



**Ohio Companion Guide
Fee For Service 835 Health Care Claim Payment/Advise**

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1.1	06/02/09	Tina Adkins	Changes made based on comments made on the Encounter Companion Guides.
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1.3	07/28/11	Ken Dason	Changes made to BPR, 1000A-PER, 1000B-N1, N3 & REF, 2100-NM1, REF, AMT & QTY and 2110-CAS based on QC 11031.

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Disclosure Statement

The information contained in this guide is meant to provide assistance to providers regarding the electronic submission of health information to the Ohio Department of Job and Family Services (ODJFS). The sole purpose of this document is to provide guidance to entities who wish to become a Trading Partner. Every effort has been made to assure the information in this guide conforms to current requirements of the law. Each Medicaid provider and Trading Partner has the ultimate responsibility to follow federal and state laws, including the [Ohio Administrative Code](#). All users of this guide are advised to review these legal requirements with their legal counsel.

Preface

The Ohio Electronic Data Interchange (EDI) Companion Guides are developed and maintained by ODJFS. They are designed to be used in conjunction with the Accredited Standards Committee (ASC) X12 Health Insurance Portability and Accountability Act of 1996 (HIPAA) Implementation Guides dated May 2000, the Addenda adopted October 2002, and other ASC X12 acknowledgement transactions. The EDI Companion Guides are compliant with both the ASC X12 syntax and the HIPAA guides.

Each EDI Companion Guide is intended to convey information that is contained within the framework of the ASC X12 Implementation Guides adopted for use under HIPAA. The EDI Companion Guides are not intended to convey information that in any way exceeds the requirements or usages of data expressed in the ASC X12 Implementation Guides.

The ASC X12 HIPAA 835 Health Care Payment/Advise Implementation Guide presents the basic requirements for planning and implementing an EDI-based system for the exchange of ASC X12 HIPAA compliant transactions with the Ohio Medicaid Information Technology System (MITS). In order to create a HIPAA compliant transaction, you must first meet the requirements of the ASC X12 HIPAA 835 Health Care Payment/Advise Implementation Guide and then incorporate the ODJFS specific requirements.

Table of Contents

INTRODUCTION.....8

GENERAL INFORMATION9

References 10

EDI Basics..... 10

Government / Associations 10

ASC X12 Standards..... 10

Ohio Department of Job and Family Services..... 10

EDI Support..... 10

ELEMENTS.....11

ISA - Interchange Control Header – Page B3 HIPAA 835 Imp Guide 11

GS – Functional Group Header – Page B8 HIPAA 835 Imp Guide 12

ST – Transaction Set Header – Page 43 HIPAA 835 Imp Guide 13

BPR – Financial Information – Page 44 HIPAA 835 Imp Guide 14

TRN – Reassociation Trace Number – Page 52 HIPAA 835 Imp Guide 16

REF – Receiver Identification – Page 57 HIPAA 835 Imp Guide 17

DTM – Production Date – Page 60 HIPAA 835 Imp Guide 18

N1 – Payer Identification – Page 62 HIPAA 835 Imp Guide 19

N3 – Payer Address – Page 64 HIPAA 835 Imp Guide 20

N4 – Payer City, State, Zip Code – Page 65 HIPAA 835 Imp Guide 21

PER – Payer Contact Information – Page 69 HIPAA 835 Imp Guide 22

N1 – Payee Address – Page 72 HIPAA 835 Imp Guide 23

N3 – Payee Address – Page 74 HIPAA 835 Imp Guide 24

REF – Payee Additional Identification – Page 77 HIPAA 835 Imp Guide 25

TS3 – Provider Summary information– Page 81 HIPAA 835 Imp Guide 26

CLP – Claim Payment Information – Page 89 HIPAA 835 Imp Guide..... 27

NM1 – Patient Name – Page HIPAA 835 Imp Guide 28

NM1 –Service Provider Name – Page HIPAA 835 Imp Guide 29

NM1 –Corrected Priority Payer Name – Page HIPAA 835 Imp Guide..... 30

REF – Other Claim Related Identification – Page HIPAA 835 Imp Guide 31

REF – Rendering Provider Identification – Page HIPAA 835 Imp Guide 32

DTM – Claim Date – Page HIPAA 835 Imp Guide..... 33

AMT – Claim Supplemental Information– Page HIPAA 835 Imp Guide 34

QTY – Claim Supplemental Information Quantity – Page HIPAA 835 Imp Guide..... 35

SVC – Service Payment Information – Page HIPAA 835 Imp Guide 36
CAS – Service Adjustment – Page HIPAA 835 Imp Guide 37
PLB – Provider Adjustment – Page HIPAA 835 Imp Guide Usage: Required 38

INTRODUCTION

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, through an authorized 3rd party (trading partner) or via a financial institution.

GENERAL INFORMATION

This EDI Companion Guide supplements the 835 Health Care Claim Payment/Advise Implementation Guide, Version 004010X091A1.

The objectives of this document are:

- To identify the specific information needed by the ODJFS in those instances where the ASC X12 HIPAA Implementation Guide indicates that the choice is dependent on the Payer.
- To point out preferred selections for data elements where multiple alternatives exist.

In the examples given in this Companion Guide, a period (“.”) denotes a blank space.

The page reference to the ASC X12 835 Health Care Claim Payment/Advise Implementation Guide (HIPAA IG) is provided at the beginning of each Element section.

Every effort has been made to prevent errors in this document. However, if discrepancies exist between the EDI Companion Guide and the ASC X12 HIPAA Implementation Guide, the Implementation Guide is the final authority.

Data Formatting

All objects including *.837, *.997 files can either be wrapped or unwrapped, which means the files must contain carriage return/line feed control characters at the end of every line or the data in the files must be streamed to be processed. The method chosen must be consistent throughout the entire file.

American National Standards Institute (ANSI) X12 Formatting

The EDI objects must strictly adhere to the structure, syntax, and semantic requirements as specified in the ASC X12 National Standard, HIPAA legislation, and as provided in the ODJFS Companion Guides.

American Standard Code for Information Exchange Formatting

ODJFS does not accept Extended Binary Coded Decimal Interchange Code (EBCDIC) files. All data transfers are expected to be in the American Standard Code for Information Exchange (ASCII) format.

For additional information, see the EDI Trading Partner Information Guide found on the ODJFS Trading Partner web site http://jfs.ohio.gov/OHP/tradingpartners/atp_lists.stm

References

In addition to the resources available on the ODJFS Trading Partner website at <http://jfs.ohio.gov/OHP/tradingpartners/info.stm>, there are other websites that contain helpful information to assist in the implementation of the electronic data interchange process. The links to these websites are listed below and are separated by category for easy reference.

EDI Basics

For information about EDI software and services, see 1EDI Source, Inc.

Government / Associations

- Center for Medicare and Medicaid Services (CMS): <http://www.cms.hhs.gov>
- Answers to Frequently Asked Questions: https://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_alp.php?p_sid=GiSFk8jj
- Health and Human Services (HHS) Office for Civil Rights (Privacy) <http://www.hhs.gov/ocr/hipaa/>
- WEDI SNIP: Workgroup for EDI, Strategic National Implementation Process: <http://www.wedi.org/snip/>
- CMS website for National Provider Identifier (NPI): <http://www.cms.hhs.gov/NationalProvIdentStand/>

ASC X12 Standards

- Washington Publishing Company - <http://www.wpc-edi.com/>
- Data Interchange Standards Association - <http://disa.org/>
- American National Standards Institute - <http://ansi.org/>
- Accredited Standards Committee – <http://www.x12.org>

Ohio Department of Job and Family Services

- ODJFS web site - <http://jfs.ohio.gov>
- Ohio Health Plans (OHP) website - <http://jfs.ohio.gov/ohp/>
- ODJFS Communication/Security Partner – <http://www.eds.com>

EDI Support

- Email: MMIS-EDI-Support@jfs.ohio.gov and Phone: (614) 387-1212

ELEMENTS

ISA - Interchange Control Header – Page B3 HIPAA 835 Imp Guide

Usage: Required

Segment Max Use within Transaction: 1

Loop Repeat: None

Loop ID: None

Example: ISA*00*.....*00*.....*ZZ*MMISODJFS.....*ZZ*7.DIGIT.ID.....*031016*1253*U*00401*000000001*0*P::~

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
ISA01	Authorization Information Qualifier	R	2/2	ID	00	
ISA03	Security Information Qualifier	R	2/2	ID	00	
ISA05	Sender Interchange ID Qualifier	R	2/2	ID	ZZ	Mutually defined. This is the only code that ODJFS recognizes for this element.
ISA06	Interchange Sender ID	R	15/15	AN	MMISODJFS	This field will contain the value MMISODJFS (Ohio Department of Job and Family Services). Since this is a fixed length field, it will be filled with spaces to meet the maximum length requirement of 15.
ISA07	Interchange Receiver ID Qualifier	R	2/2	ID	ZZ	Mutually defined. This is the only code that ODJFS recognizes for this element.
ISA08	Interchange Receiver ID	R	15/15	AN		This field will contain the 7-digit EDI Trading Partner ID assigned to the receiver of this file by the Department. Since this is a fixed length field, it will be filled with spaces to meet the maximum length requirement of 15.
ISA14	Acknowledgment Requested	R	1/1	ID	0 1	No Acknowledgment Requested Interchange Acknowledgment Requested
ISA15	Usage Indicator	R	1/1	ID	P T	Production Test

GS – Functional Group Header – Page B8 HIPAA 835 Imp Guide

Usage: Required

Segment Max Use within Transaction: 1

Loop Repeat: None

Loop ID: None

Example: GS*HP*MMISODJFS*7.DIGIT.ID*20030826*0817*1*X*004010X091A1~

Element	Name	ATTRIBUTES				Comments
		Use	Min/ Max	Data Type	Codes/ Values	
GS02	Application Sender's Code	R	2/15	AN	MMISODJFS	This fields will contain the value MMISODJFS (Ohio Department of Job and Family Services).
GS03	Application Receiver's Code	R	2/15	AN		This field will contain the 7-digit EDI Trading Partner ID assigned to the receiver of this file by the Department.

ST – Transaction Set Header – Page 43 HIPAA 835 Imp Guide

Usage: Required

Segment Max Use within Transaction: 1

Loop Repeat: None

Loop ID: None

Example: ST*835*987654~

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
ST01	Transaction Set Identifier Code	R	3/3	AN	835	The only valid value within this transaction set for ST01 is 835
ST02	Transaction Set Control Number	R	4/9	AN		The Transaction Set Control Numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. The number must be unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges.

BPR – Financial Information – Page 44 HIPAA 835 Imp Guide

Usage: Required

Segment Max Use within Transaction: 1

Loop ID: None

Example: BPR*I*150000*C*CHK*CTX*01*999999992*DA*123456*1512345678*1999999999*01*999988880*DA*98765*19960901~

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
BPR01	Transaction Handling Code	R	1/2	R	H	Notification Only – Use this code to pass information only without any reference to payment.
					I	Remittance Information Only – Use this code to indicate to the payee that the remittance detail is moving separately from the payment
BPR02	Monetary Amount	R	1/10	R		Reimbursement Amount; sum of all claims.
BPR04	Payment Method Code	R	3/3	ID	CHK	Check The Ohio Department of Job and Family Services will continue to use the existing methodology for EFT. The Ohio Department of Job and Family Services is not using the 835 transaction for electronic funds transfer therefore CHK is used.
					NON	Non-Payment Data
BPR16	Date	R	8/8	DT		Date Paid

TRN – Reassociation Trace Number – Page 52 HIPAA 835 Imp Guide

Usage: Required

Segment Max Use within Transaction: 1

Loop ID: None

Example: TRN*1*123456789*1512345678*199999999~

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
TRN02	Reference Identification	R	1/30	AN		This is a combination of 2 fields: Remittance/Advice Number + Warrant Number
TRN03	Originating Company Identifier	R	10/10	AN		Value = 1 followed by the ODJFS Tax ID Number

REF – Receiver Identification – Page 57 HIPAA 835 Imp Guide

Usage: Optional

Segment Max Use within Transaction: 1

Loop ID: None

Example: REF*EV*1235678~

Element	Name	ATTRIBUTES				Comments
		Use	Min/ Max	Data Type	Codes/ Values	
REF01	Reference Identification Qualifier	R	2/3	ID	EV	Receiver Identification Number – A unique number identifying the organization/site location designated to receive the current transmitted transaction set.
REF02	Reference Identification	R	1/30	AN		Receiver 7-digit Trading Partner ID

DTM – Production Date – Page 60 HIPAA 835 Imp Guide

Usage: Optional

Segment Max Use within Transaction: 1

Loop ID: None

Example: DTM*405*19960317~

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
DTM01	Date/Time Qualifier	R	3/3	ID	405	Production; use this code for the end date for the adjudication production cycle for claims included in this 835
DTM02	Date	R	8/8	DT		Cut-off date Used for the end date of the adjudication production cycle for the claims included in this 835

N1 – Payer Identification – Page 62 HIPAA 835 Imp Guide

Usage: Required

Segment Max Use within Transaction: 1

Loop ID: 1000A

Example: N1*PR*OHIO DEPARTMENT OF JOB AND FAMILY SERVICES*XV*88888888~

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
N101	Entity Identifier Code	R	2/3	ID	PR	Payer
N102	Name	R	1/60	AN		Ohio Department of Job and Family Services

N3 – Payer Address – Page 64 HIPAA 835 Imp Guide

Usage: Required

Segment Max Use within Transaction: 1

Loop ID: 1000A

Example: N3*30 E BROAD ST*31ST FLOOR~

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
N301	Address Information	R	1/55	AN		30 E Broad St
N302	Address Information	R	1/55	AN		31 st Floor

N4 – Payer City, State, Zip Code – Page 65 HIPAA 835 Imp Guide

Usage: Required

Segment Max Use within Transaction: 1

Loop ID: 1000A

Example: N4*COLUMBUS*OH*432153414~

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
N401	City Name	R	2/30	AN		Columbus
N402	State or Province Code	R	2/2	ID		OH
N403	Postal Code	R	3/15	ID		432153414

PER – Payer Contact Information – Page 69 HIPAA 835 Imp Guide

Usage: Situational

Segment Max Use within Transaction: 1

Loop ID: 1000A

Example: PER*CX*PROVIDER CALL SERVICE CENTER*TE*8006861516~

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
PER01	Contact Function Code	R	2/2	ID	CX	Payers Claim Office – Location responsible for paying bills related to medical care received
PER02	Name	R	1/60	AN		Provider Call Service Center
PER03	Communication Number Qualifier	R	2/2	ID	TE	Telephone
PER 04	Communication Number	R	1/80	AN		Contact telephone number: 8006861516

N1 – Payee Identification – Page 72 HIPAA 835 Imp Guide

Usage: Required

Segment Max Use within Transaction: 1

Loop ID: 1000B

Example: N1*PE*CYBILS MENTAL HOSPITAL*XX*1234567891~

NOTE: The NPI is mandated to be used on electronic transactions on and after May 23, 2008.

ODJFS will send both the Medicaid legacy Provider ID and the NPI in the 1000B N1 loop if both were received on the 837 transaction. The NPI information being sent is not necessarily the information that was disclosed to ODJFS.

For Typical providers, ODJFS will send the NPI with the XX qualifier in the N103 and the NPI in the N104. Typical Providers will receive their EIN or SSN in the REF segment of this loop.

For Atypical providers with no NPI, ODJFS will send the EIN or SSN in the N104 element.

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
N101	Entity Identifier Code	R	2/3	ID	PE	Payee
N103	Identification Code Qualifier	R	1/2	ID	FI XX	Federal Taxpayer's Identification Number Health Care Financing administration National Provider Identifier For Typical providers, ODJFS will send the XX qualifier for the NPI in the N103. For Atypical providers with no NPI, ODJFS will send the FI qualifier for the EIN or the SSN in the N103.
N104	Identification Code	R	2/80	AN		For Typical providers, ODJFS will send the NPI in the N104. Typical Providers will receive their EIN or SSN in the 1000B REF02. Atypical Providers with no NPI will receive their EIN or SSN in the N104.

N3 – Payee Address – Page 74 HIPAA 835 Imp Guide

Usage: Situational

Segment Max Use within Transaction: 1

Loop ID: 1000B

Example: N3*1000 MAIN STREET~

NOTE: This information is derived from the ODJFS MMIS Provider Master File

REF – Payee Additional Identification – Page 77 HIPAA 835 Imp Guide

Usage: Situational

Segment Max Use within Transaction: 1

Loop ID: 1000B

Example: REF*TJ*123456789~

NOTE: The NPI is mandated to be used on electronic transactions on and after May 23, 2008.

ODJFS will send both the Medicaid legacy Provider ID and the NPI in the 1000B N1 loop if both were received on the 837 transaction. The NPI information being sent is not necessarily the information that was disclosed to ODJFS.

For Typical providers, ODJFS will send the EIN or SSN in the 1000B REF segment.

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
REF01	Reference identification Qualifier	R	2/3	ID	TJ	Federal Taxpayer's Identification Number
REF02	Reference Identification	R	1/30	AN		For Typical providers, ODJFS will send the EIN or the SSN.

TS3 – Provider Summary information– Page 81 HIPAA 835 Imp Guide

Usage: Situational

Segment Max Use within Transaction: 1

Loop ID: 2000

Example: TS3*4442222333*11*19961031*10*130957.66~

NOTE: For Typical providers, ODJFS will send the NPI.**For Atypical providers with no NPI, ODJFS will send the Medicaid legacy Provider ID.**

Element	Name	ATTRIBUTES				Comments
		Use	Min/ Max	Data Type	Codes/ Values	
TS301	Reference Identification	R	1/30	AN		For Typical providers, ODJFS will send the NPI. For Atypical providers with no NPI, ODJFS will send the Medicaid legacy Provider ID.
TS302	Facility Code Value	R	1/2	AN		For Professional and Dental Claims, this is the Place of Service For Institutional Claims, this is the Type of Bill

CLP – Claim Payment Information – Page 89 HIPAA 835 Imp Guide

Usage: Required

Segment Max Use within Transaction: 1

Loop ID: 2100

Example: CLP*7722337*1*211366.97*138018.4**MB*11993240400780~

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
CLP02	Claim Status Code	R	1/2	ID	1	Processed as Primary
					2	Processed as Secondary
					3	Processed as Tertiary
					4	Denied
					22	Reversal of Previous Payment
CLP06	Claim Filing Indicator Code	R	1/2	ID	16	Health Maintenance Organization (HMO) Medicare Risk
					MA	Medicare Part A
					MB	Medicare Part B
					MC	Medicaid
CLP07	Reference Identification	R	1/30	AN		ODJFS Internal Control Number (ICN)
CLP08	Facility Code Value	S	1/2	AN		1 st 2 characters of Type of Bill (3 characters)
CLP09	Claim Frequency Type Code	S	1/1	ID		3 rd Character from the Type of Bill (3 characters)
CLP11	Diagnosis Related Group (DRG) Code	S	1/4	ID		DRG Code (only on Inpatient Institutional Claim)

NM1 – Patient Name – Page 102 HIPAA 835 Imp Guide

Usage: Required

Segment Max Use within Transaction: 1

Loop ID: 2100

Example: NM1*QC*1*DOE*JOHN*O***MI*123456789123~

NOTE: Derived from ODJFS Recipient Master File (RMF).

Element	Name	ATTRIBUTES				Comments
		Use	Min/ Max	Data Type	Codes/ Values	
NM101	Entity Identifier Code	R	2/3	ID	QC	Patient – Individual receiving medical care
NM108	Identification Code Qualifier	R	1/2	ID	MI	Member Identification Number
NM109	Identification Code	R	2/80	AN		12-digit Medicaid Recipient ID

NM1 –Service Provider Name – Page 111 HIPAA 835 Imp Guide

Usage: Situational

Segment Max Use within Transaction: 1

Loop ID: 2100

Example: NM1*82*2*****XX*1234567891~

NOTE: The NPI is mandated to be used on electronic transactions on and after May 23, 2008.**For Typical providers, ODJFS will send the NPI with the XX qualifier in the NM108 and the NPI in the NM109.****For Atypical providers with no NPI, ODJFS will send the Medicaid Provider Number with the MC qualifier in the NM108 and the Medicaid Provider Number in the NM109.**

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
NM101	Entity Identifier Code	R	2/3	ID	82	Rendering Provider
NM108	Identification Code Qualifier	R	1/2	ID	MC XX	Medicaid Provider Number - Number assigned to a health care provider for submitting claims Health Care Financing Administration National Provider Identifier
NM109	Identification Code	R	2/80	AN		For Typical providers, ODJFS will send the NPI with the XX qualifier in the NM108 and the NPI in the NM109. For Atypical providers with no NPI, ODJFS will send the Medicaid Provider Number with the MC qualifier in the NM108 and the Medicaid Provider Number in the NM109.

NM1 – Corrected Priority Payer Name – Page 116 HIPAA 835 Imp Guide

Usage: Situational

Segment Max Use within Transaction: 1

Loop ID: 2100

Example: NM1*PR*2*ACME INSURANCE*****PI*123456789~

NOTE: An Other Payer (TPL) NM101= PR is used only if the recipient has third party insurance coverage and the claim is denied because of this coverage.

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
NM101	Entity Identifier Code	R	2/3	ID	PR	Other Payer
NM108	Identification Code Qualifier	R	1/2	ID	NI	National Association of Insurance Commissioners (NAIC) Identification
					PI	Payer Identification
NM109	Identification Code	R	2/80	AN		Other Payer's Insurance Identification Number

REF – Other Claim Related Identification – Page 126 HIPAA 835 Imp Guide

Usage: Required

Segment Max Use within Transaction: 5

Loop ID: 2100

Example: REF*BB*12345678~

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
REF01	Reference Identification Qualifier	R	2/3	ID	1L	Group or Policy Number
					BB	Authorization number – Proves that permission was obtained to provide a service
					EA	Pre-certification Number - Medical Record Identification Number – A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records
					F8	Original Reference Number - Original Claim Internal Control Number (ICN). This is the original ICN of the paid claim.
					G1	Prior Authorization Number – An authorization number acquired prior to the submission of a claim.
					IG	Insurance Policy Number
REF02	Reference Identification	R	1/30	AN		

REF – Rendering Provider Identification – Page 128 HIPAA 835 Imp Guide

Usage: Situational

Segment Max Use within Transaction: 1

Loop ID: 2100

Example: REF*ID*7654321~

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
REF01	Reference Identification Qualifier	R	2/3	ID	1D	Medicaid Provider Number
REF02	Reference Identification	R	1/30	AN		

DTM – Claim Date – Page 130 HIPAA 835 Imp Guide

Usage: Optional

Segment Max Use within Transaction: 1

Loop ID: 2100

Example: DTM*232*19960317~

Element	Name	ATTRIBUTES				Comments
		Use	Min/ Max	Data Type	Codes/ Values	
DTM01	Date/Time Qualifier	R	3/3	ID	232	Claim Statement Period Start - First date of service
					233	Claim Statement Period End - Last date of service
DTM02	Date	R	8/8	DT		

AMT – Claim Supplemental Information– Page 135 HIPAA 835 Imp Guide

Usage: Situational

Segment Max Use within Transaction: 3

Loop ID: 2100

Example: AMT*AU*49~

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
AMT01	Amount Qualifier Code	R	1/3	ID	AU	Coverage Amount - The dollar amount of property coverage provided by a specific policy contract
					F5	Patient Amount Paid - Monetary amount value already paid by one receiving medical care
					I	Interest

QTY – Claim Supplemental Information Quantity – Page 137 HIPAA 835 Imp Guide

Usage: Situational

Segment Max Use within Transaction: 4

Loop ID: 2100

Example: QTY*CA*3~

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
QTY01	Quantity Qualifier	R	2/2	ID	CA	Covered – Actual. Days covered on this service.
					LA	Life-time Reserve - Actual . Medicare hospital insurance includes extra hospital days to be used if the patient has a long illness and is required to stay in the hospital over a specified number of days; this is the actual number of days in reserve
					NA	Number of Non-covered Days
					OU	Outlier Days

SVC – Service Payment Information – Page 139 HIPAA 835 Imp Guide

Usage: Optional

Segment Max Use within Transaction: 1

Loop ID: 2110

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

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
SVC03	Monetary Amount	R	1/10	R		Line Item Allowed Charge Amount
SVC04	Product/Service ID	S	1/48	AN		Used for Institutional Claims only
SVC07	Quantity	R	1/15	R		Line item submitted units of service (only on medical claims) Required when the paid units of service provided in SVC05 is different from the submitted units of service from the original claim. Not used when the submitted units is the same value in SVC05.

CAS – Service Adjustment – Page 148 HIPAA 835 Imp Guide

Usage: Situational

Segment Max Use within Transaction: 99

Loop ID: 2110

Example: CAS*CO*A2*20~

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
CAS03	Monetary Amount	R	1/10	R		Adjustment Amount Difference between the amount of the service line submitted amount and the service line allowed amount.

PLB – Provider Adjustment – Page 164 HIPAA 835 Imp Guide Usage: Required

Segment Max Use within Transaction: 1

Loop ID:

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

NOTE: This segment is always created. If there is no recoupment or cost settlement adjustment amount for this provider, the Provider Recoupment Amount (PLB04) is zero.

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
PLB01	Reference Identification	R	1/30	AN		For Typical providers, ODJFS will send the NPI. For Atypical providers with no NPI, ODJFS will send the Medicaid legacy Provider ID.
PLB02	Date	R	8/8	DT		December 31 of the current year
PLB03-2	Reference Identification	R	1/30	AN		Combination of 2 fields; Remittance/Advice Number + Warrant Number
PLB04	Monetary Amount	R	1/10			Provider Recoupment Amount