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HIPAA Transaction Standard Companion Guide

Refers to the Technical Reports Type 3 Based on ASC X12 version 005010X221A1

835 – Health Care Claim Payment/Advice

Companion Guide Version Number: 2.0

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Disclaimer

The Florida Health Care Plan, Inc. (FHCP) *Companion Guide for EDI Transactions (Technical Reports, Type 3 TR3)* provides guidelines in submitting electronic batch transactions. Because the HIPAA ASC X12-TR3s require transmitters and receivers to make certain determination elections (e.g., whether, or to what extent, situational data elements apply), this *Companion Guide* documents those determinations, elections, assumptions or data issues that are permitted to be specific to FHCP business processes when implementing the HIPAA ASC X12 5010 TR3s.

This *Companion Guide* does **not** replace or cover all segments specified in the HIPAA ASC X12 TR3s. It does not attempt to amend any of the requirements of the TR3s, or impose any additional obligations on trading partners of FHCP that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This *Companion Guide* provides information on FHCP specific codes relevant to FHCP business processes and rules and situations that are within the parameters of HIPAA. Readers of this *Companion Guide* should be acquainted with the HIPAA ASC X12 TR3s, their structure, and content.

This Companion Guide provides supplemental information that exists between FHCP and its trading partners. In addition to this guide, trading partners should refer to their Trading Partner Agreement for guidelines, legal conditions surrounding the implementation of the electronic data interchange (EDI) transactions and code sets. Trading partners and all others should refer to this Companion Guide for Information on FHCP business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Nothing contained in this *Companion Guide* is intended to amend, revoke, contradict or otherwise alter the terms and conditions of your applicable Trading Partner Agreement. If there is an inconsistency between the terms of this *Companion Guide* and the terms of your applicable Trading Partner Agreement, the terms of the Trading Partner Agreement will govern. If there is an inconsistency between the terms of this *Companion Guide* and any terms of the TR3, the relevant TR3 will govern with respect to HIPAA edits, and this *Companion Guide* will control with respect to business edits

Table of Contents

I.   Introduction

What is HIPAA 5010?

The Health Insurance Portability and Accountability Act (HIPAA) requires that the health care industry in the United States comply with the electronic data interchange (EDI) standards as established by the Secretary of Health and Human Services. The ASC X12 005010X221A1 is the established standard for Claim Payment (835).

Purpose of the Technical Reports Type 3 Guides

The Technical Reports Type 3 Guides (TR3s) for the 835 Claim Payment transaction specifies in detail the required formats. It contains requirements for the use of specific segments and specific data elements within segments, and was written for all health care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to send HIPAA-compliant files to FHCP via your vendor.

How to Obtain Copies of the Technical Reports Type 3 Guides

TR3 Guides for ASC X12 005010X221A1 Claim Payment/Advice and all other HIPAA standard transactions are available electronically at http://www.wpc-edi.com.

Purpose of this 835 Companion Guide

This *Companion Guide* was created for FHCP trading partners to describe the data content, business rules, and characteristics of outbound 835 files.

II.   General Information

EDI Technical Assistance

To request technical assistance from FHCP, please send an email to
edisupport@fhcp.com.

III.   Control Segments & Envelopes

Segment: **ISA Interchange Control Header**

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
ISA01	R	Authorization Information Qualifier	FHCP requires **00** in this field.
ISA02	R	Authorization Information	FHCP requires **10 spaces** in this field.
ISA03	R	Security Information Qualifier	FHCP requires **00** in this field.
ISA04	R	Security Information Qualifier	FHCP requires **10 spaces** in this field.
ISA05	R	Interchange ID Qualifier	FHCP requires **ZZ** in this field.
ISA06	R	Interchange Sender ID	FHCP requires ID published by sender (263238817)
ISA07	R	Interchange ID Qualifier	FHCP requires **ZZ** in this field.
ISA08	R	Interchange Receiver ID	FHCP requires ID published by receiver
ISA09	R	Interchange Date	**YYMMDD** Requires submission of the relevant date of the interchange.
ISA10	R	Interchange Time	**HHMM** Requires submission of relevant time of the interchange.
ISA11	R	Repetition Separator	FHCP only accepts **{** as repetition separator for all transactions. Submitting delimiters other than this may cause

Segment: ISA Interchange Control Header

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
			an Interchange (transmission) to be rejected.
ISA12	R	Interchange Control Version Number	00501 – Draft Standards for Trial Use Approved by ASC X12, etc. FHCP requires submission of the above value in this field.
ISA13	R	Interchange Control Number	This is a unique control number that is assigned by the sender and the number in this field must be identical to the associated interchange trailer in the IEA02 segment.
ISA14	R	Acknowledgment Requested	**0** – No Interchange Acknowledgement Requested (TA1) **1** – Interchange Acknowledgement Requested (TA1) The TA1 will not be provided without a code value of 1 in the field.
ISA15	R	Usage Indicator	FHCP requires **P** in this field to indicate the data enclosed in this transaction is a production file.
ISA16	R	Component Element Separator	: Delimiter --------------------------------------- FHCP requires the use of the above delimiter to separate component data elements within a composite data structure.

Segment: **GS** Functional Group Header

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
GS01	R	Functional Identifier Code	**HP:** Health Care Claim Payment/Advice (835) FHCP requires submission of the above value in this field.
GS02	R	Application Sender's Code	FHCP requires 263238817 in this field.
GS03	R	Application Receiver's Code	FHCP requires ID published by receiver.
GS04	R	Date	**CCYYMMDD** FHCP requires submission of relevant date for the functional group creation date.
GS05	R	Time	**HHMM** FHCP requires the time associated with the creation of the functional group (reference GS04) expressed in the above format.
GS06	R	Group Control Number	This is a unique number that is assigned by the sender and the number in this field must be identical to the data element in the associated functional group trailer GE02.
GS07	R	Responsible Agency Code	**X** – Accredited Standards Committee X12 FHCP requires submission of the above value in this field.
GS08	R	Version/Release/Industry Identifier Code	**005010X221A1**

Segment: **GE** **Functional Group Trailer**

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
GE01	R	Number of Transaction Sets Included	FHCP requires the submission of the total number of transaction sets included in the functional group or interchange group terminated by the trailer (#).
GE02	R	Group Control Number	This is a unique number that is assigned by the sender and the number in this field must be identical to the same data element in the associated functional group header GS06.

Segment: **IEA** **Interchange Control Trailer**

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
IEA01	R	Number of Included Functional Groups	A count of the number (#) of functional groups included in an interchange.
IEA02	R	Interchange Control Number	A control number (#) assigned by the interchange sender.

Segment: # ST Transaction Set Header

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
ST01	R	Transaction Set Identifier Code	**835:** Health Care Claim Payment/Advice
ST02	R	Transaction Set Control Number	An identifying control number assigned by the sender that must be unique within the transaction set functional group. The transaction set control number in the SE02 segment must be identical to the number in this field.

Segment: # BRP Financial Information

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
BPR01	R	Transaction Handling Code	**C:** Payment Accompanies Remittance Advice **D:** Make Payment Only **H:** Notification Only **I:** Remittance Information Only **P:** Prenotification of Future Transfers **U:** Split Payment and Remittance **X:** Handling Party's Option to Split Payment and Remittance
BPR02	R	Monetary Amount	Total Actual Provider Payment Amount

Segment: **BRP** Financial Information

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
BPR03	R	Credit/Debit Flag Code	**C:** Credit **D:** Debit
BPR04	R	Payment Method Code	**ACH:** Automated Clearing House (ACH) **BOP:** Financial Institution Option **CHK:** Check **FWT:** Federal Reserve Funds/Wire Transfer – Nonrepetitive **NON:** Non-Payment Data
BPR05	S	Payment Format Code	**CCP:** Cash Concentration/Disbursement plus Addenda (CCD+) (ACH) **CTX:** Corporate Trade Exchange (CTX) (ACH)
BPR06	S	(DFI) ID Number Qualifier	**01:** ABA Transit Routing Number Including Check Digits (9 digits) **04:** Canadian Bank Branch and Institution Number
BPR07	S	(DFI) Identification Number	Sender DFI Identifier
BPR08	S	Account Number Qualifier	**DA:** Demand Deposit
BPR09	S	Account Number	Sender Bank Account Number
BPR10	S	Originating Company Identifier	Payer Identifier
BPR11	S	Originating Company Supplemental Code	
BPR12	S	(DFI) ID Number Qualifier	**01:** ABA Transit Routing Number Including Check Digits (9 digits)

Segment: **BRP** Financial Information

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
			04: Canadian Bank Branch and Institution Number
BPR13	S	(DFI) Identification Number	Receiver or Provider Bank ID Number
BPR14	S	Account Number Qualifier	**DA:** Demand Deposit **SG:** Savings
BPR15	S	Account Number	Receiver or Provider Account Number
BPR16	S	Date	Check Issue or EFT Effective Date

Segment: **TRN** Reassociation Trace Number

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
TRN01	R	Trace Type Code	**1:** Current Transaction Trace Numbers
TRN02	R	Reference Identification	Check or EFT Trace Number
TRN03	R	Originating Company Identifier	Payer Identifier
TRN04	S	Reference Identification	Originating Company Supplemental Code

Segment: # CUR Foreign Currency Information

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
CUR01	R	Entity Identifier Code	**PR:** Payer
CUR02	R	Currency Code	Code (Standard ISO) for country in whose currency the charges are specified

Segment: # REF Receiver Identification

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**EV:** Receiver Identification Number
REF02	R	Reference Identification	Receiver Identifier

Segment: # REF Version Identification

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**F2:** Version Code - Local
REF02	R	Reference Identification	Version Identification Code

Segment: **DTM** **Production Date**

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTM01	R	Date/Time Qualifier	**405:** Production
DTM02	R	Date	Production Date

Loop 1000A: Payer Identification

Segment: **N1** **Payer Identification**

Loop: 1000A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N101	R	Entity Identifier Code	**PR:** Payer
N102	R	Name	Payer Name
N103	S	Identification Code Qualifier	**XV:** Centers for Medicare and Medicaid Services PlanID
N104	S	Identification Code	Payer Identifier

Segment: N3 Payer Address

Loop: 1000A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Payer Address Line
N302	S	Address Information	Payer Address Line

Segment: N4 Payer City, State, Zip Code

Loop: 1000A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Payer City Name
N402	S	State or Province Code	Payer State Code
N403	S	Postal Code	Payer Postal Zone or ZIP Code. FHCP requires submission of 9 digit postal code.
N404	S	Country Code	Code identifying the country
N407	S	Country Subdivision Code	Code identifying the country subdivision

Segment: **REF** **Additional Payer Identification**

Loop: 1000A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**2U:** Payer Identification Number **EO:** Submitter Identification Number **HI:** Health Industry Number (HIN) **NF:** National Association of Insurance Commissioners (NAIC) Code
REF02	R	Reference Identification	Additional Payer Identifier

Segment: **PER** **Payer Business Contact Information**

Loop: 1000A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PER01	R	Contact Function Code	**CX:** Payers Claim Office
PER02	S	Name	Payer Contact Name
PER03	S	Communication Number Qualifier	**EM:** Electronic Mail **FX:** Facsimile **TE:** Telephone
PER04	R	Communication Number	Payer Contact Communication Number

Segment: **PER** **Payer Business Contact Information**

Loop: 1000A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PER05	S	Communication Number Qualifier	**EM:** Electronic Mail **EX**: Telephone Extension **FX:** Facsimile **TE:** Telephone
PER06	S	Communication Number	Payer Contact Communication Number
PER07	S	Communications Number Qualifier	**EX**: Telephone Extension
PER08	S	Communications Number	Payer Contact Communication Number

Segment: **PER** **Payer Technical Contact Information**

Loop: 1000A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
PER01	R	Contact Function Code	**BL:** Technical Department
PER02	S	Name	Payer Technical Contact Name

Segment: PER Payer Technical Contact Information

Loop: 1000A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
PER03	S	Communication Number Qualifier	**EM:** Electronic Mail **TE:** Telephone **UR:** Uniform Resource Locator (URL)
PER04	R	Communication Number	Payer Contact Communication Number
PER05	S	Communication Number Qualifier	**EM:** Electronic Mail **EX**: Telephone Extension **FX:** Facsimile **TE:** Telephone **UR:** Uniform Resource Locator (URL)
PER06	S	Communication Number	Payer Technical Contact Communication Number
PER07	S	Communications Number Qualifier	**EM:** Electronic Mail **EX**: Telephone Extension **FX:** Facsimile **UR:** Uniform Resource Locator (URL)
PER08	S	Communications Number	Payer Contact Communication Number

Segment: # PER Payer Web Site

Loop: 1000A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PER01	R	Contact Function Code	**IC:** Information Contact
PER03	R	Communication Number Qualifier	**UR:** Uniform Resource Locator (URL)
PER04	R	Communication Number	This is the payer's WEB site URL

Loop 1000B: Payee Identification

Segment: # N1 Payee Identification

Loop: 1000B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N101	R	Entity Identifier Code	**PE:** Payee
N102	R	Name	Payee Name
N103	R	Identification Code Qualifier	**FI:** Federal Taxpayer's Identification Number **XV:** Centers for Medicare and Medicaid Services PlanID **XX:** Centers for Medicare and Medicaid Services National Provider Identifier

Segment: # N1 Payee Identification

Loop: 1000B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N104	R	Identification Code	Payee Identification Code

Segment: # N3 Payee Address

Loop: 1000B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Payee Address Line
N302	S	Address Information	Payee Address Line

Segment: # N4 Payee City, State, Zip Code

Loop: 1000B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Payee City Name

Segment: # N4 Payee City, State, Zip Code

Loop: 1000B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N402	S	State or Province Code	Payee State Code
N403	S	Postal Code	Payee Postal Zone or ZIP Code. FHCP requires submission of 9 digit postal code.
N404	S	Country Code	Code identifying the country
N407	S	Country Subdivision Code	Code identifying the country subdivision

Segment: # REF Payee Additional Identification

Loop: 1000B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**0B:** State License Number **D3:** National Council for Prescription Drug Programs Pharmacy Number **PQ:** Payee Identification **TJ:** Federal Taxpayer's Identification Number
REF02	R	Reference Identification	Additional Payer Identifier

Segment: RDM **Remittance Delivery Method**

Loop: 1000B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
RDM01	R	Report Transmission Code	**BM:** By Mail **EM:** E-Mail **FT:** File Transfer **OL:** On-Line
RDM02	S	Name	
RDM03	S	Communication Number	Contains URL web address or e-mail address.

Loop 2000: Header Number

Segment: LX **Header Number**

Loop: 2000

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
LX01	R	Assigned Number	Number assigned for differentiation within a transaction set

Segment: TS3 Provider Summary Information

Loop: 2000

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
TS301	R	Reference Identification	Provider Identifier
TS302	R	Facility Code Value	Facility Type Code
TS303	R	Date	Fiscal Period Date
TS304	R	Quantity	Total Claim Count
TS305	R	Monetary Amount	Total Claim Charge Amount
TS313	S	Monetary Amount	Total MSP Payer Amount
TS315	S	Monetary Amount	Total Non-Lab Charge Amount
TS317	S	Monetary Amount	Total HCPCS Reported Charge Amount
TS318	S	Monetary Amount	Total HCPCS Payable Amount
TS320	S	Monetary Amount	Total Professional Component Amount
TS321	S	Monetary Amount	Total MSP Patient Liability Met Amount
TS322	S	Monetary Amount	Total Patient Reimbursement Amount
TS323	S	Quantity	Total PIP Claim Count
TS324	S	Monetary Amount	Total PIP Adjustment Amount

Segment: **TS2** **Provider Supplemental Summary Information**

Loop: 2000

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
TS201	S	Monetary Amount	Total DRG Amount
TS202	S	Monetary Amount	Total Federal Specific Amount
TS203	S	Monetary Amount	Total Hospital Specific Amount
TS204	S	Monetary Amount	Total Disproportionate Share Amount
TS205	S	Monetary Amount	Total Capital Amount
TS206	S	Monetary Amount	Total Indirect Medical Education Amount
TS207	S	Quantity	Total Outlier Day Count
TS208	S	Monetary Amount	Total Day Outlier Amount
TS209	S	Monetary Amount	Total Cost Outlier Amount
TS210	S	Quantity	Average DRG Length of Stay
TS211	S	Quantity	Total Discharge Count
TS212	S	Quantity	Total Cost Report Day Count
TS213	S	Quantity	Total Covered Day Count
TS214	S	Quantity	Total Noncovered Day Count
TS215	S	Monetary Amount	Total MSP Pass-Through Amount

Segment: **TS2** **Provider Supplemental Summary Information**

Loop: 2000

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
TS216	S	Quantity	Average DRG weight
TS217	S	Monetary Amount	Total PPS Capital FSP DRG Amount
TS218	S	Monetary Amount	Total PPS Capital HSP DRG Amount
TS219	S	Monetary Amount	Total PPS DSH DRG Amount

Loop 2100: Claim Payment Information

Segment: **CLP** **Claim Payment Information**

Loop: 2100

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
CLP01	R	Claim Submitter's Identifier	Patient Control Number
CLP02	R	Claim Status Code	**1-4; 19-25** – Applicable Code(s)
CLP03	R	Monetary Amount	Total Claim Charge Amount
CLP04	R	Monetary Amount	Claim Payment Amount

Segment: CLP Claim Payment Information

Loop: 2100

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
CLP05	S	Monetary Amount	Patient Responsibility Amount
CLP06	R	Claim Filing Indicator Code	**12-17; AM-ZZ** – Applicable Code(s)
CLP07	R	Reference Identification	Payer Claim Control Number
CLP08	S	Facility Code Value	Facility Type Code
CLP09	S	Claim Frequency Type Code	Claim Frequency Code
CLP11	S	Diagnosis Related Group (DRG) Code	
CLP12	S	Quantity	Diagnosis Related Group (DRG) Weight
CLP13	S	Percentage as Decimal	Discharge Fraction

Segment: CAS Claim Adjustment

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
CAS01	R	Claim Adjustment Group Code	**CO:** Contractual Obligations **CR:** Correction and Reversals

Segment: CAS Claim Adjustment

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
			OA: Other adjustments **PI:** Payor Initiated Reductions **PR:** Patient Responsibility
CAS02	R	Claim Adjustment Reason Code	Adjustment Reason Code
CAS03	R	Monetary Amount	Adjustment Amount
CAS04	S	Quantity	Adjustment Quantity
CAS05	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS06	S	Monetary Amount	Adjustment Amount
CAS07	S	Quantity	Adjustment Quantity
CAS08	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS09	S	Monetary Amount	Adjustment Amount
CAS10	S	Quantity	Adjustment Quantity
CAS11	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS12	S	Monetary Amount	Adjustment Amount
CAS13	S	Quantity	Adjustment Quantity

Segment: **CAS** **Claim Adjustment**

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
CAS14	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS15	S	Monetary Amount	Adjustment Amount
CAS16	S	Quantity	Adjustment Quantity
CAS17	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS18	S	Monetary Amount	Adjustment Amount
CAS19	S	Quantity	Adjustment Quantity

Segment: **NM1** **Patient Name**

Loop: 2100

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**QC:** Patient
NM102	R	Entity Type Qualifier	**1** Person
NM103	R	Name Last	Patient Last Name

Segment: # NM1 Patient Name

Loop: 2100

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM104	S	Name First	Patient First Name
NM105	S	Name Middle	Patient Middle Name
NM107	S	Name Suffix	Patient Name Suffix
NM108	R	Identification Code Qualifier	**34:** Social Security Number **HN:** Health Insurance Claim (HIC) Number **II:** Standard Unique Health Identifier for each Individual in the United States **MI:** Member Identification Number **MR:** Medicaid Recipient Identification Number
NM109	R	Identification Code	Patient Identifier

Segment: # NM1 Insured Name

Loop: 2100

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**IL:** Insured or Subscriber
NM102	R	Entity Type Qualifier	**1** Person

Segment: **NM1** Insured Name

Loop: 2100

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
			2 Non-Person Entity
NM103	R	Name Last	Subscriber Last Name
NM104	S	Name First	Subscriber First Name
NM105	S	Name Middle	Subscriber Middle Name
NM107	S	Name Suffix	Subscriber Name Suffix
NM108	R	Identification Code Qualifier	**FI:** Federal Taxpayer's Identification Number **II:** Standard Unique Health Identifier for each Individual in the United States **MI:** Member Identification Number
NM109	R	Identification Code	Subscriber Identifier

Segment: **NM1** Corrected Patient/Insured Name

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**74:** Corrected Insured

Segment: NM1 Corrected Patient/Insured Name

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM102	R	Entity Type Qualifier	**1** Person **2** Non-Person Entity
NM103	R	Name Last	Corrected Patient or Insured Last Name
NM104	S	Name First	Corrected Patient or Insured First Name
NM105	S	Name Middle	Corrected Patient or Insured Middle Name
NM107	S	Name Suffix	Corrected Patient or Insured Name Suffix
NM108	R	Identification Code Qualifier	**C:** Insured's Changed Unique Identification Number
NM109	R	Identification Code	Corrected Insured Identification Indicator

Segment: NM1 Service Provider Name

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**82:** Rendering Provider

Segment: # NM1 Service Provider Name

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM102	R	Entity Type Qualifier	**1** Person **2** Non-Person Entity
NM103	R	Name Last	Rendering Provider Last or Organization Name
NM104	S	Name First	Rendering Provider First Name
NM105	S	Name Middle	Rendering Provider Middle Name
NM107	S	Name Suffix	Rendering Provider Name Suffix
NM108	R	Identification Code Qualifier	**BD:** Blue Cross Provider Number **BS:** Blue Shield Provider Number **FI:** Federal Taxpayer's Identification Number **MC:** Medicaid Provider Number **PC:** Provider Commercial Number **SL:** State License Number **UP:** Unique Physician Identification Number (UPIN) **XX:** Centers for Medicare and Medicaid Services National Provider Identifier
NM109	R	Identification Code	Rendering Provider Identifier

Segment: **NM1** Crossover Carrier Name

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**TT:** Transfer To
NM102	R	Entity Type Qualifier	**2** Non-Person Entity
NM103	R	Name Last or Organization Name	Coordination of Benefits Carrier Name
NM108	R	Identification Code Qualifier	**AD:** Blue Cross Blue Shield Association Plan Code **FI:** Federal Taxpayer's Identification Number **NI:** National Association of Insurance Commissioners (NAIC) Identification **PI:** Payor Identification **PP:** Pharmacy Processor Number **XV:** Centers for Medicare and Medicaid Services PlanID
NM109	R	Identification Code	Coordination of Benefits Carrier Identifier

Segment: **NM1** **Corrected Priority Payer Name**

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**PR:** Payer
NM102	R	Entity Type Qualifier	**2** Non-Person Entity
NM103	R	Name Last or Organization Name	Corrected Priority Payer Name
NM108	R	Identification Code Qualifier	**AD:** Blue Cross Blue Shield Association Plan Code **FI:** Federal Taxpayer's Identification Number **NI:** National Association of Insurance Commissioners (NAIC) Identification **PI:** Payor Identification **PP:** Pharmacy Processor Number **XV:** Centers for Medicare and Medicaid Services PlanID
NM109	R	Identification Code	Corrected Priority Payer Identification Number

Segment: NM1 Other Subscriber Name

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**GB:** Other Insured
NM102	R	Entity Type Qualifier	**1** Person **2** Non-Person Entity
NM103	S	Name Last	Other Subscriber Last Name
NM104	S	Name First	Other Subscriber First Name
NM105	S	Name Middle	Other Subscriber Middle Name
NM107	S	Name Suffix	Other Subscriber Name Suffix
NM108	R	Identification Code Qualifier	**FI:** Federal Taxpayer's Identification Number **II:** Standard Unique Health Identifier for each Individual in the United States **MI:** Member Identification Number
NM109	R	Identification Code	Other Subscriber Identifier

Segment: MIA Inpatient Adjudication Information

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
MIA01	R	Quantity	Covered Days or Visits Count
MIA02	S	Monetary Amount	PPS Operating Outlier Amount
MIA03	S	Quantity	Lifetime Psychiatric Days Count
MIA04	S	Monetary Amount	Claim DRG Amount
MIA05	S	Reference Identification	Claim Payment Remark Code
MIA06	S	Monetary Amount	Claim Disproportionate Share Amount
MIA07	S	Monetary Amount	Claim MSP Pass-through Amount
MIA08	S	Monetary Amount	Claim PPS Capital Amount
MIA09	S	Monetary Amount	PPS-Capital FSP DRG Amount
MIA10	S	Monetary Amount	PPS-Capital HSP DRG Amount
MIA11	S	Monetary Amount	PPS-Capital DSH DRG Amount
MIA12	S	Monetary Amount	Old Capital Amount
MIA13	S	Monetary Amount	PPS-Capital IME amount
MIA14	S	Monetary Amount	PPS-Operating Hospital Specific DRG Amount
MIA15	S	Quantity	Cost Report Day Count

Segment: MIA Inpatient Adjudication Information

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
MIA16	S	Monetary Amount	PPS-Operating Federal Specific DRG Amount
MIA17	S	Monetary Amount	Claim PPS Capital Outlier Amount
MIA18	S	Monetary Amount	Claim Indirect Teaching Amount
MIA19	S	Monetary Amount	Nonpayable Professional Component Amount
MIA20	S	Reference Identification	Claim Payment Remark Code
MIA21	S	Reference Identification	Claim Payment Remark Code
MIA22	S	Reference Identification	Claim Payment Remark Code
MIA23	S	Reference Identification	Claim Payment Remark Code
MIA24	S	Monetary Amount	PPS-Capital Exception Amount

Segment: **MOA** Outpatient Adjudication Information

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
MOA01	S	Percentage as Decimal	Reimbursement Rate
MOA02	S	Monetary Amount	HCPCS Payable Amount
MOA01	S	Percentage as Decimal	Reimbursement Rate
MOA02	S	Monetary Amount	Claim HCPCS Payable Amount
MOA03	S	Reference Identification	Claim Payment Remark Code
MOA04	S	Reference Identification	Claim Payment Remark Code
MOA05	S	Reference Identification	Claim Payment Remark Code
MOA06	S	Reference Identification	Claim Payment Remark Code
MOA07	S	Reference Identification	Claim Payment Remark Code
MOA08	S	Monetary Amount	Claim ESRD Payment Amount
MOA09	S	Monetary Amount	Nonpayable Professional Component Amount

Segment: **REF** **Other Claim Related Identification**

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**1L – SY:** Applicable Code(s)
REF02	R	Reference Identification	Other Claim Related Identifier

Segment: **REF** **Rendering Provider Identification**

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**0B – LU:** Applicable Code(s)
REF02	R	Reference Identification	Rendering Provider Secondary Identifier

Segment: **DTM** **Statement From Or To Date**

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTM01	R	Date/Time Qualifier	**232:** Claim Statement Period Start **233:** Claim Statement Period End
DTM02	R	Date	Claim Date

Segment: **DTM** **Coverage Expiration Date**

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTM01	R	Date/Time Qualifier	**036:** Expiration
DTM02	R	Date	This is the expiration date of the patient's coverage.

Segment: **DTM** Claim Received Date

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTM01	R	Date/Time Qualifier	**050:** Received
DTM02	R	Date	This is the date that the claim was received by the payer.

Segment: **PER** Claim Contact Information

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PER01	R	Contact Function Code	**CX:** Payers Claim Office
PER02	S	Name	Claim Contact Name
PER03	S	Communication Number Qualifier	**EM:** Electronic Mail **FX:** Facsimile **TE:** Telephone
PER04	R	Communication Number	Claim Contact Communications Number
PER05	S	Communication Number Qualifier	**EM:** Electronic Mail **EX**: Telephone Extension **FX:** Facsimile

Segment: **PER** Claim Contact Information

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
			TE: Telephone
PER06	S	Communication Number	Claim Contact Communications Number
PER07	S	Communications Number Qualifier	**EX**: Telephone Extension
PER08	S	Communications Number	Communication Number Extension

Segment: **ATM** Claim Supplemental Information

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
AMT01	R	Amount Qualifier Code	**AU - ZO:** Applicable Code(s)
AMT02	R	Monetary Amount	Claim Supplemental Information Amount

Segment: **QTY** Claim Supplemental Information Quantity

Loop: 2100

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
QTY01	R	Quantity Qualifier	**CA – ZO:** Applicable Code(s)
QTY02	R	Quantity	Claim Supplemental Information Quantity

Loop 2110: Service Payment Information

Segment: **SVC Service Payment Information**

Loop: 2110

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
SVC01	R	Composite Medical Procedure Identifier	
SVC01 - 1	R	Product/Service ID Qualifier	**AD – WK:** Applicable Code(s)
SVC01 - 2	R	Product/Service ID	Adjudicated Procedure Code
SVC01 - 3	S	Procedure Modifier	
SVC01 - 4	S	Procedure Modifier	
SVC01 - 5	S	Procedure Modifier	
SVC01 - 6	S	Procedure Modifier	

Segment: SVC Service Payment Information

Loop: 2110

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
SVC02	R	Monetary Amount	Line Item Charge Amount
SVC03	R	Monetary Amount	Line Item Provider Payment Amount
SVC04	S	Product/Service ID	National Uniform Billing Committee Revenue Code
SVC05	S	Quantity	Units of Service Paid Count
SVC06	S	Composite Medical Procedure Identifier	
SVC06 - 1	R	Product/Service ID Qualifier	**AD – WK:** Applicable Code(s)
SVC06 - 2	R	Product/Service ID	Procedure Code
SVC06 - 3	S	Procedure Modifier	
SVC06 - 4	S	Procedure Modifier	
SVC06 - 5	S	Procedure Modifier	
SVC06 - 6	S	Procedure Modifier	
SVC06 - 7	S	Description	Procedure Code Description
SVC07	S	Quantity	Original Units of Service Count

Segment: **DTM** Service Date

Loop: 2110

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTM01	R	Date/Time Qualifier	**150:** Service Period Start **151:** Service Period End **472:** Service
DTM02	R	Date	Service Date

Segment: **CAS** Service Adjustment

Loop: 2110

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
CAS01	R	Claim Adjustment Group Code	**CO:** Contractual Obligations **OA:** Other adjustments **PI:** Payor Initiated Reductions **PR:** Patient Responsibility
CAS02	R	Claim Adjustment Reason Code	Adjustment Reason Code
CAS03	R	Monetary Amount	Adjustment Amount
CAS04	S	Quantity	Adjustment Quantity

Segment: CAS Service Adjustment

Loop: 2110

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
CAS05	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS06	S	Monetary Amount	Adjustment Amount
CAS07	S	Quantity	Adjustment Quantity
CAS08	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS09	S	Monetary Amount	Adjustment Amount
CAS10	S	Quantity	Adjustment Quantity
CAS11	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS12	S	Monetary Amount	Adjustment Amount
CAS13	S	Quantity	Adjustment Quantity
CAS14	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS15	S	Monetary Amount	Adjustment Amount
CAS16	S	Quantity	Adjustment Quantity
CAS17	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS18	S	Monetary Amount	Adjustment Amount

Segment: **CAS** **Service Adjustment**

Loop: 2110

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
CAS19	S	Quantity	Adjustment Quantity

Segment: **REF** **Service Identification**

Loop: 2110

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**1S – RB:** Applicable Code(s)
REF02	R	Reference Identification	Provider Identifier

Segment: **REF** **Line Item Control Number**

Loop: 2110

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**6R:** Provider Control Number
REF02	R	Reference Identification	Line Item Control Number

Segment: **REF** **Rendering Provider Information**

Loop: 2110

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**0B - TJ:** Applicable Code(s)
REF02	R	Reference Identification	Rendering Provider Identifier

Segment: **REF** **Healthcare Policy Identification**

Loop: 2110

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**0K:** Policy Form Identifying Number
REF02	R	Reference Identification	Healthcare Policy Identification

Segment: **AMT** **Service Supplemental Amount**

Loop: 2110

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
AMT01	R	Amount Qualifier Code	**B6 – ZO:** Applicable Code(s)
AMT02	R	Monetary Amount	Service Supplemental Amount

Segment: # QTY Service Supplemental Quantity

Loop: 2110

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
QTY01	R	Quantity Qualifier	**ZK – ZO:** Applicable Code(s)
QTY02	R	Quantity	Service Supplemental Quantity Count

Segment: # LQ Health Care Remark Codes

Loop: 2110

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
LQ01	R	Code List Qualifier Code	**HE:** Claim Payment Remark Codes **RX:** National Council for Prescription Drug Programs Reject/Payment Codes
LQ02	R	Industry Code	Remark Code

Segment: PLB Provider Adjustment

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PLB01	R	Reference Identification	Provider Identifier
PLB02	R	Date	Fiscal Period Date
PLB03	R	Adjustment Identifier	
PLB03 - 1	R	Adjustment Reason Code	**50 – 90; AH – WU:** Applicable Code(s)
PLB03 - 2	S	Reference Identification	Provider Adjustment Identifier
PLB04	R	Monetary Amount	Provider Adjustment Amount
PLB05	S	Adjustment Identifier	
PLB05 - 1	R	Adjustment Reason Code	
PLB05 - 2	S	Reference Identification	Provider Adjustment Identifier
PLB06	S	Monetary Amount	Provider Adjustment Amount
PLB07	S	Adjustment Identifier	
PLB07 - 1	R	Adjustment Reason Code	
PLB07 - 2	S	Reference Identification	Provider Adjustment Identifier
PLB08	S	Monetary Amount	Provider Adjustment Amount
PLB09	S	Adjustment Identifier	

Segment: PLB Provider Adjustment

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PLB09 - 1	R	Adjustment Reason Code	
PLB09 - 2	S	Reference Identification	Provider Adjustment Identifier
PLB10	S	Monetary Amount	Provider Adjustment Amount
PLB11	S	Adjustment Identifier	
PLB11 - 1	R	Adjustment Reason Code	
PLB11 - 2	S	Reference Identification	Provider Adjustment Identifier
PLB12	S	Monetary Amount	Provider Adjustment Amount
PLB13	S	Adjustment Identifier	
PLB13 - 1	R	Adjustment Reason Code	
PLB13 - 2	S	Reference Identification	Provider Adjustment Identifier
PLB14	S	Monetary Amount	Provider Adjustment Amount

Segment: **SE** Transaction Set Trailer

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
SE01	R	Number of Included Segments	Transaction Segment Count
SE02	R	Transaction Set Control Number	

IV. Direct Connect with FHCP

FHCP offers a Direct Connect alternative compared to traditional Clearinghouse to process the 835 transaction. Each Direct Connect option is unique per provider and transactions are available via a secured FTP. For more information please contact FHCP EDI support at: edisupport@fhcp.com or call 386-615-4090