Rite Aid Corporation

HIPAA Implementation Guidelines
835 Payment Remittance Advice
Version 005010X221A1

Rite Aid 835 Payment Remittance Advice
005010X221, 005010X221A1 HIPAA Implementation Guidelines

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1. Document Purpose

1.1 Scope, Transition and Readiness

Rite Aid continues to be prepared to be compliant with 'Level 2' or external testing as defined in the regulations on January 1, 2011 for the Health Insurance Portability and Accountability Act (HIPAA). Also, we plan to selectively test with 'early adopters' in the 4th quarter of 2010. Additional updates will be posted on this important initiative throughout the year of 2010 and 2011 on our EDI/B2B Services website.

In order to meet the needs of multiple Payers, Rite Aid established transaction specifications to accommodate the remittance type as defined in the October 2003 ASC X12 Standard referred to as Version 5, Release 1, Sub release 0 (005010) and the Errata versions.

The Data Interchanges Standards Association (DISA) has made corrections to the 5010 version of certain transactions including the 835 Health Care Claim Payment/Advice transaction, 005010X221A1. The Errata versions replace the Base versions for HIPAA compliance. Compliance with the Errata must be achieved by the original regulation compliance date of January, 2012.

Rite Aid will be ready to begin testing the base versions with external trading partners in January of 2011 and the Errata version in late first quarter 2011 as software updates become available.

Our guidelines are in accordance to the unique Version/Release/Industry Identifier code for the Inbound 835 Health Care Claim Payment/Advice transaction set known as version 005010X221, 005010X221A1 and the National Council for Prescription Drug Programs (NCPDP).

Rite Aid Corporation has been certified by the Data Interchanges Standards Association (DISA) to be in compliance with the 835 Health Care Claim Payment/Advice transaction set known as version 005010X221A1.

In our continuing effort to be supportive, the Rite Aid Health Care Claim Payment/Advice guideline includes all seven transaction handling options for future needs. Due to the size of the document Reference HIPAA Technical Report Type (TR3) examples and notes are not included, for complete guidelines with Reference HIPAA Technical Report Type (TR3) examples and notes included, contact edi@riteaid.com.

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1.2 Reference HIPAA Technical Report Type 3 (TR3)

The Reference HIPAA TR3 for this Implementation Guide is the ANSI ASC X12/005010X221 835 Health Claim Payment and Remittance Advice Technical Report Type 3 (TR3).

Trading Partners must be compliant with ASC X12 National Implementation Guides adopted under the HIPAA Administrative Simplification Electronic Transaction rule and Rite Aid's EDI Companion guidelines for development of the EDI transactions. These documents may be accessed through Rite Aid's EDI/B2B Trade Services website: http://www.riteaidediservices.com/index.html.

Trading Partners must use the most current national standard code lists applicable to the EDI transaction. The code lists may be accessed at the Washington Publishing Company website: http://www.wpc-edi.com

The applicable code lists and their respective X12 transactions are as follows:

- Claim Adjustment Reason Codes and Remittance Advice Remark Codes (ASC X12/005010X221, 005010X221A1 Health Care Claim Payment/Advice (835))

2. Connectivity and Communications

2.1 Supported Data Exchange Media Types

Rite Aid offers its Trading Partners the following communication method for transferring data electronically.

- Secure File Transfer Protocol SFTP/SCP

The intent of this document is to describe how Rite Aid will use sftp/scp with external partners.

If Rite Aid is going to initiate a put or get of data from an external partner, the partner must supply us with the IP address of their sftp/scp server, the userid to logon with and the password that has been created for this id. We will create the same id on our server that sends the data if a PKI exchange is needed. The IP address that we use for sending data is 204.28.140.7

If the external partner is going to initiate the put or get of data, Rite Aid will need a contact person at their company who can provide us with the IP address that they use for sending data. We will provide the IP address of our sftp/scp server, userid and password. For additional information contact Rite Aid ITC Operations.

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2.1.1 Rite Aid ITC Operations
Daytime Contact Information:
Tony Sciortino
tsciortino@riteaid.com
717-214-8519
After Hours Support
Rite Aid ITC Operations
717-975-5780

2.1.2 EDI Contact Information
EDI Department:
Phone: 717-731-3815
Email: edi@riteaid.com

2.1.3 Rite Aid EDI/B2B Website
http://www.riteaidediservices.com
Select the "B2B/EDI/HIPAA" Tab for HIPAA Guidelines

2.1.4 Rite Aid Third Party Department
Alice Beckley-Piatt
Third Party Specialist
Rite Aid Corporation
200 Newberry Commons
Etters, PA 17319
Phone: 717-761-2633, ext 8789
Fax: 717-972-3949
Email: abeckley@riteaid.com

2.1.5 Rite Aid Provider Enrollment/Billing

Provider Enrollment/Billing
Jennifer Zorek
Manager Online Adjudication
Rite Aid Corporation
200 Newberry Commons
Etters, PA 17319
Phone: 717-975-5937
Fax: 717-975-5982
Email: jzorek@riteaid.com

3. Certification and Testing

3.1 Contacts for Testing and Trading Partner Agreements

Rite Aid has established teams to integrate all applicable HIPAA standards. To allow us to assist you, please contact the designated Rite Aid representative listed below. These representatives are able to answer questions you may have regarding coordination of testing between trading partners and technical specifications**.**

IMPORTANT: Please contact the Rite Aid Third Party Department to coordinate all EDI Testing, Trading Partner Agreements, ERA and EDI Paperwork.

Rite Aid Third Party Department
Alice Beckley-Piatt
Third Party Specialist
Rite Aid Corporation
200 Newberry Commons
Etters, PA 17319
Phone: 717-761-2633, ext 8789
Fax: 717-972-3949
Email: abeckley@riteaid.com

Carmelita Hartman
Manager Third Party
Rite Aid Corporation
200 Newberry Commons
Etters, PA 17319
Phone: 717-730-8391
Fax: 717-972-3949
Email: chartman@riteaid.com

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3.2 Parallel Testing

Rite Aid will be conducting parallel testing to compare both versions for accuracy. Upon approval sender may switch off previous version or continue with dual versions. Rite Aid will support both versions. The trading partner may send both 004010X091A1 and 005010X221 versions. Rite Aid requests that you send the 005010X221 version to the new sender/receiver ID RITEAID221 in section 3.4 Rite Aid Sender Receiver IDs**.** Rite Aid uses the HIPAA Validator from Foresight for compliance checking, (EDI Syntax, Balancing, Code Set, Situational).

3.3 Testing Process

Trading Partners should submit a test file containing a minimum of 25 test claims. Test files should contain claims that accurately represent the type of claims that will be submitted in production (ex. taxonomy/specialty, inpatient, outpatient, member & dependent claims). After a successful test file has been validated, you will be informed by the designated Rite Aid representative of production move.

3.4 Rite Aid Sender Receiver IDs

The Sender Receiver code is located in the ISA and GS Segment. If you require additional information or have any questions feel free to contact our EDI/B2B Department at 717-731-3815 or send us an email at edi@riteaid.com. You may visit our website at www.riteaidediservices.com/B2B/index.html for additional HIPAA information and mapping specifications. Upon completion of the parallel testing in section 3.2, Rite Aid requests that all trading partners using the 005010X221 version continue using the new Rite Aid Receiver ID ZZ:RITEAID221.

*If you are unable to accommodate Rite Aids Sender Receiver Identification numbers listed below Please reply to this request by sending an email to **edi@riteaid.com**.*

Version 005010X221 NEW ****			
Element	**Description**	**Qualifier or ID**	**Comments**
ISA 07	Interchange ID Qualifier	**ZZ**	
ISA 08 (NEW ID)	Interchange ID	**RITEAID221**	**New Rite Aid ID for 5010**
GS 03 (NEW ID)	Application Receive ID	**RITEAID221**	**New Rite Aid ID for 5010**

As indicated above, the ISA and GS Id's should match their appropriate version codes. Please contact Rite Aid prior to upgrading versions.

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3.5 Control Segments / Envelopes

Interchange Control (ISA/IEA) and Function Group (GS/GE) envelopes must be used as described in the national implementation guides. Rite Aid's expectations for inbound ISAs and a description of data on outbound ISAs are detailed below. Specific guidelines and instructions for GS and GE segments are contained in each transaction chapter of the Transaction Information companion Guide.

Note: Rite Aid only supports one interchange (ISA/IEA envelope) per incoming transmission (file). A file containing multiple interchanges will be rejected for a mismatch between the ISA Interchange Control Number at the top of the file and the IEA Interchange Control Number at the end of the file.

3.6 Data Detail and Explanation of Incoming ISA to Rite Aid

Segment: ISA Interchange Control Header (Incoming)

Note: This fixed record length segment must be used in accordance with the guidelines.
Note: Underscores "_" in the Sender/Receiver ID's ISA06, ISA08, GS02 or GS03 will not be accepted.

3.6.1 ISA Interchange Control Header

Position:	0050
Loop:	
Level:	Heading
Usage:	Mandatory
Max Use:	1
Purpose:	To start and identify an interchange of zero or more functional groups and interchange-related control segments

Data Element Summary

Attribute	Ref. Des.	Data Element	Name			
M	ISA01	I01	**Authorization Information Qualifier**	M	1	ID 2/2
		00	No Authorization Information Present (No Meaningful Information in I02)			
		03	Additional Data Identification			
M	ISA02	I02	**Authorization Information**	M	1	AN 10/10
M	ISA03	I03	**Security Information Qualifier**	M	1	ID 2/2
		00	No Security Information Present (No Meaningful Information in I04)			
		01	Password			
M	ISA04	I04	**Security Information**	M	1	AN 10/10
M	ISA05	I05	**Interchange ID Qualifier**	M	1	ID 2/2
		01	Duns (Dun & Bradstreet)			
		14	Duns Plus Suffix			
		20	Health Industry Number (HIN)			

			27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)			
			28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)			
			29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)			
			30	U.S. Federal Tax Identification Number			
			33	National Association of Insurance Commissioners Company Code (NAIC)			
			ZZ	Mutually Defined			
M	ISA06	I06	**Interchange Sender ID**		M	1	AN 15/15
M	ISA07	I05	**Interchange ID Qualifier**		M	1	ID 2/2
			ZZ	Mutually Defined			
M	ISA08	I07	**Interchange Receiver ID**		M	1	AN 15/15
			RITEAID221	Rite Aid Receiver ID			
M	ISA09	I08	**Interchange Date**		M	1	DT 6/6
M	ISA10	I09	**Interchange Time**		M	1	TM 4/4
M	ISA11	I65	**Repetition Separator**		M	1	AN 1/1
M	ISA12	I11	**Interchange Control Version Number**		M	1	ID 5/5
			00501	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003			
M	ISA13	I12	**Interchange Control Number**		M	1	N0 9/9
M	ISA14	I13	**Acknowledgment Requested**		M	1	ID 1/1
			0	No Interchange Acknowledgment Requested			
			1	Interchange Acknowledgment Requested (TA1)			
M	ISA15	I14	**Interchange Usage Indicator**		M	1	ID 1/1
			P	Production Data			
			T	Test Data			
M	ISA16	I15	**Component Element Separator**		M	1	AN 1/1

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3.6.2 GS Functional Group Header

Position: 0075
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To indicate the beginning of a functional group and to provide control information

Data Element Summary

Attribute	Ref. Des.	Data Element	Name			
M	GS01	479	**Functional Identifier Code**	M	1	ID 2/2
			HP Health Care Claim Payment/Advice (835)			
M	GS02	142	**Application Sender's Code**	M	1	AN 2/15
M	GS03	124	**Application Receiver's Code**	M	1	AN 2/15
			RITEAID221 Rite Aid Receiver ID			
M	GS04	373	**Date**	M	1	DT 8/8
M	GS05	337	**Time**	M	1	TM 4/8
M	GS06	28	**Group Control Number**	M	1	N0 1/9
M	GS07	455	**Responsible Agency Code**	M	1	ID 1/2
			X Accredited Standards Committee X12			
M	GS08	480	**Version / Release / Industry Identifier Code**	M	1	AN 1/12
			005010X221A1			
			Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003			

3.6.3 GE Functional Group Trailer

Position: 0300
Loop:
Level: Summary
Usage: Mandatory
Max Use: 1
Purpose: To indicate the end of a functional group and to provide control information
Syntax Notes:

Data Element Summary

User Attribute Attributes	Ref. Des.	Data Element	Name			
M	GE01	97	**Number of Transaction Sets Included**	M	1	N0 1/6
M	GE02	28	**Group Control Number**	M	1	N0 1/9

3.6.4 IEA Interchange Control Trailer

Position:	0400
Loop:	
Level:	Summary
Usage:	Mandatory
Max Use:	1
Purpose:	To define the end of an interchange of zero or more functional groups and interchange-related control segments
Syntax Notes:	

Data Element Summary

User Attribute Attributes	Ref. Des.	Data Element	Name			
M	IEA01	I16	Number of Included Functional Groups	M	1	N0 1/5
M	IEA02	I12	Interchange Control Number	M	1	N0 9/9

4. Acknowledgements and Reports

4.1 ASC X12 Acknowledgements and Definitions

Functional Acknowledgements/ Health Claim Status Notification

Rite Aid Corporation does not send 997 Functional Acknowledgements, TA1 Segment Interchange Acknowledgment, 999 Implementation Acknowledgments unless requested.

TA1   Segment Interchange Acknowledgment
999   Transaction Implementation Acknowledgment for Health Care Insurance

Acknowledgment Definitions
Interchange Acknowledgment TA1 Segment

TA1 Interchange Acknowledgment segment sent when the entire interchange (ISA - IEA) must be rejected. The segment used to report status of processing for an interchange or non-delivery.

Implementation Acknowledgment for Health Care
Insurance (999)

Acknowledgment for Health Care Insurance (999) is used for each Functional Group (GS - GE) envelope. The primary purpose of an Implementation Acknowledgment is to acknowledge the receipt of one Functional Group.

5. Assumptions

5.1 Balancing

5.1.1 Service Level Balancing

The Line Item Charge amount (SVC02) minus the sum of all Adjustment Amounts (CAS03, CAS06. CAS09, CAS12, CAS15, and CAS18) shall equal the Item Provider Payment Amount for the Service Line (SVC03)

Note: Adjustments within the 835 at the Service Adjustment Segment (CAS) decrease the payment when the adjustment amount is positive and increase when the adjustment is negative.
SVC03 = SVC02 – (Sum of (CAS03, CAS06. CAS09, CAS12, CAS15, CAS18))

Example:
SVC*AD:ASSEMBLY:12:AA:A2:12***2500***868.5**~
CAS*OA*100***665.75***.500*A5***100.00***123.45*7***50.00***100*100***665.75***.500*A5***100.00***123.45*7***50.00***100~

5.1.2 Claim Level Balancing

The Total Claim Charge Amount (CLP03) minus the sum of all the Adjustment amounts (CAS03, CAS06. CAS09, CAS12, CAS15, and CAS18) should equal the Line Item Payment Amount for this claim line (CLP04).

CLP04 = CLP03 - (Sum of (CAS03, CAS06. CAS09, CAS12, CAS15, CAS18))
The CAS segment at the claim level can be used and the claim can contain multiple service lines

CLP03 = SVC02 (Line Item Charge Amount) or the Sum of SVC02

CLP04 = SVC02 (Line Item Payment Amount) or the Sum of SVC03
If the SVC is not used, the Total Claim Charge Amount (CLP03) minus the CAS Segment Adjustments Amounts (CAS03, CAS06. CAS09, CAS12, CAS15, and CAS18) under the CLP segment (IE co-pay, deductible, dispensing fees etc.) equals the Claim Payment Amount (CPL04)

5.1.3Transaction Level Balancing

The amount of the transaction BPR02 must equal the sum of all the (CLP04) in the transaction minus the sum of all the provider level adjustments (PLB04, PLB06, PLB08, PLB10, PLB12, and PLB14)

BPR02 = sum of all the CLP04 – the sum of Provider Level Adjustments (PLB04, PLB06, PLB08, PLB10, PLB12, PLB14)

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5.2 Rite Aid ANSI X12 835 Recommendations/Notes

Although the 835 Payment Remittance Advice 005010X221 now allows field lengths of 256 characters in the (PER) Contact Information segment, Rite Aid will not accept data longer that 80 characters.

Notes:

5.2.1 The Currency Code (CUR Foreign Currency Information segment) is only required when the address is outside the United States. When CUR is not present the currency of the payment is defined as US dollars

5.2.2 The Country Code N404 is required if the address is outside of the United States, otherwise do not send.

5.2.3 The Crossover Carrier Name Loop 2100, NM1 segment is only required when the CLP02 equals 19, 20, 21, or 23, otherwise do not send.

5.2.4 The Corrected Priority Payer Name (Loop 21, NM1) segment is not used when the Crossover Carrier NM1 segment is used.

5.2.5 The Monetary amount must be a negative dollar amount when the Adjustment Reason Code is equal to 72 or B2.

5.2.6 When the Adjustment Reason Code 72 Authorized Return is used, it must be offset by the amount with Adjustment Reason Code WO Overpayment Recovery and the excess returned by the provider is reported using Adjustment Reason Code B2 Rebate.

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6.1 Rite Aid 835 Transaction Version 005010X221
EDI Readiness Survey

CONTACT INFORMATION

Name of Payer:_____ _____

Agency/Reference

Number:_____

Business Contact Name(s): _____

Title: _____

Phone: _____Fax: _____

Email(s): _____

Web Site Address: _____

EDI Contact Name(s): _____

Title: _____

Phone: _____Fax: _____

Email(s): _____

Test Qualifier: _____ Test ID: _____

Production Qualifier: _____ Production ID: _____

READINESS
1) Please indicate your readiness to start testing the 835 005010X221 version

Expected/planned date _____

2) How will you be communicating readiness and testing schedules:
___ Email ____ Mailings ___ Web site ____ Other (explain)

Trading Partner Agreement (TPA)
3) Will new TPA's be required under upgrade to version 005010X221? ____Yes ___No

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TRANSPORT/COMMUNICATIONS/ EDI ID's

4) Will there be or are there any plans to change the current communication/transport method used to exchange Version 005010X221 transaction:
_____ Yes (ID's will be different – Explain below) _____No (ID's will be the same)
_____
_____
_____

5) Will there be different EDI ID's used or a plan to have separate EDI ID's utilized for version 004010X091A1and 005010X221?
        ___Yes (Please explain)   ___No

_____
_____
_____

6) Will there be any type of EDI acknowledgement expected to be returned on the 835-Healthcare Remittance Advice version 005010X221 transaction.
        _____Yes   _____No

Rite Aid Contact Information
Below is Rite Aid contact information for your reference.

Business Contacts:
Alice Beckley-Piatt
Email: abeckley@riteaid.com
Phone: 717-761-2633, ext 8789
Fax: 717-972-3949

EDI Contacts:
Email: edi@riteaid.com
Phone: 717-731-3815
Fax: 717-761-2633
EDI Web site: http://www.riteaidediservices.com/

Survey Completed By:
Name_____
Title_____
Date_____

Please email or fax this survey to Attn: Alice Beckley, Third Party Payments

If you have any questions, please call 717-761-2633, ext 8789
Or Email to abeckley@riteaid.com
Fax - 717-972-3949

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Functional Group ID=HP

Introduction:

This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Payment/Advice Transaction Set (835) for use within the context of the Electronic Data Interchange (EDI) environment. This transaction set can be used to make a payment, send an Explanation of Benefits (EOB) remittance advice, or make a payment and send an EOB remittance advice only from a health insurer to a health care provider either directly or via a financial institution.

Heading:

Rite Aid Requires	Pos. No.	Seg. ID	Name	X12 Standard	Max.Use	Loop Repeat
M	0050	ISA	Interchange Control Header	M	1	
M	0075	GS	Functional Group Header	M	1	
M	0100	ST	Transaction Set Header	M	1	
M	0200	BPR	Financial Information	M	1	
M	0400	TRN	Reassociation Trace Number	O	1	
O	0500	CUR	Foreign Currency Information	O	1	
O	0600	REF	Receiver Identification	O	1	
O	0600	REF	Version Identification	O	1	
O	0700	DTM	Production Date	O	1	
			LOOP ID - 1000A			1
M	0800	N1	Payer Identification	O	1	
M	1000	N3	Payer Address	O	1	
M	1100	N4	Payer City, State, ZIP Code	O	1	
O	1200	REF	Additional Payer Identification	O	4	
O	1300	PER	Payer Business Contact Information	O	1	
M	1300	PER	Payer Technical Contact Information	O	>1	
O	1300	PER	Payer WEB Site	O	1	
			LOOP ID - 1000B			1
M	0800	N1	Payee Identification	O	1	
O	1000	N3	Payee Address	O	1	
M	1100	N4	Payee City, State, ZIP Code	O	1	
O	1200	REF	Payee Additional Identification	O	>1	
O	1400	RDM	Remittance Delivery Method	O	1	

Detail:

Rite Aid Requires	Pos. No.	Seg. ID	Name	X12 Standard	Max.Use	Loop Repeat
			LOOP ID - 2000			>1
O	0030	LX	Header Number	O	1	
O	0050	TS3	Provider Summary Information	O	1	
O	0070	TS2	Provider Supplemental Summary Information	O	1	
			LOOP ID - 2100			>1
M	0100	CLP	Claim Payment Information	M	1	
O	0200	CAS	Claims Adjustment	O	99	

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M	0300	NM1	Patient Name	O	1
O	0300	NM1	Insured Name	O	1
O	0300	NM1	Corrected Patient/Insured Name	O	1
O	0300	NM1	Service Provider Name	O	1
O	0300	NM1	Crossover Carrier Name	O	1
O	0300	NM1	Corrected Priority Payer Name	O	1
O	0300	NM1	Other Subscriber Name	O	1
O	0330	MIA	Inpatient Adjudication Information	O	1
O	0350	MOA	Outpatient Adjudication Information	O	1
O	0400	REF	Other Claim Related Identification	O	5
O	0400	REF	Rendering Provider Identification	O	10
O	0500	DTM	Statement From or To Date	O	2
O	0500	DTM	Coverage Expiration Date	O	1
O	0500	DTM	Claim Received Date	O	1
O	0600	PER	Claim Contact Information	O	2
O	0620	AMT	Claim Supplemental Information	O	13
O	0640	QTY	Claim Supplemental Information Quantity	O	14
			LOOP ID - 2110		999
O	0700	SVC	Service Payment Information	O	1
O	0800	DTM	Service Date	O	2
O	0900	CAS	Service Adjustment	O	99
O	1000	REF	Service Identification	O	8
O	1000	REF	Line Item Control Number	O	1
O	1000	REF	Rendering Provider Information	O	10
O	1000	REF	HealthCare Policy Identification	O	5
O	1100	AMT	Service Supplemental Amount	O	9
O	1200	QTY	Service Supplemental Quantity	O	6
O	1300	LQ	Health Care Remark Codes	O	99

Summary:

Rite Aid Requires	Pos. No.	Seg. ID	Name	X12 Standard	Max.Use	Loop Repeat
O	0100	PLB	Provider Adjustment	O	>1	
M	0200	SE	Transaction Set Trailer	M	1	
M	0300	GE	Functional Group Trailer	M	1	
M	0400	IEA	Interchange Control Trailer	M	1	

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Segment:		**ST** Transaction Set Header					
Position:		0100					
Loop:							
Level:		Heading					
Usage:		Mandatory					
Max Use:		1					
Purpose:		To indicate the start of a transaction set and to assign a control number					
Syntax Notes:							

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes		
M	ST01	143	**Transaction Set Identifier Code**		M	1	ID 3/3
			835	Health Care Claim Payment/Advice			
M	ST02	329	**Transaction Set Control Number**		M	1	AN 4/9

Segment:		**BPR** Financial Information					
Position:		0200					
Loop:							
Level:		Heading					
Usage:		Mandatory					
Max Use:		1					
Purpose:		To indicate the beginning of a Payment Order/Remittance Advice Transaction Set and total payment amount, or to enable related transfer of funds and/or information from payer to payee to occur					
Syntax Notes:	1	If either BPR06 or BPR07 is present, then the other is required.					
	2	If BPR08 is present, then BPR09 is required.					
	3	If either BPR12 or BPR13 is present, then the other is required.					
	4	If BPR14 is present, then BPR15 is required.					
	5	If either BPR18 or BPR19 is present, then the other is required.					
	6	If BPR20 is present, then BPR21 is required.					

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes		
M	BPR01	305	**Transaction Handling Code**		M	1	ID 1/2
			C	Payment Accompanies Remittance Advice			
			D	Make Payment Only			
			H	Notification Only			
			I	Remittance Information Only			
			P	Prenotification of Future Transfers			
			U	Split Payment and Remittance			
			X	Handling Party's Option to Split Payment and Remittance			
M	BPR02	782	**Total Actual Provider Payment Amount**		M	1	R 1/18
M	BPR03	478	**Credit/Debit Flag Code**		M	1	ID 1/1
			C	Credit			
			D	Debit			
M	BPR04	591	**Payment Method Code**		M	1	ID 3/3
			ACH	Automated Clearing House (ACH)			
			BOP	Financial Institution Option			

			CHK	Check		
			FWT	Federal Reserve Funds/Wire Transfer - Nonrepetitive		
			NON	Non-Payment Data		
O	BPR05	812	**Payment Format Code**		O	1 ID 1/10
			CCP	Cash Concentration/Disbursement plus Addenda (CCD+) (ACH)		
			CTX	Corporate Trade Exchange (CTX) (ACH)		
O	BPR06	506	**(DFI) ID Number Qualifier**		X	1 ID 2/2
			01	ABA Transit Routing Number Including Check Digits (9 digits)		
			04	Canadian Bank Branch and Institution Number		
O	BPR07	507	**(DFI) Identification Number**		X	1 AN 3/12
O	BPR08	569	**Account Number Qualifier**		O	1 ID 1/3
			DA	Demand Deposit		
O	BPR09	508	**Account Number**		X	1 AN 1/35
O	BPR10	509	**Originating Company Identifier**		O	1 AN 10/10
O	BPR11	510	**Originating Company Supplemental Code**		O	1 AN 9/9
O	BPR12	506	**(DFI) ID Number Qualifier**		X	1 ID 2/2
			01	ABA Transit Routing Number Including Check Digits (9 digits)		
			04	Canadian Bank Branch and Institution Number		
O	BPR13	507	**(DFI) Identification Number**		X	1 AN 3/12
O	BPR14	569	**Account Number Qualifier**		O	1 ID 1/3
			DA	Demand Deposit		
			SG	Savings		
O	BPR15	508	**Account Number**		X	1 AN 1/35
M	BPR16	373	**Date**		O	1 DT 8/8

Segment:	**TRN** Reassociation Trace Number	
Position:	0400	
Loop:		
Level:	Heading	
Usage:	Mandatory	
Max Use:	1	
Purpose:	To uniquely identify a transaction to an application	
Syntax Notes:		

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes
M	TRN01	481	**Trace Type Code**	M	1 ID 1/2
			1	Current Transaction Trace Numbers	
M	TRN02	127	**Reference Identification**	M	1 AN 1/50
M	TRN03	509	**Originating Company Identifier**	O	1 AN 10/10
O	TRN04	127	**Reference Identification**	O	1 AN 1/50

Segment:	**CUR** Foreign Currency Information	
Position:	0500	
Loop:		
Level:	Heading	

	Usage:	Optional
	Max Use:	1
	Purpose:	To specify the currency (dollars, pounds, francs, etc.) used in a transaction

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes
M	CUR01	98	Entity Identifier Code	M	1 ID 2/3
			PR Payer		
M	CUR02	100	Currency Code	M	1 ID 3/3

	Segment:	**REF** Receiver Identification
	Position:	0600
	Loop:	
	Level:	Heading
	Usage:	Optional
	Max Use:	1
	Purpose:	To specify identifying information
	Syntax Notes:	1 At least one of REF02 or REF03 is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes
M	REF01	128	Reference Identification Qualifier	M	1 ID 2/3
			EV Receiver Identification Number		
M	REF02	127	Reference Identification	X	1 AN 1/50

	Segment:	**REF** Version Identification
	Position:	0600
	Loop:	
	Level:	Heading
	Usage:	Optional
	Max Use:	1
	Purpose:	To specify identifying information
	Syntax Notes:	1 At least one of REF02 or REF03 is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes
M	REF01	128	Reference Identification Qualifier	M	1 ID 2/3
			F2 Version Code - Local		
M	REF02	127	Reference Identification	X	1 AN 1/50

	Segment:	**DTM** Production Date
	Position:	0700
	Loop:	
	Level:	Heading
	Usage:	Optional
	Max Use:	1
	Purpose:	To specify pertinent dates and times
	Syntax Notes:	1 At least one of DTM02 DTM03 or DTM05 is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes

M	**DTM01**	**374**	**Date/Time Qualifier**	**M**	**1**	**ID 3/3**
			405 Production			
M	**DTM02**	**373**	**Date**	**X**	**1**	**DT 8/8**

Segment:	**N1** Payer Identification
Position:	0800
Loop:	1000A Mandatory
Level:	Heading
Usage:	Mandatory
Max Use:	1
Purpose:	To identify a party by type of organization, name, and code
Syntax Notes:	1 At least one of N102 or N103 is required.
	2 If either N103 or N104 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	**N101**	**98**	**Entity Identifier Code**	**M**	**1**	**ID 2/3**
			PR Payer			
M	**N102**	**93**	**Name**	**X**	**1**	**AN 1/60**
O	**N103**	**66**	**Identification Code Qualifier**	**X**	**1**	**ID 1/2**
			XV Centers for Medicare and Medicaid Services PlanID			
O	**N104**	**67**	**Identification Code**	**X**	**1**	**AN 2/80**

Segment:	**N3** Payer Address
Position:	1000
Loop:	1000A Mandatory
Level:	Heading
Usage:	Mandatory
Max Use:	1
Purpose:	To specify the location of the named party
Syntax Notes:	

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	**N301**	**166**	**Address Information**	**M**	**1**	**AN 1/55**
O	**N302**	**166**	**Address Information**	**O**	**1**	**AN 1/55**

Segment:	**N4** Payer City, State, ZIP Code
Position:	1100
Loop:	1000A Mandatory
Level:	Heading
Usage:	Mandatory
Max Use:	1
Purpose:	To specify the geographic place of the named party
Syntax Notes:	1 Only one of N402 or N407 may be present.
	2 If N406 is present, then N405 is required.
	3 If N407 is present, then N404 is required.

Data Element Summary

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User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	N401	19	City Name	O	1	AN 2/30
O	N402	156	State or Province Code	X	1	ID 2/2
O	N403	116	Postal Code	O	1	ID 3/15
O	N404	26	Country Code	X	1	ID 2/3
O	N407	1715	Country Subdivision Code	X	1	ID 1/3

Segment:	**REF** Additional Payer Identification
Position:	1200
Loop:	1000A Mandatory
Level:	Heading
Usage:	Optional
Max Use:	4
Purpose:	To specify identifying information
Syntax Notes:	1 At least one of REF02 or REF03 is required.
	2 If either C04003 or C04004 is present, then the other is required.
	3 If either C04005 or C04006 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes		
M	REF01	128	Reference Identification Qualifier		M	1	ID 2/3
			2U	Payer Identification Number			
			EO	Submitter Identification Number			
			HI	Health Industry Number (HIN)			
			NF	National Association of Insurance Commissioners (NAIC) Code			
M	REF02	127	Reference Identification		X	1	AN 1/50

Segment:	**PER** Payer Business Contact Information
Position:	1300
Loop:	1000A Mandatory
Level:	Heading
Usage:	Optional
Max Use:	1
Purpose:	To identify a person or office to whom administrative communications should be directed
Syntax Notes:	1 If either PER03 or PER04 is present, then the other is required.
	2 If either PER05 or PER06 is present, then the other is required.
	3 If either PER07 or PER08 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes		
M	PER01	366	Contact Function Code		M	1	ID 2/2
			CX	Payers Claim Office			
O	PER02	93	Name		O	1	AN 1/60
O	PER03	365	Communication Number Qualifier		X	1	ID 2/2
			EM	Electronic Mail			
			FX	Facsimile			
			TE	Telephone			

O	PER04	364	**Communication Number**	X	1	AN 1/256
O	PER05	365	**Communication Number Qualifier**	X	1	ID 2/2
			EM Electronic Mail			
			EX Telephone Extension			
			FX Facsimile			
			TE Telephone			
O	PER06	364	**Communication Number**	X	1	AN 1/256
O	PER07	365	**Communication Number Qualifier**	X	1	ID 2/2
			EX Telephone Extension			
O	PER08	364	**Communication Number**	X	1	AN 1/256

Segment:	**PER** Payer Technical Contact Information	
Position:	1300	
Loop:	1000A Mandatory	
Level:	Heading	
Usage:	Mandatory	
Max Use:	>1	
Purpose:	To identify a person or office to whom administrative communications should be directed	
Syntax Notes:	1 If either PER03 or PER04 is present, then the other is required.	
	2 If either PER05 or PER06 is present, then the other is required.	
	3 If either PER07 or PER08 is present, then the other is required.	

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name			Attributes
M	PER01	366	**Contact Function Code**	M	1	ID 2/2
			BL Technical Department			
O	PER02	93	**Name**	O	1	AN 1/60
O	PER03	365	**Communication Number Qualifier**	X	1	ID 2/2
			EM Electronic Mail			
			TE Telephone			
			UR Uniform Resource Locator (URL)			
O	PER04	364	**Communication Number**	X	1	AN 1/256
O	PER05	365	**Communication Number Qualifier**	X	1	ID 2/2
			EM Electronic Mail			
			EX Telephone Extension			
			FX Facsimile			
			TE Telephone			
			UR Uniform Resource Locator (URL)			
O	PER06	364	**Communication Number**	X	1	AN 1/256
O	PER07	365	**Communication Number Qualifier**	X	1	ID 2/2
			EM Electronic Mail			
			EX Telephone Extension			
			FX Facsimile			
			UR Uniform Resource Locator (URL)			
O	PER08	364	**Communication Number**	X	1	AN 1/256

Segment:	**PER** Payer WEB Site
Position:	1300

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Loop:	1000A	Mandatory
Level:	Heading	
Usage:	Optional	
Max Use:	1	
Purpose:	To identify a person or office to whom administrative communications should be directed	
Syntax Notes:	1	If either PER03 or PER04 is present, then the other is required.
	2	If either PER05 or PER06 is present, then the other is required.
	3	If either PER07 or PER08 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes		
M	PER01	366	**Contact Function Code**		M	1	ID 2/2
			IC	Information Contact			
M	PER03	365	**Communication Number Qualifier**		X	1	ID 2/2
			UR	Uniform Resource Locator (URL)			
M	PER04	364	**Communication Number**		X	1	AN 1/256

Segment:	**N1** Payee Identification	
Position:	0800	
Loop:	1000B	Mandatory
Level:	Heading	
Usage:	Mandatory	
Max Use:	1	
Purpose:	To identify a party by type of organization, name, and code	
Syntax Notes:	1	At least one of N102 or N103 is required.
	2	If either N103 or N104 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes		
M	N101	98	**Entity Identifier Code**		M	1	ID 2/3
			PE	Payee			
M	N102	93	**Name**		X	1	AN 1/60
M	N103	66	**Identification Code Qualifier**		X	1	ID 1/2
			FI	Federal Taxpayer's Identification Number			
			XV	Centers for Medicare and Medicaid Services PlanID			
			XX	Centers for Medicare and Medicaid Services National Provider Identifier			
M	N104	67	**Identification Code**		X	1	AN 2/80

Segment:	**N3** Payee Address	
Position:	1000	
Loop:	1000B	Mandatory
Level:	Heading	
Usage:	Optional	
Max Use:	1	
Purpose:	To specify the location of the named party	
Syntax Notes:		

Data Element Summary

User	Ref.	Data

Attribute	Des.	Element	Name		Attributes
M	N301	166	Address Information	M	1 AN 1/55
O	N302	166	Address Information	O	1 AN 1/55

Segment: **N4** Payee City, State, ZIP Code
Position: 1100
Loop: 1000B Mandatory
Level: Heading
Usage: Situational
Max Use: 1
Purpose: To specify the geographic place of the named party
Syntax Notes:
1 Only one of N402 or N407 may be present.
2 If N406 is present, then N405 is required.
3 If N407 is present, then N404 is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes
O	N401	19	City Name	O	1 AN 2/30
O	N402	156	State or Province Code	X	1 ID 2/2
O	N403	116	Postal Code	O	1 ID 3/15
O	N404	26	Country Code	X	1 ID 2/3
O	N407	1715	Country Subdivision Code	X	1 ID 1/3

Segment: **REF** Payee Additional Identification
Position: 1200
Loop: 1000B Mandatory
Level: Heading
Usage: Optional
Max Use: >1
Purpose: To specify identifying information
Syntax Notes:
1 At least one of REF02 or REF03 is required.
2 If either C04003 or C04004 is present, then the other is required.
3 If either C04005 or C04006 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes
M	REF01	128	Reference Identification Qualifier	M	1 ID 2/3
			0B State License Number		
			D3 National Council for Prescription Drug Programs Pharmacy Number		
			PQ Payee Identification		
			TJ Federal Taxpayer's Identification Number		
M	REF02	127	Reference Identification	X	1 AN 1/50

Segment: **RDM** Remittance Delivery Method
Position: 1400
Loop: 1000B Mandatory
Level: Heading
Usage: Optional
Max Use: 1
Purpose: To identify remittance delivery when remittance is separate from payment
Syntax Notes:

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Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	RDM01	756	Report Transmission Code	M	1	ID 1/2
			BM By Mail			
			EM E-Mail			
			FT File Transfer			
			OL On-Line			
O	RDM02	93	Name	O	1	AN 1/60
O	RDM03	364	Communication Number	O	1	AN 1/256

Segment:	**LX** Header Number
Position:	0030
Loop:	2000 Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To reference a line number in a transaction set
Syntax Notes:	

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	LX01	554	Assigned Number	M	1	N0 1/6

Segment:	**TS3** Provider Summary Information
Position:	0050
Loop:	2000 Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To supply provider-level control information
Syntax Notes:	

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	TS301	127	Reference Identification	M	1	AN 1/50
M	TS302	1331	Facility Code Value	M	1	AN 1/2
M	TS303	373	Date	M	1	DT 8/8
M	TS304	380	Total Claim Amount	M	1	R 1/15
M	TS305	782	Total Claim Charge Amount	M	1	R 1/18
O	TS313	782	Total MSP Payer Amount	O	1	R 1/18
O	TS315	782	Total Non Lab Charge Amount	O	1	R 1/18
O	TS317	782	Total HCPCS Reported Charge Amount	O	1	R 1/18
O	TS318	782	Total HCPCS Payable Amount	O	1	R 1/18
O	TS320	782	Total Professional Component Amount	O	1	R 1/18
O	TS321	782	Total MSP Patient Liability Met Amount	O	1	R 1/18
O	TS322	782	Total Patient Reimbursement Amount	O	1	R 1/18
O	TS323	380	Total POP Claim Count	O	1	R 1/15
O	TS324	782	Total PIP Adjustment Amount	O	1	R 1/18

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Segment:	**TS2** Provider Supplemental Summary Information	
Position:	0070	
Loop:	2000	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To provide supplemental summary control information by provider fiscal year and bill type	
Syntax Notes:		

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
O	TS201	782	Total DRG Amount	O	1	R 1/18
O	TS202	782	Total Federal Specific Amount	O	1	R 1/18
O	TS203	782	Total Hospital Specific Amount	O	1	R 1/18
O	TS204	782	Total Disproportionate Share Amount	O	1	R 1/18
O	TS205	782	Total Capital Amount	O	1	R 1/18
O	TS206	782	Total Indirect Medical Education Amount	O	1	R 1/18
O	TS207	380	Total Outlier Day Count	O	1	R 1/15
O	TS208	782	Total Day Outlier Amount	O	1	R 1/18
O	TS209	782	Total Cost Outlier Amount	O	1	R 1/18
O	TS210	380	Average DRG Length of Stay	O	1	R 1/15
O	TS211	380	Total Discharge Count	O	1	R 1/15
O	TS212	380	Total Cost Report Day Count	O	1	R 1/15
O	TS213	380	Total Covered Day Count	O	1	R 1/15
O	TS214	380	Total Noncovered Day Count	O	1	R 1/15
O	TS215	782	Total MSP Pass-Through Amount	O	1	R 1/18
O	TS216	380	Average DRG weight	O	1	R 1/15
O	TS217	782	Total PPS Capital FSP DRG Amount	O	1	R 1/18
O	TS218	782	Total PPS Capital HSP DRG Amount	O	1	R 1/18
O	TS219	782	Total PPS DSH DRG Amount	O	1	R 1/18

Segment:	**CLP** Claim Payment Information	
Position:	0100	
Loop:	2100	Optional
Level:	Detail	
Usage:	Mandatory	
Max Use:	1	
Purpose:	To supply information common to all services of a claim	
Syntax Notes:		

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	CLP01	1028	Patient Control Number	M	1	AN 1/38
M	CLP02	1029	Claim Status Code	M	1	ID 1/2
			1 Processed as Primary			
			2 Processed as Secondary			
			3 Processed as Tertiary			
			4 Denied			

		19	Processed as Primary, Forwarded to Additional Payer(s)			
		20	Processed as Secondary, Forwarded to Additional Payer(s)			
		21	Processed as Tertiary, Forwarded to Additional Payer(s)			
		22	Reversal of Previous Payment			
		23	Not Our Claim, Forwarded to Additional Payer(s)			
		25	Predetermination Pricing Only - No Payment			
M	CLP03	782	**Total Claim Charge Amount**	M	1	R 1/18
M	CLP04	782	**Claim Payment Amount**	M	1	R 1/18
O	CLP05	782	**Patient Responsibility Amount**	O	1	R 1/18
M	CLP06	1032	**Claim Filing Indicator Code**	O	1	ID 1/2
		12	Preferred Provider Organization (PPO)			
		13	Point of Service (POS)			
		14	Exclusive Provider Organization (EPO)			
		15	Indemnity Insurance			
		16	Health Maintenance Organization (HMO) Medicare Risk			
		17	Dental Maintenance Organization			
		AM	Automobile Medical			
		CH	Champus			
		DS	Disability			
		HM	Health Maintenance Organization			
		LM	Liability Medical			
		MA	Medicare Part A			
		MB	Medicare Part B			
		MC	Medicaid			
		OF	Other Federal Program			
		TV	Title V			
		VA	Veterans Affairs Plan			
		WC	Workers' Compensation Health Claim			
		ZZ	Mutually Defined			
M	CLP07	127	**Payer Claim Control Number**	O	1	AN 1/50
O	CLP08	1331	**Facility Code Value**	O	1	AN 1/2
O	CLP09	1325	**Claim Frequency Type Code**	O	1	ID 1/1
O	CLP11	1354	**Diagnosis Related Group (DRG) Code**	O	1	ID 1/4
O	CLP12	380	**Diagnosis Related Group (DRG) Weight Quantity**	O	1	R 1/15
O	CLP13	954	**Discharge Fraction Percentage as Decimal**	O	1	R 1/10

Segment:	**CAS** Claims Adjustment	
Position:	0200	
Loop:	2100	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	99	
Purpose:	To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid	
Syntax Notes:	1	If CAS05 is present, then at least one of CAS06 or CAS07 is required.
	2	If CAS06 is present, then CAS05 is required.
	3	If CAS07 is present, then CAS05 is required.

4 If CAS08 is present, then at least one of CAS09 or CAS10 is required.
5 If CAS09 is present, then CAS08 is required.
6 If CAS10 is present, then CAS08 is required.
7 If CAS11 is present, then at least one of CAS12 or CAS13 is required.
8 If CAS12 is present, then CAS11 is required.
9 If CAS13 is present, then CAS11 is required.
10 If CAS14 is present, then at least one of CAS15 or CAS16 is required.
11 If CAS15 is present, then CAS14 is required.
12 If CAS16 is present, then CAS14 is required.
13 If CAS17 is present, then at least one of CAS18 or CAS19 is required.
14 If CAS18 is present, then CAS17 is required.
15 If CAS19 is present, then CAS17 is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	CAS01	1033	Claim Adjustment Group Code	M	1	ID 1/2
			CO Contractual Obligations			
			OA Other adjustments			
			PI Payor Initiated Reductions			
			PR Patient Responsibility			
M	CAS02	1034	Claim Adjustment Reason Code	M	1	ID 1/5
M	CAS03	782	Monetary Amount	M	1	R 1/18
O	CAS04	380	Quantity	O	1	R 1/15
O	CAS05	1034	Claim Adjustment Reason Code	X	1	ID 1/5
O	CAS06	782	Monetary Amount	X	1	R 1/18
O	CAS07	380	Quantity	X	1	R 1/15
O	CAS08	1034	Claim Adjustment Reason Code	X	1	ID 1/5
O	CAS09	782	Monetary Amount	X	1	R 1/18
O	CAS10	380	Quantity	X	1	R 1/15
O	CAS11	1034	Claim Adjustment Reason Code	X	1	ID 1/5
O	CAS12	782	Monetary Amount	X	1	R 1/18
O	CAS13	380	Quantity	X	1	R 1/15
O	CAS14	1034	Claim Adjustment Reason Code	X	1	ID 1/5
O	CAS15	782	Monetary Amount	X	1	R 1/18
O	CAS16	380	Quantity	X	1	R 1/15
O	CAS17	1034	Claim Adjustment Reason Code	X	1	ID 1/5
O	CAS18	782	Monetary Amount	X	1	R 1/18
O	CAS19	380	Quantity	X	1	R 1/15

Segment:	# NM1 Patient Name
Position:	0300
Loop:	2100 Optional
Level:	Detail
Usage:	Mandatory
Max Use:	1
Purpose:	To supply the full name of an individual or organizational entity
Syntax Notes:	**1** If either NM108 or NM109 is present, then the other is required.
	2 If NM111 is present, then NM110 is required.
	3 If NM112 is present, then NM103 is required.

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User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	NM101	98	**Entity Identifier Code**	M	1	ID 2/3
			QC Patient			
M	NM102	1065	**Entity Type Qualifier**	M	1	ID 1/1
			1 Person			
O	NM103	1035	**Name Last or Organization Name**	X	1	AN 1/60
O	NM104	1036	**Name First**	O	1	AN 1/35
O	NM105	1037	**Name Middle**	O	1	AN 1/25
O	NM107	1039	**Name Suffix**	O	1	AN 1/10
O	NM108	66	**Identification Code Qualifier**	X	1	ID 1/2
			34 Social Security Number			
			HN Health Insurance Claim (HIC) Number			
			II Standard Unique Health Identifier for each Individual in the United States			
			MI Member Identification Number			
			MR Medicaid Recipient Identification Number			
O	NM109	67	**Identification Code**	X	1	AN 2/80

Segment:	**NM1** Insured Name	
Position:	0300	
Loop:	2100	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To supply the full name of an individual or organizational entity	
Syntax Notes:	1	If either NM108 or NM109 is present, then the other is required.
	2	If NM111 is present, then NM110 is required.
	3	If NM112 is present, then NM103 is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	NM101	98	**Entity Identifier Code**	M	1	ID 2/3
			IL Insured or Subscriber			
M	NM102	1065	**Entity Type Qualifier**	M	1	ID 1/1
			1 Person			
			2 Non-Person Entity			
O	NM103	1035	**Name Last or Organization Name**	X	1	AN 1/60
O	NM104	1036	**Name First**	O	1	AN 1/35
O	NM105	1037	**Name Middle**	O	1	AN 1/25
O	NM107	1039	**Name Suffix**	O	1	AN 1/10
M	NM108	66	**Identification Code Qualifier**	X	1	ID 1/2
			FI Federal Taxpayer's Identification Number			
			II Standard Unique Health Identifier for each Individual in the United States			
			MI Member Identification Number			
M	NM109	67	**Identification Code**	X	1	AN 2/80

Segment:	**NM1** Corrected Patient/Insured Name	
Position:	0300	

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Loop:	2100	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To supply the full name of an individual or organizational entity	
Syntax Notes:	**1**	If either NM108 or NM109 is present, then the other is required.
	2	If NM111 is present, then NM110 is required.
	3	If NM112 is present, then NM103 is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes		
M	NM101	98	**Entity Identifier Code**		M	1	ID 2/3
			74	Corrected Insured			
M	NM102	1065	**Entity Type Qualifier**		M	1	ID 1/1
			1	Person			
			2	Non-Person Entity			
O	NM103	1035	**Name Last or Organization Name**		X	1	AN 1/60
O	NM104	1036	**Name First**		O	1	AN 1/35
O	NM105	1037	**Name Middle**		O	1	AN 1/25
O	NM107	1039	**Name Suffix**		O	1	AN 1/10
O	NM108	66	**Identification Code Qualifier**		X	1	ID 1/2
			C	Insured's Changed Unique Identification Number			
O	NM109	67	**Identification Code**		X	1	AN 2/80

Segment:	**NM1** Service Provider Name	
Position:	0300	
Loop:	2100	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To supply the full name of an individual or organizational entity	
Syntax Notes:	**1**	If either NM108 or NM109 is present, then the other is required.
	2	If NM111 is present, then NM110 is required.
	3	If NM112 is present, then NM103 is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes		
M	NM101	98	**Entity Identifier Code**		M	1	ID 2/3
			82	Rendering Provider			
M	NM102	1065	**Entity Type Qualifier**		M	1	ID 1/1
			1	Person			
			2	Non-Person Entity			
O	NM103	1035	**Name Last or Organization Name**		X	1	AN 1/60
O	NM104	1036	**Name First**		O	1	AN 1/35
O	NM105	1037	**Name Middle**		O	1	AN 1/25
O	NM107	1039	**Name Suffix**		O	1	AN 1/10
M	NM108	66	**Identification Code Qualifier**		X	1	ID 1/2
			BD	Blue Cross Provider Number			
			BS	Blue Shield Provider Number			

		FI	Federal Taxpayer's Identification Number			
		MC	Medicaid Provider Number			
		PC	Provider Commercial Number			
		SL	State License Number			
		UP	Unique Physician Identification Number (UPIN)			
		XX	Centers for Medicare and Medicaid Services National Provider Identifier			
M	NM109	67	Identification Code	X	1	AN 2/80

Segment:	**NM1** Crossover Carrier Name
Position:	0300
Loop:	2100 Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To supply the full name of an individual or organizational entity
Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.
	2 If NM111 is present, then NM110 is required.
	3 If NM112 is present, then NM103 is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	NM101	98	**Entity Identifier Code**	M	1	ID 2/3
			TT Transfer To			
M	NM102	1065	**Entity Type Qualifier**	M	1	ID 1/1
			2 Non-Person Entity			
M	NM103	1035	**Name Last or Organization Name**	X	1	AN 1/60
M	NM108	66	**Identification Code Qualifier**	X	1	ID 1/2
			AD Blue Cross Blue Shield Association Plan Code			
			FI Federal Taxpayer's Identification Number			
			NI National Association of Insurance Commissioners (NAIC) Identification			
			PI Payor Identification			
			PP Pharmacy Processor Number			
			XV Centers for Medicare and Medicaid Services PlanID			
M	NM109	67	**Identification Code**	X	1	AN 2/80

Segment:	**NM1** Corrected Priority Payer Name
Position:	0300
Loop:	2100 Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To supply the full name of an individual or organizational entity
Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.
	2 If NM111 is present, then NM110 is required.
	3 If NM112 is present, then NM103 is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	NM101	98	Entity Identifier Code	M	1	ID 2/3
			PR Payer			
M	NM102	1065	Entity Type Qualifier	M	1	ID 1/1
			2 Non-Person Entity			
M	NM103	1035	Name Last or Organization Name	X	1	AN 1/60
M	NM108	66	Identification Code Qualifier	X	1	ID 1/2
			AD Blue Cross Blue Shield Association Plan Code			
			FI Federal Taxpayer's Identification Number			
			NI National Association of Insurance Commissioners (NAIC) Identification			
			PI Payor Identification			
			PP Pharmacy Processor Number			
			XV Centers for Medicare and Medicaid Services PlanID			
M	NM109	67	Identification Code	X	1	AN 2/80

Segment:	**NM1** Other Subscriber Name	
Position:	0300	
Loop:	2100	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To supply the full name of an individual or organizational entity	
Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.	
	2 If NM111 is present, then NM110 is required.	
	3 If NM112 is present, then NM103 is required.	

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	NM101	98	Entity Identifier Code	M	1	ID 2/3
			GB Other Insured			
M	NM102	1065	Entity Type Qualifier	M	1	ID 1/1
			1 Person			
			2 Non-Person Entity			
O	NM103	1035	Name Last or Organization Name	X	1	AN 1/60
O	NM104	1036	Name First	O	1	AN 1/35
O	NM105	1037	Name Middle	O	1	AN 1/25
O	NM107	1039	Name Suffix	O	1	AN 1/10
O	NM108	66	Identification Code Qualifier	X	1	ID 1/2
			FI Federal Taxpayer's Identification Number			
			II Standard Unique Health Identifier for each Individual in the United States			
			MI Member Identification Number			
O	NM109	67	Identification Code	X	1	AN 2/80

Segment:	**MIA** Inpatient Adjudication Information	
Position:	0330	
Loop:	2100	Optional
Level:	Detail	

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Usage:	Optional	
Max Use:	1	
Purpose:	To provide claim-level data related to the adjudication of Medicare inpatient claims	
Syntax Notes:		

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	MIA01	380	Covered Days or Visits Count	M	1	R 1/15
O	MIA02	782	PPS Operating Outlier Amount	O	1	R 1/18
O	MIA03	380	Lifetime Psychiatric Days Count	O	1	R 1/15
O	MIA04	782	Claim DRG Amount	O	1	R 1/18
O	MIA05	127	Claim Payment Remark Code	O	1	AN 1/50
O	MIA06	782	Claim Disproportionate Share Amount	O	1	R 1/18
O	MIA07	782	Claim MSP Pass-through Amount	O	1	R 1/18
O	MIA08	782	Claim PPS Capital Amount	O	1	R 1/18
O	MIA09	782	PPS-Capital FSP DRG Amount	O	1	R 1/18
O	MIA10	782	PPS-Capital HSP DRG Amount	O	1	R 1/18
O	MIA11	782	PPS-Capital DSH DRG Amount	O	1	R 1/18
O	MIA12	782	Old Capital Amount	O	1	R 1/18
O	MIA13	782	PPS-Capital IME Amount	O	1	R 1/18
O	MIA14	782	PPS-Operating Hospital Specific DRG Amount	O	1	R 1/18
O	MIA15	380	Cost Report Day Count	O	1	R 1/15
O	MIA16	782	PPS-Operating Federal Specific DRG Amount	O	1	R 1/18
O	MIA17	782	Claim PPS Capital Outlier Amount	O	1	R 1/18
O	MIA18	782	Claim Indirect Teaching Amount	O	1	R 1/18
O	MIA19	782	Nonpayable Professional Component Amount	O	1	R 1/18
O	MIA20	127	Claim Payment Remark Code	O	1	AN 1/50
O	MIA21	127	Claim Payment Remark Code	O	1	AN 1/50
O	MIA22	127	Claim Payment Remark Code	O	1	AN 1/50
O	MIA23	127	Claim Payment Remark Code	O	1	AN 1/50
O	MIA24	782	PPS-Capital Exception Amount	O	1	R 1/18

Segment:	**MOA** Outpatient Adjudication Information	
Position:	0350	
Loop:	2100 Optional	
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To convey claim-level data related to the adjudication of Medicare claims not related to an inpatient setting	
Syntax Notes:		

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
O	MOA01	954	Reimbursement Rate Percentage as Decimal	O	1	R 1/10
O	MOA02	782	Claim HCPCS Payable Amount	O	1	R 1/18
O	MOA03	127	Claim Payment Remark Code	O	1	AN 1/50
O	MOA04	127	Claim Payment Remark Code	O	1	AN 1/50
O	MOA05	127	Claim Payment Remark Code	O	1	AN 1/50
O	MOA06	127	Claim Payment Remark Code	O	1	AN 1/50

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O	MOA07	127	Claim Payment Remark Code	O	1	AN 1/50
O	MOA08	782	Claim ESRD Payment Amount	O	1	R 1/18
O	MOA09	782	Nonpayable Professional Component Amount	O	1	R 1/18

Segment: **REF** Other Claim Related Identification
Position: 0400
Loop: 2100   Optional
Level: Detail
Usage: Optional
Max Use: 5
Purpose: To specify identifying information
Syntax Notes: **1** At least one of REF02 or REF03 is required.
          2 If either C04003 or C04004 is present, then the other is required.
          3 If either C04005 or C04006 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	REF01	128	Reference Identification Qualifier	M	1	ID 2/3
			1L Group or Policy Number			
			1W Member Identification Number			
			28 Employee Identification Number			
			6P Group Number			
			9A Repriced Claim Reference Number			
			9C Adjusted Repriced Claim Reference Number			
			BB Authorization Number			
			CE Class of Contract Code			
			EA Medical Record Identification Number			
			F8 Original Reference Number			
			G1 Prior Authorization Number			
			G3 Predetermination of Benefits Identification Number			
			IG Insurance Policy Number			
			SY Social Security Number			
M	REF02	127	Reference Identification	X	1	AN 1/50

Segment: **REF** Rendering Provider Identification
Position: 0400
Loop: 2100   Optional
Level: Detail
Usage: Optional
Max Use: 10
Purpose: To specify identifying information
Syntax Notes: **1** At least one of REF02 or REF03 is required.
          2 If either C04003 or C04004 is present, then the other is required.
          3 If either C04005 or C04006 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes

M	REF01	128	Reference Identification Qualifier	M	1	ID 2/3
			0B State License Number			
			1A Blue Cross Provider Number			
			1B Blue Shield Provider Number			
			1C Medicare Provider Number			
			1D Medicaid Provider Number			
			1G Provider UPIN Number			
			1H CHAMPUS Identification Number			
			1J Facility ID Number			
			D3 National Council for Prescription Drug Programs Pharmacy Number			
			G2 Provider Commercial Number			
			LU Location Number			
M	REF02	127	Reference Identification	X	1	AN 1/50

Segment: **DTM** Statement From or To Date
Position: 0500
Loop: 2100   Optional
Level: Detail
Usage: Optional
Max Use: 2
Purpose: To specify pertinent dates and times
Syntax Notes:
1   At least one of DTM02 DTM03 or DTM05 is required.
2   If DTM04 is present, then DTM03 is required.
3   If either DTM05 or DTM06 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	DTM01	374	Date/Time Qualifier	M	1	ID 3/3
			232 Claim Statement Period Start			
			233 Claim Statement Period End			
M	DTM02	373	Date	X	1	DT 8/8

Segment: **DTM** Coverage Expiration Date
Position: 0500
Loop: 2100   Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify pertinent dates and times
Syntax Notes:
1   At least one of DTM02 DTM03 or DTM05 is required.
2   If DTM04 is present, then DTM03 is required.
3   If either DTM05 or DTM06 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	DTM01	374	Date/Time Qualifier	M	1	ID 3/3
			036 Expiration			

M	DTM02	373	Date		X	1	DT 8/8

Segment:	**DTM** Claim Received Date	
Position:	0500	
Loop:	2100	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To specify pertinent dates and times	
Syntax Notes:	**1**	At least one of DTM02 DTM03 or DTM05 is required.
	2	If DTM04 is present, then DTM03 is required.
	3	If either DTM05 or DTM06 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes		
M	DTM01	374	Date/Time Qualifier		M	1	ID 3/3
			050	Received			
M	DTM02	373	Date		X	1	DT 8/8

Segment:	**PER** Claim Contact Information	
Position:	0600	
Loop:	2100	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	2	
Purpose:	To identify a person or office to whom administrative communications should be directed	
Syntax Notes:	**1**	If either PER03 or PER04 is present, then the other is required.
	2	If either PER05 or PER06 is present, then the other is required.
	3	If either PER07 or PER08 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes		
M	PER01	366	Contact Function Code		M	1	ID 2/2
			CX	Payers Claim Office			
O	PER02	93	Name		O	1	AN 1/60
M	PER03	365	Communication Number Qualifier		X	1	ID 2/2
			EM	Electronic Mail			
			FX	Facsimile			
			TE	Telephone			
M	PER04	364	Communication Number		X	1	AN 1/256
O	PER05	365	Communication Number Qualifier		X	1	ID 2/2
			EM	Electronic Mail			
			EX	Telephone Extension			
			FX	Facsimile			
			TE	Telephone			
O	PER06	364	Communication Number		X	1	AN 1/256
O	PER07	365	Communication Number Qualifier		X	1	ID 2/2

			EX	Telephone Extension			
O	PER08	364	Communication Number		X	1	AN 1/256

Segment:	**AMT** Claim Supplemental Information	
Position:	0620	
Loop:	2100	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	13	
Purpose:	To indicate the total monetary amount	
Syntax Notes:		

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes		
M	AMT01	522	Amount Qualifier Code		M	1	ID 1/3
			AU	Coverage Amount			
			D8	Discount Amount			
			DY	Per Day Limit			
			F5	Patient Amount Paid			
			I	Interest			
			NL	Negative Ledger Balance			
			T	Tax			
			T2	Total Claim Before Taxes			
			ZK	Federal Medicare or Medicaid Payment Mandate - Category 1			
			ZL	Federal Medicare or Medicaid Payment Mandate - Category 2			
			ZM	Federal Medicare or Medicaid Payment Mandate - Category 3			
			ZN	Federal Medicare or Medicaid Payment Mandate - Category 4			
			ZO	Federal Medicare or Medicaid Payment Mandate - Category 5			
M	AMT02	782	Monetary Amount		M	1	R 1/18

Segment:	**QTY** Claim Supplemental Information Quantity	
Position:	0640	
Loop:	2100	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	14	
Purpose:	To specify quantity information	
Syntax Notes:	1 At least one of QTY02 or QTY04 is required.	
	2 Only one of QTY02 or QTY04 may be present.	

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	QTY01	673	Quantity Qualifier	M	1	ID 2/2

CA	Covered - Actual	
CD	Co-insured - Actual	
LA	Life-time Reserve - Actual	
LE	Life-time Reserve - Estimated	
NE	Non-Covered - Estimated	
NR	Not Replaced Blood Units	
OU	Outlier Days	
PS	Prescription	
VS	Visits	
ZK	Federal Medicare or Medicaid Payment Mandate - Category 1	
ZL	Federal Medicare or Medicaid Payment Mandate - Category 2	
ZM	Federal Medicare or Medicaid Payment Mandate - Category 3	
ZN	Federal Medicare or Medicaid Payment Mandate - Category 4	
ZO	Federal Medicare or Medicaid Payment Mandate - Category 5	

M   **QTY02**   **380**   **Quantity**   **X**   **1**   **R 1/15**

Segment:	**SVC** Service Payment Information
Position:	0700
Loop:	2110 Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To supply payment and control information to a provider for a particular service
Syntax Notes:	

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes	
M	SVC01	C003	**Composite Medical Procedure Identifier**	M	1
M	C00301	235	**Product/Service ID Qualifier**	M	ID 2/2
			AD American Dental Association Codes		
			ER Jurisdiction Specific Procedure and Supply Codes		
			HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes		
			HP Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code		
			IV Home Infusion EDI Coalition (HIEC) Product/Service Code		
			N4 National Drug Code in 5-4-2 Format		
			N6 National Health Related Item Code in 4-6 Format		
			NU National Uniform Billing Committee (NUBC) UB92 Codes		
			UI U.P.C. Consumer Package Code (1-5-5)		
			WK Advanced Billing Concepts (ABC) Codes		
M	C00302	234	**Product/Service ID**	M	AN 1/48

O	C00303	1339	Procedure Modifier	O		AN 2/2
O	C00304	1339	Procedure Modifier	O		AN 2/2
O	C00305	1339	Procedure Modifier	O		AN 2/2
O	C00306	1339	Procedure Modifier	O		AN 2/2
M	SVC02	782	Line Item Charge Amount	M	1	R 1/18
M	SVC03	782	Line Item Provider Payment Amount	O	1	R 1/18
O	SVC04	234	National Uniform Billing Committee Revenue Code	O	1	AN 1/48
O	SVC05	380	Units of Service Paid Count	O	1	R 1/15
O	SVC06	C003	Composite Medical Procedure Identifier	O	1	
M	C00301	235	Product/Service ID Qualifier	M		ID 2/2

AD	American Dental Association Codes
ER	Jurisdiction Specific Procedure and Supply Codes
HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
HP	Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code
IV	Home Infusion EDI Coalition (HIEC) Product/Service Code
N4	National Drug Code in 5-4-2 Format
NU	National Uniform Billing Committee (NUBC) UB92 Codes
WK	Advanced Billing Concepts (ABC) Codes

M	C00302	234	Product/Service ID	M	AN 1/48
O	C00303	1339	Procedure Modifier	O	AN 2/2
O	C00304	1339	Procedure Modifier	O	AN 2/2
O	C00305	1339	Procedure Modifier	O	AN 2/2
O	C00306	1339	Procedure Modifier	O	AN 2/2
O	C00307	352	Description	O	AN 1/80
O	SVC07	380	Original Units of Service Count	O	1	R 1/15

Segment:	**DTM** Service Date
Position:	0800
Loop:	2110 Optional
Level:	Detail
Usage:	Optional
Max Use:	2
Purpose:	To specify pertinent dates and times
Syntax Notes:	**1** At least one of DTM02 DTM03 or DTM05 is required.
	2 If DTM04 is present, then DTM03 is required.
	3 If either DTM05 or DTM06 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	DTM01	374	Date/Time Qualifier	M	1	ID 3/3
		150	Service Period Start			
		151	Service Period End			
		472	Service			
M	DTM02	373	Date	X	1	DT 8/8

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Segment:	**CAS** Service Adjustment		
Position:	0900		
Loop:	2110	Optional	
Level:	Detail		
Usage:	Optional		
Max Use:	99		
Purpose:	To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid		
Syntax Notes:	1	If CAS05 is present, then at least one of CAS06 or CAS07 is required.	
	2	If CAS06 is present, then CAS05 is required.	
	3	If CAS07 is present, then CAS05 is required.	
	4	If CAS08 is present, then at least one of CAS09 or CAS10 is required.	
	5	If CAS09 is present, then CAS08 is required.	
	6	If CAS10 is present, then CAS08 is required.	
	7	If CAS11 is present, then at least one of CAS12 or CAS13 is required.	
	8	If CAS12 is present, then CAS11 is required.	
	9	If CAS13 is present, then CAS11 is required.	
	10	If CAS14 is present, then at least one of CAS15 or CAS16 is required.	
	11	If CAS15 is present, then CAS14 is required.	
	12	If CAS16 is present, then CAS14 is required.	
	13	If CAS17 is present, then at least one of CAS18 or CAS19 is required.	
	14	If CAS18 is present, then CAS17 is required.	
	15	If CAS19 is present, then CAS17 is required.	

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	CAS01	1033	Claim Adjustment Group Code	M	1	ID 1/2
			CO Contractual Obligations			
			OA Other adjustments			
			PI Payor Initiated Reductions			
			PR Patient Responsibility			
M	CAS02	1034	Claim Adjustment Reason Code	M	1	ID 1/5
M	CAS03	782	Monetary Amount	M	1	R 1/18
O	CAS04	380	Quantity	O	1	R 1/15
O	CAS05	1034	Claim Adjustment Reason Code	X	1	ID 1/5
O	CAS06	782	Monetary Amount	X	1	R 1/18
O	CAS07	380	Quantity	X	1	R 1/15
O	CAS08	1034	Claim Adjustment Reason Code	X	1	ID 1/5
O	CAS09	782	Monetary Amount	X	1	R 1/18
O	CAS10	380	Quantity	X	1	R 1/15
O	CAS11	1034	Claim Adjustment Reason Code	X	1	ID 1/5
O	CAS12	782	Monetary Amount	X	1	R 1/18
O	CAS13	380	Quantity	X	1	R 1/15
O	CAS14	1034	Claim Adjustment Reason Code	X	1	ID 1/5
O	CAS15	782	Monetary Amount	X	1	R 1/18
O	CAS16	380	Quantity	X	1	R 1/15
O	CAS17	1034	Claim Adjustment Reason Code	X	1	ID 1/5
O	CAS18	782	Monetary Amount	X	1	R 1/18
O	CAS19	380	Quantity	X	1	R 1/15

Segment:	**REF** Service Identification	

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Position:	1000	
Loop:	2110	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	8	
Purpose:	To specify identifying information	
Syntax Notes:	1	At least one of REF02 or REF03 is required.
	2	If either C04003 or C04004 is present, then the other is required.
	3	If either C04005 or C04006 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes		
M	REF01	128	Reference Identification Qualifier		M	1	ID 2/3
			1S	Ambulatory Patient Group (APG) Number			
			APC	Ambulatory Payment Classification			
			BB	Authorization Number			
			E9	Attachment Code			
			G1	Prior Authorization Number			
			G3	Predetermination of Benefits Identification Number			
			LU	Location Number			
			RB	Rate code number			
M	REF02	127	Reference Identification		X	1	AN 1/50

Segment:	**REF** Line Item Control Number	
Position:	1000	
Loop:	2110	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To specify identifying information	
Syntax Notes:	1	At least one of REF02 or REF03 is required.
	2	If either C04003 or C04004 is present, then the other is required.
	3	If either C04005 or C04006 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes		
M	REF01	128	Reference Identification Qualifier		M	1	ID 2/3
			6R	Provider Control Number			
M	REF02	127	Reference Identification		X	1	AN 1/50

Segment:	**REF** Rendering Provider Information	
Position:	1000	
Loop:	2110	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	10	
Purpose:	To specify identifying information	
Syntax Notes:	1	At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.
3 If either C04005 or C04006 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes
M	REF01	128	Reference Identification Qualifier	M	1 ID 2/3
			0B	State License Number	
			1A	Blue Cross Provider Number	
			1B	Blue Shield Provider Number	
			1C	Medicare Provider Number	
			1D	Medicaid Provider Number	
			1G	Provider UPIN Number	
			1H	CHAMPUS Identification Number	
			1J	Facility ID Number	
			D3	National Council for Prescription Drug Programs Pharmacy Number	
			G2	Provider Commercial Number	
			HPI	Centers for Medicare and Medicaid Services National Provider Identifier	
			SY	Social Security Number	
			TJ	Federal Taxpayer's Identification Number	
M	REF02	127	Reference Identification	X	1 AN 1/50

Segment:	**REF** HealthCare Policy Identification	
Position:	1000	
Loop:	2110	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	5	
Purpose:	To specify identifying information	
Syntax Notes:	1	At least one of REF02 or REF03 is required.
	2	If either C04003 or C04004 is present, then the other is required.
	3	If either C04005 or C04006 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes
M	REF01	128	Reference Identification Qualifier	M	1 ID 2/3
			0K	Policy Form Identifying Number	
M	REF02	127	Reference Identification	X	1 AN 1/50

Segment:	**AMT** Service Supplemental Amount	
Position:	1100	
Loop:	2110	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	9	
Purpose:	To indicate the total monetary amount	
Syntax Notes:		

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Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes
M	AMT01	522	Amount Qualifier Code		M 1 ID 1/3
			B6	Allowed - Actual	
			KH	Deduction Amount	
			T	Tax	
			T2	Total Claim Before Taxes	
			ZK	Federal Medicare or Medicaid Payment Mandate - Category 1	
			ZL	Federal Medicare or Medicaid Payment Mandate - Category 2	
			ZM	Federal Medicare or Medicaid Payment Mandate - Category 3	
			ZN	Federal Medicare or Medicaid Payment Mandate - Category 4	
			ZO	Federal Medicare or Medicaid Payment Mandate - Category 5	
M	AMT02	782	Monetary Amount		M 1 R 1/18

Segment:	**QTY** Service Supplemental Quantity	
Position:	1200	
Loop:	2110	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	6	
Purpose:	To specify quantity information	
Syntax Notes:	1	At least one of QTY02 or QTY04 is required.
	2	Only one of QTY02 or QTY04 may be present.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name		Attributes
M	QTY01	673	Quantity Qualifier		M 1 ID 2/2
			ZK	Federal Medicare or Medicaid Payment Mandate - Category 1	
			ZL	Federal Medicare or Medicaid Payment Mandate - Category 2	
			ZM	Federal Medicare or Medicaid Payment Mandate - Category 3	
			ZN	Federal Medicare or Medicaid Payment Mandate - Category 4	
			ZO	Federal Medicare or Medicaid Payment Mandate - Category 5	
M	QTY02	380	Quantity		X 1 R 1/15

Segment:	**LQ** Health Care Remark Codes	
Position:	1300	
Loop:	2110	Optional
Level:	Detail	

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Usage:	Optional
Max Use:	99
Purpose:	To identify standard industry codes
Syntax Notes:	1 If LQ01 is present, then LQ02 is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes
M	LQ01	1270	Code List Qualifier Code	O 1 ID 1/3
			HE Claim Payment Remark Codes	
			RX National Council for Prescription Drug Programs Reject/Payment Codes	
M	LQ02	1271	Industry Code	X 1 AN 1/30

Segment:	**PLB** Provider Adjustment
Position:	0100
Loop:	
Level:	Summary
Usage:	Optional
Max Use:	>1
Purpose:	To convey provider level adjustment information for debit or credit transactions such as, accelerated payments, cost report settlements for a fiscal year and timeliness report penalties unrelated to a specific claim or service
Syntax Notes:	1 If either PLB05 or PLB06 is present, then the other is required.
	2 If either PLB07 or PLB08 is present, then the other is required.
	3 If either PLB09 or PLB10 is present, then the other is required.
	4 If either PLB11 or PLB12 is present, then the other is required.
	5 If either PLB13 or PLB14 is present, then the other is required.

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes
M	PLB01	127	Reference Identification	M 1 AN 1/50
M	PLB02	373	Date	M 1 DT 8/8
M	PLB03	C042	Adjustment Identifier	M 1
M	C04201	426	Adjustment Reason Code	M ID 2/2
		50	Late Charge	
		51	Interest Penalty Charge	
		72	Authorized Return	
		90	Early Payment Allowance	
		AH	Origination Fee	
		AM	Applied to Borrower's Account	
		AP	Acceleration of Benefits	
		B2	Rebate	
		B3	Recovery Allowance	
		BD	Bad Debt Adjustment	
		BN	Bonus	
		C5	Temporary Allowance	
		CR	Capitation Interest	
		CS	Adjustment	

CT	Capitation Payment
CV	Capital Passthru
CW	Certified Registered Nurse Anesthetist Passthru
DM	Direct Medical Education Passthru
E3	Withholding
FB	Forwarding Balance
FC	Fund Allocation
GO	Graduate Medical Education Passthru
HM	Hemophilia Clotting Factor Supplement
IP	Incentive Premium Payment
IR	Internal Revenue Service Withholding
IS	Interim Settlement
J1	Nonreimbursable
L3	Penalty
L6	Interest Owed
LE	Levy
LS	Lump Sum
OA	Organ Acquisition Passthru
OB	Offset for Affiliated Providers
PI	Periodic Interim Payment
PL	Payment Final
RA	Retro-activity Adjustment
RE	Return on Equity
SL	Student Loan Repayment
TL	Third Party Liability
WO	Overpayment Recovery
WU	Unspecified Recovery

O	C04202	127	Reference Identification		O		AN 1/50
M	PLB04	782	Monetary Amount		M	1	R 1/18
O	PLB05	C042	Adjustment Identifier		X	1	
M	C04201	426	Adjustment Reason Code		M		ID 2/2

50	Late Charge
51	Interest Penalty Charge
72	Authorized Return
90	Early Payment Allowance
AH	Origination Fee
AM	Applied to Borrower's Account
AP	Acceleration of Benefits
B2	Rebate
B3	Recovery Allowance
BD	Bad Debt Adjustment
BN	Bonus
C5	Temporary Allowance
CR	Capitation Interest
CS	Adjustment
CT	Capitation Payment
CV	Capital Passthru

		CW	Certified Registered Nurse Anesthetist Passthru			
		DM	Direct Medical Education Passthru			
		E3	Withholding			
		FB	Forwarding Balance			
		FC	Fund Allocation			
		GO	Graduate Medical Education Passthru			
		HM	Hemophilia Clotting Factor Supplement			
		IP	Incentive Premium Payment			
		IR	Internal Revenue Service Withholding			
		IS	Interim Settlement			
		J1	Nonreimbursable			
		L3	Penalty			
		L6	Interest Owed			
		LE	Levy			
		LS	Lump Sum			
		OA	Organ Acquisition Passthru			
		OB	Offset for Affiliated Providers			
		PI	Periodic Interim Payment			
		PL	Payment Final			
		RA	Retro-activity Adjustment			
		RE	Return on Equity			
		SL	Student Loan Repayment			
		TL	Third Party Liability			
		WO	Overpayment Recovery			
		WU	Unspecified Recovery			
O	C04202	127	**Reference Identification**	O		AN 1/50
O	PLB06	782	**Monetary Amount**	X	1	R 1/18
O	PLB07	C042	**Adjustment Identifier**	X	1	
M	C04201	426	**Adjustment Reason Code**	M		ID 2/2
		50	Late Charge			
		51	Interest Penalty Charge			
		72	Authorized Return			
		90	Early Payment Allowance			
		AH	Origination Fee			
		AM	Applied to Borrower's Account			
		AP	Acceleration of Benefits			
		B2	Rebate			
		B3	Recovery Allowance			
		BD	Bad Debt Adjustment			
		BN	Bonus			
		C5	Temporary Allowance			
		CR	Capitation Interest			
		CS	Adjustment			
		CT	Capitation Payment			
		CV	Capital Passthru			
		CW	Certified Registered Nurse Anesthetist Passthru			
		DM	Direct Medical Education Passthru			

		E3	Withholding			
		FB	Forwarding Balance			
		FC	Fund Allocation			
		GO	Graduate Medical Education Passthru			
		HM	Hemophilia Clotting Factor Supplement			
		IP	Incentive Premium Payment			
		IR	Internal Revenue Service Withholding			
		IS	Interim Settlement			
		J1	Nonreimbursable			
		L3	Penalty			
		L6	Interest Owed			
		LE	Levy			
		LS	Lump Sum			
		OA	Organ Acquisition Passthru			
		OB	Offset for Affiliated Providers			
		PI	Periodic Interim Payment			
		PL	Payment Final			
		RA	Retro-activity Adjustment			
		RE	Return on Equity			
		SL	Student Loan Repayment			
		TL	Third Party Liability			
		WO	Overpayment Recovery			
		WU	Unspecified Recovery			
O	C04202	127	**Reference Identification**	O		**AN 1/50**
O	PLB08	782	**Monetary Amount**	X	1	**R 1/18**
O	PLB09	C042	**Adjustment Identifier**	X	1	
M	C04201	426	**Adjustment Reason Code**	M		**ID 2/2**
		50	Late Charge			
		51	Interest Penalty Charge			
		72	Authorized Return			
		90	Early Payment Allowance			
		AH	Origination Fee			
		AM	Applied to Borrower's Account			
		AP	Acceleration of Benefits			
		B2	Rebate			
		B3	Recovery Allowance			
		BD	Bad Debt Adjustment			
		BN	Bonus			
		C5	Temporary Allowance			
		CR	Capitation Interest			
		CS	Adjustment			
		CT	Capitation Payment			
		CV	Capital Passthru			
		CW	Certified Registered Nurse Anesthetist Passthru			
		DM	Direct Medical Education Passthru			
		E3	Withholding			
		FB	Forwarding Balance			

		FC	Fund Allocation			
		GO	Graduate Medical Education Passthru			
		HM	Hemophilia Clotting Factor Supplement			
		IP	Incentive Premium Payment			
		IR	Internal Revenue Service Withholding			
		IS	Interim Settlement			
		J1	Nonreimbursable			
		L3	Penalty			
		L6	Interest Owed			
		LE	Levy			
		LS	Lump Sum			
		OA	Organ Acquisition Passthru			
		OB	Offset for Affiliated Providers			
		PI	Periodic Interim Payment			
		PL	Payment Final			
		RA	Retro-activity Adjustment			
		RE	Return on Equity			
		SL	Student Loan Repayment			
		TL	Third Party Liability			
		WO	Overpayment Recovery			
		WU	Unspecified Recovery			
O	C04202	127	**Reference Identification**	O		AN 1/50
O	PLB10	782	**Monetary Amount**	X	1	R 1/18
O	PLB11	C042	**Adjustment Identifier**	X	1	
M	C04201	426	**Adjustment Reason Code**	M		ID 2/2
		50	Late Charge			
		51	Interest Penalty Charge			
		72	Authorized Return			
		90	Early Payment Allowance			
		AH	Origination Fee			
		AM	Applied to Borrower's Account			
		AP	Acceleration of Benefits			
		B2	Rebate			
		B3	Recovery Allowance			
		BD	Bad Debt Adjustment			
		BN	Bonus			
		C5	Temporary Allowance			
		CR	Capitation Interest			
		CS	Adjustment			
		CT	Capitation Payment			
		CV	Capital Passthru			
		CW	Certified Registered Nurse Anesthetist Passthru			
		DM	Direct Medical Education Passthru			
		E3	Withholding			
		FB	Forwarding Balance			
		FC	Fund Allocation			
		GO	Graduate Medical Education Passthru			

			HM	Hemophilia Clotting Factor Supplement		
			IP	Incentive Premium Payment		
			IR	Internal Revenue Service Withholding		
			IS	Interim Settlement		
			J1	Nonreimbursable		
			L3	Penalty		
			L6	Interest Owed		
			LE	Levy		
			LS	Lump Sum		
			OA	Organ Acquisition Passthru		
			OB	Offset for Affiliated Providers		
			PI	Periodic Interim Payment		
			PL	Payment Final		
			RA	Retro-activity Adjustment		
			RE	Return on Equity		
			SL	Student Loan Repayment		
			TL	Third Party Liability		
			WO	Overpayment Recovery		
			WU	Unspecified Recovery		
O	**C04202**	**127**	**Reference Identification**		**O**	**AN 1/50**
O	**PLB12**	**782**	**Monetary Amount**		**X 1**	**R 1/18**
O	**PLB13**	**C042**	**Adjustment Identifier**		**X 1**	
M	**C04201**	**426**	**Adjustment Reason Code**		**M**	**ID 2/2**
			50	Late Charge		
			51	Interest Penalty Charge		
			72	Authorized Return		
			90	Early Payment Allowance		
			AH	Origination Fee		
			AM	Applied to Borrower's Account		
			AP	Acceleration of Benefits		
			B2	Rebate		
			B3	Recovery Allowance		
			BD	Bad Debt Adjustment		
			BN	Bonus		
			C5	Temporary Allowance		
			CR	Capitation Interest		
			CS	Adjustment		
			CT	Capitation Payment		
			CV	Capital Passthru		
			CW	Certified Registered Nurse Anesthetist Passthru		
			DM	Direct Medical Education Passthru		
			E3	Withholding		
			FB	Forwarding Balance		
			FC	Fund Allocation		
			GO	Graduate Medical Education Passthru		
			HM	Hemophilia Clotting Factor Supplement		
			IP	Incentive Premium Payment		

		IR	Internal Revenue Service Withholding
		IS	Interim Settlement
		J1	Nonreimbursable
		L3	Penalty
		L6	Interest Owed
		LE	Levy
		LS	Lump Sum
		OA	Organ Acquisition Passthru
		OB	Offset for Affiliated Providers
		PI	Periodic Interim Payment
		PL	Payment Final
		RA	Retro-activity Adjustment
		RE	Return on Equity
		SL	Student Loan Repayment
		TL	Third Party Liability
		WO	Overpayment Recovery
		WU	Unspecified Recovery

O	C04202	127	**Reference Identification**	O		**AN 1/50**
O	PLB14	782	**Monetary Amount**	X	1	**R 1/18**

Segment: **SE** Transaction Set Trailer

Position: 0200
Loop:
Level: Summary
Usage: Mandatory
Max Use: 1
Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)
Syntax Notes:

Data Element Summary

User Attribute	Ref. Des.	Data Element	Name	Attributes		
M	SE01	96	**Number of Included Segments**	M	1	**N0 1/10**
M	SE02	329	**Transaction Set Control Number**	M	1	**AN 4/9**

8. Sample 835 Data

```
ISA*00*          *00*          *ZZ*SENDER          *ZZ*RITEAID221
*100803*2000*^*00501*102153441*0*P*:~
GS*HP*SENDER*RITEAID221*20100803*2000*102153441*X*005010X221A1~
ST*835*102153441~
BPR*I*513.07*C*CHK************20100803~
TRN*1*0102153441*1470764793~
DTM*405*20100803~
N1*PR*PHARMACEUTICAL SERVICES~
N3*P.O. BOX 407~
N4*BOYS TOWN*NE*68010~
PER*BL*JOHN WAYNE*TE*8005551212*EX*123~
N1*PE*GENOVESE DRUG STORE*FI*111556812~
N3*P.O. BOX 932321~
N4*ATLANTA*GA*30339~
REF*PQ*RITEAID221~
LX*1~
TS3*3309045*99*20101231*6*886.94~
CLP*0093620*1*66.99*0*26*13*ND101523260811~
CAS*PR*3*26~
CAS*CO*42*40.99~
NM1*QC*1*JONES*LEO JR****34*123456789~
NM1*IL*1*JONES*LEO****MI*123456789~
NM1*82*2*RITE AID PHARMACY #10548*****PC*3309045~
DTM*050*20100601~
DTM*232*20100601~
CLP*0093622*1*12.99*0*7.6*13*ND101523262171~
CAS*PR*3*7.6~
CAS*CO*42*5.39~
NM1*QC*1*JONES*LEO JR****34*123456789~
NM1*IL*1*JONES*LEO****MI*123456789~
NM1*82*2*RITE AID PHARMACY #10548*****PC*3309045~
DTM*050*20100601~
DTM*232*20100601~
CLP*0093674*1*13.99*0*4.4*13*ND101533511631~
CAS*PR*3*4.4~
CAS*CO*42*9.59~
NM1*QC*1*JONES*LEO JR****34*123456789~
NM1*IL*1*JONES*LEO****MI*123456789~
NM1*82*2*RITE AID PHARMACY #10548*****PC*3309045~
DTM*050*20100602~
DTM*232*20100602~
CLP*0086184*1*491.99*338.66*52.63*13*ND101544335501~
CAS*PR*3*52.63~
CAS*CO*42*100.7~
NM1*QC*1*MERTZ*ETHEL****34*123456789~
NM1*82*2*RITE AID PHARMACY #10548*****PC*3309045~
DTM*050*20100603~
DTM*232*20100603~
CLP*0077298*1*169.99*99.83*26.09*13*ND101544335481~
CAS*PR*3*26.09~
CAS*CO*42*44.07~
NM1*QC*1*MERTZ*ETHEL****34*123456789~
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NM1*82*2*RITE AID PHARMACY #10548*****PC*3309045~
DTM*050*20100603~
DTM*232*20100603~
CLP*0077405*1*130.99*74.58*23.29*13*ND101544335491~
CAS*PR*3*23.29~
CAS*CO*42*33.12~
NM1*QC*1*MERTZ*ETHEL****34*123456789~
NM1*82*2*RITE AID PHARMACY #10548*****PC*3309045~
DTM*050*20100603~
DTM*232*20100603~
SE*60*102153441~
GE*1*102153441~
IEA*1*102153441~
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