



What's new in Version 8020 X12 Implementation Guides

Original Claim Information in the 835 transaction set

For many providers to electronically post the remittance data from an 835 transaction to their patient accounting systems without human intervention, they need information defining the type of the original claim, along with how the original claim was submitted. In addition to facilitating auto-posting, this information can be beneficial in researching issues that arise with non-compliant transactions.

The 008020X322 Health Care Claim Payment/Advice (835) transaction includes a new required REF segment that provides the information about the original claim.

What's New

- 2100 Loop REF – Original Claim Information
 - This segment is required and reports the type and method of claim originally submitted by the provider. Providers may have different accounts receivable systems for institutional vs professional (for example), and this provides information needed to direct the transactions to the appropriate systems for posting.
- REF01 – Reference Identification will always be BLT - Billing Type
- REF02 – Original Claim Type is required and must reflect the type of the original claim, e.g. Institutional Inpatient, Institutional Outpatient, Professional, Dental or Pharmacy
- REF03 is not used
- REF04 – Method of Claim Submission is required and must reflect how the original claim was received by the payer, e.g. Electronic submission, paper, DDE, Crossover, or Other.
 - REF04_01 will always be PHC –Process Handling Code
 - REF04_02 will be C,D,E,O, or P to reflect the method of claim submission

How can this benefit you?

- The ERA now show exactly what type of claim the payment is related to. If a provider has separate systems for institutional and professional (for example), this information allows the claim payment information to be directed to the correct system for posting.
- Providers, payers, and clearinghouses can now see how the original claim was submitted. When researching issues with the 835 transactions, it is often beneficial to have this information to determine how the claims data has made it into the adjudication system (e.g. paper claims may not have the same level of editing as electronic claims)
- Improved ability to auto-post the 835 transaction to the accounts receivable system
- Incentivize 835 adoption

How can this impact you?

Payer and Business Associates business processes

- Update database structure of the pre-adjudication system to save the new information (type and source) about the original claim



- Update the post-adjudication system to report the new RFE –Original Claim Information segment in the 835 transaction
- Internal testing and trading partner testing
- Internal education e.g., EDI and help desk
- External education to providers via companion guides or bulletins

Practice Management System (PMS)

- Update revenue cycle software to incorporate receiving and utilizing the new Original Claim Information
- Update remit viewer tool to report all information regarding Original Claim Information
- Update process for splitting files based on Original Claim Information to get files to the correct system
- Internal testing
- Internal education e.g., client facing staff
- External education to customers

Provider Business Processes

- Update procedures for file management to get files to the correct system
- Update procedures for researching file issues to include Original Claim Information
- Review and update reports as needed
- Internal education

Clearinghouse

- Update system to allow files that include the REF segment for Original Claim Information
- Update database structure to save the new information (type and source) about the original claim
- Update processes/systems to use the new REF – Original Claim Information segment as needed
- Update remit viewer tool to report all information including Original Claim Information
- Internal testing and trading partner testing
- Internal education e.g., EDI and help desk
- External education with trading partners and business associates

Refer to X12's 008020X322 Health Care Claim Payment/Advice 835 for additional information on the Original Claim Information in the 835.