

Joint Venture Hospital Laboratories Companion Guide



ASC X12N 835 (005010X221A1) Health Care Claim Payment/Advice

**Version 2.4.2
January 2024**

Disclosure Statement

The Washington Publishing Company documentation was prepared for use by all health insurance payers in the United States. The JVHL ANSI Companion Document is a supplement but does not contradict any requirements in the ASC X12N 835 (005010X221A1) data standards, as mandated by Health and Human Services.

Preface

This information is provided by Joint Venture Hospital Laboratories (JVHL) and is to be used as a reference in preparation of claims/encounter data submitted in conjunction with services contracted to Joint Venture Hospital Laboratories (JVHL). These instructions must be used as an adjunct to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated ANSI X12N 5010 HIPAA ERA 835 Implementation X221A1 Guides all of which are available from the Washington Publishing Company web site at: www.wpc-edi.com.

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1. Introduction

1.1 Scope

This document is to be used as a companion document to the HIPAA 835 Implementation Guide. It is designed for early implementation of the HIPAA Transactions for Health Care Claim Payment/Advice.

1.2 Overview

This Companion Guide will replace the previous JVHL Companion Guide for 835 Health Care Claim transactions. This Companion Guide will assist you in implementing and processing JVHL 835 Claim Payment/Advice transactions.

1.3 References

This document is to be used along with the X12N 5010 HIPAA Professional X221 Health Care Claim Payment/Advice Implementation Guide and the X221A1Final Addenda. To obtain your copy of the Implementation Guide and Addenda, visit the Washington Publishing Company web site at:

www.wpc-edi.com.

2. Getting Started

2.1 Working With JVHL

The EDI Group at the JVHL is ready to work with you in regards to your EDI needs. If you need help, please consult the 'Contact' section of this document for employees that can provide assistance. Business hours for the EDI Group are Monday – Friday, 8:00 – 4:30 (ET).

2.2 Trading Partner Registration

To request information on becoming a registered “Electronic Data Interchange (EDI) Trading Partner” with JVHL; please contact:

Rob Ramey
IT Director
(248) 594-0998 x202
support@jvhl.org

Please note; that the following points are representative of the “basic requirements” to becoming an established “EDI Trading Partner” with JVHL*.

- ✓ Each trading partner is required to establish and maintain its respective EDI operation.
- ✓ EDI data exchange will not commence until both parties have demonstrated competency in conducting EDI transactions.
- ✓ JVHL will assist (where applicable) but will not provide EDI training.
- ✓ Both parties will agree to maintain trained EDI Operators and support personnel necessary to conducting EDI operations on a daily basis.
- ✓ Each party shall monitor the performance of its EDI Operations and take “Corrective Action” when deemed appropriate.

*A more detailed and comprehensive discussion of these and other topics is furnished to registrants as an integral part of the “(JVHL) Trading Partner Agreement” official document.

3. Testing With the Payer

Listed below are steps to following when testing:

- New Submitter / Provider
 - o Submit clean test claim file
 - o Receive test 835 file from the JVHL
 - o Review file and determine if there are any issues
- Existing Submitter / Provider
 - o 835 files are automatically placed in your secure pickup folder
 - o Review existing production files and determine if there are any issues

4. Connectivity with the Payee/Communications

4.1 Transmission Administrative Procedures

The JVHL communication server provides secure internet access for both transmitting and receiving EDI transactions. Please contact Rob Ramey (Section 5 – Contact Information) for the account setup and software requirements.

5. Contact Information

5.1 EDI Customer Service

Dave Mocerì
Information Systems Support Tech
(248) 594-0998 x204
support@jvhl.org

5.2 EDI Technical Assistance

Rob Ramey
IT Director
(248) 594-0998 x202
support@jvhl.org

6. Control Segments/Envelopes

6.1 ISA-IEA

Loop ID	Reference	Name	Notes/Comments
ISA		Interchange Control Header	
ISA	01	Authorization Information Qualifier	00
ISA	02	Authorization Information	10 Blanks
ISA	03	Security Information Qualifier	00
ISA	04	Security Information	10 Blanks
ISA	05	Interchange ID Qualifier	ZZ
ISA	06	Interchange Sender ID	382142103
ISA	07	Interchange Receiver ID Qualifier	ZZ
ISA	08	Interchange Receiver ID	Trading Partner ID assigned by JVHL
ISA	09	Interchange Date	YYMMDD
ISA	10	Interchange Time	HHMM
ISA	11	Repetition Separator	^
ISA	12	Interchange Control Version Number	00501
ISA	13	Interchange Control Number	ID number assigned to the file, unique across EDI files sent to the trading partner
ISA	14	Acknowledgment Requested	
ISA	15	Interchange Usage Indicator	P = Production Data T = Test Data
ISA	16	Component Element Separator	:

Loop ID	Reference	Name	Notes/Comments
IEA		Interchange Control Trailer	
IEA	01	Number of Included Functional Groups	Number of functional groups (GS/GE) included in the interchange.
IEA	02	Interchange Control Number	Control number assigned by the sender, will match to ISA13.

6.2 GS-GE

Loop ID	Reference	Name	Notes/Comments
GS		Functional Group Header	
GS	01	Functional Group Identifier Code	HP
GS	02	Application Sender's Code	JVHLVOUCHER
GS	03	Application Receiver's Code	JVHLVOUCHER
GS	04	Date	CCYYMMDD
GS	05	Time	HHMM
GS	06	Group Control Number	ID number assigned to the GS/GE group
GS	07	Responsible Agency Code	X
GS	08	Version/Release/Industry Identifier Code	005010X221A1

Loop ID	Reference	Name	Notes/Comments
GE		Functional Group Trailer	
GE	01	Number of TS Sets Included	
GE	02	Group Control Number	Control number assigned to the GS/GE group, which will match the control number from GS06.

6.3 ST-SE

Loop ID	Reference	Name	Notes/Comments
ST		Transaction Set Header	
ST	01	Transaction Set Identifier Code	835
ST	02	Transaction Set Control Number	Control number assigned to the ST/SE transaction set

Loop ID	Reference	Name	Notes/Comments
SE		Transaction Set Trailer	
SE	01	Number of Included Segments	Total number of segments in the ST/SE group, including the ST and SE segments.
SE	02	Transaction Set Control Number	Control number that will match back to ST02.

7. Acknowledgements and/or Reports

JVHL does not currently require an acknowledgement and will not process any 999 transactions received in response to an 835 file.

8. Trading Partner Agreements

8.1 Trading Partners

Trading Partner Agreements for existing Partners are currently on file with JVHL. For new Trading Partners please contact Rob Ramey Ph: (248) 594-0998 x202, email: support@jvhl.org

9. Transaction Specific Information

835 Interchange Envelope and Functional Group Structures - Data Clarifications

Loop	Segment/ Element	Instruction	Element Name
1000A	N102	<p>JVHL provider claims use the following codes to identify payers</p> <p>Aetna = N1*PR*JVHL - AET - J1~ Aetna Better Health Premier Plan = N1*PR*JVHL - ABHPP - M5~ AmeriHealth Caritas VIP Care Plus = N1*PR*JVHL - AMERH - MD~ Bay County Health Plan (CAP) = N1*PR*JVHL - CTYPL - MA~ Bay County Health Plan (FFS - Pathology) = N1*PR*JVHL - CTYPL - MF~ BCBSM Medicare Plus Blue PPO = N1*PR*JVHL - MBPPO - KC~ BCN CAP J9 = N1*PR*JVHL - BCN - J9~ BCN Medicare Advantage =N1*PR*JVHL - BCN - JY~ BCN Premier Care Cap KA = JVHL - BCN - KA~ BCN Premier Care Reimbursable KB = JVHL - BCN - KB~ BCN Reimbursable JQ = N1*PR*JVHL - BCN - JQ~ BCN Commercial Labs JJ = N1*PR*JVHL - BCN - JJ~ BCN Blue Cross Complete Of MI KP = N1*PR*JVHL - BCN - KP~ (DOS prior to 2019) BCN HSA KS = N1*PR*JVHL - BCN - KS~ BCN Exchange FFS M3 = N1*PR*JVHL - BCN - M3~ BCN Critical Access and Small Volume MJ = N1*PR*JVHL - BCN - MJ~ (7/1/2019 and later DOS) BEHP = N1*PR*JVHL - BEHP - JE~ Blue Cross Complete Of MI = N1*PR*JVHL - BCC - CC~ (DOS of 2019 to 7/31/2020) - CAP Blue Cross Complete Of MI = N1*PR*JVHL - BCC - CK~ (DOS of 8/1/2020 and later) - FFS Cigna Healthcare (Non-HAP and CIGNA-HAP Members) = N1*PR*JVHL - CIGNA - KD~ Cigna Healthcare = N1*PR*JVHL - CIGNA - KQ~ Community Care Associates (Health Choice) = N1*PR*JVHL - HLTHC - JW~ Consumers Mutual Insurance = N1*PR*JVHL - CMIOM - KW~ ** Agreement Terming on 12/31/2016 ** CoventryCares - Aetna Better Health of MI = N1*PR*JVHL - OMNI - J8~ (DOS Prior to 2019) CoventryCares - Aetna Better Health of MI - MICHild (CAP) = N1*PR*JVHL - OMNI - KL~ (DOS Prior to 2017) CoventryCares - Aetna Better Health of MI-CSHCS (CAP) = N1*PR*JVHL-OMNI-KT~ (DOS Prior to 2017) CoventryCares - Aetna Better Health of MI-Healthy Michigan (CAP)= N1*PR*JVHL - OMNI - M0~ (DOS Prior to 2017) CoventryCares - Aetna Better Health of MI - DOS >= 1/1/2017 (FFS)= N1*PR*JVHL - OMNI - M9~ (DOS >= 2017 and Prior to 2019) CoventryCares - Aetna Better Health of MI - DOS >= 1/1/2019 (FFS)= N1*PR*JVHL - OMNI - CB~ (DOS 2019 and later) DMC Care (CAP) = N1*PR*JVHL - DMC - JS~ (Termed 12/31/2017) DMC Care (FFS) = N1*PR*JVHL - DMC - J3~ (Termed 12/31/2017) HAP ASR = N1*PR*JVHL - HAP - MR~ (DOS 6/1/2021 and later) HAP CIGNA = N1*PR*JVHL - HAP - CIGNA~ ** This will be phased out as HAP/CIGNA made a change and now require CIGNA-HAP claims to be handled as CIGNA ** HAP SR Plus (FFS DOS<4/1/2015) = N1*PR*JVHL - HAP - SRPLUS~ HAP SR Plus (CAP DOS>=4/1/2015) = N1*PR*JVHL - HAP - M6~ ** HAP SR Plus CAP contract converted to FFS contract for DOS 8/1/2017 and later claims which will be responded on under JVHL Payer Code ME. HAP SR Plus (FFS DOS>=8/1/2017) = N1*PR*JVHL - HAP - ME~ HAP Cross Network = N1*PR*JVHL - HAP - CRSNET~ HAP PPO = N1*PR*JVHL - HAP - JH~ HAP CAP = N1*PR*JVHL - HAP - JG~ ** CONTINUED BELOW **</p>	Name

<p>1000A</p>	<p>N102 Continued</p>	<p>JVHL provider claims use the following codes to identify payers</p> <p>Genesee County Health Plan (CAP) = N1*PR*JVHL - CTYPL - MB~ Genesee County Health Plan (FFS - Pathology) = N1*PR*JVHL - CTYPL - MG~ HAP CareSource - CAP = N1*PR*JVHL - MIDW - JB~ ** CAP Contract termed 12/31/2015) ** HAP CareSource - FFS = N1*PR*JVHL - MIDW - M2~ (DUALS with DOS prior to 1/1/2024) HAP CareSource - FFS = N1*PR*JVHL - MIDW - MT~ (DUALS with DOS on/after 1/1/2024) HAP CareSource - FFS = N1*PR*JVHL - MIDW - CD~ (DOS 2019 and later - Medicaid) Harbor Health Plan (Medicaid) = N1*PR* JVHL - HABR - M1~ (Termed 12/31/2018) Harbor Health Plan (Harbor Advantage) = N1*PR* JVHL - HABR - M7~ (Termed 12/31/2017) Harbor Health Plan (Harbor Choice) = N1*PR* JVHL - HABR - M8~ (Termed 12/31/2017) Health Plus - Commercial HMO (CAP) = N1*PR* JVHL - HLTHP - KE~ Health Plus - County Plans (CAP) = N1*PR* JVHL - HLTHP - KF~ Health Plus - Medicare Advantage HMO (CAP) = N1*PR* JVHL - HLTHP - KG~ Health Plus - Commercial PPO (FFS) = N1*PR* JVHL - HLTHP - KH~ Health Plus - Medicare Advantage PPO (FFS) = N1*PR* JVHL - HLTHP - KI~ Health Plus - Medicaid HMO (CAP) = N1*PR* JVHL - HLTHP - KJ~ Health Plus-Genesee CTY MCD (CAP)= N1*PR* JVHL - HLTHP - KK~ ** Health Plus agreements term DOS 12/31/2016 ** Humana (HMO-X) = N1*PR* JVHL - HUMAN - KZ~ ** Humana HMO-X Product was termed by payer on DOS 12/31/2017 ** Humana (Medicare)= N1*PR* JVHL - HUMAN - KV~ McLaren Health Plan = N1*PR*JVHL - MCLHP - K7~ McLaren Health Plan (FFS) = N1*PR*JVHL - MCLHP - KN~ McLaren Health Plan (CAP) = N1*PR*JVHL - MCLHP - CE~ (Medicaid 2019 DOS and later) McLaren Health Plan (FFS) = N1*PR*JVHL - MCLHP - CF~ (Medicaid 2019 DOS and later) Meridian Health Plan of MI (Health Plan of Michigan) = N1*PR*JVHL - HPM - J2~ Meridian Health Plan of MI (Health Plan of Michigan) = N1*PR*JVHL - HPM - CG~ (Medicaid 2019 DOS to 3/31/2022) Meridian Health Plan of MI (Health Plan of Michigan) = N1*PR*JVHL - HPM - CL~ (Medicaid DOS 4/1/2022 and later) Physicians Health Plan = N1*PR*JVHL - PHP - MN~ Physicians Health Plan (Medicare Advantage) = N1*PR*JVHL - PHP - MQ~ Priority Health Commercial (Non MA / Medicaid with DOS >= 1/1/2014) = N1*PR*JVHL - PH - JZ~ Priority Health Medicare Adv. = N1*PR*JVHL - PH - KX~ Priority Health Medicaid = N1*PR*JVHL - PH - KY~ Provider Network of America = N1*PR*JVHL - PNOA - MP~ Reliance HMO = N1*PR*JVHL - RELIA - MK~ Saginaw County Health Plan (CAP) = N1*PR*JVHL - CTYPL - MC~ Saginaw County Health Plan (FFS - Pathology) = N1*PR*JVHL - CTYPL - MH~</p> <p style="text-align: center;">** CONTINUED BELOW **</p>	<p>Name</p>
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<p>1000A</p>	<p>N102 Continued</p>	<p>JVHL provider claims use the following codes to identify payers</p> <p>United Health Care = N1*PR*JVHL - UHC - J5~ (1/1/2012) United Health Care Golden Rule = N1*PR*JVHL - UHC - KR~ United Health Care Medicare/Medicaid = N1*PR*JVHL - UHC - KU~ United HealthCare Community Plan (GLHP) = N1*PR*JVHL - GLHP - JR~ ** We will be 'moving' UHCCP members to payer code KU for claims with a DOS of 1/1/2017 ** United HealthCare Community Plan (GLHP) = N1*PR*JVHL - GLHP - CA~ (Medicaid DOS >= 1/1/2019) United HealthCare Community Plan Medicare Advantage (GLHP) = N1*PR*JVHL - GLHP - K1~ ** Product Is Terming 1/1/2015 ** VA Community Care = N1*PR*JVHL - VACCN - MS~ WellCare = N1*PR*JVHL - WCARE - MM~</p>	<p>Name</p>
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APPENDICES

1. Frequently Asked Questions

- a. Does JVHL plan to discontinue existing billing reports?
 - No. ANSI 835 files are “in addition” to the tools JVHL currently offers to manage claims. There are no plans to discontinue the existing billing reports at this time.
- b. Is it recommended that providers contact their clearing houses to obtain the JVHL ANSI 835 files?
 - Yes. Some clearing houses have specifically (McKesson/RelayHealth) indicated that providers will be required to submit tickets to put the files into production.
- c. When will ANSI 835 files be posted to submitter web accounts?
 - The JVHL generates ANSI 835 files Monday – Friday and if an ANSI 835 file was created for your facility it should be posted to your secure pickup folder by 7:00 PM.
- d. Are ANSI 835 files plan specific?
 - Yes. File name format = Lab Code_Plan Name_Voucher#_evou_yyyymmddttttt.835
- e. What about the voucher number listed in the 835 file name?
 - The voucher number in the ANSI 835 file name will match the voucher number on the printable version of reports.

2. Change Summary

This section describes the differences between the current Companion Guide and previous guide(s).

Date	Version	Description
1/8/2024	2.4.2	i. Updated HAP Empowered’s name to HAP CareSource ii. Added new HAP CareSource DUALs payer code of MT iii. Updated name of CIGNA to Cigna Healthcare
12/5/2022	2.4.1	iv. Added new code for VA Community Care - MS
4/8/2022	2.4.0	v. Added new Meridian code of CL for 4/1/2022 and later claims
11/19/2021	2.3.9	vi. Added new code for HAP ASR - MR
4/16/2021	2.3.8	vii. Added new code for PHP – MQ – which is for the Medicare Advantage product
1/8/2021	2.3.7	iii. Removed Molina from document as they have been termed for over 90 days
11/19/2020	2.3.6	ix. Added new payer Provider Network of America (MP)
9/30/2020	2.3.5	x. Updated that Molina termed DOS 9/30/2020
8/20/2020	2.3.4	xi. Added new payer Physicians Health Plan (MN)
7/6/2020	2.3.3	xii. Updated value that will be returned for Blue Cross Complete of MI (BCC) to be CC for DOS 1/1/2019 – 7/31/2020 and CK for DOS on/after 8/1/2020. The CC code is for capitated responses and the CK code will be for FFS responses.
4/1/2020	2.3.2	iii. Added new payer WellCare (MM)
1/28/2020	2.3.1	iv. Added new payer Reliance HMO (MK)
8/1/2019	2.3.0	xv. Updated Aetna Better Health section as there was a typo in the date range
5/22/2019	2.2.9	vi. Added new BCN Critical Access / Small Volume Payer code (MJ)
4/18/2019	2.2.8	vii. Updated name of HAP Midwest to HAP Empowered
3/4/2019	2.2.7	iii. Added information that Harbor Medicaid (M1) was termed on 12/31/2018 (DOS) ix. Add information on new codes that will be returned for Medicaid Products that JVHL is becoming the TPA for (2019 DOS)

		<ul style="list-style-type: none"> xx. Aetna Better Health xxi. Blue Cross Complete xxii. HAP Midwest xxiii. McLaren xxiv. Meridian xxv. Molina xxvi. UHCCP
8/3/2018	2.2.6	vii. Added information to the Humana HMO-X product line to denote that Humana termed that product on 12/31/2017 (DOS).
1/14/2018	2.2.5	<ul style="list-style-type: none"> iii. Updated JVHL Logo ix. Added information on ‘sub-plans’ for Harbor Health with two of them terming on 12/31/2017. xx. Added information about DMC Care terming 12/31/2017
12/11/2017	2.2.4	xi. Added information for Bay, Genesee, and Saginaw County Health Plans in relation to professional pathology claims which will be paid FFS.
9/12/2017	2.2.3	xii. Added information about new HAP Payer Code ME, which is a FFS Senior Plus code and is taking the place of the CAP Senior Plus code M6.
7/13/2017	2.2.2	iii. Added information for Bay, Genesee, and Saginaw County Health Plans
6/29/2017	2.2.1	iv. Added Amerihealth Caritas VIP information
4/20/2017	2.2.0	xv. Updated logo
2/14/2017	2.1.9	vi. Added new Coventry Cares / Aetna Better Health payer code (M9) which is for the new FFS agreement for claims with a DOS >= 1/1/2017
12/15/2016	2.1.8	<ul style="list-style-type: none"> vii. Added new BCN product code for the Exchange FFS product (M3) iii. Added a note that we will be ‘moving’ UHCCP members to KU for claims with a DOS of 1/1/2017 and later. ix. Added a note that Consumer’s Mutual terming on 12/31/2016
11/30/2016	2.1.7	xl. Added termination information for Health Plus
4/14/2016	2.1.6	xli. Updated guide in relation to CIGNA-HAP Members. HAP and CIGNA made a change and now require that all CIGNA-HAP Members be billed directly to CIGNA where previously they were billed to HAP. Based on this change all CIGNA claims (CIGNA-HAP and non-HAP) will be responded on in the 835 file as KD (CIGNA) as providers will need to bill the CIGNA-HAP claims to JVHL with payer code KD.
2/9/2016	2.1.5	lii. Updated contact information
2/5/2016	2.1.4	iii. Updated HAP Midwest M2 contract code to reflect it will now be for any FFS claim (all plans 1/1/2016 DOS and forward).
11/5/2015	2.1.3	liv. Updated contact information
6/3/2015	2.1.2	lv. Added information on Humana HMO-X code KZ.
5/27/2015	2.1.1	vi. Added information on HAP Senior Plus code M6, which is will be a CAP product code starting with DOS 4/1/2015
5/13/2015	2.1.0	vii. Added information on Aetna Better Health Premier Plan (M5).
3/27/2015	2.0.9	iii. Added information about DMC Care FFS product (J3).
10/24/2014	2.0.8	ix. Added note that UHCCP Medicare Dual Product (K1) is terming on 1/1/2015.
10/1/2014	2.0.7	1. Added information for new HAP Midwest BRCA FFS Testing payments.
9/2014	2.0.6	li. Changed name of Midwest Health Plan to HAP Midwest Health Plan
9/2014	2.0.5	<ul style="list-style-type: none"> lii. Changed name of CoventryCares to Aetna Better Health of MI iii. Removed entry for Humana(Commercial) contract, as we will not be splitting the Humana claims at this time.
8/2014	2.0.4	liv. Added new code for Harbor Health Plan.
6/2014	2.0.3	lv. Added new codes for Coventry Cares (Healthy Michigan) and Humana

(Commercial)		
3/2014	2.0.2	vi. Added identification information for new Priority Health contracts in 835 file.
11/2013	2.0.1	vii. Added identification for Consumers Mutual Insurance in the 835 file.
8/2013	2.0	iii. Added identification for Humana claims in the 835 file.
6/2013	1.9	ix. Updated much of the document to add additional sections from the CORE sample companion guide.
4/2013	1.8	ix. Added identification information for BCN HSA product 835 files xi. Added identification information for UHC Medicare/Medicaid product 835 files
11/2012	1.7	xii. Updated phone extensions iii. Added identification information for new Coventry Cares CMHCS product 835 files
05/2012	1.6	iv. Reformat in accordance with CORE v5010 Master Companion Guide xv. Updated Payer List – Names that have changed, removed old payers, etc. xvi. The following subjects have been included with this version: <ul style="list-style-type: none"> • Trading Partner Registration • Connectivity with the Payee/Communications • Trading Partner Agreements