



Centers for Medicare & Medicaid Services (CMS)

Standard Companion Guide
Health Care Claim Payment/Advice (835)

Based on ASC X12N TR3, Version 005010X221A1

Companion Guide Version Number: 7.0,
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Disclosure Statement

The Centers for Medicare & Medicaid Services (CMS) is committed to maintaining the integrity and security of health care data in accordance with applicable laws and regulations. Disclosure of Medicare claims is restricted under the provisions of the Privacy Act of 1974 and Health Insurance Portability and Accountability Act of 1996. This Companion Guide is to be used for conducting Medicare business only.

Preface

This Companion Guide (CG) to the ASC X12N Technical Report Type 3 (TR3) Version 005010 and associated errata adopted under Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies the data content when exchanging transactions electronically with Medicare. Transmissions based on this CG, used in tandem with the TR3, are compliant with both ASC X12N syntax and those guides. This CG is intended to convey information that is within the framework of the TR3 adopted for use under HIPAA. This CG is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

This CG contains instructions for electronic communications with the publishing entity, as well as supplemental information for creating transactions while ensuring compliance with the associated ASC X12N TR3s and the Council for Affordable Quality Healthcare – Committee on Operating Rules for Information Exchange (CAQH CORE) companion guide operating rules.

In addition, this CG contains the information needed by Trading Partners to send and receive electronic data with the publishing entity, who is acting on behalf of CMS, including detailed instructions for submission of specific electronic transactions. The instructional content is limited by ASC X12N's copyrights and Fair Use statement.

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1 Introduction

This document is intended to provide information from the author of this guide to Trading Partners to give them the information they need to exchange Electronic Data Interchange (EDI) data with the author. This includes information about registration, testing, support, and specific information about control record setup.

An EDI Trading Partner is defined as any Medicare customer (e.g., provider/supplier, billing service, clearinghouse, or software vendor) that transmits to, or receives electronic data from Medicare. Medicare's EDI transaction system supports transactions adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as additional supporting transactions as described in this guide.

Medicare Fee-For-Service (FFS) is publishing this Companion Guide (CG) to clarify, supplement, and further define specific data content requirements to be used in conjunction with, and not in place of, the ASC X12N Technical Report Type 3 (TR3) Version 005010 and associated errata mandated by HIPAA and/or adopted by Medicare FFS for EDI.

This CG provides communication, connectivity, and transaction-specific information to Medicare FFS Trading Partners and serves as the authoritative source for Medicare FFS-specific EDI protocols.

Additional information on Medicare FFS EDI practices are referenced within Internet-only Manual (IOM) Pub. 100-04 Medicare Claims Processing Manual:

- Chapter 22 – [Remittance Advice](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c22.pdf) (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c22.pdf)
- Chapter 24 – [General EDI and EDI Support, Requirements, Electronic Claims, and Mandatory Electronic Filing of Medicare Claims](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c24.pdf) (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c24.pdf)

1.1 Scope

EDI addresses how Trading Partners exchange professional and institutional claims, claim acknowledgments, claim remittance advice, claim status inquiry and responses, and eligibility inquiry and responses electronically with Medicare. This CG also applies to ASC X12N 835 transactions that are being exchanged with Medicare by third parties, such as clearinghouses, billing services or network service vendors.

This CG provides technical and connectivity specification for the 835 Health Care Claim: Payment/Advice transaction Version 005010A1.

1.2 Overview

This CG includes information needed to commence and maintain communication exchange with Medicare. In addition, this CG has been written to assist you in designing and implementing the ASC X12N 835 transaction standard to meet Medicare's processing standards. This information is organized in the sections listed below:

- *Getting Started:* This section includes information related to hours of operation, and data services. Information concerning Trading Partner registration and the Trading Partner testing process is also included in this section.
- *Testing and Certification Requirements:* This section includes detailed transaction testing information as well as certification requirements needed to complete transaction testing with Medicare.
- *Connectivity/Communications:* This section includes information on Medicare’s transmission procedures as well as communication and security protocols.
- *Contact Information:* This section includes EDI customer service, EDI technical assistance, Trading Partner services and applicable websites.
- *Control Segments/Envelopes:* This section contains information needed to create the Interchange Control Header/Trailer (ISA/IEA), Functional Group Header/Trailer (GS/GE), and Transaction Set Header/Trailer (ST/SE) control segments for transactions to be submitted to or received from Medicare.
- *Specific Business Rules and Limitations:* This section contains Medicare business rules and limitations specific to the ASC X12N 835.
- *Acknowledgments and Reports:* This section contains information on all transaction acknowledgments sent by Medicare and report inventory.
- *Trading Partner Agreement:* This section contains information related to implementation checklists, transmission examples, Trading Partner Agreements and other resources.
- *Transaction Specific Information:* This section describes the specific CMS requirements over and above the information in the ASC X12N 835 TR3.

1.3 References

The following locations provide information for where to obtain documentation for Medicare-adopted EDI transactions and code sets.

Table 1. EDI Transactions and Code Set References

Resource	Location
ASC X12N TR3s	The official ASC X12 website
Washington Publishing Company Health Care Code Sets	The official Washington Publishing Company website

1.4 Additional Information

The websites in the following table provide additional resources for HIPAA Version 005010A1 implementation:

Table 2. Additional EDI Resources

Resource	Web Address
Medicare FFS EDI Operations	https://www.cms.gov/ElectronicBillingEDITrans/
Central Version 005010 and D.0 web page on the CMS website	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Versions5010andD0/index.html
Responses to Technical Comments	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/AdoptedStandardsandOperatingRules.html

2 Getting Started

2.1 Working Together

National Government Services (NGS) is dedicated to providing communication channels to ensure communication remains constant and efficient. NGS has several options to assist the community with their electronic data exchange needs. By using any of these methods NGS is focused on supplying the Trading Partner community with a variety of support tools.

An EDI help desk is established for the first point of contact for basic information and troubleshooting. The help desk is available to support most EDI questions/incidents while at the same time being structured to triage each incident if more advanced research is needed. Email is also accessible as a method of communicating with NGS EDI. The email account is monitored by knowledgeable staff ready to assist you. When communicating via email, please exclude any protected health information (PHI) to ensure security is maintained. In addition to the NGS EDI help desk and email access, see Section 5 for additional contact information.

NGS also has several external communication components in place to reach out to the Trading Partner community. NGS posts all critical updates, system issues and EDI-specific billing material to their [website](https://www.ngsmedicare.com/) (<https://www.ngsmedicare.com/>). All Trading Partners are encouraged to visit this page to ensure familiarity with the content of the site. NGS also distributes EDI pertinent information in the form of an EDI newsletter or comparable publication, which is posted to the website every month. In addition to the website, a distribution list has been established in order to broadcast urgent messages. Please register for the NGS email distribution list by selecting **Subscribe to Email Updates** to register with the appropriate line of business.

2.2 Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, clearinghouse, software vendor, employer group, financial institution, etc.) that transmits electronic data to, or receives electronic data from, another entity.

Medicare FFS and NGS support many different types of Trading Partners or customers for EDI. To ensure proper registration, it is important to understand the terminology associated with each customer type:

- *Submitter* – the entity that owns the submitter ID associated with the health care data being submitted. It is most likely the provider, hospital, clinic, supplier, etc., but could also be a third party submitting on behalf of one of these entities. However, a submitter must be directly linked to each billing National Provider Identifier (NPI). Often the terms submitter and Trading Partner are used interchangeably because a Trading Partner is defined as the entity engaged in the exchange or transmission of electronic transactions. Thus, the entity that is submitting electronic administrative transactions to NGS is a Medicare FFS Trading Partner.
- *Vendor* – an entity that provides hardware, software, and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor, or clearinghouse.
- *Software Vendor* – an entity that creates software used by Trading Partners to conduct the exchange of electronic transactions with Medicare FFS.
- *Billing Service* – a third party that prepares and/or submits claims for a provider.
- *Clearinghouse* – a third party that submits and/or exchanges electronic transactions (claims, claim status or eligibility inquiries, remittance advice, etc.) on behalf of a provider.
- *Network Service Vendor* – a third party that provides connectivity between a Trading Partner and NGS.

To register with NGS EDI, providers must complete the following registration forms:

- The EDI Enrollment Agreement which indicates providers' acceptance to comply with CMS instructions for use of electronic transactions
- The EDI Registration Form to request a submitter identifier (ID)

If the provider will be using a clearinghouse or other third-party billing service, the provider must also submit an EDI Registration Form. A clearinghouse or other third-party billing service may register for a submitter ID by completing the EDI Registration Form. Third party submitters will not be issued a submitter ID unless a provider has submitted an EDI Registration form authorizing the third party to perform EDI transactions on their behalf.

The EDI registration forms are submitted online via the [NGS website](https://www.NGSMedicare.com) (https://www.NGSMedicare.com), select Resources > EDI Enrollment option.

Under HIPAA, EDI applies to all covered entities transmitting the following HIPAA-established administrative transactions: 837I and 837P, 835, 270/271, 276/277, and the National Council for Prescription Drug Programs (NCPDP) D.O. Additionally, Medicare Administrative Contractors (MACs) and Common Electronic Data Interchange (CEDI) will use the Interchange Acknowledgment (TA1), Implementation Acknowledgment (999), and 277 Claim Acknowledgement (277CA) error-handling transactions.

Medicare requires that NGS furnish information on EDI to new Trading Partners that request Medicare claim privileges. Additionally, Medicare requires NGS to assess the capability of entities to submit data electronically, establish their qualifications (see test requirements in Section 3), and enroll and assign submitter EDI identification numbers to those approved to use EDI.

A provider must obtain an NPI and furnish that NPI to NGS prior to completion of an initial EDI Enrollment Agreement and issuance of an initial EDI number and password by that contractor. NGS is required to verify that NPI is on the Provider Enrollment Chain and Ownership System (PECOS). If the NPI is not verified on the PECOS, the EDI Enrollment Agreement is denied, and the provider is encouraged to contact the appropriate MAC provider enrollment department (for Medicare Part A and Part B provider) or the National Supplier Clearinghouse (for Durable Medical Equipment suppliers) to resolve the issue. Once the NPI is properly verified, the provider can reapply the EDI Enrollment Agreement.

A Trading Partner's EDI number and password serve as an electronic signature and the Trading Partner would be liable for any improper usage or illegal action performed with it. A Trading Partner's EDI access number and password are not part of the capital property of the Trading Partner's operation and may not be given to a new owner of the Trading Partner's operation. A new owner must obtain their own EDI access number and password.

If providers elect to submit/receive transactions electronically using a third party such as a billing agent, a clearinghouse, or network services vendor, then the provider is required to have an agreement signed by that third party. The third party must agree to meet the same Medicare security and privacy requirements that apply to the provider in regard to viewing or using Medicare beneficiary data. These agreements are not to be submitted to Medicare but are to be retained by the provider. Providers will notify NGS which third party agents they will be using on their EDI Enrollment form.

Third parties are required to register with NGS by completing the third-party agreement form. This will ensure that their connectivity is completed properly, however they may need to enroll in mailing lists separately in order to receive all publications and email notifications.

Additional third-party billing information can be found on the [NGS website](https://www.NGSMedicare.com) (<https://www.NGSMedicare.com>), under Resources > EDI Enrollment.

Trading Partners must also be informed that they are not permitted to share their personal EDI access number and password with any billing agent, clearinghouse, or network service vendor. Trading Partners must also not share their personal EDI access number with anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility, or to determine the status of a claim. No other non-staff individuals or entities may be permitted to use a Trading Partner's EDI number and password to access Medicare systems. Clearinghouse and other third-party representatives must obtain and use their own unique EDI access number and password from NGS. For a complete reference to security requirements, see Section 4.4.

2.3 Trading Partner Certification and Testing Process

835 Electronic Remittance Advice Testing

- 835 testing is supported in production

- An 835 Electronic Remittance Advice will be generated in production along with the Standard Paper Remittance for comparison
 - For Part A, the paper remittance is generated for 31 days
 - For Part B, the paper remittance is generated for 45 days

Testing of the approved transactions for the Internet Gateway, 835, is limited to the file transfer functionality. A Trading Partner must have an X.509 Digital Certificate on file with NGS. Trading Partners will transmit the Certificate information via the NGS Traditional Gateway. (See Section 4.2 for details)

- A response indicating the receipt and validity of the Certificate data will be returned. Trading Partners can begin to download 835 Electronic Remittance Advice (ERA) files once the 'good' response has been received.

The Internet Gateway does not allow the submission of 837 Claim files at this time.

3 Testing and Certification Requirements

3.1 Testing Requirements

Not applicable.

4 Connectivity / Communications

4.1 Process Flows

Process flows for batch submissions of the HIPAA Transactions Sets can be found in the front matter of the applicable TR3.

NGS supports two EDI Gateways. Requirements for telecommunications for each Gateway are as follows:

Secured File Transfer Protocol (sFTP) Gateway

All submitters (providers and third-parties) must contract with an NGS NSV for connectivity to the sFTP Gateway. The list of approved NGS NSVs is available on the [NGS website](https://www.NGSMedicare.com) (<https://www.NGSMedicare.com>) under Resources > EDI Solutions > Network Service Vendors.

Internet Gateway

In addition to the sFTP Gateway solution, Trading Partners have the option to send/receive batch 276 Claim Status Inquiry transactions, 277 Response Transactions and receive 835 transactions via an NGS Internet EDI Gateway. This Internet solution has been developed to be compliant with CAQH/CORE Phase I, II and Phase III Batch and Telecommunications Operating Rules, excluding real time. The TA1 and 999 Transactions will also be available for download in response to 276 transactions.

Note: The Internet Gateway does not support batch file transfer of Medicare 837 Institutional or Professional claims at this time.

Trading Partners choosing to use the Internet Gateway for 276/277 file transfer and/or 835 ERA access will continue to have the capability to access the sFTP Gateway for batch file transfer activities for these transactions as well as for submission of their 837 claim file submissions. No additional EDI Enrollment forms are necessary for access to the NGS Internet Gateway.

Requirements for Trading Partners who wish to facilitate file transfer of the 276/277 Claim Status Inquiry and Claim Status Response and 835 ERA transactions over the Internet Gateway:

- Must support HTTP/S V1.1 transport over the Internet Gateway.
- Must support HTTP v1.1+ Message Envelope Standards and Message Exchanges:
 - {Hypertext Transfer Protocol & Multipurpose Internet Mail Extensions (HTTP+MIME) or
 - Simple Object Access Protocol & Web Service Definition Language (SOAP+WSDL) Message}.

Samples of HTTP+MIME and SOAP+WSDL Messaging Standards can be found in the [CAQH CORE Connectivity Operating Rules vC4.0.0](#)

(https://www.caqh.org/sites/default/files/core/CAQH%20CORE%20Connectivity%20Rule%20vC4.0.0_0.pdf)

- Within the HTTP+MIME and SOAP+WSDL envelopes the Sender and Receiver IDs must be populated as follows:
 - Sender ID = NGS Assigned Trading Partner ID
 - Receiver ID = NGSEDI
- In the Outbound transactions, NGS will populate the Sender ID with NGSEDI and the NGS Assigned Trading Partner ID as the Receiver ID.
- Obtain X.509 certificate for authentication purposes from the NGS preferred X.509 Certificate Vendors list. See Section 4.2 for sending certificate information to NGS.
- Information about the [HTTP:MIME Protocol](#) (<https://www.edi.ngsmedicare.com/CoreBatchGateway/TransactionSocketServlet>) can be found on the NGS website.
- Information about the [SOAP/WSDL Protocol](#) (<https://www.edi.ngsmedicare.com/CoreBatchGateway/soap/coreservice?wsdl>) can be found on the NGS website.

4.2 Transmission

NGS sFTP Gateway is accessed through an NGS approved NSV. NGS requires use of the sFTP protocol for file transfer.

A list of the approved NGS NSVs, can be found on the [NGS website](#) (<https://www.NGSMedicare.com/>). Select Resources > EDI Solutions > Network Service Vendors.

Access to the NGS Internet Gateway requires the trading partner to share their X.509 digital certificate information with NGS for authentication purposes.

- Trading Partners will submit the X.509 file provided by the Certificate Authority to the NGS sFTP Gateway.
- Trading Partners will use the Submitter ID and password assigned for access to the sFTP Gateway to transfer the X.509 digital certificate file.
- NGS will validate the Certificate information and respond with the results of the validation via the TRN report.
 - Certificates must be obtained from the NGS approved Certificate Authority, DigiCert;
 - Certificates cannot be valid for longer than three (3) years;
 - Only one Certificate is allowed per Trading Partner (Submitter) ID;
 - A Trading Partner with multiple Submitter IDs, must provide a Certificate for each Submitter ID.
 - Certificates cannot be transferred from one Trading Partner to another
 - The status of the transmission of the Certificate file will be communicated via the TRN report. If the file transfer is successful, a TRN Report will be generated indicating that no errors were identified. When the file transfer is unsuccessful, the following messages that may be returned are:
 - TRNACK when a Certificate has incomplete or missing certificate information Error number = 101 Severity = 1 Incomplete or missing certificate information – Serial Number
 - Error number = 101 Severity = 1 Incomplete or missing certificate information – Issuer DN
 - Error number = 101 Severity = 1 Incomplete or missing certificate information – Subject DN
 - Error number = 101 Severity = 1 Incomplete or missing certificate information – Start Date
 - Error number = 101 Severity = 1 Incomplete or missing certificate information – End Date
 - TRNACK when a Certificate has already been loaded to current Org Error number = 201 Severity = 1 Duplicate - Certificate already on file for this Trading Partner
 - TRNACK when a Certificate has already been assigned to a different Org Error number = 301 Severity = 1 Certificate linked to another Trading Partner
 - TRNACK when a Certificate is expired Error number = 401 Severity = 1
 - Certificate Authority not approved - PKIX path validation failed:
java.security.cert.CertPathValidatorException: timestamp check failed
 - TRNACK when a Certificate Authority is not approved Error number = 401 Severity = 1 Certificate Authority not approved – {message}
 - TRNACK when a Certificate is valid for more than 3 years Error number = 501 Severity = 1 Validity period > 3 years

- TRNACK when a Certificate is invalid for an exception. This error may occur instead of the “101” errors. Error number = 602 Severity = 1 Certificate exception {message}
- TRNACK when a Certificate is invalid, not properly formatted Error number = 602 Severity = 1 Fail to parse input stream

4.2.1 Re-transmission Procedures

Re-transmission Procedures do not apply to the 835.

4.3 Communication Protocol Specifications

NGS supports Secured FTP (sFTP) protocol for all EDI file transfer activity through the NGS sFTP Gateway. Connectivity to this gateway is obtained through an NGS-approved NSV.

The NGS Internet Gateway requires the following protocols:

- HTTP/S V1.1
- HTTP/MIME; or
- SOAP/WSDL

4.4 Security Protocols and Passwords

All Trading Partners must adhere to CMS information security policies; including, but not limited to, the transmission of electronic claims, claim status, receipt of the remittance advice, or any system access to obtain beneficiary PHI and/or eligibility information. Violation of this policy will result in revocation of all methods of system access. NGS is responsible for notifying all affected Trading Partners as well as reporting the system revocation to CMS.

Upon registering with NGS for EDI or DDE services, NGS will provide a submitter or User ID and a default password. The default password will expire upon initial use to allow the user to define a unique password. See Section 2.2 for EDI registration procedures.

NGS has specific requirements for establishing passwords for both file transfer submitter IDs and Resource Access Control Facility (RACF) User IDs for access to the DDE application. These requirements are as follows:

- The password length must be eight (8) characters
- Contain a combination of alpha and numeric characters
- Passwords must have at least one (1) of these special characters -- @, # or \$ --
- Passwords must include at least one (1) uppercase and one (1) lowercase letter (case sensitive)
- May not contain a four letter or greater ‘dictionary’ word, i.e., any word four letters or greater that can be found in a dictionary
- A minimum of four characters must be changed in each password reset

- May not be changed more than once in any 24-hour rolling period
- You should choose passwords that are easy for you to remember but hard for others to guess. One of the easiest ways to choose a password is to use the first letters of a phrase you can easily remember. For example, "I like to go to the dollar theater" could translate to "IL2GTT\$t." Other examples of acceptable passwords include SPR1Ng\$4 and C@nad@01
- You should never write down your passwords or share them with anyone
- DDE RACF user IDs are revoked after three (3) consecutive unsuccessful password attempts
- Use of previous 12 passwords is prohibited
- Reset passwords cannot be the same as any of the previous 12 passwords
- EDI Submitter ID passwords will expire after 60 days
- EDI Submitter IDs will suspend after 30 days of inactivity
- Inactive DDE RACF user IDs will auto revoke after 30 days. After 60 days of inactivity the DDE RACF user ID will be permanently deleted
- The DDE RACF passwords can only be reset one time a day. End-users must wait a minimum of one (1) day before they can change their own password again
- DDE RACF passwords expire after 30 days. Users are required to enter a new valid password upon receiving this prompt from the system

5 Contact Information

5.1 EDI Customer Service

EDI Help Desk:

J6: 877-273-4334

JK: 888-379-9132

EDI Help Desk hours:

7:00 a.m.-4:00 p.m. CT / 8:00 a.m.-5:00 p.m. ET

Inquiries can be sent using the EDI Help Desk Email Inquiry Form found on the [NGS Website](https://www.NGSMedicare.com) (<https://www.NGSMedicare.com>), select Resources > Contact Us, then follow the link to the EDI Help Desk Information.

5.2 EDI Technical Assistance

EDI Help Desk:

J6: 877-273-4334

JK: 888-379-9132

EDI Help Desk hours:

7:00 a.m.-4:00 p.m. CT / 8:00 a.m.-5:00 p.m. ET

Inquiries can be sent using the EDI Help Desk Email Inquiry Form found on the [NGS Website](https://www.NGSMedicare.com) (<https://www.NGSMedicare.com>), select Resources > Contact Us, then follow the link to the EDI Help Desk Information.

5.3 Trading Partner Service Number

For questions on claims in the claim s systems or questions on remittance payments, contact the Provider Customer Care or the IVR number.

JK:

- IVR: 877-567-7205
- Toll-Free Number: 888-855-4356
- TTY: 866-786-7155

J6:

- Illinois, Wisconsin, and Federally Qualified Health Centers: IVR: 877-567-7206
- Toll-Free Number: 877-702-990
- TTY: 888-897-7523

Hours Available:

- Monday – Friday, 7:00 a.m.-4:00 p.m. CT / 8:00 a.m.-5:00 p.m. ET
- Thursdays closed for training: 1:00-3:00 p.m. CT / 2:00-4:00 p.m. ET

5.4 Applicable Websites / Email

Refer to Section 1.4 for applicable websites and Section 5 for email contact.

6 Control Segments / Envelopes

Enveloping information must be as follows:

Note: A hyphen in the table below means N/A.

Table 3. ISA Interchange Control Header

Page #	Element	Name	Codes/Content	Notes/Comments
C.4	ISA01	Authorization Information Qualifier	00	Medicare expects the value to be 00.
C.4	ISA02	Authorization Information	-	ISA02 shall contain 10 blank spaces.
C.4	ISA03	Security Information Qualifier	00	Medicare expects the value to be 00.
C.4	ISA04	Security Information	-	Medicare will send spaces.
C.4	ISA05	Interchange ID Qualifier	27, 28, ZZ	Medicare will send 28 for Part A and ZZ for Part B.

Page #	Element	Name	Codes/Content	Notes/Comments
C.4	ISA06	Interchange Sender ID	-	<p>Institutional:</p> <ul style="list-style-type: none"> • California (HHH) 06014 • Connecticut 13101 • Illinois 06101 • Maine 14011 • Massachusetts 14211 • Minnesota 06201 • New Hampshire 14013 • New York 13201 • Rhode Island 14411 • Vermont 14013 • Wisconsin (incl. FQHC and HHH) 06001 <p>Home Health & Hospice (HHH):</p> <ul style="list-style-type: none"> • Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont only 14011 <p>Professional:</p> <ul style="list-style-type: none"> • Connecticut 13102 • Illinois 06102 • Maine 14112 • Massachusetts 14212 • Minnesota 06202 • New Hampshire 14312 • New York (Upstate) 13282 • New York (Downstate) 13202 • New York (Queens) 13292 • Rhode Island 14412 • Vermont 14512 • Wisconsin 06302
C.5	ISA07	Interchange ID Qualifier	29	Medicare will send 29.
C.5	ISA08	Interchange Receiver ID	-	Submitter number assigned by NGS.
C.5	ISA11	Repetition Separator	-	NGS repetition separator character.
C.6	ISA14	Acknowledgement Requested	0	Medicare will send 0.

Note: A hyphen in the table below means N/A.

Table 4. GS Functional Group Header

Page #	Element	Name	Codes/Content	Notes/Comments
C.7	GS02	Application Sender Code	-	<p>Institutional:</p> <ul style="list-style-type: none"> • California (HHH) 06014 • Connecticut 13101 • Illinois 06101 • Maine 14011 • Massachusetts 14211 • Minnesota 06201 • New Hampshire 14013 • New York 13201 • Rhode Island 14411 • Vermont 14013 • Wisconsin (incl. FQHC and HHH) 06001 <p>Home Health & Hospice (HHH):</p> <ul style="list-style-type: none"> • Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont only 14011 <p>Professional:</p> <ul style="list-style-type: none"> • Connecticut 13102 • Illinois 06102 • Maine 14112 • Massachusetts 14212 • Minnesota 06202 • New Hampshire 14312 • New York (Upstate) 13282 • New York (Downstate) 13202 • New York (Queens) 13292 • Rhode Island 14412 • Vermont 14512 • Wisconsin 06302
C.7	GS03	Application Receiver's Code	-	Submitter number assigned by NGS.
C.8	GS08	Version Identifier Code	005010X221A1	Medicare will send 05010X221A1.

Interchange Control (ISA/IEA), Functional Group (GS/GE), and Transaction Set (ST/SE) envelopes must be used as described in the TR3. Medicare’s expectations for the Control Segments and Envelopes are detailed in Sections 6.1, 6.2, and 6.3.

6.1 ISA-IEA

Delimiters – Inbound Transactions

Not applicable

Delimiters – Outbound Transactions

Trading Partners should contact NGS for a list of delimiters to expect from Medicare. Note that these characters will not be used in data elements within an ISA/IEA Interchange Envelope.

Table 5. Outbound Transaction Delimiters

Delimiter	Character Used	Dec Value	Hex Value
Data Element Separator	*	42	2A
Repetition Separator	^	94	5E
Component Element Separator	:	58	3A
Segment Terminator	~	126	7E

Data Element Detail and Explanation

All data elements within the ISA/IEA interchange envelope must follow ASC X12N syntax rules as defined within the TR3.

6.2 GS-GE

Functional group (GS-GE) codes are transaction specific. Therefore, information concerning the GS/GE Functional Group Envelope can be found in Table 4.

6.3 ST-SE

Medicare FFS follows the HIPAA-adopted TR3 requirements.

7 Specific Business Rules

This section describes the specific CMS requirements over and above the standard information in the TR3.

Note: A hyphen in the table below means N/A.

Table 6. ST Transaction Set Header

Page #	Loop ID	Reference	Name	Codes/Content	Notes/Comments
111	2000	LX	LX – Header Number	-	Required for Medicare. Fiscal Intermediary Standard System (FISS) uses TTYMMM - Facility Code/Year/Month. MCS uses “1” for assigned and “0” for non-assigned.
171	2100	REF	Rendering Provider Identification	-	Segment not used by Medicare.
206	2110	REF	Service Identification – Reference Identification Qualifier	LU, 1S, APC, RB	Medicare does not use “BB”, “E9”, “G1”, or “G3”.
207	2110	REF	Rendering Provider Information – Reference Identification Qualifier	HPI, SY, TJ, 1C	Medicare does not use REF01 Codes “0B”, “1A”, “1B”, “1D”, “1H”, “1J”, “D3” or “G2”.
209	2110	REF	Health Care Policy Identification	OK	Medicare will report the LCD/NCD code in Loop 2110, Segment REF, REF02.
140	2100	NM1	Insured Name	-	Segment not used by Medicare.

8 Acknowledgments and Reports

The 999 is not used for 835 transactions.

9 Trading Partner Agreement

EDI Trading Partner Agreements ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

Medicare FFS requires all Trading Partners to sign a Trading Partner Agreement with NGS. The NGS Trading Partner Action Request Form can be found on the [NGS Website](https://www.ngsmedicare.com/) (https://www.ngsmedicare.com/)

Additionally, NGS requires the following: NGS requires the following: Submission of an EDI Registration Form when contracting with a third party (clearinghouse, billing service) to perform EDI transactions on behalf of a provider. NGS also requires obtaining connectivity to the NGS EDI Gateway through one of the NGS approved NSVs. A list of the NSVs can be found on the [NGS Website](https://www.ngsmedicare.com/) (https://www.ngsmedicare.com/), select Resources > EDI Solutions > Network Service Vendors.

10 Transaction-Specific Information

This section defines specific CMS requirements over and above the standard information in the ASC X12N 835 TR3.

10.1 Header

The following table contains specific details for the Header.

Note:

- A hyphen in the table below means N/A.
- A new table exists for each segment.

Table 7. ST Transaction Set Header

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
68	N/A	ST02	Transaction Set Control Number	-	9	From one-by-one counter (begins with "0001").

Table 8. BPR Financial Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
71	N/A	BPR03	Credit or Debit Flag Code	C	1	Code "D" does not apply to Medicare.
72	N/A	BPR04	Payment Method Code	ACH, CHK, NON	3	Codes "BOP" and "FWT" do not apply to Medicare.
73	N/A	BPR06	Depository Financial Institution (DFI) Identification Number Qualifier	01	2	Code "04" does not apply to Medicare.

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
75	N/A	BPR12	Depository Financial Institution (DFI) Identification Number Qualifier	01	2	Code "04" does not apply to Medicare.

10.1.1 Loop 1000A Payer Identification

The following table describes the specific details associated with the Payer Identification structure.

Note: A hyphen in the table below means N/A.

Table 9. Loop 1000A REF Additional Payer Identifier

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
92	1000A	REF01	Reference Identification Qualifier	2U	2	Medicare will send 2U.
93	1000A	REF02	Reference Identification	-	50	NGS reference ID.

10.2 Detail Structures

This section describes the specific details associated with Detail Structures.

10.2.1 Loop 2000 Header Number

The following table describes the specific details associated with the Header Number structure.

Table 10. Loop 2000 LX Header Number

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
111	2000	LX01	Assigned Number	0, 1	6	Medicare will send "1" for Assigned or "0" for Non-Assigned.

10.2.2 Loop 2100 Claim Payment Information

The following tables describe the specific details associated with the Claim Payment Information structure.

Note: A new table exists for each segment.

Table 11. Loop 2100 CLP Claim Payment Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
124	2100	CLP02	Claim Status Code	1, 2, 3, 4, 19, 20, 21, 22, 23	2	“25” (Predetermination Pricing Only - No Payment) does not apply to Medicare.
126	2100	CLP06	Claim Filing Indicator Code	MA, MB	2	Medicare will send “MB”.

Table 12. Loop 2100 CAS Claim Adjustment

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
131	2100	CAS01	Claim Adjustment Group Code	CO, OA, PR	2	Medicare contractors are limited to use of the “CO”, “OA”, and “PR” group codes; “PI” is not used.

Table 13. Loop 2100 NM1 Patient Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
139	2100	NM108	Patient Name	MI	2	Medicare will send “MI”.

Note: A hyphen in the table below means N/A.

Table 14. Loop 2100 NM1 Insured Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
140	2100	NM1	Insured Name	-	N/A	Segment not used by Medicare.

Table 15. Loop 2100 NM1 Crossover Carrier Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
151	2100	NM108	Identification Code Qualifier	PI, XV	2	COB transmissions with more than one secondary payer shall indicate remark code “N89” in a claim level remark code data element. “AD”, “FI”, “NI”, and “PP” do not apply to Medicare.

Table 16. Loop 2100 REF Other Claim Related Identification

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
169	2100	REF01	Reference Identification Qualifier	28, 6P, EA, F8	2	Medicare does not use "1L", "1W", "9A", "9C", "BB", "CE", "G1", "G3", or "IG".

Note: A hyphen in the table below means N/A.

Table 17. Loop 2100 REF Rendering Provider Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
171	2100	REF	Rendering Provider Information	-	N/A	Segment not used by Medicare.

Table 18. Loop 2100 AMT Amount Qualifier Code

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
182	2100	AMT01	Amount Qualifier Code	AU, DY, F5, I, NL, ZK, ZL, ZM, ZN, ZO	3	Medicare does not use "D8", "T" or "T2".

Table 19. Loop 2100 QTY Claim Supplement Information Quantity

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
184	2100	QTY01	Quantity Qualifier	CA, CD, LA, OU, ZK, ZL, ZM, ZN, ZO	2	Medicare does not use "LE", "NE", "NR", "PS", or "VS".

10.2.3 Loop 2110 Service Payment Information

The following tables describe the specific details associated with the Service Payment Information structure.

Note: A new table exists for each segment.

Table 20. Loop 2110 SVC Service Payment Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
187	2110	SVC01-1	Product or Service ID Qualifier	HC, NU, N4, HP	2	Only "HC", "NU", "N4", and "HP" apply to Medicare.

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
191	2110	SVC06-1	Product or Service ID Qualifier	HC, NU, N4, HP	2	Only “HC”, “NU”, “N4”, and “HP” apply to Medicare.

Table 21. Loop 2110 CAS Service Adjustment

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
198	2110	CAS01	Claim Adjustment Group Code	CO, OA, PR	2	Medicare contractors are limited to use of the “CO”, “OA”, and “PR” group codes; “PI” is not used.

Table 22. Loop 2110 REF Service Identification

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
206	2110	REF01	Services Identification – Reference Identification Qualifier	LU, 1S, APC, RB	2	Medicare does not use “BB”, “E9”, “G1” or “G3”.

Table 23. Loop 2110 REF Rendering Provider Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
207	2110	REF01	Rendering Provider Information – Reference Identification Qualifier	HPI, SY, TJ, 1C	2	Medicare does not use “OB”, “1A”, “1B”, “1D”, “1H”, “1J”, “D3” or “G2”.

Table 24. Loop 2110 REF Healthcare Policy Identification

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
209	2110	REF01	Health Care Policy Identification	OK	2	Medicare will report the LCD/NCD code in Loop 2110, Segment REF, REF02.

Table 25. Loop 2110 AMT Amount Qualifier Code

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
211	2110	AMT01	Amount Qualifier Code	B6, KH, 2K, ZL, ZM, ZN, ZO	3	Medicare does not use "T" or "T2".

Table 26. Loop 2110 LQ Health Care Remark Codes

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
215	2110	LQ01	Code List Qualifier Code	HE	3	Only "HE" applies to Medicare.

10.3 Summary

The following table describes the specific details associated with the Summary structure.

Table 27. PLB Provider Adjustment

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
217	N/A	PLB03-1	Adjustment Reason Code	50, 51, 72, 90, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM, IP, IS, IR, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, TL, WO, WU	2	Medicare does not use "AH", "AM", "CR", "CT", "CW", or "FC".

11 Appendices

11.1 Implementation Checklist

- Network Service Vendor Connectivity established for sFTP Gateway
- Practice Management Software supports current HIPAA versions of transaction sets.
- Practice Management Software supports translation of Acknowledgement Transactions
- EDI Enrollment and Registration Forms on file with NGS
- Submitter ID established, or Provider Authorization Form submitted for third-party submitter
- Accessing the Internet Gateway for 835 ERA Transactions:
 - Obtain X.509 Digital Certificate if accessing the NGS Internet Gateway
 - Submit X.509 Digital Certificate file to NGS sFTP Gateway
 - Ensure software to support HTTP:MIME or SOAP/WSDL Protocol
 - Appropriate URLs for Protocol

11.2 Transmission Examples

Examples of the 835 control segment are below:

Figure 1. 5010 835 Remittance - Professional

```

ISA*00*  *00*  *ZZ*13282  *29*SENDERID *101207*2115*^*00501*000000001*0*T*:~
GS*HP*13282*SENDERID*20101207*21150222*1*X*005010X221A1~
SE*909*0001~
GE*1*1~
IEA*1*000000001~
    
```

Figure 2. 5010 835 Remittance - Institutional

ISA*00* *00* *28*13101 *29*SENDERID *101207*2115**^*00501*000000001*0*T*:~
GS*HP*13101*SENDERID*20101207*21150222*1*X*005010X221A1~
SE*909*0001~
GE*1*1~
IEA*1*000000001~

11.3 Frequently Asked Questions

Frequently asked questions can be accessed at [Medicare FFS EDI Operations](https://www.cms.gov/ElectronicBillingEDITrans/) (https://www.cms.gov/ElectronicBillingEDITrans/) and on the [NGS website](https://www.ngsmedicare.com/) (https://www.ngsmedicare.com/) select Education > Help and FAQ's.

11.4 Acronym Listing

Table 28. Acronym List

Acronym	Definition
276	276 Claim Status Request transaction
277	277 Claim Status Response transaction
277CA	277 Claim Acknowledgement
835	835 Electronic Remittance Advice transaction
837P	837 Professional Claims transaction
999	Implementation Acknowledgment
ASC	Accredited Standards Committee
CAQH CORE	Council for Affordable Quality Healthcare - Committee on Operating Rules for Information Exchange
CEDI	Common Electronic Data Interchange
CG	Companion Guide
CMN	Certificate of Medical Necessity
CMS	Centers for Medicare & Medicaid Services
DME	Durable Medical Equipment
EDI	Electronic Data Interchange

Acronym	Definition
ERA	Electronic Remittance Advice
FFS	Medicare Fee-For-Service
FISMA	Federal Information Security Management Act
FISS	Fiscal Intermediary Standard System
GS/GE	GS – Functional Group Header / GE – Functional Group Trailer
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act of 1996
HTTP	Hyper Text Transfer Protocol
HTTPS	Hyper Text Transfer Protocol Secure
IOM	Internet-only Manual
ISA/IEA	ISA – Interchange Control Header / IEA – Interchange Control Trailer
MAC	Medicare Administrative Contractor
MIME	Multipurpose Internet Mail Extensions
NCPDP	National Council for Prescription Drug Programs
NPI	National Provider Identifier
PECOS	Provider Enrollment Chain and Ownership System
PHI	Protected Health Information
sFTP	Secure File Transfer Protocol
SOAP	Simple Object Access Protocol
ST/SE	ST – Transaction Set Header / SE – Transaction Set Trailer
TA1	Interchange Acknowledgment
TR3	Technical Report Type 3
WSDL	Web Services Description Language
X12	A standards development organization that develops EDI standards and related documents for national and global markets (See the official ASC X12 website.)
X12N	Insurance subcommittee of X12

11.5 Change Summary

The following table contains version information of this CG.

Table 29. Companion Guide Version History

Version	Date	Section(s) Changed	Change Summary
1.0	November 5, 2010	All	Initial Draft
2.0	January 3, 2011	All	1st Publication Version
3.0	April 2011	6.0	2nd Publication Version
4.0	September 2015	All	3rd Publication Version
5.0	August 2017	All	4th Publication Version
5.1	July 2018	4.2	4th Publication Revision
6.0	March 2019	All	5th Publication Version
6.1	May 2020	1.3 & 11.4	Updated URL language for WPC and X12
7.0	July 2022	All	508 Compliance Updates