

# EyeMed Vision Care

## CLAIM PAYMENT

### Companion Document to ASC X12N 835 (004010X091A1)

Welcome to EyeMed Vision Care's HIPAA TCS implementation process. We have developed this guide to assist you in preparing to trade HIPAA 835 Claim Payment transactions with us.

This Companion Guide to the ASC X12N 835 Implementation Guide adopted under HIPAA clarifies and specifies the data content for data that is electronically transmitted to EyeMed. Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guide, are compliant with both X12 syntax and the HIPAA Implementation Guide. This Companion Guide is intended to convey information that is within the framework of the ASC X12N 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 HIPAA Implementation Guide.

This document is to be used as a companion to the HIPAA Implementation Guide for trading enrollment transactions with EyeMed Vision Care. The first section describes the loops and segments EyeMed will capture, along with specific data element requirements and guidelines. The second section describes the situational loops, segments, and data elements that EyeMed will *not* be capturing; therefore, you are not required to include these when you trade with us.

We look forward to testing with you and establishing an effective trading relationship.

835 Health Care Claim Payment/Advice											
Pg#	Seg	DE	Req	PIC	Min Max	Use	Description	X12 Codes	X12 Code Definition	Values	Notes
<b>INTERCHANGE CONTROL HEADER</b>											
	ISA		M			R	INTERCHANGE CONTROL HEADER				
	GS		M			R	FUNCTIONAL GROUP HEADER				
<b>TABLE 1 HEADER</b>											
43	ST		M		1/1	R	TRANSACTION SET HEADER				
44	BPR		M		1/1	R	FINANCIAL INFORMATION				
52	TRN		O		1/1	R	REASSOCIATION TRACE NUMBER				
<b>LOOP 1000 A</b>											
						R	PAYER IDENTIFICATION				
62	N1		O		1/1	R	PAYER IDENTIFICATION				
64	N3		O			R	PAYER ADDRESS				
65	N4		O			R	PAYER CITY, STATE, ZIP CODE				
<b>LOOP 1000 B</b>											
						R	PAYEE IDENTIFICATION				
72	N1		O		1/1	R	PAYEE IDENTIFICATION				
74	N3		O		1/1	S	PAYEE ADDRESS				
75	N4		O		1/1	S	PAYEE CITY, STATE, ZIP CODE				
<b>LOOP 2100</b>											
						R	CLAIM PAYMENT INFORMATION				
89	CLP		M		1/1	R	CLAIM PAYMENT INFORMATION				
	CLP02	1029	M	ID	1/2	R	Claim Status Code		See Implementation Guide for Code List	1 4 22	EyeMed will pick up "1" (Primary), "4" ( Denied), and "22" (Reversal of Payment) and ignore all other values.
95	CAS		O		0/99	S	CLAIM ADJUSTMENT				
102	NM1		M		1/1	R	PATIENT NAME				
105	NM1		M		0/1	S	INSURED NAME				
126	REF		O		0/1	S	OTHER CLAIM RELATED IDENTIFICATION				
	REF01	128	M	ID	2/3	R	Reference Identification Qualifier			IL BB	Values for REF01 other than Policy Number (IL=EyeMed Plan ID) and Authorization Number (BB) will be ignored.
130	DTM		O			S	CLAIM DATE				
	DTM01	374	M	ID	3/3	R	Date Time Qualifier			232	Values for DTM01 other than Claim Statement Period Start (232) will be ignored.
<b>LOOP 2110</b>											
						S	SERVICE PAYMENT INFORMATION				
139	SVC		O			S	SERVICE PAYMENT INFORMATION				
148	CAS		O			S	SERVICE ADJUSTMENT				
154	REF		O			S	SERVICE IDENTIFICATION				
	REF01	128	M	ID	2/3	R	Reference Identification Qualifier			6R	Values for REF01 other than Provider Control Number (6R) will be ignored.
<b>TABLE 3 SUMMARY</b>											
164	PLB		O			S	PROVIDER ADJUSTMENT				
	SE		M			R	TRANSACTION SET TRAILER				
	GE		M			R	FUNCTIONAL GROUP TRAILER				
	IEA		M			R	INTERCHANGE CONTROL TRAILER				

LOCATION	USE	NAME	NOTES
<b>Loops not picked up by EyeMed</b>			
Loop 2000	S	Header Number	
<b>Segments not picked up by EyeMed</b>			
<b>Header</b>			
	CUR	S	Foreign Currency Information
	REF	S	Receiver Identification
	REF	S	Version Identification
	DTM	S	Production Date
<b>Loop 1000 A</b>			
<b>Payer Identification</b>			
	REF	S	Additional Payer Identification
	PER	S	Payer Contact Information
<b>Loop 1000 B</b>			
<b>Payee Identification</b>			
	REF	S	Payee Additional Identification
<b>Loop 2100</b>			
<b>Claim Payment Information</b>			
	NM1	S	Corrected Patient Insured Name
	NM1	S	Service Provider Name
	NM1	S	Crossover Carrier Name
	NM1	S	Corrected Priority Payer Name
	MIA	S	Inpatient Adjudication Information
	MOA	S	Outpatient Adjudication Information
	REF	S	Rendering Provider Identification
	PER	S	Claim Contact Information
	AMT	S	Claim Supplemental Information
	QTY	S	Claim Supplemental Information Quantity
<b>Loop 2110</b>			
<b>Service Payment Information</b>			
	DTM	S	Service Date
	REF	S	Rendering Provider Information
	AMT	S	Service Supplemental Amount
	QTY	S	Service Supplemental Quantity
	LQ	S	Health Care Remark Codes
<b>Elements not picked up by EyeMed</b>			
<b>Header</b>			
<b>BPR</b>			
	BPR05	S	Payment Format Code
<b>TRN</b>			
<b>Reassociation Trace Number</b>			
	TRN04	S	Originating Company Supplemental Code

LOCATION	USE	NAME	NOTES
<b>Loop 2100</b>		<b>Claim Payment Information</b>	
	<b>CLP</b>	<b>Claim Payment Information</b>	
	CLP09	S Claim Frequency Code	
	CLP11	S Diagnosis Related Group (DRG) Code	
	CLP12	S Diagnosis Related Group (DRG) Weight	
	CLP13	S Discharge Fraction	
	<b>CAS</b>	<b>Claim Adjustment</b>	
	CAS04 CAS07 CAS10 CAS13 CAS16 CAS19	S Adjustment Quantity	
<b>Loop 2110</b>		<b>Service Payment Information</b>	
	SVC01 -7	S Procedure Code Description	
	SVC04	S National Uniform Billing Committee Revenue Code	
	SVC05	S Units of Service Paid Count	
	SVC06	S Composite Medical Procedure Identifier	
	<b>CAS</b>	<b>Service Adjustment</b>	
	CAS04 CAS07 CAS10 CAS13 CAS16 CAS19	S Adjustment Quantity	
<b>Summary</b>			
	<b>PLB</b>	<b>Provider Adjustment</b>	
	PLB03 - 2 PLB05 - 2 PLB07 - 2 PLB09 - 2 PLB11 - 2 PLB13 - 2	Provider Adjustment Identifier	
Guidelines for Interpreting Companion Guide:			

LOCATION	USE	NAME	NOTES
If Usage = "Not Used", the element/segment is omitted from the Companion Guide and "Data Not Picked Up" worksheet			
Element Names are from Industry Standard, if available			
If an element is required but is not mapped, the element is <i>not</i> listed in the "Data Not Picked Up" worksheet			
If an element is <i>not</i> required (= "O" or "X") and is not mapped, the element is listed in the "Data Not Picked Up" worksheet			