

Functional Group ID=

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:

Must Use	Pos. <u>No.</u> 0100	Seg. ID ST	<u>Name</u> Transaction Set Header	Req. <u>Des.</u> M	<u>Max.Use</u> 1	Loop <u>Repeat</u>	Notes and Comments
Must Use	0200	BPR	Financial Information	М	1		
Must Use	0400	TRN	Reassociation Trace Number	0	1		c1
	0500	CUR	Foreign Currency Information	0	1		c2
	0600	REF	Receiver Identification	0	1		
	0600	REF	Version Identification	0	1		
	0700	DTM	Production Date	0	1		
			LOOP ID - 1000A			1	
Must Use	0800	N1	Payer Identification	0	1		c3
Must Use	1000	N3	Payer Address	0	1		
Must Use	1100	N4	Payer City, State, ZIP Code	0	1		
	1200	REF	Additional Payer Identification	0	4		
	1300	PER	Payer Business Contact Information	0	1		
Must Use	1300	PER	Payer Technical Contact Information	0	>1		
	1300	PER	Payer WEB Site	0	1		
			LOOP ID - 1000B			1	
Must Use	0800	N1	Payee Identification	0	1		
	1000	N3	Payee Address	0	1		
	1100	N4	Payee City, State, ZIP Code	0	1		
	1200	REF	Payee Additional Identification	0	>1		
	1400	RDM	Remittance Delivery Method	0	1		

Detail:

Pos. <u>No.</u>	Seg. <u>ID</u>	Name	Req. <u>Des.</u>	Max.Use	Loop <u>Repeat</u>	Notes and Comments
		LOOP ID - 2000			>1	
0030	LX	Header Number	0	1		n1
0050	TS3	Provider Summary Information	0	1		
0070	TS2	Provider Supplemental Summary Information	0	1		

			LOOP ID - 2100			>1
М	0100	CLP	Claim Payment Information	М	1	
	0200	CAS	Claims Adjustment	0	99	n2
Must Use	0300	NM1	Patient Name	0	1	
	0300	NM1	Insured Name	0	1	
	0300	NM1	Corrected Patient/Insured Name	0	1	
	0300	NM1	Service Provider Name	0	1	
	0300	NM1	Crossover Carrier Name	0	1	
	0300	NM1	Corrected Priority Payer Name	0	1	
	0300	NM1	Other Subscriber Name	0	1	
	0330	MIA	Inpatient Adjudication Information	0	1	
	0350	MOA	Outpatient Adjudication Information	0	1	
	0400	REF	Other Claim Related Identification	0	5	
	0400	REF	Rendering Provider Identification	0	10	
	0500	DTM	Statement From or To Date	0	2	
	0500	DTM	Coverage Expiration Date	0	1	
	0500	DTM	Claim Received Date	0	1	
	0600	PER	Claim Contact Information	0	2	
	0620	AMT	Claim Supplemental Information	0	13	
	0640	QTY	Claim Supplemental Information Quantity	0	14	
			LOOP ID - 2110			999
	0700	SVC	Service Payment Information	0	1	
	0800	DTM	Service Date	0	2	n3
	0900	CAS	Service Adjustment	0	99	n4
	1000	REF	Service Identification	0	8	
	1000	REF	Line Item Control Number	0	1	
	1000	REF	Rendering Provider Information	0	10	
	1000	REF	HealthCare Policy Identification	0	5	
	1100	AMT	Service Supplemental Amount	0	9	
	1200	QTY	Service Supplemental Quantity	0	6	
	1300	LQ	Health Care Remark Codes	0	99	

Summary:

	Pos.	Seg.		Req.		Loop	Notes and
	<u>No.</u>	<u>ID</u>	Name	Des.	Max.Use	Repeat	Comments
	0100	PLB	Provider Adjustment	0	>1		
Must Use	0200	SE	Transaction Set Trailer	М	1		

Transaction Set Notes

- **1.** The LX segment is used to provide a looping structure and logical grouping of claim payment information.
- **2.** The CAS segment is used to reflect changes to amounts within Table 2.
- **3.** The DTM segment in the SVC loop is to be used to express dates and date ranges specifically related to the service identified in the SVC segment.
- 4. The CAS segment is used to reflect changes to amounts within Table 2.

Transaction Set Comments

- **1.** The TRN segment is used to uniquely identify a claim payment and advice.
- 2. The CUR segment does not initiate a foreign exchange transaction.

835-X221A1 (005010X221A1)

2

3. The N1 loop allows for name/address information for the payer and payee which would be utilized to address remittance(s) for delivery.

Segment:	ST Tra	ansaction Set Header		
Position:	0100			
Loop:				
Level:	Heading			
Usage:	Must Use 1	5		
Max Use: Purpose:	_	te the start of a transaction set and to assign a control number		
Syntax Notes:	TO Inuica			
Semantic Notes:	1 The	transaction set identifier (ST01) is used by the translation routi	nes of	the
		rchange partners to select the appropriate transaction set defin		
	selee	cts the Invoice Transaction Set).		
	2 The	implementation convention reference (ST03) is used by the training	nslatio	on routines
		ne interchange partners to select the appropriate implementation		
		ch the transaction set definition. When used, this implementa		
	refei GS08	rence takes precedence over the implementation reference spe	ecified	in the
Comments:	9204	5.		
Notes:	TR3 Exan	nple: ST*835*1234~		
		Data Element Summary		
Ref.	Data			
Des.	Element	Name		<u>Attributes</u>
ST01	143		Μ	1 ID 3/3
		Code uniquely identifying a Transaction Set		
		OD: 835W1ST01TransactionSetIdentifierCode		
		The only valid value within this transaction set for ST01 is 835		
		835 Health Care Claim Payment/Advice	•	
ST02	329		м	1 AN 4/9
5102	325	Identifying control number that must be unique within the tra		-
		functional group assigned by the originator for a transaction s		ion see
		OD: 835W1ST02TransactionSetControlNumber		
		The Transaction Set Control Numbers in ST02 and SE02 must I		
		unique number also aids in error resolution research. Start wi		
		example 0001, and increment from there. This number must l		-
		a specific group and interchange, but it can be repeated in oth interchanges.	ier gro	Sups and
		interchanges.		
_				
Segment:		Financial Information		
Position:	0200			
Loop:	Lloading			
Level: Usage:	Heading Must Use	a		
Max Use:	1	-		
Purpose:		te the beginning of a Payment Order/Remittance Advice Transa	action	Set and
		ment amount, or to enable related transfer of funds and/or inf		
		payee to occur		
Syntax Notes:		her BPR06 or BPR07 is present, then the other is required.		
	1 If DD	1000 is present than DDD00 is required		

- If either BPR06 or BPR07 is present, then the other is required.
 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.
- Semantic Notes: 1 BPR02 specifies the payment amount.

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	BPR		ction set to initiate a payment, all or s , depending on the conventions of the					
		-	e to the originating depository financi	al institutio	on (ODEI)			
			ying the type of bank account or other					
		-	the company originating the paymen					
			ending on the type of payment order					
			y established between the originating		/ financial			
	insti	itution (ODFI) and th	he company originating the payment.					
	6 BPR	12 and BPR13 relate	e to the receiving depository financial	institution	(RDFI).			
		R14 is a code identifying the type of bank account or other financial asset.						
			umber of the receiving company to be	debited o	r credited			
		the payment order						
			riginating company intends for the tra	insaction to	o be settled			
		, Payment Effective		4				
		-	ving the business reason for this paym		ation			
			nd BPR21, if used, identify a third ban be used for return items only.	киепциса	311011			
			ving the type of bank account or other	financial a	accet			
Comments:		2013 a coae facility		manelare				
Notes:	may rep BPR cont electron TR3 Exar	resent a single provi tains mandatory info ically. mple: BPR*C*15000	o address a single payment to a single ider, a provider group, or multiple pro ormation, even when it is not being u 0°C*ACH*CTX*01*999999992*DA*1 *DA*98765*20030901~	oviders in a sed to mov	chain. The ve funds			
		Data Eler	ment Summary					
Ref.	Data	•						
Des.	Element	<u>Name</u>	lline Code		Attributes			
BPR01	305	Transaction Hand	the action to be taken by all parties	Μ	1 ID 1/2			
			01TransactionHandlingCode	A 1 ·				
		С	Payment Accompanies Remittance					
			Use this code to instruct your third					
			move both funds and remittance of	letail toget	her			
		D	through the banking system. Make Payment Only					
		D						
			Use this code to instruct your third					
			move only funds through the bank ignore any remittance informatior		and to			
		ц	Ignore any remittance information	•				

<u>.</u> 01	<u>Element</u> 305	<u>Name</u> Transaction Handli	ng Code N ne action to be taken by all parties		butes ID 1/2			
			1 TransactionHandlingCode					
		C	Payment Accompanies Remittance Advice					
		D	Use this code to instruct your third party p move both funds and remittance detail top through the banking system. Make Payment Only		r to			
		н	Use this code to instruct your third party p move only funds through the banking syst ignore any remittance information. Notification Only					
			Use this code when the actual provider pa (BPR02) is zero and the transaction is not I for Prenotification of Future Transfers. Thi remittance information without any assoc payment.	being use s indicat				
			Remittance Information Only Use this code to indicate to the payee that the remittance detail is moving separately from the payment.					
		Ρ	Prenotification of Future Transfers This code is used only by the payer and the system to initially validate account numbe beginning an EFT relationship. Contact you additional information.	rs before	5			

			U	Split Payment and Remittance		
				Use this code to instruct the third party split the payment and remittance detai	-	
			Y	on a separate path.	t and D	amittanaa
			х	Handling Party's Option to Split Paymer Use this code to instruct the third party		
				move the payment and remittance deta	-	
				together or separately, based upon enc or capabilities.	l point r	equests
М	BPR02	782	Monetary Amount Monetary amount		М	1 R 1/18
			-	2TotalActualProviderPaymentAmount		
			IMPLEMENTATION	NAME: Total Actual Provider Payment Ar	nount	
			Use BPR02 for the t	cotal payment amount for this 835. The to	otal pay	ment
				5 cannot exceed eleven characters, includ	-	
			less than zero dolla	nough the value can be zero, the 835 canı rs.	lot be is	sueu ioi
				vill be limited to a maximum length of 10 or implied places for cents (implied value		
			decimal point).			
М	BPR03	478	Credit/Debit Flag C		Μ	1 ID 1/1
				ether amount is a credit or debit 3CreditorDebitFlagCode		
			OD. 855W1BFN0			
				NAME: Credit or Debit Flag Code		
			C	Credit	ام المراجع م	
				Use this code to indicate a credit to the account and a debit to the payer's acco	-	
				the payer. In the case of an EFT, no add	itional a	action is
				required of the provider. Also use this c check is issued for the payment.	ode wh	en a
			D	Debit		
				Use this code to indicate a debit to the	payer's	account
				and a credit to the provider's account, initiated by the provider at the instruct	ion of th	na naver
				Extreme caution must be used when us		
				transactions. Contact your VAB for info	rmation	about
				debit transactions. The rest of this segment and document assumes the this segment and segment assumes the this segment assumes the theory of theory of the	nat a cre	dit
				payment is being used.		
Μ	BPR04	591	Payment Method (C ode e method for the movement of payment	M	1 ID 3/3
				4PaymentMethodCode	mstruct	10115
			ACH	Automated Clearing House (ACH)		
				Use this code to move money electroni	cally thr	ough
				the ACH, or to notify the provider that a		
				was requested. When this code is used, through BPR15 for additional requirements		NUS
			вор	Financial Institution Option		
				Use this code to indicate that the third		
				will choose the method of payment bas point requests or capabilities. When thi	-	
				see BPR05 through BPR15 for additiona		
835-X221A1	(005010X221	A1)		6	Ju	ly 15, 2016

		CUIK	Charle				
		СНК	Check			. م ما	
			Use this code to indicate that a check ha for payment.	s been	ISSU	ied	
		FWT	Federal Reserve Funds/Wire Transfer - N	onrep	etiti	ve	
			Use this code to indicate that the funds v			-	
			through the wire system. When this code			ee	
			BPR05 through BPR15 for additional requ				
		NON	Non-Payment Data				
			Use this code when the Transaction Han	-			
			(BPR01) is H, indicating that this is inform	nation	only	/ and	
BPR05	812	Payment Format	no dollars are to be moved.	0	1	ID 1	/10
DPRUS	012	-		0	Т	101,	/10
			ne payment format to be used	المعالمة	: مام :	-	
		implementation g	E: Required when BPR04 is ACH. If not requ	ired by	/ this	S	
		implementation g	alde, do not send.				
		OD: 835W1 BPR	05PaymentFormatCode				
		CCP	Cash Concentration/Disbursement plus A	۱dden	da (C	CCD+))
			(ACH)				
			Use the CCD+ format to move money an	-			
			characters of data, enough to reassociate				
			data when the dollars are sent through t the data is sent on a separate path. The a				
			contain a copy of the TRN segment.	Juden	uu n	last	
		СТХ	Corporate Trade Exchange (CTX) (ACH)				
			Use the CTX format to move dollars and	data tl	nrou	ıgh	
			the ACH. The CTX format can contain up	to 9,9	99		
			addenda records of 80 characters each.				
			encapsulates the complete 835 and all en	nvelop	e		
BPR06	506	(DFI) ID Number O	segments. Jualifier	х	1	ID 2	12
211100			ne type of identification number of Deposite			-	, –
		Institution (DFI)		, ,			
		SITUATIONAL RUL	E: Required when BPR04 is ACH, BOP or FW	T. If no	ot re	quire	d
		by this implement	ation guide, do not send.				
		00.					
		OD: 835W1 BPR06	Depository Financial Institution DFII dentifica	tionNu	ımh	erOua	al
		ifier		cionite		ci Qui	
		-					
			I NAME: Depository Financial Institution (DI	-I) Idei	ntific	ation	1
		Number Qualifier					
		PDPO6 through PD	R09 relate to the originating financial institu	ution -	nd t	ho	
		originator's accou			inu t	.ne	
		01	ABA Transit Routing Number Including C	heck D	bigits	s (9	
			digits)		-		
			The ABA transit routing number is a uniq		mbe	r	
			identifying every bank in the United Stat	es.			
			CODE SOURCE 4: ARA Douting Number				
		04	CODE SOURCE 4: ABA Routing Number Canadian Bank Branch and Institution Nu	ımher			
		0.	CODE SOURCE 91: Canadian Financial Ins		n Br	anch	
			and Institution Number	intunu		unch	
BPR07	507	(DFI) Identificatio		х	1	AN 3	3/12
			al Institution (DFI) identification number				
(005010X22	(1A1)		7	Ju	ly 1!	5, 201	6
,000010//22	,		-	00	., .,	-, -01	-

		SITUATIONAL RULE: Required when BPR04 is ACH, BOP or FWT. If not required by this implementation guide, do not send.
		OD: 835W1BPR07SenderDFIIdentifier
		IMPLEMENTATION NAME: Sender DFI Identifier
		CODE SOURCE 60: (DFI) Identification Number
		Use this number for the identifying number of the financial institution sending the transaction into the applicable network.
BPR08	569	Account Number Qualifier O 1 ID 1/3
		Code indicating the type of account
		SITUATIONAL RULE: Required when BPR04 is ACH, BOP or FWT. If not required by this implementation guide, do not send.
		OD: 835W1BPR08AccountNumberQualifier
		Use this code to identify the type of account in BPR09. DA Demand Deposit
BPR09	508	Account Number X 1 AN 1/35
		Account number assigned
		SITUATIONAL RULE: Required when BPR04 is ACH, BOP or FWT. If not required
		by this implementation guide, do not send.
		OD: 835W1BPR09SenderBankAccountNumber
		IMPLEMENTATION NAME: Sender Bank Account Number
		Use this number for the originator's account number at the financial institution.
BPR10	509	Originating Company Identifier O 1 AN 10/10
		A unique identifier designating the company initiating the funds transfer instructions, business transaction or assigning tracking reference identification.
		SITUATIONAL RULE: Required when BPR04 is ACH, BOP or FWT. If not required by this implementation guide, do not send.
		OD: 835W1BPR10PayerIdentifier
		IMPLEMENTATION NAME: Payer Identifier
BPR11	510	Originating Company Supplemental Code O 1 AN 9/9
		A code defined between the originating company and the originating depository financial institution (ODFI) that uniquely identifies the company initiating the transfer instructions
		SITUATIONAL RULE: Required when BPR10 is present and the payee has a
		business need to receive further identification of the source of the payment
		(such as identification of the payer by division or region). If not required by this implementation guide, do not send.
		OD: 835W1BPR11OriginatingCompanySupplementalCode
		Use this code to further identify the payer by division or region. The element must be left justified and space filled to meet the minimum element size requirements. If used, this code must be identical to TRN04, excluding trailing spaces.

BPR12	506	(DFI) ID Number Qualifier	of identification number of Dep	X	1 ID 2/2		
		Institution (DFI)		JUSILUTY FIII	diicidi		
		SITUATIONAL RULE: Requi	L RULE: Required when BPR04 is ACH, BOP or FWT. If not required				
		by this implementation gu	ide, do not send.				
		OD:					
		835W1BPR12Deposit ifier	oryFinancialInstitutionDFIIdent	tificationNu	mberQual		
		IMPLEMENTATION NAME: Number Qualifier	Depository Financial Institutio	n (DFI) Ider	ntification		
		BPR12 through BPR15 rela receiver's account.	te to the receiving financial ins	titution and	d the		
			Fransit Routing Number Includi	ng Check D	igits (9		
		digits		····•			
			BA transit routing number is a ifying every bank in the United	-	nber		
		lacht	Tying every bank in the onited	States.			
			SOURCE 4: ABA Routing Numb				
			dian Bank Branch and Institutio				
			SOURCE 91: Canadian Financian Sinancian Sinancian Southeast Strategies (Second Science Science Science Science S State Science Sci Science Science Sci Science Science	al Institutio	n Branch		
BPR13	507	(DFI) Identification Numb		х	1 AN 3/12		
		Depository Financial Instit	ution (DFI) identification numb	er			
			red when BPR04 is ACH, BOP o	r FWT. If no	ot required		
		by this implementation gu	ide, do not send.				
		OD: 835W1BPR13Rec	eiveror Provider Bank ID Number	r			
		IMPLEMENTATION NAME:	Receiver or Provider Bank ID N	lumber			
		CODE SOURCE 60: (DFI) Ide					
			entifying number of the financi	ial institutio	on		
BPR14	569	Account Number Qualifier	rom the applicable network.	0	1 ID 1/3		
		Code indicating the type o		-			
		SITUATIONAL RULE: Requi	red when BPR04 is ACH, BOP o	r FWT. If no	ot required		
		by this implementation gu	ide, do not send.				
		OD: 835W1BPR14Acc	ountNumberQualifier				
			ne type of account in BPR15. and Deposit				
		SG Savin					
BPR15	508	Account Number	5	х	1 AN 1/35		
		Account number assigned					
		SITUATIONAL RULE: Requi	red when BPR04 is ACH, BOP o	r FWT. If no	ot required		
		by this implementation gu	ide, do not send.				
		OD: 835W1BPR15Rec	eiverorProviderAccountNumbe	er			
		IMPLEMENTATION NAME:	Receiver or Provider Account I	Number			

Must Use	BPR16	373	Use this number for the receiver's account number at the fir Date Date expressed as CCYYMMDD where CC represents the firs	0	1	DT 8/8
			calendar year OD: 835W1BPR16CheckIssueorEFTEffectiveDate			
			IMPLEMENTATION NAME: Check Issue or EFT Effective Date			
			Use this for the effective entry date. If BPR04 is ACH, this is t	:he da	te tha	it the
			money moves from the payer and is available to the payee. this is the check issuance date. If BPR04 is FWT, this is the da anticipates the money to move. As long as the effective date this is the settlement date. If BPR04 is 'NON', enter the date	ate tha e is a b	at the usine	payer
	Segment:	TRN	Reassociation Trace Number			
	Position: Loop:	0400				
	Level: Usage:	Heading Must Use				
	Max Use:	1	ely identify a transaction to an application			
-	Purpose: tax Notes: ntic Notes:	-				
Sellia	nic notes.	2 TRN	D2 provides unique identification for the transaction. D3 identifies an organization. D4 identifies a further subdivision within the organization.			
C	omments: Notes:	aid in rea	es: 1. This segment's purpose is to uniquely identify this transans associating payments and remittances that have been separat aple: TRN*1*12345*1512345678*9999999999?~		set aı	nd to
	Ref.	Data	Data Element Summary			
Μ	<u>Des.</u> TRN01	<u>Element</u> 481	<u>Name</u> Trace Type Code Code identifying which transaction is being referenced	м		<u>butes</u> ID 1/2
			OD: 835W1TRN01TraceTypeCode			
М	TRN02	127	1 Current Transaction Trace Numbers Reference Identification	м		AN 1/50
			Reference information as defined for a particular Transactio specified by the Reference Identification Qualifier	n Set (or as	
			OD: 835W1TRN02CheckorEFTTraceNumber			
			IMPLEMENTATION NAME: Check or EFT Trace Number			
			This number must be unique within the sender/receiver rela number is assigned by the sender. If payment is made by che	eck, th	is mu	st be
			the check number. If payment is made by EFT, this must be t number. If this is a nonpayment 835, this must be a unique r identification number.			
Must Use	TRN03	509	See 1.10.2.3, Reassociation of Dollars and Data, for additional Originating Company Identifier A unique identifier designating the company initiating the fur instructions, business transaction or assigning tracking refer- identification.	O Inds tr	1	AN 10/10
835 V224 A		21 \ 1)	OD: 835W1TRN03PayerIdentifier		lukz 4	5 2016
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IMPLEMENTATION NAME: Payer Identifier

This must be a 1 followed by the payer's EIN (or TIN). **TRN04** 127 **Reference Identification** 0 1 AN 1/50 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SITUATIONAL RULE: Required when information beyond the Originating Company Identifier in TRN03 is necessary for the payee to identify the source of the payment. If not required by this implementation guide, do not send. OD: 835W1 TRN04 OriginatingCompanySupplementalCode **IMPLEMENTATION NAME: Originating Company Supplemental Code** If both TRN04 and BPR11 are used, they must be identical, excluding trailing spaces. Since BPR11 has a min/max value of 9/9, whenever both are used, this element is restricted to a maximum size of 9. **CUR** Foreign Currency Information Segment: 0500 Position: Loop: Level: Heading Usage: Optional Max Use: 1 **Purpose:** To specify the currency (dollars, pounds, francs, etc.) used in a transaction Syntax Notes: 1 If CUR08 is present, then CUR07 is required. 2 If CUR09 is present, then CUR07 is required. If CUR10 is present, then at least one of CUR11 or CUR12 is required. 3 4 If CUR11 is present, then CUR10 is required. 5 If CUR12 is present, then CUR10 is required. If CUR13 is present, then at least one of CUR14 or CUR15 is required. 6 7 If CUR14 is present, then CUR13 is required. 8 If CUR15 is present, then CUR13 is required. 9 If CUR16 is present, then at least one of CUR17 or CUR18 is required. **10** If CUR17 is present, then CUR16 is required. **11** If CUR18 is present, then CUR16 is required. 12 If CUR19 is present, then at least one of CUR20 or CUR21 is required. **13** If CUR20 is present, then CUR19 is required. **14** If CUR21 is present, then CUR19 is required. Semantic Notes: **Comments:** 1 See Figures Appendix for examples detailing the use of the CUR segment. Notes: Situational Rule: Required when the payment is not being made in US dollars. If not required by this implementation guide, do not send. TR3 Notes: 1. When the CUR segment is not present, the currency of payment is defined as US dollars. TR3 Example: CUR*PR*CAD~ Data Element Summary Ref. Data Des. **Element** Name Attributes CUR01 **Entity Identifier Code** 98 м 1 ID 2/3

			PR	Payer			
М	CUR02	100	Currency Cod				1 ID 3/3
			•		in whose currency the cha	rges are sp	ecified
			00.855001_	_CUR02Currency	Coue		
			CODE SOURC	E 5: Countries, Cur	rencies and Funds		
			This is the cu	rency code for the	e payment currency.		
	Segment:	REF	Receiver Ident	ification			
	Position:	0600					
	Loop:						
	Level: Usage:	Heading Optional					
	Max Use:	1					
	Purpose:		y identifying in	formation 02 or REF03 is requ			
	Syntax Notes:				, then the other is required		
					, then the other is required	•	
9	Semantic Notes: Comments:	1 REF(04 contains dat	a relating to the va	alue cited in REF02.		
	Notes:	Situation	al Rule: Requir	ed when the receiv	ver of the transaction is oth	er than the	e payee
		. –	-		not required by this implen	-	uide,
		may be p	provided at sen	der's discretion, bu	ut cannot be required by th	e receiver.	
		TR3 Note	es: 1. This is the	business identific	ation information for the tr	ansaction r	eceiver.
					s or identifier of the receive		
					on must not be updated if t uch as clearinghouses, befo		
		payee.			о ,		•
		TR3 Exar	nple: REF*EV*1	235678~			
	Def	Data	Data	Element Summar	у		
	Ref. Des.	Data Element	Name			Att	ributes
м	REF01	128		entification Qualifi		м	1 ID 2/3
				ng the Reference lo			
			EV		eldentificationQualifier		
			LV		umber identifying the orga	nization/sit	e
					esignated to receive the cur		
N 4	Use REF02	107	Reference Ide	transactior	1 set	V	4 4814/50
Must	USE REFUZ	127			ed for a particular Transacti		1 AN 1/50
			specified by t	he Reference Iden	tification Qualifier		
			OD: 835W1	_REF02ReceiverI	dentifier		
			IMPLEMENTA	TION NAME: Rece	iver Identifier		
			ALIAS: Receiv	er Identification			
	Comment	RFF	Version Identii	ication			
	Segment: Position:	0600	version identi	ication			
		0000					

Loop:

Sema	Level: Usage: Max Use: Purpose: ntax Notes: ntic Notes: Comments: Notes:	 At le If eit If eit If eit REFO Situation adjudicat customer guide, do TR3 Note release n reported	identifying information st one of REF02 or REF03 is required. er C04003 or C04004 is present, then the er C04005 or C04006 is present, then the contains data relating to the value cited l Rule: Required when necessary to repo on system that generated the claim payn service questions from the payee. If not not send. :: 1. Update this reference number when umber affects the 835. (This is not the AN n the GS segment.) ple: REF*F2*FS3.21~	e other is required. I in REF02. rt the version number of the nents in order for the payer to resolve required by this implementation ever a change in the version or
			Data Element Summary	
Μ	Ref. <u>Des.</u> REF01	Data <u>Element</u> 128	<u>Name</u> Reference Identification Qualifier Code qualifying the Reference Identification	<u>Attributes</u> M 1 ID 2/3
			OD: 835W1REF01ReferenceIdentifie	cationQualifier
Must Use	REF02	127	requirements to dis sets that may differ local level Reference Identification Reference information as defined for a p specified by the Reference Identification OD: 835W1REF02VersionIdentificat IMPLEMENTATION NAME: Version Ident	e of a set of information or tinguish from the previous or future ; the release in question is on the X 1 AN 1/50 Particular Transaction Set or as Qualifier ionCode
	Segment:	DTN	Production Date	
Sema	Position: Loop: Level: Usage: Max Use: Purpose: ntax Notes:	 At le If DT 	pertinent dates and times st one of DTM02 DTM03 or DTM05 is rea /04 is present, then DTM03 is required. er DTM05 or DTM06 is present, then the	
	Comments: Notes:	run is diff required	l Rule: Required when the cut off date of erent from the date of the 835 as identifi by this implementation guide, may be pro required by the receiver.	ed in the related GS04 element. If not
			: 1. If your adjudication cycle completed on Saturday, you are required to popula	

TR3 Example: DTM*405*20020317~

Data Element Summary

М	Ref. <u>Des.</u> DTM01	Data <u>Element</u> 374	Name Date/Time Qualifier M Code specifying type of date or time, or both date and time OD: 835W1DTM01DateTimeQualifier	Attributes 1 ID 3/3
			IMPLEMENTATION NAME: Date Time Qualifier	
			405 Production	
			Used to identify dates and times that operati processes were performed	ons or
Must Use	DTM02	373	Date X	1 DT 8/8
			Date expressed as CCYYMMDD where CC represents the first two calendar year	digits of the
			OD: 835W1DTM02ProductionDate	
			IMPLEMENTATION NAME: Production Date	
			Report the end date for the adjudication production cycle for clair in this 835.	ns included

	Segment:	N1 Pa	ayer Identificat	ion					
	Position:	0800							
	Loop:	1000A	Must L	ادم					
	Level:	Heading	iviust c	550					
	Usage:	Must Use	2						
	Max Use:	1	-						
	Purpose:	_	fy a narty by ty	ne of organiz	ation, name, and	code			
	ax Notes:		ast one of N10			couc			
o y ne					, then the other	is required			
Seman	tic Notes:				, then the other	is required.			
	mments:	orga prov	nizational iden ide a key to th	tification. To e table mainta	obtain this efficie	cient method of pr ency the "ID Code" saction processing in N101.	'(N10	4) m	ust
			nple: N1*PR*IN		MPANY OF TIME	er is provided in Ni BUCKTU*XV*8888			essary.
	Ref.	Data							
	Des.	<u>Element</u>	<u>Name</u>				4	Attrik	outes
Μ	N101	98	individual	ing an organi	ational entity, a _EntityIdentifier	physical location, Code	M prope		ID 2/3 r an
Must Use	N102	02		ruyer			х	1	ANI 1 /CO
wust Use	NIUZ	93	Name Free-form na	me			~	1	AN 1/60
			OD: 835W1_2	1000A_N102_					
835-X221A1	(005010X2)	21A1)		14			JI	ulv 15	5. 2016

835-X221A1 (005010X221A1)

N102	66	Identification Code	Qualifier	v	1	1/2	
N103	66	Identification Code	e system/method of code structure used	X I for L		ID 1/2	
		Code (67)	ie system/method of code structure used		Jentin	cation	
			: Required when the National PlanID is m	anda	ted for	use. If	
			implementation guide, may be provided				
		discretion, but cann	not be required by the receiver.				
		00.92514/1 10004	N102 IdentificationCodeQualifier				
	OD: 835W1_1000A_N103IdentificationCodeQualifier XV Centers for Medicare and Medicaid Services Plan						
			Required if the National PlanID is mand		-		
			CODE SOURCE 540: Centers for Medica	re and	d Med	icaid	
N104	67	Identification Code	Services PlanID	х	1	AN 2/80	
1120-	07	Code identifying a p		~	-	AN 2,00	
			: Required when the National PlanID is m	anda	ted for	use If	
			implementation guide, may be provided				
			not be required by the receiver.				
		00.9251/1 10004	N104 PayerIdentifier				
		OD. 855W1_1000A	_N104Payendentiner				
		IMPLEMENTATION	NAME: Payer Identifier				
	NI2						
Segment:		ayer Address					
Position:	1000						
Loop: Level:	1000A Heading	Must Use					
Usage:	Must Use	2					
Max Use:	1						
Purpose:	To specif	y the location of the	named party				
Syntax Notes:							
Semantic Notes: Comments:							
Notes:	TR3 Exan	nple: N3*100 MAIN S	TREET~				
Ref.	Data	Data Elem	ent Summary				
Des.	Element	Name			Attri	butes	
N301	166	Address Informatio	n	М	1	AN 1/55	
		Address information	n				
		OD: 835W1_1000A	_N301PayerAddressLine				
		ΙΜΡΙ ΕΜΕΝΤΔΤΙΟΝ	NAME: Payer Address Line				
N302	166	Address Informatio		0	1	AN 1/55	
		Address information	n				
		SITUATIONAL RULE	: Required when a second address line ex	kists. I	fnot		
			plementation guide, do not send.				
		00.92514/1 10004	N202 DoverAddressline				
		OD: 835W1_1000A	_N302PayerAddressLine				
		IMPLEMENTATION	NAME: Payer Address Line				
	NI 4						
Segment:	IN4 Pa	ayer City, State, ZIP C	Code				
Position:	1100						

Μ

Loop:	1000A Must Use
Level:	Heading
Usage:	Must Use
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.
Semantic Notes:	
Comments:	1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
	2 N402 is required only if city name (N401) is in the U.S. or Canada.
Notes:	TR3 Example: N4*KANSAS CITY*MO*64108~

Must Use	Ref. <u>Des.</u> N401	Data <u>Element</u> 19	<u>Name</u> City Name Free-form text for city name	<u>A1</u> 0		<u>utes</u> AN 2/30
			OD: 835W1_1000A_N401PayerCityName			
			IMPLEMENTATION NAME: Payer City Name			
	N402	156	State or Province Code	х	1	ID 2/2
			Code (Standard State/Province) as defined by appropriate gov	/ernme	nt a	gency
			SITUATIONAL RULE: Required when the address is in the Unite		es of	f
			America, including its territories, or Canada. If not required by implementation guide, do not send.	/ this		
			OD: 835W1_1000A_N402PayerStateCode			
			IMPLEMENTATION NAME: Payer State Code			
		110	CODE SOURCE 22: States and Provinces	2		10 2 /4 5
	N403	116	Postal Code Code defining international postal zone code excluding puncto	0		ID 3/15
			blanks (zip code for United States)		anu	
			SITUATIONAL RULE: Required when the address is in the Unite			
			America, including its territories, or Canada, or when a postal the country in N404. If not required by this implementation go send.			
			OD: 835W1_1000A_N403PayerPostalZoneorZIPCode			
			IMPLEMENTATION NAME: Payer Postal Zone or ZIP Code			
			CODE SOURCE 51: ZIP Code			
	N/40/4	26	CODE SOURCE 932: Universal Postal Codes	V	1	1D 2/2
	N404	26	Country Code Code identifying the country	х	T	ID 2/3
			SITUATIONAL RULE: Required when the address is outside the	United	d Sta	ites of
			America. If not required by this implementation guide, do not			
			OD: 835W1_1000A_N404CountryCode			
			CODE SOURCE 5: Countries, Currencies and Funds			

		Use the alpha-2 country codes from Part 1 of ISO 3166.			-
N407	1715	Country Subdivision Code	х	1	ID 1/3
		Code identifying the country subdivision			
		SITUATIONAL RULE: Required when the address is not in th			
		America, including its territories, or Canada, and the countr	•		S
		administrative subdivisions such as but not limited to state			
		cantons, etc. If not required by this implementation guide,	do not s	end.	
		OD: 835W1 1000A N407 CountrySubdivisionCode			
		••••••••• <u> </u>			
		CODE SOURCE 5: Countries, Currencies and Funds			
		Use the country subdivision codes from Part 2 of ISO 3166.			
Segment:	REF	Additional Payer Identification			
Position:	1200				
Loop:	1000A	Must Use			
Level:	Heading				
Usage:	Optiona	1			
Max Use:	4 To one of	fe identifium information			
Purpose: Syntax Notes:	•	fy identifying information east one of REF02 or REF03 is required.			
Syntax Notes.		ther C04003 or C04004 is present, then the other is required.			
		ther C04005 or C04006 is present, then the other is required.			
Semantic Notes:		04 contains data relating to the value cited in REF02.			
Comments:					
Notes:		nal Rule: Required when additional payer identification numb	-		
		RN and Payer N1 segments are needed. If not required by this	implem	enta	tion
	guide, d	o not send.			
		as: 1. The ID available in the TPN and N1 cognosts must be u	cod bofe		ring
	1001 571	es: 1. The ID available in the TRN and N1 segments must be u	seu bell	ne us	sing

the REF segment.

TR3 Example: REF*2U*98765~

			Data Licin	chi Summary			
	Ref. <u>Des.</u>	Data Element	Name			Attr	ibutes
м	REF01	128	Reference Identific	ation Oualifier	м	-	ID 2/3
				Reference Identification		_	
			OD: 835W1_1000A	_REF01ReferenceIdentificationQualifier			
			2U	Payer Identification Number			
			EO	For Medicare carriers or intermediaries, qualifier for the Medicare carrier or inte number. For Blue Cross and Blue Shield I qualifier for the Blue Cross Blue Shield as code. Submitter Identification Number	rmed Plans,	iary l , use	this
				A unique number identifying the submit transaction set This is required when the original transa not the payer or is identified by an identifier other than those already provi updated by third parties between the pa payee. An example of a use for this qual identifying a clearinghouse that created	ction ded. yer a fier is	senc This i ind th s whe	is not he en

			н	the health plan sent a proprietary forn clearinghouse. Health Industry Number (HIN)	nat to the	
				CODE SOURCE 121: Health Industry Nu	umber	
			NF	National Association of Insurance Com Code	nmissioners (
				A unique number assigned to each ins	-	-
				This is the preferred value when ident	irying the pa	yer.
				CODE SOURCE 245: National Association Commissioners (NAIC) Code		
Must Use	REF02	127	Reference Identific			AN 1/50
				ion as defined for a particular Transaction ference Identification Qualifier	JII SEL UL AS	
				_REF02AdditionalPayerIdentifier		
			IMPLEMENTATION	NAME: Additional Payer Identifier		
	Segment:	PER	Payer Business Co	ntact Information		
	Position:	1300				
	Loop:	1000A	Must Use			
	Level:	Heading				
	Usage: Max Use:	Optional 1				
	Purpose:		fy a person or office	to whom administrative communication	is should be	
	. a.pose.	directed	iy a person or onice			
Syr	ntax Notes:	1 If eit	her PER03 or PER04	is present, then the other is required.		
				is present, then the other is required.		
		3 If eit	her PER07 or PER08	is present, then the other is required.		
	ntic Notes: Comments:					
	Notes:	Situation	al Rule: Required wh	en there is a business contact area that	would apply	to this
				If not required by this implementation		
				nunication number represents a telepho		
				tries using the North American Dialing P number always includes the area code a		
				C. Where AAA is the area code, BBB is th	-	
		-		ie telephone number (e.g. (800) 555-122	-	
				The extension number, when applicable		d in
				unications Number Qualifier and Comm	unication Nu	ımber)
			tely after the telepho			
		TR3 Exar	npie: PER*CX*JOHN	WAYNE*TE*8005551212~		
			Data Flem	ent Summary		
	Ref.	Data		chi dummary		
	Des.	Element	Name		<u>Attri</u>	butes
М	PER01	366	Contact Function C			ID 2/2
				e major duty or responsibility of the per	son or group	I
			named	DED01 ContractFunctionCode		
				_PER01ContactFunctionCode		
			CX	Payers Claim Office		1:!
				Location responsible for paying bills re care received	lated to med	lical
	PER02	93	Name		0 1	AN 1/60
835-X221A	1 (005010X2	21A1)		18	July 1	5, 2016

		Free-form name				
		SITUATIONAL RUI	LE: Required when it is necessary to identif	y an ind	lividu	ual or
			nt to discuss information related to this tra	insactio	n. lf	not
		required by this ii	mplementation guide, do not send.			
		OD: 835W1_1000	DA_PER02PayerContactName			
		IMPLEMENTATIO	N NAME: Payer Contact Name			
			ment when the name of the individual to co or is different than the name within the price			
PER03	365	· - ·	Number Qualifier	Х	1	ID 2/2
		Code identifying	the type of communication number			
			LE: Required when a contact communication to the second structure of the secon			to be
		OD: 835W1_1000	DA_PER03CommunicationNumberQualif	ier		
		EM	Electronic Mail			
		FX	Facsimile			
		TE	Telephone			
PER04	364	Communication I	Number	Х	1	AN 1/256
		-	unications number including country or are	a code v	wher	า
		applicable			! .	
			LE: Required when a contact communication of required by this implementation guide, c			to be
		transmitteu. Il no	trequired by this implementation guide, c	U HUL SE	:nu.	
		OD: 835W1_1000	DA_PER04PayerContactCommunicationN	lumber		
PER05	365		N NAME: Payer Contact Communication N Number Qualifier	umber X	1	ID 2/2
		Code identifying	the type of communication number			
			LE: Required when a second communicatic required by this implementation guide, do			mber
		OD: 835W1 1000	DA PER05 CommunicationNumberQualif	ier		
		EM	Electronic Mail			
		EX	Telephone Extension			
			When used, the value following this co extension for the preceding communic contact number.		5	
		FX	Facsimile			
		TE	Telephone			
PER06	364	Communication I	Number	Х	1	AN 1/256
		-	unications number including country or are	a code v	wher	ı
		applicable	LE: Required when a second communicatio	n conta	ct ni	umbor
			required by this implementation guide, do			IIIDEI
		OD: 835W1_1000	DA_PER06PayerContactCommunicationN	lumber		
		IMPLEMENTATIO	N NAME: Payer Contact Communication N	umber		
PER07	365		Number Qualifier	х	1	ID 2/2
		Code identifying	the type of communication number			

		SITUATIONAL RULE: Required when an extension applies to communications contact number (PER06). If not required by implementation guide, do not send.	this	eviou	S
		EX Telephone Extension			
PER08	364	Communication Number	х	1	ANI 1 /256
PERUO	504				AN 1/256
		Complete communications number including country or area applicable	a code	e where	n
		SITUATIONAL RULE: Required when an extension applies to a communications contact number (PER06). If not required by implementation guide, do not send.		eviou	S
		OD: 835W1_1000A_PER08PayerContactCommunicationN	umbe	r	
		IMPLEMENTATION NAME: Payer Contact Communication Nu	umber	r ,	
Segment: Position: Loop: Level:	1300 1000A Heading	Payer Technical Contact Information Must Use			
Usage:	Must Use				
Max Use:	>1				
Purpose:	directed	fy a person or office to whom administrative communications	shou	ld be	
Syntax Notes:		her PER03 or PER04 is present, then the other is required.			
Syntax Notes.		her PER05 or PER06 is present, then the other is required.			
		her PER07 or PER08 is present, then the other is required.			
Semantic Notes:					
Comments:					
Notes:		s: 1. Required to report technical contact information for this	remit	ttance	2
	advice.				
	TR3 Exan	nple: PER*BL*JOHN WAYNE*TE*8005551212*EX*123~			
		Data Element Summary			
Ref.	Data				
Des.	<u>Element</u>	Name			butes_
PER01	366	Contact Function Code	Μ		ID 2/2
		Code identifying the major duty or responsibility of the personance of	on or	group	
		named OD: 835W1 1000A PER01 ContactFunctionCode			
		BL Technical Department			
PER02	93	Name	ο	1	AN 1/60
PERUZ	33	Free-form name	0	1	AN 1/00
				م ما :، ، : ما .	ual an
		SITUATIONAL RULE: Required when it is necessary to identify other contact point to discuss technical information related transaction. If not required by this implementation guide, do	to this	s	uaror
		OD: 835W1_1000A_PER02PayerTechnicalContactName			
		IMPLEMENTATION NAME: Payer Technical Contact Name			
		Use this data element when the name of the individual to co already defined or is different than the name within the price (e.g. N1 or NM1).			
	04.4.4.)	00		1	F 0040

PER03	365	Communication N	lumber Qualifier	х	1	ID 2/2
		Code identifying t	he type of communication number			
		SITUATIONAL RUL	E: Required when a contact communication	on numb	ber is	s to be
		transmitted. If not	required by this implementation guide, d	o not se	end.	
		00.92534/1 1000	A DEDO2 CommunicationNumberQualifi	o.r		
		EM	A_PER03CommunicationNumberQualifi Electronic Mail	er		
		TE	Telephone			
		12	Recommended			
		UR	Uniform Resource Locator (URL)			
		UK	Use only when there is no central telep	honon	umh	or
			for the payer entity.	none n	unio	ei
PER04	364	Communication N		Х	1	AN 1/25
		Complete commu	nications number including country or are	a code v	whei	า
		applicable	<u> </u>			
			E: Required when a contact communication			s to be
		transmitted. If not	required by this implementation guide, d	o not se	end.	
		00.832/11 1000	A_PER04 PayerContactCommunicationN	lumbor		
		00.83301_1000		lumber		
		IMPLEMENTATION	NAME: Payer Contact Communication N	umber		
PER05	365	Communication N	lumber Qualifier	Х	1	ID 2/2
		Code identifying t	he type of communication number			
		SITUATIONAL RUL	E: Required when a second communicatio	n conta	ct nı	umber
		is needed. If not re	equired by this implementation guide, do	not sen	d.	
		00.005.444.4000				
		OD: 835W1_1000/ EM	A_PER05CommunicationNumberQualifi Electronic Mail	er		
		EX	Telephone Extension			
		LX	When used, the value following this co	da is the	2	
			extension for the preceding communication		-	
			contact number.			
		FX	Facsimile			
		TE	Telephone			
		UR	Uniform Resource Locator (URL)			
PER06	364	Communication N	lumber	Х	1	AN 1/25
		Complete commu	nications number including country or are	a code v	whei	า
		applicable				
			E: Required when a second communicatio			umber
		is needed. If not re	equired by this implementation guide, do	not sen	<i>د</i> .	
		OD: 835W1 1000	A_PER06PayerContactCommunicationN	lumber		
			, ,			
			NAME: Payer Contact Communication N	umber		
PER07	365	Communication N	lumber Qualifier	Х	1	ID 2/2
			he type of communication number			
			E: Required when a second communicatio			umber
		is needed. If not re	equired by this implementation guide, do	not sen	d.	
		OD: 835W/1 1000	A_PER07 CommunicationNumberQualifi	er		
		EM	Electronic Mail			
		EX	Telephone Extension			
			When used, the value following this co	de is the	2	
			extension for the preceding communication			ct
(005010822	21Δ1		21			5 2016

			number		
		FX	number. Facsimile		
		UR	Uniform Resource Locator	r (LIBL)	
PER08	364	• • •	ation Number	X	1 AN 1/25
		applicable SITUATION/ communica implementa OD: 835W1	OMMUNICATIONS NUMBER INCLUDING C AL RULE: Required when an extensi- tions contact number (PER06). If no ation guide, do not send. _1000A_PER08PayerContactCom FATION NAME: Payer Contact Com	on applies to the previo ot required by this nmunicationNumber	hen
		IMPLEMEN	IATION NAME: Payer Contact Com	munication Number	
Segment: Position:	1300	Payer WEB S			
Loop: Level: Usage:	1000A Heading Optiona		Use		
Max Use: Purpose:	1 To ident directed		r office to whom administrative co	mmunications should b	e
Syntax Notes:			PER04 is present, then the other is	s required.	
			PER06 is present, then the other is	-	
mantic Notes: Comments:	3 If ei	ither PER07 or	PER08 is present, then the other is	s required.	
Notes:		· · · · · ·	ired when any 2110 loop Healthcan implementation guide, do not send		s used.
	This is a	direct link to	the policy location of the un-secure	e website.	
			**UR*www.anyhealthplan.com/pol		
	INS EXC		ta Element Summary		

	Attri	butes
unction Code M	1	ID 2/2
ntifying the major duty or responsibility of the person or	group	
V1_1000A_PER01ContactFunctionCode		
Information Contact		
ication Number Qualifier X	1	ID 2/2
ntifying the type of communication number		
V1_1000A_PER03CommunicationNumberQualifier		
Uniform Resource Locator (URL)		
ication Number X	1	AN 1/256
C .	e whei	n
V1_1000A_PER04CommunicationNumber		
	nd oth	ier
	Intifying the major duty or responsibility of the person or V1_1000A_PER01ContactFunctionCode Information Contact ication Number Qualifier X ntifying the type of communication number V1_1000A_PER03CommunicationNumberQualifier Uniform Resource Locator (URL) ication Number X e communications number including country or area code V1_1000A_PER04CommunicationNumber	Function Code M 1 ntifying the major duty or responsibility of the person or group V1_1000A_PER01ContactFunctionCode Information Contact ication Number Qualifier X 1 ntifying the type of communication number V1_1000A_PER03CommunicationNumberQualifier Uniform Resource Locator (URL) ication Number X 1 e communications number including country or area code where V1_1000A_PER04CommunicationNumber e payer's WEB site URL where providers can find policy and oth Communication

22

Segment: N1

N1 Payee Identification

	Position:	0800					
	Loop:	1000B	Must Use				
Level: Heading							
	Usage:	Must Use	2				
	Max Use:	1 To identi	fu a nartu hu tuna of	argonization name and code			
			east one of N102 or N	organization, name, and code			
•				present, then the other is required.			
Seman	tic Notes:	_					
C	omments:	orga prov	segment, used alone, provides the most efficient method of providing anizational identification. To obtain this efficiency the "ID Code" (N104) must vide a key to the table maintained by the transaction processing party.				
	Notos			lefine the type of entity in N101.	on of th	0.001/00	
	Notes:			p to provide the name/address information nber is provided in N104.	on or th	e payee.	
		TR3 Exan	nple: N1*PE*MID-ST	ATE MENTAL HOSPITAL*XX*12345678~			
			Data Elem	ent Summary			
	Ref.	Data	News				
54	<u>Des.</u>	Element	Name	4.5		Attributes 1 ID 2/3	
Μ	N101	98	Entity Identifier Co	organizational entity, a physical location	M	-	
			individual	organizational entity, a physical location	, proper		
				_N101EntityIdentifierCode			
			PE	Payee			
Must Use	N102	93	Name		Х	1 AN 1/60	
			Free-form name				
			OD: 835W1_1000B	_N102PayeeName			
			IMPLEMENTATION	NAME: Payee Name			
Must Use	N103	66	Identification Code		х	1 ID 1/2	
			Code designating th	ne system/method of code structure used	ៅ for Ide	entification	
			Code (67)				
			OD: 835W1_1000B	_N103IdentificationCodeQualifier			
			FI	Federal Taxpayer's Identification Numb	er		
				Required if provider is not mandated by	y NPI. Fo	or	
				individual providers as payees, use this	qualifie	er to	
				represent the Social Security Number.			
			XV	Centers for Medicare and Medicaid Ser	vices Pla	anID	
				This is REQUIRED when the National He	alth Pla	in	
				Identifier is mandated for use and the p	-		
				plan. This only applies in cases of post p	-		
				recovery. See section 1.10.2.16 (Post Pa	ayment		
				Recovery) for further information.			
				CODE SOURCE 540: Centers for Medica	re and I	Vedicaid	

ΧХ

CODE SOURCE 537: Centers for Medicare and Medicaid

Centers for Medicare and Medicaid Services National

This is REQUIRED when the National Provider Identifier is mandated for use and the payee is a covered health

Services PlanID

Provider Identifier

care provider under the mandate.

			Services National Provider Identifier					
Must Use	N104	67	Identification Code	Х	1	AN 2/80		
			Code identifying a party or other code					
			OD: 835W1_1000B_N104PayeeIdentificationCode					
			IMPLEMENTATION NAME: Payee Identification Code					
	Segment:	N3 P	ayee Address					
	Position:	1000						
	Loop:	1000 1000B	Must Use					
	Level:	Heading	Must osc					
	Usage:	Optional	-					
	Max Use:	1						
	Purpose:	To specif	y the location of the named party					
Svi	ntax Notes:		, , , , ,					
-	ntic Notes:							
	Comments:							
	Notes:	Situatior	al Rule: Required when the sender needs to communicate the	e paye	e add	lress to		
			tion receiver, e.g., a VAN or a clearinghouse. If not required b					
			ntation guide, may be provided at the sender's discretion, but	-				
		-	by the receiver.					
		-	nple: N3*SUITE 200*1000 MAIN STREET~					
			Data Element Summary					
	Ref.	Data				_		
	Des.	<u>Element</u>	Name			butes		
Μ	N301	166	Address Information	Μ	1	AN 1/55		
			Address information					
			OD: 835W1_1000B_N301PayeeAddressLine					
			IMPLEMENTATION NAME: Payee Address Line					
	N302	166	Address Information	0	1	AN 1/55		
			Address information	-				
					£ t			
			SITUATIONAL RULE: Required when a second address line ex	ISTS. I	rnot			
			required by this implementation guide, do not send.					
			OD: 835W1_1000B_N302PayeeAddressLine					
			OD. 055W1_1000B_N5021 ayeeAddresseline					
			IMPLEMENTATION NAME: Payee Address Line					
		N/ -						
	Segment:		ayee City, State, ZIP Code					
	Position:	1100						
	Loop:	1000B	Must Use					
	Level:	Heading						
	Usage:	Optional						
	Max Use:	1						
	•	T 14	the second tenders of the second second					

Semantic Notes: **Comments:**

Purpose: Syntax Notes:

1 2

3

2 N402 is required only if city name (N401) is in the U.S. or Canada.

1 A combination of either N401 through N404, or N405 and N406 may be adequate to

To specify the geographic place of the named party

Only one of N402 or N407 may be present.

If N406 is present, then N405 is required. If N407 is present, then N404 is required.

specify a location.

	Notes:	impleme required	al: Required when the sender needs to communicate the p on receiver, e.g., a VAN or a clearinghouse. If not required b ntation guide, may be provided at the sender's discretion, bu by the receiver. nple: N4*KANSAS CITY*MO*64108~	oy this	S	
			Data Element Summary			
	Ref.	Data				
Must Use	<u>Des.</u> N401	<u>Element</u> 19	Name City Name	ο	-	ributes 1 AN 2/30
wust use	N401	19	City Name Free-form text for city name	0	-	I AN 2/30
			OD: 835W1_1000B_N401PayeeCityName			
			IMPLEMENTATION NAME: Payee City Name			
	N402	156	State or Province Code	Х	:	1 ID 2/2
			Code (Standard State/Province) as defined by appropriate g	overn	ment	t agency
			SITUATIONAL RULE: Required when the address is in the Un America, including its territories, or Canada. If not required implementation guide, do not send.			of
			OD: 835W1_1000B_N402PayeeStateCode			
			IMPLEMENTATION NAME: Payee State Code			
	N403	116	CODE SOURCE 22: States and Provinces Postal Code	0	:	1 ID 3/15
			Code defining international postal zone code excluding punc blanks (zip code for United States)			
			Required when the address is in the United States of Americ			-
			territories, or Canada, or when a postal code exists for the c not required by this implementation guide, do not send.	ountr	'y in f	N404. If
			OD: 835W1_1000B_N403PayeePostalZoneorZIPCode			
			IMPLEMENTATION NAME: Payee Postal Zone or ZIP Code			
			CODE SOURCE 51: ZIP Code			
	N404	26	CODE SOURCE 932: Universal Postal Codes Country Code	х		1 ID 2/3
	11404	20	Code identifying the country	~	-	1 10 2/3
			SITUATIONAL RULE: Required when the address is outside the	ne l In	ited (States of
			America. If not required by this implementation guide, do no			
			OD: 835W1_1000B_N404CountryCode			
			CODE SOURCE 5: Countries, Currencies and Funds			
	N407	1715	Use the alpha-2 country codes from Part 1 of ISO 3166. Country Subdivision Code	х	:	1 ID 1/3
			Code identifying the country subdivision			
			SITUATIONAL RULE: Required when the address is not in the America, including its territories, or Canada, and the country administrative subdivisions such as but not limited to states cantons, etc. If not required by this implementation guide, c	y in N , prov	404 h vinces	nas 5,
			OD: 835W1_1000B_N407CountrySubdivisionCode			
835-X221A1	(005010X2	21A1)	25		Julv	15, 2016

CODE SOURCE 5: Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

Segment:	REF Payee Additional Identification
Position:	1200
Loop:	1000B Must Use
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.
Semantic Notes:	1 REF04 contains data relating to the value cited in REF02.
Comments:	
Notes:	Situational Rule: Required when identification of the payee is dependent upon an identification number beyond that supplied in the N1 segment. If not required by this implementation guide, may be provided at the sender's discretion, but cannot be required by the receiver. TR3 Example: REF*PQ*12345678~

Data Element Summary

			Data Lien	nent Summary	
	Ref.	Data			
	Des.	<u>Element</u>	<u>Name</u>		<u>Attributes</u>
Μ	REF01	128	Reference Identifi	cation Qualifier M	1 ID 2/3
			Code qualifying the	e Reference Identification	
			OD: 835W1_1000	3_REF01ReferenceIdentificationQualifier	
			OB	State License Number	
			D3	National Council for Prescription Drug Prog Pharmacy Number	rams
				CODE SOURCE 307: National Council for Pre Drug Programs Pharmacy Number	escription
			PQ	Payee Identification	
			TJ	Federal Taxpayer's Identification Number	
				This information must be in the N1 segmen National Provider ID or the National Health Identifier was used in N103/04. For individu as payees, use this number to represent the Security Number. TJ also represents the Em Identification Number (EIN). According to the and EIN can be used interchangeably.	Plan Ial providers Social ployer
Must Use	REF02	127	Reference Identifi	cation X	1 AN 1/50
				tion as defined for a particular Transaction Se	t or as
				eference Identification Qualifier	
			OD: 835W1_1000E	3_REF02AdditionalPayeeIdentifier	
			IMPLEMENTATION	I NAME: Additional Payee Identifier	
	Segment:	RDN	Remittance Deliv	very Method	

Position:	1400	
Loop:	1000B	Must Use
Level:	Heading	

Usage:	Optional
Max Use:	1
Purpose:	To identify remittance delivery when remittance is separate from payment
Syntax Notes:	1 If either C04003 or C04004 is present, then the other is required.
	2 If either C04005 or C04006 is present, then the other is required.
	3 If either C04003 or C04004 is present, then the other is required.
	4 If either C04005 or C04006 is present, then the other is required.
Semantic Notes:	
Comments:	1 RDM02 is used to contain the name of a third party processor if needed, who would be the first recipient of the remittance.
	2 RDM03 contains the operative communication number for the delivery method specified in RDM01 (i.e. fax phone number and mail address).
	3 RDM04 and RDM05 allow for additional room to convey further routing information beyond what is given in RDM03.
Notes:	Situational Rule: Required when BPR01 = U or X; and the remittance is to be sent separately from the payment. The payer is responsible to provide the bank with the instructions on how to deliver the remittance information, if not required by this implementation guide, do not send.
	TR3 Notes: 1. Payer should coordinate this process with their Originating Depository Financial Institution (ODFI).

			Data Elem	ent Summary	
	Ref.	Data			
	Des.	<u>Element</u>	<u>Name</u>		<u>Attributes</u>
Μ	RDM01	756	Report Transmissio		, -
			Code defining timin	g, transmission method or format by which r	eports are to
			be sent		
			OD: 835W1_1000B	_RDM01ReportTransmissionCode	
			BM	By Mail	
				When used, RDM02 must be used.	
				When BM is used, the remittance informati	on will be
				mailed to the payee at the address identifie	
				1000B loop.	
			EM	E-Mail	
				Use with encrypted e-mail.	
			FT	File Transfer	
				Use with FTP communications.	
			OL	On-Line	
				Use with secured hosted or other electronic	c delivery.
	RDM02	93	Name	0	1 AN 1/60
			Free-form name		
			SITUATIONAL RULE	: Required when RDM01 = BM. If not require	d by this
			implementation gui	ide, do not send.	
			OD: 835W1_1000B	_RDM02Name	
			When BM is used, t	he remittance information will be mailed to t	he attention
				e payee's address identified in this 1000B loo	•
	RDM03	364	Communication Nu	imber O	1 AN 1/256
			Complete communi applicable	ications number including country or area co	de when
				Required when RDM01 equals EM, FT, or OI	. If not
			required by this imp	plementation guide, do not send.	

July 15, 2016

OD: 835W1_1000B_RDM03__CommunicationNumber

Contains URL web address or e-mail address.

Segment: Position: Loop: Level: Usage: Max Use: Purpose: Syntax Notes: Semantic Notes: Comments: Notes:	LX Header Number 0030 2000 Optional Detail Optional 1 To reference a line number in a transaction set Situational Rule: Required when claim/service information is being provided in the transaction. If not required by this implementation guide, do not send. TR3 Notes: 1. The purpose of LX01 is to provide an identification of a particular grouping of claims for sorting purposes. 2. In the event that claim/service information must be sorted, the LX segment must precede each series of claim level and service level segments. This number is intended to be unique within each transaction. TR3 Example: LX*1~
	TR3 Example: LX*110210~
	Data Element Summary
Ref.	Data
<u>Des.</u> LX01	ElementNameAttributes554Assigned NumberM1N0 1/6Number assigned for differentiation within a transaction set
	OD: 835W1_2000_LX01AssignedNumber
Segment:	TS3 Provider Summary Information
Position:	
Loop:	0050 2000 Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To supply provider-level control information
Syntax Notes:	
Semantic Notes:	1 TS301 is the provider number.
	2 TS303 is the last day of the provider's fiscal year.
	3 TS304 is the total number of claims.
	 TS305 is the total of reported charges. TS305 is the total of several charges.
	 5 TS306 is the total of covered charges. 6 TS307 is the total of noncovered charges.
	6 TS307 is the total of noncovered charges.7 TS308 is the total of denied charges.
	8 TS309 is the total provider payment.
	9 TS310 is the total amount of interest paid.
	10 TS311 is the total contractual adjustment.
	11 TS312 is the total Gramm-Rudman Reduction.
	12 TS313 is the total Medicare Secondary Payer (MSP) primary payer amount.
	13 TS314 is the total blood deductible amount in dollars.

- **14** TS315 is the summary of non-lab charges.
- **15** TS316 is the total coinsurance amount.
- **16** TS317 is the Health Care Financing Administration Common Procedural Coding System (HCPCS) reported charges.
- **17** TS318 is the total Health Care Financing Administration Common Procedural Coding System (HCPCS) payable amount.
- **18** TS319 is the total deductible amount.
- **19** TS320 is the total professional component amount.
- 20 TS321 is the total Medicare Secondary Payer (MSP) patient liability met.
- **21** TS322 is the total patient reimbursement.
- 22 TS323 is the total periodic interim payment (PIP) number of claims.
- 23 TS324 is total periodic interim payment (PIP) adjustment.

Comments:

Notes:

Situational Rule: Required for Medicare Part A or when payers and payees outside the Medicare Part A community need to identify provider subsidiaries whose remittance information is contained in the 835 transactions transmitted to a single provider entity [i.e., the corporate office of a hospital chain]. If not required by this implementation guide, do not send.

TR3 Notes: 1. TS301 identifies the subsidiary provider.

2. The remaining mandatory elements (TS302 through TS305) must be valid with appropriate data, as defined by the TS3 segment.

3. Only Medicare Part A uses data elements TS313, TS315, TS317, TS318 and TS320 through TS324. Each monetary amount element is for that provider for this facility type code for loop 2000.

TR3 Example: TS3*123456*11*20021031*10*130957.66~

Data Element Summary

	Ref.	Data			
	Des.	<u>Element</u>	Name	<u>Attri</u>	butes
Μ	TS301	127	Reference Identification M	1	AN 1/50
			Reference information as defined for a particular Transaction Se	t or as	
			specified by the Reference Identification Qualifier		
			OD: 835W1_2000_TS301ProviderIdentifier		
			IMPLEMENTATION NAME: Provider Identifier		
			This is the provider number.		
М	TS302	1331	Facility Code Value M		AN 1/2
			Code identifying where services were, or may be, performed; th		
			second positions of the Uniform Bill Type Code for Institutional	Services	s or the
			Place of Service Codes for Professional or Dental Services.		
			OD: 835W1_2000_TS302FacilityTypeCode		
			IMPLEMENTATION NAME: Facility Type Code		
			When reporting a TS3 segment for professional claims and the c	laims a	re not
			all for the same place of service, report a place of service of 11 (Office)	as the
			default value. When reporting a TS3 segment for pharmaceutica	l claims	s and
			the claims are not all for the same place of service, report a place	e of ser	vice of
			99 (Other unlisted facility) as the default value.		
Μ	TS303	373	Date M	1	DT 8/8
			Date expressed as CCYYMMDD where CC represents the first tw calendar year	o digits	of the
			OD: 835W1_2000_TS303FiscalPeriodDate		

MMLEMENTATION NAME: Fiscal Period Date Use this date for the last day of the provider's fiscal year. If the end of the provider's fiscal year is not known, use December 31st of the current year. M TS304 380 Quantity DD: 835W1_2000_TS304TotalClaimCount IMPLEMENTATION NAME: Total Claim Count This is the total number of claims. M TS305 782 Monetary Amount OD: 835W1_2000_TS305TotalClaimChargeAmount IMPLEMENTATION NAME: Total Claim Charge Amount This is the total reported charges for all claims. Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). This applies to all 782 elements. O I R 1/18 Monetary amount SITUATIONAL RULE: Required when the Total MSP Payer Amount is not zero. If not required by this implementation guide, do not send. OD: 835W1_2000_TS315TotalNonLabChargeAmount SITUATIONAL RULE: Required when the Total Non-Lab charge amount is not ZETO. If not required by this implementation guide, do not send. OD: 835W1_2000_TS315TotalNonLabChargeAmount					
M TS304 380 provider's fiscal year is not known, use December 31st of the current year. Numeric value of quantity OD: 835W1_2000_TS304_TotalClaimCount IMPLEMENTATION NAME: Total Claim Count M TS305 782 782 Monetary Amount Monetary Amount Monetary amount DB: 835W1_2000_TS305_TotalClaimChargeAmount IMPLEMENTATION NAME: Total Claim Charge Amount IMPLEMENTATION NAME: Total Claim Charge Amount INPLEMENTATION NAME: Total Claim Charge Amount INPLEMENTATION NAME: Total Claim Charge Amount INPLEMENTATION NAME: Total Claim Charge Amount is not zero. If not required by this implementation guide, do not send. IDD: 835W1_2000_TS313_TotalMSPPayer Amount is not zero. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Total MSP Payer Amount is not zero. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Total MSP Payer Amount is not zero. If NORetary Amount See TR3 note 3. Monetary amount SITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. ITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. INPLEMENTATION RULE: Required when the Total Non-Lab charge amount is not zero. INPLEMENTATION RULE: Required when the Total Non-Lab charge amount is not zero. INPLEMENTATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. INTUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. INTUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. INPLEMENTATION PARENT AMOUNT AND ZERO AMOUNT AMOUNT AND ZERO AMOUNT AMOUNT AND ZERO AMOUNT AMOUNT AND ZERO AMOUNT AMOUNT AMOUNT AMOUNT AMOUN			IMPLEMENTATION NAME: Fiscal Period Date		
M TS304 380 Quantity M 1 R 1/15 Numeric value of quantity OD: 835W1_2000_TS304_TotalClaimCount Implementation			Use this date for the last day of the provider's fiscal year. If t	he end o	of the
Numeric value of quantity OD: 835W1_2000_TS304TotalClaimCount IMPLEMENTATION NAME: Total Claim Count IMPLEMENTATION NAME: Total Claim Count This is the total number of claims. Monetary Amount M 1 R 1/18 Monetary Amount M 1 R 1/18 Monetary amount OD: 835W1_2000_TS305TotalClaimChargeAmount IMPLEMENTATION NAME: Total Claim Charge Amount IMPLEMENTATION NAME: Total Claim Charge Amount This is the total reported charges for all claims. Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). This applies to all 782 elements. O 1 R 1/18 Monetary amount O 1 R 1/18 Monetary amount O 1 R 1/18 Monetary amount SITUATIONAL RULE: Required when the Total MSP Payer Amount is not zero. If not required by this implementation guide, do not send. OD: 835W1_2000_TS313TotalMSPPayerAmount IMPLEMENTATION NAME: Total MSP Payer Amount See TR3 note 3. TS315 782 Monetary Amount O 1 R 1/18 Monetary amount SITUATION NAME: Total MSP Payer Amount SITUATION ARULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implemen		200			-
OD: 835W1_2000_TS304TotalClaimCount IMPLEMENTATION NAME: Total Claim Count This is the total number of claims. Monetary Amount M OD: 835W1_2000_TS305TotalClaimChargeAmount IMPLEMENTATION NAME: Total Claim Charge Amount OD: 835W1_2000_TS305TotalClaimChargeAmount IMPLEMENTATION NAME: Total Claim Charge Amount IMPLEMENTATION NAME: Total MSP Payer Amount is not zero. If not required by this implementation guide, do not send. OD: 835W1_2000_TS313TotalMSPPayer Amount IMPLEMENTATION NAME: Total MSP Payer Amount IMPLEMENTATION NAME: Total MSP Payer Amount IMPLEMENTATION NAME: Total MSP Payer Amount See TR3 note 3. Monetary Amount SITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implementation guide, do not send. OD: 835W1_2000_TS313TotalMSPPayer Amount IMPLEMENTATION NAME: Total MSP Payer Amount	M TS304	380	-	M	1 R 1/15
IMPLEMENTATION NAME: Total Claim Count This is the total number of claims. M TS305 782 Monetary Amount Monetary amount OD: 835W1_2000_TS305_TotalClaimChargeAmount IMPLEMENTATION NAME: Total Claim Charge Amount This is the total reported charges for all claims. Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). This applies to all 782 elements. TS313 782 Monetary Amount O SITUATIONAL RULE: Required when the Total MSP Payer Amount is not zero. If not required by this implementation guide, do not send. OD: 835W1_2000_TS313_TotalMSPPayer Amount IMPLEMENTATION NAME: Total MSP Payer Amount IMPLEMENTATION NAME: Total MSP Payer Amount IMPLEMENTATION NAME: Total MSP Payer Amount See TR3 note 3. Yeas Monetary amount SITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implementation guide, do not send.					
MTS305782Monetary Amount Monetary Amount Monetary amount OD: 835W1_2000_TS305_TotalClaimChargeAmount IMPLEMENTATION NAME: Total Claim Charge AmountMIR 1/18Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). This applies to all 782 elements.OIR 1/18TS313782Monetary Amount Monetary AmountOIR 1/18Monetary Amount decimal point). This applies to all 782 elements.OIR 1/18Monetary Amount decimal point). This applies to all 782 elements.OIR 1/18Monetary Amount decimal point). This applies to all 782 elements.OIR 1/18Monetary Amount SITUATIONAL RULE: Required when the Total MSP Payer Amount is not zero. If not required by this implementation guide, do not send.JR 1/18Monetary Amount SituATION NAME: Total MSP Payer AmountOIR 1/18Monetary amount SituATION NAME: Total MSP Payer AmountJR 1/18Monetary amount SituATION NAME: Total MSP Payer AmountJR 1/18Monetary amount SituATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implementation guide, do not send.I			0D.853W1_2000_1350410talclaimcount		
MTS305782Monetary AmountM1R 1/18Monetary amountOD: 835W1_2000_TS305_TotalClaimChargeAmountIMPLEMENTATION NAME: Total Claim Charge AmountIMPLEMENTATION NAME: Total Claim Charge AmountIMPLEMENTATION NAME: Total Claim Charge AmountImplements will be limited to a maximum length of 10 charactersImplements will be limited to a maximum length of 10 charactersTS313782Monetary AmountO1R 1/18Monetary AmountO1R 1/18Monetary amountO1R 1/18SITUATIONAL RULE: Required when the Total MSP Payer Amount is not zero.If not required by this implementation guide, do not send.OD: 835W1_2000_TS313_Total MSPPayer AmountO1R 1/18Monetary AmountO1R 1/18Monetary AmountO1R 1/18Monetary AmountO1R 1/18Monetary AmountO1R 1/18Monetary AmountSee TR3 note 3.O1Monetary AmountSituATION NAME: Total MSP Payer AmountImplementation guide, do not send.SITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero.If not required by this implementation guide, do not send.			IMPLEMENTATION NAME: Total Claim Count		
Monetary amount OD: 835W1_2000_TS305TotalClaimChargeAmount IMPLEMENTATION NAME: Total Claim Charge Amount This is the total reported charges for all claims. Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). This applies to all 782 elements. TS313 782 Monetary Amount O 1 R 1/18 Monetary amount O 1 R 1/18 Monetary amount OI: 835W1_2000_TS313TotalMSPPayer Amount is not zero. If not required by this implementation guide, do not send. OD: 835W1_2000_TS313TotalMSPPayer Amount IMPLEMENTATION NAME: Total MSP Payer Amount Implementation guide, do not send. See TR3 note 3. Monetary Amount O 1 R 1/18 Monetary amount SITUATIONAL RULE: Required when the Total MSP Payer Amount Implementation guide, do not send. See TR3 note 3. Monetary amount Implementation guide, do not send. Implementation guide, do not send. SITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implementation guide, do not send. Implementation guide, do not send.			This is the total number of claims.		
OD: 835W1_2000_TS305TotalClaimChargeAmount IMPLEMENTATION NAME: Total Claim Charge Amount This is the total reported charges for all claims. Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). This applies to all 782 elements. TS313 782 Monetary Amount O 1 Nonetary amount SITUATIONAL RULE: Required when the Total MSP Payer Amount is not zero. If not required by this implementation guide, do not send. OD: 835W1_2000_TS313TotalMSPPayerAmount IMPLEMENTATION NAME: Total MSP Payer Amount See TR3 note 3. O 1 R 1/18 Monetary amount O 1 R 1/18 SITUATIONAL RULE: Required when the Total MSP Payer Amount is not zero. If not required by this implementation guide, do not send. OD: 835W1_2000_TS313TotalMSPPayer Amount SEE TR3 note 3. O 1 R 1/18 Monetary amount O 1 R 1/18 SITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implementation guide, do not send. Implementation guide, do not send.	M TS305	782	Monetary Amount	м	1 R 1/18
IMPLEMENTATION NAME: Total Claim Charge AmountThis is the total reported charges for all claims.Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). This applies to all 782 elements.TS313782Monetary AmountO1R 1/18Monetary amountO1SITUATIONAL RULE: Required when the Total MSP Payer Amount is not zero. If not required by this implementation guide, do not send.OD: 835W1_2000_TS313_TotalMSPPayerAmountIMPLEMENTATION NAME: Total MSP Payer AmountSee TR3 note 3.TS315782Monetary amountSITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implementation guide, do not send.			Monetary amount		
This is the total reported charges for all claims.Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). This applies to all 782 elements.TS313782Monetary AmountO1R 1/18Monetary amountSITUATIONAL RULE: Required when the Total MSP Payer Amount is not zero. If not required by this implementation guide, do not send.OD: 835W1_2000_TS313_TotalMSPPayerAmountOD: 835W1_2000_TS313_TotalMSPPayer AmountSee TR3 note 3.O1R 1/18Monetary amountO1R 1/18SITUATIONAL RULE: Required when the Total MSP Payer AmountSee TR3 note 3.O1R 1/18Monetary amountSITUATION NAME: Total MSP Payer AmountSee TR3 note 3.O1R 1/18Monetary amountSITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implementation guide, do not send.See TR3 note 3.O1R 1/18			OD: 835W1_2000_TS305TotalClaimChargeAmount		
Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). This applies to all 782 elements.TS313782Monetary AmountO1R 1/18Monetary AmountO1R 1/18Monetary amountSITUATIONAL RULE: Required when the Total MSP Payer Amount is not zero. If not required by this implementation guide, do not send.OD: 835W1_2000_TS313TotalMSPPayerAmountOD: 835W1_2000_TS313TotalMSPPayerAmountIMPLEMENTATION NAME: Total MSP Payer AmountSee TR3 note 3.O1R 1/18Monetary amountImplementation guide, do not send.STUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implementation guide, do not send.			IMPLEMENTATION NAME: Total Claim Charge Amount		
TS313782Monetary AmountOIR 1/18Monetary amountSITUATIONAL RULE: Required when the Total MSP Payer Amount is not zero. If not required by this implementation guide, do not send.OIR 1/18OD: 835W1_2000_TS313_TotalMSPPayerAmountOD: 835W1_2000_TS313_TotalMSPPayerAmountImplementation guide, do not send.Implementation guide, do not send.TS315782Monetary AmountOIR 1/18Monetary amountSee TR3 note 3.OIR 1/18Monetary amountSituation of the sender of the sen			This is the total reported charges for all claims.		
decimal point). This applies to all 782 elements.TS313782Monetary AmountO1R 1/18Monetary amountSITUATIONAL RULE: Required when the Total MSP Payer Amount is not zero. If not required by this implementation guide, do not send.O1R 1/18OD: 835W1_2000_TS313TotalMSPPayerAmountOD: 835W1_2000_TS313TotalMSPPayerAmountIMPLEMENTATION NAME: Total MSP Payer AmountImplementation guide, do not send.TS315782Monetary AmountO1R 1/18Monetary amountSee TR3 note 3.O1R 1/18Monetary amountSITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implementation guide, do not send.			Decimal elements will be limited to a maximum length of 10	charact	ers
TS313782Monetary AmountO1R 1/18Monetary amountSITUATIONAL RULE: Required when the Total MSP Payer Amount is not zero. If not required by this implementation guide, do not send.OD: 835W1_2000_TS313_TotalMSPPayerAmountIMPLEMENTATION NAME: Total MSP Payer AmountSee TR3 note 3.Monetary AmountMonetary amountSITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero.If not required by this implementation guide, do not send.				of 00 af	ter the
Monetary amount SITUATIONAL RULE: Required when the Total MSP Payer Amount is not zero. If not required by this implementation guide, do not send. OD: 835W1_2000_TS313TotalMSPPayerAmount IMPLEMENTATION NAME: Total MSP Payer Amount See TR3 note 3. Monetary Amount Monetary Amount Situation of the second sec	TC242	702		0	1 0 1 / 1 0
SITUATIONAL RULE: Required when the Total MSP Payer Amount is not zero. If not required by this implementation guide, do not send. OD: 835W1_2000_TS313TotalMSPPayerAmount IMPLEMENTATION NAME: Total MSP Payer Amount See TR3 note 3. Volume 1 See TR3 note 3 . O 1 R 1/18 Monetary amount SITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implementation guide, do not send.	15313	/82	-	0	I KI/18
If not required by this implementation guide, do not send. OD: 835W1_2000_TS313TotalMSPPayerAmount IMPLEMENTATION NAME: Total MSP Payer Amount See TR3 note 3. TS315 782 Monetary Amount Monetary amount SITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implementation guide, do not send.					
OD: 835W1_2000_TS313TotalMSPPayerAmount IMPLEMENTATION NAME: Total MSP Payer Amount See TR3 note 3. TS315 782 Monetary Amount Monetary amount SITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implementation guide, do not send.				ount is i	lot zero.
IMPLEMENTATION NAME: Total MSP Payer AmountSee TR3 note 3.O1R 1/18TS315782Monetary AmountO1R 1/18Monetary amountSITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implementation guide, do not send.			n not required by this implementation guide, do not send.		
See TR3 note 3. TS315 782 Monetary Amount O 1 R 1/18 Monetary amount SITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implementation guide, do not send.			OD: 835W1_2000_TS313TotalMSPPayerAmount		
TS315782Monetary AmountO1R 1/18Monetary amountSITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implementation guide, do not send.			IMPLEMENTATION NAME: Total MSP Payer Amount		
Monetary amount SITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implementation guide, do not send.			See TR3 note 3.		
SITUATIONAL RULE: Required when the Total Non-Lab charge amount is not zero. If not required by this implementation guide, do not send.	TS315	782	Monetary Amount	0	1 R 1/18
zero. If not required by this implementation guide, do not send.			Monetary amount		
OD: 835W1_2000_TS315TotalNonLabChargeAmount					nt is not
			OD: 835W1_2000_TS315TotalNonLabChargeAmount		
IMPLEMENTATION NAME: Total Non-Lab Charge Amount			IMPLEMENTATION NAME: Total Non-Lab Charge Amount		
See TR3 note 3.			See TR3 note 3.		
TS317 782 Monetary Amount O 1 R 1/18	TS317	782	Monetary Amount	0	1 R 1/18
Monetary amount			Monetary amount		
SITUATIONAL RULE: Required when the Total HCPCS Reported Charge Amount			SITUATIONAL RULE: Required when the Total HCPCS Reporte	ed Charg	e Amount
is not zero. If not required by this implementation guide, do not send.			is not zero. If not required by this implementation guide, do	not send	d.
OD: 835W1_2000_TS317TotalHCPCSReportedChargeAmount			OD: 835W1_2000_TS317TotalHCPCSReportedChargeAmo	unt	
IMPLEMENTATION NAME: Total HCPCS Reported Charge Amount			IMPLEMENTATION NAME: Total HCPCS Reported Charge Am	ount	
See TR3 note 3.			See TR3 note 3.		
TS318 782 Monetary Amount O 1 R 1/18	TS318	782		0	1 R 1/18
Monetary amount			Monetary amount		

		SITUATIONAL RULE: Required when the total HCPCS payable	amour	nt is r	not
		zero. If not required by this implementation guide, do not se	end.		
		OD: 835W1_2000_TS318TotalHCPCSPayableAmount			
		IMPLEMENTATION NAME: Total HCPCS Payable Amount			
		See TR3 note 3.			
TS320	782	Monetary Amount	0	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when the total professional co	enogme	nt ai	mount
		is not zero. If not required by this implementation guide, do	-		
		OD: 835W1_2000_TS320TotalProfessionalComponentAm	ount		
		IMPLEMENTATION NAME: Total Professional Component Ar	nount		
		The professional component amount must also be reported segment with a Claim Adjustment Reason Code value of 89.	in the (CAS	
		See TR3 note 3.			
TS321	782	Monetary Amount	0	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when the total MSP patient lia	ability m	net is	not
		zero. If not required by this implementation guide, do not se	end.		
		OD: 835W1_2000_TS321TotalMSPPatientLiabilityMetAme	ount		
			June		
		IMPLEMENTATION NAME: Total MSP Patient Liability Met A	mount		
		See TR3 note 3.			
TS322	782	Monetary Amount	0	1	R 1/18
		Monetary amount			-
		SITUATIONAL RULE: Required when the total patient reimbu	irsemer	nt is r	not
		zero. If not required by this implementation guide, do not se			
		OD: 835W1_2000_TS322TotalPatientReimbursementAmo	ount		
		IMPLEMENTATION NAME: Total Patient Reimbursement Am	ount		
		See TR3 note 3.			
TS323	380	Quantity	0	1	R 1/15
15525	380	Numeric value of quantity	Ŭ	-	N 1/13
		SITUATIONAL RULE: Required when the Total PIP Claim Cou	at is not	- 705	⊳ If
		not required by this implementation guide, do not send.		. zert	J. 11
		OD: 835W1_2000_TS323TotalPIPClaimCount			
		IMPLEMENTATION NAME: Total PIP Claim Count			
		See TR3 note 3.			
TS324	782	Monetary Amount	0	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when the total PIP adjustmen	t amoui	nt is I	not
		zero. If not required by this implementation guide, do not se			

OD: 835W1_2000_TS324__TotalPIPAdjustmentAmount

IMPLEMENTATION NAME: Total PIP Adjustment Amount

See TR3 note 3.

Segment:	TS2 Provider Supplemental Summary Information
Position:	
	0070 2000 Optional
Loop: Level:	2000 Optional Detail
Usage:	Optional
Max Use:	1
	To provide supplemental summary control information by provider fiscal year and bill
Purpose:	
Syntax Notes:	type
Semantic Notes:	1 TS201 is the total diagnosis related group (DRG) amount.
Jemantic Notes.	2 TS202 is the total federal specific amount.
	3 TS203 is the total hospital specific amount.
	4 TS204 is the total disproportionate share amount.
	5 TS205 is the total capital amount.
	6 TS206 is the total indirect medical education amount.
	7 TS207 is the total number of outlier days.
	8 TS208 is the total day outlier amount.
	9 TS209 is the total cost outlier amount.
	10 TS210 is the diagnosis related group (DRG) average length of stay.
	11 TS211 is the total number of discharges.
	12 TS212 is the total number of cost report days.
	13 TS213 is the total number of covered days.
	14 TS214 is total number of non-covered days.
	15 TS215 is the total Medicare Secondary Payer (MSP) pass- through amount
	calculated for a non-Medicare payer.
	16 TS216 is the average diagnosis-related group (DRG) weight.
	17 TS217 is the total prospective payment system (PPS) capital, federal-specific
	portion, diagnosis-related group (DRG) amount.
	18 TS218 is the total prospective payment system (PPS) capital, hospital-specific
	portion, diagnosis-related group (DRG) amount.
	19 TS219 is the total prospective payment system (PPS) disproportionate share,
	hospital diagnosis-related group (DRG) amount.
Comments:	
Notes:	Situational Rule: Required for Medicare Part A. If not required by this implementation guide, do not send.
	TR3 Notes: 1. This segment provides summary information specific to an iteration of the LX loop (Table 2).
	2. Each element represents the total value for the provider/bill type combination in this loop 2000 iteration. TR3 Example: TS2*59786*55375.77~
	Data Element Summary
Ref.	Data
Des.	Element Name Attributes
TS201	782Monetary AmountO1R 1/18
	Monetary amount
	CITUATIONIAL DUILE. Described when the visible of the Tetal DDC encount is not

SITUATIONAL RULE: Required when the value of the Total DRG amount is not zero. If not required by this implementation guide, do not send.

		OD: 835W1_2000_TS201TotalDRGAmount			
		IMPLEMENTATION NAME: Total DRG Amount			
		This includes: operating federal-specific amount, operating amount, operating Indirect Medical Education amount, and Disproportionate Share Hospital amount. It does not include outlier amount.	operati	ng	
TS202	782	See TR3 note 2. Monetary Amount	0	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when total federal specific an not required by this implementation guide, do not send.	iount is	not	zero. lf
		OD: 835W1_2000_TS202TotalFederalSpecificAmount			
		IMPLEMENTATION NAME: Total Federal Specific Amount			
		See TR3 note 2.	~		54/40
TS203	782	Monetary Amount	0	1	R 1/18
		Monetary amount	nount i	- not	7010
		SITUATIONAL RULE: Required when total hospital specific an If not required by this implementation guide, do not send.	nount i	not	2010.
		OD: 835W1_2000_TS203TotalHospitalSpecificAmount			
		IMPLEMENTATION NAME: Total Hospital Specific Amount			
		See TR3 note 2.			
TS204	782	Monetary Amount	0	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when total disproportionate s not zero. If not required by this implementation guide, do n			t is
		OD: 835W1_2000_TS204TotalDisproportionateShareAmo	ount		
		IMPLEMENTATION NAME: Total Disproportionate Share Am	ount		
		See TR3 note 2.			
TS205	782	Monetary Amount	0	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when total capital amount is required by this implementation guide, do not send.	not zero	. If n	ot
		OD: 835W1_2000_TS205TotalCapitalAmount			
		IMPLEMENTATION NAME: Total Capital Amount			
		This includes: capital federal-specfic amount, hospital feder hold harmless amount, Indirect Medical Education amount, Share Hospital amount, and the exception amount. It does r capital outlier amount.	Disprop	ortio	onate
		See TR3 note 2.			

TS206	782	Monetary Amount	0	1	R 1/18			
		Monetary amount						
		SITUATIONAL RULE: Required when total indirect medical edu is not zero. If not required by this implementation guide, do r			ount			
		OD: 835W1_2000_TS206TotalIndirectMedicalEducationAn	nount					
		IMPLEMENTATION NAME: Total Indirect Medical Education A	mount					
		See TR3 note 2.						
TS207	380	Quantity	0	1	R 1/15			
		Numeric value of quantity						
		SITUATIONAL RULE: Required when total outlier day count is not zero. If not						
		required by this implementation guide, do not send.						
		OD: 835W1_2000_TS207TotalOutlierDayCount						
		IMPLEMENTATION NAME: Total Outlier Day Count						
		See TR3 note 2.						
TS208	782	Monetary Amount	0	1	R 1/18			
		Monetary amount						
		SITUATIONAL RULE: Required when the value of the total day			ount			
		is not zero. If not required by this implementation guide, do r	not send					
		OD: 835W1_2000_TS208TotalDayOutlierAmount						
		IMPLEMENTATION NAME: Total Day Outlier Amount						
		See TR3 note 2.						
TS209	782	Monetary Amount	0	1	R 1/18			
		Monetary amount						
		SITUATIONAL RULE: Required when the value of the total cos is not zero. If not required by this implementation guide, do r			nount			
		OD: 835W1_2000_TS209TotalCostOutlierAmount						
		IMPLEMENTATION NAME: Total Cost Outlier Amount						
		See TR3 note 2.						
TS210	380	Quantity	0	1	R 1/15			
		Numeric value of quantity						
		SITUATIONAL RULE: Required when the value of the average		<u> </u>				
		stay is not zero. If not required by this implementation guide,	, do not	ser	nd.			
		OD: 835W1_2000_TS210AverageDRGLengthofStay						
		IMPLEMENTATION NAME: Average DRG Length of Stay						
		See TR3 note 2.						
TS211	380	Quantity	0	1	R 1/15			
		Numeric value of quantity			-			
		SITUATIONAL RULE: Required when the value of the total disc	charge c	oui	nt is			
		not zero. If not required by this implementation guide, do no	-					

		OD: 835W1_2000_TS211TotalDischargeCount			
		IMPLEMENTATION NAME: Total Discharge Count			
		This is the discharge count produced by PPS PRICER SOFTWA	ARE.		
		See TR3 note 2.			
TS212	380	Quantity	0	1	R 1/15
		Numeric value of quantity			
		SITUATIONAL RULE: Required when the value of the total co count is not zero. If not required by this implementation gui	•		•
		OD: 835W1_2000_TS212TotalCostReportDayCount			
		IMPLEMENTATION NAME: Total Cost Report Day Count			
		See TR3 note 2.			
TS213	380	Quantity	0	1	R 1/15
		Numeric value of quantity			
		SITUATIONAL RULE: Required when the value of the total co			count is
		not zero. If not required by this implementation guide, do no	ot send	•	
		OD: 835W1_2000_TS213TotalCoveredDayCount			
		IMPLEMENTATION NAME: Total Covered Day Count			
		See TR3 note 2.			
TS214	380	Quantity	0	1	R 1/15
		Numeric value of quantity			
		SITUATIONAL RULE: Required when the value of the total no			-
		count is not zero. If not required by this implementation gui	de, do r	not s	send.
		OD: 835W1_2000_TS214TotalNoncoveredDayCount			
		IMPLEMENTATION NAME: Total Noncovered Day Count			
		See TR3 note 2.			_
TS215	782	Monetary Amount	0	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when the value of the total M amount is not zero. If not required by this implementation g			-
		OD: 835W1_2000_TS215TotalMSPPassThroughAmount			
		IMPLEMENTATION NAME: Total MSP Pass-Through Amount			
TC246	202	See TR3 note 2.	6	-	D 4 /45
TS216	380	Quantity	0	1	R 1/15
		Numeric value of quantity	DDC		
		SITUATIONAL RULE: Required when the value of the average not zero. If not required by this implementation guide, do no			ht is
		OD: 835W1_2000_TS216AverageDRGweight			
		IMPLEMENTATION NAME: Average DRG weight			

TC247	702	See TR3 note 2.	0	4	D 4 /40		
TS217	782	Monetary Amount	0	1	R 1/18		
		Monetary amount					
		SITUATIONAL RULE: Required when the value of the total PPS	capital	FSP)		
		(Federal-specific Portion) DRG amount is not zero. If not requ	-				
		implementation guide, do not send.					
		OD: 835W1_2000_TS217TotalPPSCapitalFSPDRGAmount					
		IMPLEMENTATION NAME: Total DDS Capital ESD DDC Amount	-				
		IMPLEMENTATION NAME: Total PPS Capital FSP DRG Amount	·				
		See TR3 note 2.	_				
TS218	782	Monetary Amount	0	1	R 1/18		
		Monetary amount					
		SITUATIONAL RULE: Required when the value of the total PPS	Capital	HS	Р		
		(Hospital-specific Portion) DRG Amount is not zero. If not req					
		implementation guide, do not send.	uncaby	cin	5		
		implementation guide, do not send.					
		OD: 925W1 2000 TS219 TotalDDSCapitalHSDDBCAmount					
		OD: 835W1_2000_TS218TotalPPSCapitalHSPDRGAmount					
		IMPLEMENTATION NAME: Total PPS Capital HSP DRG Amoun	τ				
		See TR3 note 2.					
TS219	782	Monetary Amount	0	1	R 1/18		
		Monetary amount					
		SITUATIONAL RULE: Required when the value of the Total PPS	S Capita	l DS	н		
		(Disproportionate Share, Hospital) DRG amount is not zero. If	-				
		this implementation guide, do not send.	notreq	June	LU DY		
		this implementation guide, do not send.					
		OD: 835W1_2000_TS219TotalPPSDSHDRGAmount					
		OD. 853W1_2000_1321310talFF3D3HDKGAIlloullt					
		IMPLEMENTATION NAME: Total PPS DSH DRG Amount					
		Can TD2 mate 2					
		See TR3 note 2.					
Segment:	CLP a	Claim Payment Information					
-							
Position:	0100						
Loop:	2100	Optional					
Level:	Detail						
Usage:	Must Use	2					
Max Use:	1						
Purpose:	To supply	information common to all services of a claim					
Syntax Notes:							
Semantic Notes:	1 CLP0	3 is the amount of submitted charges this claim.					
	2 CLP0	04 is the amount paid this claim.					
	3 CLPO)5 is the patient responsibility amount.					
	4 CLPO	7 is the payer's internal control number.					
		2 is the diagnosis-related group (DRG) weight.					
	6 CLP13 is the discharge fraction.						
		4 is the patient authorization to coordinate benefits. A "Y" ir	ndicates	tha	it the		
		orization exists; an "N" indicates that the authorization does n					
Comments:	auth						
Notes:	TR3 Note	es: 1. For CLP segment occurrence limitations, see section 1.3.2	Other	دول	ge		
NULCJ.	Limitatio	-	, other	5 3d	20		
		ns. ple: CLP*7722337*1*211366.97*138018.4**12*11993240400	7801~				
		SIC. CLI //2255/ I 211500.5/ 150010.4 IZ 11555240400	,001				

	- •	_	Data Elen	nent Summary	
	Ref.	Data			.
м	<u>Des.</u> CLP01	<u>Element</u> 1028	<u>Name</u> Claim Submitter's	Identifier M	Attributes 1 AN 1/38
			Identifier used to t through payment	rack a claim from creation by the health care	provider
				_CLP01PatientControlNumber	
			IMPLEMENTATION	NAME: Patient Control Number	
			the patient contro single zero. The va	or the patient control number assigned by the I number is not present on the incoming claim Iue in CLP01 must be identical to any value re- Identifier on the original claim (CLM01 of the A	, enter a ceived as a
			837, if applicable). remittance inform	This data element is the primary key for posti ation into the provider's database. In the case prescription reference number (field 402-02 in	ng the of pharmacy
М	CLP02	1029	Claim Status Code		, -
				ne status of an entire claim as assigned by the	payor, claim
			_	n or repricing organization CLP02 ClaimStatusCode	
				full claim status reference Claim adjustment re	eason codes in
			1	n conjunction with this claim status code. Processed as Primary	
				Use this code if the claim was adjudicated b	by the
				current payer as primary regardless of whe	ther any
			2	part of the claim was paid.	
			2	Processed as Secondary Use this code if the claim was adjudicated b	w the
				current payer as secondary regardless of w	-
				part of the claim was paid.	
			3	Processed as Tertiary	
				Use this code if the claim was adjudicated k current payer as tertiary (or subsequent) re whether any part of the claim was paid.	•
			4	Denied	
				Usage of this code would apply if the Patient/Subscriber is not recognized, and the was not forwarded to another payer.	ne claim
			19	Processed as Primary, Forwarded to Addition	onal Payer(s)
				When this code is used, the Crossover Carri NM1 segment is required.	er Name
			20	Processed as Secondary, Forwarded to Add	itional
				Payer(s) When this code is used, the Crossover Carri	er Name
			21	NM1 segment is required.	nel Devers()
			21	Processed as Tertiary, Forwarded to Additio	
				When this code is used, the Crossover Carri NM1 segment is required.	ername
			22	Reversal of Previous Payment	
				See section 1.10.2.8 for usage information.	
			23	Not Our Claim, Forwarded to Additional Pa	yer(s)
				Usage of this code would apply if the	
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			patient/subscriber is not recognized, the claim was not adjudicated by the payer, but other payers are known and the claim has been forwarded to another payer. When this code is used, the Crossover Carrier Name NM1 segment is required.
			25 Predetermination Pricing Only - No Payment
Μ	CLP03	782	Monetary AmountM1R 1/18Monetary amount
			OD: 835W1_2100_CLP03TotalClaimChargeAmount
			IMPLEMENTATION NAME: Total Claim Charge Amount
			See 1.10.2.1, Balancing, in this implementation guide for additional information.
			Use this monetary amount for the submitted charges for this claim. The amount can be positive, zero or negative. An example of a situation with a negative charge is a reversal claim. See section 1.10.2.8 for additional information.
			Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the
м	CLP04	782	decimal point). This applies to all subsequent 782 elements.Monetary AmountM1R 1/18
			Monetary amount
			OD: 835W1_2100_CLP04ClaimPaymentAmount
			IMPLEMENTATION NAME: Claim Payment Amount
			See 1.10.2.1, Balancing, in this implementation guide for additional information. See section 1.10.2.9 for information about interest considerations.
	CLP05	782	Use this monetary amount for the amount paid for this claim. It can be positive, zero or negative, but the value in BPR02 may not be negative. Monetary Amount O 1 R 1/18
			Monetary amount
			SITUATIONAL RULE: Required when the patient's responsibility is greater than zero. If not required by this implementation guide, do not send.
			OD: 835W1_2100_CLP05PatientResponsibilityAmount
			IMPLEMENTATION NAME: Patient Responsibility Amount
			Amounts in CLP05 must have supporting adjustments reflected in CAS segments at the 2100 (CLP) or 2110 (SVC) loop level with a Claim Adjustment Group (CAS01) code of PR (Patient Responsibility).
			Use this monetary amount for the payer's statement of the patient responsibility amount for this claim, which can include such items as deductible, non-covered services, co-pay and co-insurance. This is not used for reversals. See section 1.10.2.8, Reversals and Corrections, for additional
••••	0.000		information.
Must Use	CLP06	1032	Claim Filing Indicator CodeO1ID 1/2Code identifying type of claim
			OD: 835W1_2100_CLP06ClaimFilingIndicatorCode
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For many providers to electronically post the 835 remittance data to their patient accounting systems without human intervention, a unique, provider-specific insurance plan code is needed. This code allows the provider to separately identify and manage the different product lines or contractual arrangements between the payer and the provider. Because most payers maintain the same Originating Company Identifier in the TRN03 or BPR10 for all product lines or contractual relationships, the CLP06 is used by the provider as a table pointer in combination with the TRN03 or BPR10 to identify the unique, provider-specific insurance plan code needed to post the payment without human intervention. The value should mirror the value received in the original claim (2-005 SBR09 of the 837), if applicable, or provide the value as assigned or edited by the payer. For example the BL from the SBR09 in the 837 would be returned as 12, 13, 15, in the 835 when more details are known. The 837 SBR09 code CI (Commercial Insurance) is generic, if through adjudication the specific type of plan is obtained a more specific code must be returned in the 835.

The 837 and 835 transaction code lists for this element are not identical by design. There are some business differences between the two transactions. When a code from the 837 is not available in the 835 another valid code from the 835 must be assigned by the payer.

	assigned by the payer.	
12	Preferred Provider Organization (PPO)	
	This code is also used for Blue Cross/Blue Shield	
	participating provider arrangements.	
13		
14	Exclusive Provider Organization (EPO)	
15	Indemnity Insurance	
	This code is also used for Blue Cross/Blue Shield non-participating provider arrangements.	
16	Health Maintenance Organization (HMO) Medicare Risk	
17	Dental Maintenance Organization	
AM	Automobile Medical	
СН	Champus	
DS	Disability	
HM	Health Maintenance Organization	
LM	Liability Medical	
MA	Medicare Part A	
MB	Medicare Part B	
MC	Medicaid	
OF	Other Federal Program	
	Use this code for the Black Lung Program.	
TV	Title V	
VA	Veterans Affairs Plan	
WC	Workers' Compensation Health Claim	
ZZ	Mutually Defined	
Reference inform	nation as defined for a particular Transaction Set or as	1/50
IMPLEMENTATIC	DN NAME: Payer Claim Control Number	
Use this number	for the payer's internal control number. This number must	
		16
	13 14 15 16 17 AM CH DS HM LM MA MB MC OF TV VA WC ZZ Reference Ident Reference inforr specified by the OD: 835W1_210 IMPLEMENTATIO	This code is also used for Blue Cross/Blue Shield participating provider arrangements.13Point of Service (POS)14Exclusive Provider Organization (EPO)15Indemnity InsuranceThis code is also used for Blue Cross/Blue Shield non-participating provider arrangements.16Health Maintenance Organization (HMO) Medicare Risk17Dental Maintenance OrganizationAMAutomobile MedicalCHChampusDSDisabilityHMHealth Maintenance OrganizationLMLiability MedicalMAMedicare Part AMBMedicare Part BMCMedicaidOFOther Federal ProgramUse this code for the Black Lung Program.TVTitle VVAVeterans Affairs PlanWCWorkers' Compensation Health ClaimZZMutually Defined

Must Use

CLP08 1331 Facility Code Value O CLP08 1331 Facility Code Value O Ccbei identifying where services were, or may be, performed; the firs second positions of the Uniform Bill Type Code for institutional Servi Place of Service Codes for Professional or Dental Services. SITUATIONAL RULE: Required by this implementation guide, may be plat 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 for services within a single claim, default to the place of service of the service line when the service lines are not all for the same place of service for services within a single claim. Getault to the place of service of the service line when the service line Service for Service of the Claim Frequency Type Code CLP09 1325 Claim Frequency Type Code O Code specifying the frequency of the claim; this is the third position or original claim. If not required by this implementation guide, may be plat the sender's discretion, but cannot be required by the receiver. OD: 835W1_2100_CLP09_ClaimFrequencyCode IMPLEMENTATION NAME: Claim Frequency Code CLP11 1354 Diagnosis Related Group (DRG) Code O Code isociting a patient's diagnosis group based on a patient's illne diseases, and medical problems SITUATIONAL RULE: Required for institutional claims when the c	the provided e codes e first
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SITUATIONAL RULE: Required for institutional claims when the claim	
	1 R1/15
send.	1 R 1/15
OD: 835W1_2100_CLP12DiagnosisRelatedGroupDRGWeight	was
IMPLEMENTATION NAME: Diagnosis Related Group (DRG) Weight	was
This is the adjudicated DRG Weight.CLP13954Percentage as DecimalO	was
Percentage expressed as a decimal (e.g., 0.0 through 1.0 represents (through 100%)	was

SITUATIONAL RULE: Required when a discharge fraction was applied in the adjudication process. If not required by this implementation guide, do not send.

OD: 835W1_2100_CLP13__DischargeFraction

IMPLEMENTATION NAME: Discharge Fraction

This is the adjudicated discharge fraction.

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.
Semantic Notes:	1 CAS03 is the amount of adjustment.
	2 CAS04 is the units of service being adjusted.
	3 CAS06 is the amount of the adjustment.
	4 CAS07 is the units of service being adjusted.
	5 CAS09 is the amount of the adjustment.
	 6 CAS10 is the units of service being adjusted. 7 CAS12 is the amount of the adjustment.
	7 CAS12 is the amount of the adjustment.8 CAS13 is the units of service being adjusted.
	8 CAS13 is the units of service being adjusted.9 CAS15 is the amount of the adjustment.
	10 CAS16 is the units of service being adjusted.
	11 CAS18 is the amount of the adjustment.
	12 CAS19 is the units of service being adjusted.
Comments:	 Adjustment information is intended to help the provider balance the remittance
connents.	information. Adjustment amounts should fully explain the difference between
	submitted charges and the amount paid.
Notes:	Situational Rule: Required when dollar amounts and/or quantities are being adjusted at
	the claim level. If not required by this implementation guide, do not send.
	TR3 Notes: 1. Payers must use this CAS segment to report claim level adjustments that
	cause the amount paid to differ from the amount originally charged. See 1.10.2.1,
	Balancing, and 1.10.2.4, Claim Adjustment and Service Adjustment Segment Theory, for
	additional information.

2. See the SVC TR3 Note #1 for details about per diem adjustments.

3. A single CAS segment contains six repetitions of the "adjustment trio" composed of adjustment reason code, adjustment amount, and adjustment quantity. These six adjustment trios are used to report up to six adjustments related to a specific Claim Adjustment Group Code (CAS01). The six iterations (trios) of the Adjustment Reason Code related to the Specific Adjustment Group Code must be exhausted before repeating a second iteration of the CAS segment using the same Adjustment Group Code. The first adjustment must be the first on-zero adjustment and is reported in the first adjustment trio (CAS02-CAS04). If there is a second non-zero adjustment, it is reported in the second adjustment trio (CAS05-CAS07), and so on through the sixth adjustment trio (CAS17-CAS19).

TR3 Example: CAS*PR*1*793**3*25~

CAS*CO*131*250~

	Ref.	Data			
	Des.	<u>Element</u>	<u>Name</u>		<u>Attributes</u>
Μ	CAS01	1033	•	ent Group Code M	1 ID 1/2
			-	g the general category of payment adjustment	
			OD: 835W1_21	00_CAS01ClaimAdjustmentGroupCode	
			Evaluate the us	age of group codes in CAS01 based on the followin	ng order for
			their applicabil	ity to a set of one or more adjustments: PR, CO, PI	, OA. See
				Adjustment and Service Adjustment Segment The	• •
				mation. (Note: This does not mean that the adjust	tments must
			be reported in CO	Contractual Obligations	
			0	_	tractual
				Use this code when a joint payer/payee con agreement or a regulatory requirement resu adjustment.	
			OA	Other adjustments	
				Avoid using the Other Adjustment Group Co	de (OA)
				except for business situations described in s	ections
				1.10.2.6, 1.10.2.7 and 1.10.2.13.	
			PI	Payor Initiated Reductions	
				Use this code when, in the opinion of the pa adjustment is not the responsibility of the pa there is no supporting contract between the and the payer (i.e., medical review or profes review organization adjustments).	atient, but provider
			PR	Patient Responsibility	
М	CAS02	1034	Claim Adjustm	ent Reason Code M	1 ID 1/5
				g the detailed reason the adjustment was made	
			OD: 835W1_21	00_CAS02AdjustmentReasonCode	
			IMPLEMENTAT	ION NAME: Adjustment Reason Code	
			CODE SOURCE	139: Claim Adjustment Reason Code	
			Required to rep	port a non-zero adjustment applied at the claim lev	vel for the
			•	nt group code reported in CAS01.	
М	CAS03	782	Monetary Amo		1 R1/18
			Monetary amo		
			OD: 835W1_21	00_CAS03AdjustmentAmount	
			IMPLEMENTAT	ION NAME: Adjustment Amount	
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		Use this monetary amount for the adjustment amount. A ne increases the payment, and a positive amount decreases the contained in CLP04.	-		unt
		Decimal elements will be limited to a maximum length of 10 including reported or implied places for cents (implied value decimal point). This applies to all subsequent 782 elements.	e of 00	after	the
CAS04	380	Quantity	0	1	R 1/15
		Numeric value of quantity			
		SITUATIONAL RULE: Required when the CAS02 adjustment r related to non-covered days. If not required by this implement send.			
		OD: 835W1_2100_CAS04AdjustmentQuantity			
		IMPLEMENTATION NAME: Adjustment Quantity			
		See section 1.10.2.4.1 for additional information.			
		A positive value decreases the covered days, and a negative the covered days.			
CAS05	1034	Claim Adjustment Reason Code	X	1	ID 1/5
		Code identifying the detailed reason the adjustment was ma			
		SITUATIONAL RULE: Required when an additional non-zero a	-		
		beyond what has already been supplied, applies to the claim	-		
		group code used in CAS01. If not required by this implement not send.	.ation	guide	e, uo
		OD: 835W1_2100_CAS05AdjustmentReasonCode			
		IMPLEMENTATION NAME: Adjustment Reason Code			
		CODE SOURCE 139: Claim Adjustment Reason Code			
CAS06	782	Monetary Amount	Х	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when CAS05 is present. If not implementation guide, do not send.	requir	ed by	r this
		OD: 835W1_2100_CAS06AdjustmentAmount			
		IMPLEMENTATION NAME: Adjustment Amount			
		See CAS03.			
CAS07	380	Quantity	Х	1	R 1/15
		Numeric value of quantity			
		SITUATIONAL RULE: Required when CAS05 is present and is non-covered days. If not required by this implementation gu			send.
		OD: 835W1_2100_CAS07AdjustmentQuantity			
		IMPLEMENTATION NAME: Adjustment Quantity			
		See CAS04.			
CAS08	1034	Claim Adjustment Reason Code	х	1	ID 1/5
		Code identifying the detailed reason the adjustment was ma	ide		
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		SITUATIONAL RULE: Required when an additional non-zero beyond what has already been supplied, applies to the clair group code used in CAS01. If not required by this implemen not send.	n adjust	men	t
		OD: 835W1_2100_CAS08AdjustmentReasonCode			
		IMPLEMENTATION NAME: Adjustment Reason Code			
		CODE SOURCE 139: Claim Adjustment Reason Code			
CAS09	782	Monetary Amount	Х	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when CAS08 is present. If not implementation guide, do not send.	require	d by	this
		OD: 835W1_2100_CAS09AdjustmentAmount			
		IMPLEMENTATION NAME: Adjustment Amount			
		See CAS03.			
CAS10	380	Quantity	Х	1	R 1/15
		Numeric value of quantity			
		SITUATIONAL RULE: Required when CAS08 is present and is			
		non-covered days. If not required by this implementation g	uide, do	not	send.
		OD: 835W1_2100_CAS10AdjustmentQuantity			
		IMPLEMENTATION NAME: Adjustment Quantity			
		See CAS04.			
CAS11	1034	Claim Adjustment Reason Code	X	1	ID 1/5
		Code identifying the detailed reason the adjustment was m			
		SITUATIONAL RULE: Required when an additional non-zero beyond what has already been supplied, applies to the clair	-		
		group code used in CAS01. If not required by this implemen not send.	-		
		OD: 835W1_2100_CAS11AdjustmentReasonCode			
		OD: 835W1_2100_CAS11AdjustmentReasonCode			
		IMPLEMENTATION NAME: Adjustment Reason Code			
CAS12	782	IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code Monetary Amount	x		R 1/18
CAS12	782	IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code Monetary Amount Monetary amount		1	-
CAS12	782	IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code Monetary Amount		1	-
CAS12	782	IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code Monetary Amount Monetary amount SITUATIONAL RULE: Required when CAS11 is present. If not		1	-
CAS12	782	IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code Monetary Amount Monetary amount SITUATIONAL RULE: Required when CAS11 is present. If not implementation guide, do not send. OD: 835W1_2100_CAS12AdjustmentAmount IMPLEMENTATION NAME: Adjustment Amount		1	-
	-	IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code Monetary Amount Monetary amount SITUATIONAL RULE: Required when CAS11 is present. If not implementation guide, do not send. OD: 835W1_2100_CAS12AdjustmentAmount IMPLEMENTATION NAME: Adjustment Amount See CAS03.	require	1 d by	this
CAS12 CAS13	782	IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code Monetary Amount Monetary amount SITUATIONAL RULE: Required when CAS11 is present. If not implementation guide, do not send. OD: 835W1_2100_CAS12AdjustmentAmount IMPLEMENTATION NAME: Adjustment Amount See CAS03. Quantity		1 d by	-
	-	IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code Monetary Amount Monetary amount SITUATIONAL RULE: Required when CAS11 is present. If not implementation guide, do not send. OD: 835W1_2100_CAS12AdjustmentAmount IMPLEMENTATION NAME: Adjustment Amount See CAS03. Quantity Numeric value of quantity	require X	1 d by 1	this
	-	IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code Monetary Amount Monetary amount SITUATIONAL RULE: Required when CAS11 is present. If not implementation guide, do not send. OD: 835W1_2100_CAS12AdjustmentAmount IMPLEMENTATION NAME: Adjustment Amount See CAS03. Quantity	require X related	1 d by 1 to	this R 1/15

		OD: 835W1_2100_CAS13AdjustmentQuantity IMPLEMENTATION NAME: Adjustment Quantity			
		C CA504			
CAS14	1034	See CAS04 Claim Adjustment Reason Code	х	1	ID 1/5
CAJI4	1034	Code identifying the detailed reason the adjustment was ma		-	10 1/5
		SITUATIONAL RULE: Required when an additional non-zero a		ont	
		beyond what has already been supplied, applies to the claim group code used in CAS01. If not required by this implement not send.	adjusti	ment	
		OD: 835W1_2100_CAS14AdjustmentReasonCode			
		IMPLEMENTATION NAME: Adjustment Reason Code			
		CODE SOURCE 139: Claim Adjustment Reason Code			
CAS15	782	Monetary Amount	Х	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when CAS14 is present. If not implementation guide, do not send.	require	d by	this
		OD: 835W1_2100_CAS15AdjustmentAmount			
		IMPLEMENTATION NAME: Adjustment Amount			
		See CAS03.			
CAS16	380	Quantity	Х	1	R 1/15
		Numeric value of quantity			
		SITUATIONAL RULE: Required when CAS14 is present and is non-covered days. If not required by this implementation gu			send.
		OD: 835W1_2100_CAS16AdjustmentQuantity			
		IMPLEMENTATION NAME: Adjustment Quantity			
		See CAS04.			
CAS17	1034	Claim Adjustment Reason Code	X	1	ID 1/5
		Code identifying the detailed reason the adjustment was ma			
		SITUATIONAL RULE: Required when an additional non-zero a beyond what has already been supplied, applies to the claim group code used in CASO1. If not required by this implement not send.	adjust	ment	
		OD: 835W1_2100_CAS17AdjustmentReasonCode			
		IMPLEMENTATION NAME: Adjustment Reason Code			
		CODE SOURCE 139: Claim Adjustment Reason Code			
CAS18	782	Monetary Amount	х	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when CAS17 is present. If not implementation guide, do not send.	require	d by	this
		OD: 835W1_2100_CAS18AdjustmentAmount			
005010X221	A1)	45	Ju	ly 15	5, 2016

IMPLEMENTATION NAME: Adjustment Amount

1 R 1/15

		See CAS03.			
CAS19	380	Quantity	Х	1	R 1/1
		Numeric value of quantity			
		SITUATIONAL RULE: Required when CAS17 is present and is non-covered days. If not required by this implementation gu			send.
		OD: 835W1_2100_CAS19AdjustmentQuantity			

IMPLEMENTATION NAME: Adjustment Quantity

See CAS04.

	Segment:	NM1	Patient Name		
	Position:	0300			
	Loop:	2100	Optional		
	Level:	Detail			
	Usage:	Must Use	2		
	Max Use:	1			
	Purpose:	To supply	y the full name of an individual or organizational entity		
	Syntax Notes:		her NM108 or NM109 is present, then the other is required.		
			M111 is present, then NM110 is required.		
			M112 is present, then NM103 is required.		
	Semantic Notes:		LO2 qualifies NM103.		
	Comments:		10 and NM111 further define the type of entity in NM101.		
			12 can identify a second surname.		_
	Notes:	TR3 Note	es: 1. Provide the patient's identification number in NM109.		
м	Ref. <u>Des.</u> NM101	when the Patient n loop NM 3. The Insured N	egment must provide the information from the original claim. F e claim is submitted as an ASC X12 837 transaction, this is the 202 ame SEgment unles not present on the original claim, then it is t 1 Subscriber name segment. Corrected Patient/Insured Name NM1 segment identifies the adj Name and ID information if different than what was submitted or hple: NM1*QC*1*SHEPHARD*SAM*O***HN*6666666666A~ Data Element Summary Name Entity Identifier Code M Code identifying an organizational entity, a physical location, pr	he 2010 Iudicate In the cl <u>Att</u>	ributes I ID 2/3
			individual		
			OD: 835W1_2100_NM101EntityIdentifierCode		
			QC Patient		
			Individual receiving medical care		
М	NM102	1065	Entity Type Qualifier N	1 :	1 ID 1/1
			Code qualifying the type of entity		
			OD: 835W1_2100_NM102EntityTypeQualifier		
			1 Person		
	NM103	1035	Name Last or Organization Name	(1 AN 1/60
		_,,,,,	Individual last name or organizational name	·	

		claims or for Retail	Required for all claims that are not Re Pharmacy claims when the information plementation guide, do not send.		-	
		OD: 835W1_2100_	NM103PatientLastName			
		IMPLEMENTATION	NAME: Patient Last Name			
NM104	1036	Name First		0	1	AN 1/35
		Individual first nam				
			: Required when the patient has a first i ired by this implementation guide, do no		l it is	
		OD: 835W1_2100_	NM104PatientFirstName			
		IMPLEMENTATION	NAME: Patient First Name			
NM105	1037	Name Middle		ο	1	AN 1/25
		Individual middle n				
			: Required when the patient has a midd not required by this implementation gui			
		OD: 835W1_2100_	NM105PatientMiddleNameorInitial			
		IMPLEMENTATION	NAME: Patient Middle Name or Initial			
		If this data elemen represent the mido	t is used and contains only one characte Ile initial.	r, it is ass	sume	d to
NM107	1039	Name Suffix		0	1	AN 1/10
		Suffix to individual				
			: Required when this information is nec e individual. If not required by this imple	-		iide,
		OD: 835W1_2100_	NM107PatientNameSuffix			
		IMPLEMENTATION	NAME: Patient Name Suffix			
		An example of this subscriber.	is when a Junior and Senior are covered	l under tl	ne sai	me
NM108	66	Identification Code		х		ID 1/2
			he system/method of code structure use	ed for Ide	entific	cation
		Code (67) SITUATIONAL RULE	Required when the patient identifier (NM109) i	s kno	own
			the healthcare claim. If not required by			
		implementation gu	ide, do not send.			
		OD: 835W1 2100	NM108 IdentificationCodeQualifier			
		34	Social Security Number			
		HN	Health Insurance Claim (HIC) Number			
			Unique number assigned to individua claims covered by Medicare benefits	l for subr	nittin	g
		II	Standard Unique Health Identifier for the United States			al in
			Use this code if mandated in a final Fe	ederal Ru	le.	
		MI	Member Identification Number			
		MR	Medicaid Recipient Identification Nun	nber		

Unique identification number assigned to each member covered under a subscriber's contract

NM109 67 Identification Code

1 AN 2/80

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Code identifying a party or other code

SITUATIONAL RULE: Required when the patient identifier is known or was reported on the health care claim. If not required by this implementation guide, do not send.

OD: 835W1_2100_NM109__PatientIdentifier

IMPLEMENTATION NAME: Patient Identifier

Segment: Position: Loop: Level: Usage: Max Use: Purpose: Syntax Notes: Semantic Notes: Comments: Notes:	0300 2100 Detail Optional 1 To supply 1 If eit 2 If NM 3 If NM 1 NM1 1 NM1 2 NM1 2 NM1 Situation (for exam patient. TR3 Note subscribe	 Insured Name Optional the full name of an individual or organizational entity her NM108 or NM109 is present, then the other is required. M111 is present, then NM110 is required. M112 is present, then NM103 is required. Q2 qualifies NM103. 10 and NM111 further define the type of entity in NM101. 12 can identify a second surname. al Rule: Required when the original claim reported the insure uple 837 2010BA loop Subscriber Name NM1 Segment) this is If not required by this implementation guide, do not send. s: 1. In the case of Medicare and Medicaid, the insured patier r and this segment is not used. 	differ nt is al m (for	ent fr Iways · exan	om the the nple
		oop Patient Name NM1 Segment). ple: NM1*IL*1*SHEPARD*JESSICA****MI*999887777A~			
Ref. <u>Des.</u> NM101	Data <u>Element</u> 98	Data Element Summary Name Entity Identifier Code Code identifying an organizational entity, a physical location individual OD: 835W1_2100_NM101EntityIdentifierCode IL Insured or Subscriber	M I, prop	1	butes ID 2/3 or an
NM102	1065	Entity Type Qualifier Code qualifying the type of entity OD: 835W1_2100_NM102EntityTypeQualifier	Μ	1	ID 1/1
NM103	1035	2 Non-Person Entity Name Last or Organization Name Individual last name or organizational name SITUATIONAL RULE: Required when the last name (NM102= name (NM102=2) is known. If not required by this implement		organi	
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			not send.					
			OD: 835W1_2100_	NM103SubscriberLastName				
			IMPLEMENTATION	NAME: Subscriber Last Name				
	NM104	1036	Name First		0	1	AN 1/	/35
			Individual first nam	-			A AN 1/25 2=1) and ation med to 1 AN 1/10 2=1), the on of 1 ID 1/2 tification dual in dual in	
				: Required when the subscriber is a perso own. If not required by this implementat	•			
			OD: 835W1_2100_	NM104SubscriberFirstName				
	NM105	1037	IMPLEMENTATION	NAME: Subscriber First Name	0	1	ΔN 1/	/25
	NN1105	1057	Individual middle n	ame or initial	U	-	AN 1/	25
			SITUATIONAL RULE	: Required when the subscriber is a perso	on (NM1	L02=	1) and	
				r initial is known. If not required by this i				
			OD: 835W1_2100_	NM105SubscriberMiddleNameorInitia	I			
			IMPLEMENTATION	NAME: Subscriber Middle Name or Initia	ıl			
			If this data element represent the midd	t is used and contains only one character lle initial.	, it is ass	sum	ed to	
	NM107	1039	Name Suffix		0	1	AN 1/	/10
			Suffix to individual					
				: Required when the subscriber is a personant this information is passessent for i				
			the individual. If no	vn and this information is necessary for i ot required by this	uentinca	atio	101	
			implementation gu					
			OD: 835W1_2100_	NM107SubscriberNameSuffix				
			IMPLEMENTATION	NAME: Subscriber Name Suffix				
				hen necessary to differentiate between	a Junior	1 AN 1/10 4102=1), the cation of or and Senior 1 ID 1/2		
Must Use	NM108	66	under the same con Identification Code		х	1	ID 1/3	2
Widst Ose	NNIIOS	00		ne system/method of code structure use			-	
			Code (67)					
				NM108IdentificationCodeQualifier				
			FI	Federal Taxpayer's Identification Numb Not Used when NM102=1	ber			
			Ш	Standard Unique Health Identifier for e	ach Ind	ivid	ual in	
				the United States				
				Use this code if mandated in a final Fee	deral Ru	le.		
			MI	Member Identification Number	+ + k -			
				The code MI is intended to identify tha subscriber's identification number as a		by		
				the payer will be conveyed in NM109.	-	-		
				different terminology to convey the sa				
				therefore, the 835 workgroup recomm (Member Identification number) to co		-		
					ivey the	. sal		

categories of numbers as represented in the 837 IGs for the inbound claims. Must Use NM109 67 **Identification Code** Х 1 AN 2/80 Code identifying a party or other code OD: 835W1_2100_NM109__SubscriberIdentifier IMPLEMENTATION NAME: Subscriber Identifier **NM1** Corrected Patient/Insured Name Segment: **Position:** 0300 2100 Loop: 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. Semantic Notes: 1 NM102 qualifies NM103. Comments: NM110 and NM111 further define the type of entity in NM101. 1 2 NM112 can identify a second surname. Notes: Situational Rule: Required when needed to provide corrected information about the patient or insured. If not required by this implementation guide, do not send. TR3 Notes: 1. Since the patient is always the insured for Medicare and Medicaid, this segment always provides corrected patient information for Medicare and Medicaid. For other carriers, this will always be the corrected insured information. TR3 Example: NM1*74*1*SHEPARD*SAMUEL*O***C*666666666A~

Data Element Summary

	Ref.	Data			
	Des.	<u>Element</u>	Name	Attri	ibutes
Μ	NM101	98	Entity Identifier Code M	1	ID 2/3
			Code identifying an organizational entity, a physical location, pro	perty	or an
			individual		
			OD: 835W1_2100_NM101EntityIdentifierCode		
			74 Corrected Insured		
М	NM102	1065	Entity Type Qualifier M	1	ID 1/1
			Code qualifying the type of entity		
			OD: 835W1_2100_NM102EntityTypeQualifier		
			1 Person		
			2 Non-Person Entity		
	NM103	1035	Name Last or Organization Name X	1	AN 1/60
			Individual last name or organizational name		
			SITUATIONAL RULE: Required when the insured is a person (NM	102=1)	AND
			the submitted vs adjudicated data is different. If not required by	this	
			implementation guide, do not send.		
			OD: 835W1_2100_NM103CorrectedPatientorInsuredLastNam	e	
			IMPLEMENTATION NAME: Corrected Patient or Insured Last Nar	ne	
	NM104	1036	Name First O	1	AN 1/35
			Individual first name		
			SITUATIONAL RULE: Required when the insured is a person (NM	102=1)	AND
835-X221	A1 (005010X2	21A1)	50	July 1	5, 2016

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Data

		the submitted vs adjudicated data is different. If not required by implementation guide, do not send.	y this	
		OD: 835W1_2100_NM104CorrectedPatientorInsuredFirstNar	ne	
NM105	1037	IMPLEMENTATION NAME: Corrected Patient or Insured First Na Name Middle O		AN 1/25
		Individual middle name or initial		
		SITUATIONAL RULE: Required when the insured is a person (NM		
		the submitted vs adjudicated data is different AND the informat	tion is kr	nown.
		If not required by this implementation guide, do not send.		
		OD: 835W1_2100_NM105CorrectedPatientorInsuredMiddleN	Name	
		IMPLEMENTATION NAME: Corrected Patient or Insured Middle	Name	
		If this data element is used and contains only one character, it is represent the middle initial.	s assum	ed to
NM107	1039	Name Suffix O) 1	AN 1/10
		Suffix to individual name		
		SITUATIONAL RULE: Required when the insured is a person (NM	1102=1)	and
		corrected information for the insured is available and this inform		s
		necessary for identification of the individual. If not required by t	this	
		implementation guide, do not send.		
		OD: 835W1_2100_NM107CorrectedPatientorInsuredNameSu	ıffix	
		IMPLEMENTATION NAME: Corrected Patient or Insured Name S	uffix	
NM108	66	Identification Code Qualifier X	1	ID 1/2
		Code designating the system/method of code structure used for Code (67)	r Identif	ication
		SITUATIONAL RULE: Required when a value is reported in NM10 required by this implementation guide, do not send.)9. lf not	:
		OD: 835W1_2100_NM108IdentificationCodeQualifier		
		C Insured's Changed Unique Identification Nu	umber	
NM109	67	Identification Code X	1	AN 2/80
		Code identifying a party or other code		
		SITUATIONAL RULE: Required when the adjudicated patient/inst	ured	
		identification number is different than the identification submit		he
		claim. If not required by this implementation guide, do not send	1.	
		OD: 835W1_2100_NM109CorrectedInsuredIdentificationIndi	cator	
		IMPLEMENTATION NAME: Corrected Insured Identification Indic	cator	
Segment:	NM1	Service Provider Name		
Position:	0300			
Loop:	2100	Optional		
Level:	Detail			
Usage: Max Usa:	Optional			
Max Use: Purpose:	1 To supply	the full name of an individual or organizational entity		
Syntax Notes:		her NM108 or NM109 is present, then the other is required.		
,		1111 is present, then NM110 is required.		
22141 (0050108221		51	lukz 1	5 2016

	3 If NM112 is present, then NM103 is required.						
Semantic Notes:	1 NM102 qualifies NM103.						
Comments:	1 NM110 and NM111 further define the type of entity in NM101.						
	2 NM112 can identify a second surname.						
Notes:	Situational Rule: Required when the rendering provider is different from the payee. If not required by this implementation guide, do not send.						
	TR3 Notes: 1. This segment provides information about the rendering provider. An identification number is provided in NM109.						
	2. This information is provided to facilitate identification of the claim within a payee's system. Other providers (e.g., Referring provider, supervising provider) related to the claim but not directly related to the payment are not supported and are not necessary for claim identification. TR3 Example: NM1*82*2*****XX*12345678~						
	Data Element Summary						

			Data Element Summary			
	Ref.	Data				
	Des.	<u>Element</u>	Name			<u>butes</u>
М	NM101	98	Entity Identifier Code	Μ		ID 2/3
			Code identifying an organizational entity, a physical location,	prope	erty c	or an
			individual			
			OD: 835W1_2100_NM101EntityIdentifierCode			
			82 Rendering Provider			
М	NM102	1065	Entity Type Qualifier	М	1	ID 1/1
			Code qualifying the type of entity			
			OD: 835W1_2100_NM102EntityTypeQualifier			
			1 Person			
			2 Non-Person Entity			
	NM103	1035	Name Last or Organization Name	х	1	AN 1/60
			Individual last name or organizational name			
			SITUATIONAL RULE: Required when a unique name is necessa	ary for	•	
			identification of the provider identified in NM109. If not requ	-		be
			provided at sender's discretion, but cannot be required by th	e rece	iver.	
			OD: 835W1_2100_NM103RenderingProviderLastorOrga	nizatio	onNa	me
			IMPLEMENTATION NAME: Rendering Provider Last or Organi	zation	Nam	ne
	NM104	1036	Name First	0		AN 1/35
			Individual first name			
			SITUATIONAL RULE: Required when the Servicing Provider is	a ners	on	
			(NM102=1), NM103 is used AND the information is known fro	-		s of
			the sender. If not required by this implementation guide, do	•		
			OD: 835W1_2100_NM104RenderingProviderFirstName			
		4007	IMPLEMENTATION NAME: Rendering Provider First Name	-		AN 4 /05
	NM105	1037	Name Middle	0	1	AN 1/25
			Individual middle name or initial			
			SITUATIONAL RULE: Required when the Servicing Provider is	-		
			(NM102=1), NM103 is used AND the information is known fro			s of
			the sender. If not required by this implementation guide, do	not se	nd.	
					-1	
			OD: 835W1_2100_NM105RenderingProviderMiddleName	oriniti	al	

52

			IMPLEMENTATION I	NAME: Rendering Provider Middle Name	or Initial	
			If this data element middle initial.	is used and contains only one character,	it represe	ents the
	NM107	1039	Name Suffix		0	1 AN 1/10
			Suffix to individual r	name		
			(NM102=1), NM103 of the individual, for	Required when the Servicing Provider is is used and this information is necessary r instance when a Junior and Senior are b f not required by this implementation gu	for iden oth provi	tification iders in
			OD: 835W1_2100_N	NM107RenderingProviderNameSuffix		
			IMPLEMENTATION I	NAME: Rendering Provider Name Suffix		
Must Use	NM108	66	Identification Code		Х	1 ID 1/2
			Code designating th Code (67)	e system/method of code structure used	for Ident	ification
				NM108IdentificationCodeQualifier		
			BD	Blue Cross Provider Number		
				Number assigned by Blue Cross Plan to	a provide	r of
			BS	services Blue Shield Provider Number		
			65	Number assigned by Blue Shield Plan to	a provide	er of
				services	a provia	
			FI	Federal Taxpayer's Identification Numb	er	
				This is the preferred ID until the Nation	al Provide	er ID is
				mandated and applicable. For individual providers as payees, use t	bic qualif	fior to
				represent the Social Security Number.	ins quan	
			MC	Medicaid Provider Number		
				Number assigned to a health care provi	der for su	Ibmitting
			РС	claims covered by Medicaid benefits Provider Commercial Number		
				Unique number assigned to the provide	r for subi	mitting
				claims to commercial insurance carriers		
			SL	State License Number		
				Number uniquely issued to provider by board		nsing
			UP	Unique Physician Identification Number		
				Number assigned to the provider by the for Medicare identification purposes	Nationa	Registry
			ХХ	Centers for Medicare and Medicaid Serv	vices Nati	onal
				Provider Identifier		
				Required value if the National Provider for use and the provider is a covered	ID is man	dated
				health care provider under the mandate	e. Otherw	/ise,
				one of the other listed codes may be us		
				CODE SOURCE 537: Centers for Medica Services National Provider Identifier	e and Me	edicaid
Must Use	NM109	67	Identification Code		Х	1 AN 2/80
			Code identifying a p	•		
			OD: 835W1_2100_N	NM109RenderingProviderIdentifier		
			IMPLEMENTATION I	NAME: Rendering Provider Identifier		
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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.
Semantic Notes:	1 NM102 qualifies NM103.
Comments:	1 NM110 and NM111 further define the type of entity in NM101.
	2 NM112 can identify a second surname.
Notes:	Situational Rule: Required when the claim is transferred to another carrier or coverage (CLP02 equals 19, 20, 21 or 23). If not required by this implementation guide, do not send.
	TR3 Notes: 1. This segment provides information about the crossover carrier. Provide any reference numbers in NM109. The crossover carrier is defined as any payer to which the claim is transferred for further payment after being finalized by the current payer. TR3 Example: NM1*TT*2*ACME INSURANCE****XV*123456789~

			Data	iement Summary	
М	Ref. <u>Des.</u> NM101	Data <u>Element</u> 98	<u>Name</u> Entity Identifie		Attributes 1 ID 2/3
			individual	g an organizational entity, a physical location, pro 00 NM101 EntityIdentifierCode	perty of an
			TT –	Transfer To	
М	NM102	1065	Entity Type Qu		1 ID 1/1
				the type of entity	
			_	00_NM102EntityTypeQualifier	
			2	Non-Person Entity	
Must Use	NM103	1035		Drganization Name X name or organizational name	1 AN 1/60
			•		
			OD: 835W1_21	00_NM103CoordinationofBenefitsCarrierName	
			IMPLEMENTAT	ION NAME: Coordination of Benefits Carrier Name	
			Name of the cr	ossover carrier associated with this claim.	
Must Use	NM108	66	Identification C	-	1 ID 1/2
			Code designati Code (67)	ng the system/method of code structure used for	dentification
			OD: 835W1_21	00_NM108IdentificationCodeQualifier	
			AD	Blue Cross Blue Shield Association Plan Code	2
			Unique 3-digit number assigned to independent Blue Cross or Blue Shield plans by Blue Cross/Blue Shield		
			FI	Association Federal Taxpayer's Identification Number	
			NI	National Association of Insurance Commission Identification	oners (NAIC)
				This is the preferred ID until the National Pla mandated and applicable.	in ID is
835-X221A1	(005010X2	21A1)		54	July 15, 2016

PP Pharmacy Processor Number	
Unique number assigned to each pharmacy for	
submitting claims	
XV Centers for Medicare and Medicaid Services PlanID	
Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used	d.
CODE SOURCE 540: Centers for Medicare and Medica Services PlanID	
Must Use NM109 67 Identification Code X 1 A Code identifying a party or other code X 1 A	AN 2/80
OD: 835W1_2100_NM109CoordinationofBenefitsCarrierIdentifier	
IMPLEMENTATION NAME: Coordination of Benefits Carrier Identifier	
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 entitySyntax Notes:1If 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.	
Semantic Notes: 1 NM102 qualifies NM103.	
Comments: 1 NM110 and NM111 further define the type of entity in NM101.	
2 NM112 can identify a second surname.	
Notes: Situational Rule: Required when current payer believes that another payer has prior	-
for making a payment and the claim is not being automatically transferred to that pa If not required by this implementation guide, do not send.	ayer.
TR3 Notes: 1. Provide any reference numbers in NM109. Use of this segment identif	
the priority payer. Do not use this segment when the Crossover Carrier NM1 segment	nt is
used. TR3 Example: NM1*PR*2*ACME INSURANCE*****XV*123456789~	
Data Element Summary Ref. Data	
Des. Element Name Attribu	utes
	D 2/3
Code identifying an organizational entity, a physical location, property or	an
individual	
OD: 835W1_2100_NM101EntityIdentifierCode	
PR Payer	
	D 1/1
Code qualifying the type of entity	
OD: 835W1_2100_NM102EntityTypeQualifier	
2 Non-Person Entity	
-	AN 1/60
Individual last name or organizational name	
OD: 835W1_2100_NM103CorrectedPriorityPayerName	

				NAME: Corrected Brierity Payor Name	
Must Use	NM108	66	Identification Cod	I NAME: Corrected Priority Payer Name e Qualifier	X 1 ID 1/2
				he system/method of code structure used	
			Code (67)		
				_NM108IdentificationCodeQualifier	
			AD	Blue Cross Blue Shield Association Plan	
				Unique 3-digit number assigned to inde Cross or Blue Shield plans by Blue Cross	
				Association	, Dide Shield
			FI	Federal Taxpayer's Identification Numb	er
			NI	National Association of Insurance Comm	nissioners (NAIC)
				Identification	al Dian ID is
				This is the preferred ID until the Nationa mandated and applicable.	
			PI	Payor Identification	
			PP	Pharmacy Processor Number	
				Unique number assigned to each pharm	nacy for
			XV	submitting claims Centers for Medicare and Medicaid Serv	vicos PlanID
			~~	Required if the National PlanID is mand	
				Otherwise, one of the other listed code	
				CODE SOURCE 540: Centers for Medicar Services PlanID	re and Medicaid
Must Use	NM109	67	Identification Cod		X 1 AN 2/80
			Code identifying a	party or other code	-
			OD: 835W1_2100_	NM109CorrectedPriorityPayerIdentification	ationNumber
				INAME: Corrected Priority Payer Identifica	tion Number
				TRAME. Corrected Friority Payer Identifica	
	Sogmont.	NM	1 Other Subscriber	Name	
	Segment: Position:	0300		Name	
	Loop:	2100	Optional		
	Level:	Detail	·		
	Usage:	Optiona	I		
	Max Use: Purpose:	1 To supp	ly the full name of ar	n individual or organizational entity	
Syn	tax Notes:		-	09 is present, then the other is required.	
				n NM110 is required.	
<u> </u>			•	n NM103 is required.	
	ntic Notes: comments:		102 qualifies NM103	her define the type of entity in NM101.	
C	onnents.		112 can identify a se		
	Notes:		· · · · · · · · · · · · · · · · · · ·	hen a corrected priority payer has been id	
			-	the name or ID of the other subscriber is k tion guide, do not send.	nown. lf not
		required	a by this implementa	tion guide, do not send.	
				e and ID number of the other subscriber v	
				tified. When used, either the name or ID m	nust be supplied.
		TK3 EXa	mple: NM1*GB*Smit	II Jaile	
			Data Elen	nent Summary	
	Ref.	Data	News		A
М	<u>Des.</u> NM101	<u>Element</u> 98	<u>Name</u> Entity Identifier Co	ode	Attributes M 1 ID 2/3
		50			102/5

			Code identifying an organizational entity, a physical location, property or an individual
			OD: 835W1_2100_NM101EntityIdentifierCode
			GB Other Insured
М	NM102	1065	Entity Type Qualifier M 1 ID 1/1
			Code qualifying the type of entity
			OD: 835W1_2100_NM102EntityTypeQualifier
			1 Person
	NIN 44 0 2	4005	2 Non-Person Entity
	NM103	1035	Name Last or Organization Name X 1 AN 1/60
			Individual last name or organizational name
			SITUATIONAL RULE: Required when known or when NM109 is not present. If not required by this implementation guide, do not send.
			OD: 835W1_2100_NM103OtherSubscriberLastName
			IMPLEMENTATION NAME: Other Subscriber Last Name
	NIN 44 0 4	1020	At least one of NM103 or NM109 must be present. Name First O 1 AN 1/35
	NM104	1036	Name FirstO1AN 1/35Individual first name
			SITUATIONAL RULE: Required when the Other Subscriber is a person
			(NM102=1), NM103 is present and the first name is known. If not required by this implementation guide, do not send.
			OD: 835W1_2100_NM104OtherSubscriberFirstName
			IMPLEMENTATION NAME: Other Subscriber First Name
	NM105	1037	Name Middle O 1 AN 1/25
			Individual middle name or initial
			SITUATIONAL RULE: Required when the Other Subscriber is a person (NM102=1) and the middle name or initial is known. If not required by this implementation guide, do not send.
			OD: 835W1_2100_NM105OtherSubscriberMiddleNameorInitial
			IMPLEMENTATION NAME: Other Subscriber Middle Name or Initial
	NM107	1039	When only one character is present this is assumed to be the middle initial.Name SuffixO1AN 1/10
			Suffix to individual name
			SITUATIONAL RULE: Required when the Other Subscriber is a person (NM102=1), the information is known and this information is necessary for identification of the individual. If not required by this implementation guide, do not send.
			OD: 835W1_2100_NM107OtherSubscriberNameSuffix
			IMPLEMENTATION NAME: Other Subscriber Name Suffix
	NM108	66	Identification Code QualifierX1ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)
			SITUATIONAL RULE: Required when NM109 is known. If not required by this implementation guide, do not send.

		OD: 835W1_2100_N	NM108IdentificationCodeQualifier			
		FI	Federal Taxpayer's Identification Numbe	r		
			Not Used when NM102=1.			
		II	Standard Unique Health Identifier for each the United States	ch Indiv	idual in	
			Use this code if mandated in a final Fede	ral Rule	.	
	MI Member Identification Number					
			Use this code when supplying the number identification of the subscriber in NM109		for	
NM109 67		Identification Code		Х	1 AN 2/80	
				~	1 AN 2,00	
		Code identifying a p		λ	1 AN 2700	
		Code identifying a p SITUATIONAL RULE: not required by this				
		Code identifying a p SITUATIONAL RULE: not required by this OD: 835W1_2100_N	earty or other code Required when known or when NM103 is implementation guide, do not send.			
		Code identifying a p SITUATIONAL RULE: not required by this OD: 835W1_2100_N IMPLEMENTATION N	party or other code Required when known or when NM103 is implementation guide, do not send. NM109OtherSubscriberIdentifier			

MIA Inpatient Adjudication Information Segment: **Position:** 0330 2100 Loop: Optional Level: Detail Optional Usage: Max Use: 1 To provide claim-level data related to the adjudication of Medicare inpatient claims **Purpose:** Svntax Notes: Semantic Notes: 1 MIA01 is the covered days. 2 MIA02 is the Prospective Payment System (PPS) Operating Outlier amount. 3 MIA03 is the lifetime psychiatric days. 4 MIA04 is the Diagnosis Related Group (DRG) amount. MIA05 is the Claim Payment Remark Code. See Code Source 411. 5 6 MIA06 is the disproportionate share amount. 7 MIA07 is the Medicare Secondary Payer (MSP) pass-through amount. MIA08 is the total Prospective Payment System (PPS) capital amount. 8 9 MIA09 is the Prospective Payment System (PPS) capital, federal specific portion, Diagnosis Related Group (DRG) amount. 10 MIA10 is the Prospective Payment System (PPS) capital, hospital specific portion, Diagnosis Related Group (DRG), amount. 11 MIA11 is the Prospective Payment System (PPS) capital, disproportionate share, hospital Diagnosis Related Group (DRG) amount. **12** MIA12 is the old capital amount. 13 MIA13 is the Prospective Payment System (PPS) capital indirect medical education claim amount. 14 MIA14 is hospital specific Diagnosis Related Group (DRG) Amount. **15** MIA15 is the cost report days. 16 MIA16 is the federal specific Diagnosis Related Group (DRG) amount. 17 MIA17 is the Prospective Payment System (PPS) Capital Outlier amount. **18** MIA18 is the indirect teaching amount. **19** MIA19 is the professional component amount billed but not payable. 20 MIA20 is the Claim Payment Remark Code. See Code Source 411. 21 MIA21 is the Claim Payment Remark Code. See Code Source 411. 22 MIA22 is the Claim Payment Remark Code. See Code Source 411. 23 MIA23 is the Claim Payment Remark Code. See Code Source 411.

24 MIA24 is the capital exception amount.

Comments:

М

Notes:

Situational Rule: Required for all inpatient claims when there is a need to report Remittance Advice Remark Codes at the claim level or, the claim is paid by Medicare or Medicaid under the Prospective Payment System (PPS). If not required by this implementation guide, do not send.

TR3 Notes: 1. When used outside of the Medicare and Medicaid community only MIA01, 05, 20, 21, 22 and 23 may be used.

2. Either MIA or MOA may appear, but not both.

3. This segment must not be used for covered days or lifetime reserve days. For covered or lifetime reserve days, use the Supplemental Claim Information Quantities Segment in the Claim Payment Loop.

4. All situational quantities and/or monetary amounts in this segment are required when the value of the item is different than zero. MIA*0***138018.4~

Ref. Data Des. Element Name Attributes MIA01 380 Quantity м 1 R 1/15 Numeric value of quantity OD: 835W1_2100_MIA01__CoveredDaysorVisitsCount **IMPLEMENTATION NAME: Covered Days or Visits Count** Implementers utilizing the MIA segment always transmit the number zero. See the QTY segment at the claim level for covered days or visits count. **MIA02** 782 **Monetary Amount** 0 1 R 1/18 Monetary amount SITUATIONAL RULE: Required when an additional payment is made for excessive cost incurred by the provider when the payer is Medicare or Medicaid and the value is different than zero. If not required by this implementation guide, do not send. OD: 835W1_2100_MIA02__PPSOperatingOutlierAmount **IMPLEMENTATION NAME: PPS Operating Outlier Amount** See TR3 note 4. Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). This applies to all subsequent 782 elements. MIA03 380 Quantity 0 1 R 1/15 Numeric value of quantity SITUATIONAL RULE: Required for psychiatric claims when the payer is Medicare or Medicaid and the value is different than zero. If not required by this implementation guide, do not send. OD: 835W1_2100_MIA03__LifetimePsychiatricDaysCount **IMPLEMENTATION NAME: Lifetime Psychiatric Days Count**

MIA04	782	Monetary Amount	0	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required for claims paid under a Diagnos Group when the payer is Medicare or Medicaid and the value zero. If not required by this implementation guide, do not ser	is diffe		
		OD: 835W1_2100_MIA04ClaimDRGAmount			
MIA05	127	IMPLEMENTATION NAME: Claim DRG Amount Reference Identification	0	1	AN 1/50
		Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier SITUATIONAL RULE: Required when a claim level Claim Payme		is	
		applies to this claim. If not required by this implementation g send.			
		OD: 835W1_2100_MIA05ClaimPaymentRemarkCode			
MIA06	782	IMPLEMENTATION NAME: Claim Payment Remark Code Monetary Amount	0	1	R 1/18
		Monetary amount			-
		SITUATIONAL RULE: Required when Medicare or Medicaid is the value is different than zero. If not required by this implem do not send.			
		OD: 835W1_2100_MIA06ClaimDisproportionateShareAmo	unt		
MIA07	782	IMPLEMENTATION NAME: Claim Disproportionate Share Amo Monetary Amount	ount O	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when Medicare or Medicaid is the value is different than zero. If not required by this implem do not send.			
		OD: 835W1_2100_MIA07ClaimMSPPassthroughAmount			
		IMPLEMENTATION NAME: Claim MSP Pass-through Amount			
MIA08	782	Monetary Amount	0	1	R 1/18
		Monetary amount	ho nou		nd
		SITUATIONAL RULE: Required when Medicare or Medicaid is the value is different than zero. If not required by this implement do not send.			
		OD: 835W1_2100_MIA08ClaimPPSCapitalAmount			
		IMPLEMENTATION NAME: Claim PPS Capital Amount			
MIA09	782	Monetary Amount	0	1	R 1/18
		Monetary amount			·
		SITUATIONAL RULE: Required when Medicare or Medicaid is the value is different than zero. If not required by this implem do not send.	• •		
		OD: 835W1_2100_MIA09PPSCapitalFSPDRGAmount			
		IMPLEMENTATION NAME: PPS-Capital FSP DRG Amount			

MIA10	782	Monetary Amount	ο	1	R 1/18
		Monetary amount SITUATIONAL RULE: Required when Medicare or Medicaid is the value is different than zero. If not required by this imple	-	-	
		do not send.			
		OD: 835W1_2100_MIA10PPSCapitalHSPDRGAmount			
MIA11	782	IMPLEMENTATION NAME: PPS-Capital HSP DRG Amount Monetary Amount	0	1	R 1/18
WIAII	782	Monetary amount	U	1	K 1/10
		SITUATIONAL RULE: Required when Medicare or Medicaid is the value is different than zero. If not required by this imple do not send.	-	-	
		OD: 835W1_2100_MIA11PPSCapitalDSHDRGAmount			
		IMPLEMENTATION NAME: PPS-Capital DSH DRG Amount			
MIA12	782	Monetary Amount	0	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when Medicare or Medicaid is the value is different than zero. If not required by this imple do not send.	-	-	
		OD: 835W1_2100_MIA12OldCapitalAmount			
		IMPLEMENTATION NAME: Old Capital Amount			
MIA13	782	Monetary Amount	0	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when Medicare or Medicaid is the value is different than zero. If not required by this imple do not send.	•	•	
		OD: 835W1_2100_MIA13PPSCapitalIMEamount			
		IMPLEMENTATION NAME: PPS-Capital IME amount			
MIA14	782	Monetary Amount	0	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when Medicare or Medicaid is the value is different than zero. If not required by this imple do not send.	-	-	
		OD: 835W1_2100_MIA14PPSOperatingHospitalSpecificDF	GAmou	unt	
MIA15	380	IMPLEMENTATION NAME: PPS-Operating Hospital Specific D Quantity	RG Am O		R 1/15
_		Numeric value of quantity	-		• -
		SITUATIONAL RULE: Required when Medicare or Medicaid is the value is different than zero. If not required by this imple do not send.	-	-	
		OD: 835W1_2100_MIA15CostReportDayCount			
		IMPLEMENTATION NAME: Cost Report Day Count			
MIA16	782	Monetary Amount	0	1	R 1/18

		Monetary amount			
		SITUATIONAL RULE: Required when Medicare or Medicaid is the value is different than zero. If not required by this impler do not send.	-		
		OD: 835W1_2100_MIA16PPSOperatingFederalSpecificDRC	GAmou	nt	
MIA17	782	IMPLEMENTATION NAME: PPS-Operating Federal Specific DF Monetary Amount	RG Amo O		R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when Medicare or Medicaid is the value is different than zero. If not required by this impler do not send.	-	-	
		OD: 835W1_2100_MIA17ClaimPPSCapitalOutlierAmount			
MIA18	782	IMPLEMENTATION NAME: Claim PPS Capital Outlier Amount Monetary Amount	0	1	R 1/18
MIAIO	702	Monetary amount	U	-	N 1/10
		SITUATIONAL RULE: Required when Medicare or Medicaid is the value is different than zero. If not required by this impler do not send. OD: 835W1_2100_MIA18ClaimIndirectTeachingAmount	-		
		IMPLEMENTATION NAME: Claim Indirect Teaching Amount			
MIA19	782	Monetary Amount	0	1	R 1/18
		Monetary amount SITUATIONAL RULE: Required when Medicare or Medicaid is the value is different than zero. If not required by this impler do not send. OD: 835W1_2100_MIA19NonpayableProfessionalCompon	nentati	on gi	uide,
		IMPLEMENTATION NAME: Nonpayable Professional Compon	-		
MIA20	127	Reference Identification	0		AN 1/50
		Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier SITUATIONAL RULE: Required when an additional Claim Payn Code applies to this entire claim. If not required by this imple do not send.	nent Re	emarl	
		OD: 835W1_2100_MIA20ClaimPaymentRemarkCode			
		IMPLEMENTATION NAME: Claim Payment Remark Code			
MIA21	127	Reference Identification	0		AN 1/50
		Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier SITUATIONAL RULE: Required when an additional Claim Payn Code applies to this entire claim. If not required by this imple do not send. OD: 835W1_2100_MIA21ClaimPaymentRemarkCode	nent Re	emarl	
MIA22	127	IMPLEMENTATION NAME: Claim Payment Remark Code Reference Identification	0	1	AN 1/50
A1 (005010X221A		62	-		, 2016

		Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier SITUATIONAL RULE: Required when an additional Claim Payr Code applies to this entire claim. If not required by this imple do not send. OD: 835W1_2100_MIA22ClaimPaymentRemarkCode IMPLEMENTATION NAME: Claim Payment Remark Code	nent Re	mar	
MIA23	127	Reference Identification	0	1	AN 1/50
WIIN23	127	Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	n Set or	as	
		SITUATIONAL RULE: Required when an additional Claim Payr Code applies to this entire claim. If not required by this imple do not send.			
		OD: 835W1_2100_MIA23ClaimPaymentRemarkCode			
		IMPLEMENTATION NAME: Claim Payment Remark Code			
MIA24	782	Monetary Amount	0	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when Medicare or Medicaid is the value is different than zero. If not required by this imple do not send.			
		OD: 835W1_2100_MIA24PPSCapitalExceptionAmount			
		IMPLEMENTATION NAME: PPS-Capital Exception Amount			
Segment:	MOA	Outpatient Adjudication Information			
Position:	0350				
Loop:	2100	Optional			
Level:	Detail				
Usage:	Optional				
Max Use:	1				
Purpose:		y claim-level data related to the adjudication of Medicare clai ent setting	ms not	relat	ted to

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:	
Semantic Notes:	1 MOA01 is the reimbursement rate.
	2 MOA02 is the claim Health Care Financing Administration Common Procedural
	Coding System (HCPCS) payable amount.
	3 MOA03 is the Claim Payment Remark Code. See Code Source 411.
	4 MOA04 is the Claim Payment Remark Code. See Code Source 411.
	5 MOA05 is the Claim Payment Remark Code. See Code Source 411.
	6 MOA06 is the Claim Payment Remark Code. See Code Source 411.
	7 MOA07 is the Claim Payment Remark Code. See Code Source 411.
	8 MOA08 is the End Stage Renal Disease (ESRD) payment amount.
	9 MOA09 is the professional component amount billed but not payable.
Comments:	
Notes:	Situational Rule: Required for outpatient/professional claims where there is a need to report a Remittance Advice Remark Code at the claim level or when the payer is Medicare or Medicaid and MOA01, 02, 08 or 09 are non-zero. If not required by this implementation guide, do not send.
	TR3 Notes: 1. Either MIA or MOA may appear, but not both.

2. All situational quantities and/or monetary amounts in this segment are required when the value of the item is different than zero. TR3 Example: MOA***MA01~

		Data Element Summary			
Ref.	Data				
<u>Des.</u> MOA01	<u>Element</u> 954	<u>Name</u> Percentage as Decimal	0 /		<u>outes</u> R 1/10
MOAUL	554	-	-		N 1/ 10
		Percentage expressed as a decimal (e.g., 0.0 through 1.0 repret through 100%)	sents	5 0%	
		SITUATIONAL RULE: Required when the outpatient institutiona	al clai	m	
		reimbursement rate is not zero for a Medicare or Medicaid cla			
		required by this implementation guide, do not send.			
		OD: 835W1_2100_MOA01ReimbursementRate			
		IMPLEMENTATION NAME: Reimbursement Rate			
MOA02	782	Monetary Amount	0	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when the outpatient institutiona	al clai	m HO	CPCS
		Payable Amount is not zero for a Medicare or Medicaid claim.	If not	t req	uired
		by this implementation guide, do not send.			
		OD: 835W1_2100_MOA02ClaimHCPCSPayableAmount			
		IMPLEMENTATION NAME: Claim HCPCS Payable Amount			
		Decimal elements will be limited to a maximum length of 10 cl	harac	ters	
		including reported or implied places for cents (implied value o	f 00 a	fter	the
		decimal point). This applies to all subsequent 782 elements.			
MOA03	127	Reference Identification	0	1	AN 1/50
		Reference information as defined for a particular Transaction S	Set or	r as	
		specified by the Reference Identification Qualifier			
		SITUATIONAL RULE: Required when a Claim Payment Remark (
		this entire claim. If not required by this implementation guide,	, ao n	ot se	na.
		OD: 835W1_2100_MOA03ClaimPaymentRemarkCode			
		IMPLEMENTATION NAME: Claim Payment Remark Code	_		
MOA04	127		0		AN 1/50
		Reference information as defined for a particular Transaction S	Set or	r as	
		specified by the Reference Identification Qualifier SITUATIONAL RULE: Required when an additional Claim Payme	ont D		Ŀ
		Code applies to this entire claim. If not required by this implen			
		do not send.	incince		Surce,
		OD: 835W1_2100_MOA04ClaimPaymentRemarkCode			
		IMPLEMENTATION NAME: Claim Payment Remark Code			
MOA05	127	Reference Identification	0	1	AN 1/50
		Reference information as defined for a particular Transaction S	Set o	r as	
		specified by the Reference Identification Qualifier			
		SITUATIONAL RULE: Required when an additional Claim Payme			
		Code applies to this entire claim. If not required by this implen	nenta	ation	guide,
		do not send.			

		OD: 835W1_2100_MOA05ClaimPaymentRemarkCode			
MOA06	127	IMPLEMENTATION NAME: Claim Payment Remark Code Reference Identification	0	1	AN 1/50
WICAU	127	Reference information as defined for a particular Transactio	-		AN 1/30
		specified by the Reference Identification Qualifier	ii Set U	1 43	
		SITUATIONAL RULE: Required when an additional Claim Pay	nent R	emar	k
		Code applies to this entire claim. If not required by this impl	ementa	ation	guide,
		do not send.			
		OD: 835W1_2100_MOA06ClaimPaymentRemarkCode			
MOA07	127	IMPLEMENTATION NAME: Claim Payment Remark Code Reference Identification	0	1	AN 1/50
WOA07	127	Reference information as defined for a particular Transactio	-		AN 1/30
		specified by the Reference Identification Qualifier	ii Set o	1 45	
		SITUATIONAL RULE: Required when an additional Claim Pay			
		Code applies to this entire claim. If not required by this impl do not send.	ementa	ation	guide,
		OD: 835W1_2100_MOA07ClaimPaymentRemarkCode			
		IMPLEMENTATION NAME: Claim Payment Remark Code			
MOA08	782	Monetary Amount	0	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when the outpatient institution			
		Payment Amount is not zero for a Medicare or Medicaid clai	m. If n	ot red	quired
		by this implementation guide, do not send.			
		OD: 835W1_2100_MOA08ClaimESRDPaymentAmount			
MOA09	782	IMPLEMENTATION NAME: Claim ESRD Payment Amount Monetary Amount	0	1	R 1/18
		Monetary amount			•
		SITUATIONAL RULE: Required when the outpatient institutio	nal cla	im	
		Nonpayable Professional Component Amount is not zero for			
		Medicaid claim. If not required by this implementation guide	2, do no	ot ser	10.
		OD: 835W1_2100_MOA09NonpayableProfessionalCompo	onentA	mour	nt
		INADI ENTENTATION NAME, Nonpoughio Drofossional Compos	oont Ar		
		IMPLEMENTATION NAME: Nonpayable Professional Compon	ient Ar	noun	L
Segment:	RFF	Other Claim Related Identification			
Position:	0400				
Loop:	2100	Optional			
Level:	Detail				
Usage: Max Use:	Optiona 5	1			
Purpose:		fy identifying information			
Syntax Notes:	1 At l	east one of REF02 or REF03 is required.			
		ther C04003 or C04004 is present, then the other is required. ther C04005 or C04006 is present, then the other is required.			
Semantic Notes:		04 contains data relating to the value cited in REF02.			
Comments:		0			

Situational Rule: Required when additional reference numbers specific to the claim in

the CLP segment are provided to identify information used in the process of adjudicating this claim. If not required by this implementation guide, do not send. TR3 Example: REF*EA*666123~

	D-f	Data	Data Elem	ent Su	mmary		
	Ref. <u>Des.</u>	Data <u>Element</u>	Name				Attributes
м	<u>Des.</u> REF01	128	Reference Identific	ation (Jualifier	м	1 ID 2/3
			Code qualifying the		•		1 .0 1,0
			1L	Grou	p or Policy Number		
				Use t REFO	his code when conveying the Group 2.) Nu	mber in
			1W	Mem	ber Identification Number		
			20	unde	ue identification number assigned to r a subscriber's contract	o ea	ch member
			28		oyee Identification Number		
			6P		p Number		
			9A	requi ident of the	s the Other Insured Group Number red when a Corrected Priority Paye ified in the NM1 segment and the G e other insured for that payer is kno iced Claim Reference Number	r is Grou	p Number
			9C	Adjus	sted Repriced Claim Reference Num	ber	
			BB	Auth	orization Number		
				Prove	es that permission was obtained to	prov	vide a service
				numl adjuo servio repoi	his qualifier only when supplying ar per that was assigned by the dication process and was not provid ces. Do not use this qualifier when rting the same number as reported rior authorization or re-authorizatio per.	ed p in th	prior to the
			CE		of Contract Code		
				Class	ection 1.10.2.15 for information on of Contract Code. cal Record Identification Number	the	use of
			EA	A uni provi medi	que number assigned to each patie der of service (hospital) to assist in cal records		
			F8	_	nal Reference Number		
				equa one i REQL REFO for ad	n this is a correction claim and CLPO I the CLPO7 value from the original o teration of this REF segment using t JIRED to identify the original claim (2. See section 1.10.2.8, Reversals ar dditional information.	clain his c CLPO	n payment, qualifier is 7 value in
			G1		Authorization Number		
				subm	uthorization number acquired prior hission of a claim		
				with the 8	his qualifier when reporting the nur the original claim as a preauthorizat 37 that was at table 2, position 180 the same qualifier of G1).	tion	number (in

			G3	Predetermination of Benefits Identification Number
				A number assigned by a third-party payer identifying the
				pre-treatment estimate
			IG	Insurance Policy Number
				Use this code when conveying the Policy Number in REF02.
			SY	Social Security Number
Must Use	REF02	127	Reference Identifi	cation X 1 AN 1/50
				tion as defined for a particular Transaction Set or as
				eference Identification Qualifier
			OD: 835W1_2100_	_REF02OtherClaimRelatedIdentifier
				NAME: Other Claim Related Identifier
	Commont	RFF	Rendering Provider	Idováří osti ov
	Segment:		Rendering Provider	Identification
	Position: Loop:	0400 2100	Optional	
	Level:	Detail	Optional	
	Usage:	Optional		
	Max Use:	10		
	Purpose:	-	fy identifying inform	
Sy	ntax Notes:		east one of REF02 or	•
				04 is present, then the other is required. 06 is present, then the other is required.
Sema	ntic Notes:			iting to the value cited in REF02.
	Comments:			
	Notes:	Situation	al Rule: Required w	hen additional rendering provider identification numbers
				Provider NM1 segment for this claim were submitted on the
		-		adjudication. If not required by this implementation guide,
		do not se	end.	
		TR3 Note	es: 1. The NM1 segm	ent always contains the primary reference number.
			nple: REF*1C*12345	
	Ref.	Data	Data Elen	nent Summary
	Des.	Element	Name	Attributes
м	REF01	128	Reference Identifi	
			Code qualifying the	e Reference Identification
			OD: 835W1_2100_	REF01ReferenceIdentificationQualifier
			OB	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
				CODE SOURCE 207: National Council for Proscription

G2

CODE SOURCE 307: National Council for Prescription

Drug Programs Pharmacy Number Provider Commercial Number

				A unique number assigned to a insurer	a provider by a commercial
			-	Location Number	
Must Use	REF02	127	Reference Identificat		X 1 AN 1/50
				n as defined for a particular Tr rence Identification Qualifier	ransaction Set or as
				F02RenderingProviderSeco	ndarvldentifier
					,
			IMPLEMENTATION N	AME: Rendering Provider Seco	ndary Identifier
	Segment:	DTN	Statement From or	To Date	
	Position:	0500			
	Loop:	2100	Optional		
	Level:	Detail			
	Usage: Max Use:	Optional 2			
	Purpose:		y pertinent dates and	times	
Syn	tax Notes:			103 or DTM05 is required.	
		2 If DT	M04 is present, then I	OTM03 is required.	
_		3 If eit	her DTM05 or DTM06	is present, then the other is re	equired.
	ntic Notes: omments:				
Ľ	Notes:	Situation	al Rule: Required whe	n the "Statement From or To D	ates" are not supplied at
			-	not required by this implemen	
		provided	at senders discretion,	but cannot be required by the	receiver.
				n level apply to the entire claim	_
		Dales al	the service line level a	pply only to the service line wh	lere they appear.
		2. When	claim dates are not pr	ovided, service dates are requi	red for every service line.
			claim dates are provid the claim dates for inc	ed, service dates are not requi ividual service lines.	red, but if used they
			ail pharmacy claims, t ion filled date.	ne Claim Statement Period Sta	rt Date is equivalent to the
		5 For pr	edeterminations when	e there is no service date, the	value of DTM02 must be
		-		CLP02 value is 25 - Predetermir	
		Payment	•		U ,
		6. When	payment is being mad	e in advance of services, the us	se of future dates is
		allowed.			
		TR3 Exan	nple: DTM*233*20020	916~	
			Data Eleme	nt Summary	
	Ref.	Data			n
	Des.	Element	Name Data (Time Qualifier		Attributes
Μ	DTM01	374	Date/Time Qualifier	of date or time, or both date a	M 1 ID 3/3
				IM01DateTimeQualifier	
			5D. 855W1_2100_D		
			IMPLEMENTATION N	AME: Date Time Qualifier	
				Claim Statement Period Start	
				If the claim statement period s	start date is conveyed
				without a subsequent claim sta	atement period end date,
835-X221A	(005010X22	21A1)	6	8	July 15, 2016

835-X221A	Segment: Position: Loop: Level: Usage: 1 (005010X22	0500 2100 Detail Optional	Claim Received Dat	t e 59	July 15, 2016
			OD: 835W1_2100_D	TM02Date	
Must Use	DTM02	373	Date Date expressed as C calendar year	X CYYMMDD where CC represents the first tv	
			IMPLEMENTATION N 036	IAME: Date Time Qualifier Expiration Date coverage expires	
м	Ref. <u>Des.</u> DTM01	Data <u>Element</u> 374	Date/Time Qualifier Code specifying type	• • of date or time, or both date and time •TM01DateTimeQualifier	<u>Attributes</u> 1 1 ID 3/3
				ent Summary	
	ntic Notes: Comments: Notes:	coverage. If not requ		en payment is denied because of the expira entation guide, do not send. 1001~	tion of
-	Usage: Max Use: Purpose: ntax Notes:	1 At lea 2 If DT	M04 is present, then	M03 or DTM05 is required.	
	Segment: Position: Loop: Level:	DTM 0500 2100 Detail	Coverage Expiratio Optional	n Date	
			Date expressed as C calendar year OD: 835W1_2100_C IMPLEMENTATION N		vo digits of the
Must Use	DTM02	373	Date	If a claim statement period end date is cor without a claim statement period start dat start date is assumed to be different from but not conveyed at the payer's discretion note on code 232.	e, then the the end date . See the
			233	the end date is assumed to be the same as date. This date or code 233 is required wh level dates are not provided in the remitta Claim Statement Period End	en service

Max Use:1Purpose:To specify pertinent dates and timesSyntax Notes:1At least one of DTM02 DTM03 or DTM05 is required.2If DTM04 is present, then DTM03 is required.3If either DTM05 or DTM06 is present, then the other is required.Semantic Notes:Situational Rule: Required whenever state or federal regulations or the procontract mandate interest payment or prompt payment discounts based up receipt date of the claim by the payer. If not required by this implementation be provided at sender's discretion, but cannot be required by the receiver. TR3 Example: DTM*050*20011124~												
	Ref.	Data	Data Element Summary									
	Des.	Element	Name Attributes									
м	DTM01	374	Date/Time Qualifier M 1 ID 3/3									
	211102		Code specifying type of date or time, or both date and time									
			OD: 835W1 2100 DTM01 DateTimeQualifier									
			IMPLEMENTATION NAME: Date Time Qualifier									
			050 Received									
Must Use	DTM02	373	Date X 1 DT 8/8									
			Date expressed as CCYYMMDD where CC represents the first two digits of the									
			calendar year									
			OD: 835W1_2100_DTM02Date									
			This is the date that the claim was received by the payer.									
	Segment:	PER	Claim Contact Information									
	Position:	0600										
	Loop:	2100	Optional									
	Level:	Detail	Optional									
Usage: Optional												
Max Use: 2												
Purpose: To identify a person or office to whom administrative communications should be directed												
Syr	ntax Notes:	1 If eit	her PER03 or PER04 is present, then the other is required.									
		2 If eit	ither PER05 or PER06 is present, then the other is required.									
		3 If eit	her PER07 or PER08 is present, then the other is required.									
	ntic Notes:											
	Comments:											
	Notes: Situational Rule: Required when there is a claim specific communications contact. If no required by this implementation guide, do not send.											
			s: 1. When the communication number represents a telephone number in the									
			ates and other countries using the North American Dialing Plan (for voice, data,									
	fax, etc.), the communication number always includes the area code and phone nur											
		using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone										
		number prefix, and CCCC is the telephone number (e.g. (800)555-1212 would be represented as 8005551212). The extension number, when applicable, is identified in										
			element pair (Communications Number Qualifier and Communication Number)									
			tely after the telephone number.									
			nnle: PFR*CX**TF*8005551212~									

TR3 Example: PER*CX**TE*8005551212~

М	Ref. <u>Des.</u> PER01	Data <u>Element</u> 366	<u>Name</u> Contact Function Code Code identifying the major duty or responsibility of the pers named	M on or ;	1	butes ID 2/2		
			OD: 835W1_2100_PER01ContactFunctionCode					
			CX Payers Claim Office Location responsible for paying bills rel	atod t	0 200	dical		
			care received					
	PER02	93	Name Free-form name	0	1	AN 1/60		
			SITUATIONAL RULE: Required when the name of the individu	ial to	conta	ct is		
			not already defined or is different than the name within the prior contact is segment (PER). If not required by this implementation guide, do not send.					
			OD: 835W1_2100_PER02ClaimContactName					
			IMPLEMENTATION NAME: Claim Contact Name					
Must Use	PER03	365	Communication Number Qualifier Code identifying the type of communication number	Х	1	ID 2/2		
			OD: 835W1 2100 PER03 CommunicationNumberQualifie	r				
			EM Electronic Mail					
			FX Facsimile					
			TE Telephone					
Must Use	PER04	364	Communication Number Complete communications number including country or are applicable	X a code		AN 1/256 n		
			OD: 835W1_2100_PER04ClaimContactCommunicationsNu					
	PER05	365	IMPLEMENTATION NAME: Claim Contact Communications N Communication Number Qualifier	lumbe X		ID 2/2		
	PERUS	305	Code identifying the type of communication number	^	1	10 2/2		
			SITUATIONAL RULE: Required when required per ASC X12 sy is sent. If not required by this implementation guide, do not			PER06		
			OD: 835W1_2100_PER05CommunicationNumberQualifier	r				
			EM Electronic Mail					
			EX Telephone Extension					
			When used, the value following this con extension for the preceding communica number.			act		
			FX Facsimile					
	55566	264	TE Telephone	v		AN 4 /25C		
	PER06	364	Communication NumberX1AN 1/256Complete communications number including country or area code when					
			applicable	a coue	wile			
			SITUATIONAL RULE: Required when a second claim specific of contact number exists. If not required by this implementation send.					
			OD: 835W1_2100_PER06ClaimContactCommunicationsN	umber	•			
	PER07	365	IMPLEMENTATION NAME: Claim Contact Communications N Communication Number Qualifier	lumbe X		ID 2/2		
025 V224 A 4			74					

		Code identifying the type of communication number							
		vhen PER08							
		is sent. If not required by this implementation guide, do not send.							
		OD: 835W1_2100_PER07CommunicationNumberQualifier							
PER08	364	EX Te	elephone Extension	х	1 AN 1/256				
FEROO	304		ions number including country or area		-				
		applicable							
		SITUATIONAL RULE: Required when an extension applies to the previous communications contact number (PER06). If not required by this							
		implementation guide, do not send.							
		OD: 835W1_2100_PER08CommunicationNumberExtension							
		IMPLEMENTATION NA	IMPLEMENTATION NAME: Communication Number Extension						
Segment: AMT Claim Supplemental Information									
Position:	0620								
Loop:	2100	Optional							
Level:	Detail	Detail							
Usage:	Optional 13	Optional							
Max Use: Purpose:	-	te the total monetary ar	mount						
Syntax Notes:		·····							
Semantic Notes:									
Comments: Notes:	Situation	Situational Rule: Required when the value of any specific amount identified by the							
Notes.	AMT01 qualifier is non-zero. If not required by this implementation guide, do not send.								
	TR3 Notes: 1. Use this segment to convey information only. It is not part of the financial balancing of the 835.								
	2. Send/receive one AMT for each applicable non-zero value. Do not report any zero								
	values.								
	TR3 Exan	nple: AMT*T*49~							
	Data Element Summary								
Ref. <u>Des.</u>	Data <u>Element</u>	Name			<u>Attributes</u>				
AMT01	522	Amount Qualifier Code	e	м	1 ID 1/3				
		Code to qualify amoun	t						
			T01AmountQualifierCode						
			overage Amount						
		The dollar amount of property coverage provided by a specific policy contract							
		Use this monetary amount to report the total covered charges.							
		т	nis is the sum of the original submitted	d prov	vider				
charges that are considered for payment under th									
benefit provisions of the health plan. This exclude charges considered not covered (i.e. per day telev or telephone charges) but includes reductions to									

М

payments of covered services (i.e. reductions for

D8 Discount Amount A reduction from the usual price Prompt Pay Discount Amount See section 1.10.2.9 for additional information. DY Per Day Limit F5 Patient Amount Paid Monetary amount value already paid by one receiving medical care Use this monetary amount value already paid by one receiving medical care Use this monetary amount value already paid. I Interest See section 1.10.2.9 for additional information. NL Negative Ledger Balance Used only by Medicare Part A and Medicare Part B. T Tak T2 Total Caim Before Taxes The total monies requested for a single claim before any taxes were included Used only when tax also applies to the claim. ZK Federal Medicare or Medicaid Payment Mandate - Category 1 ZL 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 AMT02 782 Monetary Amount Monetary Amount M 1 R 1/18 Monetary Amount Monetary Amount				amounts over fee schedule and patient deductibles).
Prompt Pay Discount Amount DY Per Day Limit F5 Patient Amount Paid Monetary amount value already paid by one receiving medical care Use this monetary amount value already paid by one receiving medical care Use this monetary amount value already paid by one receiving medical care Use this monetary amount value already paid by one receiving medical care Use this monetary amount value already paid. I I Interest See section 1.10.2.9 for additional information. NL NL Negative Ledger Balance Used only by Medicare Part A and Medicare Part B. T T2 Total Calin Before Taxes The total monies requested for a single claim before any taxes were included Used only when tax also applies to the claim. ZK Federal Medicare or Medicaid Payment Mandate - Category 1 ZI Federal Medicare or Medicaid Payment Mandate - Category 4 ZO Federal Medicare or Medicaid Payment Mandate - Category 5 AMT02 782 Monetary amount OD: 835W1_2100_AMT02_ClaimSupplemental Information Amount INPLEMENTATION NAME: Claim Supplemental Information Amount Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents(implied value of 00 after the decimal point).			D8	Discount Amount
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DY Per Day Limit F5 Patient Amount Paid Monetary amount for the amount walue already paid by one receiving medical care Use this monetary amount for the amount the patient has already paid. I Interest See section 1.10.2.9 for additional information. NL Negative Ledger Balance Use do nly by Medicare Part A and Medicare Part B. T Tax T2 Total Claim Before Taxes The total monies requested for a single claim before any taxes were included Used only when tax also applies to the claim. ZK Federal Medicare or Medicaid Payment Mandate - Category 1 ZL ZI 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 3 ZN Federal Medicare or Medicaid Payment Mandate - Category 4 ZO Federal Medicare or Medicaid Payment Mandate - Category 5 AMT02 782 Monetary Amount Monetary amount M 1 DD: 835W1_2100_AMT02_Claim Supplemental Information Amount MPLEMENTATION NAME: Claim Supplemental Information Amount MPLEMENTATION NAME: Claim Supplemental Information Amount Decimal elements will be limited to				Prompt Pay Discount Amount
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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 4 ZO Federal Medicare or Medicaid Payment Mandate - Category 5 AMT02 782 Monetary Amount Monetary amount M 1 OD: 835W1_2100_AMT02_ClaimSupplementalInformationAmount IMPLEMENTATION NAME: Claim Supplemental Information Amount Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). This applies to all subsequent 782 elements. Segment: QTY Claim Supplemental Information Quantity Position: 0640			ZK	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 1 R1/18 Monetary Amount Monetary amount OD: 835W1_2100_AMT02_ClaimSupplementalInformationAmount IMPLEMENTATION NAME: Claim Supplemental Information Amount Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). This applies to all subsequent 782 elements. 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.				
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 AMT02 782 Monetary Amount Monetary amount M 1 R 1/18 Monetary amount OD: 835W1_2100_AMT02_ClaimSupplementalInformationAmount IMPLEMENTATION NAME: Claim Supplemental Information Amount Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). This applies to all subsequent 782 elements. V Segment: QTY Claim Supplemental Information Quantity V Position: 0640 Usage: Optional V Level: Detail Usage: Optional V V Max Use: 1 4 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.			ZL	-
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ZN Federal Medicare or Medicaid Payment Mandate - Category 4 ZO Federal Medicare or Medicaid Payment Mandate - Category 5 AMT02 782 Monetary Amount M 1 R 1/18 Monetary amount OD: 835W1_2100_AMT02_ClaimSupplementalInformationAmount IMPLEMENTATION NAME: Claim Supplemental Information Amount Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). This applies to all subsequent 782 elements. Segment: QTY Claim Supplemental Information Quantity Position: 0640 Loop: 2100 Optional Usage: Max Use: 14 Purpose: To specify quantity information Syntax Notes: 1 At least one of QTYO2 or QTY04 may be present.			2101	-
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IMPLEMENTATION NAME: Claim Supplemental Information Amount Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). This applies to all subsequent 782 elements. 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 may be present.				
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including reported or implied places for cents (implied value of 00 after the decimal point). This applies to all subsequent 782 elements. Segment: QTY Claim Supplemental Information Quantity Position: 0640 Loop: 2100 Optional Optional Level: Detail Wax 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.			IMPLEMENTATION	NAME: Claim Supplemental Information Amount
including reported or implied places for cents (implied value of 00 after the decimal point). This applies to all subsequent 782 elements. Segment: QTY Claim Supplemental Information Quantity Position: 0640 Loop: 2100 Optional Optional Level: Detail Wax 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.			Decimal elements w	vill be limited to a maximum length of 10 characters
decimal point). This applies to all subsequent 782 elements. 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.				-
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.				
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.				
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.				
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.	Commont	ΟΤΥ	Claim Gunnlamantal	Information Quantity
Loop:2100OptionalLevel:DetailUsage:OptionalMax Use:14Purpose:To specify quantity informationSyntax Notes:1At least one of QTY02 or QTY04 is required. 2QuestionQuestionSyntax Notes:1At least one of QTY02 or QTY04 may be present.	-	•	Claim Supplemental	Information Quantity
Level:DetailUsage:OptionalMax Use:14Purpose:To specify quantity informationSyntax Notes:1At least one of QTY02 or QTY04 is required. 2Question2Only one of QTY02 or QTY04 may be present.			Ontional	
Usage:OptionalMax Use:14Purpose:To specify quantity informationSyntax Notes:1At least one of QTY02 or QTY04 is required.2Only one of QTY02 or QTY04 may be present.			Optional	
Max Use:14Purpose:To specify quantity informationSyntax Notes:1At least one of QTY02 or QTY04 is required.2Only one of QTY02 or QTY04 may be present.			l	
Syntax Notes:1At least one of QTY02 or QTY04 is required.2Only one of QTY02 or QTY04 may be present.	•	-		
2 Only one of QTY02 or QTY04 may be present.		-		
	Syntax Notes:			
Semantic Notes: 1 QIYU4 is used when the quantity is non-numeric.	Compation N. 1			
Comments:		1 QIY	04 is used when the c	juantity is non-numeric.
	Notes:	Situation	nal Rule: Required wh	en the value of a specific quantity identified by the QTY01
Notoc: Situational Dulo: Doquirod when the value of a crecitic quantity identified by the OTV01	notes:	Situation	iai Kule. Keyulleu Wh	en the value of a specific quantity identified by the QTYOT

М

Situational Rule: Required when the value of a specific quantity identified by the QTY01

qualifier is non-zero. If not required by this implementation guide, do not send.

TR3 Notes: 1. Use this segment to convey information only. It is not part of the financial balancing of the 835.

2. Send one QTY for each non-zero value. Do not report any zero values. TR3 Example: QTY*ZK*3~

			Data Eleme	ent Summary			
м	Ref. <u>Des.</u> QTY01	Data <u>Element</u> 673	<u>Name</u> Quantity Qualifier		м		butes ID 2/2
			Code specifying the	type of quantity		_	· , -
			OD: 835W1_2100_0	QTY01QuantityQualifier			
			CA	Covered - Actual			
				Days covered on this service			
			CD	Co-insured - Actual			
			LA	Life-time Reserve - Actual			
			LE	Medicare hospital insurance includes ext to be used if the patient has a long illnes to stay in the hospital over a specified nu this is the actual number of days in reser Life-time Reserve - Estimated	s and umbe	l is re	quired
			NE	Medicare hospital insurance includes ext to be used if the patient has a long illnes to stay in the hospital over a specified nu this is an estimate of the number of days Non-Covered - Estimated	s and umbe	l is re r of d	quired ays;
			NR	Not Replaced Blood Units			
			OU	Outlier Days			
			PS	Prescription			
			VS	Visits			
			ZK	Federal Medicare or Medicaid Payment I Category 1	Mano	date -	
			ZL	Federal Medicare or Medicaid Payment I Category 2	Mano	date -	
			ZM	Federal Medicare or Medicaid Payment I Category 3	Mano	date -	
			ZN	Federal Medicare or Medicaid Payment I Category 4	Mano	date -	
			ZO	Federal Medicare or Medicaid Payment I Category 5	Mano	date -	
Must Use	QTY02	380	Quantity		X	1	R 1/15
			Numeric value of qu	•			
				QTY02ClaimSupplementalInformationQ			
			IMPLEMENTATION I	NAME: Claim Supplemental Information Q	luant	ity	
	Segment:		Service Payment Info	ormation			
	Position: Loop: Level: Usage: Max Use:	0700 2110 Detail Optional 1	Optional				

Purpose:	To supply	payment and control information to a provider for a particular ser	vice
Syntax Notes:			
Semantic Notes:		1 is the medical procedure upon which adjudication is based.	
		2 is the submitted service charge.	
		3 is the amount paid this service.	
		4 is the National Uniform Billing Committee Revenue Code.	
		5 is the paid units of service.	
		6 is the original submitted medical procedure.	
Comments:		17 is the original submitted units of service. Aedicare Part A claims, SVC01 would be the Health Care Financing	
comments:		inistration (HCFA) Common Procedural Coding System (HCPCS) Cod	la (soo codo
		ce 130) and SVC04 would be the Revenue Code (see code source 13	-
Notes:	Situation claim prid claim is d adjustme diem). If TR3 Note 2. The ex per diem adjustme for additi 3. See 1.2 Service Li	al Rule: Required for all service lines in a professional, dental or out ced at the service line level or whenever payment for any service lin ifferent than the original submitted charges due to service line spec nts (excluding cases where the only service specific adjustment is for not required by this implementation guide, do not send. s: 1. See section 1.10.2.1.1 (Service Line Balancing) for additional in ception to the situational rule occurs with institutional claims when is the only service line adjustment. In this instance, a claim level CA nt to the per diem is appropriate (i.e., CAS*CO*78*25~). See sectio onal information. 10.2.6, Procedure Code Bundling and Unbundling, and section 1.10. ne Balancing, for important SVC segment usage information. https://www.actional.com/action/act	patient ne of the cific or room per formation. the room AS on 1.10.2.4.1
Ref.	Data	Data Element Summary	
Des.	Element	Name	Attributes
SVC01	C003	Composite Medical Procedure Identifier M	1
		To identify a medical procedure by its standardized codes and app	licable
		modifiers	
		OD: 835W1_2110_SVC01_C003	
		This is the adjudicated medical procedure information.	
		This code is a composite data structure.	
C00301	235	Product/Service ID Qualifier M	ID 2/2
		Code identifying the type/source of the descriptive number used i	n
		Product/Service ID (234)	
		835W1_2110_SVC01_C00301_ProductorServiceIDQualifier	

IMPLEMENTATION NAME: Product or Service ID Qualifier

The value in SVC01-1 qualifies the values in SVC01-2, SVC01-3, SVC01-4, SVC01-5, SVC01-6 and SVC01-7.

AD	American Dental Association Codes
	This association's membership consists of U.S. dentists. It
	sets standards for the dental profession
	CODE SOURCE 135: American Dental Association
ER	Jurisdiction Specific Procedure and Supply Codes
	CODE SOURCE 576: Workers Compensation Specific
	Procedure and Supply Codes

Μ

Μ

HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments Because the CPT codes of the American Medical
	Association are also level 1 HCPCS codes, they are reported under the code HC.
	CODE SOURCE 130: Healthcare Common Procedural Coding System
ΗР	Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code
	Medicare uses this code to reflect the Skilled Nursing Facility Group as well as the Home Health Agency Outpatient Prospective Payment System.
	CODE SOURCE 716: Health Insurance Prospective Payment System (HIPPS) Rate Code for Skilled Nursing Facilities
IV	Home Infusion EDI Coalition (HIEC) Product/Service Code
	This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.
	CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List
N4	National Drug Code in 5-4-2 Format 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size
	CODE SOURCE 240: National Drug Code by Format
N6	National Health Related Item Code in 4-6 Format
	This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names National Health Related Item Code in 4-6 Format Codes as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters
	that are not covered under HIPAA.
NU	CODE SOURCE 240: National Drug Code by Format National Uniform Billing Committee (NUBC) UB92 Codes
	CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
UI	U.P.C. Consumer Package Code (1-5-5)
	This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names U.P.C. Consumer Package Code (1-5-5) Codes as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.
WK	Advanced Billing Concepts (ABC) Codes
	This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used in

transactions covered under HIPAA by parties registered in the pilot project and their trading partners.

CODE SOURCE 843: Advanced Billing Concepts (ABC)

			Codes			
Μ	C00302	234	Product/Service ID	М		AN 1/48
			Identifying number for a product or service			
			OD: 835W1_2110_SVC01_C00302_AdjudicatedProcedureCo	de		
			IMPLEMENTATION NAME: Adjudicated Procedure Code			
			This is the adjudicated procedure code or revenue code as ic qualifier in SVC01-1.	lentified	by t	the
	C00303	1339	Procedure Modifier	0		AN 2/2
			This identifies special circumstances related to the performa	nce of th	ne	
			service, as defined by trading partners			
			SITUATIONAL RULE: Required when a procedure code modif	ier appli	es to	o this
			service. If not required by this implementation guide, do not	send.		
			OD: 835W1_2110_SVC01_C00303_ProcedureModifier			
	C00304	1339	Procedure Modifier	0		AN 2/2
			This identifies special circumstances related to the performa	nce of th	ne	
			service, as defined by trading partners			
			SITUATIONAL RULE: Required when a second procedure cod	e modifi	er a	pplies
			to this service. If not required by this implementation guide,	do not s	end	
			OD: 835W1_2110_SVC01_C00304_ProcedureModifier			
	C00305	1339	Procedure Modifier	0		AN 2/2
			This identifies special circumstances related to the performa	- nce of th		· · · · - / -
			service, as defined by trading partners			
			SITUATIONAL RULE: Required when a third procedure code r	nodifier	app	lies to
			this service. If not required by this implementation guide, do			
			OD: 835W1_2110_SVC01_C00305_ProcedureModifier			
	C00306	1339	Procedure Modifier	0		AN 2/2
			This identifies special circumstances related to the performa	-		· · · · - / -
			service, as defined by trading partners			
			SITUATIONAL RULE: Required when a fourth procedure code	modifie	r ap	plies
			to this service. If not required by this implementation guide,	do not s	end	•
			OD: 835W1_2110_SVC01_C00306_ProcedureModifier			
М	SVC02	782	Monetary Amount	м	1	R 1/18
			Monetary amount			-
			OD: 835W1_2110_SVC02LineItemChargeAmount			
			IMPLEMENTATION NAME: Line Item Charge Amount			
			Ŭ			
			Use this monetary amount for the submitted service charge	amount.		
			Decimal elements will be limited to a maximum length of 10	characte	-rs	
			including reported or implied places for cents (implied value			he
			decimal point). This applies to all subsequent 782 elements.			
Must Use	SVC03	782	Monetary Amount	0	1	R 1/18
			Monetary amount			
			OD: 835W1_2110_SVC03LineItemProviderPaymentAmou	nt		
	(005040)/004					0040

		IMPLEMENTAT	FION NAME: Line Item Provider Payment Amo	unt		
SVC04	234	the value in SV	er for the service amount paid. The value in S /CO2 minus all monetary amounts in the subso his loop. See 1.10.2.1, Balancing, for additiona	equent (CAS atio	·
51664	204			Ŭ	-	/11 1/ 10
			mber for a product or service			
		during adjudic	RULE: Required when an NUBC revenue code ation in addition to a procedure code already equired by this implementation guide, do not	identifie		
		OD: 835W1_2	110_SVC04NationalUniformBillingCommitt	eeRever	nueC	ode
		IMPLEMENTAT	FION NAME: National Uniform Billing Commit	tee Reve	enue	Code
		-	claim and adjudication only referenced an NU d in SVC01 and this element is not used.	BC revei	nue	code,
SVC05	380	Quantity		0	1	R 1/15
		Numeric value	of quantity			
			RULE: Required when the paid units of service	are diff	erer	t than
			uired by this implementation guide, may be p			
		•	etion, but cannot be required by the receiver.		at	
		OD: 835W1_2	110_SVC05UnitsofServicePaidCount			
		IMPLEMENTAT	FION NAME: Units of Service Paid Count			
		If not present.	the value is assumed to be one.			
SVC06	C003	-	edical Procedure Identifier	0	1	
		-	nedical procedure by its standardized codes a	nd annli	cable	2
		modifiers		ia appir	cabit	-
		SITUATIONAL	RULE: Required when the adjudicated proced	ure code	e pro	vided
			ferent from the submitted procedure code fro		-	
			quired by this implementation guide, do not		U	
		OD: 835W1_2	110_SVC06_C003			
		This code is a d	composite data structure.			
		This is the Sub	mitted Procedure Code information.			
C00301	235	Product/Servi	ce ID Qualifier	М		ID 2/2
		Code identifyiı	ng the type/source of the descriptive number	used in		
		Product/Servic	ce ID (234)			
		OD: 835W1_	2110_SVC06_C00301_ProductorServiceIDQu	alifier		
		IMPLEMENTA	FION NAME: Product or Service ID Qualifier			
		T I I I I I				
			/C06-1 qualifies the value in SVC06-2, SVC06- 6-6 and SVC06-7.	3, SVC06) -4,	
		AD	American Dental Association Codes			
		,	This association's membership consists	ofus	dent	ists It
			sets standards for the dental professio	n		1515. 11
			CODE SOURCE 135: American Dental A			
		ER	Jurisdiction Specific Procedure and Sup			
			CODE SOURCE 576: Workers Compense Procedure and Supply Codes	ation Sp	ecifi	C
A1 (005010X22	P1Δ1)		78	lu i	1 v 1 F	2016

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			ΗC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments Because the CPT codes of the American Medical Association are also level 1 HCPCS codes, they are reported under the code HC. CODE SOURCE 130: Healthcare Common Procedural Coding System
			ΗΡ	Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code Medicare uses this code to reflect the Skilled Nursing Facility Group as well as the Home Health Agency Outpatient Prospective Payment System. CODE SOURCE 716: Health Insurance Prospective Payment System (HIPPS) Rate Code for Skilled Nursing
				Facilities
			IV	Home Infusion EDI Coalition (HIEC) Product/Service Code
				This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.
				CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List
			N4	National Drug Code in 5-4-2 Format
				5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size
				CODE SOURCE 240: National Drug Code by Format
			NU	National Uniform Billing Committee (NUBC) UB92 Codes
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
			WK	Advanced Billing Concepts (ABC) Codes This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names Complimentary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA. CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes
м	C00302	234	Product/Service ID	M AN 1/48
		_ - ·	-	for a product or service
				SVC06_C00302_ProcedureCode
			IMPLEMENTATION	NAME: Procedure Code
	C00303	1339	Procedure Modifier	r O AN 2/2
			service, as defined l	al circumstances related to the performance of the by trading partners : Required when a procedure code modifier applies to this

		service. If not required by this implementation guide, do not	send.	
		OD: 835W1_2110_SVC06_C00303_ProcedureModifier		
C00304	1339	Procedure Modifier	0	AN 2/2
		This identifies special circumstances related to the performan	nce of the	e
		service, as defined by trading partners		
		SITUATIONAL RULE: Required when a second procedure code		
		to this service. If not required by this implementation guide,	do not se	ena.
		OD: 835W1_2110_SVC06_C00304_ProcedureModifier		
C00305	1339	Procedure Modifier	0	AN 2/2
		This identifies special circumstances related to the performan	nce of the	e
		service, as defined by trading partners	1.0	
		SITUATIONAL RULE: Required when a third procedure code n this service. If not required by this implementation guide, do		
		this service. If not required by this implementation guide, do	not sent	
		OD: 835W1_2110_SVC06_C00305_ProcedureModifier		
C00306	1339	Procedure Modifier	0	AN 2/2
		This identifies special circumstances related to the performan	nce of the	9
		service, as defined by trading partners		
		SITUATIONAL RULE: Required when a fourth procedure code to this service. If not required by this implementation guide,		
		to this service. If not required by this implementation guide,	00 1101 30	
		OD: 835W1_2110_SVC06_C00306_ProcedureModifier		
C00307	352	Description	0	AN 1/80
		A free-form description to clarify the related data elements a	nd their	content
		SITUATIONAL RULE: Required when a description was received		-
		service for a not otherwise classified procedure code. If not r	equired l	by this
		implementation guide, do not send.		
		OD: 835W1_2110_SVC06_C00307_ProcedureCodeDescriptio	n	
SVC07	380	IMPLEMENTATION NAME: Procedure Code Description Quantity	0	1 R 1/15
30007	380	Numeric value of quantity	0	1 1/15
		SITUATIONAL RULE: Required when the paid units of service	nrovided	in
		SVC05 is different from the submitted units of service from the	-	
		If not required by this implementation guide, do not send.	0	
		OD: 835W1_2110_SVC07OriginalUnitsofServiceCount		
		IMPLEMENTATION NAME: Original Units of Service Count		

DTM Service Date Segment: Position: 0800 2110 Optional Loop: 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.
 If DTM04 is present, then DTM03 is required.
- **3** If either DTM05 or DTM06 is present, then the other is required.

Semantic Notes:

Comments:							
Notes:	Situational Rule: Required when claim level Statement From or Through Dates are not supplied or the service dates are not the same as reported at the claim level. If not required by this implementation guide, may be provided at sender's discretion, but cannot be required by the receiver.						
	TR3 Note appear.	es: 1. Dates at the service line level apply only to the service lin	ie wh	ere th	iey		
		for inpatient claims and no service date was provided on the ugh date from the claim level.	claim	then	report		
	3. When	claim dates are not provided, service dates are required for ev	very s	ervice	e line.		
	4. When claim dates are provided, service dates are not required, but if used they override the claim dates for individual service lines.						
	5. For retail pharmacy claims, the service date is equivalent to the prescription filled date.						
	-	edeterminations, where there is no service date, the value of I 1. Use only when the CLPO2 value is 25 - Predetermination Pri					
	allowed.	payment is being made in advance of services, the use of futu	re da	tes is			
		Data Element Summary					
Ref.	Data						
Des.	<u>Element</u>	Name		<u>Attri</u>	<u>butes</u>		
DTM01	374	Date/Time Qualifier	Μ	1	ID 3/3		
		Code specifying type of date or time, or both date and time					
		OD: 835W1_2110_DTM01DateTimeQualifier					
		IMPLEMENTATION NAME: Date Time Qualifier					

Service Period Start

Service Period End

guide, do not send.

Service

This qualifier is required for reporting the beginning of

This qualifier is required for reporting the end of multi-day services. If not required by this implementation guide, do not send.

Begin and end dates of the service being rendered This qualifier is required to indicate a single day service.

multi-day services. If not required by this implementation guide, do not send.

If not required by this implementation

Date expressed as CCYYMMDD where CC represents the first two digits of the

DTM02

373

Must Use

Μ

OD: 835W1_2110_DTM02__ServiceDate

IMPLEMENTATION NAME: Service Date

150

151

472

Date

calendar year

1 DT 8/8

Х

Segment:	CAS Service Adjustment
	0900
	2110 Optional
•	Detail
	Optional
-	99
	To supply adjustment reason codes and amounts as needed for an entire claim or for a
-	particular service within the claim being paid
	1 If CAS05 is present, then at least one of CAS06 or CAS07 is required.
	2 If CAS06 is present, then CAS05 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.
	1 CAS03 is the amount of adjustment.
	2 CAS04 is the units of service being adjusted.
	3 CAS06 is the amount of the adjustment.
	4 CAS07 is the units of service being adjusted.
	5 CAS09 is the amount of the adjustment.
	6 CAS10 is the units of service being adjusted.
	7 CAS12 is the amount of the adjustment.
	8 CAS13 is the units of service being adjusted.
	9 CAS15 is the amount of the adjustment.
	10 CAS16 is the units of service being adjusted.
	11 CAS18 is the amount of the adjustment.
	12 CAS19 is the units of service being adjusted.
Comments:	1 Adjustment information is intended to help the provider balance the remittance
	information. Adjustment amounts should fully explain the difference between
	submitted charges and the amount paid.
	Situational Rule: Required when dollar amounts are being adjusted specific to the
	service or when the paid amount for a service line (SVC03) is different than the original
	submitted charge amount for the service (SVC02). If not required by this
	implementation guide, do not send.
	TR3 Notes: 1. An example of this level of CAS is the reduction for the part of the service
	charge that exceeds the usual and customary charge for the service. See sections
	1.10.2.1, Balancing, and 1.10.2.4, Claim Adjustment and Service Adjustment Segment
	Theory, for additional information.
	2. A single CAS segment contains six repetitions of the "adjustment trio" composed of
	adjustment reason code, adjustment amount, and adjustment quantity. These six
	adjustment trios are used to report up to six adjustments related to a specific Claim
	Adjustment Group Code (CAS01). The six iterations (trios) of the Adjustment Reason
	Code related to the Specific Adjustment Group Code must be exhausted before
	repeating a second iteration of the CAS segment using the same Adjustment Group
	Code. The first adjustment is reported in the first adjustment trio (CAS02-CAS04). If
	there is a second non-zero adjustment, it is reported in the second adjustment trio
	(CAS05- CAS07), and so on through the sixth adjustment trio (CAS17-CAS19).
-X221A1 (005010X221)	A1) 82 July 15 2016

TR3 Example: CAS*PR*1*793**3*25~

CAS*CO*131*250~

Data Element Summary

			Data Element Sum	nary	
	Ref.	Data			
	Des.	Element	Name		Attributes
Μ	CAS01	1033	Claim Adjustment Group Co	de M category of payment adjustment	1 ID 1/2
			,	• · · · ·	
			OD: 835W1_2110_CAS01(LiaimAdjustmentGroupCode	
			Evaluate the usage of group	codes in CAS01 based on the following	ng order for
				one or more adjustments: PR, CO, PI	
			-	and Service Adjustment Segment The	-
			be reported in this order.)	e: This does not mean that the adjust	intents must
				tual Obligations	
				s code when a joint payer/payee agre	ement or a
				ory requirement has resulted in an ac	
			OA Other a	djustments	
				sing the Other Adjustment Group Co	
			-	for business situations described in se	ections
				5, 1.10.2.7 and 1.10.2.13. hitiated Reductions	
			,	s code when, in the opinion of the pa	ver the
				nent is not the responsibility of the pa	• •
			-	no supporting contract between the	
				payer (i.e., medical review or profes	sional
				organization adjustments).	
••	64693	4004		Responsibility	
Μ	CAS02	1034	Claim Adjustment Reason C Code identifying the detailed	ode M I reason the adjustment was made	1 ID 1/5
			OD: 835W1_2110_CAS02/	-	
				,	
			IMPLEMENTATION NAME: A	djustment Reason Code	
			CODE SOURCE 139: Claim Ac	ljustment Reason Code	
			Required to report a non-zer	o adjustment applied at the service I	evel for the
			claim adjustment group code		
М	CAS03	782	Monetary Amount	M	1 R 1/18
			Monetary amount		
			OD: 835W1_2110_CAS034	AdjustmentAmount	
			IMPLEMENTATION NAME: A	djustment Amount	
			Lico this monotony amount f	or the adjustment amount. A negative	aamaunt
			-	or the adjustment amount. A negativ a positive amount decreases the pay	
			contained in SVC03 and CLP(
			Decimal elements will be lim	ited to a maximum length of 10 char	acters
				d places for cents (implied value of 0	
				o all subsequent 782 elements.	
	CAS04	380	Quantity	0	1 R 1/15
			Numeric value of quantity		
			SITUATIONAL RULE: Require required by this implementa	d when units of service are being adj tion guide, do not send.	usted. If not
835-X22 ²	1A1 (005010X2	21A1)	83		Julv 15. 2016

		OD: 835W1_2110_CAS04AdjustmentQuantity			
		IMPLEMENTATION NAME: Adjustment Quantity			
		A positive number decreases paid units, and a negative valu units.	e increa	ases	paid
CAS05	1034	Claim Adjustment Reason Code	Х	1	ID 1/5
		Code identifying the detailed reason the adjustment was ma	ide		
		SITUATIONAL RULE: Required when an additional non-zero a beyond what has already been supplied, applies to the servi adjustment group code used in CAS01. If not required by thi guide, do not send.	ce for t	he cl	aim
		OD: 835W1_2110_CAS05AdjustmentReasonCode			
		IMPLEMENTATION NAME: Adjustment Reason Code			
		CODE SOURCE 139: Claim Adjustment Reason Code			
		See CAS02.			
CAS06	782	Monetary Amount	Х	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when CAS05 is present. If not	require	d bv	this
		implementation guide, do not send.		1	
		OD: 835W1_2110_CAS06AdjustmentAmount			
		IMPLEMENTATION NAME: Adjustment Amount			
		See CAS03.			
CAS07	380	Quantity	Х	1	R 1/15
		Numeric value of quantity			
		SITUATIONAL RULE: Required when CAS05 is present and is of service adjustment. If not required by this implementatio send.			
		OD: 835W1_2110_CAS07AdjustmentQuantity			
		IMPLEMENTATION NAME: Adjustment Quantity			
		See CAS04.			
CAS08	1034	Claim Adjustment Reason Code	Х	1	ID 1/5
		Code identifying the detailed reason the adjustment was ma	ide		
		SITUATIONAL RULE: Required when an additional non-zero a beyond what has already been supplied, applies to the servi adjustment group code used in CAS01. If not required by thi guide, do not send.	adjustm ce for t	he cl	aim
		OD: 835W1_2110_CAS08AdjustmentReasonCode			
		IMPLEMENTATION NAME: Adjustment Reason Code			
		CODE SOURCE 139: Claim Adjustment Reason Code			
		See CAS02.			

CAS09	782	Monetary Amount Monetary amount	x	1	R 1/18
		SITUATIONAL RULE: Required when CAS08 is present. If not re implementation guide, do not send.	equired	by	this
		OD: 835W1_2110_CAS09AdjustmentAmount			
		IMPLEMENTATION NAME: Adjustment Amount			
		See CAS03.			
CAS10	380	Quantity	Х	1	R 1/15
		Numeric value of quantity			
		SITUATIONAL RULE: Required when CAS08 is present and is re of service adjustment. If not required by this implementation send.			
		OD: 835W1_2110_CAS10AdjustmentQuantity			
		IMPLEMENTATION NAME: Adjustment Quantity			
		See CAS04.			
CAS11	1034	Claim Adjustment Reason Code	Х	1	ID 1/5
		Code identifying the detailed reason the adjustment was mad	le		
		SITUATIONAL RULE: Required when an additional non-zero ad beyond what has already been supplied, applies to the service adjustment group code used in CAS01. If not required by this guide, do not send.	e for the	e cla	
		OD: 835W1_2110_CAS11AdjustmentReasonCode			
		IMPLEMENTATION NAME: Adjustment Reason Code			
		CODE SOURCE 139: Claim Adjustment Reason Code			
		See CAS02.			
CAS12	782	Monetary Amount	Х	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when CAS11 is present. If not re implementation guide, do not send.	equired	by	this
		OD: 835W1_2110_CAS12AdjustmentAmount			
		IMPLEMENTATION NAME: Adjustment Amount			
		See CAS03.			
CAS13	380	Quantity	Х	1	R 1/15
		Numeric value of quantity			
		SITUATIONAL RULE: Required when CAS11 is present and is re of service adjustment. If not required by this implementation send.			
		OD: 835W1_2110_CAS13AdjustmentQuantity			
		IMPLEMENTATION NAME: Adjustment Quantity			
		See CAS04.			

CAS14	1034	Claim Adjustment Reason Code	х	1	ID 1/5
		Code identifying the detailed reason the adjustment was ma	ade		
		SITUATIONAL RULE: Required when an additional non-zero a beyond what has already been supplied, applies to the servi adjustment group code used in CAS01. If not required by thi guide, do not send.	ce for th	ne cl	aim
		OD: 835W1_2110_CAS14AdjustmentReasonCode			
		IMPLEMENTATION NAME: Adjustment Reason Code			
		CODE SOURCE 139: Claim Adjustment Reason Code			
		See CAS02.			
CAS15	782	Monetary Amount	х	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when CAS14 is present. If not implementation guide, do not send.	required	d by	this
		OD: 835W1_2110_CAS15AdjustmentAmount			
		IMPLEMENTATION NAME: Adjustment Amount			
		See CAS03.			
CAS16	380	Quantity	х	1	R 1/15
		Numeric value of quantity			
		SITUATIONAL RULE: Required when CAS14 is present and is			
		of service adjustment. If not required by this implementatio send.	n guide,	do	not
		36110.			
		OD: 835W1_2110_CAS16AdjustmentQuantity			
		IMPLEMENTATION NAME: Adjustment Quantity			
		See CAS04.			
CAS17	1034	Claim Adjustment Reason Code	х	1	ID 1/5
		Code identifying the detailed reason the adjustment was ma	ide		
		SITUATIONAL RULE: Required when an additional non-zero a	-		
		beyond what has already been supplied, applies to the servi			
		adjustment group code used in CAS01. If not required by thi guide, do not send.	simpler	nen	tation
		OD: 835W1_2110_CAS17AdjustmentReasonCode			
		IMPLEMENTATION NAME: Adjustment Reason Code			
		CODE SOURCE 139: Claim Adjustment Reason Code			
		See CAS02.			
CAS18	782	Monetary Amount	Х	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when CAS17 is present. If not implementation guide, do not send.	required	d by	this
		OD: 835W1_2110_CAS18AdjustmentAmount			

IMPLEMENTATION NAME: Adjustment Amount

		INPLEMENTATION NAME. Adjustment Amount			
		See CAS03.			
CAS19	380	Quantity	х	1	R 1/15
		Numeric value of quantity			
		SITUATIONAL RULE: Required when CAS17 is present and is of service adjustment. If not required by this implementatic send. OD: 835W1 2110 CAS19 AdjustmentQuantity			
		IMPLEMENTATION NAME: Adjustment Quantity			
		See CAS04.			
Segment:	REF	Service Identification			
Position:	1000				
Loop:	2110	Optional			
Level:	Detail				
Usage:	Optiona	I			
Max Use:	8				
Purpose:	•	fy identifying information			
Syntax Notes:		east one of REF02 or REF03 is required.			
		ther C04003 or C04004 is present, then the other is required.			
		ther C04005 or C04006 is present, then the other is required.			
Semantic Notes:	1 REF	04 contains data relating to the value cited in REF02.			
Comments:	c·· ··				
Notes:	in the pi do not s	nal Rule: Required when related service specific reference iden rocess of adjudicating this service. If not required by this imple end. mple: REF*RB*100~			

Data Element Summary

			Bata Lie	, and the second s	
	Ref.	Data			
	Des.	Element	<u>Name</u>		<u>Attributes</u>
М	REF01	128	Reference Identification Qualifier		1 ID 2/3
			Code qualifying the	de qualifying the Reference Identification	
			OD: 835W1_2110	_REF01ReferenceIdentificationQualifier	
			1S	Ambulatory Patient Group (APG) Number	
			APC	Ambulatory Payment Classification	
				CODE SOURCE 468: Ambulatory Payment C	lassification
			BB	BB Authorization Number	
				Proves that permission was obtained to pro	ovide a service
			E9	Attachment Code	
				Supplementary reference information	
			G1	Prior Authorization Number	
				An authorization number acquired prior to	the
				submission of a claim	
			G3	Predetermination of Benefits Identification	Number
				A number assigned by a third-party payer i	dentifying the
				pre-treatment estimate	
	LU Location Number				
				This is the Payer's identification for the pro location. This is REQUIRED when the specif	
835-8221	1 (005010X221	Δ1)		87	luly 15, 2016

Must Use	REF02	127	RB Rat Rat (AS Reference Identification Reference information a	is defined for a particular Transaction ce Identification Qualifier 2ProviderIdentifier	y Surgical Center 20 or 150%. X 1 AN 1/50
	Segment:	REF	ine Item Control Numbe	r	
Position:1000Loop:2110Level:DetailUsage:OptionalMax Use:1Purpose:To speciSyntax Notes:1At I2If ei3If ei			Optional y identifying information ast one of REF02 or REF0 her C04003 or C04004 is her C04005 or C04006 is		
original cla implemen TR3 Notes utilized by additional can includ			laim or when claim or ser ntation guide, do not sen s: 1. This is the Line Item y the provider for trackin	Control Number submitted in the 83 g purposes. See section 1.10.2.11 an ith split claims or services. Note - the	t required by this 37, which is 1d 1.10.2.14.1 for
	Ref.	Data	Data Liement	unnar y	
M Must Use	<u>Des.</u> REF01 REF02	<u>Element</u> 128 127	6R Pro Nu tra Reference Identification Reference information a specified by the Reference	erence Identification 1ReferenceIdentificationQualifier wider Control Number mber assigned by information provid cking and billing purposes	der company for X 1 AN 1/50
			IMPLEMENTATION NAM	IE: Line Item Control Number	
835-X221A	Segment: Position: Loop: Level: Usage: Max Use: 1 (005010X22	1000 2110 Detail Optional 10	Rendering Provider Infor Optional 88	nation	July 15, 2016
		,			, ,

Purpose: Syntax Notes:

To specify identifying information

- 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. REF04 contains data relating to the value cited in REF02.

Semantic Notes:

Comments: Notes: 1

Situational Rule: Required when the rendering provider for this service is different than the rendering provider applicable at the claim level. If not required by this implementation guide, do not send. TR3 Example: REF*HPI*1234567891~

Data Element Summary

	Ref.	Data			
	Des.	Element	<u>Name</u>	<u>Attrib</u>	
М	REF01	128		tification Qualifier M 1 the Reference Identification	ID 2/3
				10_REF01ReferenceIdentificationQualifier	
			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	
				CODE SOURCE 307: National Council for Prescription Drug Programs Pharmacy Number	ſ
			G2	Provider Commercial Number	
				A unique number assigned to a provider by a comm insurer	ercial
			HPI	Centers for Medicare and Medicaid Services Nation Provider Identifier	al
				This qualifier is REQUIRED when the National Provid Identifier is mandated for use and the provider is a covered health care provider under tha mandate.	
			6)Y	CODE SOURCE 537: Centers for Medicare and Medic Services National Provider Identifier	caid
			SY	Social Security Number	
	55500	407	TJ	Federal Taxpayer's Identification Number	
Must Use	REF02	127	specified by the OD: 835W1_21	mation as defined for a particular Transaction Set or as Reference Identification Qualifier 10_REF02RenderingProviderIdentifier	AN 1/50
				ON NAME: Rendering Provider Identifier	
	Segment: Position:	REF	HealthCare Policy	y Identification	
	Loop:	2110	Optional		

Level:

Detail

Synta Semant	Usage: Max Use: Purpose: ax Notes: ic Notes: mments:	 At le If eit If eit 	y identifying information ast one of REF02 or REF03 is required. her C04003 or C04004 is present, then the other is required. her C04005 or C04006 is present, then the other is required. 14 contains data relating to the value cited in REF02.		
	Notes:	 * The pay Code list * A Claim Policy ide related C * The pay healthca and * The pay required cannot b TR3 Note adjudicat in the CA 2. The te Review, I for exam Coverage Determin 3. This por reason for 4. Supply Healthca process t 5. If this s 	Situational Rule: Required when; * The payment is adjusted in accordance with the Payer's published Healthcare Pol Code list and * A Claim Adjustment Reason Code identified by the notation, "refer to 835 Healthc Policy identification segment", in the Claim Adjustment Reason Code List is present related CAS segment and * The payer has a published enumerated healthcare policy code list available to healthcare providers via an un-secure public website.		
			Data Element Summary		
Μ	Ref. <u>Des.</u> REF01	Data <u>Element</u> 128	Name Reference Identification Qualifier N Code qualifying the Reference Identification N OD: 835W1_2110_REF01ReferenceIdentificationQualifier 0K OK Policy Form Identifying Number		butes ID 2/3
Must Use	REF02	127	OK Policy Form Identifying Number Reference Identification X Reference information as defined for a particular Transaction Sespecified by the Reference Identification Qualifier OD: 835W1_2110_REF02_HealthcarePolicyIdentification IMPLEMENTATION NAME: Healthcare Policy Identification Implementation		AN 1/50
835-X22141	(005010¥2)	2141)	90	luly 1	5 2016

-		
Δ	IV	
	IV	

Segment:

IT Service Supplemental Amount

-		••
Position:	1100	
Loop:	2110	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	9	
Purpose:	To indicate th	e total monetary amount
Syntax Notes:		
Semantic Notes:		
Comments:		
Notes:	Situational Ru	le: Required when the value of any specific amount identified by the
	AMT01 qualifi	ier is non-zero. If not required by this implementation guide, do not send.
		This segment is used to convey information only. It is not part of the
	financial balar	ncing of the 835.
	TR3 Example:	AMT*B6*425~

Data Element Summary

	- •	_	Data Elenio	ent Summary			
	Ref.	Data					
	Des.	<u>Element</u>	<u>Name</u>	_			ributes
Μ	AMT01	522	Amount Qualifier C		М		1 ID 1/3
			Code to qualify amo				
			OD: 835W1_2110_4	AMT01AmountQualifierCode			
			B6	Allowed - Actual			
				Amount considered for payment under	the p	rovi	sions of
				the contract			
				Allowed amount is the amount the paye	r dee	ms	
				payable prior to considering patient resp	oonsil	bilit	у.
			КН	Deduction Amount			
				Late Filing Reduction			
			Т	Тах			
			T2	Total Claim Before Taxes			
				The total monies requested for a single	claim	bef	ore any
				taxes were included			
				Use this monetary amount for the service	e cha	irge	
				before taxes. This is only used when the	re is a	an	
				applicable tax amount on this service.			
			ZK	Federal Medicare or Medicaid Payment	Mano	date	<u>)</u> -
				Category 1			
			ZL	Federal Medicare or Medicaid Payment Category 2	Mano	date	<u>)</u> -
			ZM	Federal Medicare or Medicaid Payment	Mano	date	<u>)</u> -
				Category 3			
			ZN	Federal Medicare or Medicaid Payment Category 4	Mano	date	9 -
			ZO	Federal Medicare or Medicaid Payment Category 5	Mano	date	9 -
М	AMT02	782	Monetary Amount		М		1 R 1/18
			Monetary amount				
			OD: 835W1_2110_4	AMT02ServiceSupplementalAmount			
			IMPLEMENTATION	NAME: Service Supplemental Amount			
				vill be limited to a maximum length of 10 or implied places for cents (implied value)			
		~					

decimal point). This applies to all subsequent 782 elements.

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.
Semantic Notes:	1 QTY04 is used when the quantity is non-numeric.
Comments:	
Notes:	Situational Rule: Required when new Federal Medicare or Medicaid mandates require
	Quantity counts and value of specific quantities identified in the QTY01 qualifier are
	non-zero. If not required by this implementation guide, do not send.
	TR3 Notes: 1. Use this segment to convey information only. It is not part of the financial

Data Element Summary

balancing of the 835. TR3 Example: QTY*ZL*3.75~

	Ref.	Data	Data Lien	iene ourinally			
	Des.	Element	Name			Δttri	butes
м	QTY01	<u>673</u>	Quantity Qualifier		м	-	ID 2/2
	QIIOI	075	Code specifying the	e type of quantity		-	10 2/2
				QTY01QuantityQualifier			
			ZK	Federal Medicare or Medicaid Payment	Man	date -	
				Category 1			
			ZL	Federal Medicare or Medicaid Payment	Man	date -	-
			75.4	Category 2			
			ZM	Federal Medicare or Medicaid Payment	Ivian	date -	-
			ZN	Category 3	Man	data	
			ZIN	Federal Medicare or Medicaid Payment Category 4	Widfi	uale -	•
			ZO	Federal Medicare or Medicaid Payment	Man	data .	
			20	Category 5	Iviali	uale	
Must Use	QTY02	380	Quantity	Category 5	х	1	R 1/15
must osc	QIIOZ	500	Numeric value of q	uantity	~	-	K 1/15
				QTY02 ServiceSupplementalQuantityCo	unt		
			00.033001_2110_		unt		
			ΙΜΟΙ ΕΜΕΝΤΑΤΙΩΝ	NAME: Service Supplemental Quantity Co	unt		
				WAINE. Service Supplemental Quantity Co	unt		
	Segment:	LQ He	ealth Care Remark C	odes			
	Position:	1300					
	Loop:	2110	Optional				
	Level:	Detail					
	Usage:	Optional					
	Max Use:	99					
	Purpose:	To identi	fy standard industry	codes			
Syn	tax Notes:	1 If LO	01 is present, then L	.Q02 is required.			
Semar	ntic Notes:						
c	omments:						
	Notes:		•	nen remark codes or NCPDP Reject/Payme			
		necessar	y for the provider to	fully understand the adjudication messag	e for	a give	en

service line. If not required by this implementation guide, may be provided at the sender's discretion, but cannot be required by the receiver.

TR3 Notes: 1. Use this segment to provide informational remarks only. This segment has no impact on the actual payment. Changes in claim payment amounts are provided in the CAS segments.

TR3 Example: LQ*HE*12345~

			Data Eler	nent Summary		
Must Use	Ref. <u>Des.</u> LQ01	Data <u>Element</u> 1270	<u>Name</u> Code List Qualifie	r Code	0 <u>/</u>	Attributes 1 ID 1/3
	•		-	specific industry code list		
			OD: 835W1_2110	_LQ01CodeListQualifierCode		
			HE	Claim Payment Remark Codes		
				CODE SOURCE 411: Codes for Medicare Services	and M	edicaid
			RX	National Council for Prescription Drug Pr Reject/Payment Codes	rogram	าร
				CODE SOURCE 530: National Council for Drug Programs Reject/Payment Codes	Prescr	iption
Must Use	LQ02	1271	Industry Code Code indicating a	code from a specific industry code list	х	1 AN 1/30
			OD: 835W1_2110	_LQ02RemarkCode		
			IMPLEMENTATION	I NAME: Remark Code		
	Composite	DI R	Provider Adjustme			
	Segment:		Provider Adjustmen	it .		
	Position: Loop:	0100				
	Level:	Summar	V			
	Usage:	Optional	-			
	Max Use:					
Purpose: To convey provider level adjustment information for debit or credit transactions su			ons such as,			
	·	accelera	ted payments, cost	report settlements for a fiscal year and time		
			s unrelated to a spe			
Syn	tax Notes:			is present, then the other is required.		
				is present, then the other is required.		
				is present, then the other is required. is present, then the other is required.		
				is present, then the other is required.		
Semai	ntic Notes:			imber assigned by the payer.		
		2 PLB	02 is the last day of	the provider's fiscal year.		
		3 PLB	03 is the adjustment	information as defined by the payer.		
			04 is the adjustment			
				information as defined by the payer.		
			06 is the adjustment			
			07 is adjustment info 08 is the adjustment	ormation as defined by the payer.		
			-	ormation as defined by the payer.		
			10 is the adjustment			
			-	ormation as defined by the payer.		
			12 is the adjustment			
			-	ormation as defined by the payer.		
		14 PLB	14 is the adjustment	amount.		
C	comments:					

Notes: Situational Rule: Required when reporting adjustments to the actual payment that are NOT

specific to a particular claim or service. If not required by this implementation guide, do not send.

TR3 Notes: 1. These adjustments can either decrease the payment (a positive number) or increase the payment (a negative number). Zero dollar adjustments are not allowed. Some examples of PLB adjustments are a Periodic Interim Payment (loans and loan repayment) or a capitation payment. Multiple adjustments can be placed in one PLB segment, grouped by the provider identified in PLB01 and the period identified in PLB02. Although the PLB reference numbers are not standardized, refer to 1.10.2.9 (Interest and Prompt Payment Discounts), 1.10.2.10 (Capitation and Related Payments or Adjustments), 1.10.2.12 (Balance Forward Processing), 1.10.2.16 (Post Payment Recovery) and 1.10.2.17 (Claim Overpayment Recovery) for code suggestions and usage guidelines.

The codes and notations under PLB03 and its components apply equally to PLB05, 07, 09, 11 and 13.

TR3 Example: PLB*1234567890*20000930*CV:9876514*-1.27~

Ref. Data Des. Element Name Attributes **Reference Identification** Μ PLB01 127 М 1 AN 1/50 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier OD: 835W1__PLB01__ProviderIdentifier **IMPLEMENTATION NAME:** Provider Identifier When the National Provider Identifier (NPI) is mandated and the provider is a covered health care provider under that mandate, this must be the NPI assigned to the provider. Until the NPI is mandated, this is the provider identifier as assigned by the payer. PLB02 373 М Date 1 DT 8/8 м Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year OD: 835W1__PLB02__FiscalPeriodDate IMPLEMENTATION NAME: Fiscal Period Date This is the last day of the provider's fiscal year. If the end of the provider's fiscal year is not known by the payer, use December 31st of the current year. PLB03 C042 Μ **Adjustment Identifier** М 1 To provide the category and identifying reference information for an adjustment OD: 835W1 PLB03 C042 This identifier is a composite data structure. The composite identifies the reason and identifying information for the related adjustment dollar amount (PLB04 for PLB03). Μ C04201 426 **Adjustment Reason Code** ID 2/2 м Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment OD: 835W1__PLB03_C04201_AdjustmentReasonCode

Data Element Summary

50	Late Charge
	This is the Late Claim Filing Penalty or Medicare Late Cost Report Penalty.
51	Interest Penalty Charge
	This is the interest assessment for late filing.
72	Authorized Return
	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.
90	Early Payment Allowance
AH	Origination Fee
	This is the claim transmission fee. This is used for transmission fees that are not specific to or dependent upon individual claims.
AM	Applied to Borrower's Account
	See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information. Use this code to identify the loan repayment amount.
	This is capitation specific.
AP	Acceleration of Benefits
	This is the accelerated payment amount or withholding. Withholding or payment identification is indicated by the sign of the amount in PLB04. A positive value represents a withholding. A negative value represents a payment.
B2	Rebate
	This adjustment code applies when a provider has remitted an overpayment to a health plan in excess of the amount requested by the health plan. The amount accepted by the health plan is reported using code 72 (Authorized Return) and offset by the amount with code WO (Overpayment Recovery). The excess returned by the provider is reported as a negative amount using code B2, returning the excess funds to the provider.
B3	Recovery Allowance
	This represents the check received from the provider for overpayments generated by payments from other payers. This code differs from the provider refund adjustment identified with code 72. 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.
BD	Bad Debt Adjustment
	This is the bad debt passthrough.
BN	Bonus
	This is capitation specific. See 1.10.2.10, Capitation and

	Related Payments or Adjustments, for additional information.
C5	Temporary Allowance
	This is the tentative adjustment.
CR	Capitation Interest
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
CS	Adjustment
	Provide supporting identification information in PLB03-2.
СТ	Capitation Payment
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
CV	Capital Passthru
CW	Certified Registered Nurse Anesthetist Passthru
DM	Direct Medical Education Passthru
E3	Withholding
FB	See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information. Forwarding Balance
	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.
FC	Fund Allocation
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information. The specific fund must be identified in PLB03-2.
GO	Graduate Medical Education Passthru
HM	Hemophilia Clotting Factor Supplement
IP	Incentive Premium Payment
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
IR	Internal Revenue Service Withholding
IS	Interim Settlement
	This is the interim rate lump sum adjustment.
J1	Nonreimbursable
L3	This offsets the claim or service level data that reflects what could be paid if not for demonstration program or other limitation that prevents issuance of payment.
13	Penalty The dollar value of the penalty assessed a business entity
	for a past due debt
	This is the capitation-related penalty. Withholding or release is identified by the sign in PLB04. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.

L6	Interest Owed
	The dollar value of interest owed a business entity for a past due payment
	This is the interest paid on claims in this 835. Support
	the amounts related to this adjustment by 2-062 AMT
LE	amounts, where AMT01 is "I".
LC	Levy IRS Levy
LS	Lump Sum
LJ	This is the disproportionate share adjustment, indirect
	medical education passthrough, nonphysician
	passthrough, passthrough lump sum adjustment, or
	other passthrough amount. The specific type of lump
OA	sum adjustment must be identified in PLB03-2. Organ Acquisition Passthru
OB	Offset for Affiliated Providers
00	Identification of the affiliated providers must be made
	on PLB03-2.
PI	Periodic Interim Payment
	This is the periodic interim lump sum payments and
	reductions (PIP). The payments are made to a provider at the beginning of some period in advance of claims.
	These payments are advances on the expected claims.
	for the period. The reductions are the recovery of
	actual claims payments during the period. For instance,
	when a provider has a PIP payment, claims within this remittance advice covered by that payment would be
	offset using this code to remove the claim payment
	from the current check. The sign of the amount in
	PLB04 determines whether this is a payment (negative)
	or reduction (positive).
	This payment and recoupment is effectively a loan to
	the provider and loan repayment.
	See section 1.10.2.5, Advance Payments and
	Reconciliation, for additional information.
PL	Payment Final
	This is the final settlement.
RA	Retro-activity Adjustment
	This is capitation specific. See 1.10.2.10, Capitation and
	Related Payments or Adjustments, for additional information.
RE	Return on Equity
SL	Student Loan Repayment
TL	Third Party Liability
	This is capitation specific. See 1.10.2.10, Capitation and
	Related Payments or Adjustments, for additional
wo	information. Overpayment Recovery
VV C	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.
WU	Unspecified Recovery

Medicare is currently using this code to represent penalty collections withheld for the IRS (an outside

				source).		
	C04202	127	Reference Identific	cation	0	AN 1/50
			Reference information	tion as defined for a particular Transaction	on Set or as	
			· ·	ference Identification Qualifier		
				: Required when a control, account or tr	-	
			applies to this adju not send.	stment. If not required by this implemen	itation guid	e, do
			OD: 835W1PLB0	3_C04202_ProviderAdjustmentIdentifier		
			IMPLEMENTATION	NAME: Provider Adjustment Identifier		
				y to assist the receiver in identifying, tra ustment. See sections 1.10.2.10 (Capitat		ated
			Payments), 1.10.2.	5 (Advanced Payments and Reconciliatio Processing) for further information.		
М	PLB04	782	Monetary Amount Monetary amount		M 1	L R 1/18
			-	4ProviderAdjustmentAmount		
			IMPLEMENTATION	NAME: Provider Adjustment Amount		
			This is the adjustme	ent amount for the preceding adjustmen	it reason.	
				will be limited to a maximum length of 10		
				or implied places for cents (implied value		r the
	PLB05	C042	Adjustment Identi	s applies to all subsequent 782 elements fier	X 1	1
			-	egory and identifying reference informati		-
			adjustment			
				: Required when an additional adjustme		dy
			reported applies to implementation gu	this remittance advice. If not required b ide, do not send.	y this	
			OD: 835W1PLB0	5_C042		
			See PLB03 for deta			
М	C04201	426	Adjustment Reaso		Μ	ID 2/2
			•	ison for debit or credit memo or adjustm	ent to invo	ice,
			debit or credit men	no, or payment 5 C04201 AdjustmentReasonCode		
			50	Late Charge		
			50	This is the Late Claim Filing Penalty or	Medicare	ato
				Cost Report Penalty.		ate
			51	Interest Penalty Charge		
				This is the interest assessment for late	filing.	
			72	Authorized Return		
				This is the provider refund adjustment	. This adjus	tment
				acknowledges a refund received from		
				provider for previous overpayment. PL		
				always contain an identifying reference		
				the value is used. PLBO4 must contain This adjustment must always be offset	-	
				PLB adjustment referring to the origina	-	

	or reason. For balancing purposes, the amount related to this adjustment reason code must be directly offset.
90	Early Payment Allowance
AH	Origination Fee
	This is the claim transmission fee. This is used for transmission fees that are not specific to or dependent upon individual claims.
AM	Applied to Borrower's Account
	See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information. Use this code to identify the loan repayment amount.
AP	This is capitation specific. Acceleration of Benefits
	This is the accelerated payment amount or withholding. Withholding or payment identification is indicated by the sign of the amount in PLB04. A positive value represents a withholding. A negative
	value represents a payment.
B2	Rebate
	This adjustment code applies when a provider has remitted an overpayment to a health plan in excess of the amount requested by the health plan. The amount accepted by the health plan is reported using code 72 (Authorized Return) and offset by the amount with code WO (Overpayment Recovery). The excess returned by the provider is reported as a negative amount using code B2, returning the excess funds to the provider.
B3	Recovery Allowance
Β3	Recovery Allowance This represents the check received from the provider for overpayments generated by payments from other payers. This code differs from the provider refund adjustment identified with code 72. 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
B3 BD	Recovery Allowance This represents the check received from the provider for overpayments generated by payments from other payers. This code differs from the provider refund adjustment identified with code 72. This adjustment must always be offset by some other PLB adjustment referring to the original refund request
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-	Recovery Allowance This represents the check received from the provider for overpayments generated by payments from other payers. This code differs from the provider refund adjustment identified with code 72. 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. Bad Debt Adjustment
BD	Recovery Allowance This represents the check received from the provider for overpayments generated by payments from other payers. This code differs from the provider refund adjustment identified with code 72. 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. Bad Debt Adjustment This is the bad debt passthrough.
BD	Recovery Allowance This represents the check received from the provider for overpayments generated by payments from other payers. This code differs from the provider refund adjustment identified with code 72. 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. Bad Debt Adjustment This is the bad debt passthrough. Bonus This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information. Temporary Allowance
BD BN C5	Recovery Allowance This represents the check received from the provider for overpayments generated by payments from other payers. This code differs from the provider refund adjustment identified with code 72. 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. Bad Debt Adjustment This is the bad debt passthrough. Bonus This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information. Temporary Allowance This is the tentative adjustment.
BD BN	 Recovery Allowance This represents the check received from the provider for overpayments generated by payments from other payers. This code differs from the provider refund adjustment identified with code 72. 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. Bad Debt Adjustment This is the bad debt passthrough. Bonus This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information. Temporary Allowance This is the tentative adjustment. Capitation Interest
BD BN C5 CR	 Recovery Allowance This represents the check received from the provider for overpayments generated by payments from other payers. This code differs from the provider refund adjustment identified with code 72. 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. Bad Debt Adjustment This is the bad debt passthrough. Bonus This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information. Temporary Allowance This is the tentative adjustment. Capitation Interest This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
BD BN C5	 Recovery Allowance This represents the check received from the provider for overpayments generated by payments from other payers. This code differs from the provider refund adjustment identified with code 72. 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. Bad Debt Adjustment This is the bad debt passthrough. Bonus This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information. Temporary Allowance This is the tentative adjustment. Capitation Interest This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
BD BN C5 CR CS	Recovery AllowanceThis represents the check received from the provider for overpayments generated by payments from other payers. This code differs from the provider refund adjustment identified with code 72.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. Bad Debt AdjustmentBad Debt AdjustmentThis is the bad debt passthrough.BonusThis is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments. Capitation InterestThis is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustment.Capitation InterestThis is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustment.Capitation InterestThis is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.AdjustmentProvide supporting identification information in PLB03-2.
BD BN C5 CR	Recovery AllowanceThis represents the check received from the provider for overpayments generated by payments from other payers. This code differs from the provider refund adjustment identified with code 72.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. Bad Debt AdjustmentBad Debt Adjustment This is the bad debt passthrough.BonusThis is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustment.Capitation InterestThis is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustment.Capitation InterestThis is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustment.Capitation InterestThis is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustment.Capitation InterestThis is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.Provide supporting identification information in

	Related Payments or Adjustments, for additional information.
CV	Capital Passthru
CW	Certified Registered Nurse Anesthetist Passthru
DM	Direct Medical Education Passthru
E3	Withholding
	See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
FB	Forwarding Balance
FC	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. Fund Allocation
	This is capitation specific. See 1.10.2.10, Capitation and
	Related Payments or Adjustments, for additional information. The specific fund must be identified in PLB03-2.
GO	Graduate Medical Education Passthru
HM	Hemophilia Clotting Factor Supplement
IP	Incentive Premium Payment
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
IR	Internal Revenue Service Withholding
IS	Interim Settlement
	This is the interim rate lump sum adjustment.
J1	Nonreimbursable
L3	This offsets the claim or service level data that reflects what could be paid if not for demonstration program or other limitation that prevents issuance of payment.
L3	Penalty The dollar value of the penalty assessed a business entity
	for a past due debt
	This is the capitation-related penalty. Withholding or release is identified by the sign in PLB04. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
L6	Interest Owed The dollar value of interest owed a business entity for a
	past due payment This is the interest paid on claims in this 835. Support the amounts related to this adjustment by 2-062 AMT amounts, where AMT01 is "I".
LE	Levy
	IRS Levy
LS	Lump Sum
	This is the disproportionate share adjustment, indirect medical education passthrough, nonphysician passthrough, passthrough lump sum adjustment, or
	other passthrough amount. The specific type of lump

	OA	sum adjustment must be identified in PLB03-2. Organ Acquisition Passthru
	OB	Offset for Affiliated Providers
	00	Identification of the affiliated providers must be made
		on PLB03-2.
	PI	Periodic Interim Payment
		This is the periodic interim lump sum payments and reductions (PIP). The payments are made to a provider at the beginning of some period in advance of claims. These payments are advances on the expected claims for the period. The reductions are the recovery of actual claims payments during the period. For instance,
		when a provider has a PIP payment, claims within this remittance advice covered by that payment would be offset using this code to remove the claim payment from the current check. The sign of the amount in
		PLB04 determines whether this is a payment (negative) or reduction (positive).
		This payment and recoupment is effectively a loan to the provider and loan repayment.
		See section 1.10.2.5, Advance Payments and
		Reconciliation, for additional information.
	PL	Payment Final
		This is the final settlement.
	RA	Retro-activity Adjustment
		This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
	RE	Return on Equity
	SL	Student Loan Repayment
	TL	Third Party Liability
		This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
	WO	Overpayment Recovery
	WU	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. Unspecified Recovery
		Medicare is currently using this code to represent penalty collections withheld for the IRS (an outside source).
127	Reference Iden	
		mation as defined for a particular Transaction Set or as Reference Identification Qualifier
	SITUATIONAL R	ULE: Required when a control, account or tracking number adjustment. If not required by this implementation guide, do
	OD: 835W1P	LB05_C04202_ProviderAdjustmentIdentifier
	IMPLEMENTATI	ION NAME: Provider Adjustment Identifier

C04202

PLB06	782	Monetary Amoun	t	х	1	R 1/18
		Monetary amount	:			
		SITUATIONAL RUL implementation g	E: Required when PLB05 is used. If not requide, do not send.	uired by	this	
		OD: 835W1PLB(06ProviderAdjustmentAmount			
		IMPLEMENTATION	NAME: Provider Adjustment Amount			
PLB07	C042	This is the adjustm Adjustment Ident	nent amount for the preceding adjustment ifier	reason. X	1	
		-	egory and identifying reference informatic	n for an		
		adjustment				
			E: Required when an additional adjustmen o this remittance advice. If not required by uide, do not send.		eady	
		OD: 835W1PLB(07_C042			
		See PLB03 for deta	ails.			
C04201	426	Adjustment Reaso	on Code	М	I	ID 2/2
		•	ason for debit or credit memo or adjustme	nt to inv	/oice	ì,
		debit or credit me	· ·			
			07_C04201_AdjustmentReasonCode			
		50	Late Charge	1 a di aa wa	1	
			This is the Late Claim Filing Penalty or M Cost Report Penalty.	leuicare	Late	;
		51	Interest Penalty Charge			
			This is the interest assessment for late f	iling.		
		72	Authorized Return	U		
		, 2	This is the provider refund adjustment. acknowledges a refund received from a	This adju	ıstm	ent
			provider for previous overpayment. PLE	03-2 mi	ıst	
			always contain an identifying reference			
			the value is used. PLB04 must contain a	-		
			This adjustment must always be offset t PLB adjustment referring to the original	-		
			or reason. For balancing purposes, the a		-	
			to this adjustment reason code must be			
		90	Early Payment Allowance			
		AH	Origination Fee			
			This is the claim transmission fee. This is		r	
			transmission fees that are not specific t dependent upon individual claims.	o or		
		AM	Applied to Borrower's Account			
			See 1.10.2.10, Capitation and Related P	ayments	or	
			Adjustments, for additional information	-		de
			to identify the loan repayment amount.			
		AP	This is capitation specific. Acceleration of Benefits			
			This is the accelerated payment amoun			
			withholding. Withholding or payment ic is indicated by the sign of the amount ir	n PLBO4.	А	
			positive value represents a withholding	. A negat		
A4 (00F040V004	A 4 \		100	1	. 4 .	0040

Μ

	value represents a payment.
B2	Rebate
	This adjustment code applies when a provider has remitted an overpayment to a health plan in excess of the amount requested by the health plan. The amount accepted by the health plan is reported using code 72 (Authorized Return) and offset by the amount with code WO (Overpayment Recovery). The excess returned by the provider is reported as a negative amount using code B2, returning the excess funds to the provider.
B3	Recovery Allowance
	This represents the check received from the provider for overpayments generated by payments from other payers. This code differs from the provider refund adjustment identified with code 72. 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.
BD	Bad Debt Adjustment
	This is the bad debt passthrough.
BN	Bonus
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
C5	Temporary Allowance
	This is the tentative adjustment.
CR	Capitation Interest
CS	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information. Adjustment
0	-
СТ	Provide supporting identification information in PLB03-2. Capitation Payment
	This is capitation specific. See 1.10.2.10, Capitation and
	Related Payments or Adjustments, for additional information.
CV	Capital Passthru
CW	Certified Registered Nurse Anesthetist Passthru
DM	Direct Medical Education Passthru
E3	Withholding
FB	See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information. Forwarding Balance
	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.
FC	Fund Allocation

. .

	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information. The specific fund must be identified in PLB03-2.
GO	Graduate Medical Education Passthru
НМ	Hemophilia Clotting Factor Supplement
IP	Incentive Premium Payment
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
IR	Internal Revenue Service Withholding
IS	Interim Settlement
	This is the interim rate lump sum adjustment.
J1	Nonreimbursable
12	This offsets the claim or service level data that reflects what could be paid if not for demonstration program or other limitation that prevents issuance of payment.
L3	Penalty The dollar value of the penalty assessed a business entity for a past due debt
	This is the capitation-related penalty. Withholding or release is identified by the sign in PLB04. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
L6	Interest Owed
	The dollar value of interest owed a business entity for a past due payment
	This is the interest paid on claims in this 835. Support the amounts related to this adjustment by 2-062 AMT amounts, where AMT01 is "I".
LE	Levy
	IRS Levy
LS	Lump Sum
-	This is the disproportionate share adjustment, indirect medical education passthrough, nonphysician passthrough, passthrough lump sum adjustment, or other passthrough amount. The specific type of lump sum adjustment must be identified in PLB03-2.
OA	Organ Acquisition Passthru
OB	Offset for Affiliated Providers
	Identification of the affiliated providers must be made on PLB03-2.
PI	Periodic Interim Payment
	This is the periodic interim lump sum payments and reductions (PIP). The payments are made to a provider at the beginning of some period in advance of claims. These payments are advances on the expected claims for the period. The reductions are the recovery of actual claims payments during the period. For instance, when a provider has a PIP payment, claims within this remittance advice covered by that payment would be offset using this code to remove the claim payment from the current check. The sign of the amount in PLB04 determines whether this is a payment (negative)
	or reduction (positive).

			This payment and recoupment is effectively a loan to
			the provider and loan repayment.
		PL	See section 1.10.2.5, Advance Payments and Reconciliation, for additional information. Payment Final
			This is the final settlement.
		RA	Retro-activity Adjustment
			This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
		RE	Return on Equity
		SL	Student Loan Repayment
		TL	Third Party Liability
			This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
		WO	Overpayment Recovery
		WU	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.
		WU	Unspecified Recovery Modicare is currently using this code to represent
			Medicare is currently using this code to represent penalty collections withheld for the IRS (an outside source).
C04202	127	Reference Identifica	ation O AN 1/50
		specified by the Ref SITUATIONAL RULE: applies to this adjus not send. OD: 835W1PLB07	ion as defined for a particular Transaction Set or as erence Identification Qualifier Required when a control, account or tracking number tment. If not required by this implementation guide, do
PLB08	782	Monetary Amount	NAME: Provider Adjustment Identifier X 1 R 1/18
1 2000	/02	Monetary amount	
		,	Required when PLB07 is used. If not required by this
		implementation gui	de, do not send.
			3ProviderAdjustmentAmount
			NAME: Provider Adjustment Amount Int amount for the preceding adjustment reason.
PLB09	C042	Adjustment Identifi	
		-	gory and identifying reference information for an
			Required when an additional adjustment not already this remittance advice. If not required by this de, do not send.
		OD: 835W1PLB09	9_C042

м	C04201	426	See PLB03 for details Adjustment Reason		м	ID 2/2
		120	•	on for debit or credit memo or adjustme		-
			OD: 835W1PLB09	_C04201_AdjustmentReasonCode		
			50	Late Charge		
				This is the Late Claim Filing Penalty or M Cost Report Penalty.	edicare Lat	e
			51	Interest Penalty Charge		
				This is the interest assessment for late f	ling.	
			72	Authorized Return		
				This is the provider refund adjustment. acknowledges a refund received from a provider for previous overpayment. PLB always contain an identifying reference the value is used. PLB04 must contain a This adjustment must always be offset b PLB adjustment referring to the original or reason. For balancing purposes, the a to this adjustment reason code must be	03-2 must number wh negative va by some oth refund required	ien ilue. ier uest ted
			90	Early Payment Allowance		
			AH	Origination Fee		
				This is the claim transmission fee. This is transmission fees that are not specific to dependent upon individual claims.		
			AM	Applied to Borrower's Account		
				See 1.10.2.10, Capitation and Related Pa Adjustments, for additional information to identify the loan repayment amount. This is capitation specific.	. Use this co	ode
			AP	Acceleration of Benefits		
				This is the accelerated payment amount withholding. Withholding or payment id is indicated by the sign of the amount in positive value represents a withholding. value represents a payment.	entification PLB04. A	
			B2	Rebate		
			52	This adjustment code applies when a pr remitted an overpayment to a health pla the amount requested by the health pla accepted by the health plan is reported (Authorized Return) and offset by the an code WO (Overpayment Recovery). The returned by the provider is reported as amount using code B2, returning the ex- the provider.	an in excess n. The amo using code mount with excess a negative	unt 72
			B3	Recovery Allowance		
				This represents the check received from for overpayments generated by paymer from other payers. This code differs fror refund adjustment identified with code This adjustment must always be offset b PLB adjustment referring to the original	nts m the provid 72. by some oth	der

	or reason. For balancing purposes, the amount related
BD	to this adjustment reason code must be directly offset. Bad Debt Adjustment
	This is the bad debt passthrough.
BN	Bonus
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
C5	Temporary Allowance
	This is the tentative adjustment.
CR	Capitation Interest
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
CS	Adjustment
	Provide supporting identification information in PLB03-2.
СТ	Capitation Payment
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
CV	Capital Passthru
CW	Certified Registered Nurse Anesthetist Passthru
DM	Direct Medical Education Passthru
E3	Withholding
	See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
FB	Forwarding Balance
	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.
FC	Fund Allocation
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information. The specific fund must be identified in PLB03-2.
GO	Graduate Medical Education Passthru
HM	Hemophilia Clotting Factor Supplement
IP	Incentive Premium Payment
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
IR	Internal Revenue Service Withholding
IS	Interim Settlement
	This is the interim rate lump sum adjustment.
J1	Nonreimbursable
	This offsets the claim or service level data that reflects what could be paid if not for demonstration program or other limitation that prevents issuance of payment.

L3	Penalty
	The dollar value of the penalty assessed a business entity for a past due debt
	This is the capitation-related penalty. Withholding or
	release is identified by the sign in PLB04. See 1.10.2.10,
	Capitation and Related Payments or Adjustments, for additional information.
L6	Interest Owed
	The dollar value of interest owed a business entity for a
	past due payment
	This is the interest paid on claims in this 835. Support
	the amounts related to this adjustment by 2-062 AMT
LE	amounts, where AMT01 is "I". Levy
	IRS Levy
LS	Lump Sum
	This is the disproportionate share adjustment, indirect
	medical education passthrough, nonphysician
	passthrough, passthrough lump sum adjustment, or
	other passthrough amount. The specific type of lump
OA	sum adjustment must be identified in PLB03-2. Organ Acquisition Passthru
OB	Offset for Affiliated Providers
	Identification of the affiliated providers must be made
	on PLB03-2.
PI	Periodic Interim Payment
	This is the periodic interim lump sum payments and
	reductions (PIP). The payments are made to a provider at the beginning of some period in advance of claims.
	These payments are advances on the expected claims
	for the period. The reductions are the recovery of
	actual claims payments during the period. For instance, when a provider has a PIP payment, claims within this
	remittance advice covered by that payment would be
	offset using this code to remove the claim payment
	from the current check. The sign of the amount in
	PLB04 determines whether this is a payment (negative) or reduction (positive).
	This payment and recourse of factively a leap to
	This payment and recoupment is effectively a loan to the provider and loan repayment.
	· · · · · · · · · · · · · · · · · · ·
	See section 1.10.2.5, Advance Payments and
PL	Reconciliation, for additional information. Payment Final
FL	This is the final settlement.
RA	Retro-activity Adjustment
	This is capitation specific. See 1.10.2.10, Capitation and
	Related Payments or Adjustments, for additional
	information.
RE	Return on Equity
SL	Student Loan Repayment
TL	Third Party Liability
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional

			information.		
		WO	Overpayment Recovery		
			This is the recovery of previous ove identifying number must be provide the notes on codes 72 and B3 for ac	ed in PLB03-2 dditional	2. See
			information about balancing agains	t a provider	refund.
		WU	Unspecified Recovery		
			Medicare is currently using this cod penalty collections withheld for the source).	-	
C04202	127	Reference Identif	ication	0	AN 1/5
		specified by the R	ation as defined for a particular Transa eference Identification Qualifier .E: Required when a control, account o		
		applies to this adj not send.	ustment. If not required by this implem	ientation gu	ide, do
			09_C04202_ProviderAdjustmentIdenti		
			N NAME: Provider Adjustment Identifie		
PLB10	782	Monetary Amour		Х	1 R 1/18
		Monetary amoun			
			E: Required when PLB09 is used. If not uide, do not send.	required by	this
		OD: 835W1PLB	10ProviderAdjustmentAmount		
			N NAME: Provider Adjustment Amount		
PLB11	C042	This is the adjustn Adjustment Ident	nent amount for the preceding adjustm t ifier	nent reason. X	1
		adjustment	tegory and identifying reference inform		
		reported applies t	E: Required when an additional adjusti to this remittance advice. If not require uide, do not send.		eady
		OD: 835W1PLB	11_C042		
		See PLB03 for det	ails.		
C04201	426	Adjustment Reas	on Code	М	ID 2/2
		Code indicating re debit or credit me	eason for debit or credit memo or adjus emo, or payment	stment to inv	/oice,
		OD: 835W1PLB	11_C04201_AdjustmentReasonCode		
		50	Late Charge		
			This is the Late Claim Filing Penalty Cost Report Penalty.	or Medicare	Late
		51	Interest Penalty Charge		
			This is the interest assessment for la	ate filing.	
		72	Authorized Return		
			This is the provider refund adjustme	-	ustment
			acknowledges a refund received fro		ict
			provider for previous overpayment. always contain an identifying refere the value is used. PLB04 must conta	ence number	when
				u negutivi	
004 A 4 (OOEO4OV00	4 4 4 1		4.00	I I.	45 0040

М

	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.
90	Early Payment Allowance
AH	Origination Fee
	This is the claim transmission fee. This is used for transmission fees that are not specific to or dependent upon individual claims.
AM	Applied to Borrower's Account
	See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information. Use this code to identify the loan repayment amount.
AP	This is capitation specific. Acceleration of Benefits
AP	This is the accelerated payment amount or
	withholding. Withholding or payment identification is indicated by the sign of the amount in PLB04. A positive value represents a withholding. A negative value represents a payment.
B2	Rebate
	This adjustment code applies when a provider has remitted an overpayment to a health plan in excess of the amount requested by the health plan. The amount accepted by the health plan is reported using code 72 (Authorized Return) and offset by the amount with code WO (Overpayment Recovery). The excess returned by the provider is reported as a negative amount using code B2, returning the excess funds to the provider.
B3	Recovery Allowance
	This represents the check received from the provider for overpayments generated by payments from other payers. This code differs from the provider refund adjustment identified with code 72. 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.
BD	Bad Debt Adjustment
DN	This is the bad debt passthrough.
BN	Bonus This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
C5	Temporary Allowance
	This is the tentative adjustment.
CR	Capitation Interest
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
CS	Adjustment
	Provide supporting identification information in PLB03-2.

СТ	Capitation Payment
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
CV	Capital Passthru
CW	Certified Registered Nurse Anesthetist Passthru
DM	Direct Medical Education Passthru
E3	Withholding
	See 1.10.2.10, Capitation and Related Payments or
	Adjustments, for additional information.
FB	Forwarding Balance
	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.
FC	Fund Allocation
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information. The specific fund must be identified in PLB03-2.
GO	Graduate Medical Education Passthru
HM	Hemophilia Clotting Factor Supplement
IP	Incentive Premium Payment
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
IR	Internal Revenue Service Withholding
IS	Interim Settlement
	This is the interim rate lump sum adjustment.
J1	Nonreimbursable
L3	This offsets the claim or service level data that reflects what could be paid if not for demonstration program or other limitation that prevents issuance of payment. Penalty
LS	The dollar value of the penalty assessed a business entity
	for a past due debt
	This is the capitation-related penalty. Withholding or
	release is identified by the sign in PLB04. See 1.10.2.10,
L6	Capitation and Related Payments or Adjustments, for additional information. Interest Owed
20	The dollar value of interest owed a business entity for a
	past due payment
	This is the interest paid on claims in this 835. Support
	the amounts related to this adjustment by 2-062 AMT
	amounts, where AMT01 is "I".
LE	Levy IRS Levy
15	
LS	Lump Sum
	This is the disproportionate share adjustment, indirect medical education passthrough, nonphysician

		passthrough, passthrough lump sum adjustment, or
		other passthrough amount. The specific type of lump
		sum adjustment must be identified in PLB03-2.
	OA	Organ Acquisition Passthru
	OB	Offset for Affiliated Providers
		Identification of the affiliated providers must be made on PLB03-2.
	PI	Periodic Interim Payment
		This is the periodic interim lump sum payments and reductions (PIP). The payments are made to a provider at the beginning of some period in advance of claims. These payments are advances on the expected claims for the period. The reductions are the recovery of actual claims payments during the period. For instance, when a provider has a PIP payment, claims within this remittance advice covered by that payment would be offset using this code to remove the claim payment from the current check. The sign of the amount in PLB04 determines whether this is a payment (negative) or reduction (positive).
		This payment and recoupment is effectively a loan to the provider and loan repayment.
		See section 1.10.2.5, Advance Payments and Reconciliation, for additional information.
	PL	Payment Final
		This is the final settlement.
	RA	Retro-activity Adjustment
		This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
	RE	Return on Equity
	SL	Student Loan Repayment
	TL	Third Party Liability
	WO	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
	WO	Overpayment Recovery
		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
	WU	information about balancing against a provider refund. Unspecified Recovery
		Medicare is currently using this code to represent penalty collections withheld for the IRS (an outside source).
127	Reference Identi	fication O AN 1/50
	specified by the F	nation as defined for a particular Transaction Set or as Reference Identification Qualifier LE: Required when a control, account or tracking number
		justment. If not required by this implementation guide, do
	OD: 835W1PLE	311_C04202_ProviderAdjustmentIdentifier

C04202

	PLB12	782	Monetary Amount	IAME: Provider Adjustment Identifier	X 1	R 1/18		
			Monetary amount SITUATIONAL RULE: Required when PLB11 is used. If not required by this					
			implementation guid		fied by this			
			OD: 835W1PLB12	ProviderAdjustmentAmount				
				IAME: Provider Adjustment Amount				
	PLB13	C042	This is the adjustmen Adjustment Identifie	nt amount for the preceding adjustment i	reason. X 1			
	r LDIJ	042	-	ory and identifying reference information				
			adjustment					
				Required when an additional adjustment		У		
			reported applies to t implementation guid	his remittance advice. If not required by de, do not send.	this			
			OD: 835W1PLB13	_C042				
			See PLB03 for details	5.				
Μ	C04201	426	Adjustment Reason	Code	Μ	ID 2/2		
				on for debit or credit memo or adjustme	nt to invoice	е,		
			debit or credit memo, or payment OD: 835W1PLB13_C04201_AdjustmentReasonCode					
			50	Late Charge				
				This is the Late Claim Filing Penalty or M	edicare Lat	e		
				Cost Report Penalty.				
			51	Interest Penalty Charge				
				This is the interest assessment for late fi	ling.			
			72	Authorized Return	-1 - 1			
				This is the provider refund adjustment. T acknowledges a refund received from a	his adjustr	nent		
				provider for previous overpayment. PLB(03-2 must			
				always contain an identifying reference r				
				the value is used. PLB04 must contain a this adjustment must always be affect by	-			
				This adjustment must always be offset b PLB adjustment referring to the original	•			
				or reason. For balancing purposes, the a	-			
				to this adjustment reason code must be	directly off	set.		
			90	Early Payment Allowance				
			AH	Origination Fee				
				This is the claim transmission fee. This is transmission fees that are not specific to				
				dependent upon individual claims.	0.			
			AM	Applied to Borrower's Account				
				See 1.10.2.10, Capitation and Related Pa	-			
				Adjustments, for additional information. to identify the loan repayment amount.	Use this co	de		
			AP	This is capitation specific. Acceleration of Benefits				
				This is the accelerated payment amount	or			
				withholding. Withholding or payment ide				

	is indicated by the sign of the amount in PLBO4. A positive value represents a withholding. A negative value represents a payment.
B2	Rebate
	This adjustment code applies when a provider has remitted an overpayment to a health plan in excess of the amount requested by the health plan. The amount accepted by the health plan is reported using code 72 (Authorized Return) and offset by the amount with code WO (Overpayment Recovery). The excess returned by the provider is reported as a negative amount using code B2, returning the excess funds to the provider.
B3	Recovery Allowance
BD	This represents the check received from the provider for overpayments generated by payments from other payers. This code differs from the provider refund adjustment identified with code 72. 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. Bad Debt Adjustment
עם	-
BN	This is the bad debt passthrough.
BIN	Bonus This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
C5	Temporary Allowance
	This is the tentative adjustment.
CR	Capitation Interest
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
CS	Adjustment
	Provide supporting identification information in PLB03-2.
СТ	Capitation Payment
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
CV	Capital Passthru
CW	Certified Registered Nurse Anesthetist Passthru
DM	Direct Medical Education Passthru
E3	Withholding
	See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
FB	Forwarding Balance
	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.

FC	Fund Allocation
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information. The specific fund must be identified in PLB03-2.
GO	Graduate Medical Education Passthru
HM	Hemophilia Clotting Factor Supplement
IP	Incentive Premium Payment
	This is capitation specific. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
IR	Internal Revenue Service Withholding
IS	Interim Settlement
	This is the interim rate lump sum adjustment.
J1	Nonreimbursable
L3	This offsets the claim or service level data that reflects what could be paid if not for demonstration program or other limitation that prevents issuance of payment. Penalty
	The dollar value of the penalty assessed a business entity for a past due debt
	This is the capitation-related penalty. Withholding or release is identified by the sign in PLB04. See 1.10.2.10, Capitation and Related Payments or Adjustments, for additional information.
L6	Interest Owed
	The dollar value of interest owed a business entity for a past due payment This is the interest paid on claims in this 835. Support the amounts related to this adjustment by 2-062 AMT
	amounts, where AMT01 is "I".
LE	Levy
	IRS Levy
LS	Lump Sum
	This is the disproportionate share adjustment, indirect medical education passthrough, nonphysician passthrough, passthrough lump sum adjustment, or other passthrough amount. The specific type of lump sum adjustment must be identified in PLB03-2.
OA	Organ Acquisition Passthru
ОВ	Offset for Affiliated Providers
	Identification of the affiliated providers must be made on PLB03-2.
PI	Periodic Interim Payment
	This is the periodic interim lump sum payments and reductions (PIP). The payments are made to a provider at the beginning of some period in advance of claims. These payments are advances on the expected claims for the period. The reductions are the recovery of actual claims payments during the period. For instance, when a provider has a PIP payment, claims within this remittance advice covered by that payment would be offset using this code to remove the claim payment from the current check. The sign of the amount in

PLB04 determines whether this is a payment (negative) or reduction (positive).

This payment and recoupment is effectively a loan to the provider and loan repayment.

		PL	See section 1.10.2.5, Advance Payment Reconciliation, for additional information Payment Final			
			This is the final settlement.			
		RA	Retro-activity Adjustment			
			This is capitation specific. See 1.10.2.10 Related Payments or Adjustments, for a information.			and
		RE	Return on Equity			
		SL	Student Loan Repayment			
		TL	Third Party Liability			
			This is capitation specific. See 1.10.2.10 Related Payments or Adjustments, for a information.	-		and
		WO	Overpayment Recovery			
		WU	This is the recovery of previous overpay identifying number must be provided in the notes on codes 72 and B3 for additi information about balancing against a p Unspecified Recovery	n PLB03- ional	2. Se	
			Medicare is currently using this code to penalty collections withheld for the IRS source).	-		
C04202	127	Reference Identific		0		AN 1/50
			tion as defined for a particular Transactio ference Identification Qualifier	n Set or	as	
			: Required when a control, account or tra stment. If not required by this implement	-		
		OD: 835W1PLB1	3_C04202_ProviderAdjustmentIdentifier			
D I D <i>A</i> A			NAME: Provider Adjustment Identifier			D 4 /4 0
PLB14	782	Monetary Amount		Х	1	R 1/18
		Monetary amount			. ! .	_
		implementation gu	: Required when PLB13 is used. If not req ide, do not send.	uirea by	' this	
		OD: 835W1PLB1	4ProviderAdjustmentAmount			
			NAME: Provider Adjustment Amount			
		This is the adjustme	ent amount for the preceding adjustment	reason.		
egment:	SE Tr					

Segment:	SE Transact
Position:	0200
Loop:	
Level:	Summary

	Usage: Max Use: Purpose: Syntax Notes: Semantic Notes: Comments: Notes:	Must Use 1 To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments) 1 SE is the last segment of each transaction set. TR3 Example: SE*45*1234~				
	Data Element Summary					
	Ref.	Data				
	<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>		
М	SE01	96	Number of Included Segments M Total number of segments included in a transaction set including S segments OD: 835W1SE01TransactionSegmentCount IMPLEMENTATION NAME: Transaction Segment Count	1 NO 1/10 ST and SE		
М	SE02	329	Transaction Set Control Number M Identifying control number that must be unique within the transact functional group assigned by the originator for a transaction set OD: 835W1_SE02_TransactionSetControlNumber The Transaction Set Control Numbers in ST02 and SE02 must be id originator assigns the Transaction Set Control Number, which must within a functional group (GS-GE). This unique number also aids in resolution research.	lentical. The st be unique		