

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 508	Date: JUNE 26, 2009
	Change Request 6034

Transmittal 415, dated December 12, 2008 is rescinded and replaced with Transmittal 508, dated June 26, 2009. This transmittal is no longer sensitive and can be posted to the Intranet and Internet. Also the implementation date for FISS changed from April 2009 to July 2009.

Subject: Implementation of the Next Version of the Health Insurance Portability and Accountability Act (HIPAA) 835 Transaction

I. SUMMARY OF CHANGES: This Change Request (CR) instructs the Shared System Maintainers and the A/B Medicare Administrative Contractors, Fiscal Intermediaries, carriers, Regional Home Health Intermediaries, and Durable Medical Equipment Medicare Administrative Contractors ("Contractors") to make system changes required for implementation of the next version of Health Insurance Portability and Accountability Act (HIPAA) standard for transaction 835. For this change request, the implementation date precedes the effective date to allow for shared-system and/or business process updates before new claims processing policies take effect.

New / Revised Material

Effective Date: October 1, 2009

Implementation Date: April 6, 2009 for VMS

July 6, 2009 for MCS, FISS

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-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:
Not Applicable.

SECTION B: For Medicare Administrative Contractors (MACs):
Not Applicable.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100- 20

Transmittal: 508

Date: June 26, 2009

Change Request: 6034

Transmittal 415, dated December 12, 2008 is rescinded and replaced with Transmittal 508, dated June 26, 2009. This transmittal is no longer sensitive and can be posted to the Intranet and Internet. Also the implementation date for FISS changed from April 2009 to July 2009.

SUBJECT: Implementation of the Next Version of the Health Insurance Portability and Accountability Act (HIPAA) 835 Transaction

Effective Date: October 1, 2009

Implementation Date: April 6, 2009 for VMS
July 6, 2009 for MCS and FISS

I. GENERAL INFORMATION

A. Background: The Centers for Medicare and Medicaid Services is in the process of implementing the next version of the Health Insurance Portability and Accountability Act Transaction 835 standard – referred to as 835 version 5010 in this document. This Change Request (CR) instructs the Shared System Maintainers (SSMs), A/B Medicare Administrative Contractors, Fiscal Intermediaries, carriers, Regional Home Health Intermediaries, and Durable Medical Equipment Medicare Administrative Contractors – referred to as contractors in this document - to define the scope and direction of the implementation based on ANSI ASC X12N TR3 005010X221 for Health Care Claim Payment/Advice -Transaction 835. There will be a separate instruction in the future to update the Standard Paper Remittance (SPR) advice. This CR is for Electronic Remittance Advice (ERA) only.

B. Policy: The Administrative Simplification provisions of HIPAA Regulations require the Secretary of HHS to adopt standard electronic transactions and code sets for administrative health care transactions. The Secretary may also modify these standards periodically. CMS will implement 835v5010 and be ready for production on October 1, 2009.

C. Business Assumptions:

1. CMS expects to implement the 835 in version 5010 over two quarterly releases. The intent is for CMS to be ready to send ERA in version 5010 by October 1, 2009. During the transition period, CMS expects to send ERAs in both 4010A1 and 5010 versions.

Note: Per NPRM all covered entities must switch to version 5010 on April 1, 2010. “Transition” period would be then any time from October 1, 2009 when CMS will be ready for production in version 5010 to April 1, 2010 when version 5010 becomes mandatory.

2. CMS expects that during the transition period, contractors shall be ready to generate and send 835 in version 4010A1 as well as version 5010. Contractors shall stop sending 835 in version 4010A1 on the day version 5010 becomes mandatory per the final rule.

3. CMS also expects that there could be situations where claims are received on paper, but ERAs in version 5010 need to be sent.

4. There may be situations where gap filling would be required. Shared Systems shall follow the same gap filling logic per attached Gap Filling document.

5. All Shared Systems will use the same X12 based Flat File attached to this document.

The purpose of this first release is to communicate new core shared system business requirements that are needed to implement the new 835v5010. These business requirements are based on the decisions made earlier through a series of conference calls between contractors and other CMS components.

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 H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6034.1	Shared Systems shall add qualifiers U and X to populate 835 data field BPR01 as appropriate.						X	X	X		
6034.2	Shared Systems shall populate 835 Loop 1000A new segment PER (Payer Technical Contact Information) data to provide Medicare technical contact information.						X	X	X		
6034.3	Shared Systems shall populate 835 Loop 1000A new segment PER (Payer Website) data to report the URL that will have information about medical policy reported in Loop 2110 REF - Healthcare Policy Identification - segment.						X	X	X		
6034.4	Shared Systems shall add qualifiers FI and XV to populate 835 Loop 1000B N1 (Payee Identification) segment data field N103 as appropriate.						X	X	X		
6034.5	Shared Systems shall populate 835 Loop 1000B N4 (Payee City, State, Zip Code) segment data field N407 to report the country sub-division code when country sub-division code is submitted on 837-Insitutional or 837-Professional transactions.						X	X	X		
6034.6	Shared Systems shall populate 835 Loop 1000B new segment RDM (Remittance Delivery Method) data to identify the remittance delivery method as appropriate.						X	X	X		
6034.7	Shared Systems shall stop using deleted code values 5, 10, 13, 15, 16, 17 in 835 Loop 2100 CLP segment data field CLP02.						X	X	X		
6034.8	Shared Systems shall stop using group code CR in 835 Loop 2100 CAS (Claim Adjustment) segment data field CAS01.						X	X	X		
6034.9	Shared Systems shall add qualifiers EA or 28 or 6P to populate 835 Loop 2100 REF (Other Claim Related Identification) segment data field REF01as appropriate.						X	X	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	
6034.10	MCS and VMS shall populate 835 Loop 2100 new segment DTM (Coverage Expiration Date) data to identify coverage expiration as appropriate.							X	X		
6034.11	Shared Systems shall populate 835 Loop 2100 new segment DTM (Claim Received Date) data to identify when the claim was received as appropriate.						X	X	X		
6034.12	FISS shall populate 835 Loop 2110 SVC (Service Payment Information) segment data fields SVC01-1 and SVC06-1 with code HP in place of code ZZ for Health Insurance Prospective Payment System Skilled Nursing Facility Rate Code as appropriate.						X				
6034.13	MCS and VMS shall populate the procedure code description of a Not Otherwise Classified (NOC) procedure in 835 Loop 2110 SVC (Service Payment Information) segment data field SVC06-7 when received in 837P Loop 2400 data field SV101-7.							X	X		
6034.14	Shared Systems shall stop using group code CR in 835 Loop 2110 CAS (Claim Adjustment) segment data field CAS01.						X	X	X		
6034.15	Shared Systems shall stop using code qualifier 6R in 835 Loop 2110 REF (Service Identification) segment data field REF01.						X	X	X		
6034.16	Shared Systems shall populate Reference Identification Qualifier 6R in 835 Loop 2110 new segment REF (Line Item Control Number) data field REF01.						X	X	X		
6034.17	MCS and VMS shall populate 835 Loop 2110 new segment REF (Healthcare Policy Identification) data. Note: See BR 6034.3							X	X		
6034.18	FISS shall stop using qualifier DY in 835 Loop 2110 AMT (Service Supplement Amount) data field AMT01.						X				
6034.19	FISS shall populate code HM in 835 PLB (Provider Adjustment) data fields PLB03-1, PLB05-1, PLB07-1, PLB09-1, PLB11-1, PLB13-1 in place of ZZ for reporting Hemophilia Clotting Factor Supplement						X				
6034.20.1	FISS and MCS shall create and send only balanced 835s to the local data centers.						X	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	
6034.20.2	VMS shall create and send only balanced 835s to CEDI.									X	
6034.21	Shared Systems shall make all amount fields 10 bytes – S9(8)V99 Note: 835v5010 Flat File is attached						X	X	X		
6034.22	Shared Systems shall implement gap filling per the attached gap filling spreadsheet for both versions – 5010 and 4010A1 irrespective of whether the claim has been received in electronic or paper format. Note: See Attachment 835v5010 GF-1						X	X	X		
6034.23	Shared Systems will use the same X12 based Flat File. Note: See Attachment 835v5010 FF-1						X	X	X		
6034.24	Shared Systems shall implement system changes as needed to enable contractors to conduct parallel automated tests with providers, clearinghouses and other trading partners of 835v5010 transaction, while continuing to issue 835s in production mode in 4010A1 version.						X	X	X		

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	
	None.										

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	None.

Section B: For all other recommendations and supporting information, use this space: None

V. CONTACTS

Pre-Implementation Contact(s): Sumita Sen Sumita.Sen@cms.hhs.gov 410.786.5755

Post-Implementation Contact(s): Sumita Sen Sumita.Sen@cms.hhs.gov 410.786.5755

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Carriers (RHHIs)* use only one of the following statements: N/A

Section B: For *Medicare Administrative Contractors (MACs)*, use the following statement: N/A

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	
									6	4	4	4					
ISA	Interchange Control Header		1	R	-----	1					ISA		1	18	1		
ISA01	Authorization Information Qualifier	ID	2--2	R			00,03						19	2			
ISA02	Authorization Information	AN	10--10	R									21	10			
ISA03	Security Information Qualifier	ID	2--2	R			00,01						31	2			
ISA04	Security Information	AN	10--10	R									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									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									62	15			
ISA09	Interchange Date	DT	6--6	R			YYMMDD						77	6			
ISA10	Interchange Time	TM	4--4	R			HHMM						83	4			
ISA11	Repetition Separator	ID	1--1	R									87	1			
ISA12	Interchange Control Version Number	ID	5--5	R			005010						88	5			
ISA13	Interchange Control Number	N0	9--9	R			=IEA02						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									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									21	15			
GS03	Application Receiver's Code	AN	2--15	R									36	15			
GS04	Date	DT	8--8	R			CCYYMMDD						51	8			
GS05	Time	TM	4--8	R			HHMM						59	8			
GS06	Group Control Number	N0	1--9	R			=GE02						67	9			
GS07	Responsible Agency Code	ID	1--2	R			X						76	2			
GS08	Version/Release/Industry Id code	AN	1--12	R			005010X221						78	12			

835 Flat File - TR3 5010
Updated 11/18/08

835 TR3 5010																	
X12 Element Attributes-----										X12 Flat File-----							
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	
TRN04	Originating Co Supplemental Code	AN	1--30	S			=BPR011						81	30			
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													
-04																	
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													
-04																	
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-	Not Used																
-06																	
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-	Not Used	ID	2--2														
-106																	

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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
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-				NU													
-406																	
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-	Not Used	AN	1--80														
-04																	
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		

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	
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			1C						19	2			
PER02	Name	AN	1-60	NU													
PER03	Communication # Qualifier	ID	2-2	R			UR						21	2			
PER04	Payer Contact Communication #	AN	1-256	R									23	256			
PER05	Communication Number Qualifier 2	ID	2-2	NU													
PER06	Payer Contact Communication #	AN	1-256	NU													
PER07	Communication Number Qualifier 3	ID	2-2	NU													
PER08	Payer Contact Communication #	AN	1-256	NU													
PER09	Contact Inquiry Reference	AN	1-20	N/U													
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			

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Updated 11/18/08

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	
N105-	Not Used	ID	2-2														
-106																	
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-	Not Used	ID	2-2	NU													
-406																	
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			
REF02	Additional Payee ID #	AN	1--50	R									22	50			
REF03-	Not Used	AN	1_80														
-04																	
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	Not Used			N/U													
-RDM05																	

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Updated 11/18/08

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	
LX	Header Number		1	S	2000	>1		111	2000		LX		1	18	1		
LX01	Assigned #	N0	1-6	R			0,1, TTYMM						19	6		FISS uses TTYMM - Facility Code/year/Month. MCS uses 1 for assigned and 0 for non-assigned	
TS3	Provider Summary Information		1	S	2000	1		112	2000		TS3		1	18	1		
TS301	Provider Identifier	AN	1-50	R			NPI						19	50			
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													
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	

835 TR3 5010																	
X12 Element Attributes-----										X12 Flat File-----							
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	
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			
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			M/AMB						113	2			
CLP07	Payer Claim Control #	AN	1--50	S									115	30			

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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	
CLP08	Facility Code Value	AN	1--2	S									145	2			
CLP09	Claim Frequency Code (3rd position of TOB)	ID	1--1	S									147	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									148	4		Part A only	
CLP12	DRG Weight S9(3)V9999	R	1--15	S									152	15		Part A only	
CLP13	Discharge Fraction S9(4)V999	R	1--10	S									167	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			
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			

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X12 Element Attributes-----										X12 Flat File-----						
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
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		
NM110-	Not Used	ID	2--2	NU												
-12																
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-	Not Used	ID	2--2													
-111																
NM1	Service Provider Name		1	S	2100			146	2100		NM1		1	18	1	

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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
NM101	Entity Identifier Code	ID	2-3	R			82						19	3		
NM102	Entity Type Qualifier	ID	1-1	R			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			NA						83	35		All last names expanded to 35 per HIGLAS
NM105	Rendering Provider Middle Name	AN	1-25	S			NA						118	25		
NM106	Name Prefix	AN	1-10	N/U			NA									
NM107	Rendering Provider Name Suffix	AN	1-10	S			NA						143	10		
NM108	ID Code Qualifier	ID	1-2	R			XX						153	2		
NM109	Rendering Provider Identifier	AN	2-80	R			NPI						155	80		
NM110-	Not Used	ID	2-2													
-111																
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-	Not Used	ID	2-2													
-111																
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

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X12 Element Attributes-----										X12 Flat File-----							
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	
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			
NM110-	Not Used																
-12																	
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	15			
MIA03	Lifetime Psychiatric Days Count S9(3)	R	1--15	S									49	15			
MIA04	CLAIM DRG AMOUNT S9(8)V99	R	1--18	S									64	18			
MIA05	CLAIM PAYMENT REMARK CD	AN	1--50	S									82	5			
MIA06	CLAIM DSH AMOUNT S9(8)V99	R	1--18	S									87	18			
MIA07	CLAIM MSP PASS THRU AMT S9(8)V99	R	1--18	S									105	18			
MIA08	CLAIM PPS CAPITAL AMOUNT S9(8)V99	R	1--18	S									123	18			
MIA09	PPS CAPITAL FSP DRG AMT S9(8)V99	R	1--18	S									141	18			
MIA10	PPS CAPITAL HSP DRG AMT S9(8)V99	R	1--18	S									159	18			
MIA11	PPS CAPITAL DSH DRG AMT S9(8)V99	R	1--18	S									177	18			
MIA12	OLD CAPITAL AMOUNT S9(8)V99	R	1--18	S									195	18			
MIA13	PPS CAPITAL IME AMOUNT S9(8)V99	R	1--18	S									213	18			
MIA14	PPS OPER HSP SPEC DRG AMT S9(8)V99	R	1--18	S									231	18			
MIA15	COST REPORT DAY COUNT S9(3)	R	1--15	S									249	15			
MIA16	PPS OPER FSP SPEC DRG AMT S9(8)V99	R	1--18	S									264	18			
MIA17	CLAIM PPS OUTLIER AMOUNT S9(8)V99	R	1--18	S									282	18			

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X12 Element Attributes-----										X12 Flat File-----							
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	
MIA18	CLAIM INDIRECT TEACHING S9(8)V99	R	1--18	S									300	18			
MIA19	NON PAY PROF COMP AMT S9(8)V99	R	1--18	S									318	18			
MIA20	CLAIM PAYMENT REMARK CD X(5)	AN	1--50	S									336	50			
MIA21	CLAIM PAYMENT REMARK CD X(5)	AN	1--50	S									389	50			
MIA22	CLAIM PAYMENT REMARK CD X(5)	AN	1--50	S									436	50			
MIA23	CLAIM PAYMENT REMARK CD X(5)	AN	1--50	S									486	50			
MIA24	PPS CAPITAL EXCEPTION AMT S9(8)V99	R	1--18	S									536	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						19	2			
REF02	Other Claim Related ID/(Medical Record #)	AN	1--50	R									21	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-	Not Used																

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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																	
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-				NU													
-06																	
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-				NU													
-06																	
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	Not Used																
AMT	Claim Supplemental Information		13	S	2100			182	2100		AMT		1	18	13		
AMT01	Amount Qualifier Code	ID	1--3	R			AU, 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	Not Used			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				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			
-06-4	Procedure Modifier	AN	2-2	S									228	2			
-06-5	Procedure Modifier	AN	2-2	S									230	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	
-06-6	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														
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-	Not Used	TM	4--8														
-06																	
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			
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			

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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	
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	Provider ID	AN	1--50	R									22	50			
REF03-	Not Used	AN	1--80														
-04																	
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-		aN	1--80	NU													
-04																	
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	30			
REF03-	Not Used	AN	1--80														
-04																	
REF	Health Care Policy Identification		5	S	2110			209	2110		REF		1	18	5		
REF01	Reference ID Qualifier	ID	2--3	R			OK						19	3			
REF02	Healthcare Policy ID	AN	1--50	R									22	50			
REF03-		AN	1--80	NU													
-04																	
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			

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X12 Element Attributes-----										X12 Flat File-----							
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	
AMT02	Service Supplemental Amount S9(8)V99	R	1--18	R									22	18			
AMT03	Not Used	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			
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, 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													
-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, 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													

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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	
-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, 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, 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, RE, SL, WO, WU						357	2			
-11-2	Provider Adjustment Identifier	AN	1--50	S									359	50			
PLB12	Provider Adjustment Amount S9(8)V99	R	1--18	S									389	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, RE, SL, WO, WU						407	2			
-13-2	Provider Adjustment Identifier	AN	1--50	S									409	50			
PLB14	Provider Adjustment Amount S9(8)V99	R	1--18	S									459	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	
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										19	6			
GE02	Group Control #	N0	1-9	R										25	9			
IEA	Interchange Control Trailer		1	R	----	1						IEA		1	18	1		
IEA01	# Included Functional Groups	N0	1-5	R										19	5			
IEA02	Interchange Control #	N0	9-9	R										24	9			

<u>Date</u>	<u>Loop</u>	<u>Data Element</u>	<u>Change</u>	<u>Reason for Change</u>
6/9/08	-	ISA 11	1. Change Description 2. No Value	Changed in 5010. Repetition Separator is a delimiter and not a data element
6/9/08	-	GS08	One line instead of two	
6/9/08	-	PLB03-2 PLB05-2 PLB07-2 PLB09-2 PLB11-2 PLB13-2	Add Treasury Telephone #	Providers are to call the Treasury directly if there is any Treasury withholding for Federal Debt
6/30/08	2000	TS301	Min-Max changed to 1-50 from 1--60	Per IG Max is 50
8/5/08	2100	MOA03-MOA07	Min-Max changed to 1-50 from 1--30	Per IG Max is 50
9/17/08	2100	MOA03-MOA07 and MIA20-MIA23	Pic Clause X(5) added	To reflect Medicare decision
10/28/08		ISA12	005010	To reflect current version
10/28/08	2100/2110	All REF02 fields are same length	50	Consistency
10/28/08	2100/2110	All PER 04/06/08 are same length	256	Consistency
10/28/08		LX01 values added to cover MCS	Added 1 and 0	Correction per MCS
10/28/08	2100	CLP 06	"MB" added as a possible value	To cover Part B
10/28/08	2110	CLP 08	The description changed	To cover Part B
11/18/08	1000A	PER05	All available qualifiers now added to the FF	Consistency
11/18/08	2000	TS302	Values changer per IG	Consistency
11/18/08	2100	CAS04,07,10,13,16,19	Cobol Pic changed to S9(7)	Consistency
11/18/08	2110	REF01	Qualifiers added	To meet Medicare needs
11/18/08		PLB06	Cobol Pic changed to S9(8)V99	Consistency

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Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS						
									6	4	4	4												
ISA	Interchange Control Header		1	R	-----	1					ISA		1	18	1									
ISA01	Authorization Information Qualifier	ID	2-2	R			00,03						19	2										
ISA02	Authorization Information	AN	10-10	R									21	10										
ISA03	Security Information Qualifier	ID	2-2	R			00,01						31	2										
ISA04	Security Information	AN	10-10	R									33	10										
ISA05	Interchange ID Qualifier	ID	2-2	R			27,28, 29, 30, 33, ZZ						43	2										
ISA06	Interchange Sender ID	AN	15-15	R									45	15										
ISA07	Interchange ID Qualifier	ID	2-2	R			27,28, 29, 30, 33, ZZ						60	2										
ISA08	Interchange Receiver ID	AN	15-15	R									62	15										
ISA09	Interchange Date	DT	6-6	R			YYMMDD						77	6										
ISA10	Interchange Time	TM	4-4	R			HHMM						83	4										
ISA11	Repetition Separator	ID	1-1	R									87	1										
ISA12	Interchange Control Version Number	ID	5-5	R			00401						88	5										
ISA13	Interchange Control Number	N0	9-9	R			=IEA02						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									104	1										
		21																						
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									21	15										
GS03	Application Receiver's Code	AN	2-15	R									36	15										
GS04	Date	DT	8-8	R			CCYYMMDD						51	8										
GS05	Time	TM	4-8	R			HHMM						59	8										

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Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS						
GS06	Group Control Number	28	N0	1--9	R		=GE02						67	9										
GS07	Responsible Agency Code	29	ID	1--2	R		X						76	2										
GS08	Version/Release/Industry Id code	30	AN	1--12	R		005010X2 21						78	12										
		31																						
ST	Transaction Set Header	32		1	R	-----	1	68			ST		1	18	1									
ST01	Transaction Set Identifier Code	33	ID	3--3	R		835						19	3										
ST02	Transaction Set Control Number	34	AN	4--9	R		=SE02						22	9										
		35																						
BPR	Financial Information	36		1	R	-----	1	69			BPR		1	18	1									
BPR01	Transaction Handling Code	37	ID	1--2	R		,P, U, X						19	2										
BPR02	Total Actual Provider Payment Amt S9(8)V99	38	R	1--18	R								21	18										
BPR03	Credit or Debit Flag Code	39	ID	1--1	R		C						39	1										
BPR04	Payment Method Code	40	ID	3--3	R		ACH,CHK,NON						40	3										
BPR05	Payment Format Code	41	ID	1--10	S		CCP,CTX						41	10										
BPR06	DFI ID # Qualifier	42	ID	2--2	S		01						51	2										
BPR07	Sender DFI Identifier	43	AN	3--12	S								53	12										
BPR08	Acct # Qualifier	44	ID	1--3	S		DA						65	3										
BPR09	Sender Bank Acct #	45	AN	1--35	S								68	35										
BPR10	Payer Identifier	46	AN	10--10	S								103	10										
BPR11	Originating Co Supplemental Code	47	AN	9--9	S		=TRN04						113	9				Not used by Part B						
BPR12	DFI ID # Qualifier	48	ID	2--2	S		01						122	2										
BPR13	Receiver or Provider Bank ID #	49	AN	3--12	S								124	12										
BPR14	Acct # Qualifier	50	ID	1--3	S		DA,SG						136	3										
BPR15	Receiver or Provider Acct #	51	AN	1--35	S								139	35										
BPR16	Check Issue or EFT Effective Date	52	DT	8--8	R								174	8										

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Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS			
BPR17-	Not Used	53																			
		54																			
	-21	55																			
TRN	Reassociation Trace Number	56	1	R	-----	1		77			TRN		1	18	1						
TRN01	Trace Type Code	57	ID	1--2	R		1						19	2							
TRN02	Check or EFT Trace #	58	AN	1--50	R								21	50							
TRN03	Payer Identifier	59	AN	10--10	R								71	10							
TRN04	Originating Co Supplemental Code	60	AN	1--30	S		=BPR011						81	30							
		61																			
CUR	Foreign Currency Information	62	1	S	-----	1	N/A	79			CUR								Medicare does not use this segment		
		63																			
REF	Reference Identification	64	1	S	-----	1					REF		1	18	1						
REF01	Receiver ID Qualifier	65	ID	2--3	R		EV	82					19	3							
REF02	Receiver Identifier	66	AN	1--50	R								22	30							
REF03-	Description	67	AN	1-80	N/U																
		68																			
	-04	69																			
REF	Version Identification	70	1	S	-----	1					REF		1	18	1						
REF01	Receiver ID Qualifier	71	ID	2--3	R		F2	84					19	3							
REF02	Version ID Code	72	AN	1--50	R								22	30							
REF03-	Description	73	AN	1-80	NU																
		74																			
	-04	75																			
DTM	Production Date	76	1	S	-----	1		85			DTM		1	18	1						
DTM01	Date Time Qualifier	77	ID	3--3	R		405						19	3							

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		1	-----													X12 Flat File-----				18				
Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS						
DTM02	Production Date	78	DT	8--8	R		CCYYMMDD						22	8										
DTM03-	Not Used	79																						
		80																						
		81																						
N1	Payer Identification	82		1	R	1000A		87	1000A		N1		1	18	1									
N101	Entity Identifier Code	83	ID	2--3	R		PR						19	3										
N102	Payer Name	84	AN	1--60	R								22	60										
N103	ID Code Qualifier	85	ID	1--2	S		XV						82	2										
N104	Payer Identifier	86	AN	2--80	S								84	80										
N105-	Not Used	87																						
		88																						
		89																						
N3	Payer Address	90		1	R	1000A		89	1000A		N3		1	18	1									
N301	Payer Address Line	91	AN	1--55	R								19	55										
N302	Payer Address Line	92	AN	1--55	S								74	55										
		93																						
N4	Payer City, State, Zip	94		1	R	1000A		90	1000A		N4		1	18	1									
N401	Payer City Name	95	AN	2--30	R								19	30										
N402	Payer State Code	96	ID	2--2	R								49	2										
N403	Payer Postal Zone or ZIP Code	97	ID	3--15	R								51	15										
N404	Country Code	98	ID	2--3	S								66	3										
N405-		99			NU																			
		100																						
		101																						
N407	Country Subdivision Code	101	ID	1--3	S								69	3										
		102																						

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		1	-----													X12 Flat File-----										
Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS								
REF	Additional Payer Identification	103	4	S	1000A			92	1000A		REF		1	18	4											
REF01	Reference Identification Qualifier	104	ID 2-3	R			2U						19	3												
REF02	Additional Payer ID	105	AN 1--50	R									22	30												
REF03-	Not Used	106																								
		107																								
		108																								
PER	Payer Business Contact Information	109	1	S	1000A			94	1000A		PER		1	18	1											
PER01	Contact Function Code	110	ID 2-2	R			CX						19	2												
PER02	Payer Contact Name	111	AN 1-60	S									21	60												
PER03	Communication # Qualifier	112	ID 2-2	S			EM,FX,TE						81	2												
PER04	Payer Contact Communication #	113	AN 1-256	S									83	80												
PER05	Communication Number Qualifier 2	114	ID 2-2	S			EM,EX,FX,TE						163	2												
PER06	Payer Contact Communication #	115	AN 1-256	S									165	80												
PER07	Communication Number Qualifier 3	116	ID 2-2	S			EX						245	2												
PER08	Payer Contact Communication #	117	AN 1-256	S									247	80												
PER09	Contact Inquiry Reference	118	AN 1-20	N/U																						
		119																								
PER	Payer Technical Contact Information	120	1	R	1000A			97	1000A		PER		1	18	1											
PER01	Contact Function Code	121	ID 2-2	R			BL						19	2												
PER02	Payer Contact Name	122	AN 1-60	S									21	60												
PER03	Communication # Qualifier	123	ID 2-2	S			EM, TE, UR						81	2												
PER04	Payer Contact Communication #	124	AN 1-256	S									83	256												
PER05	Communication Number Qualifier 2	125	ID 2-2	S			UR						339	2												
PER06	Payer Contact Communication #	126	AN 1-256	S									341	256												
PER07	Communication Number Qualifier 3	127	ID 2-2	S			EM, EX, FX, UR						597	2												

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		X12 Flat File-----																	
Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS	
PER08	Payer Contact Communication #	128	AN	1-256	S								599	80					
PER09	Contact Inquiry Reference	129	AN	1-20	N/U														
		130																	
PER	Payer Web Site	131		1	S	1000A		100	1000A		PER		1	18	1				
PER01	Contact Function Code	132	ID	2-2	R		1C						19	2					
PER02	Name	133	AN	1-60	NU								21	60					
PER03	Communication # Qualifier	134	ID	2-2	R		UR						81	2					
PER04	Payer Contact Communication #	135	AN	1-256	R								83	256					
PER05	Communication Number Qualifier 2	136	ID	2-2	NU								339	2					
PER06	Payer Contact Communication #	137	AN	1-256	NU								341	256					
PER07	Communication Number Qualifier 3	138	ID	2-2	NU								597	2					
PER08	Payer Contact Communication #	139	AN	1-256	NU								599	256					
PER09	Contact Inquiry Reference	140	AN	1-20	N/U								855	20					
		141																	
N1	Payee Identification	142		1	R	1000B		102	1000B		N1		1	18	1				
N101	Entity Identifier Code	143	ID	2-3	R		PE						19	3					
N102	Payee Name	144	AN	1--60	R								22	60					
N103	Identification Code Qualifier	145	ID	1-2	R		XX, FI, XV						82	2					
N104	Payee ID Code	146	AN	2--80	R								84	80					
N105-	Not Used	147																	
		148																	
		149																	
N3	Payee Address	150		1	S	1000B		104	1000B		N3		1	18	1				
N301	Payee Address Line	151	AN	1--55	R								19	55					
N302	Payee Address Line	152	AN	1--55	S								74	55					

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		1	-----													X12 Flat File-----				18			
Element Identifier	Description	2	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS				
		153																					
N4	Payee City,State,Zip	154		1	R	1000B			105	1000B		N4		1	18	1							
N401	Payee City Name	155	AN	2--30	R									19	30								
N402	Payee State Code	156	ID	2--2	S									49	2								
N403	Payee Postal Zone or ZIP Code	157	ID	3-15	S									51	15								
N404	Country Code	158	ID	2--3	S									66	3								
N405-	Not Used	159			NU																		
		160																					
-406																							
N407	Country Subdivision Code	161	ID	1--3	S									69	3								
		162																					
REF	Payee Additional Identification	163		>1	S	1000B			107	1000B		REF		1	18	>1							
REF01	Reference Identification Qualifier	164	ID	2--3	R			TJ						19	3								
REF02	Additional Payee ID #	165	AN	1--50	R									22	50								
REF03-	Not Used	166																					
		167																					
-04																							
		168																					
RDM	Remittance Delivery Method	169		1	S	1000B			109					1	18								
RDM01	Report Transmission Code	170	ID	1--2				BM, EM, FT, OL						19	2								
RDM02	Name	171	AN	1--60										21	60								
RDM03	Communication Number	172	AN	1--256										81	256								
RDM04	Not Used	173			N/U																		
-RDM05		174																					
		175																					
LX	Header Number	176		1	S	2000	>1		111	2000		LX		1	18	1							
LX01	Assigned #	177	N0	1--6	R			TTYMM						19	6								

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		1	-----													X12 Flat File-----				18			
Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS					
		178																					
TS3	Provider Summary Information	179	1	S	2000	1		112	2000		TS3		1	18	1								
TS301	Provider Identifier	180	AN	1--50	R		NPI						19	50									
TS302	Facility Code Value	181	AN	1--2	R		TT						69	2									
TS303	Date	182	DT	8--8	R		CCYYMMDD						71	8									
TS304	Total Claim Count 9(6)	183	R	1--15	R								79	15									
TS305	Total Claim Change Amount S9(8)V99	184	R	1--18	R								94	18									
TS306	Total Covered Charge Amount	185			N/U																		
TS307	Total Noncovered Charge Amount	186			N/U																		
TS 308	Total Denied Charge Amount	187			N/U																		
TS 309	Total Provider Amount	188			N/U																		
TS 310	Total Interest Amount	189			N/U																		
TS 311	Total Contractual Adjustment Amount	190			N/U																		
TS312	Total Gramm-Rudman Reduction Amount	191			N/U																		
TS313	Total MSP Payer Amount S9(8)V99	192	R	1--18	S								112	18									
TS314	Total Blood Deductible Amount S9(8)V99	193			N/U																		
TS315	Total Non-Lab Charge Amount S9(8)V99	194	R	1--18	S								130	18									
TS316	Total Coinsurance Amount S9(8)V99	195			N/U																		
TS317	Total HCPCS Reported Charge Amount S9(8)V99	196	R	1--18	S								148	18									
TS318	Total HCPCS Payable Amount S9(8)V99	197	R	1--18	S								166	18									
TS319	Total Deductible Amount S9(8)V99	198			N/U																		
TS320	Total Professional Component Amount S9(8)V99	199	R	1--18	S								184	18									
TS321	Total MSP Patient Liability Met Amount S9(8)V99	200	R	1--18	S								202	18									
TS322	Total Patient Reimbursement Amount S9(8)V99	201	R	1--18	S								220	18									
TS323	Total PIP Claim Count 9(6)	202	R	1--15	S								238	15									

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		1	-----														X12 Flat File-----		18			
Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS				
TS324	Total PIP Adjustment Amount S9(8)V99	203	R	1--18	S								253	18								
		204																				
TS2	Provider Supplemental Summary Info	205		1	S	2000		117	2000		TS2		1	18	1							
TS201	Total DRG Amount S9(8)V99	206	R	1--18	S								19	18								
TS202	Total Federal Specific Amount S9(8)V99	207	R	1--18	S								37	18								
TS203	Total Hospital Specific Amount S9(8)V99	208	R	1--18	S								55	18								
TS204	Total Disproportionate Amount S9(8)V99	209	R	1--18	S								73	18								
TS205	Total Capital Amount S9(8)V99	210	R	1--18	S								91	18								
TS206	Total Indirect Medical Education Amount S9(8)V99	211	R	1--18	S								109	18								
TS207	Total Outlier Day Count 9(6)	212	R	1--15	S								127	15								
TS 208	Total Day Outlier Amount S9(8)V99	213	R	1--18	S								142	18								
TS 209	Total Cost Outlier Amount S9(8)V99	214	R	1--18	S								160	18								
TS 210	Average DRG Length of Stay 9(6)	215	R	1--15	S								178	15								
TS 211	Total Discharge Count 9(6)	216	R	1--15	S								193	15								
TS212	Total Cost Report Day Count 9(6)	217	R	1--15	S								208	15								
TS213	Total Covered Day Count 9(6)	218	R	1--15	S								223	15								
TS214	Total Noncovered Day Count 9(6)	219	R	1--15	S								238	15								
TS215	Total MSP Pass-Through Amount S9(8)V99	220	R	1--18	S								253	18								
TS216	Average DRG Weight	221	R	1--15	S								271	15								
TS217	Total PPS Capital FSP DRG Amount S9(8)V99	222	R	1--18	S								286	18								
TS218	Total PSP Capital HSP DRG Amount S9(8)V99	223	R	1--18	S								304	18								
TS219	Total PPS DSH DRG Amount S9(8)V99	224	R	1--18	S								322	18								
		225																				
CLP	Claim Level Data	226		1	R	2100	>1		123	2100		CLP	1	18	1							
CLP01	Patient Control #	227	AN	1--38	R								19	38								

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Element Identifier	Description	2	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS				
CLP02	Claim Status Code	228	ID	1--2	R			19, 20, 21, 22, 23						57	2								
CLP03	Total Claim Charge Amount S9(8)V99	229	R	1--18	R									59	18								
CLP04	Claim Payment Amount S9(8)V99	230	R	1--18	R									77	18								
CLP05	Patient Responsibility Amount S9(8)V99	231	R	1--18	S									95	18								
CLP06	Claim Filling Indicator Code	232	ID	1--2	R			MA						113	2								
CLP07	Payer Claim Control #	233	AN	1--50	S									115	30								
CLP08	Facility Type Code (1st and 2nd position of TOB)	234	AN	1--2	S									145	2								
CLP09	Claim Frequency Code (3rd position of TOB)	235	ID	1--1	S									147	1								
CLP10	Patient Status Code	236	ID	1-2	N/U																		
CLP11	DRG Code	237	ID	1--4	S									148	4				"000"				
CLP12	DRG Weight S9(3)V9999	238	R	1--15	S									152	15				"0.0"				
CLP13	Discharge Fraction S9(4)V999	239	R	1--10	S									167	10				"0.0"				
CLP14	Yes/No Condition or Response Code	240			NU																		
		241																					
CAS	Claim Adjustment	242		99	S	2100			129	2100		CAS		1	18	99							
CAS01	Claim Adjustment Group Code	243	ID	1--2	R			CO, OA, PR						19	2								
CAS02	Adjustment Reason Code	244	ID	1--5	R									21	5								
CAS03	Adjustment Amount S9(8)V99	245	R	1--18	R									26	18								
CAS04	Adjustment Quantity 9(5)	246	R	1--15	S									44	15								
CAS05	Adjustment Reason Code	247	ID	1--5	S									59	5								
CAS06	Adjustment Amount S9(8)V99	248	R	1--18	S									64	18								
CAS07	Adjustment Quantity 9(5)	249	R	1--15	S									82	15								
CAS08	Adjustment Reason Code	250	ID	1--5	S									97	5								
CAS09	Adjustment Amount S9(8)V99	251	R	1--18	S									102	18								
CAS10	Adjustment Quantity 9(5)	252	R	1--15	S									120	15								

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Element Identifier	Description	2	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS				
CAS11	Adjustment Reason Code	253	ID	1--5	S									135	5								
CAS12	Adjustment Amount S9(8)V99	254	R	1--18	S									140	18								
CAS13	Adjustment Quantity 9(5)	255	R	1--15	S									158	15								
CAS14	Adjustment Reason Code	256	ID	1--5	S									173	5								
CAS15	Adjustment Amount S9(8)V99	257	R	1--18	S									178	18								
CAS16	Adjustment Quantity 9(5)	258	R	1--15	S									196	15								
CAS17	Adjustment Reason Code	259	ID	1--5	S									211	5								
CAS18	Adjustment Amount S9(8)V99	260	R	1--18	S									216	18								
CAS19	Adjustment Quantity 9(5)	261	R	1--15	S									234	15								
		262																					
NM1	Patient Name	263		1	R	2100			137	2100		NM1		1	18	1							
NM101	Entity Identifier Code	264	ID	2--3	R			QC						19	3								
NM102	Entity Type Qualifier	265	ID	1--1	R			1						22	1								
NM103	Patient Last Name	266	AN	1--60	S									23	60								
NM104	Patient First Name	267	AN	1--35	S									83	35								
NM105	Patient Middle Name	268	AN	1--25	S									118	25								
NM106	Name Prefix	269	AN	1-10	N/U																		
NM107	Patient Name Suffix	270	AN	1--10	S			NU						143	10								
NM108	ID Code Qualifier	271	ID	1--2	S			HN						153	2								
NM109	Patient Identifier	272	AN	2--80	S			HIC #						155	80								
NM110-	Not Used	273			NU																		
		274																					
		275																					
NM1	Insured's Name	276		1	S	2100		N/A	140	2100													
		277																					

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Element Identifier	Description	2	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS						
NM1	Corrected Patient/Insured Name	278		1	S	2100			143	2100		NM1		1	18	1									
NM101	Entity Identifier Code	279	ID	2--3	R			74						19	3										
NM102	Entity Type Qualifier	280	ID	1--1	R			1						22	1										
NM103	Corrected Patient/Ins Last Name	281	AN	1--60	S									23	60										
NM104	Corrected Patient/Ins First Name	282	AN	1--35	S									83	35										
NM105	Corrected Patient/Ins Middle Name	283	AN	1--25	S									118	25										
NM106	Name Prefix	284	AN	1-10	N/U																				
NM107	Corrected Patient Name Suffix	285	AN	1--10	S									143	10										
NM108	Identification Code Qualifier	286	ID	1--2	S			C						153	2										
NM109	Corrected Ins Identification Indicator	287	AN	2--80	S									155	80										
NM110-	Not Used	288																							
-111		289																							
		290																							
NM1	Service Provider Name	291		1	S	2100			146	2100		NM1		1	18	1									
NM101	Entity Identifier Code	292	ID	2--3	R			82						19	3										
NM102	Entity Type Qualifier	293	ID	1--1	R			2						22	1										
NM103	Rendering Provider Last/Org Name	294	AN	1-60	S									23	60										
NM104	Rendering Provider First Name	295	AN	1-35	S			NA						83	35										
NM105	Rendering Provider Middle Name	296	AN	1--25	S			NA						118	25										
NM106	Name Prefix	297	AN	1-10	N/U			NA																	
NM107	Rendering Provider Name Suffix	298	AN	1--10	S			NA						143	10										
NM108	ID Code Qualifier	299	ID	1--2	R			XX						153	2										
NM109	Rendering Provider Identifier	300	AN	2--80	R			NPI						155	80										
NM110-	Not Used	301																							
-111		302																							

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		X12 Flat File-----																	
Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS	
		303																	
NM1	Crossover Carrier Name	304	1	S	2100			150	2100		NM1		1	18	1				
NM101	Entity Identifier Code	305	ID	2-3	R		TT						19	3					
NM102	Entity Type Qualifier	306	ID	1-1	R		2						22	1					
NM103	COB Carrier Name	307	AN	1-60	R								23	60					
NM104	First name	308	AN	1-35	N/U														
NM105	Middle name	309	AN	1-25	N/U														
NM106	Name Prefix	310	AN	1-10	N/U														
NM107	Name suffix	311	AN	1-10	N/U														
NM108	ID Code Qualifier	312	ID	1-2	R		PI,XV						83	2					
NM109	COB Carrier Identifier	313	AN	2--80	R								85	80					
NM110-	Not Used	314																	
-111		315																	
		316																	
NM1	Corrected Priority Payer Name	317	1	S	2100			153	2100		NM1		1	18	1				
NM101	Entity Identifier Code	318	ID	2-3	R		PR						19	3					
NM102	Entity Type Qualifier	319	ID	1-1	R		2						22	1					
NM103	Corrected Priority Payer Name	320	AN	1--60	R								23	60					
NM104	First name	321	AN	1-35	N/U														
NM105	middle name	322	AN	1-25	N/U														
NM106	Name Prefix	323	AN	1-10	N/U														
NM107	Name suffix	324	AN	1-10	N/U														
NM108	ID Code Qualifier	325	ID	1-2	R		PI,XV						83	2					
NM109	Corrected Priority Payer ID	326	AN	2--80	R								85	80					
NM110-	Not Used	327																	

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Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS						
-12		328																						
		329																						
NM1	Other Subscriber Name	330					N/A	156																
		331																						
MIA	Inpatient Adjudication Information	332	1	S	2100			159	2100		MIA		1	18	1									
MIA01	Covered Daya or Visits Count S(9)3	333	R	1--15	R								19	15										
MIA02	PPS Operating Outlier Amount S9(8)V99	334	R	1--18	S								34	15										
MIA03	Lifetime Psychiatric Days Count S9(3)	335	R	1--15	S								49	15										
MIA04	CLAIM DRG AMOUNT S9(8)V99	336	R	1--18	S								64	18										
MIA05	CLAIM PAYMENT REMARK CD	337	AN	1--50	S								82	5										
MIA06	CLAIM DSH AMOUNT S9(8)V99	338	R	1--18	S								87	18										
MIA07	CLAIM MSP PASS THRU AMT S9(8)V99	339	R	1--18	S								105	18										
MIA08	CLAIM PPS CAPITAL AMOUNT S9(8)V99	340	R	1--18	S								123	18										
MIA09	PPS CAPITAL FSP DRG AMT S9(8)V99	341	R	1--18	S								141	18										
MIA10	PPS CAPITAL HSP DRG AMT S9(8)V99	342	R	1--18	S								159	18										
MIA11	PPS CAPITAL DSH DRG AMT S9(8)V99	343	R	1--18	S								177	18										
MIA12	OLD CAPITAL AMOUNT S9(8)V99	344	R	1--18	S								195	18										
MIA13	PPS CAPITAL IME AMOUNT S9(8)V99	345	R	1--18	S								213	18										
MIA14	PPS OPER HSP SPEC DRG AMT S9(8)V99	346	R	1--18	S								231	18										
MIA15	COST REPORT DAY COUNT S(9)3	347	R	1--15	S								249	15										
MIA16	PPS OPER FSP SPEC DRG AMT S9(8)V99	348	R	1--18	S								264	18										
MIA17	CLAIM PPS OUTLIER AMOUNT S9(8)V99	349	R	1--18	S								282	18										
MIA18	CLAIM INDIRECT TEACHING S9(8)V99	350	R	1--18	S								300	18										
MIA19	NON PAY PROF COMP AMT S9(8)V99	351	R	1--18	S								318	18										
MIA20	CLAIM PAYMENT REMARK CD X(5)	352	AN	1--50	S								336	50										

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Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS	
MIA21	CLAIM PAYMENT REMARK CD X(5)	353	AN	1--50	S								389	50					
MIA22	CLAIM PAYMENT REMARK CD X(5)	354	AN	1--50	S								436	50					
MIA23	CLAIM PAYMENT REMARK CD X(5)	355	AN	1--50	S								486	50					
MIA24	PPS CAPITAL EXCEPTION AMT S9(8)V99	356	R	1--18	S								536	18					
		357																	
MOA	Outpatient Adjudication Information	358		1	S	2100		166	2100		MOA		1	18	1				
MOA01	Reimbursement Rate S9(4)V9999	359	R	1--10	S								19	10					
MOA02	Claim HCPCS Payable Amount S9(8)V99	360	R	1--18	S								29	18					
MOA03	CLAIM PAYMENT REMARK CD X(5)	361	AN	1--50	S								47	50					
MOA04	CLAIM PAYMENT REMARK CD X(5)	362	AN	1--50	S								97	50					
MOA05	CLAIM PAYMENT REMARK CD X(5)	363	AN	1--50	S								147	50					
MOA06	CLAIM PAYMENT REMARK CD X(5)	364	AN	1--50	S								197	50					
MOA07	CLAIM PAYMENT REMARK CD X(5)	365	AN	1--50	S								247	50					
MOA08	Claim ESRD Payment Amount S9(8)V99	366	R	1--18	S								297	18					
MOA09	Nonpayable Professional Comp Amt S9(8)V99	367	R	1--18	S								315	18					
		368																	
REF	Other Claim-Related Identification	369		5	S	2100		169	2100		REF		1	18					
REF01	Reference ID Qualifier/(Medical Record ID #)	370	ID	2--3	R		EA, 6P, 28						19	2					
REF02	Other Claim Related ID/(Medical Record #)	371	AN	1--50	R								21	25					
		372																	
REF	Rendering Provider Identification	373		10	S	2100	N/A	171	2100		REF								
		374																	
DTM	Statement From or To Date	375		2	S	2100		173	2100		DTM		1	18	2				
DTM01	Date Time Qualifier	376	ID	3--3	R		232, 233						19	3					
DTM02	Claim Date	377	DT	8--8	R		CCYYMMDD						22	8					

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Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS			
DTM03-	Not Used	378																			
-06		379																			
		380																			
DTM	Coverage Expiration Date	381	1	S	2100			175	2100		DTM		1	18	1						
DTM01	Date/Time Qualifier	382	ID	3--3	R		036						19	3							
DTM02	Date	383	DT	8--8	R		CCYYMMDD						22	8							
DTM03-		384			NU																
-06		385																			
		386																			
DTM	Claim Received Date	387	1	S	2100			177	2100		DTM		1	18	1						
DTM01	Date/Time Qualifier	388	ID	3--3	R		050						19	3							
DTM02	Date	389	DT	8--8	R		CCYYMMDD						22	8							
DTM03-		390			NU																
-06		391																			
		392																			
PER	Claim Contact Information	393	2	S	2100			179	2100		PER		1	18	2						
PER01	Contact Function Code	394	ID	2--2	R		CX						19	2							
PER02	Claim Contact Name	395	AN	1--60	S								21	60							
PER03	Communication # Qualifier	396	ID	2--2	R		EM,FX,TE						81	2							
PER04	Claim Contact Communication #	397	AN	1--256	R								83	256							
PER05	Communication # Qualifier	398	ID	2--2	S		EM,EX,FX,TE						339	2							
PER06	Claim Contact Communication #	399	AN	1--256	S								341	256							
PER07	Communication # Qualifier	400	ID	2--2	S		EX						597	2							
PER08	Communication # Extension	401	AN	1--256	S								599	256							
PER09	Not Used	402																			

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Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS					
		403																					
AMT	Claim Supplemental Information	404	13	S	2100			182	2100		AMT		1	18	13								
AMT01	Amount Qualifier Code	405	ID 1--3	R			AO, TS, H, NL, ZK, ZL, ZM, ZN, ZO						19	3									
AMT02	Claim Supplemental Information Amt S9(8)V99	406	R 1--18	R									22	18									
AMT03	Not Used	407		NU																			
		408																					
QTY	Claim Supplemental Infor Quantity	409	14	S	2100			184	2100		QTY		1	18	14								
QTY01	Quantity Qualifier	410	ID 2--2	R			CA, CD, LA, OU, ZK, ZL,						19	2									
QTY02	Quantity Qualifier	411	R 1--15	R									21	15									
QTY03		412		N/U								N/U											
QTY04		413																					
		414																					
SVC	Service Payment Information	415	1	S	2110	999		186	2110		SVC		1	18	1								
SVC01	Composite Medical Procedure Identifier	416		R																			
-01-1	Product or Service ID Qualifier	417	ID 2--2	R			HC, HP, N4, NU						19	2									
-01-2	Adjudicated Procedure Code	418	AN 1--48	R									21	48		"G"	"G"	"G"					
-01-3	Procedure Modifier	419	AN 2--2	S									69	2		"GG"	"GG"	"GG"					
-01-4	Procedure Modifier	420	AN 2--2	S									71	2		"GG"	"GG"	"GG"					
-01-5	Procedure Modifier	421	AN 2--2	S									73	2		"GG"	"GG"	"GG"					
-01-6	Procedure Modifier	422	AN 2--2	S									75	2		"GG"	"GG"	"GG"					
-01-7	Procedure Code Description	423	AN 1--80	NU																			
-01-8	Product/Service ID	424	AN 1--48	NU																			
SVC02	Line Item Charge Amount S9(8)V99	425	R 1--18	R									77	18									
SVC03	Line Item Provider Payment S9(8)V99	426	R 1--18	R									95	18									

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Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS					
SVC04	NUBC Revenue Code	427	AN	1--48	S								113	48									
SVC05	Units of Service Paid Count S9(7)V999	428	R	1--15	S								161	15									
SVC06	Composite Medical Procedure Identifier	429			S																		
-06-1	Product or Service ID Qualifier	430	ID	2--2	R		HC, HP, N4, NU						176	2									
-06-2	Procedure Code	431	AN	1--48	R								178	48									
-06-3	Procedure Modifier	432	AN	2--2	S								226	2									
-06-4	Procedure Modifier	433	AN	2--2	S								228	2									
-06-5	Procedure Modifier	434	AN	2--2	S								230	2									
-06-6	Procedure Modifier	435	AN	2--2	S								232	2									
-06-7	Procedure Code Description	436	AN	1--80	S								234	80									
SVC07	Original Units of Service Count S9(7)V999	437	R	1--15	S								314	15									
		438																					
DTM	Service Date	439		2	S	2110		194	2110		DTM		1	18	2								
DTM01	Date Time Qualifier	440	ID	3--3	R		150, 151, 472						19	3									
DTM02	Service Date	441	DT	8--8	R		CCYYMMDD						22	8									
DTM03-	Not Used	442																					
-06		443																					
		444																					
CAS	Service Adjustment	445		99	S	2110		196	2110		CAS		1	18	99								
CAS01	Claim Adjustment Group Code	446	ID	1--2	R		CO,OA,PR						19	2									
CAS02	Adjustment Reason Code	447	ID	1--5	R								21	5									
CAS03	Adjustment Amount S9(8)V99	448	R	1--18	R								26	18									
CAS04	Adjustment Quantity S9(7)	449	R	1--15	S								44	15									
CAS05	Adjustment Reason Code	450	ID	1--5	S								59	5									
CAS06	Adjustment Amount S9(8)V99	451	R	1--18	S								64	18									

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Element Identifier	Description	2	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS					
CAS07	Adjustment Quantity S9(7)	452	R	1--15	S									82	15									
CAS08	Adjustment Reason Code	453	ID	1--5	S									97	5									
CAS09	Adjustment Amount S9(8)V99	454	R	1--18	S									102	18									
CAS10	Adjustment Quantity S9(7)	455	R	1--15	S									120	15									
CAS11	Adjustment Reason Code	456	ID	1--5	S									135	5									
CAS12	Adjustment Amount S9(8)V99	457	R	1--18	S									140	18									
CAS13	Adjustment Quantity S9(7)	458	R	1--15	S									158	15									
CAS14	Adjustment Reason Code	459	ID	1--5	S									173	5									
CAS15	Adjustment Amount S9(8)V99	460	R	1--18	S									178	18									
CAS16	Adjustment Quantity S9(7)	461	R	1--15	S									196	15									
CAS17	Adjustment Reason Code	462	ID	1--5	S									211	5									
CAS18	Adjustment Amount S9(8)V99	463	R	1--18	S									216	18									
CAS19	Adjustment Quantity S9(7)	464	R	1--15	S									234	15									
		465																						
REF	Service Identification	466		8	S	2110			204	2110		REF		1	18	8								
REF01	Reference ID Qualifier	467	ID	2--3	R			LU						19	3									
REF02	Provider ID	468	AN	1--50	R									22	30									
REF03-	Not Used	469																						
-04		470																						
		471																						
REF	Line Item Control Number	472		1	S	2110			206	2110		REF		1	18	1								
REF01	Reference ID Qualifier	473	ID	2--3	R			6R						19	3									
REF02	Line Item Control Number	474	AN	1--50	R									22	30									
REF03-		475			NU																			
-04		476																						

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835 TR3 5010																			
		X12 Flat File-----											18						
Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS	
		477																	
REF	Rendering Provider Information	478	10	S	2110			207	2110		REF		1	18	10				
REF01	Reference ID Qualifier	479	ID 2-3	R			TJ, 1C, 1G						19	3					
REF02	Rendering Provider ID	480	AN 1--50	R									22	30					
REF03-	Not Used	481																	
-04		482																	
		483																	
REF	Health Care Policy Identification	484	5	S	2110			209	2110		REF		1	18	5				
REF01	Reference ID Qualifier	485	ID 2-3	R			OK						19	3					
REF02	Healthcare Policy ID	486	AN 1--50	R									22	50					
REF03-		487		NU															
-04		488																	
		489																	
AMT	Service Supplemental Amount	490	9	S	2110			211	2110		AMT		1	18	12				
AMT01	Amount Qualifier Code	491	ID 1-3	R			ZK, ZL, ZM, ZN,						19	3					
AMT02	Service Supplemental Amount S9(8)V99	492	R 1--18	R									22	18					
AMT03	Not Used	493		NU															
		494																	
QTY	Service Supplemental Quantity	495	6	S	2110		N/A	213	2110		QTY								
		496																	
LQ	Health Care Remarks Codes	497	99	S	2110			215	2110		LQ		1	18	99				
LQ01	Code List Qualifier Code	498	ID 1-3	R			HE						19	3					
LQ02	Remark Code X(5)	499	AN 1--30	R									22	30					
		500																	
PLB	Provider Level Adjustment	501	>1	S	-----	1		217			PLB		1	18	1				

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835 TR3 5010																								
		1	-----													X12 Flat File-----				18				
Element Identifier	Description	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS						
PLB-01	Provider Identifier	502	AN	1--50	R		NPI						19	50										
PLB02	Fiscal Period Date	503	DT	8--8	R		CCYYMMDD						69	8										
PLB03	Adjustment Identifier	504			R																			
-03-1	Adjustment Reason Code	505	ID	2--2	R		00, 01, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM,						77	2										
-03-2	Provider Adjustment Identifier	506	AN	1--50	S								79	50										
PLB04	Provider Adjustment Amount S9(8)V99	507	R	1--18	R								129	18										
PLB05	Adjustment Identifier	508			S																			
-05-1	Adjustment Reason Code	509	ID	2--2	R		00, 01, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM,						147	2										
-05-2	Provider Adjustment Identifier	510	AN	1--50	S								149	50										
PLB06	Provider Adjustment Amount S9(9)V99	511	R	1--18	S								199	18										
PLB07	Adjustment Identifier	512			S																			
-07-1	Adjustment Reason Code	513	ID	2--2	R		00, 01, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM,						217	2										
-07-2	Provider Adjustment Identifier	514	AN	1--50	S								219	50										
PLB08	Provider Adjustment Amount S9(8)V99	515	R	1--18	S								269	18										
PLB09	Adjustment Identifier	516			S																			

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		1	-----																X12 Flat File-----	18				
Element Identifier	Description	2	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS					
-09-1	Adjustment Reason Code	517	ID	2--2	R			50, 51, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM,						287	2									
-09-2	Provider Adjustment Identifier	518	AN	1--50	S									289	50									
PLB10	Provider Adjustment Amount S9(8)V99	519	R	1--18	S									339	18									
PLB11	Adjustment Identifier	520			S																			
-11-1	Adjustment Reason Code	521	ID	2--2	R			50, 51, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM,						357	2									
-11-2	Provider Adjustment Identifier	522	AN	1--50	S									359	50									
PLB12	Provider Adjustment Amount S9(8)V99	523	R	1--18	S									389	18									
PLB13	Adjustment Identifier	524			S																			
-13-1	Adjustment Reason Code	525	ID	2--2	R			50, 51, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM,						407	2									
-13-2	Provider Adjustment Identifier	526	AN	1--50	S									409	50									
PLB14	Provider Adjustment Amount S9(8)V99	527	R	1--18	S									459	18									
		528																						
SE	Transaction Set Trailer	529		1	R	----	1		228			SE		1	18	1								
SE01	Transition Segment Count	530	N0	1--10	R									19	10									
SE02	Transition Set Control #	531	AN	4--9	R			=ST02						29	9									
		532																						

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		1	-----															X12 Flat File-----			18				
Element Identifier	Description	2	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	MCS	VMS	FISS						
GE	Functional Group Trailer	533		1	R	---	1					GE		1	18	1									
GE01	# Transaction Sets Included	534	N0	1-6	R									19	6										
GE02	Group Control #	535	N0	1-9	R									25	9										
		536																							
IEA	Interchange Control Trailer	537		1	R	----	1					IEA		1	18	1									
IEA01	# Included Functional Groups	538	N0	1-5	R									19	5										
IEA02	Interchange Control #	539	N0	9-9	R									24	9										