

835 Health Care Claim Payment/Advice

HIPAA/V4010X091A1/835: 835 Health Care Claim Payment/Advice

Author:	Molina Healthcare Inc
Publication:	08/30/2007
Notes:	

835 Health Care Claim Payment/Advice

Functional Group=HP

Purpose: This Draft Standard for Trial Use 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.

Not Defined:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required

Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
010	ST	Transaction Set Header	M	1			Required
020	BPR	Financial Information	M	1			Required
040	TRN	Reassociation Trace Number	O	1		N1/040	Required
060	REF	Receiver Identification	O	1			Situational
060	REF	Version Identification	O	1			Situational
070	DTM	Production Date	O	1			Recommended

LOOP ID - 1000A					1	N1/080L	
080	N1	Payer Identification	O	1		N1/080	Required
100	N3	Payer Address	O	1			Required
110	N4	Payer City, State, ZIP Code	O	1			Required
130	PER	Payer Contact Information	O	1			Situational

LOOP ID - 1000B					1	N1/080L	
080	N1	Payee Identification	O	1		N1/080	Required
100	N3	Payee Address	O	1			Situational
110	N4	Payee City, State, ZIP Code	O	1			Situational
120	REF	Payee Additional Identification	O	>1			Situational

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2000					>1	N2/003L	
003	LX	Header Number	O	1		N2/003	Situational

LOOP ID - 2100					>1		
010	CLP	Claim Payment Information	M	1			Required
020	CAS	Claim Adjustment	O	99		N2/020	Situational
030	NM1	Patient Name	M	1			Required
030	NM1	Service Provider Name	O	1			Situational
050	DTM	Claim Date	O	4			Situational

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
062	AMT	Claim Supplemental Information	O	14			Situational
064	QTY	Claim Supplemental Information Quantity	O	15			Situational
LOOP ID - 2110					999		
070	SVC	Service Payment Information	O	1			Recommended
080	DTM	Service Date	O	3		N2/080	Situational
090	CAS	Service Adjustment	O	99		N2/090	Situational
100	REF	Service Identification	O	7			Situational
110	AMT	Service Supplemental Amount	O	12			Situational
130	LQ	Health Care Remark Codes	O	99			Situational

Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
010	PLB	Provider Adjustment	O	>1			Situational
020	SE	Transaction Set Trailer	M	1			Required

Not Defined:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

ISA Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA01	I01	Authorization Information Qualifier	M	ID	2/2	Required

Description: Code to identify the type of information in the Authorization Information

Code Name

00 No Authorization Information Present (No Meaningful Information in I02)

ISA02	I02	Authorization Information	M	AN	10/10	Required
-------	-----	---------------------------	---	----	-------	----------

Description: Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)

ISA03	I03	Security Information Qualifier	M	ID	2/2	Required
-------	-----	--------------------------------	---	----	-----	----------

Description: Code to identify the type of information in the Security Information

Code Name

00 No Security Information Present (No Meaningful Information in I04)

ISA04	I04	Security Information	M	AN	10/10	Required
-------	-----	----------------------	---	----	-------	----------

Description: This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)

ISA05	I05	Interchange ID Qualifier	M	ID	2/2	Required
-------	-----	--------------------------	---	----	-----	----------

Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

Code Name

ZZ Mutually Defined

ISA06	I06	Interchange Sender ID	M	AN	15/15	Required
-------	-----	-----------------------	---	----	-------	----------

Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element

User Note 10: Molina Healthcare of California is "MHC330342719"
 Molina Healthcare of Indiana is "MIN201494455"
 Molina Healthcare of Michigan is "MHM383341599"
 Molina Healthcare of New Mexico is "MNM850408506"
 Molina Healthcare of Ohio is "MHO200750134"
 Molina Healthcare of Texas is "MHT201494502"

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<p><i>Molina Healthcare of Utah is " HT001363-001"</i> <i>Molina Healthcare of Washington is " MHW91128479"</i></p>				
ISA07	I05	Interchange ID Qualifier	M	ID	2/2	Required
		<p>Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified</p> <p>Code Name ZZ Mutually Defined</p>				
ISA08	I07	Interchange Receiver ID	M	AN	15/15	Required
		<p>Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them</p>				
ISA09	I08	Interchange Date	M	DT	6/6	Required
		<p>Description: Date of the interchange</p>				
ISA10	I09	Interchange Time	M	TM	4/4	Required
		<p>Description: Time of the interchange</p>				
ISA11	I10	Interchange Control Standards Identifier	M	ID	1/1	Required
		<p>Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer All valid standard codes are used.</p>				
ISA12	I11	Interchange Control Version Number	M	ID	5/5	Required
		<p>Description: Code specifying the version number of the interchange control segments</p> <p>Code Name 00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997</p>				
ISA13	I12	Interchange Control Number	M	NO	9/9	Required
		<p>Description: A control number assigned by the interchange sender</p>				
ISA14	I13	Acknowledgment Requested	M	ID	1/1	Required
		<p>Description: Code sent by the sender to request an interchange acknowledgment (TA1)</p> <p>Code Name 0 No Acknowledgment Requested</p>				
ISA15	I14	Usage Indicator	M	ID	1/1	Required
		<p>Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information</p>				

Code Name

P Production Data

T Test Data

ISA16	I15	Component Element Separator	M	1/1	Required
-------	-----	------------------------------------	---	-----	----------

Description: Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator

User Note 10: *We will use ":"*

GS Functional Group Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required

Purpose: To indicate the beginning of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS01	479	Functional Identifier Code	M	ID	2/2	Required

Description: Code identifying a group of application related transaction sets

Code Name

HP Health Care Claim Payment/Advice (835)

GS02	142	Application Sender's Code	M	AN	2/15	Required
------	-----	----------------------------------	---	----	------	----------

Description: Code identifying party sending transmission; codes agreed to by trading partners

User Note 10: Same as ISA06

GS03	124	Application Receiver's Code	M	AN	2/15	Required
------	-----	------------------------------------	---	----	------	----------

Description: Code identifying party receiving transmission; codes agreed to by trading partners

User Note 10: Same as ISA08

GS04	373	Date	M	DT	8/8	Required
------	-----	-------------	---	----	-----	----------

Description: Date expressed as CCYYMMDD

GS05	337	Time	M	TM	4/8	Required
------	-----	-------------	---	----	-----	----------

Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

GS06	28	Group Control Number	M	N0	1/9	Required
------	----	-----------------------------	---	----	-----	----------

Description: Assigned number originated and maintained by the sender

GS07	455	Responsible Agency Code	M	ID	1/2	Required
------	-----	--------------------------------	---	----	-----	----------

Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480

Code Name

X Accredited Standards Committee X12

GS08	480	Version / Release / Industry Identifier Code	M	AN	1/12	Required
------	-----	---	---	----	------	----------

Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<u>Code</u>				
		<u>Name</u>				
		004010X091				Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
		A1				

ST Transaction Set Header

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Purpose: To indicate the start of a transaction set and to assign a control number

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST01	143	Transaction Set Identifier Code	M	ID	3/3	Required
Description: Code uniquely identifying a Transaction Set						
Code Name						
835 Health Care Claim Payment/Advice						
ST02	329	Transaction Set Control Number	M	AN	4/9	Required
Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set						

BPR Financial Information

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 15

User Option (Usage): Required

Purpose: To indicate the beginning of a Payment Order/Remittance Advice Transaction Set and total payment amount, or to enable related transfer of funds and/or information from payer to payee to occur

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
BPR01	305	Transaction Handling Code	M	ID	1/2	Required

Description: Code designating the action to be taken by all parties

Code Name

I Remittance Information Only

BPR02	782	Monetary Amount	M	R	1/18	Required
-------	-----	------------------------	---	---	------	----------

Description: Monetary amount

BPR03	478	Credit/Debit Flag Code	M	ID	1/1	Required
-------	-----	-------------------------------	---	----	-----	----------

Description: Code indicating whether amount is a credit or debit

Code Name

C Credit

BPR04	591	Payment Method Code	M	ID	3/3	Required
-------	-----	----------------------------	---	----	-----	----------

Description: Code identifying the method for the movement of payment instructions

Code Name

ACH Automated Clearing House (ACH)

CHK Check

Use this code to indicate that a check has been issued for payment.

BPR05	812	Payment Format Code	O	ID	1/10	Situational
-------	-----	----------------------------	---	----	------	-------------

Description: Code identifying the payment format to be used

User Note 10: *Only used if paid by EFT*

Code Name

CTX Corporate Trade Exchange (CTX) (ACH)

BPR06	506	(DFI) ID Number Qualifier	C	ID	2/2	Situational
-------	-----	----------------------------------	---	----	-----	-------------

Description: Code identifying the type of identification number of Depository Financial Institution (DFI)

User Note 10: *Only used if paid by EFT*

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Code Name				
		01 ABA Transit Routing Number Including Check Digits (9 digits)				
		CODE SOURCE: <i>4: ABA Routing Number</i>				
BPR07	507	(DFI) Identification Number	C	AN	3/12	Situational
		Description: Depository Financial Institution (DFI) identification number				
		ExternalCodeList				
		Name: 4				
		Description: ABA Routing Number				
BPR08	569	Account Number Qualifier	O	ID	1/3	Situational
		Description: Code indicating the type of account				
		Code Name				
		DA Demand Deposit				
BPR09	508	Account Number	C	AN	1/35	Situational
		Description: Account number assigned				
BPR10	509	Originating Company Identifier	O	AN	10/10	Situational
		Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9				
BPR12	506	(DFI) ID Number Qualifier	C	ID	2/2	Situational
		Description: Code identifying the type of identification number of Depository Financial Institution (DFI)				
		Code Name				
		01 ABA Transit Routing Number Including Check Digits (9 digits)				
		CODE SOURCE: <i>4: ABA Routing Number</i>				
BPR13	507	(DFI) Identification Number	C	AN	3/12	Situational
		Description: Depository Financial Institution (DFI) identification number				
		ExternalCodeList				
		Name: 4				
		Description: ABA Routing Number				
BPR14	569	Account Number Qualifier	O	ID	1/3	Situational
		Description: Code indicating the type of account				

Code Name

DA Demand Deposit

SG Savings

BPR15 508 **Account Number** C AN 1/35 Situational

Description: Account number assigned

BPR16 373 **Date** O DT 8/8 Required

Description: Date expressed as CCYYMMDD

Industry: *Check Issue or EFT Effective Date*

TRN Reassociation Trace Number

Pos: 040	Max: 1
Heading - Optional	
Loop: N/A	Elements: 3

User Option (Usage): Required

Purpose: To uniquely identify a transaction to an application

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
TRN01	481	Trace Type Code	M	ID	1/2	Required

Description: Code identifying which transaction is being referenced

Code Name

1 Current Transaction Trace Numbers

TRN02	127	Reference Identification	M	AN	1/30	Required
-------	-----	--------------------------	---	----	------	----------

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Industry: *Check or EFT Trace Number*

TRN03	509	Originating Company Identifier	O	AN	10/10	Required
-------	-----	--------------------------------	---	----	-------	----------

Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9

REF Receiver Identification

Pos: 060	Max: 1
Heading - Optional	
Loop: N/A	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Code Name

EV Receiver Identification Number

REF02	127	Reference Identification	C	AN	1/30	Required
-------	-----	--------------------------	---	----	------	----------

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

REF Version Identification

Pos: 060	Max: 1
Heading - Optional	
Loop: N/A	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Code Name

F2 Version Code - Local

REF02	127	Reference Identification	C	AN	1/30	Required
-------	-----	--------------------------	---	----	------	----------

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

DTM Production Date

Pos: 070	Max: 1
Heading - Optional	
Loop: N/A	Elements: 2

User Option (Usage): Recommended

Purpose: To specify pertinent dates and times

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTM01	374	Date/Time Qualifier	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time

Code Name

405 Production

DTM02	373	Date	C	DT	8/8	Required
-------	-----	------	---	----	-----	----------

Description: Date expressed as CCYYMMDD

Loop 1000A

Pos: 080	Repeat: 1
Optional	
Loop: 1000A	Elements: N/A

User Option (Usage): Required

Purpose: To identify a party by type of organization, name, and code

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
080	N1	Payer Identification	O	1		Required
100	N3	Payer Address	O	1		Required
110	N4	Payer City, State, ZIP Code	O	1		Required
130	PER	Payer Contact Information	O	1		Situational

N1 Payer Identification

Pos: 080	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 4

User Option (Usage): Required

Purpose: To identify a party by type of organization, name, and code

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N101	98	Entity Identifier Code	M	ID	2/3	Required
Description: Code identifying an organizational entity, a physical location, property or an individual						
Code Name						
PR Payer						
N102	93	Name	C	AN	1/60	Situational
Description: Free-form name						
User Note 10: <i>Molina Healthcare of "State"</i>						
N103	66	Identification Code Qualifier	C	ID	1/2	Recommended
Description: Code designating the system/method of code structure used for Identification Code (67)						
Code Name						
XV Health Care Financing Administration National Payer Identification Number (PAYERID)						
CODE SOURCE:						
N104	67	Identification Code	C	AN	2/80	Recommended
Description: Code identifying a party or other code						
ExternalCodeList						
Name: 540						
Description: Health Care Financing Administration National PlanID						

N3 Payer Address

Pos: 100	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 2

User Option (Usage): Required

Purpose: To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
		Description: Address information				
N302	166	Address Information	O	AN	1/55	Situational
		Description: Address information				

N4 Payer City, State, ZIP Code

Pos: 110	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 3

User Option (Usage): Required

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name	O	AN	2/30	Required
		Description: Free-form text for city name				
N402	156	State or Province Code	O	ID	2/2	Required
		Description: Code (Standard State/Province) as defined by appropriate government agency				
		<u>ExternalCodeList</u>				
		Name: 22				
		Description: States and Outlying Areas of the U.S.				
N403	116	Postal Code	O	ID	3/15	Required
		Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States)				
		<u>ExternalCodeList</u>				
		Name: 51				
		Description: ZIP Code				

PER Payer Contact Information

Pos: 130	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 4

User Option (Usage): Situational

Purpose: To identify a person or office to whom administrative communications should be directed

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code	M	ID	2/2	Required
Description: Code identifying the major duty or responsibility of the person or group named						
Code Name						
CX Payers Claim Office						
PER02	93	Name	O	AN	1/60	Situational
Description: Free-form name						
PER03	365	Communication Number Qualifier	C	ID	2/2	Situational
Description: Code identifying the type of communication number						
Code Name						
TE Telephone						
PER04	364	Communication Number	C	AN	1/80	Situational
Description: Complete communications number including country or area code when applicable						

Loop 1000B

Pos: 080	Repeat: 1
Optional	
Loop: 1000B	Elements: N/A

User Option (Usage): Required

Purpose: To identify a party by type of organization, name, and code

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
080	N1	Payee Identification	O	1		Required
100	N3	Payee Address	O	1		Situational
110	N4	Payee City, State, ZIP Code	O	1		Situational
120	REF	Payee Additional Identification	O	>1		Situational

N1 Payee Identification

Pos: 080	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 4

User Option (Usage): Required

Purpose: To identify a party by type of organization, name, and code

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N101	98	Entity Identifier Code	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

Code Name

PE Payee

N102	93	Name	C	AN	1/60	Situational
------	----	-------------	---	----	------	-------------

Description: Free-form name

N103	66	Identification Code Qualifier	C	ID	1/2	Required
------	----	--------------------------------------	---	----	-----	----------

Description: Code designating the system/method of code structure used for Identification Code (67)

User Note 10: *IF Molina Healthcare has provider NPI qualifier will be XX, else FI qualifier is used.*

Code Name

FI Federal Taxpayer's Identification Number

XX Health Care Financing Administration National Provider Identifier

N104	67	Identification Code	C	AN	2/80	Required
------	----	----------------------------	---	----	------	----------

Description: Code identifying a party or other code

User Note 10: *IF Molina has providers NPI we will use NPI, esle Federal Tax ID*

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

N3 Payee Address

Pos: 100	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 2

User Option (Usage): Situational

Purpose: To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
		Description: Address information				
N302	166	Address Information	O	AN	1/55	Situational
		Description: Address information				

N4 Payee City, State, ZIP Code

Pos: 110	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 3

User Option (Usage): Situational

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name	O	AN	2/30	Required
		Description: Free-form text for city name				
N402	156	State or Province Code	O	ID	2/2	Required
		Description: Code (Standard State/Province) as defined by appropriate government agency				
		<u>ExternalCodeList</u>				
		Name: 22				
		Description: States and Outlying Areas of the U.S.				
N403	116	Postal Code	O	ID	3/15	Required
		Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States)				
		<u>ExternalCodeList</u>				
		Name: 51				
		Description: ZIP Code				

REF Payee Additional Identification

Pos: 120	Max: >1
Heading - Optional	
Loop: 1000B	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Code Name

TJ Federal Taxpayer's Identification Number

This information should be in the N1 segment unless the National Provider ID was used in N103/04. For individual providers as payees, use this number to represent the Social Security Number.

REF02	127	Reference Identification	C	AN	1/30	Required
-------	-----	--------------------------	---	----	------	----------

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

ExternalCodeList

Name: 307

Description: National Association of Boards of Pharmacy Number

Loop 2000

Pos: 003 Repeat: >1
 Optional
 Loop: 2000 Elements: N/A

User Option (Usage): Situational

Purpose: To reference a line number in a transaction set

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
003	LX	Header Number	O	1		Situational
010		Loop 2100	M		>1	Required

LX Header Number

Pos: 003	Max: 1
Detail - Optional	
Loop: 2000	Elements: 1

User Option (Usage): Situational

Purpose: To reference a line number in a transaction set

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
LX01	554	Assigned Number	M	N0	1/6	Required

Description: Number assigned for differentiation within a transaction set

Loop 2100

Pos: 010	Repeat: >1
Mandatory	
Loop: 2100	Elements: N/A

User Option (Usage): Required

Purpose: To supply information common to all services of a claim

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	CLP	Claim Payment Information	M	1		Required
020	CAS	Claim Adjustment	O	99		Situational
030	NM1	Patient Name	M	1		Required
030	NM1	Service Provider Name	O	1		Situational
050	DTM	Claim Date	O	4		Situational
062	AMT	Claim Supplemental Information	O	14		Situational
064	QTY	Claim Supplemental Information Quantity	O	15		Situational
070		Loop 2110	O		999	Recommended

CLP Claim Payment Information

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2100	Elements: 11

User Option (Usage): Required

Purpose: To supply information common to all services of a claim

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CLP01	1028	Claim Submitter's Identifier	M	AN	1/38	Required
		Description: Identifier used to track a claim from creation by the health care provider through payment				
CLP02	1029	Claim Status Code	M	ID	1/2	Required
		Description: Code identifying the status of an entire claim as assigned by the payor, claim review organization or repricing organization				
		Code Name				
		1				Processed as Primary
		2				Processed as Secondary
		4				Denied
		22				Reversal of Previous Payment
CLP03	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				
CLP04	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				
CLP05	782	Monetary Amount	O	R	1/18	Recommended
		Description: Monetary amount				
CLP06	1032	Claim Filing Indicator Code	O	ID	1/2	Required
		Description: Code identifying type of claim				
		Code Name				
		16				Health Maintenance Organization (HMO) Medicare Risk
		HM				Health Maintenance Organization
		MC				Medicaid
CLP07	127	Reference Identification	O	AN	1/30	Recommended
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		User Note 10: Molina's Claim Reference Number				
CLP08	1331	Facility Code Value	O	AN	1/2	Situational
		Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format				
CLP09	1325	Claim Frequency Type Code	O	ID	1/1	Situational

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<p>Description: Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type</p> <p>ExternalCodeList Name: 235 Description: Claim Frequency Type Code</p>				
CLP11	1354	<p>Diagnosis Related Group (DRG) Code</p> <p>Description: Code indicating a patient's diagnosis group based on a patient's illness, diseases, and medical problems</p> <p>ExternalCodeList Name: 229 Description: Diagnosis Related Group Number (DRG)</p>	O	ID	1/4	Situational
CLP12	380	<p>Quantity</p> <p>Description: Numeric value of quantity</p>	O	R	1/15	Situational

CAS Claim Adjustment

Pos: 020	Max: 99
Detail - Optional	
Loop: 2100	Elements: 3

User Option (Usage): Situational

Purpose: To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CAS01	1033	Claim Adjustment Group Code	M	ID	1/2	Required
Description: Code identifying the general category of payment adjustment						
Code Name						
CO Contractual Obligations						
CR Correction and Reversals						
OA Other adjustments						
PR Patient Responsibility						
CAS02	1034	Claim Adjustment Reason Code	M	ID	1/5	Required
Description: Code identifying the detailed reason the adjustment was made						
ExternalCodeList						
Name: 139						
Description: Claim Adjustment Reason Code						
CAS03	782	Monetary Amount	M	R	1/18	Required
Description: Monetary amount						

NM1 Patient Name

Pos: 030	Max: 1
Detail - Mandatory	
Loop: 2100	Elements: 7

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
Description: Code identifying an organizational entity, a physical location, property or an individual						
Code Name						
QC Patient						
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
Description: Code qualifying the type of entity						
Code Name						
1 Person						
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required
Description: Individual last name or organizational name						
NM104	1036	Name First	O	AN	1/25	Required
Description: Individual first name						
NM105	1037	Name Middle	O	AN	1/25	Situational
Description: Individual middle name or initial						
NM108	66	Identification Code Qualifier	C	ID	1/2	Recommended
Description: Code designating the system/method of code structure used for Identification Code (67)						
Code Name						
MI Member Identification Number						
NM109	67	Identification Code	C	AN	2/80	Recommended
Description: Code identifying a party or other code						

NM1 Service Provider Name

Pos: 030	Max: 1
Detail - Optional	
Loop: 2100	Elements: 7

User Option (Usage): Situational

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
Description: Code identifying an organizational entity, a physical location, property or an individual						
Code Name						
82 Rendering Provider						
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
Description: Code qualifying the type of entity						
Code Name						
1 Person						
2 Non-Person Entity						
NM103	1035	Name Last or Organization Name	O	AN	1/35	Situational
Description: Individual last name or organizational name						
NM104	1036	Name First	O	AN	1/25	Situational
Description: Individual first name						
NM105	1037	Name Middle	O	AN	1/25	Situational
Description: Individual middle name or initial						
NM108	66	Identification Code Qualifier	C	ID	1/2	Required
Description: Code designating the system/method of code structure used for Identification Code (67)						
User Note 10: Providers NPI or other Secondary ID						
Code Name						
MC Medicaid Provider Number						
XX Health Care Financing Administration National Provider Identifier						
ADVISED						
NM109	67	Identification Code	C	AN	2/80	Required
Description: Code identifying a party or other code						
ExternalCodeList						
Name: 537						
Description: Health Care Financing Administration National Provider Identifier						

DTM Claim Date

Pos: 050	Max: 4
Detail - Optional	
Loop: 2100	Elements: 2

User Option (Usage): Situational

Purpose: To specify pertinent dates and times

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTM01	374	Date/Time Qualifier	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time

Code Name

050 Received

232 Claim Statement Period Start

233 Claim Statement Period End

DTM02	373	Date	C	DT	8/8	Required
-------	-----	------	---	----	-----	----------

Description: Date expressed as CCYYMMDD

AMT Claim Supplemental Information

Pos: 062	Max: 14
Detail - Optional	
Loop: 2100	Elements: 2

User Option (Usage): Situational

Purpose: To indicate the total monetary amount

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code	M	ID	1/3	Required
		Description: Code to qualify amount				
		Code Name				
		I Interest				
AMT02	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				

QTY Claim Supplemental Information Quantity

Pos: 064	Max: 15
Detail - Optional	
Loop: 2100	Elements: 2

User Option (Usage): Situational

Purpose: To specify quantity information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
QTY01	673	Quantity Qualifier	M	ID	2/2	Required

Description: Code specifying the type of quantity

Code Name

- CA Covered - Actual
- CD Co-insured - Actual
- LA Life-time Reserve - Actual
- NA Number of Non-covered Days

QTY02	380	Quantity	C	R	1/15	Required
-------	-----	----------	---	---	------	----------

Description: Numeric value of quantity

Loop 2110

Pos: 070	Repeat: 999
Optional	
Loop: 2110 Elements: N/A	

User Option (Usage): Recommended

Purpose: To supply payment and control information to a provider for a particular service

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
070	SVC	Service Payment Information	O	1		Recommended
080	DTM	Service Date	O	3		Situational
090	CAS	Service Adjustment	O	99		Situational
100	REF	Service Identification	O	7		Situational
110	AMT	Service Supplemental Amount	O	12		Situational
130	LQ	Health Care Remark Codes	O	99		Situational

SVC Service Payment Information

Pos: 070	Max: 1
Detail - Optional	
Loop: 2110	Elements: 7

User Option (Usage): Recommended

Purpose: To supply payment and control information to a provider for a particular service

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SVC01	C003	Composite Medical Procedure Identifier	M	Comp		Required

Description: To identify a medical procedure by its standardized codes and applicable modifiers

235		Product/Service ID Qualifier	M	ID	2/2	Required
-----	--	-------------------------------------	---	----	-----	----------

Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234)

Code Name

HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes

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: Health Care Financing Administration Common Procedural Coding System

NU National Uniform Billing Committee (NUBC) UB92 Codes

CODE SOURCE:

132: National Uniform Billing Committee (NUBC) Codes

234		Product/Service ID	M	AN	1/48	Required
-----	--	---------------------------	---	----	------	----------

Description: Identifying number for a product or service

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

1339		Procedure Modifier	O	AN	2/2	Situational
------	--	---------------------------	---	----	-----	-------------

Description: This identifies special circumstances related to the performance of the service, as defined by trading partners

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

1339		Procedure Modifier	O	AN	2/2	Situational
------	--	---------------------------	---	----	-----	-------------

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Description: This identifies special circumstances related to the performance of the service, as defined by trading partners				
		ExternalCodeList				
		Name: 130				
		Description: Health Care Financing Administration Common Procedural Coding System				
1339		Procedure Modifier	O	AN	2/2	Situational
		Description: This identifies special circumstances related to the performance of the service, as defined by trading partners				
		ExternalCodeList				
		Name: 130				
		Description: Health Care Financing Administration Common Procedural Coding System				
1339		Procedure Modifier	O	AN	2/2	Situational
		Description: This identifies special circumstances related to the performance of the service, as defined by trading partners				
		ExternalCodeList				
		Name: 130				
		Description: Health Care Financing Administration Common Procedural Coding System				
SVC02	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				
		<i>Use this monetary amount for the submitted service charge amount.</i>				
SVC03	782	Monetary Amount	O	R	1/18	Required
		Description: Monetary amount				
SVC04	234	Product/Service ID	O	AN	1/48	Situational
		Description: Identifying number for a product or service				
		ExternalCodeList				
		Name: 132				
		Description: National Uniform Billing Committee (NUBC) Codes				
SVC05	380	Quantity	O	R	1/15	Situational
		Description: Numeric value of quantity				
		<i>Use this number for the paid units of service. If not present, the value is assumed to be one.</i>				
SVC06	C003	Composite Medical Procedure Identifier	O	Comp		Situational
		Description: To identify a medical procedure by its standardized codes and applicable modifiers				
	235	Product/Service ID Qualifier	M	ID	2/2	Required
		Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234)				

Code Name

HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes

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: Health Care Financing Administration Common Procedural Coding System

NU National Uniform Billing Committee (NUBC) UB92 Codes

CODE SOURCE:

132: National Uniform Billing Committee (NUBC) Codes

234 **Product/Service ID** M AN 1/48 Required

Description: Identifying number for a product or service

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

1339 **Procedure Modifier** O AN 2/2 Situational

Description: This identifies special circumstances related to the performance of the service, as defined by trading partners

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

1339 **Procedure Modifier** O AN 2/2 Situational

Description: This identifies special circumstances related to the performance of the service, as defined by trading partners

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

1339 **Procedure Modifier** O AN 2/2 Situational

Description: This identifies special circumstances related to the performance of the service, as defined by trading partners

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

1339 **Procedure Modifier** O AN 2/2 Situational

Description: This identifies special circumstances related to the performance of the service, as defined by trading partners

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<u>ExternalCodeList</u>				
		Name: 130				
		Description: Health Care Financing Administration Common Procedural Coding System				
SVC07	380	Quantity	O	R	1/15	Situational
		Description: Numeric value of quantity				

DTM Service Date

Pos: 080	Max: 3
Detail - Optional	
Loop: 2110	Elements: 2

User Option (Usage): Situational

Purpose: To specify pertinent dates and times

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTM01	374	Date/Time Qualifier	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time

Code Name

150 Service Period Start

151 Service Period End

472 Service

DTM02	373	Date	C	DT	8/8	Required
-------	-----	------	---	----	-----	----------

Description: Date expressed as CCYYMMDD

CAS Service Adjustment

Pos: 090	Max: 99
Detail - Optional	
Loop: 2110	Elements: 3

User Option (Usage): Situational

Purpose: To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CAS01	1033	Claim Adjustment Group Code	M	ID	1/2	Required

Description: Code identifying the general category of payment adjustment

Code Name

CO Contractual Obligations

CR Correction and Reversals

OA Other adjustments

PR Patient Responsibility

CAS02	1034	Claim Adjustment Reason Code	M	ID	1/5	Required
-------	------	-------------------------------------	---	----	-----	----------

Description: Code identifying the detailed reason the adjustment was made

ExternalCodeList

Name: 139

Description: Claim Adjustment Reason Code

CAS03	782	Monetary Amount	M	R	1/18	Required
-------	-----	------------------------	---	---	------	----------

Description: Monetary amount

REF Service Identification

Pos: 100	Max: 7
Detail - Optional	
Loop: 2110	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Code Name

BB Authorization Number

REF02	127	Reference Identification	C	AN	1/30	Required
-------	-----	--------------------------	---	----	------	----------

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

AMT Service Supplemental Amount

Pos: 110	Max: 12
Detail - Optional	
Loop: 2110	Elements: 2

User Option (Usage): Situational

Purpose: To indicate the total monetary amount

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code	M	ID	1/3	Required
		Description: Code to qualify amount				
		Code Name				
		B6 Allowed - Actual				
AMT02	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				

LQ Health Care Remark Codes

Pos: 130	Max: 99
Detail - Optional	
Loop: 2110	Elements: 2

User Option (Usage): Situational

Purpose: Code to transmit standard industry codes

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
LQ01	1270	Code List Qualifier Code	O	ID	1/3	Required

Description: Code identifying a specific industry code list

Code Name

HE Claim Payment Remark Codes

CODE SOURCE:

411: Remittance Remark Codes

LQ02	1271	Industry Code	C	AN	1/30	Required
------	------	---------------	---	----	------	----------

Description: Code indicating a code from a specific industry code list

ExternalCodeList

Name: 411

Description: Remittance Remark Codes

ExternalCodeList

Name: 530

Description: National Council for Prescription Drug Programs Reject/Payment Codes

User Note 10:

Remark codes only used on denied claims or denied services lines, when applicable.

PLB Provider Adjustment

Pos: 010	Max: >1
Summary - Optional	
Loop: N/A	Elements: 4

User Option (Usage): Situational

Purpose: To convey provider level adjustment information for debit or credit transactions such as, accelerated payments, cost report settlements for a fiscal year and timeliness report penalties unrelated to a specific claim or service

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PLB01	127	Reference Identification	M	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

User Note 10: *NPI or Federal Taxid will be used.*

PLB02	373	Date	M	DT	8/8	Required
-------	-----	------	---	----	-----	----------

Description: Date expressed as CCYYMMDD

PLB03	C042	Adjustment Identifier	M	Comp		Required
-------	------	-----------------------	---	------	--	----------

Description: To provide the category and identifying reference information for an adjustment

	426	Adjustment Reason Code	M	ID	2/2	Required
--	-----	------------------------	---	----	-----	----------

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

Code Name

72 Authorized Return

AP Acceleration of Benefits

FB Forwarding Balance

L6 Interest Owed

WU Unspecified Recovery

	127	Reference Identification	O	AN	1/30	Situational
--	-----	--------------------------	---	----	------	-------------

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Industry: *Provider Adjustment Identifier*

Medicare intermediaries must enter the applicable Medicare code (see Medicare A notes in PLB03-1) in positions 1-2, the Financial Control Number or other pertinent identifier in positions 3-19, and the patient's Health Insurance Claim Number (HIC) in positions 20-30 when the adjustment is related to a previously processed claim. Non-Medicare payers report any internally assigned reference

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<i>identifier for the related adjustment.</i>				
PLB04	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				

SE Transaction Set Trailer

Pos: 020	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SE01	96	Number of Included Segments	M	N0	1/10	Required
		Description: Total number of segments included in a transaction set including ST and SE segments				
SE02	329	Transaction Set Control Number	M	AN	4/9	Required
		Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set				

GE Functional Group Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Purpose: To indicate the end of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GE01	97	Number of Transaction Sets Included	M	N0	1/6	Required
Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element						
GE02	28	Group Control Number	M	N0	1/9	Required
Description: Assigned number originated and maintained by the sender						

IEA Interchange Control Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
IEA01	I16	Number of Included Functional Groups	M	N0	1/5	Required
Description: A count of the number of functional groups included in an interchange						
IEA02	I12	Interchange Control Number	M	N0	9/9	Required
Description: A control number assigned by the interchange sender						