

# EyeMed Vision Care

## CLAIM ADVICE

### 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 Advice 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				
60	DTM		O		1/1	S	PRODUCTION DATE				
<b>LOOP 1000 A R PAYER IDENTIFICATION</b>											
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 R PAYEE IDENTIFICATION</b>											
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 2000 S HEADER NUMBER</b>											
79	LX		O		0/1	S	HEADER NUMBER				
<b>LOOP 2100 R CLAIM PAYMENT INFORMATION</b>											
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	Expected Code List from EyeMed: "1" - Primary "4" - Denied "22" - Reversal of Previous Payment
95	CAS		O		0/99	S	CLAIM ADJUSTMENT				
102	NM1		M		1/1	R	PATIENT NAME				
	NM108	66	X	ID	1/2	S	Identification Code Qualifier		See Implementation guide for code list	MI	Expected Code List from EyeMed: "MI" - Member Identification Number
105	NM1		M		0/1	S	INSURED NAME				
	NM108	66	X	ID	1/2	R	Identification Code Qualifier	34 HN MI	SSN Heath Insurance Claim (HIC) Number Member Identification Number	MI	Expected Code from EyeMed: "MI" - Member Identification Number
126	REF		O		0/1	S	OTHER CLAIM RELATED IDENTIFICATION				
	REF01	128	M	ID	2/3	R	Reference Identification Qualifier		See Implementation guide for code list		For Claim Authorization Number Expected Code List from EyeMed: "BB" Authorization Number  For Claim Policy Number Expected Code List from EyeMed: "IL" Group or Policy Number
130	DTM		O			S	CLAIM DATE				
	DTM01	374	M	ID	3/3	R	Date Time Qualifier	036 050 232 233	Expiration Received Claim Statement Period Start Claim Statement Period End	232	Expected Code from EyeMed: "232" - Claim Statement Period Start
<b>LOOP 2110 S SERVICE PAYMENT INFORMATION</b>											
139	SVC		O			S	SERVICE PAYMENT INFORMATION				
148	CAS		O			S	SERVICE ADJUSTMENT				
154	REF		O			S	SERVICE IDENTIFICATION				

835 Health Care Claim Payment/Advice											
Pg#	Seg	DE	Req	PIC	Min Max	Use	Description	X12 Codes	X12 Code Definition	Values	Notes
	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 sent from EyeMed</b>				
<b>Segments not sent from EyeMed</b>				
<b>Header</b>				
	CUR	S	Foreign Currency Information	
	REF	S	Receiver Identificaion	
	REF	S	Version Identification	
<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		Payee Additional Identification	
<b>Loop 2000</b>			<b>Header Number</b>	
	TS3	S	Provider Summary Information	
	TS2	S	Provider Supplemental Summary Information	
<b>Loop 2100</b>			<b>Claim Payment Information</b>	
	NM1	S	Service Provider Name	
	NM1	S	Corrected Patient/Insured 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	
	PLB	S	Provider Adjustment	Provider-level adjustments not supported; claim-level only.
<b>Elements not sent from EyeMed</b>				
<b>Header</b>				

LOCATION	USE	NAME	NOTES
	TRN04	S	Originating Company Supplemental Code
<b>Loop 1000 B</b>			<b>Payee Identification</b>
	N4		Payee City, State, Zip Code
	N404	S	Country Code
<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>NM1</b>		<b>Patient Name</b>
	NM107	S	Patient Name Suffix
	<b>NM1</b>		<b>Insured Name</b>
	NM104	S	Subscriber First Name
	NM105	S	Subscriber Middle Name
	NM107	S	Subscriber Name Suffix
<b>Loop 2110</b>			<b>Service Payment Information</b>
	<b>SVC</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
	SVC06 -3 SVC06 -4 SVC06 -5 SVC06 -6	S	Procedure Modifier
	SVC06 -7	S	Procedure Code Description
	<b>CAS</b>		<b>Service Adjustment</b>

LOCATION	USE	NAME	NOTES
CAS04 CAS07 CAS10 CAS13 CAS16 CAS19	S	Adjustment Quantity	
Guidelines for Interpreting Companion Guide:			
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 <b>not</b> listed in the "Data Not Picked Up" worksheet			
If an element is <b>not</b> required (= "O" or "X") and is not mapped, the element is listed in the "Data Not Picked Up" worksheet			