



Companion Guide: 835 Remittance Advice Transaction

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Version 1.0		August 2004	New document. Formerly section 4 of the 835 companion guide. New document contains 835 transaction information only.	Systems/HIPAA Publications
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Section 1: Introduction

Overview

The Indiana Health Coverage Programs (IHCP) has developed technical companion guides to assist application developers during the implementation process. The information contained in the *IHCP Companion Guide* is only intended to supplement the adopted *National Electronic Data Interchange Transaction Set Implementation Guide (IG)* and provide guidance and clarification as it applies to the IHCP. The *IHCP Companion Guide* is never intended to modify, contradict, or reinterpret the rules established by the *IGs*.

The companion guide is categorized into three sections:

1. Introduction
2. Interchange Control
3. Transaction Specifications

This section, *Introduction*, provides a general description of the 835 Health Care Payment Advice Transaction. *Section 2* describes data exchange options and the relevant inbound and outbound interchange control structures. *Section 3* contains transaction specific documentation, including segment usage, to assist developers with coding each transaction.

835 Health Care Claim Payment Advice

The *ASC X12N 835 (004010X091) and (004010X091A1) Addenda* is the Health Information Portability and Accountability Act (HIPAA)-mandated transaction for sending an Electronic Remittance Advice (ERA) to providers. This is intended only as a companion guide and is not intended to contradict or replace any information in the *IG* or the *IHCP Provider Manual*. It is highly recommended that implementers have the following resources available during the development process:

- This document, *Companion Guide – 835 Remittance Advice Transaction*
- *National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Claim Payment/Advice: 835: ASC X12N 835 (004010X091) and (004010X091A1) Addenda*
- *IHCP Provider Manual*
- The final rule adopted *NCPDP Telecommunications Standard Format, Version 5.1* and equivalent *NCPDP Batch Standards Version 1.1*
- *Companion Guide – NCPDP Versions 1.1 and 5.1 Transaction Payer Sheet*

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Section 2: Data Exchange Technical Specifications and Interchange Control Structure

Overview

Appendix A, Section A.1.1 of each X12N HIPAA IG provides details about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an *electronic envelope*. The communication envelope consists of an interchange envelope and functional groups.

The following table defines the use of the outbound 835 control structure as it relates to communication with the Indiana Health Coverage Programs (IHCP).

Outbound Transactions

Table 2.1 – Interchange Control Header

Segment Name	Interchange Control Header		
Segment ID	ISA		
Loop ID	N/A		
Usage	Required		
Segment Notes	All positions within each data element in the ISA segment must be filled. Delimiters are specified in the interchange header segment. The character immediately following the segment ID, ISA, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Examples of the separators are as follows:		
	Character	Name	Delimiter
	*	Asterisk	Data Element Separator
	:	Colon	Subelement Separator
	~	Tilde	Segment Terminator
Example	ISA* 00** 00*.....* ZZ* IHCP ..* ZZ* X222.....* 930602* 1253* U* 00401* 000000905* 1* P* :~		

Table 2.2 – Element ID ISA01-ISA16

Element ID	Usage	Guide Description and Valid Values	Comments
ISA01	R	Authorization Information Qualifier 00 – No Authorization Information Present	
ISA02	R	Authorization Information	This field always includes 10 blank spaces.
ISA03	R	Security Information Qualifier 00 – No Security Information Present	
ISA04	R	Security Information	This field always contains 10 blank spaces.
ISA05	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA06	R	Interchange Sender ID IHCP	This field has a required length of 15 bytes; therefore, the field is blank filled to the right.
ISA07	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA08	R	Interchange Receiver ID	For batch transactions, this is the four-byte sender ID (four to eight characters) assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits). This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA09	R	Interchange Date	The date format is YYMMDD.
ISA10	R	Interchange Time	The time format is HHMM.
ISA11	R	Interchange Control Standards Identifier U – U.S. EDI Community of ASC X12, TDCC, and UCS	
ISA12	R	Interchange Control Version Number 00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
ISA13	R	Interchange Control Number	This number is unique and increments by 1 with each ISA segment. It also matches the interchange control number of the IEA02 of the interchange control trailer.
ISA14	R	Acknowledgment Requested 0 – No Acknowledgment Requested 1 – Interchange Acknowledgment Requested	

Table 2.2 – Element ID ISA01-ISA16

Element ID	Usage	Guide Description and Valid Values	Comments
ISA15	R	Usage Indicator P – Production Data T – Test Data	During testing the usage indicator is T . After the trading partner is approved, the usage indicator is P .
ISA16	R	Component Element Separator	The component element separator is a delimiter and not a data element. This is always a colon (:).

Table 2.3 – Functional Group Header

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GS*HP*IHCP*X222*20020606*105531*5*X*004010X091A1~

Table 2.4 – Element ID GS01-GS08

Element ID	Usage	Guide Description and Valid Values	Comments
GS01	R	Functional Identifier Code HP – Health Care Claim Payment/Advice (835)	The data element contains the appropriate identifier to designate the type of transaction data to follow the GS segment.
GS02	R	Application Sender’s Code IHCP	
GS03	R	Application Receiver’s Code	For batch transactions, this is the four-byte sender ID assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits).
GS04	R	Date	The date format is CCYYMMDD.
GS05	R	Time	The time format is HHMMSS.
GS06	R	Group Control Number	This data element contains a uniquely assigned number and matches the number in the corresponding GS02 data element on the GE group trailer segment.
GS07	R	Responsible Agency Code X – Accredited Standards Committee X12	
GS08	R	Version/Release/Industry Identifier Code 004010X091A1 – 835	This data element contains the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment.

Table 2.5 – Functional Group Trailer

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GE*1*5~

Table 2.6 – Element ID GE01-GE02

Element ID	Usage	Guide Description and Valid Values	Comments
GE01	R	Number of Transaction Sets Included	This data element contains the number of transaction sets included in this functional group.
GE02	R	Group Control Number	Group control number GE02 in this trailer is identical to the same data element in the associated functional group header, GS06.

Table 2.7 – Interchange Control Trailer

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	
Example	IEA*1*000000905~

Table 2.8 – Element ID IEA01-IEA02

Element ID	Usage	Guide Description and Valid Values	Comments
IEA01	R	Number of Included Functional Groups	This data element contains the number of functional groups included in this interchange envelope.
IEA02	R	Interchange Control Number	The interchange control number IEA02 in this trailer is identical to the same data element in the associated interchange control header, ISA13 (including padded zeros).

Sample Outbound Interchange Control

Figure 2.1 illustrates a file that includes an 835 transaction.

```
ISA* 00* .....* 00*.....* ZZ* IHCP    ..* ZZ* X222.....* 930602*  
1253* U* 00401* 000000905* 1* P* :~  
GS*HP*IHCP*X222*20020606*105531*5*X*004010X091A1~  
ST - 835 TRANSACTION SET HEADER  
DETAIL SEGMENTS  
SE - 835TRANSACTION SET TRAILER  
GE*1*5~  
IEA*1*000000905~
```

Figure 2.1 – Outbound Interchange Control, 835 Transaction

Section 3: Health Care Claim Payment Advice

Segment Usage – 835

The following matrix lists all segments available for creation with the 4010 version of the *National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Claim Payment/Advice: 835: ASC X12N 835 (004010X091) and (004010X091A1) Addenda (IG)*. The guide includes a *Usage* column that identifies segments that are required (**R**), situational (**S**), or not used (**N/A**) by the Indiana Health Coverage Programs (IHCP). A required segment element appears for all transactions. A situational segment is not required for each type of transaction; however, a situational segment may be required under certain circumstances. Any data in a segment identified in the *Usage* column with an **X** is never sent by the IHCP. Any segment identified in the *Usage* column as required or situational by the *IG*, and the IHCP, is explained in detail in this section of the companion guide.

Table 3.1 – 835 Segments

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
ST	N/A	Transaction Set Header	R
BPR	N/A	Financial Information	R
TRN	N/A	Reassociation Trace Number	R
CUR	N/A	Foreign Currency Information	X
REF	N/A	Receiver Identification	R
REF	N/A	Version Identification	X
DTM	N/A	Production Date	R
N1	1000A	Payer Identification	R
N3	1000A	Payer Address	R
N4	1000A	Payer, City, State, ZIP Code	R
REF	1000A	Payer Additional Identification	X
PER	1000A	Payer Contact Information	S
N1	1000B	Payee Identification	R
N3	1000B	Payee Address	R
N4	1000B	Payee City, State, ZIP Code	R
REF	1000B	Payee Additional Identification	R
LX	2000	Header Number	R
TS3	2000	Provider Summary Information	X
TS2	2000	Provider Supplemental Summary Information	X
CLP	2100	Claim Payment Information	R
CAS	2100	Claim Adjustment	S
NM1	2100	Patient Name	R

Table 3.1 – 835 Segments

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
NM1	2100	Insured Name	X
NM1	2100	Corrected Patient/Insured Name	X
NM1	2100	Service Provider Name	S
NM1	2100	Crossover Carrier Name	X
NM1	2100	Corrected Priority Payer Name	X
MIA	2100	Inpatient Adjudication Information	S
MOA	2100	Outpatient Adjudication Information	S
REF	2100	Other Claim Related Identification	S
REF	2100	Rendering Provider Identification	X
DTM	2100	Claim Date	R
PER	2100	Claim Contact Information	X
AMT	2100	Claim Supplemental Information	S
QTY	2100	Claim Supplemental Information Quantity	X
SVC	2110	Service Payment Information	S
DTM	2110	Service Date	S
CAS	2110	Service Adjustment	S
REF	2110	Service Identification	S
REF	2110	Rendering Provider Information	S
AMT	2110	Service Supplemental Amount	X
QTY	2110	Service Supplemental Quantity	X
LQ	2110	Health Care Remark Codes	S
PLB	N/A	Provider Adjustment	S
SE	N/A	Transaction Set Trailer	R

Segment and Data Element Description

This section contains a table representing any segment that is required or situational for the Indiana Health Information Privacy and Accountability Act (HIPAA) implementation of the 835. Each segment table contains rows and columns describing different elements of the segment.

Table 3.2 – Segment and Data Element Description

Segment and Data Element	Description
Segment Name	The industry assigned segment name identified in the <i>IG</i> .
Segment ID	The industry assigned segment ID identified in the <i>IG</i> .
Loop ID	The loop where the segment should appear.
Usage	This identifies the segment as required or situational.
Segment Notes	A brief description of the purpose or use of the segment including IHCP-specific usage.
Example	An example of complete segment.
Element ID	The industry assigned element ID identified in the <i>IG</i> .
Usage	Identifies the data element as R -required, S -situational, or N/A -not used.
Guide Description and Valid Values	Industry name associated with the data element. If no industry name exists, this is the <i>IG</i> data element name. This column also lists in bold the values and code sets to use.
Comments	Description of the contents of the data elements, including field lengths.

Table 3.3 – Transaction Set Header

Segment Name	Transaction Set Header
Segment ID	ST
Loop ID	N/A
Usage	Required
Segment Notes	This segment begins the transaction.
Example	ST*835*1234~

Table 3.4 – Element ID ST01-ST02

Element ID	Usage	Guide Description and Valid Values	Comments
ST01	R	Transaction Set Identifier Code 835 – Health Care Claim Payment Advice	
ST02	R	Transaction Set Control Number	The IHCP automatically generates a unique control number. The ST02 and SE02 segments must match.

Table 3.5 – Financial Information

Segment Name	Financial Information
Segment ID	BPR
Loop ID	N/A
Usage	Required
Segment Notes	This segment contains financial information relevant to the entity to whom any payment is being made.
Example	BPR*I*945*C*ACH*CCP*01*888999777*DA*24681012*1935665544**01*111333555*DA*144444*19960316~

Table 3.6 – Element ID BPR01-BPR21

Element ID	Usage	Guide Description and Valid Values	Comments
BPR01	R	Transaction Handling Code H – Notification only I – Remittance information only	H – This code is issued for encounter claims. I – This code is issued for fee-for-service claims.
BPR02	R	Total Actual Provider Payment Amount	The limit for a dollar amount is 11 characters including the decimal point. The 835 is not issued when dollars are less than zero.
BPR03	R	Credit or Debit Flag Code C – Credit	This code indicates that the preceding amount is a credit.
BPR04	R	Payment Method Code CHK – Check ACH – Automated clearing house NON – Non-payment data	CHK – This code is issued when BPR01 contains <i>I</i> and indicates a check was issued for payment. ACH – This code is issued when BPR01 contains <i>I</i> and indicates that funds were moved electronically through the automated clearing house. NON – This code is issued when BPR01 contains <i>H</i> and indicates information only, no dollars are moved.
BPR05	S	Payment format code	CCP – Cash Concentration/Disbursement plus Addenda (CCD+) (ACH). When the BPR04 data element contains <i>ACH</i> , BPR05 contains <i>CCP</i> . Otherwise, the data element is not returned.

Table 3.6 – Element ID BPR01-BPR21

Element ID	Usage	Guide Description and Valid Values	Comments
BPR06	S	Depository Financial Institution (DFI) Identification Number Qualifier 01 – American Banking Association (ABA) transit routing number including check digits (nine)	The code 01 is returned in this data element when BPR04 contains a value of <i>ACH</i> ; otherwise, the data element is not returned.
BPR07	S	Sender DFI Identifier	This element contains the identifying number of the financial institution and is issued when BPR04 contains <i>ACH</i> ; otherwise, the data element is not returned.
BPR08	S	Account Number Qualifier DA – Demand deposit	An issue qualifier of DA is returned when BPR04 contains <i>ACH</i> ; otherwise, the data element is not returned.
BPR09	S	Sender Bank Account Number	This element contains the bank account number of the payer. It is only returned when BPR04 is <i>ACH</i> ; otherwise, the data element is not returned.
BPR10	S	Payer identifier Federal tax identification (ID) number – 752548221	This is the EDS federal tax ID number and is always preceded by 1 . It is identical to TRN03.
BPR11	S	Originating Company Supplemental Code	Not used by the IHCP
BPR12	S	DFI Identification Number Qualifier 01 – ABA transit routing number including check digits (9 digits)	A value of 01 is returned in this data element when BPR04 contains <i>ACH</i> ; otherwise, the data element is not returned.
BPR13	S	Receiver or Provider Bank ID Number	This data element contains the issue bank ID when BPR04 contains <i>ACH</i> . BPR12 and BPR13 both contain data if BPR04 = <i>ACH</i> ; otherwise, the data elements are not returned.
BPR14	S	Account Number Qualifier DA – Demand deposit	This is used to identify the type of provider financial account. Data is required when BPR04 contains <i>ACH</i> ; otherwise, the data element is not returned.
BPR15	S	Receiver or Provider Account Number	The data element contains the provider financial account number and is returned when BPR04 contains <i>ACH</i> ; otherwise, the data element is not returned.
BPR16	R	Check Issue or Electronic Funds Transfer (EFT) Effective Date	This is the date of the check or funds transfer.

Table 3.6 – Element ID BPR01-BPR21

Element ID	Usage	Guide Description and Valid Values	Comments
BPR17	N/A	Business Function Code	Not used
BPR18	N/A	DFI ID Number Qualifier	Not used
BPR19	N/A	DFI Identification Number	Not used
BPR20	N/A	Account Number Qualifier	Not used
BPR21	N/A	Account Number	Not used

Table 3.7 – Reassociation Trace Number

Segment Name	Reassociation Trace Number
Segment ID	TRN
Loop ID	N/A
Usage	Required
Segment Notes	This segment uniquely identifies this transaction.
Example	TRN*1*71700666555*1935665544~

Table 3.8 – Element ID TRN01-TRN04

Element ID	Usage	Guide Description and Valid Values	Comments
TRN01	R	Trace Type Code 1 – Current transaction trace numbers	Identifies the transaction being referenced.
TRN02	R	Check or EFT Trace Number	This is the number on the check assigned by EDS. If no payment is made, the text NO PAYMENT and a date and time stamp are used instead.
TRN03	R	Payer Identifier Federal tax ID number – 752548221	This is the EDS federal tax ID number and is always preceded by 1 . It is identical to BPR10.
TRN04	S	Originating Company Supplemental Code	Not used by the IHCP

Table 3.9 – Receiver Identification

Segment Name	Receiver Identification
Segment ID	REF
Loop ID	N/A
Usage	Situational
Segment Notes	This segment is only used when the receiver of the transaction is other than the provider, such as a clearinghouse or billing service ID.
Example	REF*EV*152X~

Table 3.10 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier EV – Receiver identification	
REF02	R	Reference Identifier	The trading partner ID number assigned by IHCP
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.11 – Production Date

Segment Name	Production Date
Segment ID	DTM
Loop ID	N/A
Usage	Required
Segment Notes	This is the creation date of the 835.
Example	DTM*405*20020614~

Table 3.12 – Element ID DTM01-DTM06

Element ID	Usage	Guide Description and Valid Values	Comments
DTM01	R	Date Time Qualifier 405 – End date	405 represents the end date for the adjudication production cycle for claims included in the 835.
DTM02	R	Production Date	The production date is the file creation date. It is sent in CCYYMMDD format.
DTM03	N/A	Time	Not used
DTM04	N/A	Time code	Not used
DTM05	N/A	Date/Time Period Format Qualifier	Not used
DTM06	N/A	Date/Time Period	Not used

Table 3.13 – Payer Identification

Segment Name	Payer Identification
Segment ID	N1
Loop ID	1000A
Usage	Required
Segment Notes	This segment identifies EDS as the payer.
Example	N1*PR*EDS~

Table 3.14 – Element ID N101-N106

Element ID	Usage	Guide Description and Valid Values	Comments
N101	R	Entity Identifier Code PR – Payer	
N102	S	Payer Name EDS	EDS is always returned as the payer name.
N103	S	Identification Code Qualifier	Not used by the IHCP
N104	S	Payer Identifier	Not used by the IHCP
N105	N/A	Entity Relationship Code	Not used
N106	N/A	Entity Identifier	Not used

Table 3.15 – Payer Address

Segment Name	Payer Address
Segment ID	N3
Loop ID	1000A
Usage	Required
Segment Notes	This segment provides EDS street address information.
Example	N3*950 North Meridian Street*Suite 1150~

Table 3.16 – Element ID N301-N302

Element ID	Usage	Guide Description and Valid Values	Comments
N301	R	Payer Address Line 950 North Meridian Street	
N302	S	Payer Address Line Suite 1150	

Table 3.17 – Payer City, State, ZIP Code

Segment Name	Payer City, State, ZIP Code
Segment ID	N4
Loop ID	1000A
Usage	Required
Segment Notes	This segment provides EDS city, state location, and ZIP Code information.
Example	N4*Indianapolis*IN*46204~

Table 3.18 – Element ID N401-N406

Element ID	Usage	Guide Description and Valid Values	Comments
N401	R	Payer City Name Indianapolis	
N402	R	Payer State Code IN	
N403	R	Payer Postal Zone or ZIP Code 46204	
N404	N/A	Country Code	Not used
N405	N/A	Location Qualifier	Not used
N406	N/A	Location Identifier	Not used

Table 3.19 – Payer Contact Information

Segment Name	Payer Contact Information
Segment ID	PER01
Loop ID	1000A
Usage	Situational
Segment Notes	This segment provides general contact information for EDS.
Example	PER*CX*EDS*TE*18005771278~

Table 3.20 – Element ID PER01-PER09

Element ID	Usage	Guide Description and Valid Values	Comments
PER01	R	Contact Function Code CX – Payers claim office	
PER02	R	Payer Contact Name EDS	
PER03	R	Communication Number Qualifier TE – Telephone	
PER04	R	Payer Contact Communication Number 18005771278	This is referring to general contract information.
PER05	S	Communication Number Qualifier	Not used by the IHCP
PER06	S	Payer Contact Communication Number	Not used by the IHCP
PER07	S	Communication Number Qualifier	Not used by the IHCP
PER08	S	Payer Contact Communication Number	Not used by the IHCP
PER09	N/A	Contact Inquiry Reference	Not used

Table 3.21 – Payee Identification

Segment Name	Payee Identification
Segment ID	N1
Loop ID	1000B
Usage	Required
Segment Notes	This segment provides general information about the pay-to provider.
Example	N1*PE*ACME MEDICAL CENTER*XX*5555555555~

Table 3.22 – Element ID N101-N106

Element ID	Usage	Guide Description and Valid Values	Comments
N101	R	Entity Identifier Code PE – Payee	
N102	S	Payee Name	The data element always contains the name of the payee.
N103	R	Identification Code Qualifier FI – Payee’s federal tax ID number XX – National Provider ID	If the billing provider National Provider ID (NPI) has been reported to the IHCP, the XX qualifier will be in N103 and the NPI will be in N104. If the billing provider NPI has not been reported to the IHCP and the provider is an atypical provider, the FI qualifier will be in N103 and the billing provider federal tax ID will be in N104. Healthcare providers who have not reported an NPI to the IHCP will be unable to receive an 835 transaction.
N104	R	Payee Identification Code	Billing provider National Provider ID or federal tax ID number.
N105	N/A	Entity Relation Code	Not used
N106	N/A	Entity identifier code	Not used

Table 3.23 – Payee Address

Segment Name	Payee Address
Segment ID	N3
Loop ID	1000B
Usage	Required
Segment Notes	This segment contains the address of the provider.
Example	N3*P.O. BOX 70~

Table 3.24 – Element ID N301-N302

Element ID	Usage	Guide Description and Valid Values	Comments
N301	R	Payee Address Line	
N302	S	Payee Address Line	

Table 3.25 – Payee City, State, ZIP Code

Segment Name	Payee City, State, ZIP Code
Segment ID	N4
Loop ID	1000B
Usage	Required
Segment Notes	This segment includes the city, state, and ZIP Code of the provider
Example	N4*CITY*IN*12345~

Table 3.26 – Element ID N401-N406

Element ID	Usage	Guide Description and Valid Values	Comments
N401	R	Payee City Name	
N402	R	Payee State Code	
N403	R	Payee Postal Zone or ZIP Code	
N404	S	Country Code	Not used by the IHCP
N405	N/A	Location Qualifier	Not used
N406	N/A	Location Identifier	Not used

Table 3.27 – Payee Additional Identification

Segment Name	Payee Additional Identification
Segment ID	REF
Loop ID	1000
Usage	Situational
Segment Notes	This segment contains the provider's IHCP provider number and service location code for atypical providers.
Example	REF*1D*100123456A~

Table 3.28 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier ID – Medicaid provider number	
REF02	R	Additional Payee Identifier	This is the paid atypical provider's nine-digit IHCP provider number followed by the one-character service location code.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.29 – Payee Additional Identification

Segment Name	Payee Additional Identification
Segment ID	REF
Loop ID	1000
Usage	Situational
Segment Notes	This segment contains the billing provider's federal tax ID. This segment is sent when the billing provider NPI is sent in N104 of loop 1000B.
Example	REF*TJ*1777888555~

Table 3.30 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier TJ – Payee provider federal tax ID.	
REF02	R	Additional Payee Identifier	Payee provider federal tax ID. This segment is sent when the billing provider NPI is sent in N104 of loop 1000B.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.31 – Header Number

Segment Name	Header Number
Segment ID	LX
Loop ID	2000
Usage	Required
Segment Notes	The LX segment provides a looping structure and logical grouping of claim payment information.
Example	LX*1~

Table 3.30 – Element ID LX01

Element ID	Usage	Guide Description and Valid Values	Comments
LX01	R	Assigned Number	Number assigned for differentiation within a transaction set.

Table 3.31 – Claim Payment Information

Segment Name	Claim Payment Information
Segment ID	CLP
Loop ID	2100
Usage	Required
Segment Notes	This segment contains information about the claim being reported.
Example	CLP*227821*1*100*50**MC*2001234567891*01*1~

Table 3.32 – Element ID CLP01-CLP13

Element ID	Usage	Guide Description and Valid Values	Comments
CLP01	R	Patient Control Number	This number is assigned by the provider and received in CLM01 of the ASC X12 837 transaction. If a patient control number was not received on the claim, a 0 is returned. For pharmacy claims this field will contain the prescription number.
CLP02	R	Claim Status Code 1 – Processed as primary 2 – Processed as secondary 3 – Processed as tertiary 4 – Denied 22 – Reversal of previous payment	
CLP03	R	Total Claim Charge Amount	This represents the submitted charges for the claim. The amount can be zero or less, but the value in BPR02 cannot be negative. For managed care organizations (MCOs) this amount is always the billed amount.
CLP04	R	Claim Payment Amount	Amount paid for this claim. For MCOs this is always 0 .
CLP05	S	Patient Responsibility Amount	Examples include deductible, non-covered services, co-pay, and co-insurance
CLP06	R	Claim Filing Indicator Code MC – Medicaid	
CLP07	S	Payer Claim Control Number	This is the internal control number (ICN) assigned by the IHCP during claim processing.
CLP08	S	Facility Type Code	This code identifies the type of facility where services were performed, the first and second positions of <i>UB Type of Bill</i> or the <i>Place of Service</i> code from claims. If the claim was submitted via an 837 transaction, this is in CLM05-1.
CLP09	S	Claim Frequency Code	This is specific to institutional claims. Third position of the <i>Type of Bill</i> code. If the claim was submitted via an 837I transaction, this is in CLM05-3.
CLP10	N/A	Patient Status Code	Not used

Table 3.32 – Element ID CLP01-CLP13

Element ID	Usage	Guide Description and Valid Values	Comments
CLP11	S	Diagnosis Related Group (DRG) Code	This code indicates a member's diagnosis group based on a patient's illness, diseases, and medical problems. Specific to institutional claims.
CLP12	S	Diagnosis Related Group Weight	Specific to institutional claims
CLP13	S	Discharge Fraction	Not used by the IHCP

Table 3.33 – Claim Adjustment

Segment Name	Claim Adjustment
Segment ID	CAS
Loop ID	2100
Usage	Situational
Segment Notes	This segment describes adjustments made at the claim level, as opposed to the service level. Up to six adjustment reason codes can be provided in each CAS segment as long as all apply within the adjustment group code specified in CAS01. This segment is repeated for each claim adjustment group code. There can be up to 99 claim level CAS segments for each claim.
Example	CAS*CO*42*49.50*1~

Table 3.34 – Element ID CAS01-CAS19

Element ID	Usage	Guide Description and Valid Values	Comments
CAS01	R	Claim adjustment group code CO – Contractual obligations CR – Correction and reversals PR – Patient responsibility	The code identifies the general category of payment adjustment.
CAS02	R	Adjustment Reason Code	This code identifies the detailed reason for the adjustment. See external code source 139 for list of valid codes.
CAS03	R	Adjustment Amount	A negative amount increases the payment, and a positive amount decreases the payment contained in CLP04.
CAS04	S	Adjustment Quantity	Not used by the IHCP.
CAS05	S	Adjustment Reason Code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS06	S	Adjustment Amount	The amount of the adjustment. This is used when additional adjustments apply within the group identified in CAS01.
CAS07	S	Adjustment Quantity	Not used by the IHCP.
CAS08	S	Adjustment Reason Code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS9	S	Adjustment Amount	The amount of the adjustment. This is used when additional adjustments apply within the group identified in CAS01.
CAS10	S	Adjustment Quantity	Not used by the IHCP.
CAS11	S	Adjustment Reason Code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.

Table 3.34 – Element ID CAS01-CAS19

Element ID	Usage	Guide Description and Valid Values	Comments
CAS12	S	Adjustment Amount	The amount of the adjustment. This is used when additional adjustments apply within the group identified in CAS01.
CAS13	S	Adjustment Quantity	Not used by the IHCP.
CAS14	S	Adjustment Reason Code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS15	S	Adjustment Amount	The amount of the adjustment. This is used when additional adjustments apply within the group identified in CAS01.
CAS16	S	Adjustment Quantity	Not used by the IHCP.
CAS17	S	Adjustment Reason Code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS18	S	Adjustment Amount	The amount of the adjustment. This is used when additional adjustments apply within the group identified in CAS01.
CAS19	S	Adjustment Quantity	Not used by the IHCP.

Table 3.35 – Patient Name

Segment Name	Patient Name
Segment ID	NM
Loop ID	2100
Usage	Required
Segment Notes	This segment provides the name of the IHCP member.
Example	NM1*QC*1*DOE*JOHN*A***MR*100012345678~

Table 3.38 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code QC – Patient	
NM102	R	Entity Type Qualifier 1 – Person	
NM103	R	Patient Last Name	If the member's last name is not provided, the name field defaults to Member .
NM104	R	Patient First Name	If the member's first name is not provided, the name in this field defaults to Unknown .
NM105	S	Patient Middle Name	
NM106	N/A	Name Suffix	Not used
NM107	S	Subscriber Name Suffix	Not used by the IHCP
NM108	S	Identification Code Qualifier MR – Medicaid recipient (member) ID	
NM109	S	Patient Identifier	This data element contains the 12-digit IHCP member ID and is always returned.
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.39 – Service Provider Name

Segment Name	Service Provider Name
Segment ID	NM1
Loop ID	2100
Usage	Situational
Segment Notes	This segment provides the name and the NPI of the healthcare rendering provider or the LPI of the atypical rendering provider. Rendering provider information applies to all service lines on the claim unless it is overridden with rendering provider information in the 2110 loop.
Example	NM1*82*2*Dr. Jane Doe*****MC*100123456~

Table 3.40 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code 82 – Rendering provider	
NM102	R	Entity Type Qualifier 2 – Non-person entity	
NM103	S	Rendering Provider Last Or Organization Name	This data element contains the rendering provider name.
NM104	S	Rendering Provider First Name	Not used by the IHCP
NM105	S	Rendering Provider Middle Name	Not used by the IHCP
NM106	N/A	Name Prefix	Not used
NM107	S	Rendering Provider Name Suffix	Not used by the IHCP
NM108	R	Identification Code Qualifier MC – Medicaid provider number XX – National Provider ID	If the rendering provider National Provider ID (NPI) has been reported to the IHCP, the XX qualifier will be in NM108 and the NPI will be in NM109. If the rendering provider is atypical, the MC qualifier will be in NM108 and the rendering provider LPI will be in NM109. The IHCP will not return rendering provider information for healthcare providers who have not reported an NPI.
NM109	R	Rendering Provider Identifier	NPI for healthcare providers or LPI for atypical providers.
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.41 – Inpatient Adjudication Information

Segment Name	Inpatient Adjudication Information
Segment ID	MIA
Loop ID	2100
Usage	Situational
Segment Notes	An MIA segment is sent for any inpatient claims containing header-level remark codes. Up to five remark codes can be sent.
Example	MIA*0****AM45*****IJ34*OA65~

Table 3.42 – Element ID MIA01-MIA24

Element ID	Usage	Guide Description and Valid Values	Comments
MIA01	R	Covered days or visits 0 – Zero days	
MIA02	S	Prospective Payment System (PPS) Operating Outlier Amount	Not used by the IHCP
MIA03	S	Lifetime Psychiatric Days Count	Not used by the IHCP
MIA04	S	Claim Diagnosis-Related Grouping (DRG) Amount	Not used by the IHCP
MIA05	S	Remark code	See external code source 411 for Remittance Advice Remark Codes.
MIA06	S	Claim disproportionate share amount	Not used by the IHCP
MIA07	S	Claim Medicare Secondary Payer (MSP) Pass-through Amount	Not used by the IHCP
MIA08	S	Claim PPS Capital Amount	Not used by the IHCP
MIA09	S	PPS – Capital Financial Service Provider (FSP) DRG Amount	Not used by the IHCP
MIA10	S	PPS – Capital Health Services Provider (HSP) DRG amount	Not used by the IHCP
MIA11	S	PPS – Capital Disproportionate Share Hospital (DSH) DRG Amount	Not used by the IHCP
MIA12	S	Old Capital Amount	Not used by the IHCP
MIA13	S	PPS – Capital Independent Medical Examination (IME) Amount	Not used by the IHCP
MIA14	S	PPS – Operating Hospital Specific DRG Amount	Not used by the IHCP
MIA15	S	Cost Report Day Count	Not used by the IHCP
MIA16	S	PPS – Operating Federal Specific DRG Amount	Not used by the IHCP
MIA17	S	Claim PPS Capital Outlier Amount	Not used by the IHCP
MIA18	S	Claim Indirect Teaching Amount	Not used by the IHCP
MIA19	S	Non-Payable Professional Component Amount	Not used by the IHCP
MIA20	S	Remark Code	See external code source 411 for Remittance Advice Remark Codes.
MIA21	S	Remark Code	See external code source 411 for Remittance Advice Remark Codes.
MIA22	S	Remark Code	See external code source 411 for Remittance Advice Remark Codes.
MIA23	S	Remark Code	See external code source 411 for Remittance Advice Remark Codes.
MIA24	S	PPS – Capital Exception Amount	Not used by the IHCP

Table 3.43 – Outpatient Adjudication Information

Segment Name	Outpatient Adjudication Information
Segment ID	MOA
Loop ID	2100
Usage	Situational
Segment Notes	An MOA segment is sent for any non-inpatient claims containing header-level remark codes. Up to five remark codes can be sent.
Example	MOA***MA40~

Table 3.44 – Element ID MOA01-MOA09

Element ID	Usage	Guide Description and Valid Values	Comments
MOA01	S	Reimbursement rate	Not used by the IHCP
MOA02	S	Claim Healthcare Common Procedure Coding System (HCPCS) Payable Amount	Not used by the IHCP
MOA03	S	Remark Code	See external code source 411 for Remittance Advice Remark Codes.
MOA04	S	Remark Code	See external code source 411 for Remittance Advice Remark Codes.
MOA05	S	Remark Code	See external code source 411 for Remittance Advice Remark Codes.
MOA06	S	Remark Code	See external code source 411 for Remittance Advice Remark Codes.
MOA07	S	Remark Code	See external code source 411 for Remittance Advice Remark Codes.
MOA08	S	Claim End-Stage Renal Disease (ESRD) Payment Amount	Not used by the IHCP
MOA09	S	Non-Payable Professional Component Amount	Not used by the IHCP

Table 3.45 – Other Claim-Related Identification

Segment Name	Other Claim-Related Identification
Segment ID	REF
Loop ID	2100
Usage	Situational
Segment Notes	This segment contains the ICN of the original (mother) claim for the claim specified in the CLP segment. This segment is present only if the claim has been processed as an adjustment.
Example	REF*F8*2001112223333~

Table 3.46 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier F8 – Original reference number	
REF02	R	Other Claim Related Identifier	The ICN of the mother claim.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.47 – Rendering Provider Information

Segment Name	Rendering Provider Information
Segment ID	REF
Loop ID	2100
Usage	Situational
Segment Notes	This segment contains the provider's IHCP provider number.
Example	REF*1D*100123456~

Table 3.48 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier 1D – Medicaid provider number	
REF02	R	Rendering Provider Identifier	This is the rendering provider's nine-digit IHCP provider number, if applicable.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.49 – Claim Date

Segment Name	Claim Date
Segment ID	DTM
Loop ID	2100
Usage	Situational
Segment Notes	The first date of service, qualifier 232, is always present. If the first date of service is not provided, or the date is invalid, the first date of service defaults to 22991231 . The last date of service, qualifier 233 , is situational. The billed date, qualifier 050 , is situational. The billed date is the date the claim is received by the IHCP.
Example	DTM*232*20020427~ DTM*233*20020427~ DTM*050*20020501~

Table 3.50 – Element ID DTM01-DTM06

Element ID	Usage	Guide Description and Valid Values	Comments
DTM01	R	Date/Time Qualifier 050 – Received 232 – Claim statement period start 233 – Claim statement period end	If the last date of service is not supplied, or the date supplied is invalid, the last date of service is assumed the first date of service referenced by qualifier 232 .
DTM02	R	Claim Date	Dates appear in CCYYMMDD format.
DTM03	N/A	Time	Not used
DTM04	N/A	Time Code	Not used
DTM05	N/A	Date/Time Period Format Qualifier	Not used
DTM06	N/A	Date/Time Period	Not used

Table 3.51 – Claim Supplemental Information

Segment Name	Claim Supplemental Information
Segment ID	AMT
Loop ID	2100
Usage	Situational
Segment Notes	This segment conveys any interest accrued on the claim payment. The amount reflected is not used to balance the claim or the transaction.
Example	AMT*I*1.25~

Table 3.52 – Element ID AMT01-AMT03

Element ID	Usage	Guide Description and Valid Values	Comments
AMT01	R	Amount Qualifier Code I – Interest	Not applicable to MCOs.
AMT02	R	Claim Supplemental Information Amount	This field is only used to report interest payments.
AMT03	N/A	Credit/Debit Flag	Not used

Table 3.53 – Service Payment Information

Segment Name	Service Payment Information
Segment ID	SVC
Loop ID	2110
Usage	Situational
Segment Notes	This segment supplies payment and control information to a provider for a particular service
Example	SVC*HC:99217*91*45.15**1**1~

Table 3.54 – Element ID SVC01-SVC07

Element ID	Usage	Guide Description and Valid Values	Comments
SVC01	R	Composite Medical Procedure Identifier	This is a composite data element.
SVC01-1	R	Product or Service ID Qualifier IHCP code definition: AD – Dental claims HC – HCPCS codes N4 – National drug code NU – UB-04 codes	
SVC01-2	R	Procedure Code	
SVC01-3	S	Procedure Modifier	
SVC01-4	S	Procedure Modifier	
SVC01-5	S	Procedure Modifier	
SVC01-6	S	Procedure Modifier	
SVC02	R	Line Item Charge Amount	The amount billed for the service.
SVC03	R	Line Item Provider Payment Amount	The amount paid by the IHCP for the service.
SVC04	S	National Uniform Billing Committee Revenue Code	This is the revenue code.
SVC05	S	Units of Service Paid Count	This number is the paid units of service or the allowed units.
SVC06	S	Composite Medical Procedure Identifier	Not used by the IHCP
SVC06 – 1	R	Product or Service ID Qualifier	Not used by the IHCP
SVC06 – 2	R	Procedure Code	Not used by the IHCP
SVC06 – 3	S	Procedure Modifier	Not used by the IHCP
SVC06 – 4	S	Procedure Modifier	Not used by the IHCP
SVC06 – 5	S	Procedure Modifier	Not used by the IHCP
SVC06 – 6	S	Procedure Modifier	Not used by the IHCP
SVC06 – 7	S	Procedure Code Description	Not used by the IHCP
SVC07	S	Original Units of Service Count	Original submitted units of service, or billed units.

Table 3.55 – Service Date

Segment Name	Service Date
Segment ID	DTM
Loop ID	2110
Usage	Situational
Segment Notes	Dates of service at the claim service level are only returned if dates are not present at the claim header level or if the dates differ from the header level dates.
Example	DTM*150*20020427~ DTM*151*20020427~

Table 3.56 – Element ID DTM01-DTM06

Element ID	Usage	Guide Description and Valid Values	Comments
DTM01	R	Date/Time Qualifier 150 – Service period start 151 – Service period end	Date appears in CCYYMMDD format.
DTM02	R	Service Date	Date appears in CCYYMMDD format.
DTM03	N/A	Time	Not used
DTM04	N/A	Time Code	Not used
DTM05	N/A	Date/Time Period Format Qualifier	Not used
DTM06	N/A	Date/Time Period	Not used

Table 3.57 – Service Adjustment

Segment Name	Service Adjustment
Segment ID	CAS
Loop ID	2110
Usage	Situational
Segment Notes	This segment describes adjustments made for a particular service rendered. Up to six adjustment reason codes can be provided in each CAS segment as long as all apply within the adjustment group code specified in CAS01. This segment repeats for each claim adjustment group code. There can be up to 99 claim level CAS segments for each service.
Example	CAS*PR*12*5*~

Table 3.58 – Element ID CAS01-CAS19

Element ID	Usage	Guide Description and Valid Values	Comments
CAS01	R	Claim Adjustment Group Code CO – Contractual obligations CR – Correction and reversals PR – Patient Responsibility	This code identifies the general category of the payment adjustment.
CAS02	R	Adjustment Reason Code	This code identifies the detailed reason for the adjustment. See external code source 139 for list of valid codes.
CAS03	R	Adjustment Amount	A negative amount increases the payment, and a positive amount decreases the payment, contained in SVC03.
CAS04	S	Adjustment Quantity	Not used by the IHCP.
CAS05	S	Adjustment Reason Code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS06	S	Adjustment Amount	The amount of the adjustment. Used when additional adjustments apply within the group identified in CAS01.
CAS07	S	Adjustment Quantity	Not used by the IHCP.
CAS08	S	Adjustment Reason Code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS09	S	Adjustment Amount	This is the amount of the adjustment. Used when additional adjustments apply within the group identified in CAS01.
CAS10	S	Adjustment Quantity	Not used by the IHCP.
CAS11	S	Adjustment Reason Code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS12	S	Adjustment Amount	The amount of the adjustment. Used when additional adjustments apply within the group identified in CAS01.
CAS13	S	Adjustment Quantity	Not used by the IHCP.

Table 3.58 – Element ID CAS01-CAS19

Element ID	Usage	Guide Description and Valid Values	Comments
CAS14	S	Adjustment Reason Code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS15	S	Adjustment Amount	The amount of the adjustment. Used when additional adjustments apply within the group identified in CAS01.
CAS16	S	Adjustment Quantity	Not used by the IHCP.
CAS17	S	Adjustment Reason Code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS18	S	Adjustment Amount	The amount of the adjustment. Used when additional adjustments apply within the group identified in CAS01.
CAS19	S	Adjustment Quantity	Not used by the IHCP.

Table 3.59 – Service Identification

Segment Name	Service Identification
Segment ID	REF
Loop ID	2110
Usage	Situational
Segment Notes	If the provider submitted the claim via the 837 transaction and supplied a line item control number for this service, it is returned in this segment.
Example	REF*6R*01~

Table 3.60 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier 6R – Provider control number	
REF02	R	Provider Identifier	This is the provider control number submitted on the 837 transaction.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.61 – Rendering Provider Information

Segment Name	Rendering Provider Information
Segment ID	REF
Loop ID	2110
Usage	Situational
Segment Notes	If the rendering provider for this service is different from the provider at the claim header level, the services rendering provider ID is returned in this segment.
Example	REF*HPI*5555555555~

Table 3.62 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier ID – Medicaid provider number HPI – National Provider ID	
REF02	R	Rendering Provider Identifier	If the rendering provider National Provider ID (NPI) has been reported to the IHCP, the HPI qualifier will be in REF01 and the NPI will be in REF02. If the rendering provider is atypical, the ID qualifier will be in REF01 and the rendering provider LPI will be in REF02. The IHCP will not return rendering provider information for healthcare providers who have not reported an NPI
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.63 – Rendering Provider Information

Segment Name	Rendering Provider Information
Segment ID	REF
Loop ID	2110
Usage	Situational
Segment Notes	If the rendering provider for this service is different from the provider at the claim header level, the services rendering provider ID is returned in this segment.
Example	REF*HPI*5555555555~

Table 3.64 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier HPI – National Provider ID	
REF02	R	Rendering Provider Identifier	This is the rendering provider National Provider ID for this service.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.65 – Health Care Remark Codes

Segment Name	Health Care Remark Codes
Segment ID	LQ
Loop ID	2110
Usage	Situational – Repeat 99
Segment Notes	This segment provides remark or NCPDP codes for the specific service found in the SVC segment.
Example	LQ*HE*12345~

Table 3.66 – Element ID LQ01-LQ02

Element ID	Usage	Guide Description and Valid Values	Comments
LQ01	R	Code List Qualifier Code HE – Claim payment remark codes RX – NCPDP reject/payment codes	
LQ02	R	Remark or NCPDP Code	See Code Source 411 for valid values. See Code Source 530: National Council for Prescription Drug Program Reject/Payment Codes

Table 3.67– Provider Adjustment

Segment Name	Provider Adjustment
Segment ID	PLB
Loop ID	N/A
Usage	Situational
Segment Notes	This segment contains adjustments that apply to the billing provider rather than a specific claim.
Example	PLB*1234567893*20021231*WO:1334567*-1.27~

Table 3.68 – Element ID PLB01-PLB14

Element ID	Usage	Guide Description and Valid Values	Comments
PLB01	R	Provider Identifier	If the billing provider National Provider ID (NPI) has been reported to the IHCP, the NPI will be in PLB01. If the billing provider is atypical, the LPI will be in PLB01. The IHCP will not return billing provider information for healthcare providers who have not reported an NPI.
PLB02	R	Fiscal Period Date	This represents the last day of the provider's fiscal year in CCYYMMDD format.
PLB03	R	Adjustment Identifier	This is a composite data element.
PLB03-1	R	Adjustment Reason Code	This data element contains the code indicating the reason the financial adjustment was made to the payment. See <i>IG</i> for complete list of reason codes.
PLB03-2	R	Provider Adjustment Identifier	This is the expenditure, accounts receivable, cash control number, or the check number for a void adjustment.
PLB04	R	Provider Adjustment Amount	This is the expenditure, accounts receivable, cash control number, or void adjustment amount.
PLB05	S	Adjustment Identifier	This is a composite data element.
PLB05-1	R	Adjustment Reason Code	This data element contains the code indicating the reason the financial adjustment was made to the payment. See <i>IG</i> for complete list of reason codes.
PLB05-2	R	Provider Adjustment Identifier	This is the expenditure, accounts receivable, cash control number, or the check number for a void adjustment.
PLB06	R	Provider Adjustment Amount	This is the expenditure, accounts receivable, cash control number, or void adjustment amount.
PLB07	S	Adjustment Identifier	This is a composite data element.
PLB07-1	R	Adjustment Reason Code	This data element contains the code indicating the reason the financial adjustment was made to the payment. See <i>IG</i> for complete list of reason codes.

Table 3.68 – Element ID PLB01-PLB14

Element ID	Usage	Guide Description and Valid Values	Comments
PLB07-2	S	Provider Adjustment Identifier	This is the expenditure, accounts receivable, cash control number, or the check number for a void adjustment.
PLB08	S	Provider Adjustment Amount	This is the expenditure, accounts receivable, cash control number, or void adjustment amount.
PLB09	S	Adjustment Identifier	This is a composite data element.
PLB09-1	S	Adjustment Reason Code	This data element contains the code indicating the reason the financial adjustment was made to the payment. See <i>IG</i> for complete list of reason codes.
PLB09-2	S	Provider Adjustment Identifier	This is the expenditure, accounts receivable, cash control number, or the check number for a void adjustment.
PLB10	S	Provider Adjustment Amount	This is the expenditure, accounts receivable, cash control number, or void adjustment amount.
PLB011	S	Adjustment Identifier	This is a composite data element.
PLB11-1	R	Adjustment Reason Code	This data element contains the code indicating the reason the financial adjustment was made to the payment. See <i>IG</i> for complete list of reason codes.
PLB11-2	S	Provider Adjustment Identifier	This is the expenditure, accounts receivable, cash control number, or the check number for a void adjustment.
PLB12	S	Provider Adjustment Amount	This is the expenditure, accounts receivable, cash control number, or void adjustment amount.
PLB013	S	Adjustment Identifier	This is a composite data element.
PLB13-1	R	Adjustment Reason Code	This data element contains the code indicating the reason the financial adjustment was made to the payment. See <i>IG</i> for complete list of reason codes.
PLB13-2	S	Provider Adjustment Identifier	This is the expenditure, accounts receivable, cash control number, or the check number for a void adjustment.
PLB14	S	Provider Adjustment Amount	This is the expenditure, accounts receivable, cash control number, or void adjustment amount.

Table 3.69 – Transaction Set Trailer

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop ID	N/A
Usage	Required
Segment Notes	This indicates the end of the transaction set and provides the count of the transmitted segments.
Example	SE*29*9001~

Table 3.70 – Element ID SE01-SE02

Element ID	Usage	Guide Description and Valid Values	Comments
SE01	R	Number of Included Segments	Includes the total number of segments in a transaction set.
SE02	R	Transaction Set Control Number	The IHCP automatically generates a unique control number. The ST02 and SE02 segments match.

Example of 835 Remittance Advice

Figure 3.1 illustrates an 835 Remittance Advice.

```

ST*835*9001~
BPR*I*45.15*C*ACH*CCP*01*044115126*DA*01407602110*1752548221**01*012
345678*DA*1234567*20020618~
TRN*1*123456789*1752548221~
REF*EV*123X~
DTM*405*20020614~
N1*PR*EDS~
N3*950 NORTH MERIDIAN STREET*SUITE 1150~
N4*INDIANAPOLIS*IN*46204~
N1*PE*JOHN A DOE*XX*5555555555~
N3*P.O. BOX 12~
N4*CITY*IN*46000~
REF*TJ*177777777~
REF*1D*100123456A~
LX*1~
CLP*123456*1*100*45.50**MC*1234567891234*01*1~
CAS*CO*42*49.50*1~
NM1*QC*1*DOE*JANE*B***MS*123456789123~
NM1*82*2*DR. JON DOCTOR*****XX*5555555555~
MOA***AM12*MA01*JI224~
DTM*232*20020427~
DTM*233*20020427~
DTM*050*20020501~
REF*1D*100123777~
SVC*HC:99217*91*45.15**1**1~
DTM*150*20020427~
DTM*151*20020427~
CAS*CO*12*5*~
REF*1D*100123456~
REF*HPI*6666666666~
LQ*HE*55555~
PLB*1111111111*20021231*CV:1234567*-1.27~
SE*29*9001~

```

Figure 3.1 – 835 Remittance Advice

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