

ANSI ASC X12N 835 v.4010A1 HEALTH CARE CLAIM PAYMENT/ADVICE Data Specifications

Change Log

| Date of Change | Page | Loop/ Txn | Segment/ Element ID | Segment Name | Data Element/Field Name (Industry) | Description of Change |
|----------------|------|--------------|---------------------------|----------------------------------|---------------------------------------|--|
| 3/09/07 | 7 | 1000B | N103 | Identification Code Qualifier | Identification Code Qualifier | <p>Added "XX – Health Care Financing Administration National Provider Identifier" as one of the Identification Code Qualifier values for NPI. Also added the following comments:</p> <p>"NPI Dual-Use Period: The NPI with the qualifier 'XX' will be returned if received on the original claim transaction; otherwise, the Federal Taxpayer's ID with the qualifier 'FI' will be returned." Note: Both the NPI and the Medi-Cal provider number cannot be sent on NCPDP pharmacy transactions. During the dual-use period, the Medi-Cal provider number must be sent on the NCPDP claim.</p> <p>NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal, the NPI will be returned with a qualifier 'XX' when received on the original claim; otherwise, the Federal Taxpayer's ID with a qualifier of 'FI' will be returned."</p> |
| 3/09/07 | 8 | 1000B | REF02 | Reference Identification | Medi-Cal Provider ID Number | <p>Removed "Medi-Cal" from "Medi-Cal Provider ID Number" so the identification will be "Provider ID Number".</p> <p>Also added the following comments:</p> <p>"NPI Dual-Use Period: The Medi-Cal provider number will be returned with a qualifier of '1D' during the dual-use period. If both the NPI and Medi-Cal provider number are sent on the claim, both will be returned in their appropriate locations."</p> <p>NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal, the Medi-Cal provider number will only be returned under certain circumstances. These are:</p> <p>If a provider does not qualify for an NPI (atypical providers)</p> <p>Claims currently in review during the implementation will return the ID used on the original claim</p> <p>Adjustment claims will be returned with the ID from the original claim.</p> |

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|----------------|------|--------------|---------------------------|--|---|---|
| 3/09/07 | 12 | 2100 | NM108 | Identification Code Qualifier | Identification Code Qualifier | <p>Added "XX - Health Care Financing Administration National Provider Identifier" as one of the Identification Code Qualifier values for NPI. Also added the following comments:</p> <p>"NPI Dual-Use Period: The NPI with the qualifier 'XX' will be returned if received on the original claim transaction; otherwise, the Federal Taxpayer's ID with the qualifier 'F' will be returned." Note: Both the NPI and the Medi-Cal provider number cannot be sent on NCPDP pharmacy transactions. During the dual-use period, the Medi-Cal provider number must be sent on the NCPDP claim.</p> <p>NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal, the NPI will be returned with a qualifier 'XX' when received on the original claim; otherwise, the Medicaid provider number with a qualifier of 'MC' will be returned. The Medi-Cal provider number may be returned instead of the NPI under certain circumstances. These are:</p> <p>If a provider does not qualify for an NPI (atypical providers)</p> <p>Claims currently in review during the implementation will return the ID used on the original claim</p> <p>Adjustment claims will be returned with the ID from the original claim</p> |
| 3/09/07 | 13 | 2100 | REF | Rendering Provider Identification | REF | Added new REF segment for 2100, position 030 for Rendering Provider Identification |
| 3/09/07 | 13 | 2100 | REF01 | Reference Identifier | Receiver Identification Qualifier | Added new Reference Identifier REF01. |
| 3/09/07 | 14 | 2100 | REF02 | Reference Identification | Rendering Provider Identifier | Added new Rendering Provider Identifier REF02. |
| 3/09/07 | 15 | 2110 | SVC01-1 | Product/Service ID Qualifier | Product or Service ID Qualifier | Added HC, ID, N4 and NU full explanation of codes in SVC01-1. |
| 3/09/07 | 18 | 2110 | REF01 | Reference Identification Qualifier | | Moved the UPN description (from previous modification) from Segment Name/Data Element Name to the Value field. |

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|----------------|------|--------------|---------------------------|--|---------------------------------------|---|
| 3/09/07 | 18 | 2110 | REF01 | Reference Identification Qualifier | | <p>Added the following:</p> <p>1D – Medicaid Provider Identifier</p> <p>HPI – National Provider Identifier</p> <p>“NPI Dual-Use Period: If both the NPI and Medi-Cal provider number are sent on the original claim, the NPI with the qualifier ‘HPI’ will be returned and another REF segment at this provider number.” Note: Both the NPI and the Medi-Cal provider number cannot be sent on NCPDP pharmacy provider number must be sent on the NCPDP claim.</p> <p>NPI Production: Once the NPI is mandated for use and implement ‘HPI’ when received on the original claim; otherwise, the Medi-Cal provider number with a qualifier of ‘1D’ will be returned. The Medi-Cal provider number may be sent instead of the NPI under certain circumstances. These are:</p> <p>If a provider does not qualify for an NPI (atypical providers)</p> <p>Claims currently in review during the implementation will return the ID used on the original claim</p> <p>Adjustment claims will be returned with the ID from the original claim.</p> |
| 3/09/07 | 18 | 2110 | REF | Rendering Provider Identification | | Added REF segment for Rendering Provider Identification. |
| 12/20/06 | 13 | 2110 | SVC01-1 | Product/Service ID Qualifier | Product or Service ID Qualifier | Added the following: “For providers that are participating in the UPN pilot program, the qualifier returned may be a value of HI, UK or UL which are not listed in the Implementation Guide.” and value “HI - HIBC (Health Care Industry Bar Code) Supplier Labeling Standard Primary Data Message, UK - GTIN 14-digit Data Structure See code source 41, UL - U.P.C. Coupon Code (1-5-5-1) See code source 41.” |
| 12/20/06 | 15 | 2100 | REF01 | Reference Identification Qualifier | 6R – Provider Control Number | Added the following: “For providers who originally billed a claim with both a Patient Control Number and a Prescription number, the Prescription number will be reported in this REF segment with the qualifier ‘XZ’ which is not listed in the Implementation Guide.” and value “XZ - Pharmacy Prescription Number” |
| 05/08/03 | 12 | 2110 | SVC | Service Payment Information | Service Payment Information | Added the following: “Medi-Cal does not price inpatient or crossover claims at the detail line. Therefore Medi-Cal will not send the SVC segment for these claims.” |
| 08/14/03 | All | | | | | Changed all Subelement Separators from HEX '1F' to HEX '6E' |
| 08/14/03 | All | | | | | Changed all Data Element Separator from HEX '1D' to HEX '5C' |
| 08/14/03 | All | | | | | Changed all Segment Terminator from HEX '1C' to HEX 'A1' |

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|----------------|------|--------------|---------------------------|--------------------------------|---------------------------------------|---|
| 08/14/03 | 5 | 1000A | N403 | Postal Code | Payer Postal Zone or ZIP Code | Changed from 94234-7320 to 942347320 (Remove "-") |
| 08/25/03 | 12 | 2110 | SVC | Service Payment Information | Service Payment Information | Changed the following: "Medi-Cal does not price inpatient or crossover claims at the detail line. Therefore Medi-Cal will not send the SVC segment for these claims." To: "Medi-Cal does not price inpatient or crossover claims at the detail line. Therefore Medi-Cal will not send the SVC loop for these claims." |
| 10/06/03 | 7 | 2100 | CLP02 | Claim Status | Claim Status | Added the Value option "4 – Denied." |
| 10/16/03 | 7 | 2100 | CLP02 | Claim Status | Claim Status | Added the Value option "22 – Reversal of Previous Claim." |
| 11/03/03 | 5 | 1000 | N1 | Payer Identification | Payer Identification | Removed N103 & N104 |
| 01/29/04 | 7 | 2100 | CLP02 | Claim Status | Claim Status | Added the Value option "1 – Processed as Primary." Added the Value option "2 – Processed as Secondary." |

National Provider Identifier (NPI) Dual-Use Period: Medi-Cal will have a dual-use period from May 23, 2007 through November 25, 2007 where providers will be encouraged to submit both the Medi-cal provider number and the NPI on the submitted claim. During this dual-use period, Medi-Cal will return both the NPI and the Medi-Cal provider number on the outbound 835 transaction. Note: Both the NPI and the Medi-Cal provider number cannot be sent on NCPDP pharmacy transactions. During the dual-use period, the Medi-Cal provider number must be sent on the NCPDP claim. During the dual-use period, Medi-Cal will process the claim using the Medi-Cal provider number, not the NPI.

NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal, the NPI will be the primary ID accepted and sent on all transactions except for those providers who do not qualify for an NPI. Once implemented into production, Medi-Cal will only be returning the NPI when received on the original claim. There are some exceptions, please see the specifications for these exceptions.

UPN Pilot Program: Medi-Cal will be initiating a pilot program to demonstrate the use of Product Codes for Medical Supplies. Only those participating providers in this pilot program will use the additional fields denoted in these specifications for that use.

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| Loop | Position | Segment ID | Segment Name/ Data Element Name | DE Ref # | Format | Length | Req. Des. | Value |
|------|----------|------------|------------------------------------|----------|--------|--------|-----------|---|
| | 005 | ST | Transaction Set Header | | | 2 | R | <i>ST</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | ST01 | Transaction Set Identifier Code | 143 | ID | 3/3 | R | <i>835 - Health Care Claim Payment/Advice</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | ST02 | Transaction Set Control Number | 329 | AN | 4/9 | R | <i>Transaction Set Control Number</i> |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| | 020 | BPR | Transportation Handling Code | | | | R | <i>BPR</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | BPR01 | Transportation Handling Code | 305 | ID | 1/2 | R | <i>Transportation Handling Code</i> <i>I - Remittance Information Only</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | BPR02 | Monetary Amount | 782 | R | 1/18 | R | <i>Total Actual Provider Payment Amount</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | BPR03 | Credit/Debit Flag | 478 | ID | 1/1 | R | <i>Credit/Debit Flag</i> <i>C - Credit</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | BPR04 | Payment Method Code | 591 | ID | 3/3 | R | <i>Payment Method Code</i> <i>ACH - Automated Clearing House</i> <i>CHK - Check</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | BPR05 | Payment Format Code | 812 | ID | 1/10 | S | <i>Payment Format Code</i> <i>CCP - Cash Concentration/Duration plus Addenda</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |

- ❖ Addenda changes (highlighted in yellow with blue lettering for changed verbiage).
- ⊙ Deleted items as a result of the addenda (red lettering with strikethrough)
- * Possible deleted items as a result of the addenda (black lettering with strikethrough).
- ⊙ Code set conversions.

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|------|----------|------------|---------------------------------------|----------|--------|--------|-----------|---|
| | | BPR06 | (DFI) ID Number Qualifier | 506 | ID | 2/2 | S | <i>Depository Financial Institution (DFI) Identification Qualifier</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | BPR07 | (DFI) Identification Number | 507 | AN | 3/12 | S | <i>Sender DFI Identification</i> <i>121000358</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | BPR08 | Account Number Qualifier | 569 | ID | 1/3 | S | <i>Account Number Qualifier</i> <i>DA - Demand Deposit</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | BPR09 | Account Number | 508 | AN | 1/35 | S | <i>Sender Bank Account Number</i> <i>1436100418</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | BPR10 | Originating Company Identifier | 509 | AN | 10/10 | S | <i>Payer Identifier</i> <i>1680217053</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | BPR11 | Originating Company Supplemental Code | 510 | AN | 9/9 | S | Not used |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | BPR12 | DFI ID Number Qualifier | 506 | ID | 2/2 | S | <i>Depository Financial Institution (DFI) Identification Qualifier</i> <i>01</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | BPR13 | (DFI) Identification Number | 507 | AN | 3/12 | S | <i>Receiver or Provider Bank ID Number</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |

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|------|----------|------------|------------------------------------|----------|--------|--------|-----------|---|
| | | BPR14 | Account Number Qualifier | 569 | ID | 1/3 | S | <i>Account Number Qualifier</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | BPR15 | Account Number | 508 | AN | 1/35 | S | <i>Receiver Account Number</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | BPR16 | Date | 373 | DT | 8/8 | R | <i>Check Issue or EFT Effective Date CCYYMMDD</i> |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| | 040 | TRN | Reassociation Trace Number | | | | R | <i>TRN</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | TRN01 | Trace Type Code | 481 | ID | 1/2 | R | <i>Trace Type Code</i> |
| | | | | | | | | <i>1 – Current Transaction Trace Numbers</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | TRN02 | Reference Identification | 127 | AN | 1/30 | R | <i>Check or EFT Trace Number</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | TRN03 | Originating Company Identifier | 509 | AN | 10/10 | R | <i>Payer Identifier</i> |
| | | | | | | | | <i>1680217053</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |

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| Loop | Position | Segment ID | Segment Name/ Data Element Name | DE Ref # | Format | Length | Req. Des. | Value |
|------|----------|------------|------------------------------------|----------|--------|--------|-----------|--|
| | | TRN04 | Reference Identification | 127 | AN | 1/30 | S | <i>Originating Company Supplemental Code</i> <i>Medi-Cal - Financial Program Identification</i> <i>1 - Medi-Cal</i> <i>2 - CMSP</i> <i>3 - Medi-Cal - Abortion</i> <i>4 - CCS</i> <i>5,6,7 - GHPP</i> <i>8,9,0 - Other Public Health (OPH)</i> <i>H - Healthy Families</i> |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| | 060 | REF | Receiver Identification | | | | S | <i>REF</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | REF01 | Receiver Identification Qualifier | 128 | ID | 2/3 | R | <i>Receiver Identification Qualifier</i> <i>EV - Receiver Identification Number</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | REF02 | Receiver Identification Number | 127 | AN | 1/30 | R | <i>Receiver Identifier</i> |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| | 070 | DTM | Production Date | | | | S | <i>DTM</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | DTM01 | Date/Time Qualifier | 374 | ID | 3/3 | R | <i>Date/Time Qualifier</i> <i>405 - Production</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |

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|-------|----------|------------|------------------------------------|----------|--------|--------|-----------|---------------------------------------|
| | | DTM02 | Date | 373 | DT | 8/8 | R | <i>Production Date</i> |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| 1000 | 080 | N1 | Payer Identification | | | | R | N1 |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | N101 | Entity Identifier Code | 98 | ID | 2/3 | R | <i>Entity Identifier Code</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | N102 | Name | 93 | AN | 1/60 | S | <i>Payer Name</i> |
| | | | | | | | | <i>State of California - Medi-Cal</i> |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| 1000A | 100 | N3 | Payer Address | | | | R | N3 |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | N301 | Address Information | 166 | AN | 1/55 | R | <i>Payer Address Line</i> |
| | | | | | | | | <i>714 P Street RM 950</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | N302 | Address Information | 166 | AN | 1/55 | S | <i>Payer Address Line</i> |
| | | | | | | | | <i>P.O. Box 942732</i> |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| 1000A | 110 | N4 | Payer City, State, Zip Code | | | | R | N4 |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | N401 | City Name | 19 | AN | 2/30 | R | <i>Payer City Name</i> |
| | | | | | | | | <i>Sacramento</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |

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|-------|----------|------------|--|----------|--------|-----------|-----------|--|
| | | N402 | State or Province Code | 156 | ID | 2/2 | R | <i>State or Province Code</i> <i>CA</i> |
| | | N403 | Data Element Separator Postal Code | 116 | ID | 1 3/15 | R | Hex '5C' <i>Payer Postal Zone or Zip Code</i> <i>942347320</i> |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| 1000B | 080 | N1 | Payee Identification | | | 1 | R | <i>N1</i> Hex '5C' |
| | | N101 | Data Element Separator Entity Identifier Code | 98 | ID | 2/3 | R | <i>Entity Identifier Code</i> <i>PE - Payee</i> |
| | | N102 | Data Element Separator Name | 93 | AN | 1 1/60 | S | Hex '5C' <i>Payee Name</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |

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|-------|----------|------------|------------------------------------|----------|--------|--------|-----------|--|
| 1000B | | N103 | Identification Code Qualifier | 66 | ID | 1/2 | R | <i>Identification Code Qualifier</i> <i>FI – Federal Taxpayer’s Identification Number</i> <i>XX – Health Care Financing Administration National Provider Identifier</i> <i>NPI Dual-Use Period: The NPI with the qualifier ‘XX’ will be returned if received on the original claim transaction; otherwise, the Federal Taxpayer’s ID with the qualifier ‘FI’ will be returned.</i> <i>Note: Both the NPI and the Medi-Cal provider number cannot be sent on NCPDP pharmacy transactions. During the dual-use period, the Medi-Cal provider number must be sent on the NCPDP claim.</i> <i>NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal, the NPI will be returned with a qualifier ‘XX’ when received on the original claim; otherwise, the Federal Taxpayer’s ID with a qualifier of ‘FI’ will be returned.</i> |
| | | N104 | Data Element Separator | | | 1 | | Hex ‘5C’ |
| | | | Identification Code | 67 | AN | 2/80 | R | Payee Identification Code |
| | | | Segment Terminator | | | 1 | | Hex ‘A1’ |
| 1000B | 120 | REF | Payee Addition Identification | | | | S | REF |
| | | | Data Element Separator | | | 1 | | Hex ‘5C’ |
| | | REF01 | Reference Identification Qualifier | 128 | ID | 2/3 | R | Reference Identification Qualifier <i>ID – Medicaid Provider Number</i> |
| | | | Data Element Separator | | | 1 | | Hex ‘5C’ |

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|-------|----------|------------|---|----------|--------|--------|-----------|--|
| 1000B | | REF02 | Reference Identification | 127 | AN | 1/30 | R | <p><i>Additional Payee Identifier</i></p> <p><i>Provider ID Number</i></p> <p><i>NPI Dual-Use Period: The Medi-Cal provider number will be returned with a qualifier of 'ID' during the dual-use period. If both the NPI and Medi-Cal Provider Number are sent on the claim, both will be returned in their appropriate locations.</i></p> <p><i>NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal, the Medi-Cal provider number will only be returned under certain circumstances. These are:</i></p> <p><i>If a provider does not qualify for an NPI (atypical providers)</i></p> <p><i>Claims currently in review during the implementation will return the ID used on the original claim</i></p> <p><i>Adjustment claims will be returned with the ID from the original claim</i></p> |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| 2000 | 003 | LX | Header Number (repeat: >1) | | | 1 | S | LX |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | | Assigned Number | 554 | N0 | 1/6 | R | Assigned Number |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| 2100 | 010 | CLP | Claims Payment Information (repeat: >1) | | | 1 | R | CLP |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | CLP01 | Claims Submitter's Identifier | 1028 | AN | 1/38 | R | Patient Control Number |
| | | | Data Element Separator | | | 1 | | Hex '5C' |

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|------|----------|------------|------------------------------------|----------|--------|--------|-----------|--|
| | | CLP02 | Claims Status | 1029 | ID | 1/2 | R | <i>Claim Status</i> <i>1 – Processed as Primary</i> <i>2 – Processed as Secondary</i> <i>3 – Processed as Tertiary</i> <i>4 – Denied</i> <i>22 – Reversal of Previous Claim</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | CLP03 | Monetary Amount | 782 | R | 1/18 | R | <i>Total Claim Charge Amount</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | CLP04 | Monetary Amount | 782 | R | 1/18 | R | <i>Claim Payment Amount</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | CLP05 | Monetary Amount | 782 | R | 1/18 | S | <i>Patient Responsibility Amount</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | CLP06 | Claim Filing Indicator Code | 1032 | ID | 1/2 | R | <i>Claim Filing Indicator Code</i> <i>MC – Medicaid</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | CLP07 | Reference Identification | 127 | AN | 1/30 | S | <i>Payer Claim Control Number</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | CLP08 | Facility Code Value | 1331 | AN | 1/2 | S | <i>Facility Type Code</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | CLP09 | Claim Frequency Type Code | 1325 | AN | 1/1 | S | <i>Claim Frequency Type Code</i> |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| 2100 | 020 | CAS | Claim Adjustment (repeat: 99) | | | | S | CAS |

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- ⊙ Code set conversions.

ANSI ASC X12N 835 v.4010A1 HEALTH CARE CLAIM PAYMENT/ADVICE Data Specifications

| Loop | Position | Segment ID | Segment Name/ Data Element Name | DE Ref # | Format | Length | Req. Des. | Value |
|------|----------|------------|------------------------------------|----------|--------|--------|-----------|-------------------------------------|
| | | CAS01 | Data Element Separator | | | 1 | | Hex '5C' |
| | | | Claim Adjustment Group Code | 1033 | ID | 1/2 | R | <i>Claim Adjustment Group Code</i> |
| | | CAS02 | Data Element Separator | | | 1 | | Hex '5C' |
| | | | Claim Adjustment Reason Code | 1034 | ID | 1/5 | R | <i>Claim Adjustment Reason Code</i> |
| | | CAS03 | Data Element Separator | | | 1 | | Hex '5C' |
| | | | Monetary Amount | 782 | R | 1/18 | R | <i>Adjustment Amount</i> |
| | | CAS05 - 19 | Repeat of segments CAS02 - CAS04 | | | | | |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| 2100 | 030 | NM1 | (Patient Name) or Org. Name | | | | R | NM1 |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | NM101 | Entity Identifier Code | 98 | ID | 2/3 | R | <i>Entity Identifier Code</i> |
| | | | | | | | | <i>QC - Patient</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | NM102 | Entity Type Qualifier | 1065 | ID | 1/1 | R | <i>Entity Type Qualifier</i> |
| | | | | | | | | <i>1 - Person</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | NM103 | Last Name or Organization Name | 1035 | AN | 1/35 | R | <i>Patient Last Name</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | NM104 | Name First | 1036 | AN | 1/25 | R | <i>Patient First Name</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | NM105 | Name Middle | 1037 | AN | 1/25 | S | <i>Patient Middle Name</i> |
| | | | Data Element Separator | | | 1 | S | Hex '5C' |
| | | NM106 | Not used | | | 1 | N | Hex '5C' |

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- ⊙ Code set conversions.

ANSI ASC X12N 835 v.4010A1 HEALTH CARE CLAIM PAYMENT/ADVICE Data Specifications

| Loop | Position | Segment ID | Segment Name/ Data Element Name | DE Ref # | Format | Length | Req. Des. | Value |
|------|----------|------------|------------------------------------|----------|--------|--------|-----------|--|
| | | NM107 | Data Element Separator | | | 1 | S | Hex '5C' |
| | | NM108 | Identification Code Qualifier | 66 | ID | 1/2 | S | <i>Identification Code Qualifier</i> <i>MR – Medicaid Recipient Identification Number</i> |
| | | NM109 | Data Element Separator | | | 1 | | Hex '5C' |
| | | | Identification Code | 67 | AN | 2/80 | S | <i>Patient Identifier</i> |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| 2100 | 030 | NM1 | Service Provider Name | | | 1 | S | NM1 Hex '5C' |
| | | NM101 | Data Element Separator | | | 1 | | Hex '5C' |
| | | | Entity Identifier Code | 98 | ID | 2/3 | R | <i>Entity Identifier Code</i> <i>82 – Rendering Provider</i> |
| | | NM102 | Data Element Separator | | | 1 | | Hex '5C' |
| | | | Entity Type Qualifier | 1065 | ID | 1/1 | R | <i>Entity Type Qualifier</i> <i>2 – Non-Person Entity</i> |
| | | NM103 | Data Element Separator | | | 1 | S | Hex '5C' |
| | | NM104 | Data Element Separator | | | 1 | S | Hex '5C' |
| | | NM105 | Data Element Separator | | | 1 | S | Hex '5C' |
| | | NM106 | Not Used | | | 1 | | Hex '5C' |
| | | NM107 | Data Element Separator | | | 1 | S | Hex '5C' |

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- ⊙ Code set conversions.

ANSI ASC X12N 835 v.4010A1 HEALTH CARE CLAIM PAYMENT/ADVICE Data Specifications

| Loop | Position | Segment ID | Segment Name/ Data Element Name | DE Ref # | Format | Length | Req. Des. | Value |
|------|----------|------------|------------------------------------|----------|--------|--------|-----------|---|
| 2100 | | NM108 | Identification Code Qualifier | 66 | ID | 1/2 | R | <p><i>Identification Code Qualifier</i></p> <p><i>MC – Medicaid Provider Number</i></p> <p><i>XX – Health Care Financing Administration National Provider Identifier</i></p> <p><i>NPI Dual-Use Period: The NPI with the qualifier ‘XX’ will be returned if received on the original claim transaction; otherwise, the Federal Taxpayer’s ID with the qualifier ‘FI’ will be returned.</i></p> <p><i>Note: Both the NPI and the Medi-Cal provider number cannot be sent on NCPDP pharmacy transactions. During the dual-use period, the Medi-Cal provider number must be sent on the NCPDP claim.</i></p> <p><i>NPI Production: Once the NPI is mandated for use and implemented by Medi-Cal, the NPI will be returned with a qualifier ‘XX’ when received on the original claim; otherwise, the Federal Taxpayer’s ID with a qualifier of ‘FI’ will be returned.</i></p> <p><i>If a provider does not qualify for an NPI (atypical providers)</i></p> <p><i>Claims currently in review during the implementation will return the ID used on the original claim</i></p> <p><i>Adjustment claims will be returned with the ID from the original claim.</i></p> |
| | | NM109 | Data Element Separator | | | 1 | | Hex ‘5C’ |
| | | | Identification Code | 67 | AN | 2/80 | R | <i>Rendering Provider Identifier</i> |
| 2100 | 030 | NM1 | Corrected Priority Payer Name | | | 1 | S | |
| | | | Data Element Separator | | | 1 | | Hex ‘5C’ |

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- Ⓢ Code set conversions.

ANSI ASC X12N 835 v.4010A1 HEALTH CARE CLAIM PAYMENT/ADVICE Data Specifications

| Loop | Position | Segment ID | Segment Name/ Data Element Name | DE Ref # | Format | Length | Req. Des. | Value |
|------|----------|------------|---|----------|--------|--------|-----------|--|
| | | NM101 | Entity Identifier Code | 98 | ID | 2/3 | R | <i>Entity Identifier Code</i> <i>PR – Payer</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | NM102 | Entity Type Qualifier | 1065 | ID | 1/1 | R | <i>Entity Type Qualifier</i> <i>2 – Non-Person Entity</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | NM103 | Organization Name | 1035 | AN | 1/35 | R | <i>Corrected Priority Payer Name</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | NM104 | Not Used | | | 1 | N | Hex '5C' |
| | | NM105 | Not Used | | | 1 | N | Hex '5C' |
| | | NM106 | Not Used | | | 1 | N | Hex '5C' |
| | | NM107 | Not Used | | | 1 | N | Hex '5C' |
| | | NM108 | Identification Code Qualifier | 66 | ID | 1/2 | R | <i>Identification Code Qualifier</i> <i>PI – Payor Identification</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | NM109 | Rendering Provider Identifier | 67 | AN | 2/80 | R | <i>Corrected Priority Payer Identification Number</i> |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| 2100 | 030 | REF | Rendering Provider Identification (repeat: 5) | | | | S | <i>REF</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | REF01 | Reference Identifier | 128 | ID | 2/3 | R | <i>Receiver Identification Qualifier</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |

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ANSI ASC X12N 835 v.4010A1 HEALTH CARE CLAIM PAYMENT/ADVICE Data Specifications

| Loop | Position | Segment ID | Segment Name/ Data Element Name | DE Ref # | Format | Length | Req. Des. | Value |
|------|----------|------------|--|----------|--------|--------|-----------|--|
| | | REF02 | Reference Identification | 127 | AN | 1/30 | R | Rendering Provider Identifier ID – Medicaid Provider Number NPI Dual-Use Period: The Medi-Cal provider number will be returned with a qualifier of 'ID' during the dual-use period. If both the NPI and Medi-Cal provider number are sent on the claim, both will be returned in their appropriate locations. |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| 2100 | 040 | REF | Other Claim Related Identification (repeat: 5) | | | 1 | S | REF Hex '5C' |
| | | REF01 | Data Element Separator | | | 1 | | |
| | | REF01 | Reference Identifier | 128 | ID | 2/3 | R | Receiver Identification Qualifier Hex '5C' |
| | | | Data Element Separator | | | 1 | | |
| | | REF02 | Reference Identification | 127 | AN | 1/30 | R | Other Claim Related Identifier Hex 'A1' |
| | | | Segment Terminator | | | 1 | | |
| 2100 | 050 | DTM | Claim Date (repeat: 4) | | | 1 | S | DTM Hex '5C' |
| | | | Data Element Separator | | | 1 | | |
| | | DTM01 | Date/Time Qualifier | 374 | ID | 3/3 | R | Date/Time Qualifier 050 – Received 232 – Claim Statement Period Start 233 – Claim Statement Period End |
| | | DTM02 | Claim Date | 373 | DT | 8/8 | R | Production Date |
| | | DTM03 - 06 | Not used | | | | | |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |

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ANSI ASC X12N 835 v.4010A1 HEALTH CARE CLAIM PAYMENT/ADVICE Data Specifications

| Loop | Position | Segment ID | Segment Name/ Data Element Name | DE Ref # | Format | Length | Req. Des. | Value |
|------|----------|------------|--|----------|--------|--------|-----------|---|
| 2110 | 070 | SVC | Service Payment Information (repeat: 999) | | | | S | SVC |
| | | | <i>Medi-Cal does not price inpatient or crossover claims at the detail line. Therefore Medi-Cal will not send the SVC loop for these claims.</i> | | | | | |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | SVC01 | Composite Medi-Cal Procedure Identifier | | | | R | |
| | | SVC01-1 | Product/Service ID Qualifier | 235 | ID | 2/2 | R | Product or Service ID Qualifier <i>HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes</i> <i>ID – International Classification of Diseases Clinical Modification Procedure (ICD-9-CM)</i> <i>N4 – National Drug Code (NDC) in 5-4-2 Format</i> <i>NU – National Uniform Billing Committee (NUBC) UB-92 Codes</i> <u>UPN Pilot Program:</u> <i>HI – Health Care Industry Bar Code HIBC Supplier Labeling Standard Primary Data Message</i> <i>UK – GTIN 14-digit Data Structure See code source 41</i> <i>UL – U.P.C. Coupon Code (1-5-5-1) See code source 41</i> <i>For providers that are participating in the UPN pilot program, the qualifier returned may be a value of HI, UK or UL which are not listed in the Implementation Guide.</i> |
| | | | Subelement Separator | | | 1 | | Hex '6E' |
| | | SVC01-2 | Product/Service ID | 234 | AN | 1/48 | R | Procedure Code |
| | | | Subelement Separator | | | 1 | | Hex '6E' |

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ANSI ASC X12N 835 v.4010A1 HEALTH CARE CLAIM PAYMENT/ADVICE Data Specifications

| Loop | Position | Segment ID | Segment Name/ Data Element Name | DE Ref # | Format | Length | Req. Des. | Value |
|------|----------|------------|------------------------------------|----------|--------|--------|-----------|--|
| | | SVC01-3 | Procedure Modifier | 1339 | AN | 2/2 | S | <i>Procedure Modifier</i> |
| | | | Subelement Separator | | | 1 | | Hex '6E' |
| | | SVC01-4 | Procedure Modifier | 1339 | AN | 2/2 | S | <i>Procedure Modifier</i> |
| | | | Subelement Separator | | | 1 | | Hex '6E' |
| | | SVC01-5 | Procedure Modifier | 1339 | AN | 2/2 | S | <i>Procedure Modifier</i> |
| | | | Subelement Separator | | | 1 | | Hex '6E' |
| | | SVC01-6 | Procedure Modifier | 1339 | AN | 2/2 | S | <i>Procedure Modifier</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | SVC02 | Monetary Amount | 782 | AN | 1/18 | R | <i>Line Item Charge Amount</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | SVC03 | Monetary Amount | 782 | AN | 1/18 | R | <i>Line Item Provider Payment Amount</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | SVC04 | Product/Service ID | 234 | AN | 1/48 | S | <i>National Uniform Billing Committee Revenue Code</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | SVC05 | Quantity | 380 | R | 1/15 | S | <i>Unit of Service Paid Count</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | SVC06-1 | Product or Service ID Qualifier | 235 | ID | 2/2 | R | <i>Product or Service ID Qualifier</i> |
| | | | Subelement Separator | | | 1 | | Hex '6E' |
| | | SVC06-2 | Procedure Code | 234 | AN | 1/48 | R | <i>Procedure Code</i> |
| | | | Subelement Separator | | | 1 | | Hex '6E' |
| | | SVC06-3 | Procedure Modifier | 1339 | AN | 2/2 | S | <i>Procedure Modifier</i> |
| | | | Subelement Separator | | | 1 | | Hex '6E' |
| | | SVC06-4 | Procedure Modifier | 1339 | AN | 2/2 | S | <i>Procedure Modifier</i> |
| | | | Subelement Separator | | | 1 | | Hex '6E' |

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- ⊙ Code set conversions.

ANSI ASC X12N 835 v.4010A1 HEALTH CARE CLAIM PAYMENT/ADVICE Data Specifications

| Loop | Position | Segment ID | Segment Name/ Data Element Name | DE Ref # | Format | Length | Req. Des. | Value |
|------|----------|------------|-------------------------------------|----------|--------|--------|-----------|--|
| | | SVC06-5 | Procedure Modifier | 1339 | AN | 2/2 | S | <i>Procedure Modifier</i> |
| | | | Subelement Separator | | | 1 | | Hex '6E' |
| | | SVC06-6 | Procedure Modifier | 1339 | AN | 2/2 | S | <i>Procedure Modifier</i> |
| | | | Segment Terminator | | | 1 | | Hex '5C' |
| 2110 | 090 | CAS | Service Adjustment (repeat: 99) | | | | S | CAS |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | CAS01 | Claim Adjustment Group Code | 1033 | ID | 1/2 | R | <i>Claim Adjustment Group Code</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | CAS02 | Claim Adjustment Reason Code | 1034 | ID | 1/5 | R | <i>Claim Adjustment Reason Code</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | CAS03 | Monetary Amount | 782 | R | 1/18 | R | <i>Adjustment Amount</i> |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| 2110 | 100 | REF | Service Identification (repeat: 07) | | | | S | REF |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | REF01 | Reference Identification Qualifier | 128 | ID | 2/3 | R | <i>6R – Provider Control Number</i> <i>XZ - Pharmacy Prescription Number</i> |
| | | | | | | | | <i>For providers that are participating in the UPN pilot program and who originally billed a claim with both a Patient Control Number and a Prescription Number, the Prescription Number will be reported in this REF segment with the qualifier 'XZ' which is not listed in the Implementation Guide.</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | REF02 | Reference Identification | 127 | AN | 1/30 | R | <i>Provider Identifier</i> |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |

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ANSI ASC X12N 835 v.4010A1 HEALTH CARE CLAIM PAYMENT/ADVICE Data Specifications

| Loop | Position | Segment ID | Segment Name/ Data Element Name | DE Ref # | Format | Length | Req. Des. | Value |
|------|----------|------------|--|----------|--------|-----------|-----------|--|
| 2110 | 100 | REF | Rendering Provider Identification (repeat: 10) | | | 1 | S | REF |
| | | REF01 | Data Element Separator Reference Identification Qualifier | 128 | ID | 2/3 | R | Hex '5C' ID – Medicaid Provider Identifier HPI – National Provider Identifier <i>NPI Dual-Use Period: If both the NPI and Medi-Cal provider number are sent on the original claim, the NPI with the qualifier 'HPI' will be returned and another REF segment at this provider number. Note: Both the NPI and the Medi-Cal provider number cannot be sent on NCPDP pharmacy provider number must be sent on the NCPDP claim.</i> <i>NPI Production: Once the NPI is mandated for use and implement 'HPI' when received on the original claim; otherwise, the Medi-Cal provider number with a qualifier of 'ID' will be returned. The Medi-Cal provider number may be sent instead of the NPI under certain circumstances. These are:</i> <i>If a provider does not qualify for an NPI (atypical providers)</i> <i>Claims currently in review during the implementation will return the ID used on the original claim</i> <i>Adjustment claims will be returned with the ID from the original claim</i> |
| | | REF02 | Data Element Separator Reference Identification Segment Terminator | 127 | AN | 1/30 1 | R | Hex '5C' Provider Identifier Hex 'A1' |
| 2110 | 100 | REF | Rendering Provider Identification (repeat: 10) | | | | S | REF |

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ANSI ASC X12N 835 v.4010A1 HEALTH CARE CLAIM PAYMENT/ADVICE Data Specifications

| Loop | Position | Segment ID | Segment Name/ Data Element Name | DE Ref # | Format | Length | Req. Des. | Value |
|------|----------|------------|---|----------|--------|--------|-----------|---------------------------------------|
| 2110 | 110 | AMT | Service Supplemental Amount (repeat: 12) | | | | S | AMT |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | AMT01 | Amount Qualifier Code | 522 | ID | 1/3 | R | <i>Amount Qualifier Code</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | AMT02 | Monetary Amount | 782 | R | 1/18 | R | <i>Service Supplemental Amount</i> |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| 2110 | 130 | LQ | Health Care Remark Codes (repeat: 99) | | | | S | LQ |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | LQ01 | Code List Qualifier Code | 1270 | ID | 1/3 | R | <i>Code List Qualifier Code</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | LQ02 | Industry Code | 1271 | AN | 1/30 | R | <i>Remark Code</i> |
| | | | Segment Terminator | | | 1 | | Hex 'A1' |
| | 010 | PLB | Provider Adjustment (repeat: >1) | | | | S | PLB |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | PLB01 | Reference Identification | 127 | AN | 1/30 | R | <i>Provider Identifier</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | PLB02 | Date | 373 | DT | 8/8 | R | <i>Fiscal Period Date - CCYYMMDD</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | PLB03-1 | Adjustment Reason Code | 426 | ID | 2/2 | R | <i>Adjustment Reason Code</i> |
| | | | Subelement Separator | | | 1 | | Hex '6E' |
| | | PLB03-2 | Reference Identification | 127 | AN | 1/30 | S | <i>Provider Adjustment Identifier</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | PLB04 | Monetary Amount | 782 | R | 1/18 | R | <i>Provider Adjustment Amount</i> |

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ANSI ASC X12N 835 v.4010A1 HEALTH CARE CLAIM PAYMENT/ADVICE Data Specifications

| Loop | Position | Segment ID | Segment Name/ Data Element Name | DE Ref # | Format | Length | Req. Des. | Value |
|------|----------|------------|---|----------|--------|--------|-----------|---|
| | | PLB05-14 | Repeat of the segments: PLB03 - PLB04 Segment Terminator | | | 1 | | Hex 'A1' |
| | 020 | SE | Transaction Set Trailer | | | 2 | R | SE |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | SE01 | Number of Included Segments | 96 | NO | 1/10 | R | <i>Transaction Segment Count</i> |
| | | | Data Element Separator | | | 1 | | Hex '5C' |
| | | SE02 | Transaction Set Control Number | 329 | AN | 4/9 | R | <i>Transaction Set Control Number</i> |
| | | | Segment Terminator | | | 1 | | <i>The ST02 and SE02 are identical.</i> Hex 'A1' |

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