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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 709 | Date: May 21, 2010 |
| | Change Request 6975 |

SUBJECT: Additional Instruction for Implementation of Health Insurance Portability and Accountability Act of 1996 (HIIPAA) Version 5010 for Transaction 835 - Health Care Claim Payment/Advice and Updated Standard Paper Remit (SPR)

I. SUMMARY OF CHANGES: This Change Request (CR) provides additional instruction to Shared System Maintainers (SSMs) and MAC and legacy contractors under alternate option to implement ASC X12 Transaction 835 version 005010 and related update in Standard Paper Remittance Advice (SPR).

EFFECTIVE DATE: October *1, 2010

IMPLEMENTATION DATE: October 4, 2010

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|--------------|---|
| N/A | |

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
Funding for implementation activities will be provided to contractors through the regular budget process.

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENT:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

| | | | |
|-------------|------------------|--------------------|----------------------|
| Pub. 100-20 | Transmittal: 709 | Date: May 21, 2010 | Change Request: 6975 |
|-------------|------------------|--------------------|----------------------|

SUBJECT: Additional Instruction for Implementation of Health Insurance Portability and Accountability Act of 1996 (HIPAA) version 5010 for Transaction 835 - Health Care Claim Payment/Advice and Updated Standard Paper Remit (SPR).

Effective Date: October 1, 2010

Implementation Date: October 4, 2010

I. GENERAL INFORMATION

A. Background: The Centers for Medicare and Medicaid Services (CMS) is in the process of implementing the next version of the Health Insurance Portability and Accountability Act Transaction 835 standard – referred to as 835v5010 in this document. The Secretary of the Department of Health and Human Services (DHHS) has adopted ASC X12 version 5010 and NCPDP version D.0 as the next HIPAA standard for HIPAA covered transactions. The final rule was published on January 16, 2009. Some of the important dates in the implementation process are:

| | |
|---|-------------------|
| Effective Date of the regulation: | March 17, 2009 |
| Level I compliance by: | December 31, 2010 |
| Level II Compliance by: | December 31, 2011 |
| All covered entities have to be fully compliant on: | January 1, 2012 |

Level I compliance means “that a covered entity can demonstrably create and receive compliant transactions, resulting from the compliance of all design/build activities and internal testing.”

Level II compliance means that a “covered entity has completed end-to-end testing with each of its trading partners, and is able to operate in production mode with the new versions of the standards.”

CMS shall be fully compliant on January 1, 2012, and complete Level I compliancy by December 31, 2010, and Level II compliancy by December 31, 2011. **The transition period when both versions would be allowed in production mode for Medicare will be from January 1, 2011 – December 31, 2011. The 835v4010A1 and the current Standard Paper Remittance (SPR) shall not be sent on or after January 1, 2012, irrespective of the date of receipt or date of service reported on the electronic or paper claim.**

This Change Request (CR) provides additional instructions to contractors (both MAC and legacy) and the Shared System Maintainers (SSMs) to implement transaction 835 v5010 and update the SPR Advice. Transaction 835 or SPR related CRs 6034 (Transmittal 508), 6460 (Transmittal 495), 6376 (Transmittal 511) and CR 6589 (Transmittal 577) have already been published and implemented or are going to be implemented by July 2010. This CR will be implemented by J1, J3, J4, J5, J9, J10, J12, J13, J14 and CEDI. All 5010 work will be performed by the partner MACs for all legacy contractors under alternate option. FISS, MCS, and VMS have also implemented or will implement instruction in CRs 6843, 6597, and 6591 to populate the Control Records (CTR). CMS expects that any provider level OOB situation will be resolved on a timely manner with contractors working closely with the SSMs and CMS.

B. Policy: The Administrative Simplification provisions of HIPAA Regulations require the Secretary of DHHS to adopt standard electronic transactions and code sets. The Secretary may also modify these standards periodically. ASC X12 005010 and NCPDP D.0 have been adopted by the Secretary as the next

HIPAA standards. CMS shall be fully compliant and be ready on January 1, 2012, when all covered entities have to be fully compliant.

The purpose of this release is to communicate additional business requirements for MACs and SSMs and include legacy contractor under the alternate option to be ready to generate 835 in version 5010 for testing with trading partners and/or for transitioning early adopters to the new HIPAA standard for Transaction 835. This CR is the seventh 835/SPR CR in the series of instructions for full implementation of the new HIPAA standard after CRs 6034, 6376, 6460, 6473, 6589, and 6601.

II. BUSINESS REQUIREMENTS TABLE

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | | |
|--------|---|---|--------------------------------|--------|---------------------------------|------------------|------------------------------|-------------|-------------|--|-------|------|
| | | A / B M A C | D M E M A C | F I | C A R R I E R | R H I | Shared-System Maintainers | | | | OTHER | |
| | | | | | | F I S S | M C S | V M S | C W F | | | |
| 6975.1 | Contractors and CEDI shall generate and send 835s from the flat files that balance at the line, claim, and provider level received from one of the Shared Systems. Note: See attached flat file | X | | X | X | X | | | | | | CEDI |
| 6975.2 | FISS and VMS shall generate 835 Flat Files that are balanced at the line, claim and provider level based on the updated flat file. Note I: See attached flat file Note II: All COBOL PICs must start at position 1.Amount fields - must be right justified zero filled for the first 10 positions, and space filled from 11-18 positions Note III: Provider level balancing issues will be addressed, if needed, on a case-by-case basis. For balancing at the claim and line level, see previous instruction. | | | | | | X | | X | | | |
| 6975.3 | Contractors a shall monitor the Shared Systems generated OOB reports and research and work towards resolutions of issues that are resulting in OOB situations. Note: Contractors will work with CMS and the Shared System maintainers to resolve any OOB situation. | X | X | | | | | | | | | |
| 6975.4 | Contractors and CEDI shall follow the instructions in CRs 6843, 6597, and 6591 for Receipt, Control and Balancing. | X | | | | | | | | | | CEDI |
| 6975.5 | FISS shall make programming changes to generate Loop 2110, Healthcare Policy Identifier REF Segment and 1000A Payer Website PER Segment based on the following conditions: 1. When a NCD is present on claim page 32 FISS will | | | | | | X | | | | | |

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | |
|--------|---|---|--------------------------------|--------|---------------------------------|------------------|---------------------------|-------------|-------------|-------------|-------|
| | | A / B M A C | D M E M A C | F I | C A R R I E R | R H H I | Shared-System Maintainers | | | | OTHER |
| | | | | | | | F I S S | M C S | V M S | C W F | |
| | <p>generate the REF segments.</p> <p>2. FISS will evaluate the denial code from the LUAC line on claim page 32, and utilize the CARC present on the reason code file. If the CARC is on the Healthcare Policy Identifier (HCPI) table created by FISS, and the NCD is present on claim page 32, FISS will generate the REF segments. Otherwise, if the CARC is not present on the HCPI table, FISS will evaluate the FMR field on claim page 32 and obtain the LMRP's from the reason code file and generate the REF segments. If LMRPs are not present on the reason code file, FISS will not generate the REF segments.</p> <p>3. FISS will evaluate the denial code from the LUAC on claim page 32, and utilize the CARC present on the reason code file. If the CARC is not present on the HCPI table, and the NCD is present on claim page 32, FISS will generate the REF segments. Otherwise, if the NCD is not present on claim page 32, FISS will check the FMR field on claim page 32 and obtain the LMRP's from the reason code file. If LMRPs are not present on the reason code file, FISS will not generate the REF segments.</p> <p>Note: This will change the current FISS programming to generate the new Healthcare Policy REF segment per requests received from contractors.</p> | | | | | | | | | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | |
|--------|---|---|--------------------------------|--------|---------------------------------|------------------|---------------------------|-------------|-------------|-------------|-------|
| | | A / B M A C | D M E M A C | F I | C A R R I E R | R H H I | Shared-System Maintainers | | | | OTHER |
| | | | | | | | F I S S | M C S | V M S | C W F | |
| 6975.6 | A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMMattersArticles/ shortly | X | | X | X | X | | | | | CEDI |

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | |
|--------|--|---|--------------------------------|--------|---------------------------------|------------------|---------------------------|-------------|-------------|-------------|-------|
| | | A / B M A C | D M E M A C | F I | C A R R I E R | R H H I | Shared-System Maintainers | | | | OTHER |
| | | | | | | | F I S S | M C S | V M S | C W F | |
| | <p>after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p> | | | | | | | | | | |

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--|
| | |

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Sumita Sen (410) 786-5755 or sumita.sen@cms.hhs.gov

Post-Implementation Contact(s): Sumita Sen (410) 786-5755 or sumita.sen@cms.hhs.gov

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:*

Funding for implementation activities will be provided to contractors through the regular budget process.

Section B: For *Medicare Administrative Contractors (MACs)*, include the following statement:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically

authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment

(For alternate format, please contact the CR author)

| 835 TR3 5010 | | | | | | | | | | | | | | | | | |
|-----------------------------|-------------------------------------|----|---------|-----------|-------|-------------|-------------------------------------|--------|---------|--------------------|-----------|-----------|-------|--------|---------------|---|----|
| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | | 18 |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment | |
| ISA | Interchange Control Header | | 1 | 405 | ----- | 1 | | | 6 | 4 | 4 | 4 | 1 | 18 | 1 | | |
| ISA01 | Authorization Information Qualifier | ID | 2--2 | R | | | 00 | | | | | | 19 | 2 | | | |
| ISA02 | Authorization Information | AN | 10--10 | R | | | Blank | | | | | | 21 | 10 | | | |
| ISA03 | Security Information Qualifier | ID | 2--2 | R | | | 00 | | | | | | 31 | 2 | | | |
| ISA04 | Security Information | AN | 10--10 | R | | | Blank | | | | | | 33 | 10 | | | |
| ISA05 | Interchange ID Qualifier | ID | 2--2 | R | | | 01,14,20,27,28,29,30,33,ZZ | | | | | | 43 | 2 | | | |
| ISA06 | Interchange Sender ID | AN | 15--15 | R | | | Interchange Sender ID | | | | | | 45 | 15 | | | |
| ISA07 | Interchange ID Qualifier | ID | 2--2 | R | | | 01,14,20,27,28,29,30,33,ZZ | | | | | | 60 | 2 | | | |
| ISA08 | Interchange Receiver ID | AN | 15--15 | R | | | Interchange Receiver ID | | | | | | 62 | 15 | | | |
| ISA09 | Interchange Date | DT | 6--6 | R | | | (Translator Generated) | | | | | | 77 | 6 | | Format is YYMMDD with CC (20) appended at the beginning | |
| ISA10 | Interchange Time | TM | 4--4 | R | | | (Translator Generated) | | | | | | 83 | 4 | | | |
| ISA11 | Repetition Separator | ID | 1--1 | R | | | (Translator Generated) | | | | | | 87 | 1 | | | |
| ISA12 | Interchange Control Version Number | ID | 5--5 | R | | | 00501 | | | | | | 88 | 5 | | | |
| ISA13 | Interchange Control Number | NO | 9--9 | R | | | YJJJ00000 where Y is the last digit | | | | | | 93 | 9 | | | |
| ISA14 | Acknowledgement Requested | ID | 1--1 | R | | | 0 | | | | | | 102 | 1 | | | |
| ISA15 | Usage Indicator | ID | 1--1 | R | | | P,T | | | | | | 103 | 1 | | | |
| ISA16 | Component Element Separator | | 1--1 | R | | | Translator Generated | | | | | | 104 | 1 | | | |
| GS | Functional Group Header | | 1 | R | ----- | 1 | | | | | GS | | 1 | 18 | 1 | | |
| GS01 | Functional Identifier Code | ID | 2--2 | R | | | HP | | | | | | 19 | 2 | | | |
| GS02 | Application Sender's Code | AN | 2--15 | R | | | Application Sender's Code | | | | | | 21 | 15 | | | |
| GS03 | Application Receiver's Code | AN | 2--15 | R | | | Application Receiver's Code | | | | | | 36 | 15 | | | |
| GS04 | Date | DT | 8--8 | R | | | See ISA09 | | | | | | 51 | 8 | | | |
| GS05 | Time | TM | 4--8 | R | | | See ISA010 | | | | | | 59 | 8 | | | |
| GS06 | Group Control Number | NO | 1--9 | R | | | Increment by one; beginning at | | | | | | 67 | 9 | | | |
| GS07 | Responsible Agency Code | ID | 1--2 | R | | | X | | | | | | 76 | 2 | | | |

| 835 TR3 5010 | | | | | | | | | | | | | | | | | |
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| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | 18 | |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment |
| GS08 | Version/Release/Industry ID code | AN | 1--12 | R | | | | 005010X221 | | | | | | 78 | 12 | | |
| ST | Transaction Set Header | | 1 | R | ----- | 1 | | | 68 | | | ST | | 1 | 18 | 1 | |
| ST01 | Transaction Set Identifier Code | ID | 3--3 | R | | | | 835 | | | | | | 19 | 3 | | |
| ST02 | Transaction Set Control Number | AN | 4--9 | R | | | | =SE02 | | | | | | 22 | 9 | | |
| ST03 | Implementation Convention Reference | AN | 1-35 | NU | | | | | | | | | | | | | Added field ST03 RE: Attachment w/ CR 6589 |
| BPR | Financial Information | | 1 | R | ----- | 1 | | | 69 | | | BPR | | 1 | 18 | 1 | |
| BPR01 | Transaction Handling Code | ID | 1--2 | R | | | | C, D, H, I, P, U, X | | | | | | 19 | 2 | | |
| BPR02 | Total Actual Provider Payment Amt S9(8)V99 | R | 1--18 | R | | | | | | | | | | 21 | 18 | | |
| BPR03 | Credit or Debit Flag Code | ID | 1--1 | R | | | | C | | | | | | 39 | 1 | | |
| BPR04 | Payment Method Code | ID | 3--3 | R | | | | ACH,CHK,NON | | | | | | 40 | 3 | | |
| BPR05 | Payment Format Code | ID | 1--10 | S | | | | CCP,CTX | | | | | | 43 | 10 | | |
| BPR06 | DFI ID # Qualifier | ID | 2--2 | S | | | | 01 | | | | | | 53 | 2 | | |
| BPR07 | Sender DFI Identifier | AN | 3--12 | S | | | | | | | | | | 55 | 12 | | |
| BPR08 | Acct # Qualifier | ID | 1--3 | S | | | | DA | | | | | | 67 | 3 | | |
| BPR09 | Sender Bank Acct # | AN | 1--35 | S | | | | | | | | | | 70 | 35 | | |
| BPR10 | Payer Identifier | AN | 10--10 | S | | | | | | | | | | 105 | 10 | | |
| BPR11 | Originating Co Supplemental Code | AN | 9--9 | S | | | | =TRN04 | | | | | | 115 | 9 | | Not used by Part B |
| BPR12 | DFI ID # Qualifier | ID | 2--2 | S | | | | 01 | | | | | | 124 | 2 | | |
| BPR13 | Receiver or Provider Bank ID # | AN | 3--12 | S | | | | | | | | | | 126 | 12 | | |
| BPR14 | Acct # Qualifier | ID | 1--3 | S | | | | DA,SG | | | | | | 138 | 3 | | |
| BPR15 | Receiver or Provider Acct # | AN | 1--35 | S | | | | | | | | | | 141 | 35 | | |
| BPR16 | Check Issue or EFT Effective Date | DT | 8--8 | R | | | | | | | | | | 176 | 8 | | |
| BPR17- | Business Function Code | ID | 1-3 | NU | | | | | | | | | | | | | |
| -BPR21 | | | | | | | | | | | | | | | | | |

| 835 TR3 5010 | | | | | | | | | | | | | | | | | |
|-----------------------------|-------------------------------------|----|---------|-----------|-------|-------------|--|----------|--------|--------------------|----------|------------|-----------|-------|--------|---------------|---|
| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | 18 | |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment |
| TRN | Reassociation Trace Number | | 1 | R | ----- | 1 | | | 77 | | | TRN | | 1 | 18 | 1 | |
| TRN01 | Trace Type Code | ID | 1--2 | R | | | | 1 | | | | | | 19 | 2 | | |
| TRN02 | Check or EFT Trace # | AN | 1--50 | R | | | | | | | | | | 21 | 50 | | |
| TRN03 | Payer Identifier | AN | 10--10 | R | | | | | | | | | | 71 | 10 | | |
| TRN04 | Originating Co Supplemental Code | AN | 1--50 | S | | | | =BPR011 | | | | | | 81 | 50 | | Change max from 30 to 50 RE: Attahment w/ CR 6589 |
| CUR | Foreign Currency Information | | 1 | S | ----- | 1 | | N/A | 79 | | | CUR | | | | | Medicare does not use this segment |
| REF | Reference Identification | | 1 | S | ----- | 1 | | | | | | REF | | 1 | 18 | 1 | |
| REF01 | Receiver ID Qualifier | ID | 2--3 | R | | | | EV | 82 | | | | | 19 | 3 | | |
| REF02 | Receiver Identifier | AN | 1--50 | R | | | | | | | | | | 22 | 50 | | |
| REF03- | Description | AN | 1-80 | N/U | | | | | | | | | | | | | |
| -REF04 | | | | | | | | | | | | | | | | | |
| REF | Version Identification | | 1 | S | ----- | 1 | | | | | | REF | | 1 | 18 | 1 | |
| REF01 | Receiver ID Qualifier | ID | 2--3 | R | | | | F2 | 84 | | | | | 19 | 3 | | |
| REF02 | Version ID Code | AN | 1--50 | R | | | | | | | | | | 22 | 50 | | |
| REF03- | Description | AN | 1-80 | NU | | | | | | | | | | | | | |
| -REF04 | | | | | | | | | | | | | | | | | |
| DTM | Production Date | | 1 | S | ----- | 1 | | | 85 | | | DTM | | 1 | 18 | 1 | |
| DTM01 | Date Time Qualifier | ID | 3--3 | R | | | | 405 | | | | | | 19 | 3 | | |
| DTM02 | Production Date | DT | 8--8 | R | | | | CCYYMMDD | | | | | | 22 | 8 | | |
| DTM03- | Time | TM | 4-8 | NU | | | | | | | | | | | | | |
| -DTM06 | | | | | | | | | | | | | | | | | |

| 835 TR3 5010 | | | | | | | | | | | | | | | | |
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| X12 Element Attributes----- | | | | | | | | X12 Flat File----- | | | | | | | | 18 |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment |
| N1 | Payer Identification | | 1 | R | 1000A | 1 | | 87 | 1000A | | N1 | | 1 | 18 | 1 | |
| N101 | Entity Identifier Code | ID | 2--3 | R | | | PR | | | | | | 19 | 3 | | |
| N102 | Payer Name | AN | 1--60 | R | | | | | | | | | 22 | 60 | | All names expanded to 60 per HIGLAS |
| N103 | ID Code Qualifier | ID | 1--2 | S | | | XV | | | | | | 82 | 2 | | |
| N104 | Payer Identifier | AN | 2--80 | S | | | | | | | | | 84 | 80 | | |
| N105- | Entity Relationship Code | ID | 2--2 | NU | | | | | | | | | | | | |
| -NM106 | | | | | | | | | | | | | | | | |
| N3 | Payer Address | | 1 | R | 1000A | | | 89 | 1000A | | N3 | | 1 | 18 | 1 | |
| N301 | Payer Address Line | AN | 1--55 | R | | | | | | | | | 19 | 55 | | |
| N302 | Payer Address Line | AN | 1--55 | S | | | | | | | | | 74 | 55 | | |
| N4 | Payer City, State, Zip | | 1 | R | 1000A | | | 90 | 1000A | | N4 | | 1 | 18 | 1 | |
| N401 | Payer City Name | AN | 2--30 | R | | | | | | | | | 19 | 30 | | |
| N402 | Payer State Code | ID | 2--2 | R | | | | | | | | | 49 | 2 | | |
| N403 | Payer Postal Zone or ZIP Code | ID | 3--15 | R | | | | | | | | | 51 | 15 | | |
| N404 | Country Code | ID | 2--3 | S | | | | | | | | | 66 | 3 | | |
| N405- | Location Qualifier | ID | 1-2 | NU | | | | | | | | | | | | |
| -N406 | | | | | | | | | | | | | | | | |
| N407 | Country Subdivision Code | ID | 1--3 | S | | | | | | | | | 69 | 3 | | |
| REF | Additional Payer Identification | | 4 | S | 1000A | | | 92 | 1000A | | REF | | 1 | 18 | 4 | |
| REF01 | Reference Identification Qualifier | ID | 2--3 | R | | | 2U | | | | | | 19 | 3 | | |
| REF02 | Additional Payer ID | AN | 1--50 | R | | | | | | | | | 22 | 50 | | |
| REF03- | Description | AN | 1--80 | NU | | | | | | | | | | | | |
| -REF04 | | | | | | | | | | | | | | | | |

| 835 TR3 5010 | | | | | | | | | | | | | | | | | |
|-----------------------------|--|----|---------|-----------|-------|-------------|--------------------|--------|---------|--------------------|--------|-----------|-------|--------|---------------|-------------------------------------|--|
| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | 18 | |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment | |
| PER | Payer Business Contact Information | | 1 | S | 1000A | | | 94 | 1000A | | PER | | 1 | 18 | 1 | | |
| PER01 | Contact Function Code | ID | 2--2 | R | | | CX | | | | | | 19 | 2 | | | |
| PER02 | Payer Contact Name | AN | 1-60 | S | | | | | | | | | 21 | 60 | | All names expanded to 60 per HIGLAS | |
| PER03 | Communication # Qualifier | ID | 2--2 | S | | | EM,FX,TE | | | | | | 81 | 2 | | | |
| PER04 | Payer Contact Communication # | AN | 1-256 | S | | | | | | | | | 83 | 256 | | | |
| PER05 | Communication Number Qualifier 2 | ID | 2--2 | S | | | EM,EX,FX,TE | | | | | | 339 | 2 | | | |
| PER06 | Payer Contact Communication # | AN | 1-256 | S | | | | | | | | | 341 | 256 | | | |
| PER07 | Communication Number Qualifier 3 | ID | 2--2 | S | | | EX | | | | | | 597 | 2 | | | |
| PER08 | Payer Contact Communication # | AN | 1-256 | S | | | | | | | | | 599 | 256 | | | |
| PER09 | Contact Inquiry Reference | AN | 1-20 | N/U | | | | | | | | | | | | | |
| PER | Payer Technical Contact Information | | 1 | R | 1000A | | | 97 | 1000A | | PER | | 1 | 18 | 1 | | |
| PER01 | Contact Function Code | ID | 2--2 | R | | | BL | | | | | | 19 | 2 | | | |
| PER02 | Payer Contact Name | AN | 1-60 | S | | | | | | | | | 21 | 60 | | All names expanded to 60 per HIGLAS | |
| PER03 | Communication # Qualifier | ID | 2--2 | S | | | EM, TE, UR | | | | | | 81 | 2 | | | |
| PER04 | Payer Contact Communication # | AN | 1-256 | S | | | | | | | | | 83 | 256 | | | |
| PER05 | Communication Number Qualifier 2 | ID | 2--2 | S | | | EM, EX, FX, TE, UR | | | | | | 339 | 2 | | | |
| PER06 | Payer Contact Communication # | AN | 1-256 | S | | | | | | | | | 341 | 256 | | | |
| PER07 | Communication Number Qualifier 3 | ID | 2--2 | S | | | EM, EX, FX, UR | | | | | | 597 | 2 | | | |
| PER08 | Payer Contact Communication # | AN | 1-256 | S | | | | | | | | | 599 | 256 | | | |
| PER09 | Contact Inquiry Reference | AN | 1-20 | N/U | | | | | | | | | | | | | |
| PER | Payer Web Site | | 1 | S | 1000A | | | 100 | 1000A | | PER | | 1 | 18 | 1 | | |
| PER01 | Contact Function Code | ID | 2--2 | R | | | IC | | | | | | 19 | 2 | | | |
| PER02 | Name | AN | 1-60 | NU | | | | | | | | | 21 | 60 | | | |
| PER03 | Communication # Qualifier | ID | 2--2 | R | | | UR | | | | | | 81 | 2 | | | |
| PER04 | Payer Contact Communication # | AN | 1-256 | R | | | | | | | | | 83 | 256 | | | |

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| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | 18 | |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment | |
| PER05- | Communication Number Qualifier | ID | 2--2 | NU | | | | | | | | | | | | | |
| - PER09 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| N1 | Payee Identification | | 1 | R | 1000B | 1 | | 102 | 1000B | | N1 | | 1 | 18 | 1 | | |
| N101 | Entity Identifier Code | ID | 2--3 | R | | | PE | | | | | | 19 | 3 | | | |
| N102 | Payee Name | AN | 1--60 | R | | | | | | | | | 22 | 60 | | | All names expanded to 60 per HIGLAS |
| N103 | Identification Code Qualifier | ID | 1--2 | R | | | XX, FI, XV | | | | | | 82 | 2 | | | |
| N104 | Payee ID Code | AN | 2--80 | R | | | | | | | | | 84 | 80 | | | |
| N105- | Entity Relationship Code | ID | 2--2 | NU | | | | | | | | | | | | | |
| -N106 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| N3 | Payee Address | | 1 | S | 1000B | | | 104 | 1000B | | N3 | | 1 | 18 | 1 | | |
| N301 | Payee Address Line | AN | 1--55 | R | | | | | | | | | 19 | 55 | | | |
| N302 | Payee Address Line | AN | 1--55 | S | | | | | | | | | 74 | 55 | | | |
| | | | | | | | | | | | | | | | | | |
| N4 | Payee City,State,Zip | | 1 | R | 1000B | | | 105 | 1000B | | N4 | | 1 | 18 | 1 | | |
| N401 | Payee City Name | AN | 2--30 | R | | | | | | | | | 19 | 30 | | | |
| N402 | Payee State Code | ID | 2--2 | S | | | | | | | | | 49 | 2 | | | |
| N403 | Payee Postal Zone or ZIP Code | ID | 3-15 | S | | | | | | | | | 51 | 15 | | | |
| N404 | Country Code | ID | 2--3 | S | | | | | | | | | 66 | 3 | | | |
| N405- | Location Qualifier | ID | 2--2 | NU | | | | | | | | | | | | | |
| -N406 | | | | | | | | | | | | | | | | | |
| N407 | Country Subdivision Code | ID | 1--3 | S | | | | | | | | | 69 | 3 | | | Payee Subdivision code per HIGLAS request |
| | | | | | | | | | | | | | | | | | |
| REF | Payee Additional Identification | | >1 | S | 1000B | | | 107 | 1000B | | REF | | 1 | 18 | >1 | | |
| REF01 | Reference Identification Qualifier | ID | 2--3 | R | | | TJ | | | | | | 19 | 3 | | | |

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|-----------------------------|-------------------------------------|----|---------|-----------|--------------|-------------|---------------------|--------|-------------|--------------------|------------|-----------|-------|--------|---------------|---|
| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | 18 | |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment |
| REF02 | Additional Payee ID # | AN | 1--50 | R | | | | | | | | | 22 | 50 | | |
| REF03- | Description | AN | 1__80 | NU | | | | | | | | | | | | |
| -REF04 | | | | | | | | | | | | | | | | |
| RDM | Remittance Delivery Method | | 1 | S | 1000B | | | 109 | | | | | 1 | 18 | | |
| RDM01 | Report Transmission Code | ID | 1--2 | | | | BM, EM, FT, OL | | | | | | 19 | 2 | | |
| RDM02 | Name | AN | 1--60 | | | | | | | | | | 21 | 60 | | |
| RDM03 | Communication Number | AN | 1--256 | | | | | | | | | | 81 | 256 | | |
| RDM04 | Reference Identifier | | | N/U | | | | | | | | | | | | |
| -RDM05 | | | | | | | | | | | | | | | | |
| LX | Header Number | | 1 | S | 2000 | >1 | | 111 | 2000 | | LX | | 1 | 18 | 1 | |
| LX01 | Assigned # | NO | 1--6 | R | | | 0,1, TTYMMM | | | | | | 19 | 6 | | FISS uses TTYMMM - Facility Code/year/Month. uses 1 for assigned and 0 for non-assigned MCS |
| TS3 | Provider Summary Information | | 1 | S | 2000 | 1 | | 112 | 2000 | | TS3 | | 1 | 18 | 1 | |
| TS301 | Provider Identifier | AN | 1--50 | R | | | NPI | | | | | | 19 | 50 | | Legacy in case of VA pricing |
| TS302 | Facility Code Value | AN | 1--2 | R | | | 11,99, Type of Bill | | | | | | 69 | 2 | | Part B will use either 11 or 99 |
| TS303 | Date | DT | 8--8 | R | | | CCYYMMDD | | | | | | 71 | 8 | | |
| TS304 | Total Claim Count 9(6) | R | 1--15 | R | | | | | | | | | 79 | 15 | | |
| TS305 | Total Claim Change Amount S9(8)V99 | R | 1--18 | R | | | | | | | | | 94 | 18 | | |
| TS306 | Total Covered Charge Amount | | | N/U | | | | | | | | | | | | |
| TS307 | Total Noncovered Charge Amount | | | N/U | | | | | | | | | | | | |
| TS 308 | Total Denied Charge Amount | | | N/U | | | | | | | | | | | | |
| TS 309 | Total Provider Amount | | | N/U | | | | | | | | | | | | |
| TS 310 | Total Interest Amount | | | N/U | | | | | | | | | | | | |
| TS 311 | Total Contractual Adjustment Amount | | | N/U | | | | | | | | | | | | |
| TS312 | Total Gramm-Rudman Reduction Amount | | | N/U | | | | | | | | | | | | |

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| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | | 18 |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment |
| TS313 | Total MSP Payer Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 112 | 18 | | Only Part A |
| TS314 | Total Blood Deductible Amount S9(8)V99 | R | 1--18 | N/U | | | | | | | | | | | | | |
| TS315 | Total Non-Lab Charge Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 130 | 18 | | Only Part A |
| TS316 | Total Coinsurance Amount S9(8)V99 | | | N/U | | | | | | | | | | | | | |
| TS317 | Total HCPCS Reported Charge Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 148 | 18 | | Only Part A |
| TS318 | Total HCPCS Payable Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 166 | 18 | | Only Part A |
| TS319 | Total Deductible Amount S9(8)V99 | R | 1--18 | N/U | | | | | | | | | | | | | |
| TS320 | Total Professional Component Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 184 | 18 | | Only Part A |
| TS321 | Total MSP Patient Liability Met Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 202 | 18 | | Only Part A |
| TS322 | Total Patient Reimbursement Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 220 | 18 | | Only Part A |
| TS323 | Total PIP Claim Count 9(6) | R | 1--15 | S | | | | | | | | | | 238 | 15 | | Only Part A |
| TS324 | Total PIP Adjustment Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 253 | 18 | | Only Part A |
| TS2 | Provider Supplemental Summary Info | | 1 | S | 2000 | | | | 117 | 2000 | | TS2 | | 1 | 18 | 1 | N/U for Part B |
| TS201 | Total DRG Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 19 | 18 | | |
| TS202 | Total Federal Specific Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 37 | 18 | | |
| TS203 | Total Hospital Specific Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 55 | 18 | | |
| TS204 | Total Disproportionate Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 73 | 18 | | |
| TS205 | Total Capital Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 91 | 18 | | |
| TS206 | Total Indirect Medical Education Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 109 | 18 | | |
| TS207 | Total Outlier Day Count 9(6) | R | 1--15 | S | | | | | | | | | | 127 | 15 | | |
| TS 208 | Total Day Outlier Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 142 | 18 | | |
| TS 209 | Total Cost Outlier Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 160 | 18 | | |
| TS 210 | Average DRG Length of Stay 9(6) | R | 1--15 | S | | | | | | | | | | 178 | 15 | | |
| TS 211 | Total Discharge Count 9(6) | R | 1--15 | S | | | | | | | | | | 193 | 15 | | |
| TS212 | Total Cost Report Day Count 9(6) | R | 1--15 | S | | | | | | | | | | 208 | 15 | | |
| TS213 | Total Covered Day Count 9(6) | R | 1--15 | S | | | | | | | | | | 223 | 15 | | |

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|-----------------------------|--|----|---------|-----------|------|-------------|-----------------------------|--------|---------|--------------------|--------|-----------|-------|--------|---------------|--|----|
| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | | 18 |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment | |
| TS214 | Total Noncovered Day Count 9(6) | R | 1--15 | S | | | | | | | | | 238 | 15 | | | |
| TS215 | Total MSP Pass-Through Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | 253 | 18 | | | |
| TS216 | Average DRG Weight | R | 1--15 | S | | | | | | | | | 271 | 15 | | | |
| TS217 | Total PPS Capital FSP DRG Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | 286 | 18 | | | |
| TS218 | Total PSP Capital HSP DRG Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | 304 | 18 | | | |
| TS219 | Total PPS DSH DRG Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | 322 | 18 | | | |
| CLP | Claim Level Data | | 1 | R | 2100 | >1 | | 123 | 2100 | | CLP | | 1 | 18 | 1 | | |
| CLP01 | Patient Control # | AN | 1--38 | R | | | | | | | | | 19 | 38 | | | |
| CLP02 | Claim Status Code | ID | 1--2 | R | | | 1,2,3,4, 19, 20, 21, 22, 23 | | | | | | 57 | 2 | | | |
| CLP03 | Total Claim Charge Amount S9(8)V99 | R | 1--18 | R | | | | | | | | | 59 | 18 | | | |
| CLP04 | Claim Payment Amount S9(8)V99 | R | 1--18 | R | | | | | | | | | 77 | 18 | | | |
| CLP05 | Patient Responsibility Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | 95 | 18 | | | |
| CLP06 | Claim Filing Indicator Code | ID | 1--2 | R | | | MA/MB | | | | | | 113 | 2 | | | |
| CLP07 | Payer Claim Control # | AN | 1--50 | S | | | | | | | | | 115 | 50 | | | |
| CLP08 | Facility Code Value | AN | 1--2 | S | | | | | | | | | 165 | 2 | | | |
| CLP09 | Claim Frequency Code (3rd position of TOB) | ID | 1--1 | S | | | | | | | | | 167 | 1 | | Required when the information was received on the original claim | |
| CLP10 | Patient Status Code | ID | 1-2 | N/U | | | | | | | | | | | | | |
| CLP11 | DRG Code | ID | 1--4 | S | | | | | | | | | 168 | 4 | | Part A only | |
| CLP12 | DRG Weight S9(3)V9999 | R | 1--15 | S | | | | | | | | | 172 | 15 | | Part A only | |
| CLP13 | Discharge Fraction S9(4)V999 | R | 1--10 | S | | | | | | | | | 187 | 10 | | | |
| CLP14 | Yes/No Condition or Response Code | ID | 1--1 | NU | | | | | | | | | | | | | |
| CAS | Claim Adjustment | | 99 | S | 2100 | | | 129 | 2100 | | CAS | | 1 | 18 | 99 | | |
| CAS01 | Claim Adjustment Group Code | ID | 1--2 | R | | | CO, OA, PR | | | | | | 19 | 2 | | Group code CR has been deleted | |
| CAS02 | Adjustment Reason Code | ID | 1--5 | R | | | | | | | | | 21 | 5 | | | |
| CAS03 | Adjustment Amount S9(8)V99 | R | 1--18 | R | | | | | | | | | 26 | 18 | | | |

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|-----------------------------|----------------------------|----|----------|-----------|-------------|-------------|--|--------|------------|--------------------|----------|------------|-----------|----------|-----------|---------------|--|
| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | 18 | |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment |
| CAS04 | Adjustment Quantity S9(7) | R | 1--15 | S | | | | | | | | | | 44 | 15 | | |
| CAS05 | Adjustment Reason Code | ID | 1--5 | S | | | | | | | | | | 59 | 5 | | |
| CAS06 | Adjustment Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 64 | 18 | | |
| CAS07 | Adjustment Quantity S9(7) | R | 1--15 | S | | | | | | | | | | 82 | 15 | | |
| CAS08 | Adjustment Reason Code | ID | 1--5 | S | | | | | | | | | | 97 | 5 | | |
| CAS09 | Adjustment Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 102 | 18 | | |
| CAS10 | Adjustment Quantity S9(7) | R | 1--15 | S | | | | | | | | | | 120 | 15 | | |
| CAS11 | Adjustment Reason Code | ID | 1--5 | S | | | | | | | | | | 135 | 5 | | |
| CAS12 | Adjustment Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 140 | 18 | | |
| CAS13 | Adjustment Quantity S9(7) | R | 1--15 | S | | | | | | | | | | 158 | 15 | | |
| CAS14 | Adjustment Reason Code | ID | 1--5 | S | | | | | | | | | | 173 | 5 | | |
| CAS15 | Adjustment Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 178 | 18 | | |
| CAS16 | Adjustment Quantity S9(7) | R | 1--15 | S | | | | | | | | | | 196 | 15 | | |
| CAS17 | Adjustment Reason Code | ID | 1--5 | S | | | | | | | | | | 211 | 5 | | |
| CAS18 | Adjustment Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 216 | 18 | | |
| CAS19 | Adjustment Quantity S9(7) | R | 1--15 | S | | | | | | | | | | 234 | 15 | | |
| NM1 | Patient Name | | 1 | R | 2100 | | | | 137 | 2100 | | NM1 | | 1 | 18 | 1 | |
| NM101 | Entity Identifier Code | ID | 2--3 | R | | | | QC | | | | | | 19 | 3 | | |
| NM102 | Entity Type Qualifier | ID | 1--1 | R | | | | 1 | | | | | | 22 | 1 | | |
| NM103 | Patient Last Name | AN | 1--60 | S | | | | | | | | | | 23 | 60 | | All names expanded to 60 per HIGLAS |
| NM104 | Patient First Name | AN | 1--35 | S | | | | | | | | | | 83 | 35 | | All last names expanded to 35 per HIGLAS |
| NM105 | Patient Middle Name | AN | 1--25 | S | | | | | | | | | | 118 | 25 | | |
| NM106 | Name Prefix | AN | 1-10 | N/U | | | | | | | | | | | | | |
| NM107 | Patient Name Suffix | AN | 1--10 | S | | | | NU | | | | | | 143 | 10 | | |
| NM108 | ID Code Qualifier | ID | 1--2 | S | | | | HN | | | | | | 153 | 2 | | |
| NM109 | Patient Identifier | AN | 2--80 | S | | | | HIC # | | | | | | 155 | 80 | | |

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|-----------------------------|--|----|---------|-----------|------|-------------|------|--------|--------|--------------------|----------|--------|-----------|-------|--------|---------------|--|
| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | 18 | |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment |
| NM110- | Entity Relationship Code | ID | 2--2 | NU | | | | | | | | | | | | | |
| -NM112 | | | | | | | | | | | | | | | | | |
| NM1 | Insured's Name | | 1 | S | 2100 | | N/A | 140 | 2100 | | | | | | | | Not used by Medicare |
| NM1 | Corrected Patient/Insured Name | | 1 | S | 2100 | | | 143 | 2100 | | | NM1 | | 1 | 18 | 1 | |
| NM101 | Entity Identifier Code | ID | 2--3 | R | | | 74 | | | | | | | 19 | 3 | | |
| NM102 | Entity Type Qualifier | ID | 1--1 | R | | | 1 | | | | | | | 22 | 1 | | |
| NM103 | Corrected Patient/Ins Last Name | AN | 1--60 | S | | | | | | | | | | 23 | 60 | | All names expanded to 60 per HIGLAS |
| NM104 | Corrected Patient/Ins First Name | AN | 1--35 | S | | | | | | | | | | 83 | 35 | | All last names expanded to 35 per HIGLAS |
| NM105 | Corrected Patient/Ins Middle Name | AN | 1--25 | S | | | | | | | | | | 118 | 25 | | |
| NM106 | Name Prefix | AN | 1-10 | N/U | | | | | | | | | | | | | |
| NM107 | Corrected Patient Name Suffix | AN | 1--10 | S | | | | | | | | | | 143 | 10 | | |
| NM108 | Identification Code Qualifier | ID | 1--2 | S | | | C | | | | | | | 153 | 2 | | |
| NM109 | Corrected Ins Identification Indicator | AN | 2--80 | S | | | | | | | | | | 155 | 80 | | |
| NM110- | Entity Relationship Code | ID | 2--2 | NU | | | | | | | | | | | | | |
| -NM112 | | | | | | | | | | | | | | | | | |
| NM1 | Service Provider Name | | 1 | S | 2100 | | | 146 | 2100 | | | NM1 | | 1 | 18 | 1 | |
| NM101 | Entity Identifier Code | ID | 2--3 | R | | | 82 | | | | | | | 19 | 3 | | |
| NM102 | Entity Type Qualifier | ID | 1--1 | R | | | 1, 2 | | | | | | | 22 | 1 | | |
| NM103 | Rendering Provider Last/Org Name | AN | 1-60 | S | | | | | | | | | | 23 | 60 | | All names expanded to 60 per HIGLAS |
| NM104 | Rendering Provider First Name | AN | 1-35 | S | | | | | | | | | | 83 | 35 | | All last names expanded to 35 per HIGLAS |
| NM105 | Rendering Provider Middle Name | AN | 1--25 | S | | | | | | | | | | 118 | 25 | | Required when NM102=1, and NM103 is used, and info. Is known |
| NM106 | Name Prefix | AN | 1-10 | N/U | | | | | | | | | | | | | |
| NM107 | Rendering Provider Name Suffix | AN | 1--10 | S | | | | | | | | | | 143 | 10 | | |
| NM108 | ID Code Qualifier | ID | 1--2 | R | | | XX | | | | | | | 153 | 2 | | |

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|-----------------------------|--------------------------------------|----|----------|-----------|-------------|-------------|--------|------------|-------------|--------------------|------------|-----------|----------|-----------|---------------|-------------------------------------|--|
| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | 18 | |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment | |
| NM109 | Rendering Provider Identifier | AN | 2--80 | R | | | NPI | | | | | | 155 | 80 | | | |
| NM110- | Entity Relationship Code | ID | 2--2 | NU | | | | | | | | | | | | | |
| -NM112 | | | | | | | | | | | | | | | | | |
| NM1 | Crossover Carrier Name | | 1 | S | 2100 | | | 150 | 2100 | | NM1 | | 1 | 18 | 1 | | |
| NM101 | Entity Identifier Code | ID | 2--3 | R | | | TT | | | | | | 19 | 3 | | | |
| NM102 | Entity Type Qualifier | ID | 1--1 | R | | | 2 | | | | | | 22 | 1 | | | |
| NM103 | COB Carrier Name | AN | 1-60 | R | | | | | | | | | 23 | 60 | | All names expanded to 60 per HIGLAS | |
| 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 | | | | | | 83 | 2 | | | |
| NM109 | COB Carrier Identifier | AN | 2--80 | R | | | | | | | | | 85 | 80 | | | |
| NM110- | Entity Relationship Code | ID | 2--2 | NU | | | | | | | | | | | | | |
| -NM112 | | | | | | | | | | | | | | | | | |
| NM1 | Corrected Priority Payer Name | | 1 | S | 2100 | | | 153 | 2100 | | NM1 | | 1 | 18 | 1 | | |
| NM101 | Entity Identifier Code | ID | 2--3 | R | | | PR | | | | | | 19 | 3 | | | |
| NM102 | Entity Type Qualifier | ID | 1--1 | R | | | 2 | | | | | | 22 | 1 | | | |
| NM103 | Corrected Priority Payer Name | AN | 1--60 | R | | | | | | | | | 23 | 60 | | All names expanded to 60 per HIGLAS | |
| 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 | | | | | | 83 | 2 | | | |
| NM109 | Corrected Priority Payer ID | AN | 2--80 | R | | | | | | | | | 85 | 80 | | | |

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| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | 18 | |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment |
| NM110- | Entity Relationship Code | ID | 2-2 | NU | | | | | | | | | | | | | |
| -NM112 | | | | | | | | | | | | | | | | | |
| NM1 | Other Subscriber Name | | | | | | | N/A | 156 | | | | | | | | Not used by Medicare |
| MIA | Inpatient Adjudication Information | | 1 | S | 2100 | | | | 159 | 2100 | | MIA | | 1 | 18 | 1 | N/U for Part B. Use either MIA or MOA but not both |
| MIA01 | Covered Days or Visits Count S9(3) | R | 1--15 | R | | | | | | | | | | 19 | 15 | | |
| MIA02 | PPS Operating Outlier Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 34 | 18 | | |
| MIA03 | Lifetime Psychiatric Days Count S9(3) | R | 1--15 | S | | | | | | | | | | 52 | 15 | | |
| MIA04 | CLAIM DRG AMOUNT S9(8)V99 | R | 1--18 | S | | | | | | | | | | 67 | 18 | | |
| MIA05 | CLAIM PAYMENT REMARK CD | AN | 1--50 | S | | | | | | | | | | 85 | 50 | | |
| MIA06 | CLAIM DSH AMOUNT S9(8)V99 | R | 1--18 | S | | | | | | | | | | 135 | 18 | | |
| MIA07 | CLAIM MSP PASS THRU AMT S9(8)V99 | R | 1--18 | S | | | | | | | | | | 153 | 18 | | |
| MIA08 | CLAIM PPS CAPITAL AMOUNT S9(8)V99 | R | 1--18 | S | | | | | | | | | | 171 | 18 | | |
| MIA09 | PPS CAPITAL FSP DRG AMT S9(8)V99 | R | 1--18 | S | | | | | | | | | | 189 | 18 | | |
| MIA10 | PPS CAPITAL HSP DRG AMT S9(8)V99 | R | 1--18 | S | | | | | | | | | | 207 | 18 | | |
| MIA11 | PPS CAPITAL DSH DRG AMT S9(8)V99 | R | 1--18 | S | | | | | | | | | | 225 | 18 | | |
| MIA12 | OLD CAPITAL AMOUNT S9(8)V99 | R | 1--18 | S | | | | | | | | | | 243 | 18 | | |
| MIA13 | PPS CAPITAL IME AMOUNT S9(8)V99 | R | 1--18 | S | | | | | | | | | | 261 | 18 | | |
| MIA14 | PPS OPER HSP SPEC DRG AMT S9(8)V99 | R | 1--18 | S | | | | | | | | | | 279 | 18 | | |
| MIA15 | COST REPORT DAY COUNT S9(3) | R | 1--15 | S | | | | | | | | | | 297 | 15 | | |
| MIA16 | PPS OPER FSP SPEC DRG AMT S9(8)V99 | R | 1--18 | S | | | | | | | | | | 312 | 18 | | |
| MIA17 | CLAIM PPS OUTLIER AMOUNT S9(8)V99 | R | 1--18 | S | | | | | | | | | | 330 | 18 | | |
| MIA18 | CLAIM INDIRECT TEACHING S9(8)V99 | R | 1--18 | S | | | | | | | | | | 348 | 18 | | |
| MIA19 | NON PAY PROF COMP AMT S9(8)V99 | R | 1--18 | S | | | | | | | | | | 366 | 18 | | |
| MIA20 | CLAIM PAYMENT REMARK CD X(5) | AN | 1--50 | S | | | | | | | | | | 384 | 50 | | |
| MIA21 | CLAIM PAYMENT REMARK CD X(5) | AN | 1--50 | S | | | | | | | | | | 434 | 50 | | |

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| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | 18 | |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment | |
| MIA22 | CLAIM PAYMENT REMARK CD X(5) | AN | 1--50 | S | | | | | | | | | 484 | 50 | | | |
| MIA23 | CLAIM PAYMENT REMARK CD X(5) | AN | 1--50 | S | | | | | | | | | 534 | 50 | | | |
| MIA24 | PPS CAPITAL EXCEPTION AMT S9(8)V99 | R | 1--18 | S | | | | | | | | | 584 | 18 | | | |
| MOA | Outpatient Adjudication Information | | 1 | S | 2100 | | | 166 | 2100 | | MOA | | 1 | 18 | 1 | N/U for Medicare Inpatient Claims. Use either MIA or MOA but not both | |
| MOA01 | Reimbursement Rate S9(4)V9999 | R | 1--10 | S | | | | | | | | | 19 | 10 | | N/U for Part B | |
| MOA02 | Claim HCPCS Payable Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | 29 | 18 | | N/U for Part B | |
| MOA03 | CLAIM PAYMENT REMARK CD X(5) | AN | 1--50 | S | | | | | | | | | 47 | 50 | | | |
| MOA04 | CLAIM PAYMENT REMARK CD X(5) | AN | 1--50 | S | | | | | | | | | 97 | 50 | | | |
| MOA05 | CLAIM PAYMENT REMARK CD X(5) | AN | 1--50 | S | | | | | | | | | 147 | 50 | | | |
| MOA06 | CLAIM PAYMENT REMARK CD X(5) | AN | 1--50 | S | | | | | | | | | 197 | 50 | | | |
| MOA07 | CLAIM PAYMENT REMARK CD X(5) | AN | 1--50 | S | | | | | | | | | 247 | 50 | | | |
| MOA08 | Claim ESRD Payment Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | 297 | 18 | | | |
| MOA09 | Nonpayable Professional Comp Amt S9(8)V99 | R | 1--18 | S | | | | | | | | | 315 | 18 | | | |
| REF | Other Claim-Related Identification | | 5 | S | 2100 | | | 169 | 2100 | | REF | | 1 | 18 | | N/U by Part B | |
| REF01 | Reference ID Qualifier/(Medical Record ID #) | ID | 2--3 | R | | | EA, 6P, 28, F8 | | | | | | 19 | 3 | | | |
| REF02 | Other Claim Related ID/(Medical Record #) | AN | 1--50 | R | | | | | | | | | 22 | 50 | | | |
| REF | Rendering Provider Identification | | 10 | S | 2100 | | N/A | 171 | 2100 | | REF | | | | | N/U by Medicare | |
| DTM | Statement From or To Date | | 2 | S | 2100 | | | 173 | 2100 | | DTM | | 1 | 18 | 2 | | |
| DTM01 | Date Time Qualifier | ID | 3--3 | R | | | 232, 233 | | | | | | 19 | 3 | | | |
| DTM02 | Claim Date | DT | 8--8 | R | | | CCYYMMDD | | | | | | 22 | 8 | | | |
| DTM03- | Time | TM | 4-8 | NU | | | | | | | | | | | | | |
| -DTM06 | | | | | | | | | | | | | | | | | |

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| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | 18 | |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment |
| DTM | Coverage Expiration Date | | 1 | S | 2100 | | | 175 | 2100 | | DTM | | 1 | 18 | 1 | |
| DTM01 | Date/Time Qualifier | ID | 3--3 | R | | | 036 | | | | | | 19 | 3 | | |
| DTM02 | Date | DT | 8--8 | R | | | CCYYMMDD | | | | | | 22 | 8 | | |
| DTM03- | Time | TM | 4-8 | NU | | | | | | | | | | | | |
| -DTM06 | | | | | | | | | | | | | | | | |
| DTM | Claim Received Date | | 1 | S | 2100 | | | 177 | 2100 | | DTM | | 1 | 18 | 1 | |
| DTM01 | Date/Time Qualifier | ID | 3--3 | R | | | 050 | | | | | | 19 | 3 | | |
| DTM02 | Date | DT | 8--8 | R | | | CCYYMMDD | | | | | | 22 | 8 | | |
| DTM03- | Time | TM | 4-8 | NU | | | | | | | | | | | | |
| -DTM06 | | | | | | | | | | | | | | | | |
| PER | Claim Contact Information | | 2 | S | 2100 | | | 179 | 2100 | | PER | | 1 | 18 | 2 | |
| PER01 | Contact Function Code | ID | 2--2 | R | | | CX | | | | | | 19 | 2 | | |
| PER02 | Claim Contact Name | AN | 1--60 | S | | | | | | | | | 21 | 60 | | |
| PER03 | Communication # Qualifier | ID | 2--2 | R | | | EM,FX,TE | | | | | | 81 | 2 | | |
| PER04 | Claim Contact Communication # | AN | 1--256 | R | | | | | | | | | 83 | 256 | | |
| PER05 | Communication # Qualifier | ID | 2--2 | S | | | EM,EX,FX,TE | | | | | | 339 | 2 | | |
| PER06 | Claim Contact Communication # | AN | 1--256 | S | | | | | | | | | 341 | 256 | | |
| PER07 | Communication # Qualifier | ID | 2--2 | S | | | EX | | | | | | 597 | 2 | | |
| PER08 | Communication # Extension | AN | 1--256 | S | | | | | | | | | 599 | 256 | | |
| PER09 | Contact Inquiry Reference | AN | 1-20 | NU | | | | | | | | | | | | |
| AMT | Claim Supplemental Information | | 13 | S | 2100 | | | 182 | 2100 | | AMT | | 1 | 18 | 13 | |
| AMT01 | Amount Qualifier Code | ID | 1--3 | R | | | AU, DY, F5, I, NL, ZK, ZL, ZM, ZN, ZO | | | | | | 19 | 3 | | |
| AMT02 | Claim Supplemental Information Amt S9(8)V99 | R | 1--18 | R | | | | | | | | | 22 | 18 | | |

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| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | 18 | |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment |
| AMT03 | Credit/Debit Flag Code | ID | 1-1 | NU | | | | | | | | | | | | | |
| QTY | Claim Supplemental Infor Quantity | | 14 | S | 2100 | | | | 184 | 2100 | | QTY | | 1 | 18 | 14 | |
| QTY01 | Quantity Qualifier | ID | 2--2 | R | | | CA, CD, LA, OU ZK, ZL, ZM, ZN, ZO | | | | | | | 19 | 2 | | |
| QTY02 | Quantity Qualifier | R | 1--15 | R | | | | | | | | | | 21 | 15 | | |
| QTY03- | Composite Unit of Measure | AN | 1-30 | N/U | | | | | | | | | N/U | | | | |
| -QTY04 | | | | | | | | | | | | | | | | | |
| SVC | Service Payment Information | | 1 | S | 2110 | 999 | | | 186 | 2110 | | SVC | | 1 | 18 | 1 | |
| SVC01 | Composite Medical Procedure Identifier | | | R | | | | | | | | | | | | | |
| -01-1 | Product or Service ID Qualifier | ID | 2--2 | R | | | HC, HP, N4, NU | | | | | | | 19 | 2 | | |
| -01-2 | Adjudicated Procedure Code | AN | 1--48 | R | | | | | | | | | | 21 | 48 | | |
| -01-3 | Procedure Modifier | AN | 2--2 | S | | | | | | | | | | 69 | 2 | | |
| -01-4 | Procedure Modifier | AN | 2--2 | S | | | | | | | | | | 71 | 2 | | |
| -01-5 | Procedure Modifier | AN | 2--2 | S | | | | | | | | | | 73 | 2 | | |
| -01-6 | Procedure Modifier | AN | 2--2 | S | | | | | | | | | | 75 | 2 | | |
| -01-7 | Procedure Code Description | AN | 1--80 | NU | | | | | | | | | | | | | |
| -01-8 | Product/Service ID | AN | 1--48 | NU | | | | | | | | | | | | | |
| SVC02 | Line Item Charge Amount S9(8)V99 | R | 1--18 | R | | | | | | | | | | 77 | 18 | | |
| SVC03 | Line Item Provider Payment S9(8)V99 | R | 1--18 | R | | | | | | | | | | 95 | 18 | | |
| SVC04 | NUBC Revenue Code | AN | 1--48 | S | | | | | | | | | | 113 | 48 | | |
| SVC05 | Units of Service Paid Count S9(7)V999 | R | 1--15 | S | | | | | | | | | | 161 | 15 | | |
| SVC06 | Composite Medical Procedure Identifier | | | S | | | | | | | | | | | | | |
| -06-1 | Product or Service ID Qualifier | ID | 2--2 | R | | | HC, HP, N4, NU | | | | | | | 176 | 2 | | |
| -06-2 | Procedure Code | AN | 1--48 | R | | | | | | | | | | 178 | 48 | | |
| -06-3 | Procedure Modifier | AN | 2--2 | S | | | | | | | | | | 226 | 2 | | |

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|-----------------------------|---|----|-----------|-----------|-------------|-------------|---------------|------------|-------------|--------------------|------------|-----------|----------|-----------|---------------|---|--|
| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | 18 | |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment | |
| -06-4 | Procedure Modifier | AN | 2--2 | S | | | | | | | | | 228 | 2 | | | |
| -06-5 | Procedure Modifier | AN | 2--2 | S | | | | | | | | | 230 | 2 | | | |
| -06-6 | Procedure Modifier | AN | 2--2 | S | | | | | | | | | 232 | 2 | | | |
| -06-7 | Procedure Code Description | AN | 1--80 | S | | | | | | | | | 234 | 80 | | Mediare will populate if received on the claim and the code is a NOC code | |
| -06-8 | Product/Service ID | AN | 1--48 | NU | | | | | | | | | | | | | |
| SVC07 | Original Units of Service Count S9(7)V999 | R | 1--15 | S | | | | | | | | | 314 | 15 | | | |
| DTM | Service Date | | 2 | S | 2110 | | | 194 | 2110 | | DTM | | 1 | 18 | 2 | | |
| DTM01 | Date Time Qualifier | ID | 3--3 | R | | | 150, 151, 472 | | | | | | 19 | 3 | | | |
| DTM02 | Service Date | DT | 8--8 | R | | | CCYYMMDD | | | | | | 22 | 8 | | | |
| DTM03- | Time | TM | 4--8 | NU | | | | | | | | | | | | | |
| -DTM06 | | | | | | | | | | | | | | | | | |
| CAS | Service Adjustment | | 99 | S | 2110 | | | 196 | 2110 | | CAS | | 1 | 18 | 99 | | |
| CAS01 | Claim Adjustment Group Code | ID | 1--2 | R | | | CO,OA,PR | | | | | | 19 | 2 | | Group Code CR has been deleted | |
| CAS02 | Adjustment Reason Code | ID | 1--5 | R | | | | | | | | | 21 | 5 | | | |
| CAS03 | Adjustment Amount S9(8)V99 | R | 1--18 | R | | | | | | | | | 26 | 18 | | | |
| CAS04 | Adjustment Quantity S9(7) | R | 1--15 | S | | | | | | | | | 44 | 15 | | | |
| CAS05 | Adjustment Reason Code | ID | 1--5 | S | | | | | | | | | 59 | 5 | | | |
| CAS06 | Adjustment Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | 64 | 18 | | | |
| CAS07 | Adjustment Quantity S9(7) | R | 1--15 | S | | | | | | | | | 82 | 15 | | | |
| CAS08 | Adjustment Reason Code | ID | 1--5 | S | | | | | | | | | 97 | 5 | | | |
| CAS09 | Adjustment Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | 102 | 18 | | | |
| CAS10 | Adjustment Quantity S9(7) | R | 1--15 | S | | | | | | | | | 120 | 15 | | | |
| CAS11 | Adjustment Reason Code | ID | 1--5 | S | | | | | | | | | 135 | 5 | | | |
| CAS12 | Adjustment Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | 140 | 18 | | | |
| CAS13 | Adjustment Quantity S9(7) | R | 1--15 | S | | | | | | | | | 158 | 15 | | | |

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|-----------------------------|--|----|-----------|-----------|-------------|-------------|---------------------|------------|-------------|--------------------|------------|-----------|----------|-----------|---------------|---|--|
| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | 18 | |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment | |
| CAS14 | Adjustment Reason Code | ID | 1--5 | S | | | | | | | | | 173 | 5 | | | |
| CAS15 | Adjustment Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | 178 | 18 | | | |
| CAS16 | Adjustment Quantity S9(7) | R | 1--15 | S | | | | | | | | | 196 | 15 | | | |
| CAS17 | Adjustment Reason Code | ID | 1--5 | S | | | | | | | | | 211 | 5 | | | |
| CAS18 | Adjustment Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | 216 | 18 | | | |
| CAS19 | Adjustment Quantity S9(7) | R | 1--15 | S | | | | | | | | | 234 | 15 | | | |
| REF | Service Identification | | 8 | S | 2110 | | | 204 | 2110 | | REF | | 1 | 18 | 8 | | |
| REF01 | Reference ID Qualifier | ID | 2--3 | R | | | LU, 1S, APC, RB | | | | | | 19 | 3 | | LU - required if the specific site of service affected the payment of the claim | |
| REF02 | Reference Identification | AN | 1--50 | R | | | | | | | | | 22 | 50 | | | |
| REF03- | Description | AN | 1--80 | NU | | | | | | | | | | | | | |
| -REF04 | | | | | | | | | | | | | | | | | |
| REF | Line Item Control Number | | 1 | S | 2110 | | | 206 | 2110 | | REF | | 1 | 18 | 1 | | |
| REF01 | Reference ID Qualifier | ID | 2--3 | R | | | 6R | | | | | | 19 | 3 | | | |
| REF02 | Line Item Control Number | AN | 1--50 | R | | | | | | | | | 22 | 50 | | | |
| REF03- | Description | AN | 1--80 | NU | | | | | | | | | | | | | |
| -REF04 | | | | | | | | | | | | | | | | | |
| REF | Rendering Provider Information | | 10 | S | 2110 | | | 207 | 2110 | | REF | | 1 | 18 | 10 | | |
| REF01 | Reference ID Qualifier | ID | 2--3 | R | | | HPI, SY, TJ, 1C, 1G | | | | | | 19 | 3 | | | |
| REF02 | Rendering Provider ID | AN | 1--50 | R | | | | | | | | | 22 | 50 | | | |
| REF03- | Description | AN | 1--80 | NU | | | | | | | | | | | | | |
| -REF04 | | | | | | | | | | | | | | | | | |
| REF | Health Care Policy Identification | | 5 | S | 2110 | | | 209 | 2110 | | REF | | 1 | 18 | 5 | | |
| REF01 | Reference ID Qualifier | ID | 2--3 | R | | | 0K | | | | | | 19 | 3 | | | |

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| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | | 18 |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment | |
| REF02 | Reference Identification | AN | 1--50 | R | | | | | | | | | 22 | 50 | | NCD/LCD code | |
| REF03- | Description | AN | 1--80 | NU | | | | | | | | | | | | | |
| -REF04 | | | | | | | | | | | | | | | | | |
| AMT | Service Supplemental Amount | | 9 | S | 2110 | | | 211 | 2110 | | AMT | | 1 | 18 | 12 | | |
| AMT01 | Amount Qualifier Code | ID | 1--3 | R | | | B6, KH, ZK, ZL, ZM, ZN, ZO | | | | | | 19 | 3 | | | |
| AMT02 | Service Supplemental Amount S9(8)V99 | R | 1--18 | R | | | | | | | | | 22 | 18 | | | |
| AMT03 | Credit/Debit Flag Code | ID | 1--1 | NU | | | | | | | | | | | | | |
| QTY | Service Supplemental Quantity | | 6 | S | 2110 | | N/A | 213 | 2110 | | QTY | | | | | Not used by Medicare | |
| LQ | Health Care Remarks Codes | | 99 | S | 2110 | | | 215 | 2110 | | LQ | | 1 | 18 | 99 | | |
| LQ01 | Code List Qualifier Code | ID | 1--3 | R | | | HE | | | | | | 19 | 3 | | | |
| LQ02 | Remark Code X(5) | AN | 1--30 | R | | | | | | | | | 22 | 30 | | | |
| PLB | Provider Level Adjustment | | >1 | S | ----- | 1 | | 217 | | | PLB | | 1 | 18 | 1 | | |
| PLB-01 | Provider Identifier | AN | 1--50 | R | | | NPI | | | | | | 19 | 50 | | Legacy in case of VA pricing | |
| PLB02 | Fiscal Period Date | DT | 8--8 | R | | | CCYYMMDD | | | | | | 69 | 8 | | | |
| PLB03 | Adjustment Identifier | | | R | | | | | | | | | | | | | |
| -03-1 | Adjustment Reason Code | ID | 2--2 | R | | | 50, 51, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM, IP, IS, IR, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, WO, WU | | | | | | 77 | 2 | | | |
| -03-2 | Provider Adjustment Identifier | AN | 1--50 | S | | | | | | | | | 79 | 50 | | | |
| PLB04 | Provider Adjustment Amount S9(8)V99 | R | 1--18 | R | | | | | | | | | 129 | 18 | | | |
| PLB05 | Adjustment Identifier | | | S | | | | | | | | | | | | | |

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|-----------------------------|-------------------------------------|----|---------|-----------|------|-------------|--|--|--------|--------------------|----------|--------|-----------|-------|--------|---------------|---------|
| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | 18 | |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment |
| -05-1 | Adjustment Reason Code | ID | 2--2 | R | | | | 50, 51, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM, IP, IS, IR, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, WO, WU | | | | | | 147 | 2 | | |
| -05-2 | Provider Adjustment Identifier | AN | 1--50 | S | | | | | | | | | | 149 | 50 | | |
| PLB06 | Provider Adjustment Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 199 | 18 | | |
| PLB07 | Adjustment Identifier | | | S | | | | | | | | | | | | | |
| -07-1 | Adjustment Reason Code | ID | 2--2 | R | | | | 50, 51, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM, IP, IS, IR, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, WO, WU | | | | | | 217 | 2 | | |
| -07-2 | Provider Adjustment Identifier | AN | 1--50 | S | | | | | | | | | | 219 | 50 | | |
| PLB08 | Provider Adjustment Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 269 | 18 | | |
| PLB09 | Adjustment Identifier | | | S | | | | | | | | | | | | | |
| -09-1 | Adjustment Reason Code | ID | 2--2 | R | | | | 50, 51, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM, IP, IS, IR, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, WO, WU | | | | | | 287 | 2 | | |
| -09-2 | Provider Adjustment Identifier | AN | 1--50 | S | | | | | | | | | | 289 | 50 | | |
| PLB10 | Provider Adjustment Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 339 | 18 | | |
| PLB11 | Adjustment Identifier | | | S | | | | | | | | | | | | | |
| -11-1 | Adjustment Reason Code | ID | 2--2 | R | | | | 50, 51, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM, IP, IS, IR, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, WO, WU | | | | | | 357 | 2 | | |
| -11-2 | Provider Adjustment Identifier | AN | 1--50 | S | | | | | | | | | | 359 | 50 | | |

| 835 TR3 5010 | | | | | | | | | | | | | | | | | |
|-----------------------------|-------------------------------------|----|----------|-----------|-------------|-------------|--|--|--------|--------------------|----------|------------|-----------|----------|-----------|---------------|---------|
| X12 Element Attributes----- | | | | | | | | | | X12 Flat File----- | | | | | | 18 | |
| Element Identifier | | ID | Min/Max | Usage Req | Loop | Loop Repeat | | Values | Page # | Loop ID | Loop Seq | Seg ID | Seg. Seq. | Start | Length | Record Repeat | Comment |
| PLB12 | Provider Adjustment Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 409 | 18 | | |
| PLB13 | Adjustment Identifier | | | S | | | | | | | | | | | | | |
| -13-1 | Adjustment Reason Code | ID | 2--2 | R | | | | 50, 51, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM, IP, IS, IR, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, WO, WU | | | | | | 427 | 2 | | |
| -13-2 | Provider Adjustment Identifier | AN | 1--50 | S | | | | | | | | | | 429 | 50 | | |
| PLB14 | Provider Adjustment Amount S9(8)V99 | R | 1--18 | S | | | | | | | | | | 479 | 18 | | |
| SE | Transaction Set Trailer | | 1 | R | ---- | 1 | | | 228 | | | SE | | 1 | 18 | 1 | |
| SE01 | Transition Segment Count | N0 | 1--10 | R | | | | | | | | | | 19 | 10 | | |
| SE02 | Transition Set Control # | AN | 4--9 | R | | | | =ST02 | | | | | | 29 | 9 | | |
| GE | Functional Group Trailer | | 1 | R | --- | 1 | | | | | | GE | | 1 | 18 | 1 | |
| GE01 | # Transaction Sets Included | N0 | 1-6 | R | | | | Total transaction sets (ST-SE pairs) | | | | | | 19 | 6 | | |
| GE02 | Group Control # | N0 | 1-9 | R | | | | Same Value as in GS06 | | | | | | 25 | 9 | | |
| IEA | Interchange Control Trailer | | 1 | R | ---- | 1 | | | | | | IEA | | 1 | 18 | 1 | |
| IEA01 | # Included Functional Groups | N0 | 1-5 | R | | | | Total functional groups (GS-GE pairs) | | | | | | 19 | 5 | | |
| IEA02 | Interchange Control # | N0 | 9-9 | R | | | | Same value as in ISA13 | | | | | | 24 | 9 | | |

