



October 31, 2011

835 ERA and 837 Claims Enhancements - Coming Soon!

Dear Passport Health Plan Billing Manager,

Effective November 21, 2011, the following changes are being implemented and will affect our current 835 electronic remittance transactions and paper remits. Examples of the changes are highlighted below. These changes will be in production with remittance advices that are generated beginning November 21, 2011.

Enhancements to Electronic Remittance Advice

1. Enhancements to ERA (835) will include “reversal and corrections” in accordance with HIPAA implementation guide X091A1.
 - An example of the 835 Electronic Remittance:

Original Payment

CLP*1234567890*1*100*40*40*12~

CAS*PR*1*24**2*16~

CAS*CO*45*20~

The payer found an error in the original claim adjudication that requires a correction. In this case, the disallowed amount should have been \$40.00 instead of the original \$20.00. The co-insurance amount should have been \$12.00 instead of \$16.00, and the deductible amount remained the same.

Reversal Method

Reverse the original payment, restoring the patient accounting system to the pre-posting balance for this patient. The payer then sends the corrected claim payment to the provider for posting to the account. It is anticipated that the provider has the ability to post these reversals electronically, without any human intervention.

Reversing the original claim payment is accomplished with code 22, “reversal of previous payment”, in CLP02; code CR, “corrections and reversals”, in CAS01; and appropriate adjustments. All original charge, payment, and adjustment amounts are negated.

CLP*1234567890*22*-100*-40**12~

CAS*CR*1*-24**2*-16**45*-20~

NOTE

The reversal does not contain any patient responsibility amount in CLP or a patient responsibility-specific CAS segment.





Corrected Claim

The corrected claim payment is provided as if it were the original payment.

CLP*1234567890*1*100*24*36*12~

CAS*PR*1*242*12~**

CAS*CO*45*40~

NOTES

- The claim paid amount (CLP04) for this individual claim can be zero or less (reversal method included in 2.2.8 of the HIPAA implementation guide X091A1). Reversals and Corrections must not cause the total payment for this 835 (BPR02) to become negative.
- The example does not provide service line detail. If the service line detail had been on the original payment, then the reversal should apply the same reversal logic to the claim and service lines.

2. Enhancements to payer responsibility data included on the 835 ERA

- Values: 1 = primary, 2 = secondary payer, 3 = tertiary (payer of last resort)

3. The DRG code will be included in the CLP segment on the 835 ERA

Enhancements to Paper Remittance Advice

1. Enhancements to paper remit to show “reversals and corrections”.

| Provider ID: 20067893 | | | NPI#: 1891744454 | | | Member ID: 40605*** | | | Patient ID: 0001417581*** | | | | |
|----------------------------------|---------------------|-----|------------------------------|-----|----------------|------------------------|--------|--------|---------------------------|------------|--------|-------------|-----------|
| Provider Name: Cayelli, Maria A. | | | Member Name: WEBB N CARLYANA | | | Claim ID: 08276D***400 | | | | | | | |
| Date of Service | Proc / Rev DRG Code | Mod | Description | Qty | Charged Amount | Allowed Amount | OIC | Coins | COB | Deductible | Co Pay | Amount Paid | Adj / Den |
| 09/25/08 - 09/25/08 | 99391 | | Periodic comprehensive prev | 001 | -\$119.00 | -\$56.07 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | -\$56.07 | PSS |
| 09/25/08 - 09/25/08 | 90471 | | Immunization administration | 001 | -\$19.00 | -\$14.95 | | | | | | -\$14.95 | PSS |
| 09/25/08 - 09/25/08 | 90472 | | Immunization administration | 002 | -\$36.00 | -\$29.90 | | | | | | -\$29.90 | PSS |
| Interest Payment | | | | | | | | | | | 0.00 | | |
| Prior Payment | | | | | | | | | | | 0.00 | | |
| Claim Total: | | | | | -\$174.00 | -\$100.92 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | -100.92 | |

| Provider ID: 20067893 | | | NPI#: 1891744454 | | | Member ID: 40605*** | | | Patient ID: 0001417581*** | | | | |
|----------------------------------|---------------------|-----|------------------------------|-----|----------------|------------------------|--------|--------|---------------------------|------------|--------|-------------|-----------|
| Provider Name: Cayelli, Maria A. | | | Member Name: WEBB N CARLYANA | | | Claim ID: 08276D***401 | | | | | | | |
| Date of Service | Proc / Rev DRG Code | Mod | Description | Qty | Charged Amount | Allowed Amount | OIC | Coins | COB | Deductible | Co Pay | Amount Paid | Adj / Den |
| 09/25/08 - 09/25/08 | 99391 | | Periodic comprehensive prev | 001 | \$119.00 | \$76.07 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$76.07 | J01 |
| 09/25/08 - 09/25/08 | 90471 | | Immunization administration | 001 | \$19.00 | \$14.95 | | | | | | \$14.95 | PSS |
| 09/25/08 - 09/25/08 | 90472 | | Immunization administration | 002 | \$36.00 | \$29.90 | | | | | | \$29.90 | PSS |
| Interest Payment | | | | | | | | | | | 0.00 | | |
| Prior Payment | | | | | | | | | | | 0.00 | | |
| Claim Total: | | | | | \$174.00 | \$120.92 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$120.02 | |

2. Enhancements to paper remit to provide EOB codes for case rate and DRG roll-ups.





Note: There may be some adjustment scenarios that will not generate a reversal transaction on the ERA (835) and the paper remittance advice. We hope you will find these enhancements to the 835 ERA and Paper Remittance Advices helpful.

Please contact the EDI Hotline at (877-234-4275) for the following issues:

- Missing data
- Adjustment reason or remark code
- Payment responsibility

As always, thank you for your continued commitment to the Plan. If you have an issue or any questions about a specific amount, content, or denial noted on the 835 ERA or Paper Remittance Advice, please contact the Provider Claims Services Unit at (800) 578-0775.

Sincerely,

A handwritten signature in black ink, appearing to read "P. Patton".

Peg J. Patton
Associate Vice President, Provider Network Management

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