Electronic data interchange (EDI)

A BRIEF INTRODUCTION TO EDI 837

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- **What is an EDI file in healthcare?**

An EDI file is a data file structured using one of the various EDI standards. It contains information stored in a plain text format.

Electronic data interchange in healthcare is a secure way of transmitting data between healthcare institutions, insurers, and patients using established message formats and standards.

- **What is X12 format in EDI?**

X12 EDI is a data file structured on ASC X12 standard created by the American National Standard Institute's (ANSI) subsidiary Accredited Standards Committee (ASC).

Types of EDI files in Healthcare?

Below are some commonly used EDI files in Healthcare:

1. **Healthcare claim transaction set (837):**

These files are used to submit healthcare claims from healthcare providers to insurance payers. They include information about the patient, the services provided, and the associated costs.

2. **Healthcare claim payment/advice transaction set (835):**

These files are used by insurance payers to provide healthcare providers with information about how claims are being processed, including payment details and adjustments.

3. **Healthcare eligibility/benefit inquiry (270):**

The 270 file is used by healthcare providers to inquire about a patient's eligibility for insurance coverage.

4. **Healthcare eligibility/benefit response (271):**

The 271 file is the response from the insurance payer, providing information about the patient's coverage status.

5. **Patient Information Files (275):**

These files contain patient demographic information and are used to update or verify patient data.

6. **Healthcare claim status request (276):**

The 276 file is used by healthcare providers to inquire about the status of a submitted claim.

7. **Healthcare claim status notification (277):**

The 277 file is the response from the insurance payer, providing information about the status of the claim.

8. **Healthcare service review Information (278):**

These files are used to request prior authorization for certain medical procedures or treatments from insurance payers. The 278 file includes information about the patient, the procedure, and the medical necessity.

9. **Dental Claim Files (837D):**

Similar to the standard 837 claim files, these are specifically designed for dental claims, including information about dental procedures and services.

Healthcare claim transaction set (837):

There are 3 types of EDI 837.

- 837P: This data is used for professional services offered to patients.
- 837I: This data is for healthcare institutions, units, and medical centers.
- 837D: This data involves dental practices.

EDI 837 can be viewed in CureCam following the below navigation steps:

Patient > Billing > Payment > Select any DOS

Loops, Segments and Elements!

Each EDI 837 file has three main components: loops, segments, and elements. Once you understand what each of these elements is and how they work together, deciphering the 837 will be much simpler.

Loops:

A loop refers to a block of the EDI 837 file. These are the largest components of the file. Loops are like containers that hold related information. Think of them as folders that group together pieces of data.

Each loop contains multiple segments which include elements and sub-elements. Normally, they begin with an NM or HL segment.

There are multiple types of loops, but they are all broken into five primary sections:

- ➢ **2000A- Billing Provider**
- ➢ **2000B- Subscriber**
- ➢ **2000C- Client, though this is only on the form if it's different than the subscriber.**
- ➢ **2300- Claim Information**
- ➢ **2400- Service Line Information**
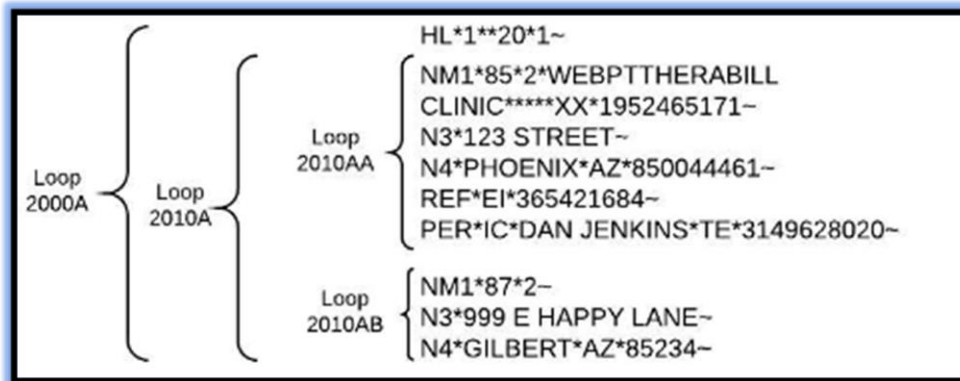
Segments:

Segments are like labels within those containers. They tell you what type of information is inside. For example, one label might say "Patient's Name," and another might say "Procedure Code."

Each segment is separated on its own line making it easier to read the file. Also, each line ends with a (~) or tilde. The tilde is known as the **Segment Separator**. A **Segment Identifier** Code is located before each segment. Here are some common codes that you may see:

SV1- Service

PRV- Provider

SBR- Subscriber

CLM- Claim

REF- Reference

NM1- Name

DMG- Demographic

N3- Street Address

N4- City, State, and Zip code

Elements:

Elements are the actual pieces of information inside each label. In the "Patient's Name" label, elements could be things like the first name, last name, and middle initial.

You'll notice several asterisks **(*)** in each segment. These asterisks are **Element Separator**s. There are also **sub-elements that are separated using colons (:)**. Multiple colons and asterisks side-by-side means that the sub-element or element is **empty**. As with Segments, there are also several **Element Identifier Codes** that you will see throughout the file, such as:

ABK- Principal Diagnosis
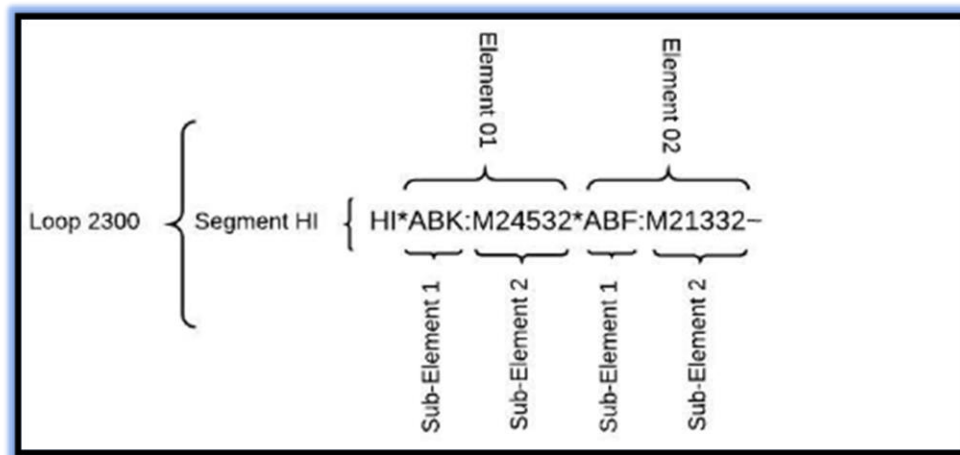
40- Claim Receiver

85- Billing Provider

82- Rendering Provider

XX- NPI

DN- Referring Provider

IC- Information Contact

472- Date of Service

Reference: https://t.ly/Yy2mo

Here is how a typical 837 EDI file looks like:

```
ISA*00*          *00*          *ZZ*134089564      *ZZ*133052274
*230417*2331*^*00501*987233119*0*P*:~
GS*HC*134089564*133052274*20230417*2331*104173119*X*005010X222A1~
ST*837*111013*005010X222A1~
BHT*0019*00*CM3ZKO230417233151111013481PM*20230417*2331*CH~
NM1*41*2*134089564*****46*134089564~
PER*IC*CUREMD EDI DESK*TE*7183600597*FX*7183017789*EM*ENROLLMENT@CUREMD.COM~
NM1*40*2*EMDEON*****46*133052274~
HL*1**20*1~
PRV*BI*PXC*207R00000X~
NM1*85*2*YOAV BORSUK MD, PC*****XX*1093008278~
N3*167 MADISON AVE*SUITE 605~
N4*NEW YORK*NY*100165430~
REF*EI*274822587~
PER*IC*BORSUK*TE*2129798880*FX*9173386259~
HL*2*1*22*0~
SBR*P*18*******CI~
NM1*IL*1*ADAM*WARAHINA****MI*RW62030Q~
N3*4434 MATILDA AVE APT 2~
N4*BRONX*NY*10470~
DMG*D8*19771107*F~
NM1*PR*2*METROPLUS HEALTH PLAN*****PI*13265NOCD~
N3*PO BOX 1966~
N4*NEW YORK*NY*10116~
CLM*CMZKO1E111013*225***31:B:1*Y*A*Y*Y~
DTP*435*D8*20230412~
REF*EA*111013~
HI*ABK:L89154~
NM1*DN*1*BORSUK*YOAV****XX*1205819414~
NM1*82*1*BORSUK*YOAV****XX*1205819414~
PRV*PE*PXC*207R00000X~
NM1*77*2*WAYNECENTERFORNURSINGREHABILITATION*****XX*1083696132~
N3*3530 WAYNE AVENUE~
N4*BRONX*NY*104671511~
LX*1~
SV1*HC:99308:AQ:::::SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION
AND MANAGEMENT OF*225*UN*1***1~
DTP*472*D8*20230412~
REF*6R*111013K9282K1~
SE*36*111013~
GE*1*104173119~
IEA*1*987233119~
```

ISA Interchange Control Header

The Interchange Control Header starts and identifies an electronic interchange of functional groups.

Example: ISA*00*   *00*
*ZZ*0099999999*ZZ*SHARES837*141124*1622*^*00501*900000046*0*P*:~

- Element 01 = Authorization Information Qualifier **(00)**
- Element 02 = Authorization Information (10 Blanks) {No Security Authorization Present}
- Element 03= Security Information Qualifier **(00)**
- Element 04= (10 Blanks) {No Security Information Present}
- Element 05= Interchange ID Qualifier **ZZ**
- Element 06= Interchange sender ID **0099999999**
- Element 07= Interchange ID Qualifier **ZZ**
- Element 08= Interchange Receiver ID **SHARES837**
- Element 09= Interchange Date **141124**
- Element 10= Interchange Time **1622**
- Element 11= Repetition Separator **"^"**
- Element 12= Interchange Control Version Number **00501**
- Element 13= Interchange Control Number **900000046**
- Element 14= Acknowledgement Requested **0**
  - **0** Acknowledgement Not Requested
- Element 15= Usage Indicator **P**
  - **P** – Production Data
- Element 16= Component Element Separator **(:)**
  - Delimiter used to separate components within one data structure

GS Segment the Functional Group Header

The Functional Group Header segment indicates the beginning of a functional group and provides control information.

Example: GS*HC*9999999999*SHARES837*20141124*1622*700000046*X*005010X222A1~

- Element 01 Healthcare Claim **(HC)**
- Element 02 = Application Sender's Code **(9999999999)**
  - Code Used to Identifier unit sending information
- Element 03= Application Receiver Code **(SHARES837)**
- Element 04= Creation Date **(20141124**)
  - **YYMMDD**
- Element 05= Creation Time **(1622)**

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- **HHMM**
- Element 06= Group Control Number **(700000046)**
  - **Assigned by sender. Must be identical to GE02**
- Element 07= Standards Committee X12 **(X)**
- Element 08= Industry ID Code **(005010X222A1)**

ST Segment - The Transaction Set Header

The Transaction Set Header is used to indicate the start of a transaction Set and to assign a control number.

Example: ST*837*000000045*005010X222A1~

- Element 01= Healthcare Claim **(837)**
- Element 02= Transaction Set Control Number **(000000045)**
- Element 03= Implementation Reference **(005010X222A1)**

BHT Segment - The Beginning of Hierarchical Transaction

The Beginning of Hierarchical Transaction segment defines the business hierarchical structure of the transaction set and identifies the business purpose and includes reference data.

Example: BHT*0019*00*45*20141124*1622*CH~

- Element 01 = Hierarchical Structure Code **(0019)**
- Element 02 = Transaction Set Purpose Code **(00)**
- Element 03= Originator Application Transaction Identifier **(45)**
- Element 04= Transaction Set Creation Date **(20141124)**
  - **YYMMDD**
- Element 05= Transaction Set Creation Time **(1622)**
  - **HHMM**
- Element 06= Claim Identifier **(CH)**
  - **CH (Chargeable)**

Loop 1000A - Submitter Name

The Submitter Name Loop 1000A supplies the full name of the organization creating and formatting the transaction.

Example: NM1*41*2*MH/AOD CORPORATION*****46*0012345678~3

- Element 01 = Entity Identifier Code
  - 41 – **Claim Submitter**
- Element 02= Entity Type Qualifier
  - **2 – Non-Person Entity**

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- Element 03= Organization Name
- Element 04= Creation Date
  - **YYMMDD**
- Element 05= Creation Time
  - **HHMM**
- Element 08= Group Control Number
  - **46 – ETIN Electronic Transmitter ID Number**
- Element 09= Identification Code
  - **Submitters NPI or TAX ID**

Segment PER – Contact

Example: PER*IC*JOHN SMITH*TE*5139468468*FX*513999999~

- Element 01 = Contact Function Code **(IC)**
  - IC - Information Contact
- Element 02= Submitter Contact Name **(JOHN SMITH)**
- Element 03= Communication Number Qualifier **(TE)**
  - TE – Phone
- Element 04= Communication Number **(5139468468)**
- Element 05= Communication Number Qualifier **(FX)**
- Element 06= Communication Number **(513999999)**
  - Element 07= Communication Number Qualifier {Not Present}
    - EM – Electronic Mail

Loop 1000B - Receiver Name Information

Loop 1000B is used to supply the receiving organization's name information.

Example: NM1*40*2*HAMILTON CO MHRSB*****46*SHARE837~

- Element 01 = Entity Identifier Code **(40)**
  - 40 - Receiver
- Element 02= Entity Type Qualifier **(2)**
  - 1=Individual
  - 2= Organization/Non-Person
- Element 03= Receiver Name **(HAMILTON CO MHRSB)**
- Element 08= Identification Code Qualifier **(46)**
  - 46 (Electronic Transmitter Identification Number - ETIN)
- Element 09= Receiver Primary Identifier **(SHARE837)**

Loop 2000A - Billing/Pay-To Provider

The Billing Provider Hierarchical Level identifies dependences among data segments and levels within a hierarchy.

We will be using the following sample EDI file to break down this **loop**.
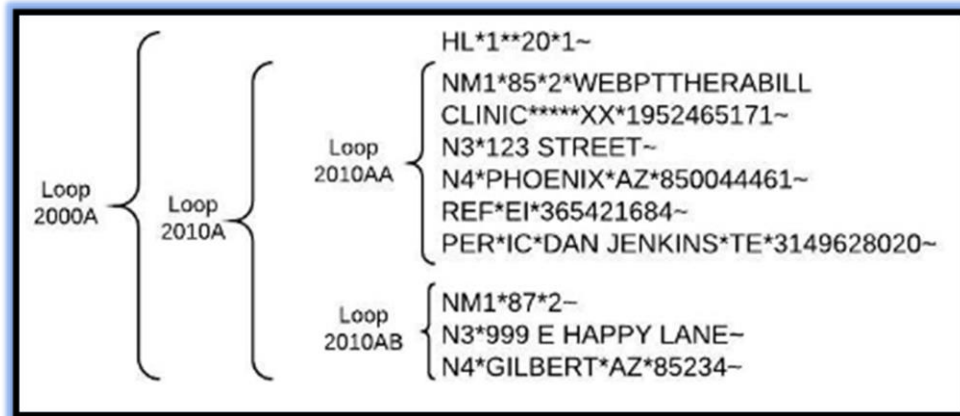
Example: PRV*BI*PXC*193200000X~

- Element 01 = Hardcoded to **BI** for **Billing**
- Element 02 = Identification Qualifier Code
        PXC = Taxonomy
- Element 03 = Identification Code **(193200000X)**

Loop 2010AA - Billing Provider (BP) Name

2010AA Loop is used to define identifying information about the billing provider. This includes name, address, tax and contact Information.

Segment NM1 – Name

Example: NM1*85*2*AOD/MH CORPORATION*****XX*134999999~

- Element 01 = Hardcoded to **85** for **Billing Provider**
- Element 02 = Entity Type (2)
    - 1 = Individual
    - 2 = Organization/Non-Person
- Element 03 = Last Name or Organization Name (**AOD/MH CORPORATION**)
- Element 04 = First Name
- Element 05 = Middle Name/Initial
- Element 07 = Suffix
- Element 08 = Identification Code Qualifier (XX)
    - XX = NPI
- Element 09 = Identification Code **(134999999)**

Segment N3 - Street Address

Example: N3*123 STREET~

- Element 01 = Street Address (123 Street)
- Element 02 = Street Address 2

Segment N4 - City, State, and ZIP

Example: N4*PHOENIX*AZ*850044461~

- Element 01 = City (Phoenix)
- Element 02 = State (**Arizona**)
- Element 03 = ZIP code (**850044461**)

Segment REF – Reference

Example: REF*EI*365421684~

- Element 01 = Identification Code Qualifier
    - EI = Tax ID (EIN)
    - SY = Social Security Number
    - G2 = Commercial Number
    - Element 02 = Identification Code (365421684)

Segment PER – Contact

Example: PER*IC*DAN JENKINS*TE*3149628020~

- Element 01 = Contact Code Qualifier (IC)
    - IC = Information Contact

- Element 02 = Contact Name (Dan Jenkins)

- Element 03 = Information Code Qualifier (TE)

    - TE = Telephone Number

    - EX = Extension

- Element 04 = Information Code (3149628020)

Loop 2010AB - Pay-To Provider (PTP) Name

Segment NM1 – Name

Example: NM1*87*2~

- Element 01 = Hardcoded to **87** for **Pay-To Provider**
- Element 02 = Entity Type (2)

  - 1 = Individual

  - 2 = Organization/Non-Person

Segment N3 - Street Address

Example: N3*999 E HAPPY LANE~

- Element 01 = Street Address (999 E Happy Lane)
- Element 02 = Street Address 2 (No Information Present)

Segment N4 - City, State, and ZIP

Example: N4*GILBERT*AZ*85234~

- Element 01 = City (Gilbert)
- Element 02 = State (Arizona)
- Element 03 = ZIP code (85234)

Loop 2000B – Subscriber

Loop 2000B Subscriber Hierarchical Level contains information specific to a client in the SBR segment. We will be using the following sample EDI file to break down this **loop**.


```
HL*2*1*22*0~
SBR*P*18*A84695******CI~

                    Loop      NM1*IL*1*SPEARS*BRITNEY*J***MI*75893251~
Loop                2010BA    N3*398 W STAFFORD RD.~
2000B                         N4*THOUSAND OAKS*CA*91361~
        Loop                  DMG*D8*19811202*F~
        2010B
                    Loop      NM1*PR*2*AETNA INSURANCE COMPANY*****PI*60054~
                    2010BB    N3*123 FAKE ST~
                              N4*PHOENIX*AZ*85050~
```

Segment HL – Hierarchy

Example: HL*2*1*22*0~

- Element 01 = Level (2)
- Element 02 = Parent ID (1)

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- Element 03 = Hardcoded to 22
- Element 04 = Patient Relationship (0)
  - 0 = Self
  - 1 = Other

Segment SBR - Subscriber

Example: SBR*P*18*A84695******12~

- Element 01 = Payer Responsibility (P)
  - P = Primary
  - S = Secondary
  - T = Tertiary

- Element 02 = Client Relationship to Insured (18)
  - 01 = Spouse
  - 18 = Self
  - 19 = Child
  - G8 = Other

- Element 03 = Policy/Group Number (A84695)
- Element 04 = Plan/Program
- Element 05 = Medicare Secondary Payer (MSP) code
  - 12 = Working Age
  - 13 = End-Stage Renal
  - 14 = No-Fault Including Auto
  - 15 = Workers Compensation
  - 16 = Public Health or Federal
  - 41 = Secondary Black Lung
  - 42 = Veterans Administration
  - 43 = Disabled Under 65
  - 47 = Other Liability is Primary

- Element 09 = Plan Type (12)
  - 11 = Other Non-Federal Program
  - 12 = Preferred Provider Organization (PPO)
  - 13 = Point of Service (POS)
  - 14 = Exclusive Provider Organization (EPO)
  - 16 = Health Maintenance Organization (HMO) Medicare Risk
  - AM = Automobile Medical
  - BL = Blue Cross/Blue Shield
  - CH = Champus
  - CI = Commercial Insurance Co.
  - DS = Disability
  - FI = Federal Employee Program
  - HM = Health Maintenance Organization (HMO)
  - MB = Medicare Part B

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- MC = Medicaid
- OF = Other Federal Program
- WC = Workers' Compensation Health Claim

Loop 2010BA - Subscriber (SBR) Name

Loop 2010BA is used to provide the name, unique Identifier, location and demographics of a named party or client.

Segment NM1 – Name

Example: NM1*IL*1*SPEARS*BRITNEY*J***MI*75893251~

- Element 01 = Hardcoded to IL for Insured
- Element 02 = Insured Party (1)
  - 1 = Individual
  - 2 = Entity (Workers Comp)
- Element 03 = Last Name/Employer Name (Spears)
- Element 04 = First Name (Britney
- Element 05 = Middle Name/Initial (J)
- Element 07 = Suffix
- Element 08 = Identification Code Qualifier
  - MI = Member ID
- Element 09 = Identification Code (75893251)

Segment N3 – Street Address

Example: N3*398 W STAFFORD RD.~

- Element 01 = Street Address (398 W Stafford Rd.
- Element 02 = Street Address 2

Segment N4 - City, State, and ZIP

Example: N4*THOUSAND OAKS*CA*91361~

- Element 01 = City (Thousand Oaks)
- Element 02 = State (California)
- Element 03 = ZIP (91361)

Segment DMG - Demographic

Example: DMG*D8*19811202*F~

- Element 01 = Hardcoded to D8

- Element 02 = Birthdate - YYYYMMDD (1981/12/02)
- Element 03 = Gender (F)
  - F = Female
  - M = Male

Loop 2010BB - Payer Name

The NM1 Section of Loop 2010BB is used to provide information about the payer organization.

Segment NM1 – Name

Example: NM1*PR*2*AETNA INSURANCE COMPANY*****PI*60054~

- Element 01 = Hardcoded to PR for Payer
- Element 02 = Hardcoded to 2 for Organization
- Element 03 = Payer Name (Aetna Insurance Company)
- Element 08 = Hardcoded to PI for Payer ID
- Element 09 = Identification Code/Payer ID (60054)

Segment N3 - Street Address

Example: N3*123 FAKE ST~

- Element 01 = Street Address (123 Fake St)
- Element 02 = Street Address 2

Segment N4 - City, State, and ZIP

Example: N4*PHOENIX*AZ*85050~

- Element 01 = City (Phoenix)
- Element 02 = State (Arizona)
- Element 03 = ZIP (85050)

Loops 2300 - Claim Information

The Claim Information (CLM) segment defines basic data about a professional claim. The Healthcare Diagnosis segment contains the diagnosis information.

Segment CLM – Claim

Example: CLM*18434718T0*150.00***11:B:1*Y*A*Y*Y~

- Element 01 = Claim Identifier (18434718T0)
  - Unique number used for ERA matching

- Element 02 = Claim Amount ($150)
- Element 05-1 = Place of Service (11)
  - 02 = Telehealth
  - 03 = School
  - 04 = Homeless Shelter
  - 09 = Prison/Correctional Facility
  - 11 = Office
  - 12 = Home
  - 13 = Assisted Living Facility
  - 14 = Group Home
  - 15 = Mobile Unit
  - 16 = Temporary Lodging
  - 21 = Hospital
  - 22 = Outpatient Hospital
  - 26 = Military Treatment Facility
  - 31 = Skilled Nursing Facility
  - 32 = Nursing Facility
  - 34 = Hospice
  - 49 = Independent Clinic
  - 53 = Community Mental Health Center
  - 62 = Outpatient Rehab
  - 99 = Other Setting

- Element 05-2 = Hardcoded to B for Professional Claim
- Element 05-3 = Claim Frequency Type Code (1)
- Element 06 = Provider Signature Indicator (Y)
- Element 07 = Provider Accept Assignment (A)
  - A = Assigned
  - C = Not Assigned
- Element 08 = Provider Benefits Assignment Certification (Y)
  - Y = Valid Signature on File
  - N = No Valid Signature on File
- Element 09 = Release of Information Code (Y)
  - Y = Valid Signature on File
  - I = Signature Not Required

- Element 10 = Client Signature Source Code
- Element 11-(1-3) = Related Cause Code
  - EM = Employment
  - AA = Auto Accident
  - OA = Other Accident

- Element 11-4 = Auto Accident State Code
- Element 12 = Special Program Code
- Element 20 = Delay Reason Code

Segment DTP – Date

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Example: DTP*431*D8*20170720~

- Element 01 = Date Qualifier (431)
    - 096 = Discharge/Hospitalized To
    - 296 = Disability/Unable to Work To
    - 297 = Disability/Unable to Work From
    - 304 = Last Seen
    - 431 = Onset of Current Illness/First Symptoms
    - 435 = Admission/Hospitalized From
    - 439 = Accident
    - 454 = Initial Treatment
- Element 02 = Format - Hardcoded to D8
- Element 03 = Date YYYYMMDD (2017/07/20)

Segment REF – Identifier

Example: REF*G1*12345~

- Element 01 = Identifier Code Qualifier (G1)
    - G1 = Authorization Number
    - F8 = Control Number
    - 9F = Referral Number/Medicaid Montana Passport

- Element 02 = Identifier Code (12345)

Segment HI - Diagnosis Codes

Example: HI*ABK:M24532*ABF:M21332~

Element (01-12) = Diagnosis Code
- Sub-Element 1 = Diagnosis Code Qualifier (ABK or ABF)
- ABK = Principal Diagnosis
- ABF = Other Diagnosis

- Sub-Element 2 = Diagnosis Code (M24532 and M21332)

Loop 2310A - Referring Provider

The loop 2310A is used to provide information about the referring provider.

Segment NM1 – Name

Example: NM1*DN*1*HENSON*JIM****XX*9999999995~

- Element 01 = Hardcoded to DN for Referring Provider

- Element 02 = Hardcoded to 1 for Individual
- Element 03 = Last Name (Henson)
- Element 04 = First Name (Jim)
- Element 05 = Middle Name/Initial
- Element 07 = Suffix
- Element 08 = Identifier Code Qualifier - Hardcoded to XX for NPI
- Element 09 = Identifier Code (9999999995)

Loop 2310B - Rendering Provider

Segment NM1 – Name

Example: NM1*82*1*SMITH*TERESA****XX*5595436374~

- Element 01 = Hardcoded to 82 for Rendering Provider
- Element 02 = Hardcoded to 1 for Individual
- Element 03 = Last Name (Smith)
- Element 04 = First Name (Teresa)
- Element 05 = Middle Name/Initial
- Element 07 = Suffix
- Element 08 = Identifier Code Qualifier - Hardcoded to XX for NPI
- Element 09 = Identifier Code (5595436374)

Segment PRV – Provider

Example: PRV*PE*PXC*225100000X~

- Element 01 = Hardcoded to PE for Performing
- Element 02 = Hardcoded to PXC for Provider Taxonomy Code
- Element 03 = Identifier Code/Taxonomy (225100000X)

Loops 2310C - Service Facility Location

Segment NM1 – Name

Example: NM1*77*2*MY HOME CLINIC*****XX*9999999995~

- Element 01 = Hardcoded to 77 for Service Location
- Element 02 = Hardcoded to 2 for Non-Person Entity
- Element 03 = Service Facility Name (My Home Clinic)
- Element 08 = Identifier Code Qualifier - Hardcoded to XX for NPI
- Element 09 = Identifier Code (999999995)

Segment N3 - Street Address

Example: N3*Box 123~

- Element 01 = Street Address (Box 123)

Segment N4 - City, State, and ZIP

Example: N*PHOENIX*AZ*850030000~

- Element 01 = City (Phoenix)
- Element 02 = State (Arizona)
- Element 03 = ZIP Code (850030000)

Loop 2400 - Service Line Information

Segment LX - Line

Example: LX*1~

- Element 01 = Line Number (1)

Segment SV1 (SV5 for DME) – Service

Example: SV1*HC:97010:GP::::LINE NOTE*150.00*UN*1***1:2~

- Element 01-1 = Hardcoded to HC for Standard CPT Code
- Element 01-2 = CPT Code (97010)
- Element 01-(3-6) = Modifier (GP)
- Element 01-7 = Description/Line Note (LINE NOTE)
- Element 02 = Charge Amount ($150)
- Element 03 = Basis for Measurement (UN)
- Element 04 = Quantity (1)
- Element 05 = Facility Code
- Element 07-(1-4) = Diagnosis Code Pointer (1,2)

Segment DTP – Date

Example: DTP*472*D8*20180629~

- Element 01 = Hardcoded to 472 for Date of Service
- Element 02 = Hardcoded to D8
- Element 03 = Service Date YYYYMMDD (2018/06/29)

Segment REF - Reference

Example: REF*6R*1120087~

- Element 01 = Reference ID Qualifier - Hardcoded to 6R
- Element 02 = Reference ID (1120087)
    - Unique number used for ERA matching

Segment NTE - Note

Example: NTE*ADD*CORRECTED CLAIM~

- Element 01 = Reference Code (Add)
- Element 02 = Note Text (Corrected Claim)

Segment SE - Transaction Set Trailer

Example: SE*38*18434718~

- Element 01 = Segment Count (38)
- Element 02 = Set Control Number