



AS EDI GATEWAY, INC.

*ANSI ASC X12N (Version 4010A1)
835 Health Care Claim
Payment/Advice*

*Washington State Medical Assistance Administration
Companion Guide*

February 22, 2005

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Disclaimer

Purpose of the ANSI ASC X12N 835 Health Care Claim Payment/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 Washington State Medical Assistance Association (MAA). The guide also includes useful information about sending and receiving data to and from ACS EDI Gateway, Inc.

Submitters are encouraged to check the Washington GCRO website periodically for updates to the companion guides at:

http://www.acs-gcro.com/Medicaid_Accounts

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.

| Change Control Table | | | | |
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| Author of Change | Page | Change | Reason | Date |
| L. Trimble | All | Version 1.0 Draft | Creation of document | February 2004 |
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AT A GLANCE

Chapter 1, Introduction

Chapter 1 includes a brief overview of ACS EDI Gateway services.

Chapter 2, Transmission Methods

Chapter 2 discusses data delivery transmission methods.

Chapter 3, Testing

Chapter 3 discusses transaction testing procedures.

Chapter 4, Payer Specific Data

Chapter 4 includes information on Enrollment and ACS EDI Support Unit contact information.

Chapter 5, Transaction Description - V4010.A1

Chapter 5 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 Washington State Medical Assistance Administration MMIS.



CHAPTER 1 INTRODUCTION

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. These standards are being adopted to improve the efficiency and effectiveness of the nation's health care system by encouraging the widespread use of electronic data interchange in health care.

The Washington Medical Assistance Administration is striving to assist their Medicaid providers in achieving this transition. Washington State Medical Assistance Administration chose ACS EDI Gateway, Inc. as a partner in this process. ACS EDI Gateway supplies EDI services to Washington State MAA Medicaid clients and providers. Washington State MAA Medicaid clients and providers will have access to a variety of EDI services delivering an array of tools that allow you to:

- Easily submit all of your transactions to one source
- Submit transactions twenty-four hours a day, seven days a week
- Receive confirmation of receipt of each file transferred

Healthcare plans that participate with ACS EDI Gateway, Inc. 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) engine. The ACS SHCH provides connectivity for the flow of electronic health care transactions between medical providers, billing services, vendors, other clearinghouses and the Washington State MAA MMIS (WA MMIS) system. Additionally, ACS SHCH provides translation to and from ANSI ASC X12N standard formats.

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.



CHAPTER 2 TRANSMISSION METHODS

DATA SUBMISSION AND RETRIEVAL

This section describes the available transmission modes from ACS EDI Gateway.

Asynchronous Dial-Up

ACS EDI Gateway provides an interactive, menu-driven Host Data Exchange System (HDE) that allows you to upload your transaction files and receive immediate confirmation of the status of your transfer. This Host Data Exchange System can be accessed using a standard modem and supports modem speeds of up to 56,000 bps. Transaction transmission is available twenty-four hours a day, seven days a week. This availability is subject to scheduled and unscheduled host downtime. It is operational policy to schedule preventative maintenance periods on weekends whenever possible.

Hardware Requirements

Hayes-compatible 2400-56K BPS asynchronous modem.

Software Requirements

PKZIP or WINZIP
XMODEM, YMODEM, ZMODEM, or Kermit

Communication Protocols

ACS currently supports the following communication options:

XMODEM, YMODEM, ZMODEM, and Kermit

Teleprocessing Requirements

The general specifications for communication with ACS are:

Telecommunications

Hayes-compatible 2400-56K BPS asynchronous modem.

File Format

ASCII text data.

Compression Techniques

PKZIP will compress one or more files into a single ZIP archive.

WINZIP will compress one or more files into a single ZIP archive.

ACS accepts transmission with any of the above compression techniques, as well as non-compression files.



| | |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Data Format | 8 data bit, 1stop bit, no parity, full duplex. |
| Transmission Protocol | ZMODEM uses 128 byte to 1024 byte variable packets and a 16-bit or 32-bit Cyclical Redundancy Check (CRC). XMODEM uses 128 byte blocks and a 16-bit CRC. YMODEM uses 1024 byte blocks and a 16-bit CRC. KERMIT can be accepted if X, Y, or ZMODEM capabilities are not available with your communication software. |
| Teleprocessing Settings | |
| ASCII Sending | Send line ends with line feeds (should not be set). Echo typed characters locally (should not be set). Line delay 0 milliseconds. Character delay 0 milliseconds. |
| ASCII Receiving | Append line feeds to incoming line ends should not be checked. Wrap lines that exceed terminal width. |
| Terminal Emulation | VT100 or Auto. |



Transmission Procedures

```
LAPM/V42BIS

Welcome to ASAP HOST Communication System!

Please Enter your User name =>77045

Checking user file.

Please Enter your password =>770451111
```

SUBMITTER

1. *Dials ACS Host*
2. *Enter Logon Name <CR>*
3. *Enter Password <CR>*

HOST SYSTEM

Answers call, negotiates a common baud rate, and sends to the trading partner:

"Please enter your User Name=>"

Receives User Name (Logon Name) and sends to the trading partner:

"Please enter your password=>"

Receives Logon and verifies if trading partner is an authorized user.

Sends HOST selection menu followed by a user prompt:



```
ASAP Host Communications System -  
  
[Select Desired ASAP Function]  
  
1. Electronic Submission  
2. View Submitter Profile  
3. Select File Transfer Protocol  
5. File Areas  
9. Exit & Disconnect  
  
Please Enter Your Selection=>
```

4. Enter "5" to view file <CR>

"Please Select from the Menu Options Below=>"

#5. Files Area: Retrieves the files.



```
File Area Selection
File Area Description
-----
#1 077045 >NAME OF FILE<
#2 077045 >NAME OF FILE<
[ F ]ile Area  [ L ]ist  [ M ]ain Menu  [ G ]oodbye
Enter                                             Selection=>F
```

5. *Enters Desired Selection <CR>*

- #F. **File Area:** Retrieves the File.
- #L. **List:** Lists the Files to Retrieve.
- #M. **Main Menu:** Returns to the Main Menu.
- #G. **Goodbye:** Terminates connection.



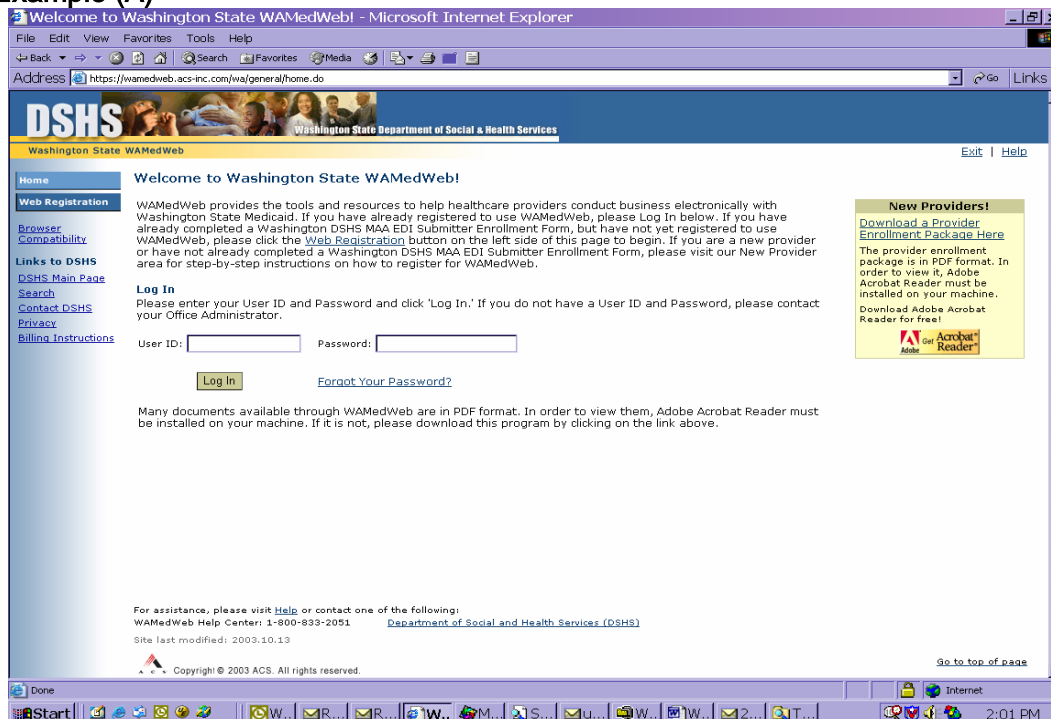
Web Portal

The web portal method allows a trading partner to initiate the submission of a batch file for processing or to retrieve files. The trading partner must be an authenticated portal user who is a provider. Only active Washington State Medicaid clients and providers are authorized to access files via the web. The provider accesses the web portal via a web browser and is prompted for login and password assigned to them during the EDI Enrollment process. The provider may select files from their PC or work environment using the Browse function in conjunction with the Add and Remove functions. To transmit the selected files for processing, the trading partner must click the Submit link. All files submitted must meet the ANSI ASC X12N 270 standard.

Site Access

The web address to access data from ACS EDI Gateway is <http://wamedweb.acs-inc.com>. Web browsers must be able to support 128-bit encryption to enter the Data Exchange area of the site. We recommend using Internet Explorer 5.5 or above for best results. Upon reaching the site, enter a valid User ID and Password (issued by ACS EDI Gateway). Click on the Login button to request access to the secure Data Exchange area.

Example (A)



Entering an invalid User ID or Password will cause an error screen to show and entry will not be allowed. Enter access information exactly as it is specified, including case and spaces, if any. If the correct User ID and Password have been entered to access to the Web Portal



area and a failure occurs, please contact our ACS EDI Support Unit at **1(800) 833-2051** for assistance.

Data Exchange

Example (B)

The screenshot shows the Washington State WAMedWeb portal. At the top, there is a blue header with the DSHS logo and the text "Washington State Department of Social & Health Services". Below the header is a navigation bar with links for HOME, INQUIRIES, SUBMISSIONS, RETRIEVALS, MANAGE USERS, and MY ACCESS. The current page is titled "Retrievals" and contains a link for "View/Download Files" with a mouse cursor pointing to it. The text next to the link explains that users can choose a Submitter ID to retrieve lists of downloadable and viewable files. At the bottom of the page, there is a footer with contact information and a copyright notice for ACS.

Click on the View/Download Files link to view retrieval files.



Retrieve Files

Example (C)

DSHS Washington State Department of Social & Health Services

Washington State WAMedWeb [Exit](#) | [Help](#)

[HOME](#) | [INQUIRIES](#) | [SUBMISSIONS](#) | [RETRIEVALS](#) | [MANAGE USERS](#) | [MY ACCESS](#)

[Home](#) > [Download Files](#) > [View / Download Files](#) ACS WASHINGTON WEB PORTAL

View / Download Files

Please select a Submitter ID and click 'Submit' to retrieve a list of available files.

Submitter ID:

If you do not have Adobe Acrobat currently installed on your machine, you must exit the secure site and click the 'Get Adobe Acrobat Reader' link, provided on the login page. Exiting the secure site will log you out and you will need to log in again once Adobe Acrobat Reader is installed. You should be able to determine whether or not Adobe Acrobat Reader is installed on your machine by clicking **Start>Programs** in Windows and seeing if Acrobat Reader is listed there as a menu item.

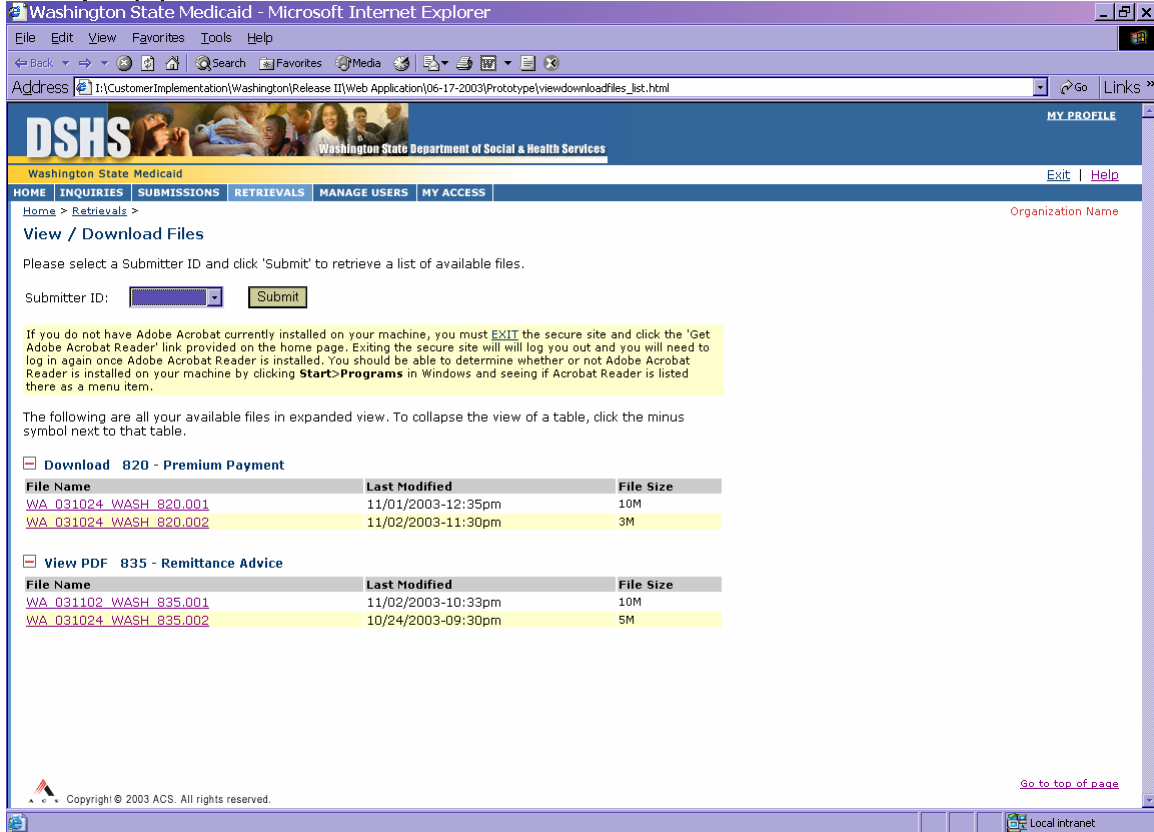
For assistance, please visit [Help](#) or contact the WAMedWeb Help Center at 1-800-833-2051.
Site last modified: 2003.10.13

Copyright © 2003 ACS. All rights reserved. [Go to top of page](#)

Use the drop down box to select the correct submitter id then click the submit button.

File Display

Example (D)



Washington State Medicaid - Microsoft Internet Explorer

Address: I:\CustomerImplementation\Washington\Release III\Web Application\06-17-2003\Prototype\viewdownloadfiles_list.html

DSHS Washington State Department of Social & Health Services

Washington State Medicaid [Exit](#) | [Help](#)

HOME | **INQUIRIES** | SUBMISSIONS | RETRIEVALS | MANAGE USERS | MY ACCESS

Home > [Retrievals](#) > Organization Name

View / Download Files

Please select a Submitter ID and click 'Submit' to retrieve a list of available files.

Submitter ID:

If you do not have Adobe Acrobat currently installed on your machine, you must **EXIT** the secure site and click the 'Get Adobe Acrobat Reader' link provided on the home page. Exiting the secure site will log you out and you will need to log in again once Adobe Acrobat Reader is installed. You should be able to determine whether or not Adobe Acrobat Reader is installed on your machine by clicking **Start>Programs** in Windows and seeing if Acrobat Reader is listed there as a menu item.

The following are all your available files in expanded view. To collapse the view of a table, click the minus symbol next to that table.

Download 820 - Premium Payment

| File Name | Last Modified | File Size |
|----------------------------------------|--------------------|-----------|
| WA_031024_WASH_820_001 | 11/01/2003-12:35pm | 10M |
| WA_031024_WASH_820_002 | 11/02/2003-11:30pm | 3M |

View PDF 835 - Remittance Advice

| File Name | Last Modified | File Size |
|----------------------------------------|--------------------|-----------|
| WA_031102_WASH_835_001 | 11/02/2003-10:33pm | 10M |
| WA_031024_WASH_835_002 | 10/24/2003-09:30pm | 5M |

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Once the files are retrieved, they are displayed on this screen. Click on the hyperlink file name, this will open the file in Adobe Acrobat.



ADDITIONAL TRANSMISSION METHODS FOR DATA DELIVERY

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 modes 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 Washington State Medicaid clients and providers Monday through Friday from 8:00 a.m. to 5:00 p.m. PST at 1(800)833-2051.



TCP/IP

There is an expense associated with using this method of submission that will be the responsibility of the submitter.

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 Washington State Medicaid clients and providers Monday through Friday from 8:00 a.m. to 5:00 p.m. PST at **1(800) 833-2051**.



CHAPTER 3 TESTING

Completion of the testing process must occur prior to electronic retrieval from the ACS EDI Gateway. Assistance from the ACS EDI Support Unit is available throughout this process. Testing is conducted to verify the integrity of the format, not the integrity of the data; however, in order to simulate a production environment, ACS will send live transmission data. The number of test transmissions required depends on the number of format errors on a transmission and the relative severity of these errors. Additional testing may be required in the future to verify any changes made to the ACS system. Changes to the ANSI formats may also require additional testing.

TRADING PARTNER TESTING PROCEDURES

- ACS EDI Gateway provides companion guides and enrollment packages for download via the web at: <http://www.acs-gcro.com>.
- The trading partner completes the enrollment package and submits to ACS EDI Gateway.
- The trading partner is assigned a Trading Partner ID, a Logon Name and Logon User ID.
- The trading partner contacts the ACS EDI Support Unit at **1(800) 833-2051** to arrange a testing schedule and complete their EDIFECS enrollment.
- The ACS EDI Gateway sends data to the trading partner mailbox.
- The trading partner downloads the file via web or BBS.
- If the test files are completed successfully, the trading partner is approved for placement into the ACS production environment.
- If the test files are unsuccessful, the trading partner will remain in the testing environment until a successful retrieval is completed.



EDIFECs – HIPAADESK ONLINE TESTING APPLICATION

EDIFECs – HIPAADESK is an online HIPAA testing application available to the Washington State Medicaid clients and providers. HIPAADESK offers the following types of testing against the base HIPAA implementation guidelines for free.

- **Test all 7 WEDI/SNIP Types.** HIPAADESK provides all 7 Types of WEDI/SNIP testing for HIPAA including integrity testing, requirement testing, balancing testing, situational testing, code set testing, product or services testing, and guide-specific testing.
- **Test the HIPAA Code Sets.** Validate over 40 of industry code tables and databases.
- **Get your Answers Fast.** With HIPAADESK, the results of your free compliance testing are typically available within seconds for small files and within minutes for files up to 10 megabytes and larger.

The Washington State Medicaid client and provider community can access the EDIFECs – HIPAADESK online application at: <https://www.hipaadesk.com/?acs>. Submitters will test claims submissions through the EDIFECs - HIPAADESK utility and will receive a file status report. Once these files test with no errors, a submitter may then submit test claims submissions to ACS SHCH for Client Integration testing.



CHAPTER 4 PAYER SPECIFIC DATA

EDI SUPPORT

The ACS EDI Support Unit assists users with questions about electronic transactions submission. The ACS EDI Support Unit is available to all Washington State MAA Medicaid clients and providers each weekday, Monday through Friday from 8:00 a.m. to 5:00 p.m. PST at **1(800) 833-2051**

The ACS EDI Support Unit:

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

ENROLLMENT INFORMATION

Any entity sending electronic transactions to ACS EDI Gateway for processing or who receives delivery of reports and responses must complete an EDI enrollment package. This package provides ACS EDI Gateway the information necessary to assign a Logon Name, Logon ID, and Trading Partner ID, which are required to submit electronic transactions.

Enrollment packages may be obtained by contacting the ACS EDI Support Unit or by downloading from the ACS website at <http://www.acs-gcro.com>

TRACKING TRANSMISSION/PRODUCTION PROBLEMS TRANSMISSION

ACS EDI Gateway provides availability for transmission 24 hours a day, 7 days a week. There are no restrictions on the number or frequency of transmissions. The transmission telephone numbers are **1(800) 334-4650** and **1(800) 334-2832**.

Tracking Transmission/Production Problems

Have the following information available when calling the ACS EDI Support Unit regarding transmission and production issues:

Trading Partner ID: Your Trading Partner ID is the key to accessing Trading Partner information. Please have this number available each time ACS EDI Support Unit is contacted.

Logon Name and Logon User ID: These allow asynchronous submitters access to the host system for transaction submission. The ACS EDI Support Unit uses this information to reference your submitted data.



HIGHLIGHTS

- Each Washington user is assigned a seven-digit Trading Partner ID beginning with (8).
- Logon User IDs (passwords) are nine characters.
- All dates are in the CCYYMMDD format.
- All date/times are in the CCYYMMDDHHMM format.
- The same phone number is used for transmitting test and production.
- All Washington State MAA Medicaid Provider IDs are seven digits long.
- The Receiver ID and Payer ID for Washington State Medicaid is **77045**. Transmissions without this value in the appropriate fields will not be processed.
- The Trading Partner Agreement determines where reports and responses are delivered.



CHAPTER 5 TRANSACTION DESCRIPTION

V4010.A1

This companion guide for the ANSI ASC X12N 835 Health Care Claim Payment /Advice 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 data clarifications are derived from specific business rules that apply exclusively to Medicaid processing for the Washington State.

Please see the ANSI ASC X12N 835 Implementation Guide for details on the ANSI ASC X12N 835 transaction.

DATA CLARIFICATIONS

The following table contains data clarifications for the ANSI ASC X12N 835 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 835 Implementation Guide for this transaction. Please refer to the Implementation Guide for any questions concerning standard data requirements for this transaction. 835*

| *PAGE | LOOP | SEGMENT | DATA ELEMENT | COMMENTS |
|-------------------------------|--------|---------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transaction Set Header | | | | |
| 43 | Header | ST | 01 | Transaction Set Identifier Code This field is populated with '835'. |
| 43 | Header | ST | 02 | Transaction Set Control Number This is a unique identifier for this transaction; it is repeated on the transaction Trailer/ST02. |
| 44 | Header | BPR | 01 | Transaction Handling Code "I" = Remittance Information Only |
| 44 | Header | BPR | 02 | Total Provider Payment Amount The total payment amount cannot exceed eleven characters, including decimals (99999999.99). Although the value can be zero, the 835 cannot be issued for |



| *PAGE | LOOP | SEGMENT | DATA ELEMENT | COMMENTS |
|-------|--------|---------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | less than zero dollars. |
| 44 | Header | BPR | 03 | <p>Credit/Debit Flag Code</p> <p>This field is populated with 'C' for credit to indicate a credit to the provider's account and a debit to the payer's account, initiated by the payer.</p> <p>In the case of an EFT, no additional action is required of the provider. This code is also used when a check is issued for the payment.</p> |
| 44 | Header | BPR | 04 | <p>Payment Method Code</p> <p>"ACH" = Automated Clearinhouse "CHK" = Check.</p> <p>These codes are used when the Transaction Handling Code (BPR01) = "I", indicating that the remittance information is moving separately from the dollars.</p> <p>"NON" = Non-Payment data. This code is used when the Transaction Handling Code (BPR 01) = "H", indicating that this is information only and no dollars are to be moved.</p> |
| 48 | Header | BPR | 06 | <p>DFI ID Qualifier</p> <p>"01" = ABA Transit Routing Number Including Check Digits (9 digits)</p> <p>"04" = Canadian Bank Branch and Institution Number</p> <p>This element is required when BPR04 equals "ACH", "BOP", or "FWT"</p> |
| 48 | Header | BPR | 07 | <p>DFI ID Number</p> <p>This is the Identification number of the financial institution sending the transaction into the ACH network.</p> <p>It is required when element BPR04 equals "ACH", "BOP", or "FWT"</p> |



| *PAGE | LOOP | SEGMENT | DATA ELEMENT | COMMENTS |
|-------|--------|---------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 48 | Header | BPR | 08 | Account Number Qualifier This code identifies the type of account in element BPR 09. This element is required when BPR 04 is ACH, BOP, or FWT. "DA" = Demand Deposit |
| 49 | Header | BPR | 09 | Sender Bank Account Number This is the Sender Bank Account number and is required when element BPR 04 equals "ACH", "BOP", or "FWT". |
| 49 | Header | BPR | 10 | Originating Company Identifier This is the Federal Tax ID Number, preceded by a '1'. When element BPR10 is used, it must be identical to element TRN 03. This element is required when element BPR 04 is ACH, BOP, or FWT. |
| 49 | Header | BPR | 12 | DFI ID Qualifier This element is required when BPR 04 is ACH, BOP, or FWT. "01" = ABA Transit Routing Number (9 digits) "04" = Canadian Bank Branch and Institution Number |
| 50 | Header | BPR | 13 | DFI ID Number If payment method is 'ACH', this field is populated with the provider's bank transit routing number. |
| 50 | Header | BPR | 14 | Account Number Qualifier "DA" = Demand Deposit "SG" = Savings. |
| 50 | Header | BPR | 15 | Receiver Bank Account Number If payment method is 'ACH', this field is populated with the provider's bank |



| *PAGE | LOOP | SEGMENT | DATA ELEMENT | COMMENTS |
|-------------------------------------------|--------|---------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | account number. |
| 50 | Header | BPR | 16 | Check Issue or EFT Effective Date (CCYYMMDD format) This is the effective entry date of EFT or check issue. |
| 52 | Header | TRN | 01 | Trace Type Code This field is populated with '1' for Current Transaction Trace Numbers. |
| 53 | Header | TRN | 02 | Check or EFT Trace Number If element BPR 02 is greater than zero, this field is populated with the number of the check or with the EFT Trace Number associated with this transfer of funds. |
| 53 | Header | TRN | 03 | Originating Company Identifier This is the Payer Identifier: the Federal Tax ID proceeded by a '1'. |
| Production Date | | | | |
| 60 | Header | DTM | 01 | '405' = Production Date |
| 61 | Header | DTM | 02 | Date of Adjudication |
| Payer Information (Loop 1000A) | | | | |
| 63 | 1000A | N1 | 02 | Payer Name This field is populated with "Washington State DSHS Medical Assistance Administration" |
| 64 | 1000A | N3 | 01 | Payer Address Line |
| 64 | 1000A | N3 | 02 | Payer Address Line |
| 65 | 1000A | N4 | 01 | Payer City Name |
| 65 | 1000A | N4 | 02 | Payer State Code |
| 65 | 1000A | N4 | 03 | Payer Postal Zone or Zip Code |



| *PAGE | LOOP | SEGMENT | DATA ELEMENT | COMMENTS |
|------------------------------------------|-------|---------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 70 | 1000A | PER | 01 | Contact Function Code 'CX' = Payer's claim Office |
| 70 | 1000A | PER | 02 | Payer Contact Name 'MAA Provider Relations' |
| 70 | 1000A | PER | 03 | Communication Number Qualifier 'TE' = Telephone |
| 70 | 1000A | PER | 04 | Communication Number (800) 652-6188 |
| Payee Information (Loop 1000B) | | | | |
| 73 | 1000B | N1 | 01 | Payee Name = Provider Name |
| 73 | 1000B | N1 | 04 | Payee Identification Code = Provider – Employer ID Number or if a person, the Social Security Number (SSN) is used. |
| 75 | 1000B | REF | 01 | Reference ID Qualifier "0B" = State License Number "1A" = Blue Cross Provider Number "1B" = Blue Shield Provider Number "1C" = Medicare Provider Number "1E" = Dentist License Number "1F" = Anesthesia License Number "1G" = Provider UPIN Number "1H" = Champus Identification Number "D3" = National Association of Boards of Pharmacy Number "G2" = Provider Commercial Number "N5" = Provider Plan Network Identification Number "PQ" = Payee Identification "TJ" = Federal Taxpayer ID number. This information should be in the N1 segment |



| *PAGE | LOOP | SEGMENT | DATA ELEMENT | COMMENTS |
|----------------------------------------------------|------|---------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | unless the National Provider ID was used in N103/04. For individual providers as payees, use this number to represent the Social Security Number. |
| Provider Summary Information (Loop 2000) | | | | |
| 79 | 2000 | LX | 01 | Assigned Number = Remittance Advice Number |
| 81 | 2000 | TS3 | 01 | Provider Number |
| 81 | 2000 | TS3 | 02 | Facility Type code |
| 81 | 2000 | TS3 | 03 | Date (CCYYMMDD format). This date is the last day of the provider's fiscal year. If the end of the provider's fiscal year is not known, December 31st of the current year is used. |
| 81 | 2000 | TS3 | 04 | Total Claim Count |
| 82 | 2000 | TS3 | 05 | Total Claim Charge Amount |
| 82 | 2000 | TS3 | 06 | Total Covered Charge Amount |
| 82 | 2000 | TS3 | 07 | Total Non-Covered Charge Amount |
| 82 | 2000 | TS3 | 08 | Total Denied Charge Amount |
| 82 | 2000 | TS3 | 09 | Total Provider Payment Amount |
| Claim Payment Information (Loop 2100) | | | | |
| 90 | 2100 | CLP | 01 | Patient Control Number This is the patient control number assigned by the provider. If the patient control number is not present on the incoming claim, this field is populated with zero. |
| 90 | 2100 | CLP | 02 | Claim Status Code |



| *PAGE | LOOP | SEGMENT | DATA ELEMENT | COMMENTS |
|-----------------------------------------|------|---------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | "1" = Processed as Primary "2" = Processed as Secondary "3" = Processed as Tertiary "4" = Denied "19" = Processed as Primary, forwarded to additional payer(s) "20" = Processed as Secondary, forwarded to additional payer(s) "21" = Processed as Tertiary, forwarded to additional payer(s) "22" = Reversal of Previous Payment "25" = Predetermination Pricing Only - No Payment |
| 91 | 2100 | CLP | 03 | Total Submitted Charge Amount |
| 91 | 2100 | CLP | 04 | Claim Payment Amount |
| 91 | 2100 | CLP | 05 | Patient Responsibility Amount |
| 91 | 2100 | CLP | 06 | Claim Filing Indicator Code "MC" = Medicaid |
| 93 | 2100 | CLP | 08 | Facility Type Code |
| 93 | 2100 | CLP | 06 | Claim Frequency Code |
| Claim Adjustment (Loop 2100) | | | | |
| 96 | 2100 | CAS | 01 | Claim Adjustment Group Code "CO" = Contractual Obligations "CR" = Correction and Reversals "OA" = Other Adjustments "PI" = Payor Initiated Reductions "PR" = Patient Responsibility |
| 97 | 2100 | CAS | 02 | Adjustment Reason Code |
| 97 | 2100 | CAS | 03 | Adjustment Amount This monetary amount is the adjustment amount. A negative amount increases |



| *PAGE | LOOP | SEGMENT | DATA ELEMENT | COMMENTS |
|-------------------------------------|------|---------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | the payment, and a positive amount decreases the payment contained in element CLP 04. |
| 98 | 2100 | CAS | 04 | Adjustment Quantity This element is used only when the units of service are adjusted. A positive value decreases the paid units of service, and a negative number increases the paid units. |
| Patient Name (Loop 2100) | | | | |
| 102 | 2100 | NM1 | 01 | Entity Identifier Code 'QC' = Patient |
| 103 | 2100 | NM1 | 02 | Entity Type Qualifier '1' for person |
| 103 | 2100 | NM1 | 03 | Patient Last Name This field is populated with recipient's last name. |
| 103 | 2100 | NM1 | 04 | Patient First Name This field is populated with the recipient's first name. |
| 103 | 2100 | NM1 | 05 | Patient Middle Name This field is populated with the recipient's middle name. |
| 106 | 2100 | NM1 | 08 | Identification Code Qualifier This is a required field if the patient identifier is known or was reported on the health care claim. "MR" = Medicaid Recipient Identification Number |
| 107 | 2100 | NM1 | 09 | Recipient ID This is the recipient ID as submitted on the ANSI ASC X12N 837 |
| 120 | 2100 | MIA | 05 | Remark Code |



| *PAGE | LOOP | SEGMENT | DATA ELEMENT | COMMENTS |
|----------------------------------------------------|------|---------|--------------|--------------------------------------------------------------------------------------------------------------|
| 122 | 2100 | MIA | 19 | Monetary Amount |
| 122 | 2100 | MIA | 20 | Remark Code |
| 124 | 2100 | MOA | 02 | Monetary Amount |
| 124 | 2100 | MOA | 03 | Remark Code |
| 125 | 2100 | MOA | 09 | Monetary Amount |
| Service Payment Information (Loop 2110) | | | | |
| 140 | 2110 | SVC | 01-1 | Product /Service ID qualifier 'AD' or 'HC' |
| 141 | 2110 | SVC | 01-2 | Procedure Code |
| 141 | 2110 | SVC | 01-3 | Procedure Modifier |
| 141 | 2110 | SVC | 01-4 | Procedure Modifier |
| 141 | 2110 | SVC | 01-5 | Procedure Modifier |
| 142 | 2110 | SVC | 02 | Monetary Amount This field is populated with the Line Item Charge Amount |
| 142 | 2100 | SVC | 03 | Monetary Amount This field is populated with the Line Item Provider Payment Amount |
| 142 | 2110 | SVC | 04 | Product/Service ID – This field is populated with the National Uniform Billing Committee Revenue Code |
| 142 | 2110 | SVC | 05 | Quantity This field is populated with the Units of Service Paid |
| 142 | 2110 | SVC | 07 | Description This field is populated with the Procedure code Description |
| 147 | 2110 | DTM | 01 | This is a Date/ Time Qualifier |
| 147 | 2110 | DTM | 02 | Date This field is populated with the Service |



| *PAGE | LOOP | SEGMENT | DATA ELEMENT | COMMENTS |
|-------|------|---------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | Date |
| 150 | 2110 | CAS | 01 | Code This field is populated with the Adjustment Group Code |
| 150 | 2110 | CAS | 03 | Monetary Amount This field is populated with the Adjustment Amount |
| 154 | 2110 | REF | 01 | Reference Identification Qualifiers 1S Ambulatory Patient Group (APG) Number 6R Provider Control Number BB Authorization Number E9 Attachment Code G1 Prior Authorization Number G3 Predetermination of Benefits Identification Number LU Location Number RB Rate Code Number |
| 154 | 2110 | REF | 02 | Reference Identification = Provider Identifier |
| 162 | 2110 | LQ | 01 | Code List Qualifier Code HE Claim Payment Remark Codes RX National Council of Prescription Drug Programs /eject/Payment Codes ZM Federal Medicare or Medicaid Payment Mandate – Category 3 ZN Federal Medicare or Medicaid Payment Mandate – Category 4 ZO Federal Medicare or Medicaid Payment Mandate – Category 5 |



| *PAGE | LOOP | SEGMENT | DATA ELEMENT | COMMENTS |
|----------------------------|---------|---------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 163 | 2110 | LQ | 02 | Industry Code = Remark Code |
| Summary Information | | | | |
| 164 | SUMMARY | PLB | 01 | The Medicaid Provider Number. |
| 165 | SUMMARY | PLB | 02 | The Fiscal Period Date (CCYYMMDD format). |
| 165 | SUMMARY | PLB | 03-1 | Adjustment Reason Code Please see pages 165-170 of the Implementation Guide for a complete listing of all Adjustment Reason Codes. |
| 170 | SUMMARY | PLB | 04 | Provider Adjustment Amount This monetary amount is the adjustment amount for the preceding adjustment reason. |
| 170 | SUMMARY | PLB | 05 & 06 thru 13 & 14 | Adjustment Identifier and Amount Additional financial transaction claims are reported in elements PLB 05/06 through PLB 13/14 and additional PLB segments when necessary. |
| 173 | TRAILER | SE | 02 | Transaction Set Control Number This is the same identifier as the Header's ST02. |