



**ACS EDI GATEWAY, INC.**

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***ANSI ASC X12N (Version 4010A)  
835 Remittance Advice (Pharmacy)  
District of Columbia  
Medical Assistance Administration  
Companion Guide***

**February 11, 2005**

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## ***Companion Guide Documentation Change Control***

Documentation change control is maintained in this document through the use of the Change Control Table shown below. All changes made to this companion guide after the creation date are noted along with the author, date, and reason for the change.

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## **Disclaimer**

### ***Purpose of the ANSI ASC X12 835 Remittance Advice Transaction Companion Guide***

*This companion guide for the ANSI ASC X12N 835 transaction has been created for use in conjunction with the standard Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to Medicaid processing for the District of Columbia. The guide also includes useful information about sending and receiving data to and from ACS EDI Gateway, Inc.*



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# AT A GLANCE

## **Chapter 1, Introduction**

Chapter 1 includes a brief overview of ACS EDI Gateway, Inc. and the services it provides.

## **Chapter 2, The ACS EDI Support Unit**

Chapter 2 discusses the ACS EDI Support Unit functions.

## **Chapter 3, Transmission Methods**

Chapter 3 discusses data delivery transmission methods.

## **Chapter 4, Transaction Description - V4010.A1**

Chapter 4 contains a description of the transaction usage as well as a data clarification chart indicating the specific ANSI ASC X12N 835 data and values used by the DC MMIS.



## CHAPTER 1 INTRODUCTION

ACS EDI Gateway, Inc., a leader in healthcare technology, provides EDI gateway services to providers enrolled in contracted healthcare plans. This guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with ACS EDI Gateway, Inc. and supplies specific data clarifications where applicable.

The ACS State Healthcare Clearinghouse (SHCH) provides connectivity for the flow of medical information and data between medical providers, software vendors, switch vendors, third party intermediaries and other clearinghouses to the payer. Beyond the receipt and delivery of this data, ACS SHCH provides translation to and from ANSI ASC X12N standard formats. Our electronic transactions acquisition services provide an array of tools that allow you to receive remittance notification from healthcare plans on a regular basis.

Healthcare plans that participate with ACS EDI Gateway are referred to as payers. Transactions are accepted electronically into our data center in Tallahassee, Florida and are processed through the ACS State Healthcare Clearinghouse (SHCH). As an EDI gateway service, we provide connectivity to various healthcare plans and states where ACS EDI Gateway is the contracted clearinghouse.

The ANSI ASC X12N 835 Remittance Advice (Pharmacy) transaction is available on the ACS EDI Internet Data Exchange. <http://washingtondcmedicaid.acs-inc.com/>

### AUDIENCE

This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guide. The ANSI ASC X12N Implementation Guides can be accessed at [http://www.wpc-edi.com/Insurance\\_40.asp](http://www.wpc-edi.com/Insurance_40.asp).



## CHAPTER 2 THE ACS EDI SUPPORT UNIT

The ACS EDI Support Unit assists users with questions about electronic transactions. The ACS EDI Support Unit is available to all D.C. Medicaid clients and providers Monday through Friday from 8:00 a.m. to 5:00 p.m. EST at **1-866-775-8563**. The ACS EDI Support Unit:

- Provides information on available services
- Enrolls users for claims submission and data retrieval
- Verifies receipt of electronic transmissions
- Provides technical assistance to users who are experiencing transmission difficulties

### ENROLLMENT INFORMATION

Any entity sending or receiving electronic transactions through ACS EDI Gateway must complete an EDI enrollment package. You may obtain an enrollment package by contacting the ACS EDI Support Unit at **1-866-775-8563** or by downloading it from our website at [www.acs-gcro.com](http://www.acs-gcro.com)



## CHAPTER 3 TRANSMISSION METHODS

### DATA DELIVERY

This section describes the available data delivery modes from ACS EDI Gateway.

#### The EDI Internet Data Exchange (iDEX)

The Internet Data Exchange System (iDEX) allows all Trading Partners to retrieve data via the Internet 24 hrs a day, seven days a week. Each individual provider has the option of retrieving the transaction responses and reports themselves and/or of allowing Billing Agents and Clearinghouses the option of retrieval on their behalf.

Please contact the ACS EDI Support Unit at **1-866-775-8563** to receive a manual outlining specifications for this procedure. The Trading Partner will access the iDEX system using the logon and password assigned to them during the EDI enrollment process.

The ANSI ASC X12N 835 Claims Payment Advice Transaction is available on the ACS EDI Internet Data Exchange (iDEX) at: <http://washingtondcmedicaid.acs-inc.com/>

### ADDITIONAL TRANSMISSION METHODS

Providers/submitters will have an option to select appropriate transmission method(s) for receiving their ANSI ASC X12N 835 transactions from ACS EDI Gateway such as NDM and TCP/IP.

#### **Important Note:**

**Please note that some options for data receipt and delivery may involve connectivity issues and have additional cost factors that will need to be resolved prior to implementation. The mode avenues shown below are best implemented for large submitter transaction volumes (switch vendors and intermediaries). The technology will incur additional expense for the requesting provider community.**

Please contact the ACS EDI Support Unit for more information. The ACS EDI Support Unit is available to all D.C. Medicaid clients and providers Monday through Friday from 8:00 a.m. to 5:00 p.m. EST at 1-866-775-8563.



## Network Data Mover (NDM)

**There is an expense associated with using this method of delivery that will be the responsibility of the receiver.**

Network Data Mover (NDM) is a software product that transports data across a network. Trading partners wishing to utilize NDM must have a copy of the software and a mainframe with which to submit and receive their transactions. NDM is appropriate for submitters of very large transaction files, as it eliminates some of the transmission problems inherent in sending large files via asynchronous dial-up. This method of transmission is primarily utilized by intermediaries. There are monthly connectivity and maintenance fees associated with this method of transmission. These fees are the responsibility of the external Trading Partner.

In order to become an NDM submitter, technical specifications must be exchanged between the two trading partners. Please contact The ACS EDI Support Unit for more information about NDM data delivery. The ACS EDI Support Unit is available to all D.C. Medicaid clients and providers Monday through Friday from 8:00 a.m. to 5:00 p.m. EST at **1-866-775-8563**.

## TCP/IP

**There is an expense associated with using this method of delivery that will be the responsibility of the receiver.**

TCP/IP (Transmission Control Protocol/Internet Protocol) is a communication language or protocol of the Internet. TCP/IP can also be used as a communications protocol in a private network. TCP/IP is a two-layer program and uses the client/server model of communication. In this model, a computer user (a client) requests and is provided a service by another computer (a server) in the network. The Transmission Control Protocol, manages the assembling of a message or file into smaller packets that are transmitted over the Internet and received by a TCP layer that reassembles the packets into the original message. The Internet Protocol sends each packet address to the correct destination. Each gateway computer on the network checks this address and forwards the message. When some packets from the same message are routed differently than others, they are reassembled at the destination.

In order to send or receive data via TCP/IP, technical specifications must be exchanged between the two trading Partners. Specific software/hardware requirements vary depending on the individual system requirements of the external Trading Partner.

Please contact The ACS EDI Support Unit for more information about TCP/IP data transmissions. The ACS EDI Support Unit is available to all D.C. Medicaid clients and providers Monday through Friday from 8:00 a.m. to 5:00 p.m. EST at **1-866-775-8563**.



## CHAPTER 4 TRANSACTION DESCRIPTION - V4010.A1

Providers may request an ANSI ASC X12N 835 Remittance Advice in addition to or instead of a paper remittance advice. Note that the paper version of the remittance advice may contain additional information not available in the electronic version.

Use of the ANSI ASC X12N 835 Remittance Advice replaces the existing electronic RA file.

### **NCPDP 5.1 for Pharmacy Claims Submission**

All pharmacy claims are submitted to First Health Services Corporation in the NCPDP 5.1 format for adjudication.

### **Pharmacy Claims Processing**

First Health provides a file of adjudicated pharmacy claims each week to the DC MMIS. The DC MMIS processes the pharmacy claims for payment each week and produces the paper remittance advices. Twice a month, the Office of Finance and Treasury (OFT) issues payments, either by check or through electronic transfer of funds. After OFT returns payment information to the MMIS, the ANSI ASC X12N 835 Remittance Advice transactions are produced.

### **Payment Reassociation**

The Reassociation Key Segment (TRN) on the 835 transaction is used to reassociate the payment with the remittance details since the payments and remittances are sent separately to the provider. Two key pieces of information facilitate reassociation - the trace number in TRN02 and MAA's federal taxpayer ID in TRN03. Together, these data elements form a unique number that identifies the transaction.

In the case of a payment received by check, the printed check number is the trace number in TRN02.

When payment is made by ACH, the Electronic Funds Transfer (EFT) trace number assigned by OFT is the trace number in TRN02. OFT uses the CCD+ ACH format to initiate the payment. The entire Reassociation Key Segment (TRN) is contained in its entirety in the ACH Addenda record. Providers receiving payments by ACH should contact their financial institution to determine how to obtain the ACH Addenda record that accompanies the payment.

### **Payment Consolidation**

OFT consolidates payments for some corporate providers into a single check or EFT. The DC MMIS produces a separate paper Remittance Advice and a separate ANSI ASC X12N 835 Remittance Advice transaction for each of the providers receiving payment. The Reassociation



Key Segment (TRN) on each of these 835 transactions will contain the same trace number. In this situation, a single payment will be reassocated with multiple 835 transactions.

An ANSI ASC X12N 835 Remittance Advice is delivered to the EDI Internet Data Delivery (iDEx) system for providers requesting an electronic remittance advice. Providers/submitters will have the option, during the enrollment process, to select appropriate transmission method(s) for receiving 835 transactions instead of using iDEx (e.g., TCP/IP and NDM) from ACS EDI Gateway.

Printed Remittance Advices (RAs) will continue to be produced with the same level of detail currently provided and on the current schedule. Between one to two weeks after the printed RA's are produced, the 835 transaction will be made available.

The ANSI ASC X12N 835 contains information related to payees, payers, dollar amounts and payments. Please see the standard ANSI ASC X12N 835 Implementation Guide for more details about the ANSI ASC X12N 835 transaction.

## DATA CLARIFICATIONS

The following table contains data clarifications for the ANSI ASC X12N 835 Pharmacy Remittance Advice transaction. Please note that not every field is listed. Only the fields requiring specific data clarifications or containing hard coded values are shown.

*\*Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N Implementation Guide for this transaction. Please refer to the Implementation Guide for any questions concerning standard data requirements for this transaction.*

*Page	Loop	Segment	Data Element	Comments
<b>Interchange Control Header - ISA</b>				
Envelope	Header	ISA	01	Authorization Information Qualifier This field will be populated with '00'.
Envelope	Header	ISA	02	Authorization Information This will contain 10 spaces.
Envelope	Header	ISA	03	Security Information Qualifier This field will be populated with '00'.
Envelope	Header	ISA	04	Security Information This will contain 10 spaces.



*Page	Loop	Segment	Data Element	Comments
Envelope	Header	ISA	05	Unique Sender Qualifier This field will be populated with '30' for Federal Tax ID.
Envelope	Header	ISA	06	Interchange Sender ID This will contain Sender's Tax ID.
Envelope	Header	ISA	07	Unique Receiver Qualifier This field will be populated with '30' for Federal Tax ID.
Envelope	Header	ISA	08	Interchange Receiver ID. This will contain Receiver's Tax ID.
Envelope	Header	ISA	09	Interchange Date Creation date.
Envelope	Header	ISA	10	Interchange Time Creation time.
Envelope	Header	ISA	11	Interchange Control Standards Identifier This field will be populated with 'U'.
Envelope	Header	ISA	12	Interchange Control Version Number This field will be populated with '00401'.
Envelope	Header	ISA	13	Interchange Control Number Unique number assigned by sender.
Envelope	Header	ISA	14	Acknowledgement Requested This field will be populated with '0'.
Envelope	Header	ISA	15	Usage Indicator. This field will be populated with 'T' when sending a test file or 'P' when sending a production file.
Envelope	Header	ISA	16	Component Element Separator This field will be populated with 'X'1A'.



*Page	Loop	Segment	Data Element	Comments
<b>Functional Group Header - GS</b>				
Envelope	Header	GS	01	Functional Identifier Code This will contain 'HP'.
Envelope	Header	GS	02	Unique Sender ID This will contain Sender's Tax ID.
Envelope	Header	GS	03	Unique Receiver ID. This will contain Receiver's Tax ID.
Envelope	Header	GS	04	Creation Date
Envelope	Header	GS	05	Creation Time
Envelope	Header	GS	06	Group Control Number A unique number assigned by the sender.
Envelope	Header	GS	07	Responsibility Agency Code This will contain 'X'.
Envelope	Header	GS	08	Version/Release/Industry Identifier Code This field will be populated with '004010X091A1'.
<b>Beginning of 835 Transaction Set</b>				
<b>Transaction Set Header – ST</b>				
43	Header	ST	01	Transaction Set Identifier Code This field will be populated with '835'. Use of the ANSI ASC X12 835 transaction to accomplish electronic remittance advice replaces the existing electronic RA file. Providers may still request a paper RA.
43	Header	ST	02	Transaction Set Control Number This is a unique identifier for this transaction; it is repeated on the transaction Trailer/ST02.



*Page	Loop	Segment	Data Element	Comments
<b>Financial Information – BPR</b>				
<b>Header</b>				
44	Header	BPR	01	Transaction Handling Code  When a payment is due (BPR02 is greater than zero), this field will be populated with 'I' for Remittance Information Only. When no payment is due (BPR02 is zero) this field will be populated with 'H' for Notification Only
44	Header	BPR	02	Total Provider Payment Amount
44	Header	BPR	03	Credit/Debit Flag Code  This field will be populated with 'C' for Credit.
44	Header	BPR	04	Payment Method Code  If BPR01 is 'I', this field will be populated with 'ACH' (electronic funds transfer) or 'CHK' (check) as directed by the provider to ACS Provider Relations. If BPR01 is 'H', this field will be populated with 'NON'.
47	Header	BPR	05	Payment Format Code  If payment method is 'ACH', this field will be populated with 'CCP' for remittance separate from dollars.
48	Header	BPR	06	DFI ID Number Qualifier  If payment method is 'ACH', this field will be populated with '01' for ABA Transit Routing Number.
48	Header	BPR	07	DFI Identification Number  If payment method is 'ACH', this field will be populated with MAA's Bank Transit Routing Number.
48	Header	BPR	08	Account Number Qualifier  If payment method is 'ACH', this field will be populated with 'DA' for Demand Deposit.



*Page	Loop	Segment	Data Element	Comments
49	Header	BPR	09	Sender Bank Account Number Populated if payment method is 'ACH'.
49	Header	BPR	10	Originating Company Identifier This is MAA's Federal Tax ID preceded by a '1'.
49	Header	BPR	12	DFI ID Number Qualifier If payment method is 'ACH', this field will be populated with '01' for ABA Transit Routing Number.
50	Header	BPR	13	DFI Identification Number If payment method is 'ACH', this field will be populated with the provider's Bank Transit Routing Number. This information is provided by the Office of Finance and Treasury.
50	Header	BPR	14	Account Number Qualifier If payment method is 'ACH', this field will be populated with 'DA' for Demand Deposit.
51	Header	BPR	15	Receiver Bank Account Number If payment method is 'ACH', this field will be populated with the provider's bank account number. This information is provided by the Office of Finance and Treasury.
51	Header	BPR	16	Check Issue Date or EFT Effective Date (CCYYMMDD format) This information is provided by the Office of Finance and Treasury.



*Page	Loop	Segment	Data Element	Comments
<b>Reassociation Trace Number – TRN</b>				
<b>Header</b>				
52	Header	TRN	01	Trace Type Code This field will be populated with '1' for Current Transaction Trace Numbers.
53	Header	TRN	02	Check or EFT Trace Number If BPR02 is greater than zero, this field will be populated with the number of the check issued by the Office of Finance and Treasury or with the EFT Trace Number associated with this transfer of funds. This information is provided by the Office of Finance and Treasury. If BPR02 equals zero, this field will contain the MMIS Remittance Advice Number.
53	Header	TRN	03	Originating Company Identifier This is MAA's Federal Tax ID preceded by a '1'.
<b>Production Date – DTM</b>				
<b>Header</b>				
60	Header	DTM	01	Date/Time Qualifier This field will be populated with '405' for Production Completion Date.
61	Header	DTM	02	Production Date This field will contain the DC MMIS payment date.



*Page	Loop	Segment	Data Element	Comments
<b>Payer Identification – N1</b>				
<b>Loop 1000A</b>				
62	1000A	N1	01	Entity Identifier Code This field will be populated with 'PR' for Payer.
63	1000A	N1	02	Payer Name This field will always be populated with 'DC Medicaid'.
<b>Payer Address – N3</b>				
<b>Loop 1000A</b>				
64	1000A	N3	01	Payer Address Information This field will always be populated with '825 North Capitol Street, N.E.'.
64	1000A	N3	02	Payer Address Information This field will always be populated with 'Suite 5202'.
<b>Payer City, State, ZIP Code – N4</b>				
<b>Loop 1000A</b>				
65	1000A	N4	01	Payer City Name This field will always be populated with 'Washington'.
65	1000A	N4	02	Payer State Code This field will always be populated with 'DC'.
65	1000A	N4	03	Payer Postal Zone or Zip Code This field will always be populated with '20002'.



*Page	Loop	Segment	Data Element	Comments
<b>Payee Identification – N1</b>				
<b>Loop 1000B</b>				
72	1000B	N1	01	Entity Identifier Code This field will always be populated with ' <b>PE</b> ' for Payee.
73	1000B	N1	02	Payee Name This field will be populated with the provider's name.
73	1000B	N1	03	Identification Code Qualifier This field will always be populated with ' <b>FI</b> ' for Federal Tax ID Number.
73	1000B	N1	04	Payee Identification Code This is the provider's federal taxpayer ID.
<b>Payee Address – N3</b>				
<b>Loop 1000B</b>				
74	1000B	N3	01	Payee Address Line This is the provider's remittance address line 1.
74	1000B	N3	02	Payee Address Line This is the provider's remittance address line 2.



*Page	Loop	Segment	Data Element	Comments
<b>Payee City, State, ZIP Code – N4</b>				
<b>Loop 1000B</b>				
75	1000B	N4	01	Payee City Name This is the city name for the provider's remittance address.
75	1000B	N4	02	Payee State Code This is the state for the provider's remittance address.
75	1000B	N4	03	Payee Zip Code This is the zip code for the provider's remittance address.
<b>Payee Additional Identification – REF</b>				
<b>Loop 1000B</b>				
77	1000B	REF	01	Reference Identification Qualifier This field will always be populated with '1D' for Medicaid Provider Number.
77	1000B	REF	02	Additional Payee Identifier This is the pay-to provider's Medicaid ID number.
<b>Header Number – LX</b>				
79	2000	LX	01	Assigned Number This field will always be populated with '1'.



*Page	Loop	Segment	Data Element	Comments
<b>Claim Payment Information – CLP</b>				
<b>Loop 2100</b>				
89	2100	CLP	01	Claim Submitter's Identifier This field will be populated with the Prescription Number.
90	2100	CLP	02	Claim Status Code This will contain any of the valid HIPAA values.
91	2100	CLP	03	Total Claim Charge Amount Total Submitted charges for the claim.
91	2100	CLP	04	Claim Payment Amount Amount Paid for this claim.
91	2100	CLP	05	Patient Responsibility Amount Amount paid by the patient.
92	2100	CLP	06	Claim Filing Indicator Code This field will be populated with 'MC' for Medicaid.
93	2100	CLP	07	Payer's Internal Control Number
<b>Service Adjustment – CAS</b>				
<b>Loop 2100</b>				
97	2100	CAS	01	Claim Adjustment Group Code Any of the HIPAA recommended codes.
97	2100	CAS	02**	Claim Adjustment Reason Code Any of the HIPAA recommended codes.
97	2100	CAS	03**	Adjustment Amount
98	2100	CAS	04**	Quantity Units of service being adjusted.



*Page	Loop	Segment	Data Element	Comments
<b>** NOTE</b>				
<p>A single CAS segment may contain up to six repetitions of the “adjustment trio” composed of adjustment reason code, adjustment amount, and adjustment quantity. These six adjustment trios are used to report up to six adjustments related to a particular Claim Adjustment Group Code (CAS01).</p> <p>The first adjustment is reported in the first adjustment trio (CAS02-04). The second adjustment is reported in the first adjustment trio (CAS02-04). The second adjustment is reported in the second adjustment trio (CAS05-CAS07), and so on through the sixth adjustment trio (CAS17-CAS19).</p>				
<b>Patient Name – NM1</b>				
<b>Loop 2100</b>				
102	2100	NM1	01	Entity Identifier Code This will contain ‘ <b>QC</b> ’ for Patient.
103	2100	NM1	02	Entity Type Qualifier This will contain ‘ <b>1</b> ’ for person.
103	2100	NM1	03	Patient Last Name
103	2100	NM1	04	Patient First Name
103	2100	NM1	05	Patient Middle Initial
103	2100	NM1	08	Identification Code Qualifier This will contain ‘ <b>MR</b> ’ for Medicaid Recipient ID.
103	2100	NM1	09	Identification Code Medicaid Recipient ID number.



*Page	Loop	Segment	Data Element	Comments
<b>Service Provider Name – NM1</b>				
<b>Loop 2110</b>				
112	2110	NM1	01	Entity Identifier Code This will contain ' <b>82</b> ' for Rendering Provider.
112	2110	NM1	02	Entity Type Qualifier This field will be populated with ' <b>1</b> ' for Person or ' <b>2</b> ' for Non-Person Entity.
112	2110	NM1	03	Last Name or Organization Name Rendering Provider Name
112	2110	NM1	08	Identification Code Qualifier ' <b>MC</b> ' for Medicaid Provider Number.
113	2110	NM1	09	Identification Code Medicaid Provider ID number.
<b>Service Payment Information – SVC (Only one occurrence per CLP)</b>				
<b>Loop 2110</b>				
140	2110	SVC	01-1	Product/Service ID Qualifier This field will be populated with ' <b>N4</b> ' for NDC.
141	2110	SVC	01-2	Product/Service ID NDC (without dashes)
142	2110	SVC	02	Line Item Charge Amount Gross Amount Due
142	2110	SVC	03	Line Item Payment Amount Total Amount Paid
142	2110	SVC	05	Paid Units of Service Quantity Dispensed



*Page	Loop	Segment	Data Element	Comments
143	2110	SVC	07	Original submitted units of service This field is populated only if different from SVC05.
<b>Service Date – DTM</b>				
<b>Loop 2110</b>				
147	2110	DTM	01	Date/Time Qualifier This field will contain '472' for Service.
147	2110	DTM	02	Service Date Prescription Fill Date.
<b>Service Adjustment – CAS</b>				
<b>Loop 2110</b>				
97	2110	CAS	01	Claim Adjustment Group Code Any of the HIPAA recommended codes.
97	2110	CAS	02**	Claim Adjustment Reason Code Any of the HIPAA recommended codes. For denied claims, refer to the LQ segment, which contains the NCPDP Reject Error code, for more information.
97	2110	CAS	03**	Adjustment Amount
98	2110	CAS	04**	Quantity Units of service being adjusted.
<p><b>** NOTE</b></p> <p>A single CAS segment may contain up to six repetitions of the “adjustment trio” composed of adjustment reason code, adjustment amount, and adjustment quantity. These six adjustment trios are used to report up to six adjustments related to a particular Claim Adjustment Group Code (CAS01).</p> <p>The first adjustment is reported in the first adjustment trio (CAS02-04). The second adjustment is reported in the second adjustment trio (CAS05-CAS07), and so on through the sixth adjustment trio (CAS17-CAS19).</p>				



*Page	Loop	Segment	Data Element	Comments
<b>Health Care Remark Codes – LQ</b>				
<b>Loop 2110</b>				
130	2110	LQ	02	Code List Qualifier Code This field will be populated with 'RX' for NCPDP Reject Code if the claim is denied.
130	2110	LQ	02	Industry Code NCPDP Reject Code. See the NCPDP Data Dictionary for values.
<b>Summary Provider Adjustment – PLB</b>				
<b>Summary</b>				
164	Summary	PLB	01	Reference Identification This field will contain the Provider's Medicaid ID Number.
170	Summary	PLB	02	Fiscal Period End Date Last day of the provider's fiscal year. The default value is December 31 of the current year.
170	Summary	PLB	03-1**	Adjustment Reason Code Any of the HIPAA recommended codes
170	Summary	PLB	03-2**	Reference Identification Payer's internally assigned reference identifier.
170	Summary	PLB	04**	Adjustment Amount
<p><b>**Note:</b></p> <p>A single PLB segment may contain up to six repetitions of the "adjustment group" composed of Adjustment Reason Code, Reference Identification, and Adjustment Amount. These six adjustment trios are used to report up to six adjustments related to the provider's account rather than to a specific claim.</p> <p>The first adjustment is reported in the first adjustment trio (PLB03-PLB04). The second adjustment is reported in the second adjustment trio (PLB05-PLB06), and so on through the sixth adjustment trio (PLB13-PLB14).</p>				



*Page	Loop	Segment	Data Element	Comments
<b>Transaction Set – SE</b>				
<b>Trailer</b>				
173	Trailer	SE	01	Number of Included Segments
173	Trailer	SE	02	Transaction Set Control Number This is the same identifier as the Header's ST02.