



# NETWORK Notification

**Notice Date:** September 23, 2020  
**To:** CareSource Providers  
**From:** CareSource  
**Subject:** Claim Payment Advice (835) Enhancements  
**Effective Date:** September 25, 2020

## Summary

CareSource is implementing enhancements to the outbound 835 EDI files in order to accommodate provider requests and support claims reconciliation.

The following data will be added to the Outbound 835s providers receive from ECHO Health, Inc as our provider payment partner:

- Facility Type Code is being sent in the CLP08.
- The DRG\_Code is being sent in 2100 CLP11.
- The DRG\_QTY is being sent in the CLP12.
- PLB Adjustments will begin to include both the Internal Control Number (ICN) and Patient Account Numbers.

## Impact

Please see the screenshots of the data in the outbound 835 below:

Reference ASC X12N/005010X221 – Health Care Claim Payment/Advice (835)

## Diagnosis Related Group (DRG) Code

Diagnosis related group for this claim.

D | 2100 | CLP11 | - | 1354 ..... 128

SITUATIONAL

CLP11

1354

Diagnosis Related Group (DRG) Code

O 1 ID 1/4

Code indicating a patient's diagnosis group based on a patient's illness, diseases, and medical problems

SITUATIONAL RULE: *Required for institutional claims when the claim was adjudicated using a DRG. If not required by this implementation guide, do not send.*

OD: 835W1\_2100\_CLP11\_\_DiagnosisRelatedGroupDRGCode

CODE SOURCE 229: Diagnosis Related Group Number (DRG)

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## Diagnosis Related Group (DRG) Weight

Diagnosis related group weight for this claim

D | 2100 | CLP12 | - | 380 ..... 128

**SITUATIONAL** CLP12 380 **Quantity** O 1 R 1/15  
Numeric value of quantity

SEMANTIC: CLP12 is the diagnosis-related group (DRG) weight.

SITUATIONAL RULE: *Required for institutional claims when the claim was adjudicated using a DRG. If not required by this implementation guide, do not send.*

OD: 835W1\_2100\_CLP12\_\_DiagnosisRelatedGroupDRGWeight

IMPLEMENTATION NAME: Diagnosis Related Group (DRG) Weight

This is the adjudicated DRG Weight.

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## Facility Type Code

Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format.

D | 2000 | TS302 | - | 1331 ..... 113  
D | 2100 | CLP08 | - | 1331 ..... 127

**SITUATIONAL** CLP08 1331 **Facility Code Value** O 1 AN 1/2

Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.

SITUATIONAL RULE: *Required when the information was received on the original claim. If not required by this implementation guide, may be provided at the sender's discretion, but cannot be required by the receiver.*

OD: 835W1\_2100\_CLP08\_\_FacilityTypeCode

IMPLEMENTATION NAME: Facility Type Code

Since professional or dental claims can have different place of service codes for services within a single claim, default to the place of service of the first service line when the service lines are not all for the same place of service.

This number was received in CLM05-1 of the 837 claim.

PLB Adjustments to include both the ICN and Patient Account Number

**REQUIRED** PLB03 - 1 **426 Adjustment Reason Code** M ID 2/2

Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment

OD: 835W1\_\_PLB03\_C04201\_AdjustmentReasonCode

CODE	DEFINITION
<b>50</b>	<b>Late Charge</b> This is the Late Claim Filing Penalty or Medicare Late Cost Report Penalty.
<b>51</b>	<b>Interest Penalty Charge</b> This is the interest assessment for late filing.
<b>72</b>	<b>Authorized Return</b> This is the provider refund adjustment. This adjustment acknowledges a refund received from a provider for previous overpayment. PLB03-2 must always contain an identifying reference number when the value is used. PLB04 must contain a negative value. This adjustment must always be offset by some other PLB adjustment referring to the original refund request or reason. For balancing purposes, the amount related to this adjustment reason code must be directly offset.
<b>FB</b>	<b>Forwarding Balance</b> This is the balance forward. A negative value in PLB04 represents a balance moving forward to a future payment advice. A positive value represents a balance being applied from a previous payment advice. A reference number must be supplied in PLB03-2 for tracking purposes. See 1.10.2.12, Balance Forward Processing, for further information.
<b>WO</b>	<b>Overpayment Recovery</b> This is the recovery of previous overpayment. An identifying number must be provided in PLB03-2. See the notes on codes 72 and B3 for additional information about balancing against a provider refund.

**Questions?**

Please call ECHO Support at 1-888-485-6233 to report any issues with your Explanation of Provider Payment or Electronic Remittance Advice.

OH-Multi-P-186937