IDAHO DEPARTMENT OF
HEALTH & WELFARE

Vendor Specifications
Healthcare Claim Payment/Advice
ASC X12N 835 Version 4010X091A1

for

State of Idaho MMIS

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UNISYS

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Revision History

Version	Date	Author	Action/Summary of Changes
1.0	4/26/2009	Unisys	Draft Document
1.1	7/02/2009	Unisys	Update for Comments
1.2	8/13/2009	Unisys	Updated based on IDHW Comments
2.0	08/25/2009	QA	Promoted to version 2.0 after state approval
2.1	10/26/2009	Unisys	Updated per IDHW request – value of member's Medicaid ID in 2100_NM109; CCF #10221

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1. Companion Guide Purpose

This companion guide documents the transaction type listed below and further defines situational and required data elements that are used for processing payments/advice for programs administered by Idaho Medicaid. This document is not the complete EDI transaction format specifications.

Please refer to the 4010A1 Implementation Guide for information not supplied in this document, such as code lists, definitions, and edits.

- Healthcare Claim Payment Advice ASC X12N 835 (004010X091) May 2000
- Addenda Healthcare Claim Payment Advice ASC X12N 835 (004010X091A1) October 2002

For any questions, or to begin testing, please contact the Unisys EDI Helpdesk at 1-866-686-4272 and ask for Technical Support or email us at idtechnicalservices@unisys.com.

1.1. Required Information

Data elements, segments, and loops not included in this guide are not used for processing claims by Idaho Medicaid, but must still be sent if the information is required for compliance with the ASC X12N version 4010A1 format.

1.2. Trading Partner ID

A trading partner is defined as any entity with which Unisys exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. Idaho Medicaid's Health PAS system supports the following categories of trading partner:

- Provider
- Billing Agency
- Clearinghouse
- Health Plan

Unisys will assign trading partner IDs to support the exchange of X12 EDI transactions for providers, billing agencies and clearinghouses, and other health plans.

All trading partners must be authorized to submit production EDI transactions. Any trading partner may submit test EDI transactions. The Usage Indicator, element 15 of the Interchange Control Header (ISA) of an X12 file, indicates if a file is test or production. Authorization is granted on a per transaction basis. For example, a trading partner may be certified to submit 837P professional claims but not certified to submit 837I institutional claim files.

Trading partners must submit three test files of a particular transaction type, with a minimum of fifteen transactions within each file, and have no failures or rejections to become certified for production. Users will be notified via E-mail and the Trading Partner Status page of Health PAS-OnLine when testing for a particular transaction has been completed.

To obtain a trading partner ID please visit our website at: idmedicaid.com or contact us at 1-866-686-4272.

1.3. Delimiters

Idaho Medicaid does not require the use of specific values for the delimiters used in electronic transactions. The suggested values are included in the specifications below.

1.4. Additional Information

Please refer to the 4010A1 Implementation Guide for information not supplied in this document, such as code lists, definitions, and edits.

2. 835 Healthcare Claim Payment Advice

Figure 2-1: 835 Healthcare Claim Payment Advice

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
TRANSACTION HEADER	ISA	Interchange Control Header		3	M	ISA
		Element Separator	AN	1		*
	ISA01	Authorization Information Qualifier	ID	2	M	00 – No Authorization Information Present
		Element Separator	AN	1		*
	ISA02	Authorization Information	AN	10	M	Space fill
		Element Separator	AN	1		*
	ISA03	Security Information Qualifier	ID	2	M	00 – No Security Information Present
		Element Separator	AN	1		*
	ISA04	Security Information	AN	10	M	Space fill
		Element Separator	AN	1		*
	ISA05	Interchange ID Qualifier	ID	2	M	ZZ – Mutually Defined
		Element Separator	AN	1		*
	ISA06	Interchange Sender ID	AN	15	M	ID_MMIS_4UNISYS
		Element Separator	AN	1		*
	ISA07	Interchange ID Qualifier	ID	2	M	ZZ – Mutually Defined
		Element Separator	AN	1		*
	ISA08	Interchange Receiver ID	AN	15	M	Unisys assigned Trading Partner ID
		Element Separator	AN	1		*
	ISA09	Interchange Date	DT	6	M	Date - Format YYMMDD
		Element Separator	AN	1		*
	ISA10	Interchange Time	TM	4	M	Time - Format HHMM

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
		Element Separator	AN	1		*
	ISA11	Interchange Control ID	ID	1	M	U – U.S. EDI Community of ASC X12, TDCC, and UCS
		Element Separator	AN	1		*
	ISA12	Interchange Version Number	ID	5	M	00401
		Element Separator	AN	1		*
	ISA13	Interchange Control Number	N0	9	M	Assigned by sender (must be identical to the interchange trailer IEA02)
		Element Separator	AN	1		*
	ISA14	Ack. Requested	ID	1	M	0 – No Acknowledgment Requested
		Element Separator	AN	1		*
	ISA15	Usage Indicator	ID	1	M	“P” – Production Data|”T” – Test Data
		Element Separator	AN	1		*
	ISA16	Component Element Separator	AN	1	M	:
		Segment Terminator		1		~
Transaction Header	GS	Functional Group Header		2	M	GS
		Element Separator	AN	1		*
	GS01	Functional Identifier Code	ID	2	M	HP – Healthcare Payment Advice (835)
		Element Separator	AN	1		*
	GS02	Application Sender's Code	AN	2/15	M	ID_MMIS_4UNISYS
		Element Separator	AN	1		*
	GS03	Application Receiver's Code	AN	2/15	M	Unisys assigned Trading Partner ID
		Element Separator	AN	1		*
	GS04	Date	DT	8	M	Date - Format CCYYMMDD

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
		Element Separator	AN	1		*
	GS05	Time	TM	4/8	M	Time - Format HHMM
		Element Separator	AN	1		*
	GS06	Group Control Number	N0	1/9	M	Sender Assigned Control Number - Note: Sequential number assigned by the originator; GS06 and GE02 must be identical
		Element Separator	AN	1		*
	GS07	Responsible Agency Code	ID	1/2	M	X – Accredited Standards Committee X12
		Element Separator	AN	1		*
	GS08	Version / Release Code	AN	1/12	M	004010X094A1
		Segment End	B	1		~
Header	ST	Transaction Set Header		2	M	ST
		Element Separator	AN	1		*
	ST01	Transaction Set Identifier Code	ID	3	M	835 – X12.85 Healthcare Payment Advice
		Element Separator	AN	1		*
	ST02	Transaction Set Control Number	AN	4/9	M	Originator Assigned Control # - Note: Sequential number assigned by the originator; ST and SE Control Numbers must be equivalent
		Segment End	B	1		~
Header	BPR	Beginning Segment for Payment order/RA	ID	3	M	BPR – Financial Information
Header		Element Separator	AN	1		*
	BPR01	Transaction Handling Code	ID	1/2	M	I – remittance information only or "*"
		Element Separator	AN	1		*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
	BPR02	Monetary Amount	R	1/18	M	Payment Amount
		Element Separator	AN	1		*
	BPR03	Credit/Debit Flag code	AN	1	M	C – Credit - Payment to receiver's account
		Element Separator	AN	1		*
	BPR04	Payment Method Code	ID	3	M	CHK – Check BOP – Financial Institution Option
		Element Separator	AN	1		*
	BPR05	Payment Format Code	ID	1/10	O	*
	BPR06	(DFI)ID Number Qualifier	ID	2	O	01 when BPR04 = BOP
		Element Separator	ID	1		*
	BPR07	(DFI) Identification Number	AN	3/12	O	Required when BPR04 = BOP
		Element Separator	AN	1		*
	BPR08	Account Number Qualifier	ID	1/3	O	DA - Demand Deposit when BPR04 = BOP
		Element Separator	AN	1		*
	BPR09	Account Number	AN	1/35	O	Required when BPR04 = BOP
		Element Separator	AN	1		*
	BPR10	Originating Company Identifier	AN	10	O	Required when BPR04 = BOP
		Element Separator	AN	1		*
	BPR11	Element Separator	AN	1		*
	BPR12	(DFI) ID Number Qualifier	ID	2	O	01 - ABATransit Routing Number Including CheckDigits when BPR04 = BOP
		Element Separator	AN	1		*
	BPR13	(DFI) Identification Number	AN	3/12	O	Bank Number
		Element Separator	AN	1		*
	BPR14	Account Number Qualifier	ID	1/3	O	Account Type

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
		Element Separator	AN	1		*
	BPR15	Account Number	AN	1/35	O	Bank Account Number
		Element Separator	AN	1		*
	BPR16	Date	DT	8	M	EFT or Check Issue Date (Format CCYYMMDD
		Segment Terminator	AN	1		~
HEADER	TRN	Reassociation Trace Number	AN	3	M	TRN – Reassociation Trace Number
		Element Separator	AN	1		*
HEADER	TRN01	Trace Type Code	ID	1/2	M	1 – Current Transaction Trace Number
		Element Separator	ID	1		*
	TRN02	Reference Identification	AN	1/30	M	Check or EFT Trace Number
		Element Separator	AN	1		*
	TRN03	Originating Company Identifier	AN	10	M	Payer Identifier. When BPR10 is used, it must be identical to TRN03
		Segment Terminator				
HEADER	DTM	Production Date	AN	3	O	DTM – Production Date
		Element Separator	AN	1		*
	DTM01	Date/Time Qualifier	ID	3	M	405 – Production
		Element Separator	AN	1		*
	DTM02	Date	DT	8	M	Production Date - Format CCYYMMDD
		Segment Terminator	AN	1		~
1000A	N1	Name	AN	2	M	N1 – Payer Identification
		Element Separator	AN	1		*
	N101	Entity Identifier Code	ID	2/3	M	PR – Payer
		Element Separator	AN	1		*
	N102	Name	AN	1/60	O	Payer Name
		Segment Terminator	AN	1		~

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
1000A	N3	Address Information	AN	2	M	N3 – Payer Address
		Element Separator	AN	1		*
	N301	Address Information	AN	1/55	M	Payer Address
		Segment Terminator	AN	1		~
1000A	N4	Geographic Location	AN	2	M	N4 – Payer City, State, ZIP Code
		Element Separator	AN	1		*
	N401	City Name	AN	2/30	M	City
		Element Separator	AN	1		*
	N402	State or Province Code	ID	2	M	State
		Element Separator	AN	1		*
	N403	Postal Code	AN	3/15	M	Zip Code
		Segment Terminator	AN	1		~
1000A	PER	Administrative Communications Contact	AN	3	O	PER – Payer Contact Information
		Element Separator	AN	1		*
	PER01	Contact Function Code	ID	2	M	CX – Contact Function Code
		Element Separator	AN	1		*
1000A	PER02	Name	AN	1/60	O	Contact Name
		Element Separator	AN	1		*
	PER03	Communication Number Qualifier	ID	2	O	TE – Telephone
		Element Separator	AN	1		*
	PER04	Communication Number	AN	1/80	O	Contact Number. Format is AAABBBCCCC.
		Segment Terminator	AN	1		~
1000B	N1	Name	AN	2	M	N1 – Payee Identification
		Element Separator	AN	1		*
	N101	Entity Identifier Code	ID	2	M	PE – Payee
		Element Separator	AN	1		*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
	N102	Name	AN	1/60	O	Provider Name
		Element Separator	AN	1		*
	N103	Identification Code Qualifier	ID	1/2	M	FI – Federal Taxpayer's Identification Number XX – Health Care Financing Administration National Provider ID
		Element Separator	AN	1		*
	N104	Identification Code	AN	2/80	M	Identification Code - NPI or Tax ID
		Segment Terminator	AN	1		~
1000B	N3	Address Information	AN	2	O	N3 – Payee Address
		Element Separator	AN	1		*
	N301	Address Information	AN	1/55	M	Address Line 1 – Street, PO
		Element Separator	AN	1		*
	N302	Address Information	AN	1/55	O	Address Line 2 - Suite
		Segment Terminator	AN	1		~
1000B	N4	Geographic Location	AN	2	O	N4 – Payee City, State, ZIP Code
		Element Separator	AN	1		*
	N401	City Name	AN	2/30	M	City
		Element Separator	AN	1		*
	N402	State or Province Code	ID	2	M	State
		Element Separator	AN	1		*
	N403	Postal Code	ID	3/15	O	Zip Code
		Segment Terminator	AN	1		~
1000B	REF	Reference Identification	AN	3	O	REF – Reference Identification
		Element Separator	AN	1		*
1000B	REF01	Reference Identification Qualifier	ID	2/3	M	TJ – SSN FEIN Qualifier, If N103 = XX, PQ – Payee Identification – Unisys
		Element Separator	AN	1		*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
	REF02	Reference Identification	AN	1/30	M	SSN FEIN (Tax ID) if REF01(1) = TJ Medicaid Provider Number if REF01(1) – 1D
		Segment Terminator	AN	1		~
2000	LX	Assigned Number	AN	2	O	LX – Header Number
		Element Separator	AN	1		*
	LX01	Assigned Number	NO	1/6	M	Sequential Number
		Segment Terminator	AN	1		~
2100	CLP	Claim Level Data	AN	3	M	CLP – Claim Level Data CLP01 is from CLM01 of the original claim (generated by provider)
		Element Separator	AN	1		*
	CLP01	Claim Submitter's Identifier	AN	1/38	M	Provider Claim ID
		Element Separator	AN	1		*
	CLP02	Claim Status Code	ID	1/2	M	1 – Paid Primary 2 – Paid Secondary 3 – Paid Tertiary 4 – Denied 22 – Reversal
		Element Separator	AN	1		*
	CLP03	Monetary Amount	R	1/18	M	Billed Amount – Billed amount for each claim
		Element Separator	AN	1		*
	CLP04	Monetary Amount	R	1/18	M	Paid Amount – The dollar amount included in the payment for the claim
		Element Separator	AN	1		*
	CLP05	Monetary Amount	R	1/18	O	CoPay Amount
		Element Separator	AN	1		*
	CLP06	Claim Filing Indicator Code	ID	1/2	M	Code Identifying the type of claim

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
		Element Separator	AN	1		*
	CLP07	Reference Identification	AN	1/30	O	Claim Internal Control Number (ICN)
		Element Separator	AN	1		*
	CLP08	Facility Code Value	AAN	1/2	O	Place of Service. Facility Service Code and Claim Frequency Type Code come from CLM05-1 and -2 of 837 Claim
		Element Separator	AN	1		*
	CLP09	Claim Frequency Type Code	ID	1	O	Claim Frequency Type Code. Facility Service Code and Claim Frequency Type Code come from CLM05-1 and -2 of 837 Claim
		Segment Terminator	AN	1		~
2100	CAS	Claims Adjustment	AN	3	O	CAS – Claim Adjustment (see note at end of CAS segment)
		Element Separator	AN	1		*
	CAS01	Claim Adjustment Group Code	ID	1/2	M	CO – Contractual Obligations CR – Correction & Reversals OA – Other Adjustments PI – Payer Initiated Reduction PR – Patient Responsibility
		Element Separator	AN	1		*
	CAS02	Claim Adjustment Reason Code	ID	1/5	M	First claim adjustment reason code
		Element Separator	AN	1		*
	CAS03	Monetary Amount	R	1/18	M	First claim adjustment amount
		Element Separator	AN	1		*
	CAS04	Element Separator	AN	1		*
	CAS05	Claim Adjustment Reason Code	ID	1/5	O	Second claim adjustment reason code

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
		Element Separator	AN	1		*
	CAS06	Monetary Amount	R	1/18	O	Second claim adjustment amount
		Element Separator	AN	1		*
	CAS07	Element Separator	AN	1		*
	CAS08	Claim Adjustment Reason Code	ID	1/5	O	Third claim adjustment reason code
		Element Separator	AN	1		*
	CAS09	Monetary Amount	R	1/18	O	Third claim adjustment amount
		Element Separator	AN	1		*
	CAS10	Element Separator	AN	1		*
	CAS11	Claim Adjustment Reason Code	ID	1/5	O	Fourth claim adjustment reason code
		Element Separator	AN	1		*
	CAS12	Monetary Amount	R	1/18	O	Fourth claim adjustment amount
		Element Separator	AN	1		*
	CAS13	Element Separator	AN	1		*
	CAS14	Claim Adjustment Reason Code	ID	1/5	O	Fifth claim adjustment reason code
		Element Separator	AN	1		*
	CAS15	Monetary Amount	R	1/18	O	Fifth claim adjustment amount
		Element Separator	AN	1		*
	CAS16	Element Separator	AN	1		*
	CAS17	Claim Adjustment Reason Code	ID	1/5	O	Sixth claim adjustment reason code
		Element Separator	AN	1		*
2100	CAS18	Monetary Amount	R	1/18	O	Sixth claim adjustment amount
		Segment Terminator	AN	1		~
Note: Additional CAS segments (up to 99 total) will be mapped if there are more than six (6) EOB codes passed.						

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
2100	NM1	Individual or Organizational Name	AN	3	M	NM1 – Patient Name
		Element Separator	AN	1		*
	NM101	Entity Identifier Code	ID	2	M	QC – Patient Name
		Element Separator	AN	1		*
	NM102	Entity Type Qualifier	ID	1	M	1 – Person
		Element Separator	AN	1		*
	NM103	Name, Last or Organization Name	AN	1/35	M	Client Last Name
		Element Separator	AN	1		*
	NM104	Name, First	AN	1/35	M	Client First Name
		Element Separator	AN	1		*
	NM105	Name, Middle	AN	1/25	O	Client Middle Name
		Element Separator	AN	1		*
	NM106	Element Separator	AN	1		*
	NM107	Name, Suffix	AN	1/10	O	Client Name Suffix
		Element Separator	AN	1		*
	NM108	Identification Code Qualifier	ID	1/2	O	MI – Member Identification Number
		Element Separator	AN	1		*
	NM109	Identification Code	AN	7/10	O	Member's Idaho Medicaid identification number
		Segment Terminator	AN	1		~
2100	NM1	Individual or Organizational Name	AN	3	O	NM1 – Service Provider Name
		Element Separator	AN	1		*
	NM101	Entity Identifier Code	ID	2/3	M	82 – Rendering Provider
		Element Separator	AN	1		*
	NM102	Entity Type Qualifier	ID	1	M	1 – Person 2 – Non-Person

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
		Element Separator	AN	1		*
	NM103	Name, Last or Organization Name	AN	1/35	O	Rendering Provider Last Name
		Element Separator	AN	1		*
	NM104	Name, First	AN	1/25	O	Rendering Provider First Name
2100		Element Separator	AN	1		*
	NM105	Element Separator	AN	1		*
	NM106	Element Separator	AN	1		*
	NM107	Element Separator	AN	1		*
	NM108	Identification code Qualifier	ID	1/2	M	XX – National Provider ID MC – Medicaid Provider Number
		Element Separator	AN	1		*
	NM109	Identification Code	AN	2/80	M	NPI or Provider ID
		Segment Terminator	AN	1		~
Note: For TPL Claims: Information for up to three (3) Insurance Companies may be transmitted in N1 segments. If the insurance company name is not available, there will be no NM1 segments for the company. If both the company name and policy holder numbers are not available, neither NM1 segment will be mapped.						
2100	NM1	Individual or Organizational Name	AN	3	O	NM1 – Corrected Priority Payer Name
		Element Separator	AN	1		*
	NM101	Entity Identifier Code	ID	2/3	M	PR – Payer
		Element Separator	AN	1		*
	NM102	Entity Type Qualifier	ID	1	M	2
		Element Separator	AN	1		*
	NM103	Corrected Priority Payer Name	AN	1/35	M	Corrected Priority Payer Name
		Element Separator	AN	1		*
	NM104	Element Separator	AN	1		*
	NM105	Element Separator	AN	1		*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
	NM106	Element Separator	AN	1		*
	NM107	Element Separator	AN	1		*
	NM108	Identification code Qualifier	ID	1/2	M	PI – Payer Identification
	NM109	Identification Code	AN	2/80	M	Payer Identification Number
		Segment Terminator	AN	1		~
2100	DTM	Date/Time Reference	AN	3	O	DTM – Claim Date
		Element Separator	AN	1		*
	DTM01	Date/Time Qualifier	ID	3	M	050 – Received 232 – "From" Date of Service 233 – "To" Date of Service
		Element Separator	AN	1		*
	DTM02	Date	DT	8/8	M	Received Date where DTM01 = 050 "From" Date of Service where DTM01 = 232 "To" Date of Service where DTM01 = 233
2100	050	Segment Terminator	AN	1		~
2100	QTY	Claim Supplemental Information	AN	3	O	QTY – Quantity – Unisys uses this segment, ID does not
		Element Separator	AN	1		*
	QTY01	Quantity Qualifier	ID	2	M	
		Element Separator	AN	1		*
	QTY02	Claim Supplemental Information Quantity	AN	1/15	M	Numeric Value of Quantity
		Segment Terminator	AN	1		~
2110	SVC	Service Information	AN	3	O	SVC – Service Payment Information

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
	SVC01-1	Product/Service ID Qualifier	ID	2	M	AD – American Dental Association Codes HC – HCFA HCPCS Codes N4 – National Drug code 5-4-2 format
		Element Separator	AN	1		*
	SVC01-2	Product/Service ID	AN	1/48	M	Product/Service Drug code
		Element Separator	AN	1		*
	SVC01-3	Procedure Modifier	AN	2	O	Modifier-1
		Element Separator	AN	1		*
	SVC01-4	Procedure Modifier	AN	2	O	Modifier-2
		Element Separator	AN	1		*
	SVC01-5	Procedure Modifier	AN	2	O	Modifier-3
		Element Separator	AN	1		*
	SVC01-6	Procedure Modifier	AN	2	M	Modifier-4
		Element Separator	AN	1		*
	SVC02	Monetary Amount	R	1/15	M	Total Charges Billed
		Element Separator	AN	1		*
	SVC03	Monetary Amount	R	1/15	M	Provider Payment Amount
		Element Separator	AN	1		*
	SVC04	Product/Service ID	AN	1/30	O	Revenue Code
		Element Separator	AN	1		*
	SVC05	Quantity	R	1/15	O	Paid Quantity
		Element Separator	AN	1		*
	SVC06	Element Separator	AN	1		*
	SVC07	Quantity	R	1/15	O	Quantity Billed - if different from SVC05
		Segment Terminator	AN	1		~
2110	DTM	Date/Time Reference	AN	3	O	DTM – Service Date

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
2110		Element Separator	AN	1		*
	DTM01	Date/Time Qualifier	ID	3	M	150 – Service Period Start 151 – Service Period End 472 – Service (for single day service)
		Element Separator	AN	1		*
	DTM02	Date	DT	8	M	Date - Format CCYYMMDD
		Segment Terminator	AN	1		~
2110	0CAS	Claims Adjustment	AN	3	O	CAS – Service Adjustment (see note #3)
		Element Separator	AN	1		*
	CAS01	Claim Adjustment Group Code	ID	1/2	M	CO – Contractual Obligations CR – Correction & Reversals OA – Other Adjustments PR – Patient Responsibility
		Element Separator	AN	1		*
	CAS02	Claim Adjustment Reason Code	ID	1/5	M	First claim adjustment reason code
		Element Separator	AN	1		*
	CAS03	Monetary Amount	R	1/18	M	First claim adjustment amount
		Element Separator	AN	1		*
	CAS04	Element Separator	AN	1		*
	CAS05	Claim Adjustment Reason Code	ID	1/5	O	Second claim adjustment reason code
		Element Separator	AN	1		*
	CAS06	Monetary Amount	R	1/18	O	Second claim adjustment amount
		Element Separator	AN	1		*
	CAS07	Element Separator	AN	1		*
	CAS08	Claim Adjustment Reason Code	ID	1/5	O	Third claim adjustment reason code

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
		Element Separator	AN	1		*
	CAS09	Monetary Amount	R	1/18	O	Third claim adjustment amount
		Element Separator	AN	1		*
	CAS10	Element Separator	AN	1		*
	CAS11	Claim Adjustment Reason Code	ID	1/5	O	Fourth claim adjustment reason code
		Element Separator	AN	1		*
	CAS12	Monetary Amount	R	1/18	O	Fourth claim adjustment amount
		Element Separator	AN	1		*
	CAS13	Element Separator	AN	1		*
	CAS14	Claim Adjustment Reason Code	ID	1/5	O	Fifth claim adjustment reason code
		Element Separator	AN	1		*
2110	CAS15	Monetary Amount	R	1/18	O	Fifth claim adjustment amount
		Element Separator	AN	1		*
	CAS16	Element Separator	AN	1		*
	CAS17	Claim Adjustment Reason Code	ID	1/5	O	Sixth claim adjustment reason code
		Element Separator	AN	1		*
	CAS18	Monetary Amount	R	1/18	O	Sixth claim adjustment amount
		Segment Terminator	AN	1		~
Note: At a minimum, the Claim Detail CAS segment will contain the Claim Adjustment Group Code (CAS01), Claim Adjustment Code 1 (CAS02), and Adjustment Amount (CAS03). No other fields will be transmitted if there is no data.						
Note: A second CAS segment for the Claim Detail will be mapped if more than six (6) detail EOB codes are passed.						
2110	REF	Reference Numbers	AN	3	O	REF – Service Identification
		Element Separator	AN	1		*
	REF01	Reference Number Qualifier	ID	2/3	M	6R – Provider Control Number BB – Authorization Number
		Element Separator	AN	1		*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
	REF02	Reference Number	AN	1/30	M	Trace Service Line
		Element Separator	AN	1		*
		Segment Terminator	AN	1		~
Note: Second REF segment for Rendering or Attending Provider Information exists, and is populated with Medicaid Provider number, only when the REF01 value in the previous REF segment is 'BB' and its corresponding REF02 value is equal to a National Provider ID, and when a Rendering or Attending Provider Number exists.						
2110	AMT	Monetary Amount	AN	3	O	AMT – Service Supplemental Amount
		Element Separator	AN	1		*
	AMT01	Amount Qualifier Code	ID	1/3	M	B6 – Allowed Actual
		Element Separator	AN	1		*
	AMT02	Monetary Amount	R	1/18	M	Amount Allowed
		Segment Terminator	AN	1		~
2110	LQ	Industry Code – Remarks	AN	2	O	LQ – Health Care Remark Code – is not used by ID
		Element Separator	AN	1		*
	LQ01	Amount Qualifier Code	ID	1/3	M	HE – Allowed Actual
		Element Separator	AN	1		*
	LQ02	Remark Code	AN	1/30	M	Remarks Code
		Segment Terminator				
Summary	PLB	Transaction Set Trailer	AN	3	O	PLB – Provider Adjustment
		Element Separator	AN	1		*
	PLB01	Reference Number	AN	1/30	M	Provider Number
Summary		Element Separator	AN	1		*
	PLB02	Date	DT	8	M	Last Day of Current Year
		Element Separator	AN	1		*
	PLB03-1	Adjustment Reason Code	ID	2	M	Reason Code 1
		Element Separator	AN	1		*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
	PLB03-2	Reference Identification	AN	1/30	O	Reference Number 1 – May be a Cash Control Number (CCN) or Internal Control Number (ICN)
		Element Separator	AN	1		*
	PLB04	Monetary Amount	R	1/18	M	Adjustment Amount 1 – This field may also be "NEGATIVE PAYMENT" due to insufficient positive cash flow
		Element Separator	AN	1		*
	PLB05-1	Adjustment Reason Code	ID	2	M	Reason Code 2
		Element Separator	AN	1		*
	PLB05-2	Reference Identification	AN	1/30	O	Reference number 2 – See Reference Number 1
		Element Separator	AN	1		*
	PLB06	Monetary Amount	R	1/18	O	Adjustment Amount 2 – See Adjustment Amount 1
		Element Separator	AN	1		*
	PLB07-1	Adjustment Reason Code	ID	2	M	Reason Code 3
		Element Separator	AN	1		*
	PLB07-2	Reference Identification	AN	1/30	O	Reference number 3 – See Reference Number 1
		Element Separator	AN	1		*
	PLB08	Monetary Amount	R	1/18	O	Adjustment Amount 3 – See Adjustment Amount 1
		Element Separator	AN	1		*
	PLB09-1	Adjustment Reason Code	ID	2	M	Reason Code 4
		Element Separator	AN	1		*
	PLB09-2	Reference Identification	AN	1/30	O	Reference number 4 – See Reference Number 1
		Element Separator	AN	1		*

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
	PLB10	Monetary Amount	R	1/18	O	Adjustment Amount 4 – See Adjustment Amount 1
		Element Separator	AN	1		*
	PLB11-1	Adjustment Reason Code	ID	2	M	Reason Code 5
		Element Separator	AN	1		*
	PLB11-2	Reference Identification	AN	1/30	O	Reference number 5 – See Reference Number 1
		Element Separator	AN	1		*
	PLB12	Monetary Amount	R	1/18	O	Adjustment Amount 5 – See Adjustment Amount 1
Summary		Element Separator	AN	1		*
	PLB13-1	Adjustment Reason Code	ID	2	M	Reason Code 6
		Element Separator	AN	1		*
	PLB13-2	Reference Identification	AN	1/30	O	Reference number 6 – See Reference Number 1
		Element Separator	AN	1		*
	PLB14	Monetary Amount	R	1/18	O	Adjustment Amount 6 – See Adjustment Amount 1
		Segment Terminator	AN	1		~
Trailer	SE	Transaction Set Trailer	AN	2	M	SE – Transaction Set Trailer
		Element Separator	AN	1		*
	SE01	Number of Included Segments	N	1/10	M	Total # of segments included in a transaction including ST and SE segments
		Element Separator	AN	1		*
	SE02	Transaction Set Control Number	AN	4/9	M	Originator Assigned Control Number Note: Sequential number assigned by the originator; SE and ST Control Numbers must be equivalent

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	Req Des.	Value
		Segment Terminator	AN	1		~
	GE	Functional Group Trailer	AN	2	M	GE
		Element Separator	AN	1		*
	GE01	Number of Transaction Sets Included	N	1/6	M	Number of ST segments
		Element Separator	AN	1		*
	GE02	Group Control Number	N	1/9	M	Sender Assigned Control Number – Note: Sequential number assigned by the originator; GE06 and GS02 must be identical.
		Segment Terminator	AN	1		~
	IEA	Interchange Control Trailer	AN	3	M	IEA
		Element Separator	AN	1		*
	IEA01	Number of Included Functional Groups	N	1/5	M	Number of GS segments
		Element Separator	AN	1		*
	IEA02	Interchange Control Number	N	9	M	Sender Assigned Control Number – Note: Sequential number assigned by the originator; ISA and IEA Control Numbers must be equivalent
		Segment Terminator	AN	1		~