



835 Health Care Claim Payment/Advice

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

Version: 1.0 Final

| | |
|---------------------|--|
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| Notes: | This document is intended for use as a companion to the HIPAA-mandated ANSI ASC X12N 835 Health Care Claim Payment/Advice transaction set addenda |

**Implementation Guide.
Specific payer
instructions contained in
this document are
provided for clarification
purposes only and should
be used in conjunction
with the applicable HIPAA
Implementation Guide.**

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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> |
|------------|-----------|-------------------------|------------|----------------|---------------|--------------|--------------|
| 020 | BPR | Financial Information | M | 1 | | | Required |
| 060 | REF | Receiver 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 | |
| LOOP ID - 2100 | | | | | ≥1 | | |
| 020 | CAS | Claim Adjustment | O | 99 | | N2/020 | Situational |
| 033 | MIA | Inpatient Adjudication Information | O | 1 | | | Situational |
| 035 | MOA | Outpatient Adjudication Information | O | 1 | | | Situational |
| 050 | DTM | Claim Date | O | 4 | | | Situational |
| LOOP ID - 2110 | | | | | 999 | | |
| 070 | SVC | Service Payment Information | O | 1 | | | Recommended |
| 090 | CAS | Service Adjustment | O | 99 | | N2/090 | 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 |

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 |

Notes:

- 2/003L The LX segment is used to provide a looping structure and logical grouping of claim payment information.
- 2/020 The CAS segment is used to reflect changes to amounts within Table 2.
- 2/090 The CAS segment is used to reflect changes to amounts within Table 2.

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

CodeList Summary (Total Codes: 7, Included: 2)

Code Name

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

03 Additional Data Identification

| | | | | | | |
|-------|-----|----------------------------------|---|----|-------|----------|
| 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

CodeList Summary (Total Codes: 2, Included: 2)

Code Name

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

01 Password

| | | | | | | |
|-------|-----|-----------------------------|---|----|-------|----------|
| 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

Guideline Note 5: *This ID qualifies the Sender in ISA06.*

State Specific Note 1:

2003-08 - ND - ND will send the value

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|---|----------------|--------------|
| | | "ZZ". | | | | |
| | | CodeList Summary (Total Codes: 38, Included: 9) | | | | |
| | | Code | | Name | | |
| | | 01 | | Duns (Dun & Bradstreet) | | |
| | | 14 | | Duns Plus Suffix | | |
| | | 20 | | Health Industry Number (HIN) | | |
| | | 27 | | Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) | | |
| | | 28 | | Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) | | |
| | | 29 | | Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) | | |
| | | 30 | | U.S. Federal Tax Identification Number | | |
| | | 33 | | National Association of Insurance Commissioners Company Code (NAIC) | | |
| | | ZZ | | Mutually Defined | | |
| 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 | | | | |
| | | State Specific Note 1: | | | | |
| | | 2003-08 - ND - ND will send the value "NDDHSMED". | | | | |
| ISA07 | 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 | | | | |
| | | Guideline Note 5: This ID qualifies the Receiver in ISA08. | | | | |
| | | State Specific Note 1: | | | | |
| | | 2003-08 - ND - ND will send the value "ZZ". | | | | |
| | | CodeList Summary (Total Codes: 38, Included: 9) | | | | |
| | | Code | | Name | | |
| | | 01 | | Duns (Dun & Bradstreet) | | |
| | | 14 | | Duns Plus Suffix | | |
| | | 20 | | Health Industry Number (HIN) | | |
| | | 27 | | Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) | | |
| | | 28 | | Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) | | |
| | | 29 | | Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) | | |
| | | 30 | | U.S. Federal Tax Identification Number | | |
| | | 33 | | National Association of Insurance Commissioners Company Code (NAIC) | | |

| | | <u>Code</u> | <u>Name</u> | | | | |
|---|-----|---|------------------|---|----|-------|----------|
| | | ZZ | Mutually Defined | | | | |
| 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> <p>State Specific Note 1: 2003-08 - ND - ND will send the 9-digit numeric vendor number assigned by NDDHS.</p> | | | | | | | |
| ISA09 | I08 | Interchange Date | | M | DT | 6/6 | Required |
| <p>Description: Date of the interchange</p> <p>Guideline Note 5: The date format is YYMMDD.</p> | | | | | | | |
| ISA10 | I09 | Interchange Time | | M | TM | 4/4 | Required |
| <p>Description: Time of the interchange</p> <p>Guideline Note 5: The time format is HHMM.</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</p> <p>CodeList Summary (Total Codes: 1, Included: 1)</p> <p>Code Name U U.S. EDI Community of ASC X12, TDCC, and UCS</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>CodeList Summary (Total Codes: 14, Included: 1)</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> <p>Guideline Note 5: The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.</p> | | | | | | | |

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| ISA14 | I13 | Acknowledgment Requested Description: Code sent by the sender to request an interchange acknowledgment (TA1) Guideline Note 5: See Section A.1.5.1 for interchange acknowledgment information. CodeList Summary (Total Codes: 2, Included: 2) <u>Code</u> <u>Name</u> 0 No Acknowledgment Requested 1 Interchange Acknowledgment Requested | M | ID | 1/1 | Required |
| ISA15 | I14 | Usage Indicator Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information CodeList Summary (Total Codes: 3, Included: 2) <u>Code</u> <u>Name</u> P Production Data T Test Data | M | ID | 1/1 | Required |
| ISA16 | I15 | Component Element Separator 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 State Specific Note 1: 2003-08 - ND - ND will send the ":" (colon) sign as the Composite Element Separator, the "*" (star) as the Element Separator, and the "~" (tilde) as the Segment Terminator. | M | | 1/1 | Required |

Guideline Note 1:
The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by '.' for clarity.

Guideline Note 2:
*ISA*00*.....*01*SECRET....*ZZ*SUBMITTERS.ID..*ZZ*RECEIVERS.ID...*930602*1253*U*00401*00000905*1*T*~*

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 |
| <p>Description: Code identifying a group of application related transaction sets</p> <p>CodeList Summary (Total Codes: 240, Included: 1)</p> <p>Code Name HP Health Care Claim Payment/Advice (835)</p> | | | | | | |
| GS02 | 142 | Application Sender's Code | M | AN | 2/15 | Required |
| <p>Description: Code identifying party sending transmission; codes agreed to by trading partners</p> <p>Guideline Note 5: Use this code to identify the unit sending the information.</p> <p>State Specific Note 1: 2003-08 - ND - ND will send the value "NDDHSMED".</p> | | | | | | |
| GS03 | 124 | Application Receiver's Code | M | AN | 2/15 | Required |
| <p>Description: Code identifying party receiving transmission; codes agreed to by trading partners</p> <p>Guideline Note 5: Use this code to identify the unit receiving the information.</p> <p>State Specific Note 1: 2003-08 - ND will send the 9-digit numeric vendor number assigned by NDDHS.</p> | | | | | | |
| GS04 | 373 | Date | M | DT | 8/8 | Required |
| <p>Description: Date expressed as CCYYMMDD</p> <p>Guideline Note 5: Use this date for the functional group creation date.</p> | | | | | | |
| GS05 | 337 | Time | M | TM | 4/8 | Required |
| <p>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 =</p> | | | | | | |

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| | | hundredths (00-99) Guideline Note 5: Use this time for the creation time. The recommended format is HHMM. | | | | |
| GS06 | 28 | Group Control Number Description: Assigned number originated and maintained by the sender | M | NO | 1/9 | Required |
| GS07 | 455 | Responsible Agency Code Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480 CodeList Summary (Total Codes: 2, Included: 1) Code Name X Accredited Standards Committee X12 | M | ID | 1/2 | Required |
| GS08 | 480 | Version / Release / Industry Identifier Code 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 State Specific Note 1: 2003-08 - ND - ND will send the value "004010X091A1". CodeList Summary (Total Codes: 48, Included: 1) Code Name 004010X091A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide. | M | AN | 1/12 | Required |

Semantics:

1. GS04 is the group date.
2. GS05 is the group time.
3. The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

Comments:

1. A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

Guideline Note 2:

GS*HC*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X097~

BPR Financial Information

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

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

CodeList Summary (Total Codes: 23, Included: 7)

Code Name

- C Payment Accompanies Remittance Advice
- D Make Payment Only
- H Notification Only
- I Remittance Information Only
- P Prenotification of Future Transfers
- U Split Payment and Remittance
- X Handling Party's Option to Split Payment and Remittance

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

Description: Monetary amount

Guideline Note 1: Total Actual Provider Payment Amount

Guideline Note 4: Use BPR02 for the total payment amount for this 835. The total payment amount for this 835 cannot exceed eleven characters, including decimals (99999999.99). Although the value can be zero, the 835 cannot be issued for less than zero dollars.

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

Description: Code indicating whether amount is a credit or debit

Guideline Note 1: Credit or Debit Flag Code

CodeList Summary (Total Codes: 2, Included: 2)

Code Name

- C Credit
- D Debit

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

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

State Specific Note 1:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| | | <p>2003-08 - ND - ND will send the values "ACH" or "CHK".</p> <p>CodeList Summary (Total Codes: 54, Included: 5)</p> <p>Code Name</p> <p>ACH Automated Clearing House (ACH)</p> <p>BOP Financial Institution Option</p> <p>CHK Check</p> <p>FWT Federal Reserve Funds/Wire Transfer - Nonrepetitive</p> <p>NON Non-Payment Data</p> | | | | |
| BPR05 | 812 | Payment Format Code | O | ID | 1/10 | Situational |
| | | <p>Description: Code identifying the payment format to be used</p> <p>Guideline Note 4: When BPR04 is ACH, the recommended code values for BPR05 are CCP and CTX. When BPR04 is any other code, this data element should not be used.</p> <p>CodeList Summary (Total Codes: 10, Included: 2)</p> <p>Code Name</p> <p>CCP Cash Concentration/Disbursement plus Addenda (CCD+) (ACH)</p> <p>CTX Corporate Trade Exchange (CTX) (ACH)</p> | | | | |
| BPR06 | 506 | (DFI) ID Number Qualifier | C | ID | 2/2 | Situational |
| | | <p>Description: Code identifying the type of identification number of Depository Financial Institution (DFI)</p> <p>Guideline Note 1: Depository Financial Institution (DFI) Identification Number Qualifier</p> <p>Guideline Note 4: BPR06 through BPR09 relate to the originating financial institution and the originator's account (payer).</p> <p><i>This element is required when BPR04 is ACH, BOP or FWT.</i></p> <p>CodeList Summary (Total Codes: 5, Included: 2)</p> <p>Code Name</p> <p>01 ABA Transit Routing Number Including Check Digits (9 digits)</p> <p>04 Canadian Bank Branch and Institution Number</p> | | | | |
| BPR07 | 507 | (DFI) Identification Number | C | AN | 3/12 | Situational |
| | | <p>Description: Depository Financial Institution (DFI) identification number</p> <p>Guideline Note 1: Sender DFI Identifier</p> <p>Guideline Note 3: 60: (DFI) Identification Number</p> <p>Guideline Note 4: Use this number for the identifying number of the financial</p> | | | | |

| <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>institution sending the transaction into the ACH network.</i></p> <p><i>This element is required when BPR04 is ACH, BOP or FWT.</i></p> <p>ExternalCodeList Name: 4 Description: ABA Routing Number</p> <p>ExternalCodeList Name: 91 Description: Canadian Financial Institution Branch and Institution Number</p> | | | | |
| BPR08 | 569 | <p>Account Number Qualifier</p> <p>Description: Code indicating the type of account</p> <p>Guideline Note 4: <i>Use this code to identify the type of account in BPR09.</i></p> <p><i>This element is required when BPR04 is ACH, BOP or FWT.</i></p> <p>CodeList Summary (Total Codes: 40, Included: 1)</p> <p>Code Name DA Demand Deposit</p> | O | ID | 1/3 | Situational |
| BPR09 | 508 | <p>Account Number</p> <p>Description: Account number assigned</p> <p>Guideline Note 1: <i>Sender Bank Account Number</i></p> <p>Guideline Note 4: <i>Use this number for the originator's account number at his or her financial institution.</i></p> <p><i>This element is required when BPR04 is ACH, BOP or FWT.</i></p> | C | AN | 1/35 | Situational |
| BPR10 | 509 | <p>Originating Company Identifier</p> <p>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</p> <p>Guideline Note 1: <i>Payer Identifier</i></p> <p>Guideline Note 4: <i>BPR10 must be the Federal Tax ID Number, preceded by a</i></p> | O | AN | 10/10 | 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><i>"1." When BPR10 is used, it must be identical to TRN03.</i></p> <p><i>This element is required when BPR04 is ACH, BOP or FWT.</i></p> | | | | |
| BPR11 | 510 | <p>Originating Company Supplemental Code</p> <p>Description: A code defined between the originating company and the originating depository financial institution (ODFI) that uniquely identifies the company initiating the transfer instructions</p> <p>Guideline Note 4: <i>Use this code to further identify the payer by division or region. If used, this code must be identical to TRN04.</i></p> <p><i>This element is required when BPR10 is used and additional information is necessary for the payee to identify the source of the payment.</i></p> | O | AN | 9/9 | Situational |
| BPR12 | 506 | <p>(DFI) ID Number Qualifier</p> <p>Description: Code identifying the type of identification number of Depository Financial Institution (DFI)</p> <p>Guideline Note 1: <i>Depository Financial Institution (DFI) Identification Number Qualifier</i></p> <p>Guideline Note 4: <i>BPR12 through BPR15 relate to the receiving financial institution and the receiver's account.</i></p> <p><i>This element is required when BPR04 is ACH, BOP or FWT.</i></p> <p>CodeList Summary (Total Codes: 5, Included: 2)</p> <p>Code Name</p> <p>01 ABA Transit Routing Number Including Check Digits (9 digits)</p> <p>04 Canadian Bank Branch and Institution Number</p> | C | ID | 2/2 | Situational |
| BPR13 | 507 | <p>(DFI) Identification Number</p> <p>Description: Depository Financial Institution (DFI) identification number</p> <p>Guideline Note 1: <i>Receiver or Provider Bank ID Number</i></p> <p>Guideline Note 3: <i>60: (DFI) Identification Number</i></p> <p>Guideline Note 4: <i>Use this number for the identifying number of the financial institution receiving the transaction from the ACH network.</i></p> | C | AN | 3/12 | 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><i>This element is required when BPR04 is ACH, BOP or FWT.</i></p> <p>ExternalCodeList Name: 4 Description: ABA Routing Number</p> <p>ExternalCodeList Name: 91 Description: Canadian Financial Institution Branch and Institution Number</p> | | | | | | | | | | |
| BPR14 | 569 | <p>Account Number Qualifier</p> <p>Description: Code indicating the type of account</p> <p>Guideline Note 4: Use this code to identify the type of account in BPR15.</p> <p><i>This element is required when BPR04 is ACH, BOP or FWT.</i></p> <p>CodeList Summary (Total Codes: 40, Included: 2)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>DA</td> <td>Demand Deposit</td> </tr> <tr> <td>SG</td> <td>Savings</td> </tr> </tbody> </table> | <u>Code</u> | <u>Name</u> | DA | Demand Deposit | SG | Savings | O | ID | 1/3 | Situational |
| <u>Code</u> | <u>Name</u> | | | | | | | | | | | |
| DA | Demand Deposit | | | | | | | | | | | |
| SG | Savings | | | | | | | | | | | |
| BPR15 | 508 | <p>Account Number</p> <p>Description: Account number assigned</p> <p>Guideline Note 1: Receiver or Provider Account Number</p> <p>Guideline Note 4: Use this number for the receiver's account number at the financial institution.</p> <p><i>This element is required when BPR04 is ACH, BOP or FWT.</i></p> | C | AN | 1/35 | Situational | | | | | | |
| BPR16 | 373 | <p>Date</p> <p>Description: Date expressed as CCYYMMDD</p> <p>Guideline Note 1: Check Issue or EFT Effective Date</p> <p>Guideline Note 4: Use this code for the effective entry date. If BPR04 is ACH, this code is the date that the money moves from the payer and is available to the payee. If BPR04 is CHK, this code is the check issuance date. If BPR04 is FWT, this code is the date that the payer anticipates the money to move. As long as the effective date is a business day, this is the settlement date. If BPR04 is 'NON', enter the date of the 835.</p> | O | DT | 8/8 | Required | | | | | | |

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
|------------|-----------|---------------------|------------|-------------|----------------|--------------|

Syntax Rules:

1. P0607 - If either BPR06 or BPR07 is present, then the other is required.
2. C0809 - If BPR08 is present, then BPR09 is required.
3. P1213 - If either BPR12 or BPR13 is present, then the other is required.
4. C1415 - If BPR14 is present, then BPR15 is required.
5. P1819 - If either BPR18 or BPR19 is present, then the other is required.
6. C2021 - If BPR20 is present, then BPR21 is required.

Semantics:

1. BPR02 specifies the payment amount.
2. When using this transaction set to initiate a payment, all or some of BPR06 through BPR16 may be required, depending on the conventions of the specific financial channel being used.
3. BPR06 and BPR07 relate to the originating depository financial institution (ODFI).
4. BPR08 is a code identifying the type of bank account or other financial asset.
5. BPR09 is the account of the company originating the payment. This account may be debited or credited depending on the type of payment order.
6. BPR12 and BPR13 relate to the receiving depository financial institution (RDFI).
7. BPR14 is a code identifying the type of bank account or other financial asset.
8. BPR15 is the account number of the receiving company to be debited or credited with the payment order.
9. BPR16 is the date the originating company intends for the transaction to be settled (i.e., Payment Effective Date).
10. BPR17 is a code identifying the business reason for this payment.
11. BPR18, BPR19, BPR20 and BPR21, if used, identify a third bank identification number and account to be used for return items only.
12. BPR20 is a code identifying the type of bank account or other financial asset.

Guideline Note 1:

1. Use the BPR to address a single payment to a single payee. A payee may represent a single provider, a provider group, or multiple providers in a chain. The BPR contains mandatory information, even when it is not being used to move funds electronically.

Guideline Note 2:

*BPR*C*150000*C*ACH*CTX*01*999999992*DA*123456*1512345678*
199999999*01*999988880*DA*98765*19960901~*

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

CodeList Summary (Total Codes: 1503, Included: 1)

Code Name

EV Receiver Identification Number

Description: A unique number identifying the organization/site location designated to receive the current transmitted transaction set

| | | | | | | |
|-------|-----|--------------------------|---|----|------|----------|
| 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

Guideline Note 1: Receiver Identifier

Guideline Note 2: Receiver Identification

State Specific Note 1:

2003-08 - ND - ND will send the value "004010X091A1".

Syntax Rules:

1. R0203 - At least one of REF02 or REF03 is required.

Semantics:

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

Guideline Note 1:

1. Use this segment only when the receiver of the transaction is other than the payee (e.g., Clearing House or billing service ID).

Guideline Note 2:

REF*EV*1235678~

CAS Claim Adjustment

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

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

Guideline Note 4: Evaluate the group codes in CAS01 based on the following order for their applicability to a set of one or more adjustments: PR, CO, PI, CR, OA. See 2.2.4, Claim Adjustment and Service Adjustment Segment Theory, for additional information. (Note: This does not mean that the adjustments must be reported in this order.)

State Specific Note 1:

2003-08 - ND - ND will send "CO", "CR", or "PR".

CodeList Summary (Total Codes: 8, Included: 5)

Code Name

- CO Contractual Obligations
- CR Correction and Reversals
- OA Other adjustments
- PI Payor Initiated Reductions
- PR Patient Responsibility

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

Description: Code identifying the detailed reason the adjustment was made

Guideline Note 1: Adjustment Reason Code

Guideline Note 3: 139: Claim Adjustment Reason Code

ExternalCodeList

Name: 139

Description: Claim Adjustment Reason Code

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

Description: Monetary amount

Guideline Note 1: Adjustment Amount

Guideline Note 4: Use this monetary amount for the adjustment amount. A negative amount increases the payment,

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| | | <i>and a positive amount decreases the payment contained in CLP04.</i> | | | | |
| CAS04 | 380 | Quantity Description: Numeric value of quantity Guideline Note 1: <i>Adjustment Quantity</i> Guideline Note 4: <i>A positive value decreases the paid units of service, and a negative number increases the paid units.</i> <i>This element may be used only when the units of service are being adjusted.</i> | O | R | 1/15 | Situational |
| CAS05 | 1034 | Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Guideline Note 1: <i>Adjustment Reason Code</i> Guideline Note 3: <i>139: Claim Adjustment Reason Code</i> Guideline Note 4: <i>Used when additional adjustments apply within the group identified in CAS01.</i> ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code | C | ID | 1/5 | Situational |
| CAS06 | 782 | Monetary Amount Description: Monetary amount Guideline Note 1: <i>Adjustment Amount</i> Guideline Note 4: <i>See CAS03.</i> <i>Used when additional adjustments apply within the group identified in CAS01.</i> | C | R | 1/18 | Situational |
| CAS07 | 380 | Quantity Description: Numeric value of quantity Guideline Note 1: <i>Adjustment Quantity</i> Guideline Note 4: <i>See CAS04.</i> <i>Used when additional adjustments apply within the group identified in CAS01.</i> | C | R | 1/15 | Situational |
| CAS08 | 1034 | Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Guideline Note 1: <i>Adjustment Reason Code</i> Guideline Note 3: <i>139: Claim Adjustment Reason Code</i> | C | ID | 1/5 | 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>Guideline Note 4: <i>Used when additional adjustments apply within the group identified in CAS01.</i></p> <p>ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code</p> | | | | |
| CAS09 | 782 | <p>Monetary Amount</p> <p>Description: Monetary amount Guideline Note 1: <i>Adjustment Amount</i> Guideline Note 4: <i>See CAS03.</i> <i>Used when additional adjustments apply within the group identified in CAS01.</i></p> | C | R | 1/18 | Situational |
| CAS10 | 380 | <p>Quantity</p> <p>Description: Numeric value of quantity Guideline Note 1: <i>Adjustment Quantity</i> Guideline Note 4: <i>See CAS04.</i> <i>Used when additional adjustments apply within the group identified in CAS01.</i></p> | C | R | 1/15 | Situational |
| CAS11 | 1034 | <p>Claim Adjustment Reason Code</p> <p>Description: Code identifying the detailed reason the adjustment was made Guideline Note 1: <i>Adjustment Reason Code</i> Guideline Note 3: <i>139: Claim Adjustment Reason Code</i> Guideline Note 4: <i>Used when additional adjustments apply within the group identified in CAS01.</i></p> <p>ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code</p> | C | ID | 1/5 | Situational |
| CAS12 | 782 | <p>Monetary Amount</p> <p>Description: Monetary amount Guideline Note 1: <i>Adjustment Amount</i> Guideline Note 4: <i>See CAS03.</i> <i>Used when additional adjustments apply within the group identified in CAS01.</i></p> | C | R | 1/18 | Situational |
| CAS13 | 380 | <p>Quantity</p> <p>Description: Numeric value of quantity Guideline Note 1: <i>Adjustment Quantity</i> Guideline Note 4: <i>See CAS04.</i></p> | C | R | 1/15 | Situational |

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| | | <i>Used when additional adjustments apply within the group identified in CAS01.</i> | | | | |
| CAS14 | 1034 | Claim Adjustment Reason Code | C | ID | 1/5 | Situational |
| | | Description: Code identifying the detailed reason the adjustment was made | | | | |
| | | Guideline Note 1: Adjustment Reason Code | | | | |
| | | Guideline Note 3: 139: Claim Adjustment Reason Code | | | | |
| | | Guideline Note 4: Used when additional adjustments apply within the group identified in CAS01. | | | | |
| | | ExternalCodeList | | | | |
| | | Name: 139 | | | | |
| | | Description: Claim Adjustment Reason Code | | | | |
| CAS15 | 782 | Monetary Amount | C | R | 1/18 | Situational |
| | | Description: Monetary amount | | | | |
| | | Guideline Note 1: Adjustment Amount | | | | |
| | | Guideline Note 4: See CAS03. | | | | |
| | | <i>Used when additional adjustments apply within the group identified in CAS01.</i> | | | | |
| CAS16 | 380 | Quantity | C | R | 1/15 | Situational |
| | | Description: Numeric value of quantity | | | | |
| | | Guideline Note 1: Adjustment Quantity | | | | |
| | | Guideline Note 4: See CAS04. | | | | |
| | | <i>1418 Used when additional adjustments apply within the group identified in CAS01.</i> | | | | |
| CAS17 | 1034 | Claim Adjustment Reason Code | C | ID | 1/5 | Situational |
| | | Description: Code identifying the detailed reason the adjustment was made | | | | |
| | | Guideline Note 1: Adjustment Reason Code | | | | |
| | | Guideline Note 3: 139: Claim Adjustment Reason Code | | | | |
| | | Guideline Note 4: Used when additional adjustments apply within the group identified in CAS01. | | | | |
| | | ExternalCodeList | | | | |
| | | Name: 139 | | | | |
| | | Description: Claim Adjustment Reason Code | | | | |
| CAS18 | 782 | Monetary Amount | C | R | 1/18 | Situational |
| | | Description: Monetary amount | | | | |

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| | | Guideline Note 1: <i>Adjustment Amount</i> | | | | |
| | | Guideline Note 4: <i>See CAS03.</i> | | | | |
| | | <i>Used when additional adjustments apply within the group identified in CAS01.</i> | | | | |
| CAS19 | 380 | Quantity | C | R | 1/15 | Situational |
| | | Description: Numeric value of quantity | | | | |
| | | Guideline Note 1: <i>Adjustment Quantity</i> | | | | |
| | | Guideline Note 4: <i>See CAS04.</i> | | | | |
| | | <i>Used when additional adjustments apply within the group identified in CAS01.</i> | | | | |

Syntax Rules:

1. L050607 - If CAS05 is present, then at least one of CAS06 or CAS07 is required.
2. C0605 - If CAS06 is present, then CAS05 is required.
3. C0705 - If CAS07 is present, then CAS05 is required.
4. L080910 - If CAS08 is present, then at least one of CAS09 or CAS10 is required.
5. C0908 - If CAS09 is present, then CAS08 is required.
6. C1008 - If CAS10 is present, then CAS08 is required.
7. L111213 - If CAS11 is present, then at least one of CAS12 or CAS13 is required.
8. C1211 - If CAS12 is present, then CAS11 is required.
9. C1311 - If CAS13 is present, then CAS11 is required.
10. L141516 - If CAS14 is present, then at least one of CAS15 or CAS16 is required.
11. C1514 - If CAS15 is present, then CAS14 is required.
12. C1614 - If CAS16 is present, then CAS14 is required.
13. L171819 - If CAS17 is present, then at least one of CAS18 or CAS19 is required.
14. C1817 - If CAS18 is present, then CAS17 is required.
15. C1917 - If CAS19 is present, then CAS17 is required.

Semantics:

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.

2. When the submitted charges are paid in full, the value for CAS03 should be zero.

Guideline Note 1:

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 2.2.1, *Balancing*, and 2.2.4, *Claim Adjustment and Service Adjustment Segment Theory*, for additional information.
2. See the SVC segment note #2 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 particular Claim Adjustment Group Code (CAS01). 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).

Guideline Note 2:

CAS*PR*1*793~

MIA Inpatient Adjudication Information

| | |
|-------------------|--------------|
| Pos: 033 | Max: 1 |
| Detail - Optional | |
| Loop: 2100 | Elements: 24 |

User Option (Usage): Situational

Purpose: To provide claim-level data related to the adjudication of Medicare inpatient claims

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> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| MIA01 | 380 | Quantity Description: Numeric value of quantity Guideline Note 1: Covered Days or Visits Count Guideline Note 4: Implementers of this guideline always transmit the number zero. See the QTY segment at the claim level for covered days or visits count. | M | R | 1/15 | Required |
| MIA02 | 380 | Quantity Description: Numeric value of quantity Guideline Note 1: PPS Operating Outlier Amount Guideline Note 4: Use this to report PPS Operating Outlier. Additional payment for excessive cost incurred by provider. State Specific Note 1: 2003-08 - ND - This is the Day Outlier Amount. | O | R | 1/15 | Situational |
| MIA03 | 380 | Quantity Description: Numeric value of quantity Guideline Note 1: Lifetime Psychiatric Days Count Guideline Note 4: Use this number for the lifetime psychiatric days. | O | R | 1/15 | Situational |
| MIA04 | 782 | Monetary Amount Description: Monetary amount Guideline Note 1: Claim DRG Amount Guideline Note 4: Use this monetary amount for the DRG amount. | O | R | 1/18 | Situational |
| MIA05 | 127 | Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Guideline Note 1: Remark Code | O | AN | 1/30 | 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>Guideline Note 4: <i>Used when a Remittance Remark Code applies to this claim.</i></p> <p>ExternalCodeList Name: 411 Description: Remittance Remark Codes</p> | | | | |
| MIA06 | 782 | <p>Monetary Amount</p> <p>Description: Monetary amount Guideline Note 1: <i>Claim Disproportionate Share Amount</i> Guideline Note 4: <i>Use this monetary amount for the disproportionate share amount.</i></p> | O | R | 1/18 | Situational |
| MIA07 | 782 | <p>Monetary Amount</p> <p>Description: Monetary amount Guideline Note 1: <i>Claim MSP Pass-through Amount</i> Guideline Note 4: <i>Use this monetary amount for the MSP pass through amount.</i></p> | O | R | 1/18 | Situational |
| MIA08 | 782 | <p>Monetary Amount</p> <p>Description: Monetary amount Guideline Note 1: <i>Claim PPS Capital Amount</i> Guideline Note 4: <i>Use this monetary amount for the total PPS capital amount.</i></p> | O | R | 1/18 | Situational |
| MIA09 | 782 | <p>Monetary Amount</p> <p>Description: Monetary amount Guideline Note 1: <i>PPS-Capital FSP DRG Amount</i> Guideline Note 4: <i>Use this monetary amount for the PPS capital, federal-specific portion DRG amount.</i></p> | O | R | 1/18 | Situational |
| MIA10 | 782 | <p>Monetary Amount</p> <p>Description: Monetary amount Guideline Note 1: <i>PPS-Capital HSP DRG Amount</i> Guideline Note 4: <i>Use this monetary amount for the PPS capital, hospital-specific portion DRG amount.</i></p> | O | R | 1/18 | Situational |
| MIA11 | 782 | <p>Monetary Amount</p> <p>Description: Monetary amount Guideline Note 1: <i>PPS-Capital DSH DRG Amount</i> Guideline Note 4: <i>Use this monetary</i></p> | O | R | 1/18 | Situational |

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| | | <i>amount for the PPS capital, disproportionate share, hospital DRG amount.</i> | | | | |
| MIA12 | 782 | Monetary Amount | O | R | 1/18 | Situational |
| | | Description: Monetary amount | | | | |
| | | Guideline Note 1: <i>Old Capital Amount</i> | | | | |
| | | Guideline Note 4: <i>Use this monetary amount for the old capital amount.</i> | | | | |
| MIA13 | 782 | Monetary Amount | O | R | 1/18 | Situational |
| | | Description: Monetary amount | | | | |
| | | Guideline Note 1: <i>PPS-Capital IME amount</i> | | | | |
| | | Guideline Note 4: <i>Use this monetary amount for the PPS capital indirect medical education claim amount.</i> | | | | |
| MIA14 | 782 | Monetary Amount | O | R | 1/18 | Situational |
| | | Description: Monetary amount | | | | |
| | | Guideline Note 1: <i>PPS-Operating Hospital Specific DRG Amount</i> | | | | |
| | | Guideline Note 4: <i>Use this monetary amount for the PPS (operating)/hospital-specific DRG amount.</i> | | | | |
| MIA15 | 380 | Quantity | O | R | 1/15 | Situational |
| | | Description: Numeric value of quantity | | | | |
| | | Guideline Note 1: <i>Cost Report Day Count</i> | | | | |
| | | Guideline Note 4: <i>Use this number for the cost report days.</i> | | | | |
| MIA16 | 782 | Monetary Amount | O | R | 1/18 | Situational |
| | | Description: Monetary amount | | | | |
| | | Guideline Note 1: <i>PPS-Operating Federal Specific DRG Amount</i> | | | | |
| | | Guideline Note 4: <i>Use this monetary amount for the PPS (operating)/federal-specific DRG amount.</i> | | | | |
| MIA17 | 782 | Monetary Amount | O | R | 1/18 | Situational |
| | | Description: Monetary amount | | | | |
| | | Guideline Note 1: <i>Claim PPS Capital Outlier Amount</i> | | | | |
| | | Guideline Note 4: <i>Use this monetary amount for the PPS capital outlier amount. This amount excludes the operating outlier amount, which is reflected in the AMT segment.</i> | | | | |

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| MIA18 | 782 | Monetary Amount Description: Monetary amount Guideline Note 1: <i>Claim Indirect Teaching Amount</i> Guideline Note 4: <i>Use this monetary amount for the indirect teaching amount.</i> | O | R | 1/18 | Situational |
| MIA19 | 782 | Monetary Amount Description: Monetary amount Guideline Note 1: <i>Nonpayable Professional Component Amount</i> Guideline Note 4: <i>Use this monetary amount for the professional component amount billed but not payable.</i> | O | R | 1/18 | Situational |
| MIA20 | 127 | Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Guideline Note 1: <i>Remark Code</i> Guideline Note 4: <i>Used when additional remittance remarks apply to this claim.</i> ExternalCodeList Name: 411 Description: Remittance Remark Codes | O | AN | 1/30 | Situational |
| MIA21 | 127 | Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Guideline Note 1: <i>Remark Code</i> Guideline Note 4: <i>Used when additional remittance remarks apply to this claim.</i> ExternalCodeList Name: 411 Description: Remittance Remark Codes | O | AN | 1/30 | Situational |
| MIA22 | 127 | Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Guideline Note 1: <i>Remark Code</i> Guideline Note 4: <i>Used when additional remittance remarks apply to this claim.</i> ExternalCodeList | O | AN | 1/30 | Situational |

| | | | | | | |
|-------|-----|---|---|----|------|-------------|
| | | Name: 411 | | | | |
| | | Description: Remittance Remark Codes | | | | |
| MIA23 | 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 | | | | |
| | | Guideline Note 1: <i>Remark Code</i> | | | | |
| | | Guideline Note 4: <i>Used when additional remittance remarks apply to this claim.</i> | | | | |
| | | ExternalCodeList | | | | |
| | | Name: 411 | | | | |
| | | Description: Remittance Remark Codes | | | | |
| MIA24 | 782 | Monetary Amount | O | R | 1/18 | Situational |
| | | Description: Monetary amount | | | | |
| | | Guideline Note 1: <i>PPS-Capital Exception Amount</i> | | | | |
| | | Guideline Note 4: <i>Use this monetary amount for the capital exception amount.</i> | | | | |

Semantics:

1. MIA01 is the covered days.
2. MIA02 is the lifetime reserve days.
3. MIA03 is the lifetime psychiatric days.
4. MIA04 is the Diagnosis Related Group (DRG) amount.
5. MIA05 is the Claim Payment Remark Code. See Code Source 411.
6. MIA06 is the disproportionate share amount.
7. MIA07 is the Medicare Secondary Payer (MSP) pass-through amount.
8. MIA08 is the total Prospective Payment System (PPS) capital amount.
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.

Guideline Note 1:

1. *This segment should be generated by Medicare intermediaries.*
2. *Either MIA or MOA will appear, but not both.*
3. *This segment should not be used for covered days or lifetime reserve days. Use the Supplemental Claim Information Quantities Segment in the Claim Payment Loop.*
4. *All situational quantities and amounts in this segment are required when the value of the item is different than zero.*
5. *Payers and Payees outside of Medicare community may need to use this segment.*

Guideline Note 2:

*MIA*0***138018.4~*

MOA Outpatient Adjudication Information

| | |
|-------------------|-------------|
| Pos: 035 | Max: 1 |
| Detail - Optional | |
| Loop: 2100 | Elements: 9 |

User Option (Usage): Situational

Purpose: To convey claim-level data related to the adjudication of Medicare claims not related to an inpatient setting

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> |
|--|-----------|---------------------------------|------------|-------------|----------------|--------------|
| MOA01 | 954 | Percent | O | R | 1/10 | Situational |
| <p>Description: Percentage expressed as a decimal</p> <p>Guideline Note 1: <i>Reimbursement Rate</i></p> <p>Guideline Note 4: <i>Use this number for the reimbursement rate.</i></p> <p><i>This does not apply to claims processed by Medicare Carriers.</i></p> | | | | | | |
| MOA02 | 782 | Monetary Amount | O | R | 1/18 | Situational |
| <p>Description: Monetary amount</p> <p>Guideline Note 1: <i>Claim HCPCS Payable Amount</i></p> <p>Guideline Note 4: <i>Use this monetary amount for the HCPCS payable amount.</i></p> <p><i>This does not apply to claims processed by Medicare Carriers.</i></p> <p>State Specific Note 1:</p> <p><i>2003-08 - ND - This is the ND Medicaid Fee Schedule Allowed Amount.</i></p> | | | | | | |
| MOA03 | 127 | Reference Identification | O | AN | 1/30 | Situational |
| <p>Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier</p> <p>Guideline Note 1: <i>Remark Code</i></p> <p>Guideline Note 4: <i>Used when a Remittance Remark Code applies to this claim.</i></p> <p>ExternalCodeList</p> <p>Name: 411</p> <p>Description: Remittance Remark Codes</p> | | | | | | |
| MOA04 | 127 | Reference Identification | O | AN | 1/30 | Situational |
| <p>Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier</p> | | | | | | |

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| | | Guideline Note 1: Remark Code | | | | |
| | | Guideline Note 4: See MOA03. | | | | |
| | | <i>Used when additional remittance remarks apply to this claim.</i> | | | | |
| | | ExternalCodeList | | | | |
| | | Name: 411 | | | | |
| | | Description: Remittance Remark Codes | | | | |
| MOA05 | 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 | | | | |
| | | Guideline Note 1: Remark Code | | | | |
| | | Guideline Note 4: See MOA03. | | | | |
| | | <i>Used when additional remittance remarks apply to this claim.</i> | | | | |
| | | ExternalCodeList | | | | |
| | | Name: 411 | | | | |
| | | Description: Remittance Remark Codes | | | | |
| MOA06 | 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 | | | | |
| | | Guideline Note 1: Remark Code | | | | |
| | | Guideline Note 4: See MOA03. | | | | |
| | | <i>Used when additional remittance remarks apply to this claim.</i> | | | | |
| | | ExternalCodeList | | | | |
| | | Name: 411 | | | | |
| | | Description: Remittance Remark Codes | | | | |
| MOA07 | 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 | | | | |
| | | Guideline Note 1: Remark Code | | | | |
| | | Guideline Note 4: See MOA03. | | | | |
| | | <i>Used when additional remittance remarks apply to this claim.</i> | | | | |
| | | ExternalCodeList | | | | |
| | | Name: 411 | | | | |

| | | | | | | |
|-------|-----|--|---|---|------|-------------|
| | | Description: Remittance Remark Codes | | | | |
| MOA08 | 782 | Monetary Amount | O | R | 1/18 | Situational |
| | | Description: Monetary amount | | | | |
| | | Guideline Note 1: <i>Claim ESRD Payment Amount</i> | | | | |
| | | Guideline Note 4: <i>Use this monetary amount for the ESRD payment amount.</i> | | | | |
| | | <i>This does not apply to claims processed by Medicare Carriers.</i> | | | | |
| MOA09 | 782 | Monetary Amount | O | R | 1/18 | Situational |
| | | Description: Monetary amount | | | | |
| | | Guideline Note 1: <i>Nonpayable Professional Component Amount</i> | | | | |
| | | Guideline Note 4: <i>Use this monetary amount for the professional component amount billed but not payable.</i> | | | | |
| | | <i>This does not apply to claims processed by Medicare Carriers.</i> | | | | |

Semantics:

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.

Guideline Note 1:

1. *This segment should be generated by Medicare carriers or Intermediaries.*
2. *Either MIA or MOA will appear, but not both.*
3. *All situational quantities and amounts in this segment are required when the value of the item is different than zero.*
4. *Payers and payees outside of Medicare community may need to use this segment.*

Guideline Note 2:

MOA***MA01~

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

Guideline Note 1: *Date Time Qualifier*

State Specific Note 1:

2003-08 - ND - ND will send the values "232" (Claim Statement Period Start) or "233" (Claim Statement Period End).

CodeList Summary (Total Codes: 1112, Included: 4)

Code Name

036 Expiration

Description: *Date coverage expires*

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

Guideline Note 1: *Claim Date*

Syntax Rules:

1. R020305 - At least one of DTM02, DTM03 or DTM05 is required.
2. C0403 - If DTM04 is present, then DTM03 is required.
3. P0506 - If either DTM05 or DTM06 is present, then the other is required.

Guideline Note 1:

1. Dates must be provided at the claim level (2-050-DTM), the service line level (2-080-DTM), or both. Dates at the claim level apply to the entire claim, including all service lines. Dates at the service line level apply only to the service line where they appear.
2. When claim dates are not provided, service dates are required for every service line.
3. When claim dates are provided, service dates are not required, but they may be used to "override" the claim dates for individual service lines.

Guideline Note 2:

DTM*233*19960916~

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

Guideline Note 4: Use the adjudicated Medical Procedure Code.

This code is a composite data structure.

| | | | | | | |
|----------|-----|-------------------------------------|---|----|-----|----------|
| SVC01-01 | 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)

Guideline Note 1: Product or Service ID Qualifier

Guideline Note 4: The value in SVC01-01 qualifies the values in SVC01-02, SVC01-03, SVC01-04, SVC01-05, and SVC01-06.

CodeList Summary (Total Codes: 477, Included: 9)

Code Name

- AD American Dental Association Codes
Description: This association's membership consists of U.S. dentists. It sets standards for the dental profession
- ER Jurisdiction Specific Procedure and Supply Codes
- HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
Description: 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
- ID International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure
Description: The International Classification of Diseases, Clinical Modification, is designated for the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations, for data storage and retrieval; this is a procedure code
- IV Home Infusion EDI Coalition (HIEC) Product/Service Code
- N4 National Drug Code in 5-4-2 Format
Description: 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size
- NU National Uniform Billing Committee (NUBC) UB92 Codes
- RB National Uniform Billing Committee (NUBC) UB82 Codes

Code Name

ZZ Mutually Defined

SVC01-02 234 **Product/Service ID** M AN 1/48 Required

Description: Identifying number for a product or service

Guideline Note 1: Procedure Code

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131P

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

ExternalCodeList

Name: 135

Description: American Dental Association Codes

ExternalCodeList

Name: 240

Description: National Drug Code by Format

ExternalCodeList

Name: 513

Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List

ExternalCodeList

Name: SNFR

Description: Skilled Nursing Facility Rate Code

SVC01-03 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

Guideline Note 4: Required when procedure code modifiers apply to this service.

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 513

Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List

SVC01-04 1339 **Procedure Modifier** O AN 2/2 Situational

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

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|-----------------|
| | | partners Guideline Note 4: <i>Required when procedure code modifiers apply to this service.</i> ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 513 Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List | | | | |
| SVC01-05 | 1339 | Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Guideline Note 4: <i>Required when procedure code modifiers apply to this service.</i> ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 513 Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List | O | AN | 2/2 | Situational |
| SVC01-06 | 1339 | Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Guideline Note 4: <i>Required when procedure code modifiers apply to this service.</i> ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 513 Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List | O | AN | 2/2 | Situational |
| SVC01-07 | 352 | Description Description: A free-form description to clarify the related data elements and their content Guideline Note 1: <i>Procedure Code Description</i> Guideline Note 4: <i>Avoid using the</i> | O | AN | 1/80 | Not recommended |

| <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>description to make it easier for the computer to process the information provided.</i></p> <p><i>Used only when a description was received for the service on the original claim, and the adjudicated code is the submitted code.</i></p> | | | | |
| SVC02 | 782 | <p>Monetary Amount</p> <p>Description: Monetary amount</p> <p>Guideline Note 1: <i>Line Item Charge Amount</i></p> <p>Guideline Note 4: <i>Use this monetary amount for the submitted service charge amount.</i></p> | M | R | 1/18 | Required |
| SVC03 | 782 | <p>Monetary Amount</p> <p>Description: Monetary amount</p> <p>Guideline Note 1: <i>Line Item Provider Payment Amount</i></p> <p>Guideline Note 4: <i>Use this number for the service amount paid. The value in SVC03 should equal the value in SVC02 minus all monetary amounts in the subsequent CAS segments of this loop. See 2.2.1, Balancing, for additional information.</i></p> | O | R | 1/18 | Required |
| SVC04 | 234 | <p>Product/Service ID</p> <p>Description: Identifying number for a product or service</p> <p>Guideline Note 1: <i>National Uniform Billing Committee Revenue Code</i></p> <p>Guideline Note 4: <i>Use the National Uniform Billing Committee Revenue Code.</i></p> <p><i>Required when an NUBC revenue code was considered during adjudication in addition to a procedure code already identified in SVC01. If the original claim and adjudication only referenced an NUBC revenue code, that is supplied in SVC01 and this element is not used.</i></p> <p>ExternalCodeList</p> <p>Name: 132</p> <p>Description: National Uniform Billing Committee (NUBC) Codes</p> | O | AN | 1/48 | Situational |
| SVC05 | 380 | <p>Quantity</p> <p>Description: Numeric value of quantity</p> <p>Guideline Note 1: <i>Units of Service Paid Count</i></p> <p>Guideline Note 4: <i>Use this number for</i></p> | O | R | 1/15 | Situational |

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| | | <i>the paid units of service. If not present, the value is assumed to be one.</i> | | | | |
| SVC06 | C003 | Composite Medical Procedure Identifier Description: To identify a medical procedure by its standardized codes and applicable modifiers Guideline Note 4: <i>This is REQUIRED when the adjudicated procedure code provided in SVC01 is different from the submitted procedure code from the original claim. This is NOT USED when the submitted code is the same as the code on SVC01.</i> <i>This code is a composite data structure.</i> | O | Comp | | Situational |

| | | | | | | |
|----------|-----|--|---|----|-----|----------|
| SVC06-01 | 235 | Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) Guideline Note 1: <i>Product or Service ID Qualifier</i> Guideline Note 4: <i>The value in SVC06-01 qualifies the values in SVC06-02, SVC06-03, SVC06-04, SVC06-05, and SVC06-06.</i> State Specific Note 1: <i>2003-08 - ND - Only required if the composite element is used. Used when adjudicated procedure code is different from submitted.</i> | M | ID | 2/2 | Required |
|----------|-----|--|---|----|-----|----------|

CodeList Summary (Total Codes: 477, Included: 9)

Code Name

- AD American Dental Association Codes
Description: *This association's membership consists of U.S. dentists. It sets standards for the dental profession*
- ER Jurisdiction Specific Procedure and Supply Codes
- HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
Description: *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*
- ID International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure
Description: *The International Classification of Diseases, Clinical Modification, is designated for the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations, for data storage and retrieval; this is a procedure code*
- IV Home Infusion EDI Coalition (HIEC) Product/Service Code
- N4 National Drug Code in 5-4-2 Format

Code Name

Description: 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size

NU National Uniform Billing Committee (NUBC) UB92 Codes

RB National Uniform Billing Committee (NUBC) UB82 Codes

ZZ Mutually Defined

SVC06-02 234 **Product/Service ID** M AN 1/48 Required

Description: Identifying number for a product or service

Guideline Note 1: Procedure Code

State Specific Note 1:

2003-08 - ND - Only required if the composite element is used. Used when adjudicated procedure code is different from submitted.

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131P

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

ExternalCodeList

Name: 135

Description: American Dental Association Codes

ExternalCodeList

Name: 240

Description: National Drug Code by Format

ExternalCodeList

Name: 513

Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List

ExternalCodeList

Name: SNFR

Description: Skilled Nursing Facility Rate Code

SVC06-03 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

Guideline Note 4: Required when procedure code modifiers apply to this service.

State Specific Note 1:

2003-08 - ND - Used when adjudicated modifier is different from submitted.

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| | | <p><u>ExternalCodeList</u> Name: 130 Description: Health Care Financing Administration Common Procedural Coding System</p> <p><u>ExternalCodeList</u> Name: 513 Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List</p> | | | | |
| SVC06-04 | 1339 | <p>Procedure Modifier</p> <p>Description: This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p>Guideline Note 4: <i>Required when procedure code modifiers apply to this service.</i></p> <p>State Specific Note 1: <i>2003-08 - ND - Used when adjudicated modifier is different from submitted.</i></p> <p><u>ExternalCodeList</u> Name: 130 Description: Health Care Financing Administration Common Procedural Coding System</p> <p><u>ExternalCodeList</u> Name: 513 Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List</p> | O | AN | 2/2 | Situational |
| SVC06-05 | 1339 | <p>Procedure Modifier</p> <p>Description: This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p>Guideline Note 4: <i>Required when procedure code modifiers apply to this service.</i></p> <p>State Specific Note 1: <i>2003-08 - ND - Used when adjudicated modifier is different from submitted.</i></p> <p><u>ExternalCodeList</u> Name: 130 Description: Health Care Financing Administration Common Procedural Coding System</p> <p><u>ExternalCodeList</u> Name: 513 Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List</p> | O | AN | 2/2 | Situational |
| SVC06-06 | 1339 | <p>Procedure Modifier</p> <p>Description: This identifies special circumstances related to the performance</p> | 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> |
|------------|-----------|---|------------|-------------|----------------|-----------------|
| | | of the service, as defined by trading partners Guideline Note 4: <i>Required when procedure code modifiers apply to this service.</i> State Specific Note 1: <i>2003-08 - ND - Used when adjudicated modifier is different from submitted.</i> <u>ExternalCodeList</u> Name: 130 Description: Health Care Financing Administration Common Procedural Coding System <u>ExternalCodeList</u> Name: 513 Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List | | | | |
| SVC06-07 | 352 | Description Description: A free-form description to clarify the related data elements and their content Guideline Note 1: <i>Procedure Code Description</i> Guideline Note 4: <i>Avoid using the description to make it easier for the computer to process the information provided.</i> <i>Required when a description was received for the service on the original claim.</i> | O | AN | 1/80 | Not recommended |
| SVC07 | 380 | Quantity Description: Numeric value of quantity Guideline Note 1: <i>Original Units of Service Count</i> Guideline Note 4: <i>This is REQUIRED when the paid units of service provided in SVC05 is different from the submitted units of service from the original claim. This is NOT USED when the submitted units is the same as the value in SVC05.</i> State Specific Note 1: <i>2003-08 - ND - Used when adjudicated service units are different from submitted.</i> | O | R | 1/15 | Situational |

Semantics:

1. SVC01 is the medical procedure upon which adjudication is based.
2. SVC02 is the submitted service charge.
3. SVC03 is the amount paid this service.

4. SVC04 is the National Uniform Billing Committee Revenue Code.
5. SVC05 is the paid units of service.
6. SVC06 is the original submitted medical procedure.
7. SVC07 is the original submitted units of service.

Comments:

1. For Medicare Part A claims, SVC01 would be the Health Care Financing Administration (HCFA) Common Procedural Coding System (HCPCS) Code (see code source 130) and SVC04 would be the Revenue Code (see code source 132).

Guideline Note 1:

1. *Although the SVC loop is optional, there are times when it should be considered mandatory. Whenever the actual payment has been reduced due to service line specific adjustments, the SVC loop is necessary in order to understand the remittance information. This situation is particularly applicable to professional and fee-based services.*
2. *An exception to note 1 occurs with institutional claims when the room per diem is the only service line adjustment. In this instance, a claim level CAS adjustment to the per diem is appropriate (i.e., CAS*CO*78*25~).*
3. *See 2.2.6, Procedure Code Bundling and Unbundling, for important SVC segment usage information.*

Guideline Note 2:

SVC*HC:99214*100*80~

CAS Service Adjustment

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

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

Guideline Note 4: Evaluate the group codes in CAS01 based on the following order for their applicability to a set of one or more adjustments: PR, CO, PI, CR, OA. See 2.2.4, Claim Adjustment and Service Adjustment Segment Theory, for additional information. (Note: This does not mean that the adjustments must be reported in this order.)

State Specific Note 1:

2003-08 - ND - ND will send "CO", "CR", or "PR".

CodeList Summary (Total Codes: 8, Included: 5)

Code Name

- CO Contractual Obligations
- CR Correction and Reversals
- OA Other adjustments
- PI Payor Initiated Reductions
- PR Patient Responsibility

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

Description: Code identifying the detailed reason the adjustment was made

Guideline Note 1: Adjustment Reason Code

Guideline Note 3: 139: Claim Adjustment Reason Code

ExternalCodeList

Name: 139

Description: Claim Adjustment Reason Code

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

Description: Monetary amount

Guideline Note 1: Adjustment Amount

Guideline Note 4: Use this monetary amount for the adjustment amount. A negative amount increases the payment,

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| | | <i>and a positive amount decreases the payment contained in SVC03 and CLP04.</i> | | | | |
| CAS04 | 380 | Quantity Description: Numeric value of quantity Guideline Note 1: <i>Adjustment Quantity</i> Guideline Note 4: <i>This element may be used only when the units of service are being adjusted. A positive number decreases paid units, and a negative value increases paid units.</i> | O | R | 1/15 | Situational |
| CAS05 | 1034 | Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Guideline Note 1: <i>Adjustment Reason Code</i> Guideline Note 3: <i>139: Claim Adjustment Reason Code</i> Guideline Note 4: <i>See CAS02.</i> <i>Used when additional adjustments apply within the group identified in CAS01.</i> ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code | C | ID | 1/5 | Situational |
| CAS06 | 782 | Monetary Amount Description: Monetary amount Guideline Note 1: <i>Adjustment Amount</i> Guideline Note 4: <i>See CAS03.</i> <i>1437 Used when additional adjustments apply within the group identified in CAS01.</i> | C | R | 1/18 | Situational |
| CAS07 | 380 | Quantity Description: Numeric value of quantity Guideline Note 1: <i>Adjustment Quantity</i> Guideline Note 4: <i>See CAS04.</i> <i>Used when additional adjustments apply within the group identified in CAS01.</i> | C | R | 1/15 | Situational |
| CAS08 | 1034 | Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Guideline Note 1: <i>Adjustment Reason Code</i> Guideline Note 3: <i>139: Claim Adjustment Reason Code</i> | C | ID | 1/5 | 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>Guideline Note 4: See CAS02.</p> <p><i>Used when additional adjustments apply within the group identified in CAS01.</i></p> <p>ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code</p> | | | | |
| CAS09 | 782 | <p>Monetary Amount</p> <p>Description: Monetary amount</p> <p>Guideline Note 1: Adjustment Amount</p> <p>Guideline Note 4: See CAS03.</p> <p><i>Used when additional adjustments apply within the group identified in CAS01.</i></p> | C | R | 1/18 | Situational |
| CAS10 | 380 | <p>Quantity</p> <p>Description: Numeric value of quantity</p> <p>Guideline Note 1: Adjustment Quantity</p> <p>Guideline Note 4: See CAS04.</p> <p><i>Used when additional adjustments apply within the group identified in CAS01.</i></p> | C | R | 1/15 | Situational |
| CAS11 | 1034 | <p>Claim Adjustment Reason Code</p> <p>Description: Code identifying the detailed reason the adjustment was made</p> <p>Guideline Note 1: Adjustment Reason Code</p> <p>Guideline Note 3: 139: Claim Adjustment Reason Code</p> <p>Guideline Note 4: See CAS02.</p> <p><i>Used when additional adjustments apply within the group identified in CAS01.</i></p> <p>ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code</p> | C | ID | 1/5 | Situational |
| CAS12 | 782 | <p>Monetary Amount</p> <p>Description: Monetary amount</p> <p>Guideline Note 1: Adjustment Amount</p> <p>Guideline Note 4: See CAS03.</p> <p><i>Used when additional adjustments apply within the group identified in CAS01.</i></p> | C | R | 1/18 | Situational |
| CAS13 | 380 | <p>Quantity</p> <p>Description: Numeric value of quantity</p> <p>Guideline Note 1: Adjustment Quantity</p> | C | R | 1/15 | 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>Guideline Note 4: See CAS04.</p> <p><i>Used when additional adjustments apply within the group identified in CAS01.</i></p> | | | | |
| CAS14 | 1034 | <p>Claim Adjustment Reason Code</p> <p>Description: Code identifying the detailed reason the adjustment was made</p> <p>Guideline Note 1: Adjustment Reason Code</p> <p>Guideline Note 3: 139: Claim Adjustment Reason Code</p> <p>Guideline Note 4: See CAS02.</p> <p><i>Used when additional adjustments apply within the group identified in CAS01.</i></p> <p>ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code</p> | C | ID | 1/5 | Situational |
| CAS15 | 782 | <p>Monetary Amount</p> <p>Description: Monetary amount</p> <p>Guideline Note 1: Adjustment Amount</p> <p>Guideline Note 4: See CAS03.</p> <p><i>Used when additional adjustments apply within the group identified in CAS01.</i></p> | C | R | 1/18 | Situational |
| CAS16 | 380 | <p>Quantity</p> <p>Description: Numeric value of quantity</p> <p>Guideline Note 1: Adjustment Quantity</p> <p>Guideline Note 4: See CAS04.</p> <p><i>Used when additional adjustments apply within the group identified in CAS01.</i></p> | C | R | 1/15 | Situational |
| CAS17 | 1034 | <p>Claim Adjustment Reason Code</p> <p>Description: Code identifying the detailed reason the adjustment was made</p> <p>Guideline Note 1: Adjustment Reason Code</p> <p>Guideline Note 3: 139: Claim Adjustment Reason Code</p> <p>Guideline Note 4: See CAS02.</p> <p><i>Used when additional adjustments apply within the group identified in CAS01.</i></p> <p>ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code</p> | C | ID | 1/5 | Situational |

| | | | | | | |
|---|-----|------------------------|---|---|------|-------------|
| CAS18 | 782 | Monetary Amount | C | R | 1/18 | Situational |
| Description: Monetary amount | | | | | | |
| Guideline Note 1: <i>Adjustment Amount</i> | | | | | | |
| Guideline Note 4: <i>See CAS03.</i> | | | | | | |
| <i>Used when additional adjustments apply within the group identified in CAS01.</i> | | | | | | |
| CAS19 | 380 | Quantity | C | R | 1/15 | Situational |
| Description: Numeric value of quantity | | | | | | |
| Guideline Note 1: <i>Adjustment Quantity</i> | | | | | | |
| Guideline Note 4: <i>See CAS04.</i> | | | | | | |
| <i>Used when additional adjustments apply within the group identified in CAS01.</i> | | | | | | |

Syntax Rules:

1. L050607 - If CAS05 is present, then at least one of CAS06 or CAS07 is required.
2. C0605 - If CAS06 is present, then CAS05 is required.
3. C0705 - If CAS07 is present, then CAS05 is required.
4. L080910 - If CAS08 is present, then at least one of CAS09 or CAS10 is required.
5. C0908 - If CAS09 is present, then CAS08 is required.
6. C1008 - If CAS10 is present, then CAS08 is required.
7. L111213 - If CAS11 is present, then at least one of CAS12 or CAS13 is required.
8. C1211 - If CAS12 is present, then CAS11 is required.
9. C1311 - If CAS13 is present, then CAS11 is required.
10. L141516 - If CAS14 is present, then at least one of CAS15 or CAS16 is required.
11. C1514 - If CAS15 is present, then CAS14 is required.
12. C1614 - If CAS16 is present, then CAS14 is required.
13. L171819 - If CAS17 is present, then at least one of CAS18 or CAS19 is required.
14. C1817 - If CAS18 is present, then CAS17 is required.
15. C1917 - If CAS19 is present, then CAS17 is required.

Semantics:

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.
2. When the submitted charges are paid in full, the value for CAS03 should be zero.

Guideline Note 1:

1. This CAS segment is optional and is intended to reflect reductions in payment due to adjustments particular to a specific service in the claim. 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 2.2.1, *Balancing*, and 2.2.4, *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 particular Claim Adjustment Group Code (CAS01). 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).

Guideline Note 2:

CAS*CO*A2*20~

PLB Provider Adjustment

| | |
|--------------------|--------------|
| Pos: 010 | Max: >1 |
| Summary - Optional | |
| Loop: N/A | Elements: 14 |

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:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> | | | | |
|--|-------------|---------------------------------|------------|-------------|----------------|--------------|-------------|-------------|----|-------------|
| PLB01 | 127 | Reference Identification | M | AN | 1/30 | Required | | | | |
| <p>Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier</p> <p>Guideline Note 1: <i>Provider Identifier</i></p> <p>Guideline Note 4: <i>Use this number for the provider identifier as assigned by the payer.</i></p> <p>State Specific Note 1: 2003-08 - ND - ND will send the ND Medicaid Provider Number.</p> | | | | | | | | | | |
| PLB02 | 373 | Date | M | DT | 8/8 | Required | | | | |
| <p>Description: Date expressed as CCYYMMDD</p> <p>Guideline Note 1: <i>Fiscal Period Date</i></p> <p>Guideline Note 4: <i>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 by the payer, use December 31st of the current year.</i></p> | | | | | | | | | | |
| PLB03 | C042 | Adjustment Identifier | M | Comp | | Required | | | | |
| <p>Description: To provide the category and identifying reference information for an adjustment</p> <p>Guideline Note 4: <i>This code is a composite data structure. The composite identifies the reason and identifying information for the adjustment dollar amount in PLB04.</i></p> | | | | | | | | | | |
| PLB03-01 | 426 | Adjustment Reason Code | M | ID | 2/2 | Required | | | | |
| <p>Description: Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment</p> <p>CodeList Summary (Total Codes: 370, Included: 41)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>50</td> <td>Late Charge</td> </tr> </tbody> </table> | | | | | | | <u>Code</u> | <u>Name</u> | 50 | Late Charge |
| <u>Code</u> | <u>Name</u> | | | | | | | | | |
| 50 | Late Charge | | | | | | | | | |

Code Name

- 51 Interest Penalty Charge
- 72 Authorized Return
- 90 Early Payment Allowance
- AH Origination Fee
- AM Applied to Borrower's Account
- AP Acceleration of Benefits
- B2 Rebate
- B3 Recovery Allowance
- BD Bad Debt Adjustment
- BN Bonus
- C5 Temporary Allowance
- CR Capitation Interest
- CS Adjustment
- CT Capitation Payment
- CV Capital Passthru
- CW Certified Registered Nurse Anesthetist Passthru
- DM Direct Medical Education Passthru
- E3 Withholding
- FB Forwarding Balance
- FC Fund Allocation
- GO Graduate Medical Education Passthru
- IP Incentive Premium Payment
- IR Internal Revenue Service Withholding
- IS Interim Settlement
- J1 Nonreimbursable
- L3 Penalty
Description: *The dollar value of the penalty assessed a business entity for a past due debt*
- L6 Interest Owed
Description: *The dollar value of interest owed a business entity for a past due payment*
- LE Levy
- LS Lump Sum
- OA Organ Acquisition Passthru
- OB Offset for Affiliated Providers
- PI Periodic Interim Payment
- PL Payment Final
- RA Retro-activity Adjustment
- RE Return on Equity
- SL Student Loan Repayment
- TL Third Party Liability
- WO Overpayment Recovery
- WU Unspecified Recovery
- ZZ Mutually Defined

PLB03-02 127 **Reference Identification** O AN 1/30 Situational

Description: Reference information as defined for a particular Transaction Set or

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| | | as specified by the Reference Identification Qualifier Guideline Note 1: <i>Provider Adjustment Identifier</i> Guideline Note 4: <i>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.</i> <i>Non-Medicare payers report any internally assigned reference identifier for the related adjustment.</i> State Specific Note 1: <i>2003-08 - ND - ND will send the Medicaid Internal Control Number (ICN).</i> | | | | |
| PLB04 | 782 | Monetary Amount Description: Monetary amount Guideline Note 1: <i>Provider Adjustment Amount</i> Guideline Note 4: <i>Use this monetary amount for the adjustment amount for the preceding adjustment reason.</i> | M | R | 1/18 | Required |
| PLB05 | C042 | Adjustment Identifier Description: To provide the category and identifying reference information for an adjustment Guideline Note 4: <i>See PLB03 for details.</i> <i>Used when additional adjustments apply.</i> | C | Comp | | Situational |
| PLB05-01 | 426 | Adjustment Reason Code Description: Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment CodeList Summary (Total Codes: 370, Included: 41) Code Name 50 Late Charge 51 Interest Penalty Charge 72 Authorized Return 90 Early Payment Allowance AH Origination Fee AM Applied to Borrower's Account AP Acceleration of Benefits | M | ID | 2/2 | Required |

Code Name

- B2 Rebate
- B3 Recovery Allowance
- BD Bad Debt Adjustment
- BN Bonus
- C5 Temporary Allowance
- CR Capitation Interest
- CS Adjustment
- CT Capitation Payment
- CV Capital Passthru
- CW Certified Registered Nurse Anesthetist Passthru
- DM Direct Medical Education Passthru
- E3 Withholding
- FB Forwarding Balance
- FC Fund Allocation
- GO Graduate Medical Education Passthru
- IP Incentive Premium Payment
- IR Internal Revenue Service Withholding
- IS Interim Settlement
- J1 Nonreimbursable
- L3 Penalty
Description: *The dollar value of the penalty assessed a business entity for a past due debt*
- L6 Interest Owed
Description: *The dollar value of interest owed a business entity for a past due payment*
- LE Levy
- LS Lump Sum
- OA Organ Acquisition Passthru
- OB Offset for Affiliated Providers
- PI Periodic Interim Payment
- PL Payment Final
- RA Retro-activity Adjustment
- RE Return on Equity
- SL Student Loan Repayment
- TL Third Party Liability
- WO Overpayment Recovery
- WU Unspecified Recovery
- ZZ Mutually Defined

| | | | | | | |
|---|-----|---------------------------------|---|----|------|-------------|
| PLB05-02 | 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 Guideline Note 1: <i>Provider Adjustment Identifier</i> | | | | | | |
| PLB06 | 782 | Monetary Amount | C | R | 1/18 | 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: Monetary amount</p> <p>Guideline Note 1: <i>Provider Adjustment Amount</i></p> <p>Guideline Note 4: <i>Use this monetary amount for the adjustment amount for the preceding adjustment reason.</i></p> | | | | |
| PLB07 | C042 | <p>Adjustment Identifier</p> <p>Description: To provide the category and identifying reference information for an adjustment</p> <p>Guideline Note 4: <i>See PLB03 for details.</i></p> <p><i>Used when additional adjustments apply.</i></p> | C | Comp | | Situational |
| PLB07-01 | 426 | <p>Adjustment Reason Code</p> <p>Description: Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment</p> <p>CodeList Summary (Total Codes: 370, Included: 41)</p> <p>Code Name</p> <ul style="list-style-type: none"> 50 Late Charge 51 Interest Penalty Charge 72 Authorized Return 90 Early Payment Allowance AH Origination Fee AM Applied to Borrower's Account AP Acceleration of Benefits B2 Rebate B3 Recovery Allowance BD Bad Debt Adjustment BN Bonus C5 Temporary Allowance CR Capitation Interest CS Adjustment CT Capitation Payment CV Capital Passthru CW Certified Registered Nurse Anesthetist Passthru DM Direct Medical Education Passthru E3 Withholding FB Forwarding Balance FC Fund Allocation GO Graduate Medical Education Passthru IP Incentive Premium Payment IR Internal Revenue Service Withholding IS Interim Settlement J1 Nonreimbursable L3 Penalty | M | ID | 2/2 | Required |

Code Name

Description: The dollar value of the penalty assessed a business entity for a past due debt

L6 Interest Owed

Description: The dollar value of interest owed a business entity for a past due payment

LE Levy

LS Lump Sum

OA Organ Acquisition Passthru

OB Offset for Affiliated Providers

PI Periodic Interim Payment

PL Payment Final

RA Retro-activity Adjustment

RE Return on Equity

SL Student Loan Repayment

TL Third Party Liability

WO Overpayment Recovery

WU Unspecified Recovery

ZZ Mutually Defined

PLB07-02 127 **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

Guideline Note 1: Provider Adjustment Identifier

PLB08 782 **Monetary Amount** C R 1/18 Situational

Description: Monetary amount

Guideline Note 1: Provider Adjustment Amount

Guideline Note 4: Use this monetary amount for the adjustment amount for the preceding adjustment reason.

PLB09 C042 **Adjustment Identifier** C Comp Situational

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

Guideline Note 4: See PLB03 for details.

Used when additional adjustments apply.

PLB09-01 426 **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

CodeList Summary (Total Codes: 370, Included: 41)

Code Name

50 Late Charge

Code Name

- 51 Interest Penalty Charge
- 72 Authorized Return
- 90 Early Payment Allowance
- AH Origination Fee
- AM Applied to Borrower's Account
- AP Acceleration of Benefits
- B2 Rebate
- B3 Recovery Allowance
- BD Bad Debt Adjustment
- BN Bonus
- C5 Temporary Allowance
- CR Capitation Interest
- CS Adjustment
- CT Capitation Payment
- CV Capital Passthru
- CW Certified Registered Nurse Anesthetist Passthru
- DM Direct Medical Education Passthru
- E3 Withholding
- FB Forwarding Balance
- FC Fund Allocation
- GO Graduate Medical Education Passthru
- IP Incentive Premium Payment
- IR Internal Revenue Service Withholding
- IS Interim Settlement
- J1 Nonreimbursable
- L3 Penalty
Description: *The dollar value of the penalty assessed a business entity for a past due debt*
- L6 Interest Owed
Description: *The dollar value of interest owed a business entity for a past due payment*
- LE Levy
- LS Lump Sum
- OA Organ Acquisition Passthru
- OB Offset for Affiliated Providers
- PI Periodic Interim Payment
- PL Payment Final
- RA Retro-activity Adjustment
- RE Return on Equity
- SL Student Loan Repayment
- TL Third Party Liability
- WO Overpayment Recovery
- WU Unspecified Recovery
- ZZ Mutually Defined

PLB09-02 127 **Reference Identification** O AN 1/30 Situational

Description: Reference information as defined for a particular Transaction Set or

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| | | as specified by the Reference Identification Qualifier Guideline Note 1: Provider Adjustment Identifier | | | | |
| PLB10 | 782 | Monetary Amount Description: Monetary amount Guideline Note 1: Provider Adjustment Amount Guideline Note 4: Use this monetary amount for the adjustment amount for the preceding adjustment reason. | C | R | 1/18 | Situational |
| PLB11 | C042 | Adjustment Identifier Description: To provide the category and identifying reference information for an adjustment Guideline Note 4: See PLB03 for details. Used when additional adjustments apply. | C | Comp | | Situational |
| PLB11-01 | 426 | Adjustment Reason Code Description: Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment CodeList Summary (Total Codes: 370, Included: 41) Code Name 50 Late Charge 51 Interest Penalty Charge 72 Authorized Return 90 Early Payment Allowance AH Origination Fee AM Applied to Borrower's Account AP Acceleration of Benefits B2 Rebate B3 Recovery Allowance BD Bad Debt Adjustment BN Bonus C5 Temporary Allowance CR Capitation Interest CS Adjustment CT Capitation Payment CV Capital Passthru CW Certified Registered Nurse Anesthetist Passthru DM Direct Medical Education Passthru E3 Withholding FB Forwarding Balance FC Fund Allocation GO Graduate Medical Education Passthru | M | ID | 2/2 | Required |

Code Name

- IP Incentive Premium Payment
- IR Internal Revenue Service Withholding
- IS Interim Settlement
- J1 Nonreimbursable
- L3 Penalty
Description: *The dollar value of the penalty assessed a business entity for a past due debt*
- L6 Interest Owed
Description: *The dollar value of interest owed a business entity for a past due payment*
- LE Levy
- LS Lump Sum
- OA Organ Acquisition Passthru
- OB Offset for Affiliated Providers
- PI Periodic Interim Payment
- PL Payment Final
- RA Retro-activity Adjustment
- RE Return on Equity
- SL Student Loan Repayment
- TL Third Party Liability
- WO Overpayment Recovery
- WU Unspecified Recovery
- ZZ Mutually Defined

PLB11-02 127 **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

Guideline Note 1: *Provider Adjustment Identifier*

PLB12 782 **Monetary Amount** C R 1/18 Situational

Description: Monetary amount

Guideline Note 1: *Provider Adjustment Amount*

Guideline Note 4: *Use this monetary amount for the adjustment amount for the preceding adjustment reason.*

PLB13 C042 **Adjustment Identifier** C Comp Situational

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

Guideline Note 4: *See PLB03 for details.*

Used when additional adjustments apply.

PLB13-01 426 **Adjustment Reason Code** M ID 2/2 Required

Description: Code indicating reason for

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
|------------|-----------|---------------------|------------|-------------|----------------|--------------|

debit or credit memo or adjustment to invoice, debit or credit memo, or payment

CodeList Summary (Total Codes: 370, Included: 41)

Code Name

- 50 Late Charge
- 51 Interest Penalty Charge
- 72 Authorized Return
- 90 Early Payment Allowance
- AH Origination Fee
- AM Applied to Borrower's Account
- AP Acceleration of Benefits
- B2 Rebate
- B3 Recovery Allowance
- BD Bad Debt Adjustment
- BN Bonus
- C5 Temporary Allowance
- CR Capitation Interest
- CS Adjustment
- CT Capitation Payment
- CV Capital Passthru
- CW Certified Registered Nurse Anesthetist Passthru
- DM Direct Medical Education Passthru
- E3 Withholding
- FB Forwarding Balance
- FC Fund Allocation
- GO Graduate Medical Education Passthru
- IP Incentive Premium Payment
- IR Internal Revenue Service Withholding
- IS Interim Settlement
- J1 Nonreimbursable
- L3 Penalty
Description: *The dollar value of the penalty assessed a business entity for a past due debt*
- L6 Interest Owed
Description: *The dollar value of interest owed a business entity for a past due payment*
- LE Levy
- LS Lump Sum
- OA Organ Acquisition Passthru
- OB Offset for Affiliated Providers
- PI Periodic Interim Payment
- PL Payment Final
- RA Retro-activity Adjustment
- RE Return on Equity
- SL Student Loan Repayment
- TL Third Party Liability
- WO Overpayment Recovery

| | <u>Code</u> | <u>Name</u> | | | | |
|----------|-------------|---|---|----|------|-------------|
| | WU | Unspecified Recovery | | | | |
| | ZZ | Mutually Defined | | | | |
| PLB13-02 | 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 | | | | |
| | | Guideline Note 1: <i>Provider Adjustment Identifier</i> | | | | |
| PLB14 | 782 | Monetary Amount | C | R | 1/18 | Situational |
| | | Description: Monetary amount | | | | |
| | | Guideline Note 1: <i>Provider Adjustment Amount</i> | | | | |
| | | Guideline Note 4: <i>Use this monetary amount for the adjustment amount for the preceding adjustment reason.</i> | | | | |

Syntax Rules:

1. P0506 - If either PLB05 or PLB06 is present, then the other is required.
2. P0708 - If either PLB07 or PLB08 is present, then the other is required.
3. P0910 - If either PLB09 or PLB10 is present, then the other is required.
4. P1112 - If either PLB11 or PLB12 is present, then the other is required.
5. P1314 - If either PLB13 or PLB14 is present, then the other is required.

Semantics:

1. PLB01 is the provider number assigned by the payer.
2. PLB02 is the last day of the provider's fiscal year.
3. PLB03 is the adjustment information as defined by the payer.
4. PLB04 is the adjustment amount.
5. PLB05 is the adjustment information as defined by the payer.
6. PLB06 is the adjustment amount.
7. PLB07 is adjustment information as defined by the payer.
8. PLB08 is the adjustment amount.
9. PLB09 is adjustment information as defined by the payer.
10. PLB10 is the adjustment amount.
11. PLB11 is adjustment information as defined by the payer.
12. PLB12 is the adjustment amount.
13. PLB13 is adjustment information as defined by the payer.
14. PLB14 is the adjustment amount.

Guideline Note 1:

1. Use the PLB segment to allow adjustments that are NOT specific to a particular claim or service to the amount of the actual payment. These adjustments can either decrease the payment (a positive number) or increase the payment (a negative number). Some examples of PLB adjustments are a 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 2.2.10, Capitation and Related Payments or Adjustments, and 2.2.9, Interest and Prompt Payment Discounts, as well as to the HCFA Medicare Part A and B instructions for code suggestions and usage guidelines.

Guideline Note 2:

*PLB*123456*19960930*CV:9876514*-1.27~*

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 | NO | 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 | NO | 1/9 | Required |
| | | Description: Assigned number originated and maintained by the sender | | | | |

Semantics:

1. The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

Comments:

1. The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.

Guideline Note 2:

GE*1*1~

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 | | | | |

Guideline Note 2:

*IEA*1*000000905~*