ASC X12N 835 Health Care Payment/Advice Transaction

The Centers for Medicare and Medicaid Services (CMS) has mandated a transition to the new 5010 version of the ASC X12 HIPAA Transaction and Code Set Standards effective January 1, 2012. These new standards impact the 835 Health Care Payment/Advice Transaction. When the 5010 version of the 835 Health Care Payment/Advice Transaction becomes available, providers will receive both the 4010 and 5010 versions regardless if the claims were submitted in the 4010 or 5010 version. The 4010 version will be eliminated on or before January, 1, 2012. The 5010 version of the 835 will be available to Pharmacy providers on January 26, 2011 and available to all other providers on April 27, 2011.

The following references the most significant changes to the 835 transaction. **Both providers and trading partners must identify the complete scope of changes reported in the Implementation Guide.**

835 Health Care Payment/Advice Transaction Changes

- Client's first and last name will be expanded to 35 and 60 characters respectively.
- The Third Party Liability (TPL) carrier name will be expanded from 35 to 60 characters.
- The EDI Help Desk phone number will be included on each 835 for provider technical support.
- A coverage expiration date is being added to the 835 at the claim header level if a claim is denied because of the expiration of coverage. For example, when a claim denies for edit 2002 "Recipient Not Eligible For Header Date Of Service", the expiration date field on the 835 will be populated with the expiration date of the client's benefit plan that ended closest to the from date of service on the claim. If there are no benefit plans that have an end date prior to the from date of service on the claim, if the client has never been eligible for services, or if the client has future eligibility segments, then the expiration date will not be populated.
- The received date of the claim will be included in the 835.
- The medical record number field will be expanded to 50 characters.
- The patient residence code will replace the patient location on the pharmacy 835.
- The corrected client name will be included when the name submitted on the 837 is different than the name in the client eligibility file.
- Voided and adjusted claims will now report the original CAS Adjustment Group Codes and Adjustment Reason Codes in the reversal transaction.