What's new in Version 8020 X12 TR3s?

New Corrected Priority Payer Name Loop

Patients often have more than one insurance plans to cover their medical expenses. When they visit their physician, they may or may not disclose (or may not even know) their other coverage. If they know of their other coverage, the patient may not know which payer should be primary, secondary, etc. Payers may also know of other coverage that a patient may have, but also may not know the priority of the payer. A specific payer that receives a claim may know that they are not primary, but may know which of the other payers should be. The X12N 008020X322 (835) transaction now includes a new loop that allows reporting all known payers and subscriber information.

Loop Format

The Corrected Priority Payer Name occurs at the 2105 level and repeats up to 10 times

- The loop contains the following segments:
  - N1 Corrected Priority Payer Name
  - NM1 Other Subscriber Name

How can this benefit you?

● Allows reporting of up to 10 additional payers with no order of priority implied ● Allows reporting of the subscriber's detailed information, the name and member identifiers ● Improves members and provider satisfaction ● Incentivizes 835 adoption

Reduces cost: Manual claim rework ● Provider A/R days and write-offs ● Appeal process ● System processing ● Operational costs e.g., phone calls, service tickets

How can this impact you?

Payer and Business Associate business processes: Update systems to report all known payers and subscribers ● Update database structure ● Update online display of ERA needs to match the 835 content ● Provide Internal education e.g., EDI and help desk.

Practice Management System (PMS): Update software to receive increased number of payers and alert providers to the need to identify priority of payers ● Update automated billing processes based on the additional payers ● Provide Internal education e.g., client facing staff ● Provide External education to customers

Provider business processes: Work with PMS to update software for increased number of payers and subscribers ● Update processes to identify corrected payers and their priority ● Provide Internal education

Clearinghouse: Update database structure ● Update online display of ERA to match the 835 content ● Provide Internal education e.g., EDI and help desk ● Provide External education to customers

Refer to X12's 008020X322 Health Care Claim Payment/Advice 835 for additional information on the Corrected Priority Payer and Other Subscriber Name.