DRAFT

Version: 1.0 Draft

835 Health Care Claim Payment / Advice

HIPAA/V4010X096A1/837 : Data Specifications

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ISA Interchange Control Header

Pos:	Max: 1
Control Header - Mandatory	
Loop: N/A	Elements: 16

User Option (usage): Required

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

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
ISA01	I01	**Authorization Information Qualifier**	M	ID	2/2	Required	1
		Code / **Name** 00 / No Authorization information Present (no meaningful data in I02)					
ISA02	I02	**Authorization Information**	M	AN	10/10	Required	1
		HSNO Note: Space Fill					
ISA03	I03	**Security Information Qualifier**	M	ID	2/2	Required	1
		Code / **Name** 00 / No Security Information Present (no meaningful data in I04)					
ISA04	I04	**Security Information**	M	AN	10/10	Required	1
		HSNO Note: Space Fill					
ISA05	I05	**Interchange ID Qualifier**	M	ID	2/2	Required	1
		Code / **Name** ZZ / Mutually Defined					
ISA06	I06	**Interchange Sender ID**	M	AN	15/15	Required	1
		HSNO Note: HSN3644 as defined in the 837I ISA I07					
ISA07	I05	**Interchange ID Qualifier**	M	ID	2/2	Required	1
		Code / **Name** ZZ / Mutually Defined					
ISA08	I07	**Interchange Receiver ID**	M	AN	15/15	Required	1
		HSNO Note: Org ID of Submitter that is defined in the 837I ISA I06					
ISA09	I08	**Interchange Date**	M	DT	6/6	Required	1
		Date format is YYMMDD					
ISA10	I109	**Interchange Time**	M	TM	4/4	Required	1
		Time format is HHMM					
ISA11	I10	**Interchange Control Standards ID**	M	ID	1/1	Required	1

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
		Code **Name** U U.S. EDI Community of ASC X12, TDCC, and UCS					
ISA12	I11	**Interchange Control Version Number**	M	ID	5/5	Required	1
		Code **Name** 00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures review Board through October 1997					
ISA13	I12	**Interchange Control Number**	M	NO	9/9	Required	1
		HSNO Note: This number must match that in IEA02.					
ISA14	I13	**Acknowledgment Requested**	M	ID	1/1	Required	1
		Code **Name** 0 No Acknowledgment Requested					
ISA15	I14	**Usage Indicator**	M	ID	1/1	Required	1
		Code **Name** P Production Data T Test Data					
ISA16	I15	**Component Element Separator**	M		1/1	Required	1

EXAMPLE:
ISA*00*……*00*……..*ZZ*ORGID……..*ZZ*HSN3644……..*071001*1052*U*00401*000000089*0*T~

GS Functional Group Header

Pos:	Max: 1
Group Header - Mandatory	
Loop: N/A	Elements: 8

User Option (usage): Required

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

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
GS01	479	**Functional Identifier Code**	M	ID	2/2	Required	1
		Code / **Name** HP / Health Care Claim Payment (835)]					
GS02	142	**Application Sender's Code**	M	AN	2/15	Required	1
		HSNO Note: HSN3644 will be present					
GS03	124	**Application Receiver's Code**	M	ID	2/15	Required	1
		HSNO Note: The ORG ID of the submitter on the 837I					
GS04	373	**Date**	M	DT	8/8	Required	1
		Date format is CCYYMMDD					
GS05	337	**Time**	M	TM	4/8	Required	1
		Time format is HHMM					
GS06	28	**Group Control Number**	M	NO	1/9	Required	1
		HSNO Note: Must be the same data element in the associated functional group trailer, GE02					
GS07	455	**Responsible Agency Code**	M	ID	1/2	Required	1
		Code / **Definition** X / Accredited Standards Committee X12					
GS08	480	**Version / Release / Industry Id**	M	AN	1/12	Required	1
		Code / **Definition** 004010X091A1 / Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.					

Example:
GS*HP*99999 *HSN3644 *20071001*1052*0101*X*004010X091A1~

ST Transaction Set Header

Pos:	005	Max:	1
	Set Header - Mandatory		
Loop:	N/A	Elements:	2

User Option (usage): Required

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

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
ST01	143	**Transaction Set Identifier Code**	M	ID	3/3	Required	1
		Code / **Name**: 835 / Health Care Claim Payment / Advice					
ST02	329	**Transaction Set Control Number**	M	AN	4/9	Required	1
		HSNO Note: The Transaction Set Control Number in ST02 and SE02 must be identical. This also aids in error resolution research. Submitters could be sending transactions using the number 0001 in this element and increment by one.					

Example:
ST*835*1234~

BPR Financial Information

Pos: 020	Max: 1
Header - Mandatory	
Loop: N/A	Elements: 16

User Option (usage): Required

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:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
BPR01	305	**Transaction Handling Code**	M	ID	1/2	Required	1
		Code / **Name**: I – Remittance Information Only					
		HSNO Note: Remittance detail is separate from payment					
BPR02	782	**Monetary Amount**	M	R	1/18	Required	1
		HSNO Note: This amount will always be zero.					
BPR03	478	**Credit / Debit Flag Code**	M	ID	1/1	Required	1
		Code / **Name**: C – Credit					
		HSNO Note: This will always be C since there is no actual payment on advice					
BPR04	591	**Payment Method Code**	M	ID	3/3	Required	1
		Code / **Name**: NON – Non-Payment Data					
BPR05	812	Payment Format Code	O	ID	1/10	Not Used	
BPR06	506	(DFI) ID Number Qualifier	X	ID	2/2	Not Used	
BPR07	507	(DFI) Identification Number	X	AN	3/12	Not Used	
BPR08	569	Account Number Qualifier	O	ID	1/3	Not Used	
BPR09	508	Account Number	X	AN	1/35	Not Used	
BPR10	509	Originating Company Identifier	O	AN	10/10	Not Used	
BPR11	510	Originating Company Supplemental (	O	AN	9/9	Not Used	
BPR12	506	(DFI) ID Number Qualifier	X	ID	2/2	Not Used	
BPR13	507	(DFI) Identification Number	X	ID	2/2	Not Used	
BPR14	569	Account Number Qualifier	X	ID	2/2	Not Used	
BPR15	508	Account Number	X	ID	2/2	Not Used	
BPR16	373	**Date**	O	DT	8/8	Required	1
		Date format is CCYYMMDD					
BPR17	1048	Business Function Code	O	ID	1/3	Not Used	
BPR18	506	(DFI) ID Number Qualifier	X	ID	2/2	Not Used	
BPR19	507	(DFI) Identification Number	X	AN	3/12	Not Used	
BPR20	569	Account Number Qualifier	O	ID	1/3	Not Used	
BPR21	508	Account Number	X	AN	1/35	Not Used	

Example:

BPR*I*0*C*NON*******20071001~*** **5**

TRN Reassociation Trace Number

Pos:	040	Max:	1
	Header - Optional		
Loop:	N/A	Elements:	4

User Option (usage): Required

To uniquely identify this transaction set and to aid in reassociating payments and remittances that have been separated

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
TRN01	481	**Trace Type Code**	M	ID	1/2	Required	1
		Code / **Name** 1 / Current Transaction Trace Numbers					
TRN02	127	**Reference Identification**	M	AN	1/30	Required	1
		HSNO Note: This will be the Submission Control ID					
TRN03	509	**Originating Company Identifier**	O	AN	10/10	Required	1
TRN04	127	Reference Identification	O	AN	1/30	Not Used	

Example:
TRN*1*H1234**~***

DTM Production Date

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

User Option (usage): Required

Use this segment to provide the version number when this information is required by the PAYER in order to resolve Customer Service questions from the PAYEE.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
DTM01	374	**Date / Time Qualifier**	M	ID	3/3	Required	1
		Code / **Name**: 405 / Production					
DTM02	373	**Date**	X	DT	8/8	Required	1
		HSNO Note: Date must be expressed as CCYYMMDD					

Example:
DTM*405*20071001~

Loop 1000A

Pos:	080	Repeat:	200
	Optional		
Loop:	1000A	Elements:	N/A

User Option (usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Pos	ID	Segment Name	Req	Max Use	Usage	Rep
080	N1	Payer Name	O	1	Required	

Example:
N1*PR*Health Safety Net Office**995~

N1 Payer Identification

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

User Option (usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
N101	98	**Entity Identifier Code**	M	ID	2/3	Required	1
		Code / **Name** PR / Payer					
N102	93	**Name**	X	AN	1/60	Required	1
		HSNO Note: Health Safety Net Office					
N103	66	Identification Code Qualifier	X	ID	1/2	Not Used	
N104	67	**Identification Code**	X	AN	2/80	Required	1
		HSNO Note: 995 will be entered here					

Example:
N1*PR*Health Safety Net Office**995~

Loop 1000B

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

User Option (usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Pos	ID	Segment Name	Req	Max Use	Usage	Rep
080	N1	Payee Name	O	1	Required	
120	REF	Payee Additional Identification	O	>1	Required	

Example:
N1*PE*HSNO Hospital*XX*0123456789~

N1 Payee Identification

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

User Option (usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
N101	98	**Entity Identifier Code**	M	ID	2/3	Required	1
		Code / **Name** PE / Payee					
N102	93	**Name**	X	AN	1/60	Required	1
		HSNO Note: HSNO Provider Name is entered here					
N103	66	**Identification Code Qualifier**	X	ID	1/2	Required	1
		Code / **Name** XX / National Provider Idenifier					
N104	67	**Identification Code**	X	AN	2/80	Required	1

Example:
N1*PE*HSNO Hospital*XX*0123456789~

REF Payee Additional Identification

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

User Option (usage): Required

Use this segment to report the ORG ID back to the HSNO Provider

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required	1
		Code / **Name** PQ / Payee Identification Number					
REF02	127	**Reference Identification**	X	AN	1/30	Required	1
		HSNO Note: Providers ORG ID Number as submitted in 837I NM109					

Example:
REF*PQ*99999~

Loop 2000

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

User Option (usage) Required

Element Summary:

Pos	ID	Segment Name	Req	Max Use	Usage	Rep
003	LX	Header Number			Required	
005	TS3	Provider Summary			Required	

Example:
LX*1~

LX Header Assigned Number

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

User Option (usage): Required

To reference a line number in a transaction set in order to sort data into logical groupings

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
LX01	554	**Assigned Number**	M	N0	1/6	Required	1

Code	Name
1	Prime
2	Second
3	Partial
4	BD
5	CA
6	MH

HSNO Note: Claims will be sorted by HSNO Type as defined in the 837I SBR04 then by Bill Type

Where
1(meaning Prime)**08**(fiscal period end year)**10**(fiscal period month)**11**(type of bill)

Example:
LX*1081011~

TS3 Provider Summary Information

Pos: 005	Max: 1
Detail - Optional	
Loop: 2000	Elements: 5

User Option (usage): Situational

To supply provider-level control documents

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
TS301	127	**Reference Identification**	M	AN	1/30	Required	1
		HSNO Note: Enter the Provider's ORG ID here					
TS302	1331	**Facility Code Value**	M	AN	1/2	Required	1
		HSNO Note: Enter the facility type here. Use the first and second positions of the Uniform Bill Type code.					
TS303	373	**Date**	M	DT	8/8	Required	1
		HSNO Note: Date expressed as CCYYMMDD					
TS304	380	**Quantity**	M	R	1/15	Required	1
		HSNO Note: This is the total number of claims					
TS305	782	**Monetary Amount**	M	R	1/18	Required	1
		HSNO Note: This is the monetary amount of TOTAL CHARGES for all claims					
TS306	782	**Monetary Amount**	O	R	1/18	Situational	1
		HSNO Note: This is the monetary amount of TOTAL CHARGES less the NON-COVERED CHARGES					
TS307	782	**Monetary Amount**	O	R	1/18	Situational	1
		HSNO Note: This is the monetary amount of TOTAL of NON-COVERED CHARGES					
TS308	782	**Monetary Amount**	O	R	1/18	Situational	1
		HSNO Note: This is the monetary amount of TOTAL DENIED CHARGES.					
TS309	782	**Monetary Amount**	O	R	1/18	Situational	1
		HSNO Note: This is the monetary amount of TOTAL PROVIDER PAYMENT. This will be equal to 0.00.					
TS310	782	**Monetary Amount**	O	R	1/18	Situational	1
		HSNO Note: This is the monetary amount of TOTAL INTEREST PAID. This will be 0.00.					

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
TS311	782	**Monetary Amount**	O	R	1/18	Required	1
		HSNO Note: This is the monetary amount of TOTAL CONTRACTUAL ADJUSTMENTS. This will be 0.00.					
TS312	782	Monetary Amount	O	R	1/18	Not Used	
TS313	782	Monetary Amount	O	R	1/18	Not Used	
TS314	782	Monetary Amount	O	R	1/18	Not Used	
TS315	782	Monetary Amount	O	R	1/18	Not Used	
TS316	782	**Monetary Amount**	O	R	1/18	Situational	1
		HSNO Note: This is the monetary amount of TOTAL CO-INSURANCE AMOUNT.					
TS317	782	**Monetary Amount**	O	R	1/18	Situational	1
		HSNO Note: This is the monetary amount of TOTAL HCPCS REPORTED CHARGES.					
TS318	782	**Monetary Amount**	O	R	1/18	Situational	1
		HSNO Note: This is the monetary amount of TOTAL HCPCS PAYABLE AMOUNT. **THINK OF DENTAL**					
TS319	782	**Monetary Amount**	O	R	1/18	Situational	1
		HSNO Note: This is the monetary amount of TOTAL DEDUCTIBLE AMOUNT. This will be 0.00					
TS320	782	**Monetary Amount**	O	R	1/18	Situational	1
		HSNO Note: This is the monetary amount of TOTAL PROFESSIONAL AMOUNT.					
TS321	782	Monetary Amount	O	R	1/18	Not Used	
TS322	782	Monetary Amount	O	R	1/18	Not Used	
TS323	380	Quantity	O	R	1/18	Not Used	
TS324	782	Monetary Amount	O	R	1/18	Not Used	

Example:
TS3*123456*11*20071001*10*32501.98~

TS2 Provider Supplemental Summary Information

Pos: 007	Max: 1
Detail - Optional	
Loop: 2000	Elements: 5

User Option (usage): Situational

To provide supplemental summary control information by provider fiscal year and bill type

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
TS201	782	**Monetary Amount**	O	R	1/18	Situational	1
TS202	782	**Monetary Amount**	O	R	1/18	Situational	1
TS203	782	**Monetary Amount**	O	R	1/18	Situational	1
TS204	782	**Monetary Amount**	O	R	1/18	Situational	1
TS205	782	**Monetary Amount**	O	R	1/18	Situational	1
TS206	782	**Monetary Amount**	O	R	1/18	Situational	1
TS207	380	**Quantity**	O	R	1/15	Situational	1
TS208	782	**Monetary Amount**	O	R	1/18	Situational	1
TS209	782	**Monetary Amount**	O	R	1/18	Situational	1
TS210	380	**Quantity**	O	R	1/15	Situational	1
TS211	380	**Quantity**	O	R	1/15	Situational	1
TS212	380	**Quantity**	O	R	1/15	Situational	1
TS213	380	**Quantity**	O	R	1/15	Situational	1
TS214	380	**Quantity**	O	R	1/15	Situational	1
TS215	782	**Monetary Amount**	O	R	1/18	Situational	1
TS216	380	**Quantity**	O	R	1/15	Situational	1
TS217	782	**Monetary Amount**	O	R	1/18	Situational	1
TS218	782	**Monetary Amount**	O	R	1/18	Situational	1
TS219	782	**Monetary Amount**	O	R	1/18	Situational	1

Example:
TS2*123456*11*20071001*10*32501.98~

CLP Claim Payment Information

Pos: 010	Max: >1
Detail - Mandatory	
Loop: 2100	Elements: 13

User Option (usage): Required

To supply information common to all services of a claim.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
CLP01	1028	**Claim Submitter's Identifier**	M	AN	1/38	Required	1
		HSNO Note: Enter the Patient Control Number here					
CLP02	1029	**Claim Status Code**	M	ID	1/2	Required	1

Code	Definition
1	Processed as Primary
2	Processed as Secondary
3	Processed as Tertiary
4	Denied
13	Suspended
15	Suspended - Investigation with field
16	Suspended - return with material
17	Suspended - review pending
22	Reversal of Previous Payment
25	Predetermination Pricing Only - No Payment

CLP03	782	**Monetary Amount**	M	R	1/18	Required	1
		HSNO Note: Use this amount for the submitted charges for this claim.					
CLP04	782	**Monetary Amount**	M	R	1/18	Required	1
		HSNO Note: Claim Payment Amount. This will be 0.00					
CLP05	782	**Monetary Amount**	M	R	1/18	Required	1
		HSNO Note: Co-pays, co-insurance, deductible. This will be 0.00.					
CLP06	1032	**Claim Filing Indicator Code**	O	ID	1/2	Required	1

Code	Definition
12	Preferred Provider Organization
13	Point of Service
14	**Exclusive Provider Organization**
15	Indemnity Insurance
16	Health Maintenance Organization Medicare Risk
AM	Automobile Medical
CH	Champus
DS	Disability
HM	Health Maintenance Organization Medicare Risk
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
		MC Medicaid OF Other Federal Program TV Title V VA Veteran Administration Plan WC Workers' Compensation Health Claim					
CLP07	127	**Reference Identification**	O	AN	1/30	Required	1
		HSNO Note: Enter HSNO TCN here					
CLP08	1331	**Facility Code Value**	O	AN	1/2	Situational	1
		HSNO Note: Enter the corresponding 837I element from CLM05-1 here.					
CLP09	1325	**Claim Frequency Type Code**	O	ID	1/1	Situational	1
		HSNO Note: Enter the corresponding 837I element from CLM05-2 here.					
CLP10	1352	Patient Status Code	O	ID	1/2	Not Used	1
CLP11	1354	**Diagnosis Related Group Code**	O	ID	1/4	Situational	1
		HSNO Note: Required for Inpatient claims					
CLP12	380	**Quantity**	O	R	1/15	Situational	1
CLP13	954	**Percent**	O	R	1/10	Situational	1

Example:
CLP*7722337*1*211366.97*138018.4**12*119932404007801~

CAS Claim Adjustment

Pos: 020	Max: 99
Detail - Optional	
Loop: 2100	Elements: 19

User Option (usage): Required

To supply adjustment reason codes and amounts as needed for an entire claim

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
CAS01	1033	**Claim Adjustment Group Code**	M	ID	1/2	Required	1
		Code / **Definition** CO Contractual Obligation CR Correction & Reversals OA Other Adjustments PI Payer Initiated Reductions PR Patient Responsibility					
CAS02	1034	**Claim Adjustment Reason Code**	M	ID	1/5	Required	1
CAS03	782	**Monetary Amount**	M	R	1/18	Required	1
CAS04	380	**Quantity**	O	R	1/15	Situational	1
CAS05	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational	1
CAS06	782	**Monetary Amount**	X	R	1/18	Situational	1
CAS07	380	**Quantity**	X	R	1/15	Situational	1
CAS08	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational	1
CAS09	782	**Monetary Amount**	X	R	1/18	Situational	1
CAS10	380	**Quantity**	X	R	1/15	Situational	1
CAS11	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational	1
CAS12	182	**Monetary Amount**	X	R	1/18	Situational	1
CAS13	380	**Quantity**	X	R	1/15	Situational	1
CAS14	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational	1
CAS15	782	**Monetary Amount**	X	R	1/18	Situational	1
CAS16	380	**Quantity**	X	R	1/15	Situational	1
CAS17	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational	1
CAS18	782	**Monetary Amount**	X	R	1/18	Situational	1
CAS19	380	**Quantity**	X	R	1/15	Situational	1

Example:
CAS*PR*1*793~

NM1 Patient Name

Pos:	030	Max:	9
	Detail - Mandatory		
Loop:	2100	Elements:	9

User Option (usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required	1
		Code / **Definition** QC / Patient					
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required	1
		Code / **Definition** 1 / Person					
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required	1
NM104	1036	**Name First**	O	AN	1/25	Required	1
NM105	1037	**Name Middle**	O	AN	1/25	Situational	1
NM106	1038	Name Prefix	O	AN	1/10	Not Used	1
NM107	1039	**Name Suffix**	O	AN	1/10	Situational	1
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Required	1
		Code / **Name** MI / Member Identification Number					
NM109	67	**Identification Code**	C	AN	2/80	Required	1
		HSNO Note: Required if Patient Identifier was reported in the 837I in NM109 segment					

Example:
NM1*QC*1*Patient*Patty*QMI*ZZ000000~***

NM1 Service Provider Name

Pos:	030	Max:	9
	Detail - Mandatory		
Loop:	2100	Elements:	9

User Option (usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required	1
		Code / **Name** 82 / Rendering Provider					
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required	1
		Code / **Name** 2 / Non-Person Entity					
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Situational	1
NM104	1036	Name First	O	AN	1/25	Not Used	1
NM105	1037	Name Middle	O	AN	1/25	Not Used	1
NM106	1038	Name Prefix	O	AN	1/10	Not Used	1
NM107	1039	Name Suffix	O	AN	1/10	Not Used	1
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Required	1
		Code / **Name** XX / Health Care Financing Administration National Provider Number					
NM109	67	**Identification Code**	C	AN	2/80	Situational	1

External Code List
Name: 537
Description: Health Care Financing Administration National Provider Number

HSNO Note: This information is pulled from the data supplied in the 2310E segment of the 837I

Example:
NM1*82*C*REHAB FACILITY**XX*9873216545~***

REF Other Claim Related Identification

Pos: 040	Max: 99
Detail - Optional	
Loop: 2100	Elements: 2

User Option (usage): Situational

To specify identifying information

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required	1
		Code / **Definition** EA / Medical Record Number					
REF02	127	**Reference Identification**	C	AN	1/30	Required	1

Example:
REF*EA*MR123456~

DTM Claim Date

Pos:	050	Max:	9
	Detail - Optional		
Loop:	2100	Elements:	2

User Option (usage): Required

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
DTM01	374	**Date / Time Qualifier**	M	ID	3/3	Required	1

Code	Definition
036	Expired Coverage Date
050	Received Claim Date
232	Claim Statement Period Start

If the claim statement period start date is conveyed w/o a subsequent claim statement period end date, the end date is assumed to be the same date as the start date. This date or code 233 should be considered required when service level dates are not provided in the remittance advice.

233	Claim Statement Period End

If the claim statement period end date is conveyed w/o a subsequent claim statement period start date, the start date is assumed to be the different from the end date but not conveyed at the payer's discretion. See the note on code 232.

DTM02	373	**Date**	X	DT	8/8	Required	1

HSNO Note: Date expressed as CCYYMMDD

Example:
DTM*232*20071001~

PER Claim Contact Information

Pos: 060	Max: 3
Detail - Optional	
Loop: 2100	Elements: 8

User Option (usage): Required

To identify the office to whom administrative communications should be directed

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
PER01	366	**Contact Function Code**	M	ID	2/2	Required	1
		Code / **Definition** CX / Payers Claim Office					
PER02	93	**Name**	O	AN	1/60	Required	1
		HSNO Note: Health Safety Net Provider Support					
PER03	365	**Communication Number Qualifier**	X	ID	2/2	Required	1
		Code / **Definition** TE / Telephone					
PER04	364	**Communication Number**	X	AN	1/80	Required	1
		HSNO Note: 1-800-609-7232, this number may change					
PER05	365	**Communication Number Qualifier**	X	ID	2/2	Required	1
		Code / **Definition** EM / Email					
PER06	364	**Communication Number**	X	AN	1/80	Required	1
PER07	365	**Communication Number Qualifier**	X	ID	2/2	Situational	1
		Code / **Definition** EX / Telephone Extension					
PER08	364	**Communication Number**	X	AN	1/80	Situational	1
PER09	443	Contact Inquiry Reference	O	AN	1/20	Not Used	1

Example:
PER*CX*Health Safety Net Provider Support*TE*6175555555*EM*www.HSNOSupport.net*EX*1234~

Loop 2110

Pos:	070	Repeat:	1
	Optional		
Loop:	2110	Elements:	N/A

User Option (usage): Required

To supply service payment information

Element Summary:

Pos	ID	Segment Name	Req	Max Use	Usage	Rep

SVC Service Payment Information

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

User Option (usage): Required

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

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
SVC01	C003	**Composite Medical Procedure Identifier**	M	Comp		Required	1
SVC01-1	235	**Product / Service ID Qualifier**	M	ID	2/2	Required	1
		Code / **Definition** AD American Dental Association Codes HC HCPCS (Report CPT codes here)					
		HSNO Note: This value qualifies the values in SVC01-02 through SVC01-06					
SVC01-2	234	**Product / Service ID**	M	AN	1/48	Required	1
SVC01-3	1339	**Procedure Modifier**	O	AN	2/2	Situational	1
SVC01-4	1339	**Procedure Modifier**	O	AN	2/2	Situational	1
SVC01-5	1339	**Procedure Modifier**	O	AN	2/2	Situational	1
SVC01-6	1339	**Procedure Modifier**	O	AN	2/2	Situational	1
SVC01-7	352	**Description**	O	AN	1/80	Situational	1
		HSNO Note: Avoid use if possible					
SVC02	782	**Monetary Amount**	M	R	1/18	Required	1
		HSNO Note: Use this as the Submitted Charge Amount.					
SVC03	782	**Monetary Amount**	O	R	1/18	Required	1
		HSNO Note: This is the 'payment amount' and should be 0.00.					
SVC04	355	**Product / Service ID**	O	AN	1/48	Situational	1
		HSNO Note: This is the Revenue Code					
SVC05	380	**Quantity**	O	R	1/15	Situational	1
		HSNO Note: Service Unit Count, if not used unit of 1 is assumed					
SVC06	C003	**Composite Medical Procedure Identifier**	O	Comp		Situational	1
SVC06-1	235	**Product / Service ID Qualifier**	M	ID	2/2	Required	1

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
		Code **Definition** AD American Dental Association Codes HC HCPCS (Report CPT codes here)					
		HSNO Note: This value qualifies the values in SVC01-02 through SVC01-06					
SVC06-2	234	**Product / Service ID**	M	AN	1/48	Required	1
SVC06-3	1339	**Procedure Modifier**	O	AN	2/2	Situational	1
SVC06-4	1339	**Procedure Modifier**	O	AN	2/2	Situational	1
SVC06-5	1339	**Procedure Modifier**	O	AN	2/2	Situational	1
SVC06-6	1339	**Procedure Modifier**	O	AN	2/2	Situational	1
SVC06-7	352	**Description**	O	AN	1/80	Situational	1
		HSNO Note: Avoid use if possible					
SVC07	782	**Quantity**	O	R	1/15	Situational	1
		HSNO Note: Not used when the submitted units is the same as the value in SVC05.					

Example:
SVC*HC:99214*100*80~

DTM Service Date

Pos:	080	Max:	9
	Detail - Optional		
Loop:	2110	Elements:	2

User Option (usage): Situational

To specify pertinent dates and times

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
DTM01	374	**Date / Time Qualifier**	M	ID	3/3	Required	1
		Code / **Definition** 472 / Service					
DTM02	373	**Date**	X	DT	8/8	Required	1
		HSNO Note: Date expressed as CCYYMMDD					

Example:
DTM*472*20071001~

CAS Service Adjustment

Pos: 090	Max: 99
Detail - Optional	
Loop: 2110	Elements: 19

User Option (usage): Required

To supply adjustment reason codes and amounts as needed for an entire claim

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
CAS01	1033	**Claim Adjustment Group Code**	M	ID	1/2	Required	1
		Code / **Definition** CO Contractual Obligation CR Correction & Reversals OA Other Adjustments PI Payer Initiated Reductions PR Patient Responsibility					
CAS02	1034	**Claim Adjustment Reason Code**	M	ID	1/5	Required	1
CAS03	782	**Monetary Amount**	M	R	1/18	Required	1
CAS04	380	**Quantity**	O	R	1/15	Situational	1
CAS05	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational	1
CAS06	782	**Monetary Amount**	X	R	1/18	Situational	1
CAS07	380	**Quantity**	X	R	1/15	Situational	1
CAS08	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational	1
CAS09	782	**Monetary Amount**	X	R	1/18	Situational	1
CAS10	380	**Quantity**	X	R	1/15	Situational	1
CAS11	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational	1
CAS12	182	**Monetary Amount**	X	R	1/18	Situational	1
CAS13	380	**Quantity**	X	R	1/15	Situational	1
CAS14	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational	1
CAS15	782	**Monetary Amount**	X	R	1/18	Situational	1
CAS16	380	**Quantity**	X	R	1/15	Situational	1
CAS17	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational	1
CAS18	782	**Monetary Amount**	X	R	1/18	Situational	1
CAS19	380	**Quantity**	X	R	1/15	Situational	1

Example:
CAS*CO*A2*20~

REF Service Identification

Pos: 100	Max: 99
Detail - Optional	
Loop: 2110	Elements: 2

User Option (usage): Situational

To specify identifying information

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required	1

Code	Name
1S	APG Number
6R	Provider Control Number
	This is the Line Item Control Number submitted in the 837, used by the provider for tracking purposes, if submitted on the claim this must be returned on the remittance advice
BB	Authorization Number
E9	Attachment Code
G1	Prior Authorization Number
G3	Predetermination of Benefits ID
LU	Location Number
RB	Rate Code Number

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

Example:
REF*6R*4536~

LQ Health Care Remark Codes

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

User Option (usage): Situational

To specify identifying information

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
LQ01	1270	**Code List Qualifier Code**	O	ID	1/3	Required	1
		Code / **Definition** HE / Claim Payment Remark Codes					
LQ02	1271	**Industry Code**	X	AN	1/30	Required	1

Example:
REF*LQ*12345~

PLB Provider Adjustment

Pos:	010	Max:	>1
	Summary - Optional		
Loop:	n/a	Elements:	14

User Option (usage): Situational

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	Rep
PLB01	127	**Reference Identification**	M	AN	1/30	Required	1
		HSNO Note: Use this number for the provider identifier as assigned by the payer.					
PLB02	373	**Date**	M	DT	8/8	Required	1
		HSNO Note: Date expressed as CCYYMMDD					
PLB03	C042	**Adjustment Identifier**	M	Comp		Required	1
		HSNO Note: This identifies the reason and information for the adjustment dollar amount in PLB04					
PLB03-1	426	**Adjustment Reason Code**	M	ID	2/2	Required	1

Code	Definition
50	Late Charge
72	Authorized Return
B3	Recovery
BD	Bad Debt Adjustment
CR	Capitation Interest
CS	Adjustment
CT	Capitation Payment
CV	Capital Passthru
CW	CRNA Passthru
DM	Direct Medical Education Passthru
FC	Fund Allocation
GO	Graduate Medical Education Payment
J1	Nonreimbursable
OA	Organ Acquisition Passthru
PL	Payment Final
RA	Retro-Activity Adjustment
TL	Third Party Liability
WO	Overpayment Recovery
WU	Unspecified Recovery
ZZ	Mutually Defined

PLB03-2	127	**Reference Identification**	O	AN	1/30	Required	1
PLB04	782	**Monetary Amount**	M	R	1/18	Required	1
PLB05	C042	**Adjustment Identifier**	X	Comp		Situational	1
PLB05-1	426	**Adjustment Reason Code**	M	ID	2/2	Required	1
PLB05-2	127	**Reference Identification**	O	AN	1/30	Situational	1

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
PLB06	782	**Monetary Amount**	X	R	1/18	Situational	1
PLB07	C042	**Adjustment Identifier**	X	Comp		Situational	1
PLB07-1	426	**Adjustment Reason Code**	M	ID	2/2	Required	1
PLB07-2	127	**Reference Identification**	O	AN	1/30	Situational	1
PLB08	782	**Monetary Amount**	X	R	1/18	Situational	1
PLB09	C042	**Adjustment Identifier**	X	Comp		Situational	1
PLB09-1	426	**Adjustment Reason Code**	M	ID	2/2	Required	1
PLB09-2	127	**Reference Identification**	O	AN	1/30	Situational	1
PLB10	782	**Monetary Amount**	X	R	1/18	Situational	1
PLB11	C042	**Adjustment Identifier**	X	Comp		Situational	1
PLB11-1	426	**Adjustment Reason Code**	M	ID	2/2	Required	1
PLB11-2	127	**Reference Identification**	O	AN	1/30	Situational	1
PLB12	782	**Monetary Amount**	X	R	1/18	Situational	1
PLB13	C042	**Adjustment Identifier**	X	Comp		Situational	1
PLB13-1	426	**Adjustment Reason Code**	M	ID	2/2	Required	1
PLB13-2	127	**Reference Identification**	O	AN	1/30	Situational	1
PLB14	782	**Monetary Amount**	X	R	1/18	Situational	1

Example:
PLB*123456*20071001*CV:9876514*-1.27~

SE Transaction Set Trailer

Pos:	555	Max:	1
	Set Trailer - Mandatory		
Loop:	N/A	Elements:	2

User Option (usage) Required

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:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
SE01	96	**Number of Included Segments**	M	N0	1/10	Required	1
		HSNO Note: Transaction Segment Count					
SE02	329	**Transaction Set Control Number**	M	AN	4/9	Required	1
		HSNO Note: The Transaction Set Control Number in ST02 and SE02 must be identical. This also aids in error resolution research. Submitters could be sending transactions using the number 0001 in this element and increment by one.					

Example:
SE*1230*987654~

GE Functional Group Trailer

Pos:		Max:	1
	Group Trailer - Mandatory		
Loop:	N/A	Elements:	2

User Option (usage) Required

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

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
GE01	97	**Number of Transaction Sets Included**	M	No	1/6	Required	1
		HSNO Note: Number of ST segments					
GE02	28	**Group Control Number**	M	N0	1/9	Required	1
		HSNO Note: Sender Assigned Control Number. This must match GS06 28					

Example:
GE*1*1~

IEA Interchange Control Trailer

Pos:		Max:	1
	Control Trailer - Mandatory		
Loop:	N/A	Elements:	2

User Option (usage) Required

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

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage	Rep
IEA01	I16	**Number of Included Functional Groups** HSNO Note: Number of GS segments	M	N0	1/5	Required	1
IEA02	I12	Interchange Control Number HSNO Note: Sender Assigned Control Number must match Interchange Control Number of ISA12 I12 element	M	N0	9/9	Required	1

Example:
IEA*1*000000905~