



**Optima Health  
 HIPAA Transaction  
 Standard Companion Guide  
 835 - Health Care Claim Payment/Advice**

**Refers to the X12N Implementation Guide  
 ANSI Version 5010X221A1**

The Optima Health 835 Companion Guide is to be used with the HIPAA-AS Implementation Guide, which provides comprehensive information needed to create an ANSI 835 transaction. The Optima Health Companion Guide is used in conjunction with the HIPAA Implementation Guide; it is intended to clarify issues where the HIPAA Implementation Guide provides options or choices to be made. The HIPAA Implementation Guide can be downloaded from the following address: [http://www.wpc-edi.com/hipaa/HIPAA\\_40.asp](http://www.wpc-edi.com/hipaa/HIPAA_40.asp)

**LEGEND for Optima Health Matrix for 835**

Shaded rows represent segments; Non Shaded rows represent "data elements".

\*Members in the Optima Health system can uniquely be identified using their unique member number. Dependent loops and Hierarchy Levels will not be used.

Loop ID	Reference	Name	Codes	Notes/Comments
	<b>ISA</b>	<b>Interchange Control Header</b>		
	ISA04	Security Information	SENTARAADS	
	ISA07	<b>Interchange ID Qualifier</b>	ZZ	
	ISA08	Interchange Receiver ID	SUNTRUST	
	ISA16	Component Element Separator	>	
	<b>GS</b>	<b>Functional Group Header</b>		
	GS03	Application Receiver Code	SUNTRUST	
	<b>BPR</b>	<b>Financial Information</b>		
	BPR01	Transaction Handling Code	I	Remittance Information only
	BPR02	Monetary Amount		Check amount
	BPR03	Credit/Debit Flag Code	C	Credit
	BPR04	Payment Method Code	ACH	Automated Clearing House
	BPR05	Payment Format Code	CTX	Corporate Trade Exchange
	BPR06	(DFI) ID Number Qualifier	01	ABA Transit Routing Number
	BPR07	(DFI) ID Number	Suntrust DFI	

Loop ID	Reference	Name	Codes	Notes/Comments
	BPR08	Account Number Qualifier	DA	Demand deposit
	BPR09	Account Number	Optima acct #	
	BPR10	Originating Company Identifier	1+Tax ID Number	Same value as TRN03
	BPR12	DFI ID No Qualifier	01	ABA Transit Routing Number
	BPR13	DFI ID Number	Provider DFI	
	BPR14	Account Number Qualifier	DA SG	Demand Deposit Savings
	BPR15	Account Number	Provider Acct#	
	<b>TRN</b>	<b>Reassociation Trace Number</b>		
	TRN02	Reference Identifier		Optima Check Number
	TRN03	Originating Company ID	1+Tax ID Number	
	<b>REF</b>	<b>Receiver Identification</b>		
	REF01	Reference Identifier Qualifier	EV	Receiver Identification Number
	REF02	Reference Identifier		VAN code
<b>1000A</b>	<b>N1</b>	<b>Payer Identification</b>		
	N102	Company name	"Sentara Health Plans, Inc."	
<b>1000B</b>	<b>N1</b>	<b>Payee Identification</b>		
	N103	Identification Code Qualifier	XX	National Provider Identifier (NPI)
	N104	Identification Code	Provider NPI	
<b>1000B</b>	<b>REF</b>	<b>Payee Additional Identification</b>		
	REF01	Reference Identification Qualifier	PQ	Payee Identification
	REF02	Reference Identification		Optima Assigned Vendor Number
<b>2100</b>	<b>CLP</b>	<b>Claim Payment Information</b>		
	CLP02	Claim Status Code	1 4 22	Processed as Primary Denied Reversal of Prev. Payment
	CLP06	Claim Filing Indicator Code	12 13 HM MC	Preferred Provider Organization(PPO) Point of Service (POS) Health Maintenance Organization Medicaid
<b>2100</b>	<b>NM1</b>	<b>Patient Name</b>		
	NM108	Identification Code Qualifier	MI	Member Identification Number
	NM109	Identification Code		Optima member's number will include the asterisk to designate member

Loop ID	Reference	Name	Codes	Notes/Comments
<b>2100</b>	<b>NM1</b>	<b>Corrected Patient/Insured Name</b>		
	NM102	Entity Type Qualifier	1	
	NM103	Name Last or Organization Name		Corrected Member Last Name
	NM104	Name First		Corrected Member First Name
<b>2100</b>	<b>REF</b>	<b>Other Claim Related Identification</b>		
	REF01	Reference Identification Qualifier	1L	1L = Group or Policy Number
	REF02	Reference Identification		Optima Plan code (OHIC, ASO, SHP)
<b>2100</b>	<b>AMT</b>	<b>Claim Supplemental Information</b>		
	AMT01	Amount Qualifier Code	AU	
	AMT02	Monetary Amount		Max amount allowed for claim
<b>2110</b>	<b>SVC</b>	<b>Service Payment Information</b>		
	SVC01-1	Product/Service ID Qualifier	HC NU	HCPCS code CPT code
<b>2110</b>	<b>CAS</b>	<b>Service Adjustment</b>		
	CAS01	Claim Adjustment Group Code	CO PI PR	Contractual Obligations Payor Initiated Reductions Patient Responsibility
<b>2110</b>	<b>REF</b>	<b>Service Identification</b>		
	REF01	Reference Identification Qualifier	LU	
	REF02	Reference Identification		Place of Service Code
<b>2110</b>	<b>REF</b>	<b>Line Item Control Number</b>		
	REF02	Reference Identification		PCP Number - (Sentara 5 digit provider numbers)
<b>2110</b>	<b>AMT</b>	<b>Service Supplemental Amount</b>		
	AMT01	Amount Qualifier Code	B6	Allowed Actual
	AMT02	Monetary Amount		Max Allowed Amount for Service
<b>2110</b>	<b>LQ</b>	<b>Health Care Remark Codes</b>		
	LQ01	Code List Qualifier Code	HE	Claim Payment Remark Codes (Remittance Remark Codes)
	LQ02	Industry Code		Remark Code