



Standard Companion Guide

Refers to the Implementation Guide
Based on X12 Version 005010X221A1
Health Care Claim Payment/Advice
(835)

Companion Guide Version Number 4.0
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Change Log

Version	Release date	Changes
1.0	12/17/2013	Initial Release – to comply with HIPAA 5010 (Health Care Claim Payment/Advice Transaction Requirements)
2.0	11/6/2017	Updated applicable UnitedHealthcareOnline references to UHCprovider.com and updated Optum contact information
3.0	9/28/2018	Updated hyperlinks: Section 2.1: Intelligent EDI (IEDI) Section 4.1: ERA/835 page
4.0	9/29/2020	Branding Changes, throughout document Section 2.1 Optum360/Optum Pay branding and updated links Section 4.1: EDI Technical Assistance contact info Section 4.3: Applicable Websites Section 10.2: FAQs, #3 - changed "National" to "X12"

Preface

This Companion Guide (CG) to the Technical Report Type 3 (TR3) adopted under HIPAA clarifies and specifies the data content when exchanging transactions electronically with AARP Supplemental Plans insured by UnitedHealthcare. Transactions based on this companion guide, used in tandem with the TR3, also called Health Care Payment/Advice Response (835) ASC X12N (005010X221A1), are compliant with both X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the TR3 adopted for use under HIPAA. The companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guide (IG).

TABLE OF CONTENTS

Contents

Change Log	2
1. INTRODUCTION.....	7
1.1. SCOPE	7
1.2. OVERVIEW.....	8
1.3. REFERENCE.....	8
1.4. ADDITIONAL INFORMATION	8
2. GETTING STARTED	8
2.2 TRADING PARTNER REGISTRATION	9
2.3. CERTIFICATION AND TESTING OVERVIEW	9
2.4 TESTING WITH THE PAYER	10
3 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS.....	10
3.2 TRANSMISSION ADMINISTRATIVE PROCEDURES.....	10
3.3 RE-TRANSMISSION PROCEDURE	10
3.4 COMMUNICATION PROTOCOL SPECIFICATIONS	10
3.5 PASSWORDS.....	10
4 CONTACT INFORMATION	11
4.1 EDI TECHNICAL ASSISTANCE.....	11
4.2 PROVIDER SERVICE NUMBER	11
4.3 APPLICABLE WEBSITES / E-MAIL	11
5 CONTROL SEGMENTS / ENVELOPES.....	12
5.1 ISA – IEA.....	12
5.2 GS-GE	13
5.3 ST – SE	14
6 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS.....	14
7 ACKNOWLEDGEMENTS AND/OR REPORTS	14
7.1 REPORT INVENTORY.....	15
8 TRADING PARTNER AGREEMENTS.....	15
8.1 TRADING PARTNERS.....	15
9 TRANSACTION SPECIFIC INFORMATION.....	15
10 APPENDICES	17
10.2 FREQUENTLY ASKED QUESTIONS.....	17

1. INTRODUCTION

This Companion Guide has been prepared according to the CORE V5010 Master Companion Guide Template and has been created for the purpose of explaining the information needed to process AARP Supplemental Plans insured by UnitedHealthcare Health Care's Claim Payment/Advice (835) transaction. This document is not a replacement of, but rather is intended to supplement, the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 document that defines the Health Care Claim Payment/Advice (835) transaction standards. This document is specific to Health Care Claim Payment/Advice (835) transactions created by AARP Supplemental Plans from UnitedHealthcare.

This document is structured as follows:

- Section 1 of this document provides general information regarding this companion guide and its intended use.
- Section 2 of this document provides information regarding how to do business with AARP Supplemental Plans from UnitedHealthcare Insurance Company to receive and process Health Care Claim Payment/Advice (835) transactions.
- Sections 3, 4, and 5 provide information regarding testing, connectivity, and contact information.
- Sections 6 and 7 provide information regarding control segments/envelopes and business rules and limitations specific to AARP Supplemental Plans from UnitedHealthcare for the Health Care Claim Payment/Advice (835) transactions.
- Section 8 provides information on trading partner agreements
- Section 9 of this document provides 835 transaction specific information for Trading Partners
- Section 10 has the Frequently asked questions

1.1. SCOPE

This Companion Guide is to be used by Trading Partners, as detailed in Section 9 of this document, for the purpose of interpreting and processing Health Care Claim Payment/Advice (835) transactions from AARP Supplemental Plans from UnitedHealthcare. This guide must be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 document that defines the Health Care Claim Payment/Advice (835) transaction standards

(Version

005010X221A1), February 2011. This guide identifies key data elements from the Health Care Claim Payment/Advice (835) transaction set that will be provided in the Health Care Claim Payment/Advice (835) transaction. The recommendations made by AARP Supplemental Plans from UnitedHealthcare are to enable you to more effectively process Health Care Claim Payment/Advice (835) transactions for AARP Supplemental Plans from UnitedHealthcare.

1.2. OVERVIEW

This Companion Guide has been written to assist you in implementing the Health Care Claim Payment/Advice transactions (835) to meet processing standards specific to AARP Supplemental Plans from UnitedHealthcare.

1.3. REFERENCE

For more information regarding the ASC Standards for Electronic Data Interchange Health Care Claim Payment/Advice (835) transaction, (Version 005010X221A1), February 2011 and to purchase copies of the ASC X12 publications, please consult the Washington Publishing Company website at <http://www.wpc-edi.com>.

1.4. ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979 ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 Committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standards are recognized by the United States as the standards for North America. Electronic Data Interchange (EDI) adoption has been proven to reduce the administrative burden on providers.

2. GETTING STARTED

2.1 EXCHANGING TRANSACTIONS WITH AARP SUPPLEMENTAL PLANS FROM UNITEDHEALTHCARE

There are several ways to connect with AARP Supplemental Plans from UnitedHealthcare to receive the 835 transactions for AARP Supplemental Plans insured by UnitedHealthcare. You can receive 835 files for AARP Supplemental Plans insured by UnitedHealthcare (Electronic Payer ID 36273) via your clearinghouse, or by contacting Optum360, the connectivity proxy for AARP Supplemental Plans from UnitedHealthcare.

Optum: Physicians, facilities and health care professionals can submit and receive EDI transactions direct. Optum partners with providers to deliver the tools that help drive administrative simplification at minimal cost and realize the benefits originally intended by HIPAA — standard, low-cost claim transactions.

- Please contact Optum Support at 800-341-6141 to get set up.
- If interested in using Optum's online solution, [Intelligent EDI \(IEDI\)](#), contact the Optum sales team at 866-367-9778, option 3, send an email to IEDIsales@optum.com or visit <https://www.optum.com/business/solutions/provider/claims-management-strategy/edi/intelligent-edi.html>

You also have the option of enrolling in Optum Pay, which provides you with the ability to download the 835 files in addition to receiving payment via direct deposit Electronic Funds Transfer (EFT) into your designated financial institutional account. For EFT Enrollment, you have two options:

1. Register via our provider website at: <https://aarpprovideronlinetool.uhc.com>. You must have a user ID and password for our provider website. To register for the provider website access the registration page via: <https://aarpprovideronlinetool.uhc.com>. Once you are registered for our provider website access the "Register for Electronic Benefit Payment" link to register for EFT.

For assistance registering for our provider website contact our Help Desk via email aarpprovideronlinetool@uhc.com or call our Help Desk at 1-888-697-7845 Monday through Friday between 8 AM and 7 PM (EST).

2. Visit: optumbank.com click on “Providers” then select the “Enroll Now” or review the provided content to answer any questions you may have about the service. For additional assistance, email Optum Financial Services at www.eps@optumhealthfinancial.com or call (877) 620-6194.

Clearinghouse Connection:

Physicians and healthcare professionals should contact their current clearinghouse vendor or OptumInsight to discuss the vendor’s ability to support the 835 and to determine the timeframe and costs associated with receiving the 835 transactions for AARP Supplemental Plans from UnitedHealthcare.

The entity that will receive the 835 files from AARP Supplemental Plans from UnitedHealthcare must complete the 835 transaction enrollment process with their clearinghouse or OptumInsight to facilitate the enrollment process for 835 transactions for AARP Supplemental Plans from UnitedHealthcare.

Clearinghouses and OptumInsight will provide trading partners with instructions on how to receive, download and view the 835 transactions.

CAQH CORE Connectivity:

CAQH—Council for Affordable Health Care—is seeking to simplify healthcare administration. CAQH through CORE (Committee on Operating Rules for Information Exchange—a voluntary organization comprised of providers, health plans, vendors and clearinghouses) has developed industry rules regarding connectivity. These rules seek to increase interoperability between health plans and providers in order to reduce administrative costs. Details of the connectivity operating rules can be found on CAQH’s website, <http://CAQH.org>.

Optum acts as the CORE connectivity proxy for AARP Supplemental Plans from UnitedHealthcare Insurance Company. Physicians and healthcare professionals can register to receive 835 for AARP Supplemental Plans from UnitedHealthcare, in addition to other EDI transactions, via Optum at 800-341-6141 .

Optum Pay:

Healthcare providers have the option of enrolling to receive payment via direct deposit to their bank accounts through Optum Pay. Providers who enroll for EPS can access the 835 for AARP Supplemental Plans from UnitedHealthcare online and can also download the 835 files.

2.2 TRADING PARTNER REGISTRATION

Optum360 currently manages the Health Care Payment/Advice transaction connectivity for AARP Supplemental Plans from UnitedHealthcare. For information regarding trading partner registration and before exchanging eligibility benefit information for members with AARP Supplemental Plans from UnitedHealthcare, contact Optum Support at 800-341-6141.

2.3. CERTIFICATION AND TESTING OVERVIEW

Trading partners must be able to receive and process ASC X12 EDI Version 5010 files in order to be able to process 835 files for AARP Supplemental Plans from UnitedHealthcare.

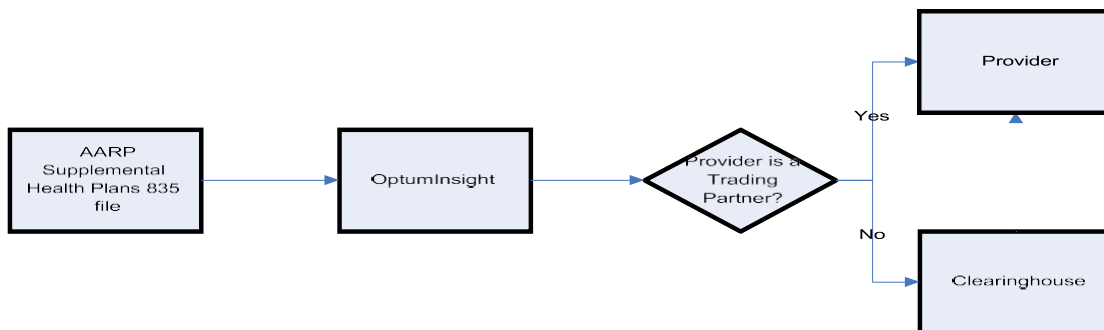
Providers should contact their clearinghouse or OptumInsight for information regarding the 835 Health Care Claim Payment/Advice certification and testing process.

2.4 TESTING WITH THE PAYER

Vendors, physicians, and health care providers receiving 835 files from a clearinghouse or OptumInsight should contact their clearinghouse or Optum for information regarding the process for testing 835 files with AARP Supplemental Plans from UnitedHealthcare.

3 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

3.1 PROCESS FLOW



3.2 TRANSMISSION ADMINISTRATIVE PROCEDURES

Physicians and Healthcare professionals should contact their current clearinghouse vendor or Optum to discuss transmission administrative procedures.

3.3 RE-TRANSMISSION PROCEDURE

Physicians and Healthcare professionals should contact their current clearinghouse vendor or Optum to discuss the retransmission of 835 files.

3.4 COMMUNICATION PROTOCOL SPECIFICATIONS

Physicians and Healthcare professionals should contact their current clearinghouse vendor or Optum to discuss communication protocol specifications.

3.5 PASSWORDS

Physicians and Healthcare professionals should contact their current clearinghouse vendor or Optum to discuss password specifications.

4 CONTACT INFORMATION

4.1 EDI TECHNICAL ASSISTANCE

Most questions can be answered by referring to the [EDI section](#) of our resource library. View the [ERA/835](#) page for information specific to Health Care Claim Payment/Advice transactions.

UnitedHealthcare EDI Support

If you need assistance with an EDI transaction accepted by UnitedHealthcare, have questions on the format of the 270/271 or invalid data in the 271 response, please contact EDI Support by using our [EDI Transaction Support Form](#), sending an email to supportedi@uhc.com.

If you have questions related to transactions submitted through a clearinghouse, please contact your clearinghouse vendor or Optum.

835 Enrollment

Contact the entity you will be receiving the 835 transaction

directly from [835 File Delivery questions](#)

If you have questions related to transactions submitted and or received through a clearinghouse or Optum360, please contact them directly for assistance.

Companion Guide Updates:

Updates to this companion guide will occur periodically and new documents will be posted on <https://www.uhcprovider.com/en/resource-library/edi/edi-companion-guides.html>

835 Format or Data Content questions

For questions related to the format of the 835 transaction or invalid data in the 835 transaction, please contact us via email at supportedi@uhc.com.

4.2 PROVIDER SERVICE NUMBER

For assistance regarding a member's coverage or benefits paid, please visit AARP Supplemental Plans from UnitedHealthcare visit our Provider Website: <https://aarpprovideronlinetool.uhc.com> to receive immediate real-time information on member's eligibility, claim status, claim payment, plan benefits, check details or call customer service at 1-800-523-5800. Customer Service Representatives are available weekdays from 7 AM to 11 PM (ET) and on Saturday from 9 AM to 5 PM (ET).

4.3 APPLICABLE WEBSITES / E-MAIL

- AARP Supplemental Plans insured by UnitedHealthcare – <http://aarpprovideronlinetool.uhc.com>, provides access to information regarding AARP members' Supplemental Health Plans from UnitedHealthcare and consideration of claims under those plans.
- CAQH CORE – <http://www.caqh.org>, provides access to the Council for Affordable Quality

Healthcare (“CAQH”) Committee on Operating Rules for Information Exchange (“CORE”) website

- Companion Guides: <https://www.uhcprovider.com/en/resource-library/edi/edi-companion-guides.html>
- Optum: <https://www.optum.com>
- Optum360 - <https://www.optum360.com/>
- Optum Pay: <https://myservices.optumhealthpaymentservices.com/registrationSignIn.do>
- UnitedHealthcare EDI Education website: <https://www.uhcprovider.com/en/resource-library/edi.html>
- X12 External Code Lists: <https://x12.org/codes>

5 CONTROL SEGMENTS / ENVELOPES

5.1 ISA – IEA

EDI Transactions are identified by an interchange header segment (ISA) and trailer segment (IEA), which forms the envelope enclosing the transmission. Each ISA marks the beginning of the transmission and provides sender and receiver identification.

AARP Supplemental Plans from UnitedHealthcare uses the following delimiters on your 835 files:

- Data Element: The first element separator following the ISA will define what Data Element Delimiter is used throughout the entire transaction. The Data Element Delimiter is an asterisk (*).
- Segment: the last position in the ISA will define what Segment Element Delimiter is used throughout the entire transaction. The Segment Delimiter is a tilde (~).

The table below represents only those fields in which the 835 transactions for AARP Supplemental Plans from UnitedHealthcare provide a specific value, or for which additional guidance is provided regarding what the value should be. The table does not represent all of the fields necessary for a successful transaction: the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 document that defines the Health Care Claim Payment/Advice (835) transaction standards (Version 00501X221A1), February 2011 should be referenced for that information.

Loop ID	Reference	Name	Code	Notes/Comments
None	ISA	ISA Interchange Control Header		
	ISA05	Interchange ID Qualifier	33	NAIC Company Code
	ISA06	Interchange Sender ID	79413	AARP Supplemental Plans from UnitedHealthcare sender ID ---Right padded with spaces to 15 characters

	ISA15	Usage Identifier	P	Code indicating that production ("P") data is enclosed
	ISA16	Component Element Separator	:	Colon (:)

5.2 GS-GE

EDI transaction of a similar nature and destined for one trading partner may be gathered into a functional group, identified by a functional group header segment (GS) and a functional group trailer segment (GE).

Each GS segment marks the beginning of a functional group. There can be many functional groups within an interchange envelope.

The table below represents fields in which the 835 transactions for AARP Supplemental Plans from UnitedHealthcare provide a specific value, or for which additional guidance is provided regarding what the value should be.

Loop ID	Reference	Name	Codes	Notes/Comments
None	GS	Functional Group Header		Required Header
	GS02	Application Sender Code	79413	ID code for AARP Supplemental Plans from UnitedHealthcare
	GS08	Version / Release / Industry Identifier Code	005010X221A 1	AARP Supplemental Plans from UnitedHealthcare sender ID <i>---Right padded with spaces to 15 characters</i>

5.3 ST – SE

The beginning of each individual transaction is identified using a transaction set header segment (ST). The end of every transaction is marked by a transaction set trailer segment (SE).

Please refer to the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 document that defines the Health Care Claim Payment/Advice (835) transaction standards (Version 00501X221A1), February 2011 document for information regarding the transaction set header segment (ST) and the transaction set trailer segment (SE).

6 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

835 Enrollments

To enroll for 835 you must enroll with Optum, either directly or via your clearinghouse.

The 835 transaction enrollment registration will be done at the Federal Tax Identification Number level only. 835 registrations at levels lower than the Federal Tax Identification Number do not currently exist.

7 ACKNOWLEDGEMENTS AND/OR REPORTS

7.1 REPORT INVENTORY

Currently, AARP Supplemental Plans from UnitedHealthcare does not provide acknowledgements or reporting on the 835 transactions

8 TRADING PARTNER AGREEMENTS

8.1 TRADING PARTNERS

An EDI Trading Partner is defined as any UnitedHealthcare customer (provider, billing service, software vendor, clearinghouse, employer group, financial institution, etc.) that transmits to or receives electronic data from UnitedHealth Group.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to 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.

UnitedHealthcare is not currently establishing direct connections with healthcare providers for the purpose of exchanging electronic data for members who have AARP Supplemental Plans. Rather, UnitedHealthcare exchanges electronic data with providers through the OptumInsight clearinghouse. Therefore, providers and their clearinghouses will not have trading partner agreements with UnitedHealthcare specifically for electronic data exchange for their patients who have AARP Supplemental Plans. Providers or their clearinghouses may need to establish trading partner agreements with Optum.

Please contact Optum Support at 800-341-6141 to get set up.

9 TRANSACTION SPECIFIC INFORMATION

The table below represents only those fields in which the 835 transactions for AARP Supplemental Plans from UnitedHealthcare provide a specific value, or for which additional guidance is provided regarding what the value means. The table does not represent all of the fields necessary for a successful transaction please review the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 document that defines the Health Care Claim Payment/Advice (835) transaction standards (Version 00501X221A1), February 2011 as this document should be referenced for the detailed transaction information.

Loop ID	Reference	Name	Codes	Notes/Comments
1000A	N3	Payer Address		
	N301	Address information	PO BOX 740819	Address where paper correspondence can be submitted
	N4	Payer City, State, Zip Code		
	N401	City Name	ATLANTA	City of the address where paper correspondence can be submitted
	N402	State or Province Code	GA	State of the address where paper correspondence can be

	N403	Postal Code	30374*0819	Zip code of the address where paper correspondence can be submitted
	PER	Payer Business Contact	CX	
1000B	N1	Payee Address		
	N102	Name	CUSTOMER SERVICE	Payee name from internal database will be reported
	N103	Identification Code Qualifier	FI	Federal Taxpayer's Identification Number will be reported when a National Provider Identifier is not submitted on the claim
	N104	Identification Code	XX	Will report the National Provider Identifier when submitted as the Billing Provider Identification code in 2010AA NM109 of the 837. When the National Provider Identifier is not submitted, will report the Federal Taxpayer's Identification Number.
	N3	Payee Address		
	N301	Address Information	From provider DB	Payee Address from internal database will be reported
	N4	Payee City, State, Zip Code		
	N401	City Name	From provider DB	Payee City from internal database will be reported
	N402	State or Province Code	From provider DB	Payee State from internal database will be reported
	N403	Postal Code	From provider DB	Payee Postal Code (Zip Code) from internal database will be reported
Loop ID	Reference	Name	Codes	Notes/Comments
	N407	Country Subdivision Code	N/A	N/A
2000	TS3	Provider Summary Information		
	TS2	Provider Supplemental Summary Information		
2100	CLP	Claim Payment Information		
	CLP02	Claim Status Code	2	Claim processed as secondary
	CLP06	Claim Filing Indicator Code	15	Indemnity insurance
	NM1	Corrected Payer Name		

	PLB	Provider Adjustment		
	PLB03-1	Adjustment Reason Codes	L6	Utilized to report the interest payment for a claim in the remit
	PLB03-1	Adjustment Reason Codes	IR	Utilized to report Internal Revenue Service amount being withheld from the current remit

10 APPENDICES

10.1 IMPLEMENTATION CHECK LIST

For the implementation process please contact your clearinghouse or Optum directly for specific instructions as to what is required to implement and receive 835 transactions from AARP Supplemental Plans from UnitedHealthcare.

10.2 FREQUENTLY ASKED QUESTIONS

1. **Does this companion guide apply to all UnitedHealthcare Payers?**
No. This companion guide only applies to AARP Supplemental Plans from UnitedHealthcare for EDI Payer ID 36273.
2. **Does enrollment to receive the 835-transaction impact the payment cycle?**
No, the generation of the 835 transaction will mirror the current payment cycle for the physician or health care professional.
3. **Why are the claim adjustment reason codes different than the adjustment codes on the EOB?**
The adjustment codes reported in the 835 transaction are from the X12 Claim Adjustment Reason Code list. In most instances the AARP Supplemental Plans from UnitedHealthcare's proprietary adjustment codes are reported on the EOB.
4. **Does enrollment to receive the 835 transaction impact the payment cycle?**
No, the generation of the 835 transaction will mirror the current payment cycle for the physician or health care professional.