


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: 11.2,
September 2026

# 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.

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# 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)
- 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)

## 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:

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- *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 |

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## 1.4 Additional Information

More information on Novitas Solutions expectations for the Electronic Remittance Advice is available on the Billing Products & Services website (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004585).

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/ |

# 2 Getting Started

## 2.1 Working Together

Novitas Solutions, Inc. is dedicated to providing communication channels to ensure communication remains constant and efficient. Novitas Solutions, Inc. has several options to assist the community with their electronic data exchange needs. By using any of these methods Novitas Solutions, Inc. 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 Novitas Solutions, Inc. 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 Novitas Solutions, Inc. EDI help desk and email access, see Section 5 for additional contact information.

Novitas Solutions, Inc. also has several external communication components in place to reach out to the Trading

Partner community. Novitas Solutions, Inc. posts all critical updates, system issues and EDI-specific billing material to their website (https://www.novitas-solutions.com/webcenter/portal/ElectronicBillingEDI_JL). All Trading Partners are encouraged to visit this page to ensure familiarity with the content of the site. Novitas Solutions, Inc. also distributes EDI pertinent information in the form of an EDI newsletter or comparable publication, which is posted to the website every three months. In addition to the website, a distribution list has been established in order to broadcast urgent messages. Please register for Novitas Solutions, Inc. distribution list by completing the information on the website (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00007968).

Specific information about the above-mentioned items can be found in the following sections.

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## 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 Novitas Solutions, Inc. 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 Novitas Solutions, Inc. 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 Novitas Solutions, Inc.

Medicare requires all trading partners to complete EDI registration and sign an EDI Enrollment form. The EDI Enrollment form designates the Medicare contractor as the entity they agree to engage in for EDI and ensures agreement between parties to implement standard policies and practices to ensure the security and integrity of information exchanged. The forms can be accessed on the website (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004532). Entities processing paper do not need to complete an EDI registration.

Visit the Novitas Solutions, Inc. website to complete the EDI Enrollment form. This will ensure you are completing and submitting the most recent version of the EDI Enrollment form.

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.0. 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.

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Medicare requires that Novitas Solutions, Inc. furnish information on EDI to new Trading Partners that request Medicare claim privileges. Additionally, Medicare requires Novitas Solutions, Inc. 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 Novitas Solutions, Inc. prior to completion of an initial EDI Enrollment Agreement and issuance of an initial EDI number and password by that contractor. Novitas Solutions, Inc. 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 Novitas Solutions, Inc. which third party agents they will be using on their EDI Enrollment form.

Third parties are required to register with Novitas Solutions, Inc. by completing the third-party agreement form (https://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00004538). 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.

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 Novitas Solutions, Inc.. For a complete reference to security requirements, see Section 4.4.

## 2.3 Trading Partner Certification and Testing Process

Testing for EDI is required for incoming 837 claim files to ensure that the electronic information is accurate and "readable" in our processing system. Testing can be done by individual providers or by the vendor, billing service, or clearinghouse.

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Testing is not required for 835 Electronic Remittance Advice (ERA). Although not required, vendors, billing services and clearinghouses can request test ERA files to validate that their systems will be able to process the files.

To request a test ERA file, Trading Partners should contact the EDI Helpdesk to request a file be created in test.

# 3 Testing and Certification Requirements

Not applicable.

# 4 Connectivity / Communications

## 4.1 Process Flows

Electronic remittance advice (ERA) 835 files can be retrieved via Secure File Transfer Protocol (SFTP), Novitasphere portal, or Hypertext Transfer Protocol Secure (HTTPS) Council for Affordable Quality Healthcare, Inc (CAQH) Committee on Operating Rules for Information Exchange (CORE)-compliant connection.

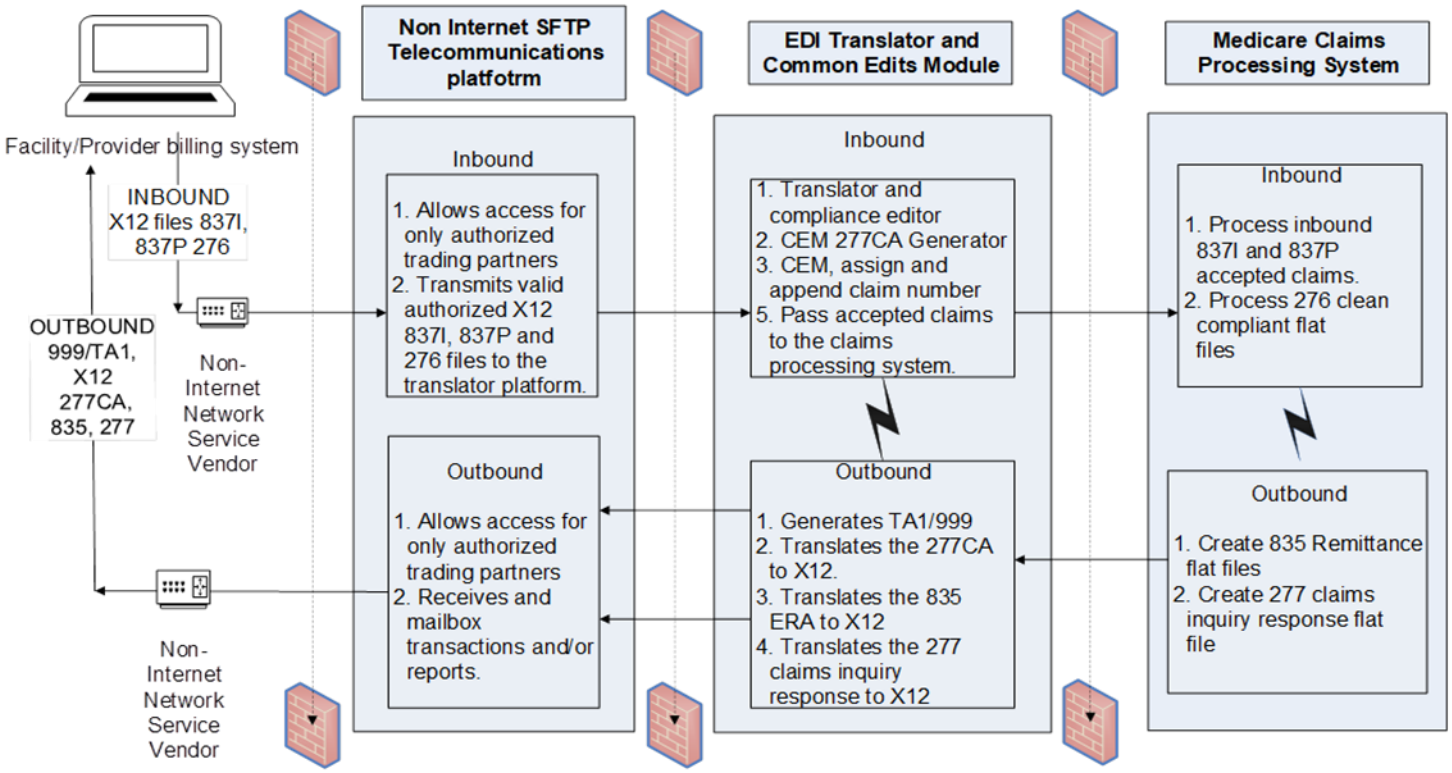
Connection for authorized trading partners will be to the TIBCO telecommunications platform.

- The claims will be forwarded into the and Combined Common Edits/Enhancements Module (CCEM) for further edits and acknowledgement reports will be issued. Claim numbers will be appended to accepted claims.
- If the file accepts, it will be sent into the Medicare Claims Processing system for final determination. Once the claims finalize, the denial or payment summary is sent via Standard Paper Remittance (SPR) or ERA.
- All generated reports can be retrieved through the TIBCO telecommunications platform.

The following diagrams show how production and test transactions flow into and out of Novitas Solutions, Inc.

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*Figure 1. Novitas Process Flows*




## 4.2 Transmission

The EDI front-end platform (TIBCO) is accessible 24 hours a day, 7 days a week. JL EDI files submitted after 4PM Eastern Time (ET) on any business day are considered "received" the next business day. EDI files submitted on a non-business day are considered "received" the next business day or as published. TIBCO allows for multiple transmissions within one day by verifying the unique Interchange Control Number in ISA13 for each transmission. If you are not sure how to assign a unique Interchange Control Number, please contact your vendor or in-house programmer for instructions. ERA files for accepted claims will be uploaded to TIBCO when finalized. Normally within 14 days of the submission date.

More information on connectivity is on the Novitas JL Website (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004782).

## 4.3 Communication Protocol Specifications

Novitas Solutions, Inc. currently accepts EDI 835 transactions through three means of connection: Novitasphere portal, SFTP or HTTPS CAQH CORE-compliant connection for EDI Claim Status Request and Response (276/277) and ERA (835).

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### 4.3.1 Novitasphere Portal

Novitasphere is a secured web-based Internet Portal that customers may utilize for a more proficient interface with Novitas and the Medicare systems. Currently, Novitasphere is not enrolling Veterans Affairs Providers.

More information on the portal, including a list of available features, is available on our website (https://www.novitas-solutions.com/webcenter/portal/Novitasphere_JL).

### 4.3.2 Secure File Transfer Protocol (SFTP) Submission

Secure File Transfer Protocol, or SFTP, is a communications method for delivering and/or receiving data. It allows large volume electronic billers to deliver and receive large volumes of data faster than using conventional transmission methods. Contracting with a third-party vendor for a direct connection to Novitas Solutions, Inc. is required. The third-party vendor will provide the connectivity portal needed to use SFTP. A list of approved third-party vendors is available on our website (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004536).

Once setup is complete with the third-party vendor and Novitas Solutions, Inc., a software program is needed for creating and receiving electronic claim files. The following is a list of approved SFTP software.

*Table 3. Approved SFTP Software*

| Free Software | Pay Software |
|---|---|
| WinSCP v4.2.5 | Cute FTP 8 Professional v8.3.3 |
| FileZilla Client v3.3.1 | WS_FTP Professional v12.2 |

To set up SFTP, access your SFTP software and complete the following steps:

- Create a site by following the software prompts.
- Access the settings and choose “SFTP/SSH” (Secure Shell).
- Key in the remote port and the host name. (Version 5010 server names and ports are provided when you enroll for SFTP, if necessary.)
- Save the settings.

To download electronic remittance files via SFTP, access your SFTP software and complete the following steps:

- Log in. You will receive a temporary password when you first enroll. Before connecting for the first time, you must access the Password reset tool on our website to change your password. The password must be eight to twelve characters in length and contain numbers, letters, one special character (i.e. #, $, @, !, %, &, *, ?) and at least one capital letter. The password expires every 60 days. Passwords may only be reset once in a 24-hour period without contacting the EDI Help Desk.
- Connect to Novitas Solutions, Inc. Retrieve the 835 report from:
  - /inbox/X12/EDI/Outbound/Interchange for X12 files
  - /inbox/EZComm/BC/1.0/Notify for . ZIP files or VA reports

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- Important tips for configuring your SFTP file
  - Disable “temp file” in your file transfer software
  - The date/time stamp during file transfer should not be updated
  - A file should not be renamed after the last byte of the file has been transferred
  - Only a file should be zipped, not an entire folder
  - Zip files should not be encrypted, or password protected

### 4.3.3 HTTPS CAQH CORE-Compliant Connection for EDI Claim Status Request and Response (276/277) and ERA (835)

HTTPS CAQH CORE-Compliant Connection for EDI is a secure connection for sending the Claim Status Request Transaction (276) and receiving the Claim Status Response (277) and/or ERA (835). Submitters are required to purchase an X.509 Client Certificate and submit it to Novitas Solutions prior to use. More information is available in the Novitas Solutions website (https://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00147591).

## 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. Novitas Solutions, Inc. is responsible for notifying all affected Trading Partners as well as reporting the system revocation to CMS.

### 4.4.1 System Logins

Trading partners submitting files using SFTP will be assigned a login ID and temporary password upon completion of the EDI Enrollment form. The login ID will be mailed to them in an EDI welcome letter.

Trading partners submitting files using Novitasphere Portal will create a user ID, password, and complete identity proofing for each user in the CMS Identity Management System (IDM) (https://home.idm.cms.gov). For information on enrollment, please visit the Novitas Solutions website (https://www.novitas-solutions.com/webcenter/portal/Novitasphere_JL).

A provider’s EDI login and password serve as a provider’s electronic signature and the provider would be liable if any entity with which the provider improperly shared the ID and password performed an illegal action while using that ID and password. A provider’s EDI access number and password are not part of the capital property of the provider’s operation and may not be given to a new owner of the provider’s operation.

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### 4.4.2 Password Guidelines

The trading partner should protect password privacy by limiting knowledge of the password to key personnel only. The password should be changed when there are any personnel changes. EDI transactions submitted by unauthorized trading partners will not be accepted.

**SFTP Passwords**

- The password must be eight to twelve characters in length. Must contain numbers three out of four of the following elements:
- One capital letter
- One lower case letter
- One number
- One special character (i.e.: #, $, @, !, %, &, *, ?)
- The password must be changed every 60 days. After three failed attempts you will need to reset the password on the password reset tool. Please make sure to have your login ID, submitter ID, and current password available for password resets.

**Novitasphere Passwords**

For the full list of Novitasphere password requirements, please visit our Novitasphere Password Help page (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00084015).

# 5 Contact Information

## 5.1 EDI Customer Service

### Mailing Address

Novitas Solutions, Inc. EDI Services
P.O. Box 3011
Mechanicsburg, PA 17055-1801

### Telephone Numbers

- EDI Help Desk telephone number: 1-877-235-8073, Option 2
- Novitasphere Help Desk telephone number: 1-855-880-8424
- Fax Number: 1-877-439-5479

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### Email address

For all EDI inquiries: WebsiteEDI@novitas-solutions.com

### Time and Day of Operations

EDI and Novitasphere Help Desks are available Monday through Friday.

The EDI Help Desk is available 8:00 AM until 4:00 PM Eastern Time (ET).

The Novitasphere Help Desk is available 8:00 AM until 5:00 PM ET.

Please check the Novitas Solutions Inc. website for the most up to date hours of availability (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004525).

When contacting the EDI Help Desk, have your Trading Partner number (submitter ID), National Provider Identifier (NPI) number, or Provider Transaction Access Number (PTAN) available. Having these numbers available will help resolve your issues quicker.

## 5.2 EDI Technical Assistance

Reference section 5.1

## 5.3 Trading Partner Service Number

Reference section 5.1

## 5.4 Applicable Websites / Email

Novitas Solutions, Inc. Electronic Billing (EDI) Center (https://www.novitas-solutions.com/webcenter/portal/ElectronicBillingEDI_JL)

# 6 Control Segments / Envelopes

Enveloping information must be as follows:

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

*Table 4. 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. |

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| Page # | Element | Name | Codes/Content | Notes/Comments |
|---|---|---|---|---|
| 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 27. |
| C.4 | ISA06 | Interchange Sender ID | - | Part A – Reference Table 5.<br>Part B – Reference Table 6. |
| C.5 | ISA07 | Interchange ID Qualifier | 29 | Medicare will send 29. |
| C.5 | ISA08 | Interchange Receiver ID | - | Submitter number assigned by Novitas Solutions in the EDI Welcome Letter. |
| C.5 | ISA11 | Repetition Separator | - | Novitas Solutions repetition separator character. |
| C.6 | ISA14 | Acknowledgement Requested | 0 | Medicare will send 0. |

*Table 5. Contractor ID Part A*

| JL Part A Locale | JL Contractor/Payer ID |
|---|---|
| Delaware | 12101 |
| District of Columbia | 12201 |
| Maryland | 12301 |
| New Jersey | 12401 |
| Pennsylvania | 12501 |
| J12901 | 12901 |

*Table 6. Contractor ID Part B*

| JL Part B Locale | JL Contractor/Payer ID |
|---|---|
| Delaware | 12102 |
| District of Columbia Metropolitan Area (DCMA) | 12202 |
| Maryland | 12302 |
| New Jersey | 12402 |

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| JL Part B Locale | JL Contractor/Payer ID |
|---|---|
| Pennsylvania | 12502 |

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

*Table 7. GS Functional Group Header*

| Page # | Element | Name | Codes/Content | Notes/Comments |
|---|---|---|---|---|
| C.7 | GS02 | Application Sender Code | - | Part A – Reference Table 5.<br>Part B – Reference Table 6. |
| C.7 | GS03 | Application Receiver's Code | - | The receiver number assigned by Novitas Solutions in the EDI Welcome Letter. |
| 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

Medicare recommends the use of the following delimiters in all outbound transactions; trading partners/submitters should contact their local A/B MAC or CEDI for any deviations. Note that these characters will not be used in data elements within an ISA/IEA Interchange Envelope.

*Table 8. Outbound 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 |

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### 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 7.

## 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 9. Detail Structures Business Rules and Limitations*

| Page # | Loop ID | Reference | Name | Codes/Content | Notes/Comments |
|---|---|---|---|---|---|
| 111 | 2000 | LX | LX – Header Number | - | Required for Medicare. Fiscal Intermediary Standard System (FISS) uses TTYYMM - Facility Code/Year/Month.<br>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 | 0K | Medicare will report the LCD/NCD code in Loop 2110, Segment REF, REF02. |

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| Page # | Loop ID | Reference | Name | Codes/Content | Notes/Comments |
|---|---|---|---|---|---|
| 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 Novitas Solutions, Inc. This agreement can be found on the Novitas Solutions, Inc website (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004532). It provides one fill and print EDI Enrollment form, which includes the Trading Partner Agreement. Always visit the Novitas Solutions, Inc. website to complete the EDI Enrollment form. This will ensure you are completing and submitting the most recent version of the EDI Enrollment form.

# 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.

*Table 10. 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”). |

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*Table 11. 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. |
| 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 12. 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 | Novitas Solutions, Inc. reference ID |

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## 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 13. 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 14. 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 15. 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 16. 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”. |

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

*Table 17. 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 18. 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.<br>“AD”, “FI”, “NI”, and “PP” do not apply to Medicare. |

*Table 19. 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, CE, EA, F8 | 2 | Medicare does not use “1L”, “1W”, “9A”, “9C”, “BB”, “G1”, “G3”, or “IG”. |

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

*Table 20. 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 21. 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”. |

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*Table 22. 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 23. 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. |
| 191 | 2110 | SVC06-1 | Product or Service ID Qualifier | HC, NU, N4, HP | 2 | Only “HC”, “NU”, “N4”, and “HP” apply to Medicare. |

*Table 24. 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 25. 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”. |

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*Table 26. 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 “0B”, “1A”, “1B”, “1D”, “1H”, “1J”, “D3” or “G2”. |

*Table 27. Loop 2110 REF Healthcare Policy Identification*

| Page # | Loop ID | Reference | Name | Codes/Content | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| 209 | 2110 | REF01 | Health Care Policy Identification | 0K | 2 | Medicare will report the LCD/NCD code in Loop 2110, Segment REF, REF02. |

*Table 28.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 29. 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. |

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## 10.3 Summary

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

*Table 30. 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,<br>B3, BD, BN, C5, CS, CV,<br>DM, E3, FB, GO, HM, IP,<br>IS, IR, J1, L3, L6, LE, LS,<br>OA, OB, PI, PL, RA, RE, SL, TL, WO, WU | 2 | Medicare does not use “AH”, “AM”, “CR”, “CT”, “CW”, or “FC”. |

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# 11 Appendices

## 11.1 Implementation Checklist

Complete the following checklist as you prepare to go live with EDI exchange.

*Table 31. EDI Implementation Checklist*

| Action | Additional Information |
|---|---|
| Choose a Software Product | For more information, refer to the EDI Reference Guide (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004559). |
| Complete EDI Enrollment form | The EDI Enrollment form is located on our website (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004532). |
| Read the Companion Guide | This guide helps with the setup of your transactions, testing and viewing reports. |
| Send a Test File | Test requirements are provided in Section 3 of this Companion Guide, Testing and Certification Requirements. |
| Pull your Reports | Reports are available within a few minutes of transmitting a test file. For more information, see Section 7 of this Companion Guide, Acknowledgements and Reports. |
| Send Production Files | Once your testing has been approved, you will be able to send in production. Change the ISA to “P” and always remember to pull your reports. Incoming file names should not include an apostrophe (‘) as this causes errors in the file being received through TIBCO. |
| Send a Claim Status Request | Request status of a claim using the 276 Claim Status Request transaction |
| Read Publications | Novitas Solutions, Inc. sends emails to those who have joined our mailing list. We also publish newsletters on our website. For more information on joining our mailing list, refer to Section 2.1 of this Companion Guide, Working Together. |

## 11.2 Transmission Examples

Below is an example of the Control segments and envelopes in an 835 ERA file.

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*Figure 2. 835 Control Segments*

```
ISA*00*          *00*          *ZZ*04412          *29*1111111          *180906*2359*^*00501*824900055*0*P*:~
GS*HP*04412*1111111*20180906*2359*55*X*005010X221A1~
ST*835*000000087~
SE*38*000000087~
GE*393*55~
IEA*1*824900055~
```

## 11.3 Frequently Asked Questions

Frequently asked questions can be accessed Medicare FFS EDI Operations (https://www.cms.gov/ElectronicBillingEDITrans/) and Novitas JL EDI specific FAQs (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004548)

## 11.4 Acronym Listing

*Table 32. 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 |
| ERA | Electronic Remittance Advice |
| FFS | Medicare Fee-For-Service |

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| Acronym | Definition |
|---|---|
| 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 |

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## 11.5 Change Summary

The following table contains version information of this CG.

*Table 33. 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 | March 2019 | All – made guides transaction specific | 4th Publication Version |
| 6.0 | October 2019 | All | Updated URLs to https |
| 7.0 | March 2020 | 4.4 | Updated link to Novitasphere password requirements |
| 8.0 | May2020 | 1.3, 11.4 | Refer to WPC and X12 websites |
| 9.0 | November 2021 | All | Updates for new EDI Gateway and EIDM to IDM transition |
| 10.0 | October 2022 | All | 508 Compliance updates |
| 11.0 | January 2026 | Section 4.1 | Replaced figure 1 and removed figure 2. |
| 11.1 | June 2026 | Page 10 | Updated Option reference from 3 to 2. |
| 11.2 | September 2026 | Page 18 | Added ‘CE’ as valid for Other Claim Related Identification 2100 REF. |

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