customer Support at 1-800-445-8174, or via email to Unitedhelpdesk@ediconnect.com

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

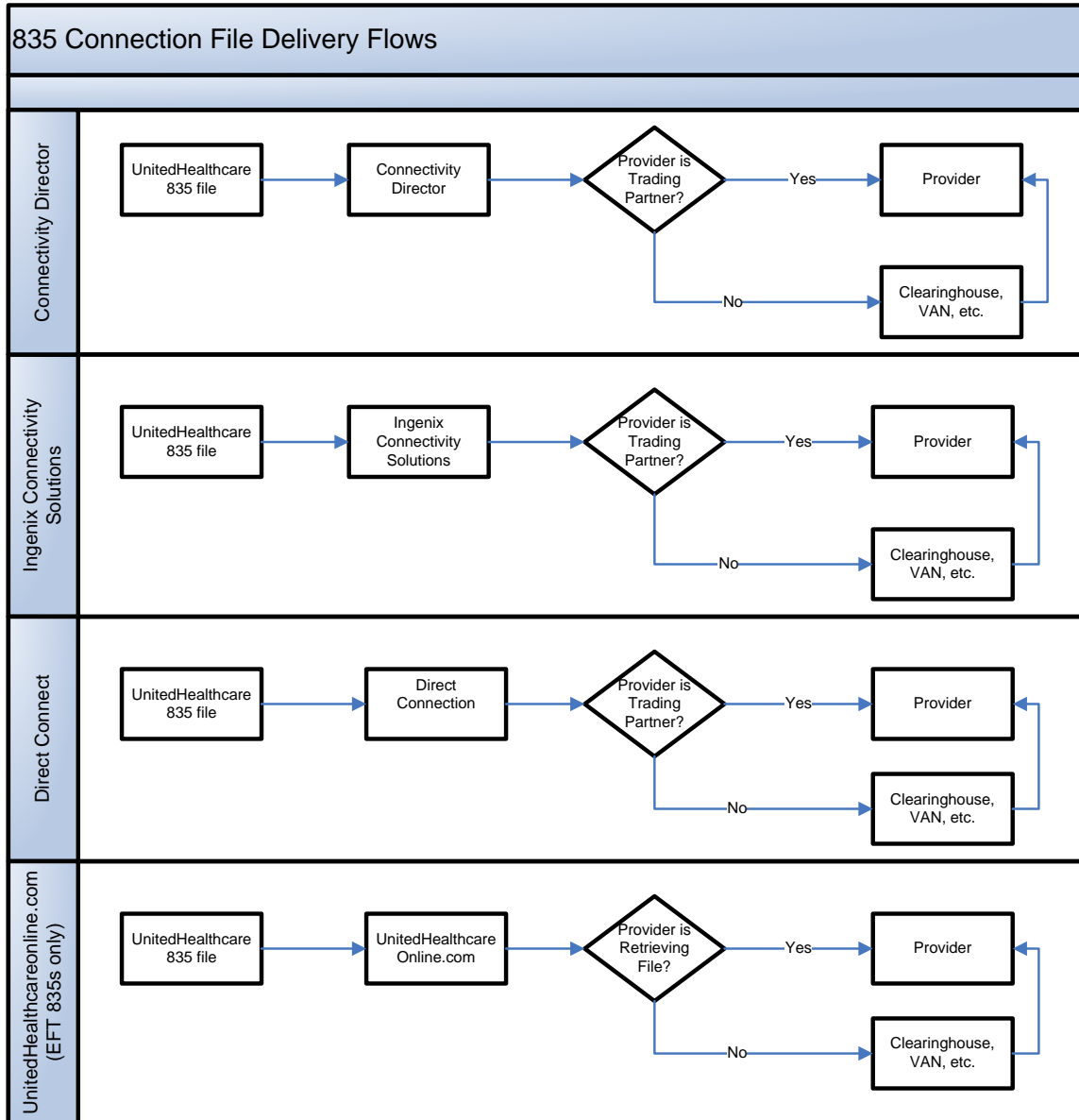
Trading Partner, physician, and health care providers utilizing a Direct Connection will either need to contact their UnitedHealthcare account manager or EDI Support at (800) 842-1109 Prompt 4, Option 2, or Email SupportEDI@uhc.com to schedule testing.

Clearinghouse Connection

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

3. CONNECTIVITY WITH THE PAYER / COMMUNICATIONS

3.1. PROCESS FLOWS



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3.2. 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

3.3. RE-TRANSMISSION PROCEDURE

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 SupportEDI@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.

3.4. COMMUNICATION PROTOCOL SPECIFICATIONS

Connectivity Director currently supports the following communications methods.

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

Direct Connection currently supports the following communication methods.

- FTP with PGP for batch
- SFTP for batch

3.5. PASSWORDS

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 completion of the Direct Connect set up. This information will be sent via secure email.

4. CONTACT INFORMATION

4.1. EDI CUSTOMER SERVICE

835 Format or Data Content questions

EFT 835 Transactions (non-direct connection)

- (866) 842-3278 Option 5

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

- (800) 842-1109 Prompt 4 Option 2, or
- Email SupportEDI@uhc.com, or
- 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

- (800) 842-1109 Prompt 4 Option 2, or
- Email SupportEDI@uhc.com

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

4.2. EDI TECHNICAL ASSISTANCE

Connectivity Director

- Connectivity Director Customer Support line at 1-800-445-8174, or
- Email to Unitedhelpdesk@ediconnect.com

Direct Connection

- UnitedHealthcare EDI, please contact 1-800-842-1109 or
- Email supportedi@uhc.com

Clearinghouse

- When receiving the 835 from a clearinghouse please contact the clearinghouse.

Information regarding EDI Technical Assistance can also be found at www.unitedhealthcareonline.com/b2c/contactus

4.3. PROVIDER SERVICE NUMBER

For questions regarding claim payments or denials

- (877) 842-3210

4.4. APPLICABLE WEBSITES / E-MAIL

835 Implementation Guide and Code Sets

- www.wpc-edi.com

UnitedHealthcare Companion Guides

- uniprise.com/hipaa/companion_docs.html

UnitedHealthcare 835 News or Updates

- UnitedHealthcareOnline.com
Select News

EDI Support

- supportedi@uhc.com

Connectivity Director

- Unitedhelpdesk@ediconnect.com

EDI Technical Support

- www.unitedhealthcareonline.com/b2c/contactus

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

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 (~).**

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

Claim Overpayment Recovery

Claim Overpayment Recovery occurs when UnitedHealthcare identifies that a prior processed claim was over paid. 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 the three methods.

Secondary and Tertiary Payment Reporting

UnitedHealthcare will report secondary and tertiary payment claims in the 835 transaction. On UNET 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. See section 10.3 (Transaction Examples) for examples on Physician and Institutional secondary claims reporting in the 835 transactions.

On COSMOS, Institutional and Professional claims report payment information at the service line level.

Encounter Claims

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. See section 10.3 (Transaction Examples) for examples on Encounter claim reporting in the 835 transaction

COSMOS does not report Capitation Payments or Encounter Claims in the 835 transaction.

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.

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 OR REPORTS

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

7.1. REPORT INVENTORY

No 835 reporting inventory is available at this time.

8. TRADING PARTNER AGREEMENTS

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

8.1. TRADING PARTNERS

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

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.

9. TRANSACTION SPECIFIC INFORMATION

UnitedHealthcare has put together the following grid to assist you in designing and programming the information we would provide 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 IG. That information can:

1. Limit the repeat of loops or segments
2. Limit the length of a simple data element
3. Specify a subset of the IG internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Provide any other information tied directly to a loop, segment, 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.

Health Care Claim Payment/Advice



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	COSMOS - Will be available in the ASC X12N/005010X221A1 835 after Q1 2011.
1000B	N1	Payee Information		
	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		

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Health Care Claim Payment/Advice



Loop ID	Reference	Name	Codes	Notes/Comments
	N401	City Name		Payee City from internal database will be reported.
	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		Reported on the UNET 835 but not on COSMOS
	TS2	Provider Supplemental Summary Information		Reported on the UNET 835 but not on COSMOS
2100	CLP	Claim Payment Information		
	CLP02	Claim Status Code	1, 2, 3, 4	COSMOS – Updated definitions/usage for Claim Status Codes will be available in the ASC X12N/005010X221A1 835 after Q1 2011.
	CLP06	Claim Filing Indicator Code		The Claim Filing Indicator Code will be assigned based on best match to member's plan type.
	NM1	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	CE	Will report the product name or abbreviated product name of the member's plan coverage.
	REF01	Reference Identification Qualifier		COSMOS – Other Reference Identification Qualifier (in addition to CE and IL) might be available in the ASC X12N/0050X221 835 after Q1 2011.
2110	REF	Service Identification		
	REF01	Reference Identification Qualifier		COSMOS – Additional Reference Identification Qualifier might be available in the ASC X12N/0050X221 835 after Q1 2011.

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Health Care Claim Payment/Advice



Loop ID	Reference	Name	Codes	Notes/Comments
	PLB	Provider Adjustment		
	PLB03-1	Adjustment Reason Codes	72, CS, FB, IR, J1, L6, WO	Adjustment Reason Codes that may be reported in the 835 Transaction.
	PLB03-1	Adjustment Reason Codes	72	UNET and COSMOS Utilize to report a refund or voided check.
	PLB03-1	Adjustment Reason Codes	CS	UNET Utilizes to report a write off (Amount not being collected) of a prior Forward Balance amount. COSMOS Utilized to report reissued payment from a lost check.
	PLB03-1	Adjustment Reason Codes	FB	UNET and COSMOS utilizes 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	UNET and COSMOS utilize to report Internal Revenue Service amount being withheld from the current remit
	PLB03-1	Adjustment Reason Codes	J1	UNET utilizes to report a Suppressed Payment Arrangement. 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	UNET and COSMOS utilizes to report the interest payment for a claim in the remit.
	PLB03-1	Adjustment Reason Codes	WO	UNET utilizes 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

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Health Care Claim Payment/Advice



Loop ID	Reference	Name	Codes	Notes/Comments
				offset a reversal or corrected claim when they are not reported in the same 835. UNET and COSMOS utilize to offset the PLB 72 for refund and voided checks.
	PLB03-2	Reference Identification	72	UNET and COSMOS Reference ID contains the beginning date of service and patient account number for the claim that the refund applies to. COSMOS – Void check reporting the Reference ID will be the check number of the check being voided.
	PLB03-2	Reference Identification	CS	UNET Reference ID when reducing a prior PLB FB balance is Payer Write Off. COSMOS Reference ID utilized to report a reissued payment for a lost check will be the lost check number.
	PLB03-2	Reference Identification	FB	UNET and COSMOS the 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	IR	UNET Reference ID contains the beginning date of service and patient account number for the claim that the IRS withholding applies to. COSMOS Reference ID contains “IRS Withhold for TIN XXXXXXXXX following FEDID” (Provider Tax ID is inserted for the X’s in the example.)
	PLB03-2	Reference Identification	J1	UNET -The Reference ID contains the comment ‘Suppressed Payment Arrangement.’
	PLB03-2	Reference Identification	L6	UNET and COSMOS the Reference ID contains the beginning date of service and patient account

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Health Care Claim Payment/Advice



Loop ID	Reference	Name	Codes	Notes/Comments
				number for the claim that the interest applies to.
	PLB03-2	Reference Identification	WO	UNET and COSMOS the Reference ID contains the beginning date of service and patient account number of the claim that the recovery or offset is tied to. COSMOS – the Reference ID contains the void check number when used to offset the PLB 72

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10. APPENDICES

10.1. 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
(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 Taxid's 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).

10.2. BUSINESS SCENARIOS

Examples on UNET and/or COSMOS 835 reporting for the following business scenarios are provided in section 10.3 (Transmission Examples)

UNET

- Encounter Claim
- Physician Secondary
- Institution Secondary
- Overpayment Recovery

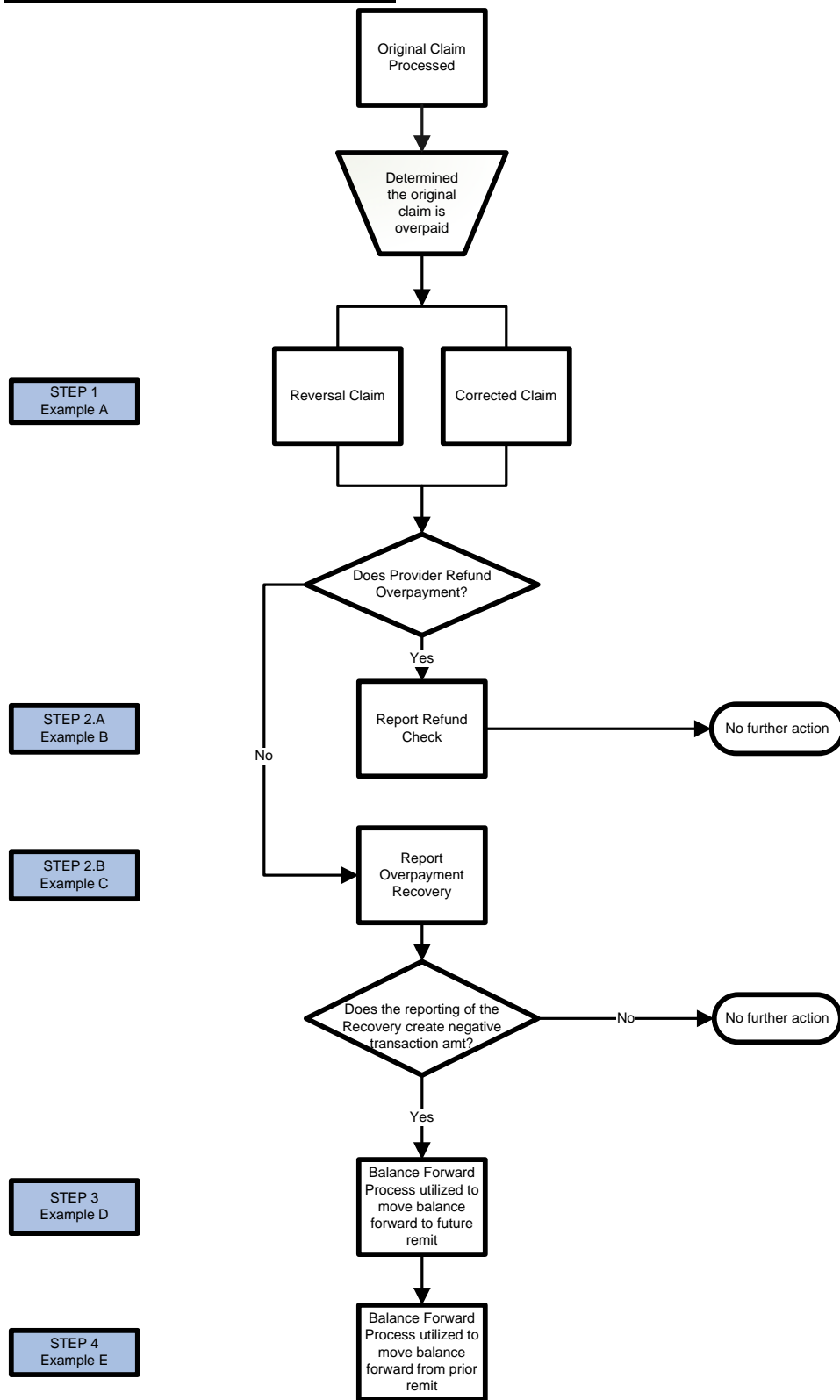
COSMOS

- Overpayment Recovery

Overpayment Recovery Flow Charts

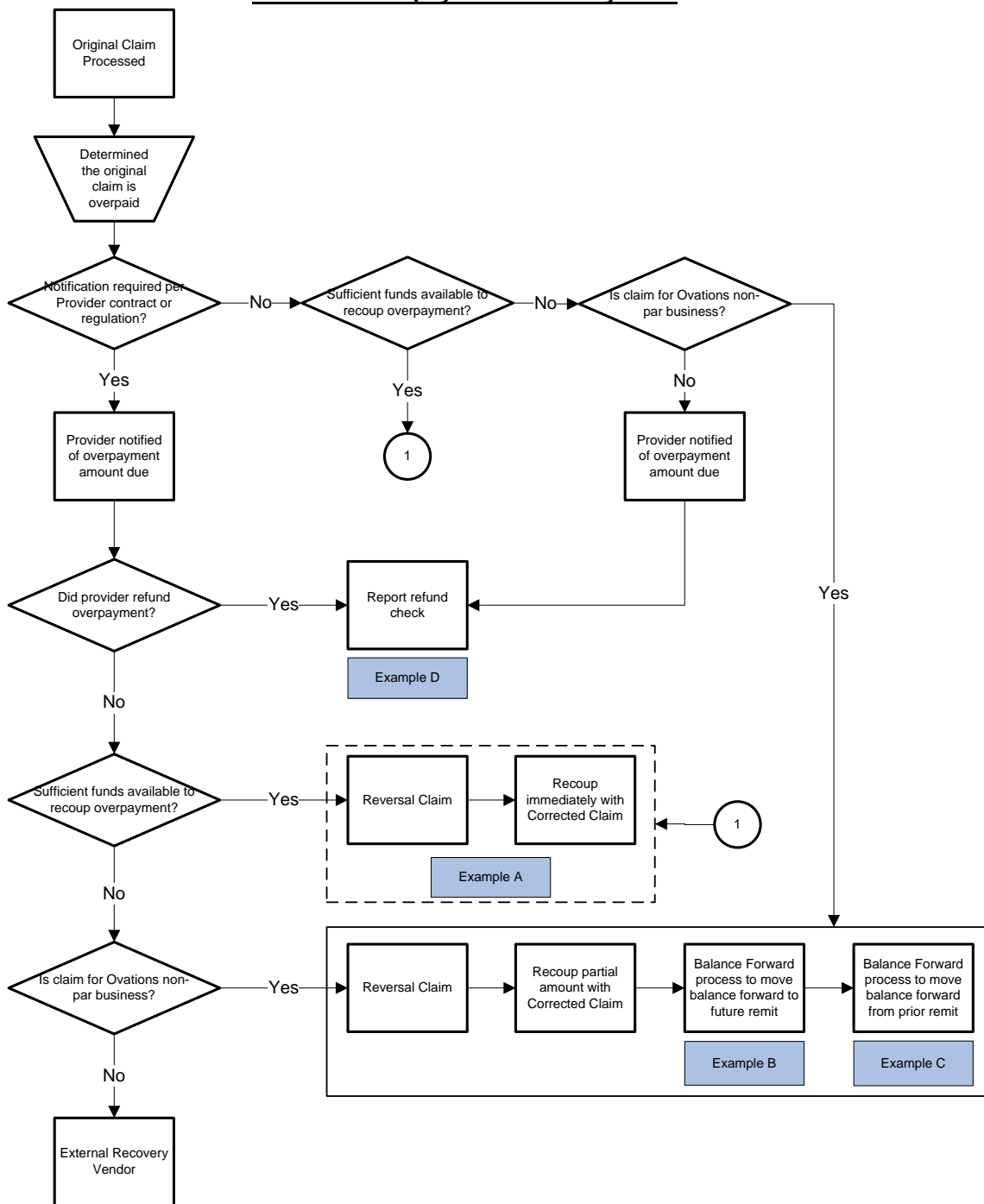
The following flow charts depict the steps in 835 reporting that occur in the Overpayment Recovery process. Each step provides the example reference ID that corresponds to the 835 reporting example in section 10.3.

UNET Overpayment Recovery Flow



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COSMOS Overpayment Recovery Flow



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10.3. TRANSMISSION EXAMPLES

UNET Examples

Encounter claim reporting (UNET)

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 (UNET)

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)

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 (UNET)

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*0000000002 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 (UNET)

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 0011111111*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 0011111112*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 C.

- 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*010000
000*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*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*I*13.79*C*ACH*CCP*01*124384877*DA*1470858534*1411289245*000087726*01*0100
00000*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~

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.

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*01000
 0000*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~

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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~

COSMOS Examples

Overpayment Recovery reporting (COSMOS)

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

Example A – Sufficient funds available to recoup the overpayment. Reversal and Correction

Original claim had reported a \$63.71 payment. Original payment should have been \$0 due to patient responsibility. Funds are 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.

BPR*1*58.29*C*CHK*****20110901~
 TRN*1*1010101999*1561461010*000087726~
 REF*EV*B888888888~
 DTM*405*20110901~

Payer Identification (1000A)

N1*PR*UNITEDHEALTHCAREOF NORTH CAROLINA INC~
 N3*P.O. BOX 31362~
 N4*SALT LAKE CTY*UT*84131~
 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*1234567755~
 N3*PO BOX 456~
 N4*ANYTOWN*NC*272610190~
 REF*TJ*987654321~

Header Number (2000)

LX*1~

Claim Payment Information (2100)

CLP*DEF456*1*152*122*10*HM*XYZ1234567800*11~
 NM1*QC*1*WOOD*DUSTIN*C***MI*888888888~
 NM1*82*1*PHYSICIAN*PETER*J***XX*1234568899~
 REF*1L*54321~
 REF*CE*PLAN OF CENTRAL REGION~
 DTM*232*20110816~
 DTM*050*20110818~

Service Payment Information (2110)

SVC*HC:99214*152*122**1~
 DTM*472*20110816~
 CAS*PR*3*10~
 CAS*CO*45*20~
 REF*6R*30976~
 AMT*B6*132~

Claim Payment Information (2100)

CLP*ABC123*22*-119*-63.71**HM*XYZ1234566500*21~

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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*12345~
REF*CE*PLAN OF CENTRAL REGION~
DTM*050*20110810~

Service Payment Information (2110)

SVC*HC:99232*-119*-63.71**1~
DTM*472*20110513~
CAS*CO*45*-55.29~
REF*6R*10788~

Claim Payment Information (2100)

CLP*ABC123*1*119*0*119*HM*XYZ1234569900*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*12345~
REF*CE*PLAN OF CENTRAL REGION~
REF*F8*XYZ1234566500~
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*10788~

**Example B – Overpayment Recoup with Balance Forward processing.
(Sufficient funds NOT available and claim is Ovations NON Par.)**

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Original claim had reported a \$63.71 payment. Original payment should have been \$0 due to patient responsibility. Reporting of the overpayment recovery (Reversal and Corrected Claims) 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.

- 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 amount at the transaction level is -38.71. To balance the transaction and bring the transaction level to \$0, Balance Forward Processing is utilized.
- \$38.71 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*I*0*H*NON*****20110901~
 TRN*1*NOCHECK10101010*1561461010*000087726~
 REF*EV*B888888888~
 DTM*405*20110901~

Payer Identification (1000A)

N1*PR*UNITEDHEALTHCAREOF NORTH CAROLINA INC~
 N3*P.O. BOX 31362~
 N4*SALT LAKE CTY*UT*84131~
 REF*2U*87726~
 PER*CX*UNITED HEALTHCARE SERVICES INC. AND ITS AFFILIAT
 ES*TE*8778423210~
 PER*BL**UR*WWW.UNITEDHEALTHCAREONLINE.COM/B2C/CONT
 ACTUS~

Payee Identification (1000B)

N1*PE*PHYSICIAN MEDICAL GROUP*XX*1234567755~
 N3*PO BOX 456~
 N4*ANYTOWN*NC*272610190~
 REF*TJ*987654321~

Header Number (2000)

LX*1~

Claim Payment Information (2100)

CLP*DEF456*1*152*25*10*HM*XYZ1234567800*11~
 NM1*QC*1*DAYO*ROBERT*C***MI*888888888~
 NM1*82*1*PHYSICIAN*PETER*J***XX*1234568899~
 REF*1L*54321~
 REF*CE*PLAN OF CENTRAL REGION~
 DTM*232*20110816~
 DTM*050*20110818~

Service Payment Information (2110)

SVC*HC:99214*152*25**1~

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DTM*472*20110816~
CAS*PR*3*10~
CAS*CO*45*117~
REF*6R*30976~
AMT*B6*35~

Claim Payment Information (2100)

CLP*ABC123*22*-119*-63.71**HM*XYZ1234566500*21~
NM1*QC*1*JONES*SHEILA****MI*999999999~
NM1*IL*1*JONES*MALCOLM****MI*999999999~
NM1*82*1*PHYSICIAN*PETER*J**MD*XX*1234567889~
REF*1L*12345~
REF*CE*PLAN OF CENTRAL REGION~
DTM*232*20110513~
DTM*050*20110810~

Service Payment Information (2110)

SVC*HC:99232*-119*-63.71**1~
DTM*472*20110513~
CAS*CO*45*-55.29~
REF*6R*10788~

Claim Payment Information (2100)

CLP*ABC123*1*119*0*119*HM*XYZ1234569900*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*12345~
REF*CE*PLAN OF CENTRAL REGION~
REF*F8*XYZ1234566500~
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*10788~

Transaction 835 (835)

PLB*1234567755*20111231* FB:NOCHECK10101010*-38.71~

Example C – Balance brought forward from prior 835 (Example B)

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 NOCHECK10101010.

- The Balance forward amount of \$38.71 is brought for from a prior 835.
- The \$38.71 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*36.29*C*CHK*****201109021~
TRN*1*10104044*1561461010*000087726~
REF*EV*B888888888~
DTM*405*20110921~

Payer Identification (1000A)

N1*PR*UNITEDHEALTHCAREOF NORTH CAROLINA INC~
N3*P.O. BOX 31362~
N4*SALT LAKE CTY*UT*84131~
REF*2U*87726~
PER*CX*UNITED HEALTHCARE SERVICES INC. AND ITS AFFILIATES*TE*87784232
10~
PER*BL**UR*WWW.UNITEDHEALTHCAREONLINE.COM/B2C/CONTACTUS~

Payee Identification (1000B)

N1*PE*PHYSICIAN MEDICAL GROUP*XX*1234567755~
N3*PO BOX 456~
N4*ANYTOWN*NC*272610190~
REF*TJ*987654321~

Header Number (2000)

LX*1~

Claim Payment Information (2100)

CLP*IEA000*1*100*75**XYZ1122334400*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*12345~
REF*CE*PLAN OF THE CENTRAL REGION~
DTM*232*20110510~
DTM*050*20110715~

Service Payment Information (2110)

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

Transaction 835 (835)

PLB*1234567755*20111231* FB:NONCHECK10101010*38.71~

Example D – Health care provider refund check

This scenario depicts reporting when a refund check is sent. Note - Neither a reversal nor a corrected claim is reported in the 835 transaction.

- A refund check of \$100.50 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 \$-100.50 and is offset by a PLB*WO \$100.50.

BPR*I*25*C*CHK*****201109021~
 TRN*1*10103030*1561461010*000087726~
 REF*EV*B888888888~
 DTM*405*20110921~

Payer Identification (1000A)

N1*PR*UNITEDHEALTHCAREOF NORTH CAROLINA INC~
 N3*P.O. BOX 31362~
 N4*SALT LAKE CTY*UT*84131~
 REF*2J*87726~
 PER*CX*UNITED HEALTHCARE SERVICES INC. AND ITS AFFILIATES*TE*87784232
 10~
 PER*BL**UR*WWW.UNITEDHEALTHCAREONLINE.COM/B2C/CONTACTUS~

Payee Identification (1000B)

N1*PE*PHYSICIAN MEDICAL GROUP*XX*1234567755~
 N3*PO BOX 456~
 N4*ANYTOWN*NC*272610190~
 REF*TJ*987654321~

Header Number (2000)

LX*1~

Claim Payment Information (2100)

CLP*RTT000*1*100*25**XYZ1122335800*11~
 NM1*QC*1*THOMAS*JULIE****MI*999777001~
 NM1*IL*1*THOMAS*OSCAR****MI*999777001~
 NM1*82*1*PHYSICIAN*PETER*J***XX*1234567899~
 REF*1L*12345~
 REF*CE*PLAN OF THE CENTRAL REGION~
 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*1234567755*20111231*72:20110915 ABC588*-100.50*WO:20110915
 ABC588*100.50~

10.4. 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 unitedhealthcareonline.com but will not be mailed.

- 2. Does UnitedHealthcare 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 Payers?**

No. This companion guide will apply to UnitedHealthcare 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 proprietary adjustment codes are reported on the EOB.

- 5. If a claim is submitted to UnitedHealthcare 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 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.

10.5. CHANGE SUMMARY

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