



COMPLIANCE REVIEW RELATED TO

## 835 Electronic Remittance Advice (ERA)

### Reason for review

835 2100 NM1 Corrected Patient/Insured Name segment

### Type of entity reviewed

Health Plans

### Process

Transaction testing completed during compliance reviews revealed some health plans did not adhere to the requirements specified in the X12 835 Implementation Guide – Type 3 (TR3) 005010X221A1. Health plans erroneously reported a corrected patient/insured name in the transaction.

Health plans convey corrected information about the patient or insured, including last/first/middle name, name suffix, or identification number in the 2100 NM1 Corrected Patient/Insured Name segment. The TR3 situational rule for this segment states: “Required when needed to provide corrected information about the patient or insured. If not required by this implementation guide, do not send.”

When a health plan sends information in the 2100 NM1 Corrected Patient/Insured Name segment that is identical to the information reported in the 2100 NM1 Patient Name or 2100 NM1 Insured Name segments, the [Administrative Simplification Enforcement and Testing Tool \(ASETT\)](#) identifies this as a violation and will display the following message:

- Element NM103 is used. It is not expected to be used when it has the same value as element NM103 (Insured Name). Segment NM1 is defined in the guideline at position 0300.

### Resolution

To maintain compliance with the adopted 835 transaction standard, health plans must only report corrected information about the patient or insured in the 2100 NM1 Corrected Patient/Insured Name segment when it is different from information previously reported in the 2100 NM1 Patient Name or 2100 NM1 Insured Name segments. For example, if a patient/insured last name requires correction, only the patient/insured last name should be included in the 2100 NM1 Corrected Patient/Insured Name segment.

Data sent that explicitly violates the 2100 NM1 Corrected Patient/Insured Name segment’s situational rule in the X12 835 transaction will be identified as a violation in a compliance review and may result in corrective action.

For more information related to 835 transaction compliance and how to accurately convey corrected information in 2100 NM1 Corrected Patient/Insured Name segment, please see the guidance provided in the following X12 publications:

- 005010X221A1 Health Care Claim Payment/Advice (835)
- Requests for Interpretation (RFI) response numbers [2426](#) and [2227](#)