

Remittance

| 4010A1 | | | | | | | |
|--------------------|-------------------------------------|----|-----------|------------|-------|-------------|---------------------------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 4010A1 | | | | | | | |
| ISA | INTERCHANGE CONTROL HEADER | | 1 | R | | 1 | |
| ISA01 | Authorization Information Qualifier | ID | 2--2 | R | | | 00,03 |
| ISA02 | Authorization Information | AN | 10--10 | R | | | |
| ISA03 | Security Information Qualifier | ID | 2--2 | R | | | 00,01 |
| ISA04 | Security Information | AN | 10--10 | R | | | |
| ISA05 | Interchange ID Qualifier | ID | 2--2 | R | | | 01,14,20,27, 28, 29, 30, 33, ZZ |
| ISA06 | Interchange Sender ID | AN | 15--15 | R | | | |
| ISA07 | Interchange ID Qualifier | ID | 2--2 | R | | | 01,14,20,27, 28, 29, 30, 33, ZZ |
| ISA08 | Interchange Receiver ID | AN | 15--15 | R | | | |
| ISA09 | Interchange Date | DT | 6--6 | R | | | YYMMDD |
| ISA10 | Interchange Time | TM | 4--4 | R | | | HHMM |
| ISA11 | Interchange Control Standards ID | ID | 1--1 | R | | | U |
| ISA12 | Interchange Control Version Number | ID | 5--5 | R | | | 00401 |
| ISA13 | Interchange Control Number | N0 | 9--9 | R | | | =IEA02 |
| ISA14 | Acknowledgement Requested | ID | 1--1 | R | | | 0 |
| ISA15 | Usage Indicator | ID | 1--1 | R | | | P,T |
| ISA16 | Component Element Separator | | 1--1 | R | | | |
| GS | Functional Group Header | | 1 | R | ----- | 1 | |
| GS01 | Functional Identifier Code | ID | 2--2 | R | | | HP |
| GS02 | Application Sender's Code | AN | 2--15 | R | | | |
| GS03 | Application Receiver's Code | AN | 2--15 | R | | | |
| GS04 | Date | DT | 8--8 | R | | | CCYYMMDD |
| GS05 | Time | TM | 4--8 | R | | | HHMM |
| GS06 | Group Control Number | N0 | 1--9 | R | | | =GE02 |
| GS07 | Responsible Agency Code | ID | 1--2 | R | | | X |
| GS08 | Version/Release/Industry Id code | | | | | | 004010X091 |
| GS08 | Version/Release/Industry Id Code | AN | 1--12 | R | | | 004010X091A1 |

| 5010 | | | | | | | |
|--------------------|-------------------------------------|----|-----------|------------|-------|-------------|---------------------------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 5010 | | | | | | | |
| ISA | INTERCHANGE CONTROL HEADER | | 1 | R | | 1 | |
| ISA01 | Authorization Information Qualifier | ID | 2--2 | R | | | 00,03 |
| ISA02 | Authorization Information | AN | 10--10 | R | | | |
| ISA03 | Security Information Qualifier | ID | 2--2 | R | | | 00,01 |
| ISA04 | Security Information | AN | 10--10 | R | | | |
| ISA05 | Interchange ID Qualifier | ID | 2--2 | R | | | 01,14,20,27, 28, 29, 30, 33, ZZ |
| ISA06 | Interchange Sender ID | AN | 15--15 | R | | | |
| ISA07 | Interchange ID Qualifier | ID | 2--2 | R | | | 01,14,20,27, 28, 29, 30, 33, ZZ |
| ISA08 | Interchange Receiver ID | AN | 15--15 | R | | | |
| ISA09 | Interchange Date | DT | 6--6 | R | | | YYMMDD |
| ISA10 | Interchange Time | TM | 4--4 | R | | | HHMM |
| ISA11 | Interchange Control Standards ID | ID | 1--1 | R | | | U |
| ISA12 | Interchange Control Version Number | ID | 5--5 | R | | | 00401 |
| ISA13 | Interchange Control Number | N0 | 9--9 | R | | | =IEA02 |
| ISA14 | Acknowledgement Requested | ID | 1--1 | R | | | 0 |
| ISA15 | Usage Indicator | ID | 1--1 | R | | | P,T |
| ISA16 | Component Element Separator | | 1--1 | R | | | |
| GS | Functional Group Header | | 1 | R | ----- | 1 | |
| GS01 | Functional Identifier Code | ID | 2--2 | R | | | HP |
| GS02 | Application Sender's Code | AN | 2--15 | R | | | |
| GS03 | Application Receiver's Code | AN | 2--15 | R | | | |
| GS04 | Date | DT | 8--8 | R | | | CCYYMMDD |
| GS05 | Time | TM | 4--8 | R | | | HHMM |
| GS06 | Group Control Number | N0 | 1--9 | R | | | =GE02 |
| GS07 | Responsible Agency Code | ID | 1--2 | R | | | X |
| GS08 | Version Identifier Code | AN | 1--12 | R | | | 005010X221 |

Code Change

Remittance

| 4010A1 | | | | | | | |
|--------------------|--|----|-----------|------------|-------|-------------|--------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 4010A1 | | | | | | | |
| ST | Transaction Set Header | | 1 | R | ----- | 1 | |
| ST01 | Transaction Set Identifier Code | ID | 3--3 | R | | | 835 |
| ST02 | Transaction Set Control Number | AN | 4--9 | R | | | =SE02 |
| BPR | Financial Information | | 1 | R | ----- | 1 | |
| BPR01 | Transaction Handling Code | ID | 1--2 | R | | | C,D,H,I,P |
| BPR02 | Total Actual Provider Payment Amt S9(8)V99 | R | 1--18 | R | | | |
| BPR03 | Credit or Debit Flag Code | ID | 1--1 | R | | | C |
| BPR04 | Payment Method Code | ID | 3--3 | R | | | ACH,CHK,NON |
| BPR05 | Payment Format Code | ID | 1--10 | S | | | CCP,CTX |
| BPR06 | DFI ID # Qualifier | ID | 2--2 | S | | | 01 |
| BPR07 | Sender DFI Identifier | AN | 3--12 | S | | | |
| BPR08 | Acct # Qualifier | ID | 1--3 | S | | | DA |
| BPR09 | Sender Bank Acct # | AN | 1--35 | S | | | |
| BPR10 | Payer Identifier | AN | 10--10 | S | | | =TRN03 |
| BPR11 | Originating Co Supplemental Code | AN | 9--9 | S | | | N/A Medicare |
| BPR12 | DFI ID # Qualifier | ID | 2--2 | S | | | 01 |
| BPR13 | Receiver or Provider Bank ID # | AN | 3--12 | S | | | |
| BPR14 | Acct # Qualifier | ID | 1--3 | S | | | DA,SG |
| BPR15 | Receiver or Provider Acct # | AN | 1--35 | S | | | |
| BPR16 | Check Issue or EFT Effective Date | DT | 8--8 | R | | | |
| BPR17 | Business Function Code | ID | 1--3 | N/U | | | |
| BPR18 | (DFI) ID Number Qualifier | ID | 2--2 | N/U | | | |
| BPR19 | (DFI) Identification Number | AN | 3--12 | N/U | | | |
| BPR20 | Account Number Qualifier | ID | 1--3 | N/U | | | |
| BPR21 | Account Number | AN | 1--35 | N/U | | | |
| TRN | Reassociation Trace Number | | 1 | R | ----- | 1 | |
| TRN01 | Trace Type Code | ID | 1--2 | R | | | 1 |
| TRN02 | Check or EFT Trace # | AN | 1--30 | R | | | |
| TRN03 | Payer Identifier | AN | 10--10 | R | | | =BPR10 |
| TRN04 | Originating Co Supplemental Code | AN | 1--30 | S | | | N/A Medicare |
| CUR | Foreign Currency Information | | 1 | S | ----- | 1 | N/A |

| 5010 | | | | | | | |
|--------------------|--|----|-----------|------------|-------|-------------|---------------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 5010 | | | | | | | |
| ST | Transaction Set Header | | 1 | R | ----- | 1 | |
| ST01 | Transaction Set Identifier Code | ID | 3--3 | R | | | 835 |
| ST02 | Transaction Set Control Number | AN | 4--9 | R | | | =SE02 |
| BPR | Financial Information | | 1 | R | ----- | 1 | |
| BPR01 | Transaction Handling Code | ID | 1--2 | R | | | C, D, H, I, P, U, X |
| BPR02 | Total Actual Provider Payment Amt S9(9)V99 | R | 1--18 | R | | | |
| BPR03 | Credit or Debit Flag Code | ID | 1--1 | R | | | C |
| BPR04 | Payment Method Code | ID | 3--3 | R | | | ACH,CHK,NON |
| BPR05 | Payment Format Code | ID | 1--10 | S | | | CCP,CTX |
| BPR06 | DFI ID # Qualifier | ID | 2--2 | S | | | 01 |
| BPR07 | Sender DFI Identifier | AN | 3--12 | S | | | |
| BPR08 | Acct # Qualifier | ID | 1--3 | S | | | DA |
| BPR09 | Sender Bank Acct # | AN | 1--35 | S | | | |
| BPR10 | Payer Identifier | AN | 10--10 | S | | | |
| BPR11 | Originating Co Supplemental Code | AN | 9--9 | S | | | |
| BPR12 | DFI ID # Qualifier | ID | 2--2 | S | | | 01 |
| BPR13 | Receiver or Provider Bank ID # | AN | 3--12 | S | | | |
| BPR14 | Acct # Qualifier | ID | 1--3 | S | | | DA,SG |
| BPR15 | Receiver or Provider Acct # | AN | 1--35 | S | | | |
| BPR16 | Check Issue or EFT Effective Date | DT | 8--8 | R | | | |
| BPR17 | Business Function Code | ID | 1--3 | N/U | | | |
| BPR18 | (DFI) ID Number Qualifier | ID | 2--2 | N/U | | | |
| BPR19 | (DFI) Identification Number | AN | 3--12 | N/U | | | |
| BPR20 | Account Number Qualifier | ID | 1--3 | N/U | | | |
| BPR21 | Account Number | AN | 1--35 | N/U | | | |
| TRN | Reassociation Trace Number | | 1 | R | ----- | 1 | |
| TRN01 | Trace Type Code | ID | 1--2 | R | | | 1 |
| TRN02 | Check or EFT Trace # | AN | 1--50 | R | | | |
| TRN03 | Payer Identifier | AN | 10--10 | R | | | |
| TRN04 | Originating Company Supplemental Code | AN | 1--30 | S | | | N/U |
| CUR | Foreign Currency Information | | 1 | S | ----- | 1 | N/A |

Code Added
Name Change

Logic Change
Code Deleted

Increase from 30 - 50
Code Deleted
Name Change
Code Change

Remittance

| 4010A1 | | | | | | | |
|--------------------|-----------------------------------|----|-----------|------------|--------------|-------------|----------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 4010A1 | | | | | | | |
| REF | Reference Identification | | 1 | S | ----- | 1 | |
| REF01 | Receiver ID Qualifier | ID | 2--3 | R | | | EV |
| REF02 | Receiver Identifier | AN | 1--30 | R | | | |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |
| REF | Version Identification | | 1 | S | ----- | 1 | |
| REF01 | Receiver ID Qualifier | ID | 2--3 | R | | | F2 |
| REF02 | Version ID Code | AN | 1--30 | R | | | |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |
| DTM | Production Date | | 1 | S | ----- | 1 | |
| DTM01 | Date Time Qualifier | ID | 3--3 | R | | | 405 |
| DTM02 | Production Date | DT | 8--8 | R | | | CCYYMMDD |
| DTM03 | Time | TM | 4--8 | N/U | | | |
| DTM04 | Time Code | ID | 2--2 | N/U | | | |
| DTM05 | Date Time Period Format Qualifier | ID | 2--3 | N/U | | | |
| DTM06 | Date Time Period | AN | 1--35 | N/U | | | |
| N1 | Payer Identification | | 1 | R | 1000A | 1 | |
| N101 | Entity Identifier Code | ID | 2--3 | R | | | PR |
| N102 | Payer Name | AN | 1--60 | S | | | |
| N103 | ID Code Qualifier | ID | 1--2 | S | | | XV |
| N104 | Payer Identifier | AN | 2--80 | S | | | |
| N105 | Entity Relationship Code | ID | 2--2 | N/U | | | |
| N106 | Entity Identifier Code | ID | 2--3 | N/U | | | |
| N3 | Payer Address | | 1 | R | 1000A | | |
| N301 | Payer Address Line | AN | 1--55 | R | | | |
| N302 | Payer Address Line | AN | 1--55 | S | | | |
| N4 | Payer City, State, Zip | | 1 | R | 1000A | | |
| N401 | Payer City Name | AN | 2--30 | R | | | |
| N402 | Payer State Code | ID | 2--2 | R | | | |
| N403 | Payer Postal Zone or ZIP Code | ID | 3--15 | R | | | |
| N404 | Country Code | ID | 2--3 | N/U | | | |
| N405 | Location Qualifier | ID | 1--2 | N/U | | | |
| N406 | Location Identifier | AN | 1--30 | N/U | | | |

| 5010 | | | | | | | |
|--------------------|-----------------------------------|----|-----------|------------|--------------|-------------|----------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 5010 | | | | | | | |
| REF | Reference Identification | | 1 | S | ----- | 1 | |
| REF01 | Receiver ID Qualifier | ID | 2--3 | R | | | EV |
| REF02 | Receiver Identifier | AN | 1--50 | R | | | |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |
| REF | Version Identification | | 1 | S | ----- | 1 | |
| REF01 | Receiver ID Qualifier | ID | 2--3 | R | | | F2 |
| REF02 | Version ID Code | AN | 1--50 | R | | | |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |
| DTM | Production Date | | 1 | S | ----- | 1 | |
| DTM01 | Date Time Qualifier | ID | 3--3 | R | | | 405 |
| DTM02 | Production Date | DT | 8--8 | R | | | CCYYMMDD |
| DTM03 | Time | TM | 4--8 | N/U | | | |
| DTM04 | Time Code | ID | 2--2 | N/U | | | |
| DTM05 | Date Time Period Format Qualifier | ID | 2--3 | N/U | | | |
| DTM06 | Date Time Period | AN | 1--35 | N/U | | | |
| N1 | Payer Identification | | 1 | R | 1000A | 1 | |
| N101 | Entity Identifier Code | ID | 2--3 | R | | | PR |
| N102 | Payer Name | AN | 1--60 | R | | | |
| N103 | ID Code Qualifier | ID | 1--2 | S | | | XV |
| N104 | Payer Identifier | AN | 2--80 | S | | | |
| N105 | Entity Relationship Code | ID | 2--2 | N/U | | | |
| N106 | Entity Identifier Code | ID | 2--3 | N/U | | | |
| N3 | Payer Address | | 1 | R | 1000A | | |
| N301 | Payer Address Line | AN | 1--55 | R | | | |
| N302 | Payer Address Line | AN | 1--55 | S | | | |
| N4 | Payer City, State, Zip | | 1 | R | 1000A | | |
| N401 | Payer City Name | AN | 2--30 | R | | | |
| N402 | Payer State Code | ID | 2--2 | R | | | |
| N403 | Payer Postal Zone or ZIP Code | ID | 3--15 | R | | | |
| N404 | Country Code | ID | 2--3 | N/U | | | |
| N405 | Location Qualifier | ID | 1--2 | N/U | | | |
| N406 | Location Identifier | AN | 1--30 | N/U | | | |
| N407 | Country Subdivision Code | ID | 1--3 | S | | | N/U |

Increase from 30 - 50

Increase from 30 - 50

New Element

Remittance

| 4010A1 | | | | | | | |
|--------------------|--|----|-----------|------------|--------------|-------------|-------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 4010A1 | | | | | | | |
| REF | Additional Payer Identification | | 4 | S | 1000A | | |
| REF01 | Reference Identification Qualifier | ID | 2--3 | R | | | 2U |
| REF02 | Additional Payer ID | AN | 1--30 | R | | | |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |
| PER | Payer Contact Information | | 1 | S | 1000A | | |
| PER01 | Contact Function Code | ID | 2--2 | R | | | CX |
| PER02 | Payer Contact Name | AN | 1--60 | S | | | |
| PER03 | Communication # Qualifier | ID | 2--2 | S | | | EM,FX,TE |
| PER04 | Payer Contact Communication # | AN | 1--80 | S | | | |
| PER05 | Communication Number Qualifier 2 | ID | 2--2 | S | | | EM,EX,FX,TE |
| PER06 | Payer Contact Communication # | AN | 1--80 | S | | | |
| PER07 | Communication Number Qualifier 3 | ID | 2--2 | S | | | EX |
| PER08 | Payer Contact Communication # | AN | 1--80 | S | | | |
| PER09 | Contact Inquiry Reference | AN | 1-20 | N/U | | | |

| 5010 | | | | | | | |
|--------------------|--|----|--------------|------------|--------------|-------------|----------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 5010 | | | | | | | |
| REF | Additional Payer Identification | | 4 | S | 1000A | | |
| REF01 | Reference Identification Qualifier | ID | 2--3 | R | | | 2U |
| REF02 | Additional Payer ID | AN | 1--50 | R | | | |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |
| PER | Payer Business Contact Information | | 1 | S | 1000A | | |
| PER01 | Contact Function Code | ID | 2--2 | R | | | CX |
| PER02 | Payer Contact Name | AN | 1-60 | S | | | |
| PER03 | Communication # Qualifier | ID | 2--2 | S | | | EM,FX,TE |
| PER04 | Payer Contact Communication # | AN | 1-256 | S | | | |
| PER05 | Communication Number Qualifier 2 | ID | 2--2 | S | | | EM,EX,FX,TE |
| PER06 | Payer Contact Communication # | AN | 1-256 | S | | | |
| PER07 | Communication Number Qualifier 3 | ID | 2--2 | S | | | EX |
| PER08 | Payer Contact Communication # | AN | 1-256 | S | | | |
| PER09 | Contact Inquiry Reference | AN | 1-20 | N/U | | | |
| PER | Payer Technical Contact Information | | >1 | R | 1000A | | |
| PER01 | Contact Function Code | ID | 2--2 | R | | | BL |
| PER02 | Payer Contact Name | AN | 1-60 | S | | | |
| PER03 | Communication # Qualifier | ID | 2--2 | S | | | EM, TE, UR |
| PER04 | Payer Contact Communication # | AN | 1-256 | S | | | |
| PER05 | Communication Number Qualifier 2 | ID | 2--2 | S | | | UR |
| PER06 | Payer Contact Communication # | AN | 1-256 | S | | | |
| PER07 | Communication Number Qualifier 3 | ID | 2--2 | S | | | EM, EX, FX, UR |
| PER08 | Payer Contact Communication # | AN | 1-256 | S | | | |
| PER09 | Contact Inquiry Reference | AN | 1-20 | N/U | | | |
| PER | Payer Web Site | | 1 | S | 1000A | | |
| PER01 | Contact Function Code | ID | 2--2 | R | | | 1C |
| PER02 | Name | AN | 1-60 | N/U | | | |
| PER03 | Communication # Qualifier | ID | 2--2 | R | | | UR |

Increase from 30 - 50

Name Change

Increase from 80 - 256

Increase from 80 - 256

Increase from 80 - 256

New Segment

New Segment

Remittance

| 4010A1 | | | | | | | |
|--------------------|--|----|--------------|------------|--------------|-------------|--------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 4010A1 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| N1 | Payee Identification | | 1 | R | 1000B | 1 | |
| N101 | Entity Identifier Code | ID | 2--3 | R | | | PE |
| N102 | Payee Name | AN | 1--60 | S | | | |
| N103 | Identification Code Qualifier | ID | 1--2 | R | | | XX |
| N104 | Payee ID Code | AN | 2--80 | R | | | |
| N105 | Entity Relationship Code | ID | 2--2 | N/U | | | |
| N106 | Entity Identifier Code | ID | 2--3 | N/U | | | |
| | | | | | | | |
| N3 | Payee Address | | 1 | S | 1000B | | |
| N301 | Payee Address Line | AN | 1--55 | R | | | |
| N302 | Payee Address Line | AN | 1--55 | S | | | |
| | | | | | | | |
| N4 | Payee City,State,Zip | | 1 | S | 1000B | | |
| N401 | Payee City Name | AN | 2--30 | R | | | |
| N402 | Payee State Code | ID | 2--2 | R | | | |
| N403 | Payee Postal Zone or ZIP Code | ID | 3-15 | R | | | |
| N404 | Country Code | ID | 2--3 | S | | | |
| N405 | Location Qualifier | ID | 1--2 | N/U | | | |
| N406 | Location Identifier | AN | 1--30 | N/U | | | |
| | | | | | | | |
| REF | Payee Additional Identification | | >1 | S | 1000B | | |
| REF01 | Reference Identification Qualifier | ID | 2--3 | R | | | TJ |
| REF02 | Additional Payee ID # | AN | 1--30 | R | | | |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |

| 5010 | | | | | | | |
|--------------------|--|----|--------------|------------|--------------|-------------|------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 5010 | | | | | | | |
| | | | | | | | |
| PER04 | Payer Contact Communication # | AN | 1-256 | R | | | |
| PER05 | Communication Number Qualifier | ID | 2--2 | N/U | | | |
| PER06 | Communication Number | AN | 1-256 | N/U | | | |
| PER07 | Communication Number Qualifier | ID | 2--2 | N/U | | | |
| PER08 | Communication Number | AN | 1-256 | N/U | | | |
| PER09 | Contact Inquiry Reference | AN | 1-20 | N/U | | | |
| | | | | | | | |
| N1 | Payee Identification | | 1 | R | 1000B | 1 | |
| N101 | Entity Identifier Code | ID | 2--3 | R | | | PE |
| N102 | Payee Name | AN | 1--60 | R | | | |
| N103 | Identification Code Qualifier | ID | 1--2 | R | | | XX, FI, XV |
| N104 | Payee ID Code | AN | 2--80 | R | | | |
| N105 | Entity Relationship Code | ID | 2--2 | N/U | | | |
| N106 | Entity Identifier Code | ID | 2--3 | N/U | | | |
| | | | | | | | |
| N3 | Payee Address | | 1 | S | 1000B | | |
| N301 | Payee Address Line | AN | 1--55 | R | | | |
| N302 | Payee Address Line | AN | 1--55 | S | | | |
| | | | | | | | |
| N4 | Payee City,State,Zip | | 1 | R | 1000B | | |
| N401 | Payee City Name | AN | 2--30 | R | | | |
| N402 | Payee State Code | ID | 2--2 | S | | | |
| N403 | Payee Postal Zone or ZIP Code | ID | 3-15 | S | | | |
| N404 | Country Code | ID | 2--3 | S | | | |
| N405 | Location Qualifier | ID | 1--2 | N/U | | | |
| N406 | Location Identifier | AN | 1--30 | N/U | | | |
| N407 | Country Subdivision Code | ID | 1--3 | S | | | |
| | | | | | | | |
| REF | Payee Additional Identification | | >1 | S | 1000B | | |
| REF01 | Reference Identification Qualifier | ID | 2--3 | R | | | TJ |
| REF02 | Additional Payee ID # | AN | 1--50 | R | | | |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |

Usage changed to Required

Code Added

Usage changed to Required

Usage changed to Situational
Usage changed to Situational

New Element

Increase form 30 - 50

Remittance

| 4010A1 | | | | | | | |
|--------------------|-------------------------------------|----|-----------|------------|-------------|--------------|----------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 4010A1 | | | | | | | |
| LX | Header Number | | 1 | S | 2000 | >1 | |
| LX01 | Assigned # | NO | 1--6 | R | | | 1,0 |
| TS3 | Provider Summary Information | | 1 | S | 2000 | | |
| TS301 | Reference Identification | AN | 1--30 | R | | | NPI |
| TS302 | Facility Code Value | AN | 1--2 | R | | | POS Code |
| TS303 | Date | DT | 8--8 | R | | | CCYYMMDD |
| TS304 | Quantity | R | 1--15 | R | | | |
| TS305 | Monetary Amount | R | 1--18 | R | | | |
| TS306 | Monetary Amount | R | 1--18 | S | | | |
| TS307 | Monetary Amount | R | 1--18 | S | | | |
| TS308 | Monetary Amount | R | 1--18 | S | | | |
| TS309 | Monetary Amount | R | 1--18 | S | | | |
| TS310 | Monetary Amount | R | 1--18 | S | | | |
| TS311 | Monetary Amount | R | 1--18 | S | | | |
| TS312 | Monetary Amount | R | 1--18 | S | | | |
| TS313 | Monetary Amount | R | 1--18 | S | | | |
| TS314 | Monetary Amount | R | 1--18 | S | | | |
| TS315 | Monetary Amount | R | 1--18 | S | | | |
| TS316 | Monetary Amount | R | 1--18 | S | | | |
| TS317 | Monetary Amount | R | 1--18 | S | | | |
| TS318 | Monetary Amount | R | 1--18 | S | | | |
| TS319 | Monetary Amount | R | 1--18 | S | | | |

| 5010 | | | | | | | |
|--------------------|---|----|-----------|------------|--------------|--------------|----------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 5010 | | | | | | | |
| RDM | Remittance Delivery Method | | 1 | S | 1000B | | |
| RDM01 | Report Transmission Code | ID | 1--2 | | | | BM, EM, FT, OL |
| RDM02 | Name | AN | 1--60 | | | | |
| RDM03 | Communication Number | AN | 1--256 | | | | |
| RDM04 | Reference Identifier | | | N/U | | | |
| RDM05 | Reference Identifier | | | N/U | | | |
| LX | Header Number | | 1 | S | 2000 | >1 | |
| LX01 | Assigned # | NO | 1--6 | R | | | TTYMM |
| TS3 | Provider Summary Information | | 1 | S | 2000 | | |
| TS301 | Provider Identifier | AN | 1--60 | R | | | NPI |
| TS302 | Facility Code Value | AN | 1--2 | R | | | TT |
| TS303 | Date | DT | 8--8 | R | | | CCYYMMDD |
| TS304 | Total Claim Count 9(6) | R | 1--15 | R | | | |
| TS305 | Total Claim Change Amount S9(9)V99 | R | 1--18 | R | | | |
| TS306 | Monetary Amount | R | 1--18 | N/U | | | |
| TS307 | Monetary Amount | R | 1--18 | N/U | | | |
| TS308 | Monetary Amount | R | 1--18 | N/U | | | |
| TS309 | Monetary Amount | R | 1--18 | N/U | | | |
| TS310 | Monetary Amount | R | 1--18 | N/U | | | |
| TS311 | Monetary Amount | R | 1--18 | N/U | | | |
| TS312 | Monetary Amount | R | 1--18 | N/U | | | |
| TS313 | Total MSP Payer Amount S9(9)V99 | R | 1--18 | S | | | |
| TS314 | Monetary Amount | R | 1--18 | N/U | | | |
| TS315 | Total Non-Lab Charge Amount S9(9)V99 | R | 1--18 | S | | | |
| TS316 | Monetary Amount | R | 1--18 | N/U | | | |
| TS317 | Total HCPCS Reported Charge Amount S9(9)V99 | R | 1--18 | S | | | |
| TS318 | Total HCPCS Payable Amount S9(9)V99 | R | 1--18 | S | | | |
| TS319 | Monetary Amount | R | 1--18 | N/U | | | |

New Segment

Code Change

Increase from 30 - 60

Code Change

Name Change

Name Change

Usage change to Not Used

Usage change to Not Used

Usage change to Not Used

Usage change to Not Used

Usage change to Not Used

Usage change to Not Used

Usage change to Not Used

Name Change

Usage change to Not Used

Name Change

Usage change to Not Used

Name Change

Name Change

Usage change to Not Used

Remittance

| 4010A1 | | | | | | | |
|--------------------|--|----|-----------|------------|-------------|-------------|---|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 4010A1 | | | | | | | |
| CLP | Claim Level Data | | 1 | R | 2100 | >1 | |
| CLP01 | Patient Control # | AN | 1--38 | R | | | |
| CLP02 | Claim Status Code | ID | 1--2 | R | | | 1, 2, 3, 4, 5, 10, 13, 15, 16, 17, 19, 20, 21, 22, 23 |
| CLP03 | Total Claim Charge Amount S9(7)V99 | R | 1--18 | R | | | |
| CLP04 | Claim Payment Amount S9(7)V99 | R | 1--18 | R | | | |
| CLP05 | Patient Responsibility Amount S9(7)V99 | R | 1--18 | S | | | |
| CLP06 | Claim Filing Indicator Code | ID | 1--2 | R | | | MB |
| CLP07 | Payer Claim Control # | AN | 1--30 | S | | | |
| CLP08 | Facility Type Code | AN | 1--2 | S | | | |
| CLP09 | Claim Frequency Code | ID | 1--1 | S | | | N/A Medicare |
| CLP10 | Patient Status Code | ID | 1-2 | N/U | | | |
| CLP11 | DRG Code | ID | 1--4 | S | | | N/A Carriers |
| CLP12 | DRG Weight | R | 1--15 | S | | | N/A Carriers |
| CLP13 | Discharge Fraction | R | 1--10 | S | | | N/A Carriers |
| | | | | | | | |
| | | | | | | | |
| CAS | Claim Adjustment | | 99 | S | 2100 | | |
| CAS01 | Claim Adjustment Group Code | ID | 1--2 | R | | | CO,CR,OA,PR |
| CAS02 | Adjustment Reason Code | ID | 1--5 | R | | | |
| CAS03 | Adjustment Amount S9(7)V99 | R | 1--18 | R | | | |
| CAS04 | Adjustment Quantity 9(7) | R | 1--15 | S | | | N/A Medicare |

| 5010 | | | | | | | |
|--------------------|--|----|-----------|------------|-------------|-------------|--------------------------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 5010 | | | | | | | |
| CLP | Claim Level Data | | 1 | R | 2100 | >1 | |
| CLP01 | Patient Control # | AN | 1--38 | R | | | |
| CLP02 | Claim Status Code | ID | 1--2 | R | | | 1, 2, 3, 4, 19, 20, 21, 22, 23 |
| CLP03 | Total Claim Charge Amount S9(9)V99 | R | 1--18 | R | | | |
| CLP04 | Claim Payment Amount S9(9)V99 | R | 1--18 | R | | | |
| CLP05 | Patient Responsibility Amount S9(9)V99 | R | 1--18 | S | | | |
| CLP06 | Claim Filing Indicator Code | ID | 1--2 | R | | | MA |
| CLP07 | Payer Claim Control # | AN | 1--50 | S | | | |
| CLP08 | Facility Type Code (1st and 2nd position of TOB) | AN | 1--2 | S | | | |
| CLP09 | Claim Frequency Code (3rd position of TOB) | ID | 1--1 | S | | | |
| CLP10 | Patient Status Code | ID | 1-2 | N/U | | | |
| CLP11 | DRG Code | ID | 1--4 | S | | | |
| CLP12 | DRG Weight S9(3)V9999 | R | 1--15 | S | | | |
| CLP13 | Discharge Fraction S9(4)V999 | R | 1--10 | S | | | |
| CLP14 | Yes/No Condition or Response Code | ID | 1--1 | N/U | | | |
| | | | | | | | |
| | | | | | | | |
| CAS | Claim Adjustment | | 99 | S | 2100 | | |
| CAS01 | Claim Adjustment Group Code | ID | 1--2 | R | | | CO, OA, PR |
| CAS02 | Adjustment Reason Code | ID | 1--5 | R | | | |
| CAS03 | Adjustment Amount S9(7)V99 | R | 1--18 | R | | | |
| CAS04 | Adjustment Quantity 9(5) | R | 1--15 | S | | | |
| CAS05 | Adjustment Reason Code | ID | 1--5 | S | | | |
| CAS06 | Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| CAS07 | Adjustment Quantity 9(5) | R | 1--15 | S | | | |
| CAS08 | Adjustment Reason Code | ID | 1--5 | S | | | |
| CAS09 | Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| CAS10 | Adjustment Quantity 9(5) | R | 1--15 | S | | | |
| CAS11 | Adjustment Reason Code | ID | 1--5 | S | | | |
| CAS12 | Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| CAS13 | Adjustment Quantity 9(5) | R | 1--15 | S | | | |
| CAS14 | Adjustment Reason Code | ID | 1--5 | S | | | |

Code Deleted
 Name Change
 Name Change
 Name Change
 Code Change
 Increase from 30 - 50
 Name Change
 Name Change
 Name Change
 Name Change
 Name Change
 Name Change
 Code Deleted
 Name Change
 Code Deleted
 New Element
 New Element
 New Element
 New Element
 New Element
 New Element
 New Element
 New Element
 New Element
 New Element
 New Element

Remittance

| 4010A1 | | | | | | | |
|--------------------|--|----|-----------|------------|-------------|-------------|------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 4010A1 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| NM1 | Patient Name | | 1 | R | 2100 | | |
| NM101 | Entity Identifier Code | ID | 2-3 | R | | | QC |
| NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 1 |
| NM103 | Patient Last Name | AN | 1-35 | R | | | |
| NM104 | Patient First Name | AN | 1-25 | R | | | |
| NM105 | Patient Middle Name | AN | 1-25 | S | | | |
| NM106 | Name Prefix | AN | 1-10 | N/U | | | |
| NM107 | Patient Name Suffix | AN | 1-10 | S | | | |
| NM108 | ID Code Qualifier | ID | 1-2 | S | | | HN,II, MI |
| NM109 | Patient Identifier | AN | 2-80 | S | | | |
| NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | |
| NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | |
| | | | | | | | |
| NM1 | Insured's Name | | 1 | S | 2100 | | N/A |
| | | | | | | | |
| NM1 | Corrected Patient/Insured Name | | 1 | S | 2100 | | |
| NM101 | Entity Identifier Code | ID | 2-3 | R | | | 74 |
| NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 1 |
| NM103 | Corrected Patient/Ins Last Name | AN | 1-35 | S | | | |
| NM104 | Corrected Patient/Ins First Name | AN | 1-25 | S | | | |
| NM105 | Corrected Patient/Ins Middle Name | AN | 1-25 | S | | | |
| NM106 | Name Prefix | AN | 1-10 | N/U | | | |
| NM107 | Corrected Patient Name Suffix | AN | 1-10 | S | | | |
| NM108 | Identification Code Qualifier | ID | 1-2 | S | | | C |
| NM109 | Corrected Ins Identification Indicator | AN | 2-80 | S | | | |
| NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | |

| 5010 | | | | | | | |
|--------------------|--|----|-----------|------------|-------------|-------------|------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 5010 | | | | | | | |
| | | | | | | | |
| CAS15 | Adjustment Amount S9(7)V99 | R | 1-18 | S | | | |
| CAS16 | Adjustment Quantity 9(5) | R | 1-15 | S | | | |
| CAS17 | Adjustment Reason Code | ID | 1-5 | S | | | |
| CAS18 | Adjustment Amount S9(7)V99 | R | 1-18 | S | | | |
| CAS19 | Adjustment Quantity 9(5) | R | 1-15 | S | | | |
| | | | | | | | |
| NM1 | Patient Name | | 1 | R | 2100 | | |
| NM101 | Entity Identifier Code | ID | 2-3 | R | | | QC |
| NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 1 |
| NM103 | Patient Last Name | AN | 1-60 | S | | | |
| NM104 | Patient First Name | AN | 1-35 | S | | | |
| NM105 | Patient Middle Name | AN | 1-25 | S | | | |
| NM106 | Name Prefix | AN | 1-10 | N/U | | | |
| NM107 | Patient Name Suffix | AN | 1-10 | S | | | N/U |
| NM108 | ID Code Qualifier | ID | 1-2 | S | | | HN |
| NM109 | Patient Identifier | AN | 2-80 | S | | | HIC # |
| NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | |
| NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | |
| NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | |
| | | | | | | | |
| NM1 | Insured's Name | | 1 | S | 2100 | | N/A |
| | | | | | | | |
| NM1 | Corrected Patient/Insured Name | | 1 | S | 2100 | | |
| NM101 | Entity Identifier Code | ID | 2-3 | R | | | 74 |
| NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 1 |
| NM103 | Corrected Patient/Ins Last Name | AN | 1-60 | S | | | |
| NM104 | Corrected Patient/Ins First Name | AN | 1-35 | S | | | |
| NM105 | Corrected Patient/Ins Middle Name | AN | 1-25 | S | | | |
| NM106 | Name Prefix | AN | 1-10 | N/U | | | |
| NM107 | Corrected Patient Name Suffix | AN | 1-10 | S | | | |
| NM108 | Identification Code Qualifier | ID | 1-2 | S | | | C |
| NM109 | Corrected Ins Identification Indicator | AN | 2-80 | S | | | |
| NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | |

New Element
New Element
New Element
New Element
New Element

Increase from 35 - 60
Usage change to Situational
Increase from 25 - 35
Usage change to Situational

Code Added
Code Deleted
Code Added

New Element

Increase from 35 - 60
Increase from 25 - 35

Remittance

| 4010A1 | | | | | | | |
|--------------------|--------------------------------------|----|-----------|------------|-------------|-------------|--------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 4010A1 | | | | | | | |
| NM111 | Entity Identifier Code | ID | 2--3 | N/U | | | |
| | | | | | | | |
| NM1 | Service Provider Name | | 1 | S | 2100 | | |
| NM101 | Entity Identifier Code | ID | 2--3 | R | | | 82 |
| NM102 | Entity Type Qualifier | ID | 1--1 | R | | | 1, 2 |
| NM103 | Rendering Provider Last/Org Name | AN | 1-35 | S | | | N/A Medicare |
| NM104 | Rendering Provider First Name | AN | 1--25 | S | | | N/A Medicare |
| NM105 | Rendering Provider Middle Name | AN | 1--25 | S | | | N/A Medicare |
| NM106 | Name Prefix | AN | 1-10 | N/U | | | |
| NM107 | Rendering Provider Name Suffix | AN | 1--10 | S | | | N/A Medicare |
| NM108 | ID Code Qualifier | ID | 1--2 | R | | | XX |
| NM109 | Rendering Provider Identifier | AN | 2--80 | R | | | |
| NM110 | Entity Relationship Code | ID | 2--2 | N/U | | | |
| NM111 | Entity Identifier Code | ID | 2--3 | N/U | | | |
| | | | | | | | |
| NM1 | Crossover Carrier Name | | 1 | S | 2100 | | |
| NM101 | Entity Identifier Code | ID | 2--3 | R | | | TT |
| NM102 | Entity Type Qualifier | ID | 1--1 | R | | | 2 |
| NM103 | COB Carrier Name | AN | 1--35 | R | | | |
| NM104 | First name | AN | 1-25 | N/U | | | |
| NM105 | Middle name | AN | 1-25 | N/U | | | |
| NM106 | Not Used | AN | 1-10 | N/U | | | |
| NM107 | name suffix | AN | 1-10 | N/U | | | |
| NM108 | ID Code Qualifier | ID | 1--2 | R | | | PI,XV |
| NM109 | COB Carrier Identifier | AN | 2--80 | R | | | |
| NM110 | Entity Relationship Code | ID | 2--2 | N/U | | | |
| NM111 | Entity Identifier Code | ID | 2--3 | N/U | | | |
| | | | | | | | |
| NM1 | Corrected Priority Payer Name | | 2 | S | 2100 | | |
| NM101 | Entity Identifier Code | ID | 2--3 | R | | | PR |
| NM102 | Entity Type Qualifier | ID | 1--1 | R | | | 2 |
| NM103 | Corrected Priority Payer Name | AN | 1--35 | R | | | |

| 5010 | | | | | | | |
|--------------------|--------------------------------------|----|-----------|------------|-------------|-------------|--------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 5010 | | | | | | | |
| NM111 | Entity Identifier Code | ID | 2--3 | N/U | | | |
| NM112 | Name Last or Organization Name | AN | 1--60 | N/U | | | |
| | | | | | | | |
| NM1 | Service Provider Name | | 1 | S | 2100 | | |
| NM101 | Entity Identifier Code | ID | 2--3 | R | | | 82 |
| NM102 | Entity Type Qualifier | ID | 1--1 | R | | | 2 |
| NM103 | Rendering Provider Last/Org Name | AN | 1-60 | S | | | |
| NM104 | Rendering Provider First Name | AN | 1-35 | S | | | NA |
| NM105 | Rendering Provider Middle Name | AN | 1--25 | S | | | NA |
| NM106 | Name Prefix | AN | 1-10 | N/U | | | NA |
| NM107 | Rendering Provider Name Suffix | AN | 1--10 | S | | | NA |
| NM108 | ID Code Qualifier | ID | 1--2 | R | | | XX |
| NM109 | Rendering Provider Identifier | AN | 2--80 | R | | | NPI |
| NM110 | Entity Relationship Code | ID | 2--2 | N/U | | | |
| NM111 | Entity Identifier Code | ID | 2--3 | N/U | | | |
| NM112 | Name Last or Organization Name | AN | 1--60 | N/U | | | |
| | | | | | | | |
| NM1 | Crossover Carrier Name | | 1 | S | 2100 | | |
| NM101 | Entity Identifier Code | ID | 2--3 | R | | | TT |
| NM102 | Entity Type Qualifier | ID | 1--1 | R | | | 2 |
| NM103 | COB Carrier Name | AN | 1-60 | R | | | |
| NM104 | First name | AN | 1-35 | N/U | | | |
| NM105 | Middle name | AN | 1-25 | N/U | | | |
| NM106 | Name Prefix | AN | 1-10 | N/U | | | |
| NM107 | Name suffix | AN | 1-10 | N/U | | | |
| NM108 | ID Code Qualifier | ID | 1--2 | R | | | PI,XV |
| NM109 | COB Carrier Identifier | AN | 2--80 | R | | | |
| NM110 | Entity Relationship Code | ID | 2--2 | N/U | | | |
| NM111 | Entity Identifier Code | ID | 2--3 | N/U | | | |
| NM112 | Name Last or Organization Name | AN | 1--60 | N/U | | | |
| | | | | | | | |
| NM1 | Corrected Priority Payer Name | | 1 | S | 2100 | | |
| NM101 | Entity Identifier Code | ID | 2--3 | R | | | PR |
| NM102 | Entity Type Qualifier | ID | 1--1 | R | | | 2 |
| NM103 | Corrected Priority Payer Name | AN | 1--60 | R | | | |

New Element

Code Deleted

Increase from 35 - 60
Code Deleted

Increase from 25 - 35
Code Change
Code Change

Code Added
Code Change

Code Added

New Element

Increase from 35 - 60
Increase from 25 - 35

New Element

Repeats change to 1

Increase from 35 - 60

Remittance

| 4010A1 | | | | | | | |
|--------------------|--|----|-----------|------------|-------------|-------------|--|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 4010A1 | | | | | | | |
| MIA17 | Monetary Amount | R | 1--18 | S | | | |
| MIA18 | Monetary Amount | R | 1--18 | S | | | |
| MIA19 | Monetary Amount | R | 1--18 | S | | | |
| MIA20 | Reference Identification | AN | 1--30 | S | | | |
| MIA21 | Reference Identification | AN | 1--30 | S | | | |
| MIA22 | Reference Identification | AN | 1--30 | S | | | |
| MIA23 | Reference Identification | AN | 1--30 | S | | | |
| MIA24 | Monetary Amount | R | 1--18 | S | | | |
| | | | | | | | |
| MOA | Outpatient Adjudication Information | | 1 | S | 2100 | | |
| MOA01 | Reimbursement Rate 9(3)V99 | R | 1--10 | S | | | N/A Carriers |
| MOA02 | Claim HCPCS Payable Amount S9(7)V99 | R | 1--18 | S | | | N/A Carriers |
| MOA03 | Remark Code | AN | 1--30 | S | | | |
| MOA04 | Remark Code | AN | 1--30 | S | | | |
| MOA05 | Remark Code | AN | 1--30 | S | | | |
| MOA06 | Remark Code | AN | 1--30 | S | | | |
| MOA07 | Remark Code | AN | 1--30 | S | | | |
| MOA08 | Claim ESRD Payment Amount S9(7)V99 | R | 1--18 | S | | | N/A Carriers |
| MOA09 | Nonpayable Professional Comp Amt S9(7)V99 | R | 1--18 | S | | | N/A Carriers |
| | | | | | | | |
| REF | Other Claim-Related Identification | | 5 | S | 2100 | | N/A |
| REF01 | Reference Identification Qualifier | ID | 2--3 | R | | | 1L, 1W, 9A, 9C, A6, BB, CE, EA, F8, G1, G3, IG, SY |
| REF02 | Other Claim Related Identifier | AN | 1--30 | R | | | |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |
| | | | | | | | |
| REF | Rendering Provider Identification | | 10 | S | 2100 | | N/A |
| REF01 | Reference Identification Qualifier | ID | 2--3 | R | | | 1A, 1B, 1C, 1D, 1G, 1H, D3, G2 |

| 5010 | | | | | | | |
|--------------------|--|----|-----------|------------|-------------|-------------|--------------------------------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 5010 | | | | | | | |
| MIA17 | CLAIM PPS OUTLIER AMOUNT S9(7)V99 | R | 1--18 | S | | | Name Change |
| MIA18 | CLAIM INDIRECT TEACHING S9(7)V99 | R | 1--18 | S | | | Name Change |
| MIA19 | NON PAY PROF COMP AMT S9(7)V99 | R | 1--18 | S | | | Name Change |
| MIA20 | CLAIM PAYMENT REMARK CD | AN | 1--50 | S | | | Name Change Increase from 30 - 50 |
| MIA21 | CLAIM PAYMENT REMARK CD | AN | 1--50 | S | | | Name Change Increase from 30 - 50 |
| MIA22 | CLAIM PAYMENT REMARK CD | AN | 1--50 | S | | | Name Change Increase from 30 - 50 |
| MIA23 | CLAIM PAYMENT REMARK CD | AN | 1--50 | S | | | Name Change Increase from 30 - 50 |
| MIA24 | PPS CAPITAL EXCEPTION AMT S9(7)V99 | R | 1--18 | S | | | Name Change |
| | | | | | | | |
| MOA | Outpatient Adjudication Information | | 1 | S | 2100 | | |
| MOA01 | Reimbursement Rate S9(4)V9999 | R | 1--10 | S | | | Name Change Code Deleted |
| MOA02 | Claim HCPCS Payable Amount S9(7)V99 | R | 1--18 | S | | | Code Deleted |
| MOA03 | Remark Code | AN | 1--50 | S | | | Increase from 30 - 5-0 |
| MOA04 | Remark Code | AN | 1--50 | S | | | Increase from 30 - 5-0 |
| MOA05 | Remark Code | AN | 1--50 | S | | | Increase from 30 - 5-0 |
| MOA06 | Remark Code | AN | 1--50 | S | | | Increase from 30 - 5-0 |
| MOA07 | Remark Code | AN | 1--50 | S | | | Increase from 30 - 5-0 |
| MOA08 | Claim ESRD Payment Amount S9(7)V99 | R | 1--18 | S | | | Code Deleted |
| MOA09 | Nonpayable Professional Comp Amt S9(7)V99 | R | 1--18 | S | | | Code Deleted |
| | | | | | | | |
| REF | Other Claim-Related Identification | | 5 | S | 2100 | | |
| REF01 | Reference Identification Qualifier | ID | 2--3 | R | | | EA, 6P, 28 |
| REF02 | Other Claim Related Identifier | AN | 1--50 | R | | | Increase from 30 - 50 |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |
| | | | | | | | |
| REF | Rendering Provider Identification | | 10 | S | 2100 | | N/A |
| REF01 | Reference Identification Qualifier | ID | 2--3 | R | | | |

Remittance

| 4010A1 | | | | | | | |
|--------------------|---|----|-----------|------------|------|-------------|----------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 4010A1 | | | | | | | |
| REF02 | Rendering Provider Secondary Identifier | AN | 1-30 | R | | | |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |
| DTM | Claim Payment Date | | 4 | S | | 2100 | |
| DTM01 | Date Time Qualifier | ID | 3--3 | R | | | 050 |
| DTM02 | Claim Date | DT | 8--8 | R | | | CCYYMMDD |
| DTM03 | Time | TM | 4--8 | N/U | | | |
| DTM04 | Time Code | ID | 2--2 | N/U | | | |
| DTM05 | Date Time Period Format Qualifier | ID | 2--3 | N/U | | | |
| DTM06 | Date Time Period | AN | 1--35 | N/U | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PER | Claim Contact Information | | 3 | S | | 2100 | |

| 5010 | | | | | | | |
|--------------------|---|----|-----------|------------|------|-------------|------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 5010 | | | | | | | |
| REF02 | Rendering Provider Secondary Identifier | AN | 1-50 | R | | | |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| DTM | Statement From or To Date | | 2 | S | | 2100 | |
| DTM01 | Date Time Qualifier | ID | 3--3 | R | | | 050 |
| DTM02 | Claim Date | DT | 8--8 | R | | | CCYYMMDD |
| DTM03 | Time | TM | 4--8 | N/U | | | |
| DTM04 | Time Code | ID | 2--2 | N/U | | | |
| DTM05 | Date Time Period Format Qualifier | ID | 2--3 | N/U | | | |
| DTM06 | Date Time Period | AN | 1--35 | N/U | | | |
| | | | | | | | |
| DTM | Coverage Expiration Date | | 1 | S | | 2100 | N/A |
| DTM01 | Date/Time Qualifier | ID | 3--3 | R | | | |
| DTM02 | Date | DT | 8--8 | R | | | |
| DTM03 | Time | TM | 4--8 | N/U | | | |
| DTM04 | Time Code | ID | 2--2 | N/U | | | |
| DTM05 | Date Time Period Format Qualifier | ID | 2--3 | N/U | | | |
| DTM06 | Date Time Period | AN | 1--35 | N/U | | | |
| | | | | | | | |
| DTM | Claim Received Date | | 1 | S | | 2100 | |
| DTM01 | Date/Time Qualifier | ID | 3--3 | R | | | 050 |
| DTM02 | Date | DT | 8--8 | R | | | CCYYMMDD |
| DTM03 | Time | TM | 4--8 | N/U | | | |
| DTM04 | Time Code | ID | 2--2 | N/U | | | |
| DTM05 | Date Time Period Format Qualifier | ID | 2--3 | N/U | | | |
| DTM06 | Date Time Period | AN | 1--35 | N/U | | | |
| | | | | | | | |
| PER | Claim Contact Information | | 2 | S | | 2100 | |

Increase from 30 - 50

Segment Deleted

New Segment

New Segment

New Segment

Repeats change to 2

Remittance

| 4010A1 | | | | | | | |
|--------------------|---|----|-----------|------------|-------------|-------------|--|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 4010A1 | | | | | | | |
| PER01 | Contact Function Code | ID | 2--2 | R | | | CX |
| PER02 | Claim Contact Name | AN | 1--60 | S | | | |
| PER03 | Communication # Qualifier | ID | 2--2 | S | | | EM,FX,TE |
| PER04 | Claim Contact Communication # | AN | 1--80 | S | | | |
| PER05 | Communication # Qualifier | ID | 2--2 | S | | | EM,EX,FX,TE |
| PER06 | Claim Contact Communication # | AN | 1--80 | S | | | |
| PER07 | Communication # Qualifier | ID | 2--2 | S | | | EX |
| PER08 | Communication # Extension | AN | 1--80 | S | | | |
| PER09 | Contact Inquiry Reference | AN | 1--20 | N/U | | | |
| AMT | Claim Supplemental Information | | 14 | S | 2100 | | |
| AMT01 | Amount Qualifier Code | ID | 1--3 | R | | | F5,I |
| AMT02 | Claim Supplemental Information Amt S9(7)V99 | R | 1--18 | R | | | |
| AMT03 | Credit/Debit Flag Code | ID | 1--1 | N/U | | | |
| QTY | Claim Supplemental Infor Quantity | | 15 | S | 2100 | | N/A |
| QTY01 | Quantity Qualifier | ID | 2--2 | R | | | CA, CD, LA, LE, NA, NE, NR, OU, PS, VS, ZK, ZL, ZM, ZN, ZO |
| QTY02 | Quantity Qualifier | R | 1--15 | R | | | |
| QTY03 | Composite Unit Of Measure | | | N/U | | | |
| QTY04 | Free-Form Message | AN | 1--30 | N/U | | | |
| SVC | Information | | 1 | S | 2110 | 999 | |
| SVC01 | Composite Medical Procedure Identifier | | | R | | | |
| -01-1 | Product or Service ID Qualifier | ID | 2--2 | R | | | HC,N4 |
| -01-2 | Procedure Code | AN | 1--48 | R | | | |
| -01-3 | Procedure Modifier | AN | 2--2 | S | | | |
| -01-4 | Procedure Modifier | AN | 2--2 | S | | | |
| -01-5 | Procedure Modifier | AN | 2--2 | S | | | |
| -01-6 | Procedure Modifier | AN | 2--2 | S | | | |
| -01-7 | Procedure Code Description | AN | 1--80 | S | | | N/A Medicare |

| 5010 | | | | | | | |
|--------------------|---|----|-----------|------------|-------------|-------------|---------------------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 5010 | | | | | | | |
| PER01 | Contact Function Code | ID | 2--2 | R | | | CX |
| PER02 | Claim Contact Name | AN | 1--60 | S | | | |
| PER03 | Communication # Qualifier | ID | 2--2 | R | | | EM,FX,TE |
| PER04 | Claim Contact Communication # | AN | 1--256 | R | | | |
| PER05 | Communication # Qualifier | ID | 2--2 | S | | | EM,EX,FX,TE |
| PER06 | Claim Contact Communication # | AN | 1--256 | S | | | |
| PER07 | Communication # Qualifier | ID | 2--2 | S | | | EX |
| PER08 | Communication # Extension | AN | 1--256 | S | | | |
| PER09 | Contact Inquiry Reference | AN | 1--20 | N/U | | | |
| AMT | Claim Supplemental Information | | 13 | S | 2100 | | |
| AMT01 | Amount Qualifier Code | ID | 1--3 | R | | | AU, DY, F5, I, NL, ZK, ZL |
| AMT02 | Claim Supplemental Information Amt S9(7)V99 | R | 1--18 | R | | | |
| AMT03 | Credit/Debit Flag Code | ID | 1--1 | N/U | | | |
| QTY | Claim Supplemental Infor Quantity | | 14 | S | 2100 | | |
| QTY01 | Quantity Qualifier | ID | 2--2 | R | | | CA, CD, LA, OU, ZK, ZL |
| QTY02 | Quantity Qualifier | R | 1--15 | R | | | |
| QTY03 | Composite Unit Of Measure | | | N/U | | | |
| QTY04 | Free-form Information | AN | 1--30 | N/U | | | |
| SVC | Information | | 1 | S | 2110 | 999 | |
| SVC01 | Composite Medical Procedure Identifier | | | R | | | |
| SVC01-1 | Product or Service ID Qualifier | ID | 2--2 | R | | | HC, HP, N4, N/U |
| SVC01-2 | Adjudicated Procedure Code | AN | 1--48 | R | | | |
| SVC01-3 | Procedure Modifier | AN | 2--2 | S | | | |
| SVC01-4 | Procedure Modifier | AN | 2--2 | S | | | |
| SVC01-5 | Procedure Modifier | AN | 2--2 | S | | | |
| SVC01-6 | Procedure Modifier | AN | 2--2 | S | | | |
| SVC01-7 | Description | AN | 1--80 | N/U | | | |

Usage change to Required
 Increase from 80 - 256
 Usage change to Required
 Increase from 80 - 256
 Increase from 80 - 256
 # Repeats change to 13
 Code Added
 # Repeats change to 14
 Code Deleted
 Code Aded
 Usage change to Not Used

Remittance

| 4010A1 | | | | | | | |
|--------------------|--|----|-----------|------------|-------------|-------------|--------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 4010A1 | | | | | | | |
| SVC02 | Line Item Charge Amount S9(7)V99 | R | 1--18 | R | | | |
| SVC03 | Line Item Provider Payment S9(7)V99 | R | 1--18 | R | | | |
| SVC04 | NUBC Revenue Code | AN | 1--48 | S | | | N/A Carriers |
| SVC05 | SVC01-1=N4 Units of Service Paid Count S9(7)V999 SVC01-1 = HC Units of Service Paid Count S9(3)V9 | R | 1--15 | S | | | |
| SVC06 | Composite Medical Procedure Identifier | | | S | | | |
| -06-1 | Product or Service ID Qualifier | ID | 2--2 | R | | | HC,N4 |
| -06-2 | Procedure Code | AN | 1--48 | R | | | |
| -06-3 | Procedure Modifier | AN | 2--2 | S | | | |
| -06-4 | Procedure Modifier | AN | 2--2 | S | | | |
| -06-5 | Procedure Modifier | AN | 2--2 | S | | | |
| -06-6 | Procedure Modifier | AN | 2--2 | S | | | |
| -06-7 | Procedure Code Description | AN | 1--80 | S | | | N/A Medicare |
| SVC07 | SVC06-1=N4 Units of Service Original Count S9(7)V999 SVC06-1 = HC Units of Service Original Count S9(7)V9 | R | 1--15 | S | | | |
| DTM | Service Date Time Reference | | 3 | S | 2110 | | |
| DTM01 | Date Time Qualifier | ID | 3--3 | R | | | 150,151,472 |
| DTM02 | Claim Date | DT | 8--8 | R | | | CCYYMMDD |
| DTM03 | Time | TM | 4--8 | N/U | | | |
| DTM04 | Time Code | ID | 2--2 | N/U | | | |
| DTM05 | Date Time Period Format Qualifier | ID | 2--3 | N/U | | | |
| DTM06 | Date Time Period | AN | 1--35 | N/U | | | |
| CAS | Service Adjustment | | 99 | S | 2110 | | |
| CAS01 | Claim Adjustment Group Code | ID | 1--2 | R | | | CO,CR,OA,PR |
| CAS02 | Adjustment Reason Code | ID | 1--5 | R | | | |
| CAS03 | Adjustment Amount S9(7)V99 | R | 1--18 | R | | | |

| 5010 | | | | | | | |
|--------------------|--|----|-----------|------------|-------------|-------------|-----------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 5010 | | | | | | | |
| SVC01-8 | Product/Service ID | AN | 1--48 | N/U | | | |
| SVC02 | Line Item Charge Amount S9(7)V99 | R | 1--18 | R | | | |
| SVC03 | Line Item Provider Payment S9(7)V99 | R | 1--18 | R | | | |
| SVC04 | N/UBC Revenue Code | AN | 1--48 | S | | | |
| SVC05 | Units of Service Paid Count S9(6) | R | 1--15 | S | | | |
| SVC06 | Composite Medical Procedure Identifier | | | S | | | |
| SVC06-1 | Product or Service ID Qualifier | ID | 2--2 | R | | | HC, HP, N4, N/U |
| SVC06-2 | Procedure Code | AN | 1--48 | R | | | |
| SVC06-3 | Procedure Modifier | AN | 2--2 | S | | | |
| SVC06-4 | Procedure Modifier | AN | 2--2 | S | | | |
| SVC06-5 | Procedure Modifier | AN | 2--2 | S | | | |
| SVC06-6 | Procedure Modifier | AN | 2--2 | S | | | |
| SVC06-7 | Procedure Code Description | AN | 1--80 | S | | | |
| SVC06-8 | Product/Service ID | AN | 1--48 | N/U | | | |
| SVC07 | Original Units of Service Count S9(6) | R | 1--15 | S | | | |
| DTM | Service Date | | 2 | S | 2110 | | |
| DTM01 | Date Time Qualifier | ID | 3--3 | R | | | 472 |
| DTM02 | Service Date | DT | 8--8 | R | | | CCYYMMDD |
| DTM03 | Time | TM | 4--8 | N/U | | | |
| DTM04 | Time Code | ID | 2--2 | N/U | | | |
| DTM05 | Date Time Period Format Qualifier | ID | 2--3 | N/U | | | |
| DTM06 | Date Time Period | AN | 1--35 | N/U | | | |
| CAS | Service Adjustment | | 99 | S | 2110 | | |
| CAS01 | Claim Adjustment Group Code | ID | 1--2 | R | | | CO,OA,PR |
| CAS02 | Adjustment Reason Code | ID | 1--5 | R | | | |
| CAS03 | Adjustment Amount S9(7)V99 | R | 1--18 | R | | | |

New Element

Code Deleted
Name Change

Code Added

New Element
Name Change

Repeats change to 2

Code Deleted

Code Deleted

Remittance

| 4010A1 | | | | | | | |
|--------------------|---------------------------------------|----|-----------|------------|-------------|-------------|--------------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 4010A1 | | | | | | | |
| CAS04 | Adjustment Quantity 9(7) | R | 1--15 | S | | | N/A Medicare |
| CAS05 | Adjustment Reason Code | ID | 1--5 | S | | | |
| CAS06 | Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| CAS07 | Adjustment Quantity 9(7) | R | 1--15 | S | | | N/A Medicare |
| CAS08 | Adjustment Reason Code | ID | 1--5 | S | | | |
| CAS09 | Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| CAS10 | Adjustment Quantity 9(7) | R | 1--15 | S | | | N/A Medicare |
| CAS11 | Adjustment Reason Code | ID | 1--5 | S | | | |
| CAS12 | Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| CAS13 | Adjustment Quantity 9(7) | R | 1--15 | S | | | N/A Medicare |
| CAS14 | Adjustment Reason Code | ID | 1--5 | S | | | |
| CAS15 | Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| CAS16 | Adjustment Quantity 9(7) | R | 1--15 | S | | | N/A Medicare |
| CAS17 | Adjustment Reason Code | ID | 1--5 | S | | | |
| CAS18 | Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| CAS19 | Adjustment Quantity 9(7) | R | 1--15 | S | | | N/A Medicare |
| REF | Service Identification | | 7 | S | 2110 | | |
| REF01 | Reference ID Qualifier | ID | 2--3 | R | | | LU,6R |
| REF02 | Provider ID | AN | 1--30 | R | | | |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |
| | | | | | | | |
| REF | Rendering Provider Information | | 10 | S | 2110 | | |
| REF01 | Reference ID Qualifier | ID | 2--3 | R | | | HPI |
| REF02 | Rendering Provider ID | AN | 1--30 | R | | | |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |

| 5010 | | | | | | | |
|--------------------|---------------------------------------|----|-----------|------------|-------------|-------------|--------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 5010 | | | | | | | |
| CAS04 | Adjustment Quantity S9(5) | R | 1--15 | S | | | |
| CAS05 | Adjustment Reason Code | ID | 1--5 | S | | | |
| CAS06 | Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| CAS07 | Adjustment Quantity S9(5) | R | 1--15 | S | | | |
| CAS08 | Adjustment Reason Code | ID | 1--5 | S | | | |
| CAS09 | Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| CAS10 | Adjustment Quantity S9(5) | R | 1--15 | S | | | |
| CAS11 | Adjustment Reason Code | ID | 1--5 | S | | | |
| CAS12 | Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| CAS13 | Adjustment Quantity S9(5) | R | 1--15 | S | | | |
| CAS14 | Adjustment Reason Code | ID | 1--5 | S | | | |
| CAS15 | Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| CAS16 | Adjustment Quantity S9(5) | R | 1--15 | S | | | |
| CAS17 | Adjustment Reason Code | ID | 1--5 | S | | | |
| CAS18 | Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| CAS19 | Adjustment Quantity S9(5) | R | 1--15 | S | | | |
| REF | Service Identification | | 8 | S | 2110 | | |
| REF01 | Reference ID Qualifier | ID | 2--3 | R | | | LU |
| REF02 | Provider ID | AN | 1--50 | R | | | |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |
| | | | | | | | |
| REF | Line Item Control Number | | 1 | S | 2110 | | |
| REF01 | Reference ID Qualifier | ID | 2--3 | R | | | |
| REF02 | Line Item Control Number | AN | 1--50 | R | | | |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |
| | | | | | | | |
| REF | Rendering Provider Information | | 10 | S | 2110 | | |
| REF01 | Reference ID Qualifier | ID | 2--3 | R | | | HPI |
| REF02 | Rendering Provider ID | AN | 1--50 | R | | | |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |

Code Deleted
Name Change

Code Deleted
Name Change

Code Deleted
Name Change

Code Deleted
Name Change

Code Deleted
Name Change

Code Deleted
Name Change

Repeats change to 8
Code Deleted
Increase from 30 - 50

New Segment

Increase from 30 - 50

Remittance

| 4010A1 | | | | | | | |
|--------------------|--------------------------------------|----|-----------|------------|-------|-------------|--|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 4010A1 | | | | | | | |
| | | | | | | | |
| AMT | Service Supplemental Amount | | 12 | S | | 2110 | |
| AMT01 | Amount Qualifier Code | ID | 1--3 | R | | | B6,KH |
| AMT02 | Service Supplemental Amount S9(7)V99 | R | 1--18 | R | | | |
| AMT03 | Credit/Debit Flag Code | ID | 1--1 | N/U | | | |
| QTY | Service Supplemental Quantity | | 6 | S | | 2110 | N/A |
| QTY01 | Quantity Qualifier | ID | 2--2 | R | | | NE, ZK, ZL, ZM, ZN, ZO |
| QTY02 | Quantity | R | 1--15 | R | | | |
| QTY03 | Composite Unit Of Measure | | | N/U | | | |
| QTY04 | Free-Form Message | AN | 1--30 | N/U | | | |
| LQ | Health Care Remarks Codes | | 99 | S | | 2110 | |
| LQ01 | Code List Qualifier Code | ID | 1--3 | R | | | HE |
| LQ02 | Remark Code | AN | 1--30 | R | | | |
| PLB | Provider Level Adjustment | | >1 | S | ----- | 1 | |
| PLB-01 | Provider Identifier | AN | 1--30 | R | | | NPI |
| PLB02 | Fiscal Period Date | DT | 8--8 | R | | | CCYYMMDD |
| PLB03 | Adjustment Identifier | | | R | | | |
| -03-1 | Adjustment Reason Code | ID | 2--2 | R | | | CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1 |
| -03-2 | Provider Adjustment Identifier | AN | 1--30 | S | | | |
| PLB04 | Provider Adjustment Amount S9(7)V99 | R | 1--18 | R | | | |
| PLB05 | Adjustment Identifier | | | S | | | |
| -05-1 | Adjustment Reason Code | ID | 2--2 | R | | | CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1 |
| -05-2 | Provider Adjustment Identifier | AN | 1--30 | S | | | |

| 5010 | | | | | | | |
|--------------------|--|----|-----------|------------|-------|-------------|--|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 5010 | | | | | | | |
| REF | Health Care Policy Identification | | 5 | S | | 2110 | |
| REF01 | Reference ID Qualifier | ID | 2--3 | R | | | 0K |
| REF02 | Healthcare Policy ID | AN | 1--50 | R | | | |
| REF03 | Description | AN | 1-80 | N/U | | | |
| REF04 | Reference Identifier | | | N/U | | | |
| AMT | Service Supplemental Amount | | 9 | S | | 2110 | |
| AMT01 | Amount Qualifier Code | ID | 1--3 | R | | | B6, KH |
| AMT02 | Service Supplemental Amount S9(7)V99 | R | 1--18 | R | | | |
| AMT03 | Credit/Debit Flag Code | ID | 1--1 | N/U | | | |
| QTY | Service Supplemental Quantity | | 6 | S | | 2110 | |
| QTY01 | Quantity Qualifier | ID | 2--2 | R | | | |
| QTY02 | Service Supplemental Quantity Count | R | 1--15 | R | | | |
| QTY03 | Composite Unit Of Measure | | | N/U | | | |
| QTY04 | Free-form Information | AN | 1--30 | N/U | | | |
| LQ | Health Care Remarks Codes | | 99 | S | | 2110 | |
| LQ01 | Code List Qualifier Code | ID | 1--3 | R | | | HE |
| LQ02 | Remark Code | AN | 1--30 | R | | | |
| PLB | Provider Level Adjustment | | >1 | S | ----- | 1 | |
| PLB-01 | Provider Identifier | AN | 1--50 | R | | | NPI |
| PLB02 | Fiscal Period Date | DT | 8--8 | R | | | CCYYMMDD |
| PLB03 | Adjustment Identifier | | | R | | | |
| PLB03-1 | Adjustment Reason Code | ID | 2--2 | R | | | CS, AP, FB, LE, L6, 50, SI, WO, B2, IR, 72, J1 |
| PLB03-2 | Provider Adjustment Identifier | AN | 1--50 | S | | | |
| PLB04 | Provider Adjustment Amount S9(7)V99 | R | 1--18 | R | | | |
| PLB05 | Adjustment Identifier | | | S | | | |
| PLB05-1 | Adjustment Reason Code | ID | 2--2 | R | | | CS, AP, FB, LE, L6, 50, SI, WO, B2, IR, 72, J1 |
| PLB05-2 | Provider Adjustment Identifier | AN | 1--50 | S | | | |

New Segment

Repeats change to 9

Code Deleted

Name Change

Increase from 30 - 50

Increase from 30 - 50

Increase from 30 - 50

Remittance

| 4010A1 | | | | | | | |
|--------------------|-------------------------------------|----|-----------|------------|------------|-------------|--|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 4010A1 | | | | | | | |
| PLB06 | Provider Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| PLB07 | Adjustment Identifier | | | S | | | |
| -07-1 | Adjustment Reason Code | ID | 2--2 | R | | | CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1 |
| -07-2 | Provider Adjustment Identifier | AN | 1--30 | S | | | |
| PLB08 | Provider Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| PLB09 | Adjustment Identifier | | | S | | | |
| -09-1 | Adjustment Reason Code | ID | 2--2 | R | | | CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1 |
| -09-2 | Provider Adjustment Identifier | AN | 1--30 | S | | | |
| PLB10 | Provider Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| PLB11 | Adjustment Identifier | | | S | | | |
| -11-1 | Adjustment Reason Code | ID | 2--2 | R | | | CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1 |
| -11-2 | Provider Adjustment Identifier | AN | 1--30 | S | | | |
| PLB12 | Provider Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| PLB13 | Adjustment Identifier | | | S | | | |
| -13-1 | Adjustment Reason Code | ID | 2--2 | R | | | CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1 |
| -13-2 | Provider Adjustment Identifier | AN | 1--30 | S | | | |
| PLB14 | Provider Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| SE | Transition Set Trailer | | 1 | R | --- | 1 | |
| SE01 | Transition Segment Count | N0 | 1--10 | R | | | |
| SE02 | Transition Set Control # | AN | 4--9 | R | | | =ST02 |
| GE | Functional Group Trailer | | 1 | R | --- | 1 | |
| GE01 | # Transaction Sets Included | N0 | 1-6 | R | | | |
| GE02 | Group Control # | N0 | 1-9 | R | | | |
| IEA | Interchange Control Trailer | | 1 | R | --- | 1 | |

| 5010 | | | | | | | |
|--------------------|-------------------------------------|----|-----------|------------|------------|-------------|--|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 5010 | | | | | | | |
| PLB06 | Provider Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| PLB07 | Adjustment Identifier | | | S | | | |
| PLB07-1 | Adjustment Reason Code | ID | 2--2 | R | | | CS, AP, FB, LE, L6, 50, SI, WO, B2, IR, 72, J1 |
| PLB07-2 | Provider Adjustment Identifier | AN | 1--50 | S | | | |
| PLB08 | Provider Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| PLB09 | Adjustment Identifier | | | S | | | |
| PLB09-1 | Adjustment Reason Code | ID | 2--2 | R | | | CS, AP, FB, LE, L6, 50, SI, WO, B2, IR, 72, J1 |
| PLB09-2 | Provider Adjustment Identifier | AN | 1--50 | S | | | |
| PLB10 | Provider Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| PLB11 | Adjustment Identifier | | | S | | | |
| PLB11-1 | Adjustment Reason Code | ID | 2--2 | R | | | CS, AP, FB, LE, L6, 50, SI, WO, B2, IR, 72, J1 |
| PLB11-2 | Provider Adjustment Identifier | AN | 1--50 | S | | | |
| PLB12 | Provider Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| PLB13 | Adjustment Identifier | | | S | | | |
| PLB13-1 | Adjustment Reason Code | ID | 2--2 | R | | | CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1 |
| PLB13-2 | Provider Adjustment Identifier | AN | 1--50 | S | | | |
| PLB14 | Provider Adjustment Amount S9(7)V99 | R | 1--18 | S | | | |
| SE | Transition Set Trailer | | 1 | R | --- | 1 | |
| SE01 | Transition Segment Count | N0 | 1--10 | R | | | |
| SE02 | Transition Set Control # | AN | 4--9 | R | | | =ST02 |
| GE | Functional Group Trailer | | 1 | R | --- | 1 | |
| GE01 | # Transaction Sets Included | N0 | 1-6 | R | | | |
| GE02 | Group Control # | N0 | 1-9 | R | | | |
| IEA | Interchange Control Trailer | | 1 | R | --- | 1 | |

Increase from 30 - 50

Increase from 30 - 50

Increase from 30 - 50

Increase from 30 - 50

Remittance

| 4010A1 | | | | | | | |
|--------------------|------------------------------|----|-----------|------------|------|-------------|--------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 4010A1 | | | | | | | |
| IEA01 | # Included Functional Groups | N0 | 1-5 | R | | | |
| IEA02 | Interchange Control # | N0 | 9-9 | R | | | |

| 5010 | | | | | | | |
|--------------------|------------------------------|----|-----------|------------|------|-------------|--------|
| Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | Values |
| 835 5010 | | | | | | | |
| IEA01 | # Included Functional Groups | N0 | 1-5 | R | | | |
| IEA02 | Interchange Control # | N0 | 9-9 | R | | | |