



Centers for Medicare & Medicaid Services (CMS)
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Standard Companion Guide
Health Care Claim Payment/Advice (835)

Based on ASC X12N Technical Report Type 3 (TR3),
Version 005010X221A1

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March 2019

Disclosure Statement

The Centers for Medicare & Medicaid Services (CMS) is committed to maintaining the integrity and security of health care data in accordance with applicable laws and regulations. Disclosure of Medicare claims is restricted under the provisions of the Privacy Act of 1974 and Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Companion Guide (CG) is to be used for conducting Medicare business only.

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Preface

This CG to the Accredited Standards Committee (ASC) X12N Technical Report Type 3 (TR3) Version 005010 and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging transactions electronically with Medicare. Transmissions based on this CG, used in tandem with the TR3 are compliant with both ASC X12N syntax and those guides. This CG is intended to convey information that is within the framework of the TR3 adopted for use under HIPAA. This CG is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

This CG contains instructions for electronic communications with the publishing entity, as well as supplemental information for creating transactions while ensuring compliance with the associated ASC X12N TR3s and the Council for Affordable Quality Healthcare – Committee on Operating Rules for Information Exchange (CAQH CORE) CG operating rules.

In addition, this CG contains the information needed by Trading Partners to send and receive electronic data with the publishing entity, who is acting on behalf of CMS, including detailed instructions for submission of specific electronic transactions. The instructional content is limited by ASC X12N’s copyrights and Fair Use statement.

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1 Introduction

This document is intended to provide information from the author of this guide to Trading Partners to give them the information they need to exchange Electronic Data Interchange (EDI) data with the author. This includes information about registration, testing, support, and specific information about control record setup.

An EDI Trading Partner is defined as any Medicare customer (e.g., provider/supplier, billing service, clearinghouse, or software vendor) that transmits to, or receives electronic data from Medicare. Medicare's EDI transaction system supports transactions adopted under HIPAA as well as additional supporting transactions as described in this guide.

Medicare Fee-For-Service (FFS) is publishing this CG to clarify, supplement, and further define specific data content requirements to be used in conjunction with, and not in place of, the ASC X12N Technical Report Type 3 (TR3) Version 005010 and associated errata for all transactions mandated by HIPAA and/or adopted by Medicare FFS for EDI.

This CG provides communication, connectivity, and transaction-specific information to Medicare FFS Trading Partners and serves as the authoritative source for Medicare FFS-specific EDI protocols.

Additional information on Medicare FFS EDI practices are referenced within Internet-only Manual (IOM) Pub. 100-04 Medicare Claims Processing Manual:

- Chapter 22 - Remittance Advice can be accessed at <https://www.cms.gov/Regulations-andGuidance/Guidance/Manuals/downloads/clm104c22.pdf>.
- Chapter 24 - General EDI and EDI Support, Requirements, Electronic Claims, and Mandatory Electronic Filing of Medicare Claims. This document can be accessed at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c24.pdf>.

1.1 Scope

EDI addresses how s exchange professional and institutional claims, claim acknowledgments, claim remittance advice, claim status inquiry and responses, and eligibility inquiry and responses electronically with Medicare. This CG also applies to ASC X12N 835 transactions that are being exchanged with Medicare by third parties such as clearinghouses, billing services, or network service vendors.

This CG provides technical and connectivity specification for the 835 Health Care Claim Payment/Advice transaction Version 005010X221A1.

1.2 Overview

This CG includes information needed to commence and maintain communication exchange with Medicare. In addition, this CG has been written to assist you in designing and implementing the ASC X12N 835 transaction standards to meet Medicare's processing standards. This information is organized in the sections listed below:

- **Getting Started:** This section includes information related to hours of operation, data services, and audit procedures. Information concerning registration and the testing process is also included in this section.
- **Testing and Certification Requirements:** This section includes detailed transaction testing information as well as certification requirements needed to complete transaction testing with Medicare.
- **Connectivity/Communications:** This section includes information on Medicare’s transmission procedures as well as communication and security protocols.
- **Contact Information:** This section includes EDI customer service, EDI technical assistance, services and applicable websites.
- **Control Segments/Envelopes:** This section contains information needed to create the Interchange Control Header/Trailer (ISA/IEA), Functional Group Header/Trailer (GS/GE), and Transaction Set Header/Trailer (ST/SE) control segments for transactions to be submitted to or received from Medicare.
- **Specific Business Rules and Limitations:** This section contains Medicare business rules and limitations specific to the ASC X12N 835.
- **Acknowledgments and Reports:** This section contains information on all transaction acknowledgments sent by Medicare and report inventory.
- **Agreement:** This section contains information related to implementation checklists, transmission examples, Trading Partner Agreements and other resources.
- **Transaction Specific Information:** This section describes the specific CMS requirements over and above the information in the ASC X12N 835 TR3.

1.3 References

The following websites provide information for where to obtain documentation for Medicare-adopted EDI transactions and code lists.

Table 1 – EDI Transactions and Code List References

Resource	Web Address
ASC X12N TR3s	http://store.x12.org/store/
Washington Publishing Company Health Care Code Lists	http://wpc-edi.com/Reference/

1.4 Additional Information

EDI (Electronic Data Interchange) provides Trading Partners with an efficient tool for the automatic transmission of business data from one computer application directly to another. Trading Partners do not need to worry about different incompatible computer systems. Through the use of EDI message standards like Real – time and batch, data may be communicated quickly, efficiently and accurately, irrespective of the

users' internal hardware and software types. The successful implementation of EDI provides major benefits for all the Trading Partners involved:

- Cost efficiency - significantly reducing the volume of paper to be handled.
- Increased speed - large volumes of data can be communicated from one computer to another in a matter of minutes, enabling faster response and greater customer satisfaction.
- Improved accuracy - EDI eliminates the inevitable errors resulting from manual data input.
- Better logistics management and increased productivity - EDI enables companies to better manage and control production, purchasing and delivery requirements.

The website linked in the following table provides additional resources for HIPAA Version 005010 implementation:

Table 2 – Additional EDI Resources

Resource	Web Address
Medicare FFS EDI Operations	https://www.cms.gov/ElectronicBillingEDITrans/

2 Getting Started

2.1 Working Together

WPS Health Solutions is dedicated to providing communication channels to ensure communication remains constant and efficient. WPS Health Solutions has several options to assist the community with their electronic data exchange needs. By using any of these methods, WPS Health Solutions is focused on supplying the Trading Partner community with a variety of support tools.

An EDI help desk is established for the first point of contact for basic information and troubleshooting. The help desk is available to support most EDI questions/incidents while at the same time being structured to triage each incident if more advanced research is needed. Email is also accepted as a method of communicating with WPS Health Solutions EDI. The email account is monitored by knowledgeable staff ready to assist you. When communicating via email, please exclude any Protected Health Information (PHI) to ensure security is maintained. In addition to the WPS Health Solutions EDI help desk and email access, see Section 5 for additional contact information.

WPS Health Solutions also has several external communication components in place to reach out to the Trading Partner community. WPS Health Solutions posts all critical updates, system issues, and EDI-specific billing material to their website, <http://www.wpshealth.com/resources/provider-resources/edi/index.shtml>. All Trading Partners are encouraged to visit this page to ensure familiarity with the content of the site. WPS Health Solutions also distributes EDI-pertinent information in the form of an EDI newsletter or comparable publication, which is posted to the website every 3 months. In addition to the website, a distribution list has been established in order to broadcast urgent messages. Please register for WPS Health Solutions' distribution list by going to <http://www.wpsgha.com/>, select eNews located at the bottom of the page, enter your e-mail address, and check the lists you would like to sign up for (general, state-specific, or specialty specific lists are all available).

2.2 Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, clearinghouse, software vendor, employer group, financial institution, etc.) that transmits electronic data to, or receives electronic data from, another entity.

Medicare FFS and WPS support many different types of Trading Partners or customers for EDI. To ensure proper registration, it is important to understand the terminology associated with each customer type:

- **Submitter** – the entity that owns the submitter ID associated with the health care data being submitted. It is most likely the provider, hospital, clinic, supplier, etc., but could also be a third party submitting on behalf of one of these entities. However, a submitter must be directly linked to each billing National Provider Identifier (NPI). Often the terms submitter and Trading Partner are used interchangeably because a Trading Partner is defined as the entity engaged in the exchange or transmission of electronic transactions. Thus, the entity that is submitting electronic administrative transactions to WPS is a Medicare FFS Trading Partner.
- **Vendor** – an entity that provides hardware, software, and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor, or clearinghouse.
- **Software Vendor** – an entity that creates software used by Trading Partners to conduct the exchange of electronic transactions with Medicare FFS.
- **Provider/Supplier** – the entity that renders services to beneficiaries and submits health care claims to Medicare.
- **Billing Service** – a third party that prepares and/or submits claims for a provider.
- **Clearinghouse** – a third party that submits and/or exchanges electronic transactions (claims, claim status or eligibility inquiries, remittance advice, etc.) on behalf of a provider.
- **Network Service Vendor** – a third party that provides connectivity between a Trading Partner and WPS.

New Providers wanting to receive an Electronic Remittance advice, will need to complete a self-registration process on our WPS Community Manager System and EDI Express Enrollment (E3).

The EDI Express Enrollment tool is located at the following URL:

<http://www.wpshealth.com/resources/provider-resources/edi/enrollment.shtml>

Under HIPAA, EDI applies to all covered entities transmitting the following HIPAA-established administrative transactions: 837I and 837P, 835, 270/271, 276/277, and the National Council for Prescription Drug Programs (NCPDP) D.O. Additionally, Medicare Administrative Contractors (MACs) and Common Electronic Data Interchange (CEDI) will use the Interchange Acknowledgment (TA1), Implementation Acknowledgment (999), and 277 Claim Acknowledgement (277CA) error-handling transactions.

Medicare requires that WPS furnish information on EDI to new Trading Partners that request Medicare claim privileges. Additionally, Medicare requires WPS to assess the capability of entities to submit data electronically, establish their qualifications (see test requirements in Section 3), and enroll and assign submitter EDI identification numbers to those approved to use EDI.

A provider must obtain an NPI and furnish that NPI to WPS prior to completion of an initial EDI Enrollment Agreement and issuance of an initial EDI number and password by that contractor. WPS is required to verify that NPI is on the Provider Enrollment Chain and Ownership System (PECOS). If the NPI is not verified on the PECOS, the EDI Enrollment Agreement is denied, and the provider is encouraged to contact WPS enrollment department (for Medicare Part A and Part B providers) or the National Supplier Clearinghouse (for Durable Medical Equipment [DME] suppliers) to resolve the issue. Once the NPI is properly verified, the provider can reapply the EDI Enrollment Agreement.

A provider's EDI number and password serve as an electronic signature and the provider would be liable for any improper usage or illegal action performed with it. A provider's EDI access number and password are not part of the capital property of the provider's operation and may not be given to a new owner of the provider's operation. A new owner must obtain their own EDI access number and password.

If providers elect to submit/receive transactions electronically using a third party such as a billing agent, a clearinghouse, or network services vendor, then the provider is required to have an agreement signed by that third party. The third party must agree to meet the same Medicare security and privacy requirements that apply to the provider in regard to viewing or using Medicare beneficiary data. These agreements are not to be submitted to Medicare but are to be retained by the provider. Providers will notify WPS which third party agents they will be using on their EDI Enrollment form.

Third parties are required to register with WPS by completing the third-party agreement form. This will ensure that their connectivity is completed properly, however they may need to enroll in mailing lists separately in order to receive all publications and email notifications.

Additional third-party billing information can be found at <http://www.wpshealth.com/resources/files/medicare-connection.pdf>. The third-party agreement form can be found at <http://www.wpshealth.com/resources/provider-resources/edi/enrollment.shtml>.

The providers must also be informed that they are not permitted to share their personal EDI access number and password with any billing agent, clearinghouse, or network service vendor. Providers must also not share their personal EDI access number with anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility, or to determine the status of a claim. No other non-staff individuals or entities may be permitted to use a Provider's EDI number and password to access Medicare systems. Clearinghouse and other thirdparty representatives must obtain and use their own unique EDI access number and password from WPS. For a complete reference to security requirements, see Section 4.4.

2.3 Trading Partner Certification and Testing Process

WPS Health Solutions does not require testing for the 835 transaction.

3 Testing and Certification Requirements

Not applicable.

4 Connectivity / Communications

4.1 Process Flows

Receiving the 835 file:

If you elect to receive your 835 through your clearinghouse/billing service, WPS Health Solutions will send the file to that third party. You will be responsible for communicating with your clearinghouse/billing service to determine how you will retrieve the 835 transaction.

If you elect to receive your 835 “directly”, you will download the file using the WPS Gateway Express, WPS Medicare EDI Gateway or the Bulletin Board System.

4.2 Transmission

Before establishing data communications with WPS Health Solutions, a Trading Partner relationship must exist. As part of the process establishing the relationship, WPS Health Solutions and the Trading Partner must exchange certain technical information. This information is needed by both parties to establish communications.

The information requested will include:

1. Contacts; business, data, and communications
2. Dates; testing, production
3. File information; size, naming
4. Transfer; schedule, protocol
5. Server information; host name, User ID, password, file location, file name
6. Notification; failure, success.

4.2.1 Re-transmission Procedures

Any inquiries on missing 835 transmissions can be directed to the EDI help desk. See Section 5.1.

4.3 Communication Protocol Specifications

The implementation of WPS Community Manager, effective on April 3, 2017, provides new options for Transfer Protocols.

- a. **WPS Gateway Express** provides secure, web-based access for Trading Partners so external users associated with these Trading Partners can log in and perform simple file uploads and downloads. Trading Partners

communicate with the WPS Gateway Express server by exchanging documents over HTTPS. Support for this industry standard means that the software can be easily implemented using existing technology infrastructure.

- b. **WPS Medicare EDI Gateway:** The WPS Medicare EDI Gateway website resides on a Microsoft Windows server platform hardened against threats from the internet and trusted networks. Organizations that need to support very large volumes of file transfers and/or many users may require additional hardware, but for many organizations, the minimum recommended specifications should suffice:
 - GHz Pentium-compatible CPU
 - 80 GB SATA or SAS hard drive
 - 1 GB RAM
 - 100/1000 MB TCP/IP-capable ethernet interface
 - The WPS Medicare EDI Gateway has been tested against and fully supports the following major browsers:
 - Internet Explorer version 6.0 or higher
 - Internet Explorer 7.0 and higher preferred when using Upload/Download Wizard (Active X or Java)
 - Firefox (2.0 and 3.0) preferred when using Upload/Download Wizard (Java-Windows/*nix/Mac OS X
 - Safari (versions 2 and 3) under Macintosh OS X when using Upload/Download Wizard (Java Only)
- c. **Hyper Text Transfer Protocol Secure (HTTPS)** also referred to as HTTP, is a protocol for secure communication over a computer network, which is widely used on the internet. It can be used in web application transfers as well as raw structure transfers. WPS Gateway Express web application uses HTTPS for connectivity but is identified as 'Inbox' when you are setting your Primary Transport method. See Inbox transfer protocol type shown below.
- d. **Secure File Transfer Protocol (SFTP)** via EDI connection via Network Service Vendor (NSV) list or via any SFTP client.
- e. **HTTP** server errors with an HTTP 500 Internal Service Error or an HTTP 503 Service Unavailable error message for transactions as a result of the Phase II Connectivity Rule 270, requirement 4.3.
- f. **X12** is an Electronic Data Interchange (EDI) standard developed for the electronic exchange of machinereadable information between businesses. An X12 document is a file containing EDI data to be exchanged between Trading Partners. There are three basic structures in an X12 document:
 - Interchange
 - Functional Group
 - Transaction Set

**** Prior to the implementation of Community Manager, the WPS Bulletin Board System and the Medicare EDI Gateway were the only Transfer Protocols available. Although these options are currently still available, all trading partners will be required to transition to the Community Manager and these options will be decommissioned at a future date. ****

Batch Process:

Batch processing offers two transmission methods for you to choose from when registering to become a WPS Electronic Trading Partner. Following are some of the general system requirements for each.

WPS Medicare EDI Gateway:

The WPS Medicare EDI Gateway website resides on a Microsoft Windows server platform hardened against threats from the internet and trusted networks. Organizations that need to support very large volumes of file transfers and/or many users may require additional hardware, but for many organizations, the minimum recommended specifications should suffice:

- 2 GHz Pentium-compatible CPU
- 80 GB SATA or SAS hard drive
- 1 GB RAM
- 100/1000 MB TCP/IP-capable ethernet interface

The WPS Medicare EDI Gateway website has been tested against and fully supports the following major browsers:

- Internet Explorer version 6.0 or higher
- Internet Explorer 7.0 and higher preferred when using Upload/Download Wizard (Active X or Java)
- Firefox (2.0 and 3.0) preferred when using Upload/Download Wizard (Java-Windows/*nix/Mac OS X)
- Safari (versions 2 and 3) under Macintosh OS X when using Upload/Download Wizard (Java Only)

Asynchronous Dial-up Bulletin board system

WPS Health Solutions is currently using the WPS EDI Bulletin Board System (WGBBS) to receive your electronic files using asynchronous telecommunications. The BBS also allows you to receive reports and other files from WPS Health Solutions.

- Has compatible modem, with a minimum 9600 baud rate
- Protocols (ASCII, X modem, Y modem, Z modem and Kermit/Super Kermit)
- Analog telephone line (DLS or Cable modem connections will not work)

4.4 Security Protocols and Passwords

All Trading Partners must adhere to CMS information security policies; including, but not limited to, the transmission of electronic claims, claim status, receipt of the remittance advice, or any system access to obtain beneficiary PHI and/or eligibility information. Violation of this policy will result in revocation of all methods of system access. WPS Health Solutions is responsible for notifying all affected Trading Partners as well as reporting the system revocation to CMS. Additional information can be found at:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/CIO-Directivesand-Policies/CIO-IT-Policy-Library-Items/STANDARD-ARS-Acceptable-Risk-Safeguards.html>.

To meet WPS Health Solutions corporate and federal security mandates, the following password policies are in place:

- Passwords expire every 60 days.

- All passwords must be at least nine characters.
- All passwords must contain at least one UPPERCASE letter.
- All passwords must contain at least one lowercase letter.
- All passwords must contain at least one number.
- All passwords must contain at least one special character (,!@#\$%^&*()_+|~-=\`{}[]:;';<>?,./)
- You must change your password before it expires.
- Passwords cannot be changed more than one time within a 24-hour period.
- 24 passwords are “remembered” and cannot be reused until 24 others have been used.
- Account is locked after three unsuccessful login attempts within 60 minutes. The account will remain locked for 180 minutes.

Trading Partners who conduct business with WPS Health solutions are subject to WPS security policies. Users should take appropriate measures to prevent unauthorized disclosure or modification of assigned IDs and passwords. Violation of this policy will result in revocation of all methods of system access, including, but not limited to, EDI front-end access. Trading Partners are not permitted to share their personal EDI access number and password with any billing agent or clearing house/network service vendor. Trading Partners must also not share their personal EDI access number with any colleague who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility, or to determine the status of a claim. No other noncolleague individuals or entities may be permitted to use a Trading Partner’s EDI number and password to access WPS Health Solutions systems. Clearinghouse and other third-party representatives must obtain and use their own unique EDI access number and password provided by WPS Health Solutions.

5 Contact Information

5.1 EDI Customer Service

Table 3 – EDI Customer Service Information

Medicare Part A & B J5 & Part A J5 National MAC	Medicare Part A & B J8 MAC
(IA, KS, MO, NE & J5N Multiple States)	(IN and MI)
WPS Health Solutions EDI	WPS Health Solutions EDI
1717 West Broadway Madison, WI. 53713-1834	1717 West Broadway Madison, WI 53713-1834
Fax: (608) 223-3824	Fax: (608) 223-3824
Phone: (866) 518-3285, Option 1	Phone: (866) 234-7331, Option 1

[Part A email - EDIMedicareA@wpsic.com](mailto:EDIMedicareA@wpsic.com)

[Part B email - EDIMedicareB@wpsic.com](mailto:EDIMedicareB@wpsic.com)

Holiday Schedule

See the below URL for our Holiday Schedule and EDI Help Desk closures:

<http://www.wpshealth.com/resources/provider-resources/edi/help-desk-closures.shtml>

5.2 EDI Technical Assistance

See Section 5.1

5.3 Trading Partner Service Number

See Section 5.1

5.4 Applicable Websites / Email

[Part A email - EDIMedicareA@wpsic.com](mailto:EDIMedicareA@wpsic.com)

[Part B email - EDIMedicareB@wpsic.com](mailto:EDIMedicareB@wpsic.com)

6 Control Segments Envelopes

Enveloping information must be as follows:

Table 4 – Control Segments / Envelope Requirements

Page #	Element	Name	Codes/Content	Notes/Comments
	ISA	Interchange Control Header		
C.4	ISA01	Authorization Information Qualifier	00	Medicare will send 00.
C.4	ISA02	Authorization Information		ISA02 shall contain 10 blank spaces.
C.4	ISA03	Security Information Qualifier	00	Medicare will send 00.
C.4	ISA04	Security Information		Medicare does not use Security Information and will ignore content sent in ISA04.
C.4	ISA05	Interchange Sender ID Qualifier	27, 28, ZZ	Medicare will send “27”.
C.4	ISA06	Interchange Sender ID		05001, 05901,05102, 05202, 05302, 05402, 08101, 08102, 08201, 08202

C.5	ISA07	Interchange ID Qualifier		Medicare will send “29”.
C.5	ISA08	Interchange Receiver ID		WPS-assigned Trading Partner/Submitter ID
C.5	ISA11	Repetition Separator		WPS repetition separator character.
C.6	ISA14	Acknowledgement Requested	0	Medicare will send “0”.
	GS	Functional Group Header		
C.7	GS02	Application Sender Code		05001, 05901,05102, 05202, 05302, 05402, 08101, 08102, 08201, 08202
C.7	GS03	Application Receiver Code		Trading Partner / Receiver ID assigned by WPS Health Solutions
C.8	GS08	Version Identifier Code	005010X221A1	

Interchange Control (ISA/IEA) and Function Group (GS/GE) and the Transaction (ST/SE) sets must be used as described in the TR3. Medicare’s expectations for the Control Segments and Envelopes are detailed in Sections 6.1, 6.2, and 6.3.

6.1 ISA-IEA

Delimiters – Inbound Transactions Not

applicable.

Delimiters – Outbound Transactions

Medicare recommends the use of the following delimiters in all outbound transactions; trading partners/submitters should contact their local A/B MAC or CEDI for any deviations. Note that these characters will not be used in data elements within an ISA/IEA Interchange Envelope.

Table 5 – WPS Delimiters

Delimiter	Character Used	Dec Value	Hex Value
Data Element Separator	*		
Repetition Separator	^		

Component Element Separator	:		
Segment Terminator	~		

Data Element Detail and Explanation

All data elements within the ISA/IEA interchange envelope must follow ASC X12N syntax rules as defined within the TR3.

6.2 GS-GE

Functional group (GS-GE) codes are transaction-specific. Therefore, information concerning the GS/GE Functional Group Envelope can be found in Table 3.

6.3 ST-SE

Medicare FFS follows the HIPAA-adopted TR3 requirements.

7 Specific Business Rules

This section describes the specific CMS requirements over and above the standard information in the TR3.

Table 6 – Detail Structures Business Rules and Limitations

Page #	Loop ID	Reference	Name	Codes	Notes/Comments
111	2000	LX	LX - Header Number		Required for Medicare. Fiscal Intermediary Standard System (FISS) uses TTYMMM - Facility Code/Year/Month. MCS uses "1" for assigned and "0" for non-assigned.
171	2100	REF	Rendering Provider Identification		Segment not used by Medicare.
206	2110	REF	Service Identification – Reference Identification Qualifier	LU, 1S, APC, RB	Medicare does not use "BB", "E9", "G1", or "G3".
207	2110	REF	Rendering Provider Information - Reference Identification Qualifier	HPI, SY, TJ, 1C	Medicare does not use REF01 Codes "0B", "1A", "1B", "1D", "1H", "1J", "D3" or "G2".

209	2110	REF	Health Care Policy Identification	OK	Medicare will report the LCD/NCD code in Loop 2110, Segment REF, REF02.
140	2100	NM1	Insured Name		Segment not used by Medicare.

8 Acknowledgments and Reports

8.1 999 Implementation Acknowledgment

The 999 is not used for 835 transactions.

9 Trading Partner Agreement

EDI Trading Partner Agreements ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

Medicare FFS requires all Trading Partners to sign a Trading Partner Agreement with WPS Health Solutions. This agreement can be found at: <https://wpshealth.com/resources/provider-resources/edi/enrollment.shtml> Additionally, WPS Health Solutions requires the following: In addition to the Trading Partner agreement, WPS Health Solutions requires that all Trading Partners complete a self-registration process on our WPS Community Manager System and EDI Express Enrollment (E3), which is located at the above URL.

10 Transaction-Specific Information

This section defines specific requirements that CMS requires over and above the standard information in the TR3.

10.1 Header

The following table contains specific details for the Header.

Table 7 – Header Specific Requirements

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		ST	Transaction Set Header			
		BPR	Financial Information			
71		BPR03	Credit or Debit Flag Code	C	1	Code “D” does not apply to Medicare.

72		BPR04	Payment Method Code	ACH, CHK, NON	3	Codes “BOP” and “FWT” do not apply to Medicare.
73		BPR06	Depository Financial Institution (DFI) Identification Number Qualifier	01	2	Code “04” does not apply to Medicare.
75		BPR12	Depository Financial Institution (DFI) Identification Number Qualifier	01	2	Code “04” does not apply to Medicare.

10.1.1 Loop 1000A Payer Identification

The following table describes the specific details associated with the Payer Identification structure.

Table 8 – Loop 1000A Payer Identification

Loop ID	Notes/Comments
1000A	The Payer Identification Section of this CG contains no unique CMS Medicare requirements that differ from the TR3.

10.1.2 Loop 1000B Payee Identification

The following table describes the specific details associated with the Payee Identification structure. *Table*

9 – Loop 1000B Payee Identification

Loop ID	Notes/Comments
1000B	The Payee Identification Section of this CG contains no unique CMS Medicare requirements that differ from the TR3.

10.2 Detail Structures

This section describes the specific details associated with Detail Structures.

10.2.1 Loop 2000 Header Number

The following table describes the specific details associated with the Header Number structure.

Table 10 – Loop 2000 Header Number

Loop ID	Notes/Comments
2000	The Header Number Section of this CG contains no unique CMS Medicare requirements that differ from the TR3.

10.2.2 Loop 2100 Claim Payment Information

The following table describes the specific details associated with the Claim Payment Information structure.

Table 11 – Loop 2100 Claim Payment Information

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2100	CLP	Claim Payment Information			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
124	2100	CLP02	Claim Status Code	1, 2, 3, 4, 19, 20, 21, 22, 23	2	“25” (Predetermination Pricing Only - No Payment) does not apply to Medicare.
126	2100	CLP06	Claim Filing Indicator Code	MA, MB	2	“MA” required for Part A. “MB” required for Part B and DME.
	2100	CAS	Claim Adjustment			
131	2100	CAS01	Claim Adjustment Group Code	CO, OA, PR	2	Medicare contractors are limited to use of the “CO”, “OA”, and “PR” group codes; “PI” is not used.
	2100	NM1	Patient Name			
148	2100	NM108	Identification Code Qualifier	MI	2	Use “MI”.

	2100	NM1	Crossover Carrier Name			COB transmissions with more than one secondary payer should indicate remark code "N89" in a claim level remark code data element.
151	2100	NM108	Identification Code Qualifier	PI, XV	2	"AD", "FI", "NI", and "PP" do not apply to Medicare.
	2100	REF				
Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
169	2100	REF01	Reference Identification Qualifier	28, 6P, EA, F8	2	Medicare does not use "1L", "1W", "9A", "9C", "BB", "CE", "G1", "G3", or "IG".
	2100	AMT				
182	2100	AMT01	Amount Qualifier Code	AU, DY, F5, I, NL, ZK, ZL, ZM, ZN, ZO	3	Medicare does not use "D8", "T" or "T2".
	2100	QTY	Claim Supplement Information Quantity			
184	2100	QTY01	Quantity Qualifier	CA, CD, LA, OU, ZK, ZL, ZM, ZN, ZO	2	Medicare does not use "LE", "NE", "NR", "PS", or "VS".

10.2.3 Loop 2110 Service Payment Information

The following table describes the specific details associated with the Service Payment Information structure.

Table 12 – Loop 2110 Service Payment Information

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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	2110	SVC	Service Payment Information			
187	2110	SVC01-1	Product or Service ID Qualifier	HC, NU, N4, HP	2	Only “HC”, “NU”, “N4”, and “HP” apply to Medicare.
191	2110	SVC06-1	Product or Service ID Qualifier	HC, NU, N4, HP	2	Only “HC”, “NU”, “N4”, and “HP” apply to Medicare.
	2110	CAS	Service Adjustment			
Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
198	2110	CAS01	Claim Adjustment Group Code	CO, OA, PR	2	Medicare contractors are limited to use of the “CO”, “OA”, and “PR” group codes; “PI” is not used.
	2110	AMT				
211	2110	AMT01	Amount Qualifier Code	B6, KH, 2K, ZL, ZM, ZN, ZO	3	Medicare does not use “T” or “T2”.
	2110	LQ	Health Care Remark Codes			
215	2110	LQ01	Code List Qualifier Code	HE	3	Only “HE” applies to Medicare.

10.3 Summary

The following table describes the specific details associated with the Summary structure.

Table 13 – Summary Specific Requirements

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		PLB	Provider Adjustment			
217		PLB03-1	Adjustment Reason Code	50, 51, 72, 90, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM, IP, IS, IR, J1, L3, L6, LE, LS,	2	Medicare does not use “AH”, “AM”, “CR”, “CT”, “CW”, or “FC”.
Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
				OA, OB, PI, PL, RA, RE, SL, TL, WO, WU		

11 Appendices

11.1 Implementation Checklist

New Trading Partners wanting to receive an Electronic Remittance advice, will need to complete a selfregistration process on our WPS Community Manager System and EDI Express Enrollment (E3).

The EDI Express Enrollment tool is located at the following URL:

<http://www.wpshealth.com/resources/provider-resources/edi/enrollment.shtml>

Once the enrollment is complete an email will be sent confirming enrollment for Electronic Remittance Advice (ERA) and the ERA will begin the next business day.

11.2 Transmission Examples

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ISA*00*                *00*                *28*CONTR                *29*SUBID                *190213*1142**^*00501*904401298*0*P*::~~
GS*HP*CONTR*SUBID*20190213*11420000*44001298*X*005010X221A1~
ST*835*000001298~
    
```

Figure 1 – 835 Example

11.3 Frequently Asked Questions

N/A

11.4 Acronym Listing

Table 14 – Acronym List

Acronym	Definition
276/277	276/277 Claim Status Request and Response transaction
277CA	277 Claim Acknowledgement
999	Implementation Acknowledgment
ASC	Accredited Standards Committee

Acronym	Definition
CAQH CORE	Council for Affordable Quality Healthcare - Committee on Operating Rules for Information Exchange
CEDI	Common Electronic Data Interchange
CG	Companion Guide
CMS	Centers for Medicare & Medicaid Services
DME	Durable Medical Equipment
E3	EDI Express Enrollment
EDI	Electronic Data Interchange
ERA	Electronic Remittance Advice
FFS	Medicare Fee-For-Service
FISS	Fiscal Intermediary Standard System
GS/GE	GS – Functional Group Header / GE – Functional Group Trailer
HIPAA	Health Insurance Portability and Accountability Act of 1996
HTTPS	Hyper Text Transfer Protocol Secure
IG	Implementation Guide
IOM	Internet-only Manual
ISA/IEA	ISA – Interchange Control Header / IEA – Interchange Control Trailer
MAC	Medicare Administrative Contractor
MIME	Multipurpose Internet Mail Extensions
NCPDP	National Council for Prescription Drug Programs
NPI	National Provider Identifier
NSV	Network Service Vendor (NSV)
PECOS	Provider Enrollment Chain and Ownership System
PHI	Protected Health Information
SOAP	Simple Object Access Protocol

ST/SE	ST – Transaction Set Header / SE – Transaction Set Trailer
TA1	Interchange Acknowledgment
TR3	Technical Report Type 3
WGBBS	WPS EDI Bulletin Board System
X12	A standards development organization that develops EDI standards and related documents for national and global markets (See: http://www.x12.org/)

Acronym	Definition
X12N	Insurance subcommittee of X12

11.5 Change Summary

The following table contains version information of this CG.

Table 15 – Companion Guide Version History

Version	Date	Section(s) changed	Change Summary
1.0	November 5, 2010	All	Initial Draft
2.0	January 3, 2011	All	1 st Publication Version
3.0	April 2011	6.0	2 nd Publication Version
4.0	September 2015	All	3 rd Publication Version
5.0	March 2019	All	4 th Publication Version

