



Electronic Health Care Claim
Payment/Advice (835)
Companion Guide

- ◇ BMC HealthNet Plan (“the Plan”) can only produce 835s for submitters who send 837s to us directly (including via NEHEN and NEHEN*Net*) or via the SSI and Gateway EDI clearinghouses. Providers who use Emdeon, Capario (formerly known as MedAvant, ProxyMed, and MedUnite), RelayHealth, other clearinghouses, or any other billing entity that does not submit claims directly to the Plan cannot receive an 835 at this time. To learn more about submitting directly to the Plan, please see our website:

http://www.bmchp.org/pages/providers/provider_edi_faq.aspx#7

- ◇ The Plan’s 835s only show remittance of claims received electronically. The Plan’s paper remittances show remittance advice for *all* claims, including claims submitted on paper and adjustments to paper claims. PDF copies of remittance advices are available via the Provider e-Services section of our website; to gain access to those services, please contact your Plan Provider Representative.
- ◇ Check Numbers are NOT included in the 02 position of the TRN (Reassociation Trace Number) segment. Instead we put in an internal payment reference number. We use the payment reference number because it is always generated, regardless of how payment is delivered to submitters (e.g., multiple checks, EFT, etc.).
- ◇ If you send the Plan a Line Item Control Number in your 837 (Loop 2400, REF segment, Position 01, Qualifier = 6R), as outlined only in the Health Care Claim: Professional (004010X098/A1) Implementation Guide, we will return that identifier to you in the 835's Service Payment Information area (Loop 2110, REF segment, Position 02--Provider Identifier).
- ◇ The default segment terminator on our 835s is the Carriage Return (CR)—char(13); however, when an 835 contains more than 500 claims or if there is more than one payment (check or EFT) included, it goes through a different assembly process and the segments will end with Carriage Return/Line Feed (CRLF)—char(13) + char(10).

- ◇ In rare circumstances you may see a missing/blank Claim Adjustment Reason Code (Loop 2110 - Service Payment Information, Segment CAS - Claims Adjustment, Position 02):

CAS*CO177**

This occurs when an explanation code without a HIPAA translation is used in our system; rather than sending a non-HIPAA code we leave the code out of the 835. In these cases we recommend finding the relevant code on your paper remit or by using the Claims Status Inquiry function on our website.

- ◇ Payment method “ACH” in BPR-04 for EFT payments

Payment Method Code (Segment BPR – Financial Information, Position 04) will read “CHK” (Check) when you are paid via a paper check, or “ACH” (Automated Clearing House), when you are paid via EFT (Electronic Funds Transfer).

BPR*I*88.88*C*CHK***20090928**

**BPR*I*88.88*C*ACH*CCP*01*999999999*DA*999999999*1043373331*
9BMCHP001*01*Bank ID #*DA*Account #*20090928**

All of the extra data (Payment Format Code, Account Number Qualifier, etc.) in the “ACH” version are there for HIPAA-compliance reasons.

- ◇ Co-payment amount in CLP-05

If there is co-pay information for the remitted claim that total will be displayed as the Patient Responsibility Amount (Loop 2100 – Claim Payment Information, Segment CLP – Claim Payment Information, Position 05) as well as the CAS*PR* (Loop 2100 – Claim Payment Information, Segment CAS – Claim Adjustment, Position 02, Qualifier PR = Patient Responsibility) line.

**CLP*Patient Account #*4*31*0*20.28*HM*BMCHP Claim ID #*13*1
SVC*HC:99281:25*31*0*0450*1**0
CAS*CO*42*10.72
CAS*PR*3*20.28**

If there's no co-payment information CLP-05 will be empty (**) and there won't be a CAS*PR* segment.

◇ Revenue codes for 837P claims

There are three situations where revenue codes submitted on 837P claims will be shown in the 835:

1) When a procedure code was sent, it should appear in SVC01-2 (Loop 2110 – Service Payment Information, Segment SVC – Service Payment Information, Position 01-2 = Procedure Code) while SVC04 (Revenue Code) will be blank:

SVC*HC>99282*142.5*34.071**0~**

2) When a revenue code is sent, it should appear in SVC01-2 while SVC04 will be blank:

SVC*NU>0987*142.5*34.071**0~**

3) When both a procedure code and a revenue code are sent, the procedure code will appear in SVC01-2 and the revenue code will appear in SVC04:

SVC*HC>99282*142.5*34.07*0987*10~**

◇ Claims Interest payments

If a claim payment includes interest, that interest payment amount will be shown in the Monetary Amount area segment (Loop 2100 - Claim Payment Information, Segment AMT – Claim Supplemental Information), with the “I” qualifier (Interest) in Position 01 and the dollar amount in Position 02 (Monetary Amount).

CLP*Patient Account #*1*1820.25*316.97HM*E01351695600*13*1
AMT*I*19.1**

Because the AMT segment is used only for informational purposes and doesn't affect balancing, the same interest payment amount for that claim will be shown in a PLB (Provider Adjustment) segment with the L6 (Interested Owed) qualifier:

PLB*00000007122*20091231*L6:Patient Account #-19.1

Please note that because PLBs are automatically assumed to be negative, the -19.1 in the example above is added to the paid amount of the claim for balancing to make sure the total dollars shown in the BPR segment (Financial Information) Position 02 (Monetary Information) will reconcile.

◇ Adjusted claims

When an adjusted claim is shown on the 835, the original claim will also appear in the 835, but with the money previously paid out shown in the negative.

CLP*Patient Account #*22*-1114*-135.3MC*Original BMCHP Claim ID*22*1**

CLP* Patient Account #*1*1114*232.3MC*Adjusted BMCHP Claim ID*22*1**

Note the reversal code (22) in Position 02 (Claim Status Code).

For more information about BMC HealthNet Plan's 835, please contact EDI/I.T. Operations Support at:

ITOpsSupport@bmchp.org

617-748-6175