



# **Standard Companion Guide**

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

Companion Guide Version Number 5.0  
4/22/2025

## CHANGE LOG

Version	Release Date	Changes
1.0	12/10/2010	Created 835 Companion Guide based on version 5010.
2.0	09/25/2017	Changed Clearinghouse name from Ingenix to OptumInsight; Reformatted entire document and updated various sections with current information, including hyperlinks and contacts.
3.0	09/28/2018	Updated Intelligent EDI hyperlink in section 2.3 and ERA Payer List hyperlink in section 4.1
4.0	05/11/2020	Updated Section 2.2 Clearinghouse Connections and Section 4.1 EDI Support
4.1	08/21/2020	Updated Sections 2.1, 3.4, 3.5, 4.3
4.2	3/27/2024	Updated Logo
5.0	4/22/2025	Updated broken hyperlinks. New link for Communications Protocol Specs. Removed Passwords section. Added chat options for Provider services.

## **PREFACE**

This companion guide (CG) clarifies and specifies the data content when exchanging transactions electronically with UnitedHealthcare. Transactions based on this companion guide used in tandem with the Implementation Guide, also called 835 Health Care Claim Payment/Advice ASC X12 (005010X221A1), are compliant with both X12 syntax and related guides. This Companion Guide is intended to convey information that is within the framework of the Implementation Guide 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.

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## 1. INTRODUCTION

This section describes how the Companion Guide, also called 835 Health Care Claim Payment Advice ASC X12 (005010X221A1), adopted under HIPAA, will be detailed with the use of a table. The tables contain a row for each segment that UnitedHealth Group has included, in addition to the information contained in the Guide. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with UnitedHealthcare

In addition to the row for each segment, one or more additional rows are used to describe UnitedHealthcare's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The table below specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a row for each segment that UnitedHealthcare has included, in addition to the information contained in the guide.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides:

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
71	1000A	<b>NM1</b>	Submitter Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
114	2100C	NM109	Subscriber Primary Identifier		<b>15</b>	This type of row exists to limit the length of the specified data element.
114	2100C	NM108	Identification Code Qualifier			
				<b>MI</b>		This type of row exists when a note for a particular code value is required. For example, this note may say that value MI is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it.
184	2300	HI	Principal Diagnosis Code			
	<b>2300</b>	<b>HI01-2</b>	Reference Identifier Qualifier	<b>BK</b>		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

## **1.1 SCOPE**

This document is to be used for the implementation of the HIPAA 5010 835 Health Care Claim Payment/Advice (referred to 835 claim payment in the rest of this document) for the purpose of reporting claim payment information from UnitedHealthcare. This document is to be used as a Companion Guide (CG) to the 835 Health Care Claim Payment/Advice ASC X12 (005010X221A1) Implementation Guide. Please note that United HealthCare Community Plan has a separate Companion Guide.

## **1.2 OVERVIEW**

This CG will replace, in total, the previous UnitedHealthcare CG versions for Health Care Claim Payment/Advice. The CG is intended to assist you in implementing 835 claim payment transactions that meet UnitedHealthcare processing standards, by identifying pertinent structural and data related requirements and recommendations to more effectively complete EDI transactions with UnitedHealthcare.

Updates to this companion guide will occur periodically and new documents will be posted in the Companion Guides section of our resource library and distributed to all registered trading partners with reasonable notice, or a minimum of 30 days, prior to implementation. In addition, all trading partners will receive an email with a summary of the updates and a link to the new documents posted online.

## **1.3 REFERENCE**

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 is recognized by the United States as the standard for North America. Electronic Data Interchange (EDI) adoption has been proved to reduce the administrative burden on providers.

## **2. GETTING STARTED**

### **2.1 EXCHANGING TRANSACTIONS WITH UNITEDHEALTHCARE**

UnitedHealthcare exchanges transactions with clearinghouses and direct submitters, also referred to as Trading Partners. Most transactions go through the Optum clearinghouse our managed gateway for EDI transactions.

### **2.2 CLEARINGHOUSE CONNECTION**

Physicians, facilities and health care professionals should contact their current clearinghouse vendor to discuss their ability to support the X12 Version 005010X221A1 835 claim payment transaction, as well as associated timeframes, costs, etc. This includes protocols for testing the exchange of transactions with UnitedHealthcare through your clearinghouse.

When utilizing a clearinghouse to receive the 835 claim payment transaction, contact the clearinghouse to facilitate the 835 enrollment process. Once the enrollment is complete, your software vendor or clearinghouse will provide instructions on how to download or view the 835 transaction.

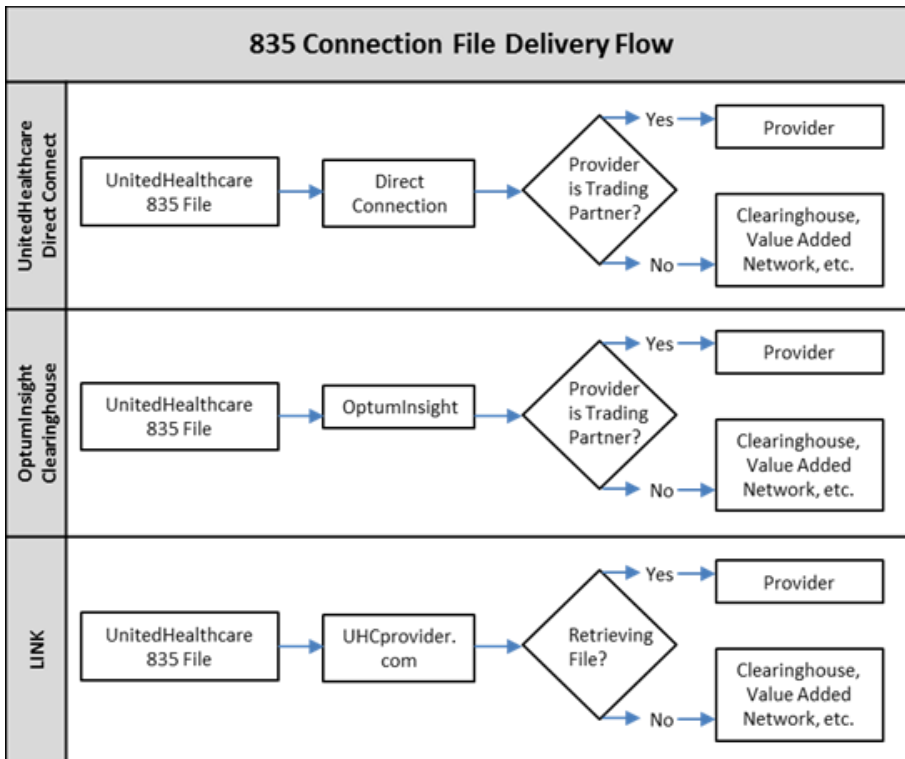
Go to [the EDI Resource Library](#) for more information on clearinghouses and Optum solutions.

### 2.3 OPTUM PAY

You may download the 835 claim payment file from the Optum Pay Portal. Enrollment in Optum Pay is required for this capability and allows you to receive Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) for UnitedHealthcare Commercial, UnitedHealthcare Community Plan, UnitedHealthcare Medicare Solutions and UnitedHealthcare Oxford. More information about [Optum Pay](#) including enrollment and assistance is available online.

## 3. CONNECTIVITY AND COMMUNICATION PROTOCOLS

### 3.1 PROCESS FLOW



### 3.2 TRANSMISSION ADMINISTRATIVE PROCEDURES

The Direct Connection process can be used in batch mode (FTP or SFTP) using Web Services. Using these types of connections will allow you to either choose a manual process or automate your system.

### 3.3 RE-TRANSMISSION PROCEDURES

Trading Partners can request re-transmission of the entire 835 file by contacting EDI Support using our [EDI Transaction Support Form](#), sending an email to [supportedi@uhc.com](mailto:supportedi@uhc.com) or calling 800-842-1109. The 835 file will be routed through the Trading Partner's regular connectivity path. Please note the re-transmission is the entire 835 file, not a specified 835 contained within a file.

Physicians and health care professionals that do not have a direct connection with UnitedHealthcare will need to contact the entity they are receiving the 835 file from to discuss how to receive a re-transmission.

### 3.4 COMMUNICATION PROTOCOL SPECIFICATIONS

**Clearinghouse Connection:** Physicians, facilities, and healthcare professionals can submit and receive healthcare transactions directly through Optum. For more information, please contact your account manager. If you do not have an account manager, you may contact [Medical Claims Management | Optum](#)

## 4. CONTACT INFORMATION

### 4.1 EDI SUPPORT

Most questions can be answered by referring to the [EDI section](#) of our resource library on UHCprovider.com. Enroll in [Electronic Payments and Statements](#) to receive your 835 files.

Visit [UHCprovider.com/contacts](http://UHCprovider.com/contacts) for 835 EDI Support.

If you have questions related to submitting transactions through a clearinghouse, please contact your clearinghouse or software vendor directly.

### 4.2 PROVIDER SERVICES

Provider Services can be contacted if you have questions regarding the details of a member's benefits. For chat options and contact information please visit [UHCProvider.com/contacts](http://UHCProvider.com/contacts).

### 4.3 APPLICABLE WEBSITES/EMAIL

CAQH CORE: <http://www.caqh.org>

UnitedHealthcare EDI Support: [UHCprovider.com/contacts](http://UHCprovider.com/contacts)

UnitedHealthcare EDI website: <https://www.uhcprovider.com/en/resource-library/edi.html>

Optum: <https://www.optum.com/>

## 5. CONTROL SEGMENTS/ENVELOPES

### 5.1 ISA-IEA

Transactions transmitted during a session or as a batch are identified by an interchange header segment (ISA) and trailer segment (IEA) which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification.

UnitedHealthcare uses the following delimiters on your 835 file:

1. 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 (\*).
2. 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 (~).
3. Component-Element: Element ISA16 will define what Component-Element Delimiter is used throughout the entire transaction. The Component-Element Delimiter is a colon (:).

## **5.2 GS-GE**

EDI transactions 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.

## **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).

# **6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS**

## **6.1 CLAIM OVERPAYMENT RECOVERY**

Claim Overpayment Recovery occurs when UnitedHealthcare identifies that a prior processed claim was overpaid. To recoup the overpayment, UNET Business will follow the steps outlined in method three provided in section 1.10.2.17 (Claim Overpayment Recovery) of the ASC X12 005010X221A1 835 implementation guide.

## **6.2 SECONDARY AND TERTIARY PAYMENT REPORTING**

UnitedHealthcare will report secondary and tertiary payment claims in the 835 transaction. On UNET, professional (physician) claim reporting will provide the payment information at the service line level with institutional claims reporting payment information at the claim level. No service level detail will be reported on institutional secondary and tertiary payment claims. Section 10.3 (Transaction Examples) provides examples of professional and institutional secondary claims reporting in the 835 transactions.

On COSMOS, professional and institutional claims report payment information at the service line level.

## **6.3 ENCOUNTER CLAIMS**

UnitedHealthcare UNET 835s do not provide capitation payments in the 835 transaction, but will provide the Encounter claims processed under the capitation agreement. Encounter claims will be reported in the 835 transaction along with claims that fall outside of the capitation agreement. Section 10.3 (Transaction Examples) provides examples of encounter claim reporting in the 835 transaction.

COSMOS does not report capitation payments or encounter claims in the 835 transaction.

## **6.4 835 ENROLLMENTS**

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

## **6.5 LOST CHECK REPORTING**

Occasionally, the re-association process identifies a received remittance advice without the associated payment. This could result from situations like a lost check or misdirected EFT. Since there is no problem with the remittance information, the remittance advice will not be recreated. To handle the lost payment, COSMOS will follow method 2 described in Section 1.10.2.3.1 (Lost and Reissued Payments) of the ASC X12 005010X221A1 835 Implementation Guide.

## **7. ACKNOWLEDGEMENTS AND REPORTS**

### **7.1 REPORT INVENTORY**

No 835 reporting is available at this time.

## **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.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

## **9. TRANSACTION SPECIFIC INFORMATION**

UnitedHealthcare has put together the following grid to assist you in designing and programming the information provided in 835 transactions. This Companion Guide is meant to illustrate the data provided by UnitedHealthcare for successful posting of Health Care Claim Payment/Advice transactions. The table contains a row for each segment that UnitedHealthcare has something additional, over and above, the information in the implementation guide. That information can:

1. Limit the repeat of loops or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the implementation guide's internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with UnitedHealthcare

All segments, data elements and code supported in the ASC X12N/005010X221A1 835 Implementation Guide are acceptable, however, all data may not be used in the processing of this transaction by UnitedHealthcare for an 835 transaction.