

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 959	Date: September 2, 2011
	Change Request 7484

Transmittal 927, dated July 29, 2011 is being rescinded and replaced by Transmittal 959, Dated September 2, 2011. This Change Request (CR) adds a qualifier “FI” in Loop 2100 NM1 – Service Provider Name segment in the attached Flat File enabling Medicare to report the Federal Taxpayer’s Identification Number instead of NPI if NPI is not available for the Rendering Provider and the Rendering provider is different from the Payee. All other information remains the same.

SUBJECT: Populating REF Segment - Other Claim Related Adjustment - for Healthcare Claim Payment/Advice or Transaction 835 version 5010A1

I. SUMMARY OF CHANGES: This Change Request (CR) instructs VMS and MCS to populate REF Segment - Other Claim Related Adjustment - for Healthcare Claim Payment/Advice or Transaction 835 version 5010A1 under specific situations (e.g., for cost avoid claims) using one of the qualifiers included in the attached updated Flat File.

EFFECTIVE DATE: January 1, 2012
IMPLEMENTATION DATE: January 3, 2012

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/revise 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:
No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

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: 959	Date: September 2, 2011	Change Request: 7484
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Transmittal 927, dated July 29, 2011 is being rescinded and replaced by Transmittal 959, Dated September 2, 2011. This Change Request (CR) adds a qualifier “FI” in Loop 2100 NM1 – Service Provider Name segment in the attached Flat File enabling Medicare to report the Federal Taxpayer’s Identification Number instead of NPI if NPI is not available for the Rendering Provider and the Rendering provider is different from the Payee. All other information remains the same.

SUBJECT: Populating REF Segment - Other Claim Related Adjustment - for Healthcare Claim Payment/Advice or Transaction 835 Version 5010A1

Effective Date: January 1, 2012

Implementation Date: January 3, 2012

I. GENERAL INFORMATION

A. Background: Currently the REF segment - Other Claim Related Adjustment – at Loop 2100 is not being populated on the Part B side, and the 835 Flat File identifies that with a note: N/U by Part B. After some discussion, the Centers for Medicare and Medicaid Services (CMS) has decided that valuable information can be sent using this segment that would help providers/suppliers. This Change Request (CR) instructs VMS and MCS to populate this segment under specific situations (e.g., for cost avoid claims) using one of the qualifiers included in the attached updated Flat File. This CR also updates the 835 flat file by adding:

- PLB Code 90 (refer to CR 7287)
- Qualifier “PQ” to be used in Loop 1000B REF – Payee Additional Information under some special situations where the NPI is not available.
- **Qualifier “FI” to be used in Loop 2100 NM1 – Service Provider Name under some special situations where NPI is not available.**

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. Centers for Medicare and Medicaid Services (CMS) will implement the new HIPAA standard (X12N version 5010A1) and any modifications and be ready for testing by January 1, 2011 and for production by April 1, 2011.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)
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		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	
7484.1	MCS and VMS shall populate REF Segment (Other Claim Related Identification) at Loop 2100 under some special situations (e.g.; Cost Avoided Claims).							X	X		
7484.2	MCS and VMS shall use one of the following Reference Identification Qualifiers in REF01 as appropriate: 28: Employee Identification Number 6P: Group Number EA: Medical Record Identification Number F8: Original Reference Note: See attached updated 835 Flat File							X	X		
7484.3	MCS and VMS shall also populate NM1 – Corrected Priority Payer Name segment at Loop 2100 when using 6P qualifier in REF01 per 7484.2.							X	X		
7484.4	MCS and VMS shall populate REF02 with the Other Insured Group Number for the payer identified in NM1 – Corrected Priority Payer Name segment when using 6P qualifier in REF01 per 7484.2.							X	X		
7484.5	MCS and VMS shall use Claim Status Code 2 in CLP02 in CLP – Claim Payment Information segment at Loop 2100 when the claim is processed as an MSP claim (e.g., Cost Avoided Claims).							X	X		
7484.6	VMS shall update Medicare Remit Easy Print (MREP) software to include this additional REF segment in the MREP Remittance Advice for version 5010A1.								X		
7484.7	Contractors shall be ready to accept the updated 835 Flat File from MCS and VMS.	X			X						CEDI

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
		M A C	M A C				F I S S	M C S	V M S	C W F	
7484.8	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly 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>	X	X		X						CEDI

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 at Sumita.Sen@cms.hhs.gov or 410-786-5755

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

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

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: 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.

For alternate format, please contact the CR author.

Attachment: 835 Flat File

Attachment - CR 7484

For alternate format, please contact the CR author

Transaction Set ID: 835

EDI Standards: ASC X12

Version/Release: 005010A1

835 FLAT FILE

Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	Comment
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835 TR3 5010A1 (As of 8/9/2011)																
ISA	Interchange Control Header		1	405	-----				6	4	4	4	1	18	1	
ISA01	Authorization Information Qualifier	PIC X(2)	ID	2-2	R		00						19	2		
ISA02	Authorization Information	PIC X(10)	AN	10-10	R		Blank						21	10		
ISA03	Security Information Qualifier	PIC X(2)	ID	2-2	R		00						31	2		
ISA04	Security Information	PIC X(10)	AN	10-10	R		Blank						33	10		
ISA05	Interchange ID Qualifier	PIC X(2)	ID	2-2	R		01,14,20,27,28, 29,30,33,ZZ						43	2		
ISA06	Interchange Sender ID	PIC X(15)	AN	15-15	R		Interchange Sender ID						45	15		
ISA07	Interchange ID Qualifier	PIC X(2)	ID	2-2	R		01,14,20,27,28, 29,30,33,ZZ						60	2		
ISA08	Interchange Receiver ID	PIC X(15)	AN	15-15	R		Interchange Receiver ID						62	15		
ISA09	Interchange Date	PIC 9(6)	DT	6-6	R		Interchange Date (Translator Generated)						77	6		Format is YYMMDD with CC (20) appended
ISA10	Interchange Time	PIC 9(4)	TM	4-4	R		Interchange Time (Translator Generated)						83	4		
ISA11	Repetition Separator	PIC X(1)	ID	1-1	R		(Translator Generated)						87	1		
ISA12	Interchange Control Version Number	PIC X(5)	ID	5-5	R		00501						88	5		
ISA13	Interchange Control Number	PIC 9(9)	N0	9-9	R		YJJ00000 where Y is the last digit of the cycle year, JJJ is the Julian date of the cycle and 00000 is a sequential number that starts with 00001 and increments by 1.						93	9		
ISA14	Acknowledgement Requested	PIC X(1)	ID	1-1	R		0						102	1		
ISA15	Usage Indicator	PIC X(1)	ID	1-1	R		P,T						103	1		
ISA16	Component Element Separator	PIC X(1)		1-1	R		Translator Generated						104	1		
GS	Functional Group Header			1	R	-----							1	18	1	
GS01	Functional Identifier Code	PIC X(2)	ID	2-2	R		HP						19	2		
GS02	Application Sender's Code	PIC X(15)	AN	2-15	R		Application Sender's Code						21	15		
GS03	Application Receiver's Code	PIC X(15)	AN	2-15	R		Application Receiver's Code						36	15		

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835 TR3 5010A1 (As of 8/9/2011)																
GS04	Date	PIC 9(8)	DT	8--8	R		See ISA09						51	8		
GS05	Time	PIC 9(8)	TM	4--8	R		See ISA010						59	8		
GS06	Group Control Number	PIC 9(9)	N0	1--9	R		Increment by one; beginning at 001						67	9		
GS07	Responsible Agency Code	PIC X(2)	ID	1--2	R		X						76	2		
GS08	Version/Release/Industry ID code	PIC X(12)	AN	1--12	R		005010X221A1						78	12		
ST	Transaction Set Header			1	R	-----		68			ST		1	18	1	
ST01	Transaction Set Identifier Code	PIC X(3)	ID	3--3	R		835						19	3		
ST02	Transaction Set Control Number	PIC X(9)	AN	4--9	R		=SE02						22	9		
ST03	Implementation Convention Reference		AN	1-35	NU											Added field ST03 RE: At
BPR	Financial Information			1	R	-----		69			BPR		1	18	1	
BPR01	Transaction Handling Code	PIC X(2)	ID	1--2	R		C, D, H, I, P, X						19	2		
BPR02	Total Actual Provider Payment Amt	05 Total Actual Provider Payment Amt - Group PIC X(18) 05 Total Actual Provider Payment Amt - Group REDEF REDEFINES Total Actual Provider Payment Amt - Group 10 Total Actual Provider Payment Amt PIC S9(8)V99 10 Total Actual Provider Payment Amt Filler PIC X(6)	R	1--18	R								21	18		
BPR03	Credit or Debit Flag Code	PIC X(1)	ID	1--1	R		C						39	1		
BPR04	Payment Method Code	PIC X(3)	ID	3--3	R		ACH,CHK,NON						40	3		
BPR05	Payment Format Code	PIC X(10)	ID	1--10	S		CCP,CTX						43	10		
BPR06	DFI ID # Qualifier	PIC X(2)	ID	2--2	S		01						53	2		
BPR07	Sender DFI Identifier	PIC X(12)	AN	3--12	S								55	12		
BPR08	Acct # Qualifier	PIC X(3)	ID	1--3	S		DA						67	3		
BPR09	Sender Bank Acct #	PIC X(35)	AN	1--35	S								70	35		
BPR10	Payer Identifier	PIC X(10)	AN	10--10	S								105	10		
BPR11	Originating Co Supplemental Code	PIC X(9)	AN	9--9	S		=TRN04						115	9		Not used by Part B

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835 TR3 5010A1 (As of 8/9/2011)																
BPR12	DFI ID # Qualifier	PIC X(2)	ID	2--2	S		01						124	2		
BPR13	Receiver or Provider Bank ID #	PIC X(12)	AN	3--12	S								126	12		
BPR14	Acct # Qualifier	PIC X(3)	ID	1--3	S		DA,SG						138	3		
BPR15	Receiver or Provider Acct #	PIC X(35)	AN	1--35	S								141	35		
BPR16	Check Issue or EFT Effective Date	05 Check Issue or EFT Effective Date - Group PIC X(8) 05 Check Issue or EFT Effective Date - Group REDEF REDEFINES Check Issue or EFT Effective Date - Group 10 Check Issue or EFT Effective Date PIC 9(8)	DT	8--8	R								176	8		
BPR17-	Business Function Code		ID	1-3	N/U											
-BPR21																
TRN	Reassociation Trace Number			1	R	-----		77			TRN		1	18	1	
TRN01	Trace Type Code	PIC X(2)	ID	1--2	R		1						19	2		
TRN02	Check or EFT Trace #	PIC X(50)	AN	1--50	R								21	50		
TRN03	Payer Identifier	PIC X(10)	AN	10--10	R								71	10		
TRN04	Originating Co Supplemental Code	PIC X(50)	AN	1--50	S		=BPR011						81	50		Change max from 30 to 50 RE:
CUR	Foreign Currency Information			1	S	-----	N/A	79			CUR					Medicare does not use tr
REF	Reference Identification			1	S	-----					REF		1	18	1	
REF01	Receiver ID Qualifier	PIC X(3)	ID	2--3	R		EV	82					19	3		
REF02	Receiver Identifier	PIC X(50)	AN	1--50	R								22	50		
REF03-	Description		AN	1-80	N/U											
-REF04																
REF	Version Identification			1	S	-----					REF		1	18	1	
REF01	Receiver ID Qualifier	PIC X(3)	ID	2--3	R		F2	84					19	3		
REF02	Version ID Code	PIC X(50)	AN	1--50	R								22	50		
REF03-	Description		AN	1-80	N/U											

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 Version/Release: 005010A1

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-REF04																
DTM	Production Date		1	S	-----	1		85			DTM		1	18	1	
DTM01	Date Time Qualifier	PIC X(3)	ID	3-3	R		405						19	3		
DTM02	Production Date	05 Production Date - Group PIC X(8) 05 Production Date - Group - REDEF REDEFINES Production Date - Group 10 Production Date PIC 9(8)	DT	8-8	R		CCYYMMDD						22	8		
DTM03-	Time		TM	4-8	N/U											
-DTM06																
N1	Payer Identification		1	R	1000A	1		87	1000A		N1		1	18	1	
N101	Entity Identifier Code	PIC X(3)	ID	2-3	R		PR						19	3		
N102	Payer Name	PIC X(60)	AN	1-60	R								22	60		All names expanded to 60 per HIGLAS
N103	ID Code Qualifier	PIC X(2)	ID	1-2	S		XV						82	2		
N104	Payer Identifier	PIC X(80)	AN	2--80	S								84	80		
N105-	Entity Relationship Code		ID	2-2	N/U											
-NM106																
N3	Payer Address		1	R	1000A			89	1000A		N3		1	18	1	
N301	Payer Address Line	PIC X(55)	AN	1-55	R								19	55		
N302	Payer Address Line	PIC X(55)	AN	1-55	S								74	55		
N4	Payer City, State, Zip		1	R	1000A			90	1000A		N4		1	18	1	
N401	Payer City Name	PIC X(30)	AN	2-30	R								19	30		
N402	Payer State Code	PIC X(2)	ID	2-2	R								49	2		
N403	Payer Postal Zone or ZIP Code	PIC X(15)	ID	3-15	R								51	15		
N404	Country Code	PIC X(3)	ID	2-3	S								66	3		
N405-	Location Qualifier		ID	1-2	N/U											

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment	
-N406																	
N407	Country Subdivision Code	PIC X(3)	ID	1-3	S								69	3			
REF	Additional Payer Identification			4	S	1000A		92	1000A		REF		1	18	4		
REF01	Reference Identification Qualifier	PIC X(3)	ID	2-3	R		2U						19	3			
REF02	Additional Payer ID	PIC X(50)	AN	1-50	R								22	50			
REF03-	Description		AN	1-80	N/U												
-REF04																	
PER	Payer Business Contact Information			1	S	1000A		94	1000A		PER		1	18	1		
PER01	Contact Function Code	PIC X(2)	ID	2-2	R		CX						19	2			
PER02	Payer Contact Name	PIC X(60)	AN	1-60	S								21	60			All names expanded to 60 per HIGLAS
PER03	Communication # Qualifier	PIC X(2)	ID	2-2	S		EM,FX,TE						81	2			
PER04	Payer Contact Communication #	PIC X(256)	AN	1-256	S								83	256			
PER05	Communication Number Qualifier 2	PIC X(2)	ID	2-2	S		EM,EX,FX,TE						339	2			
PER06	Payer Contact Communication #	PIC X(256)	AN	1-256	S								341	256			
PER07	Communication Number Qualifier 3	PIC X(2)	ID	2-2	S		EX						597	2			
PER08	Payer Contact Communication #	PIC X(256)	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	PIC X(2)	ID	2-2	R		BL						19	2			
PER02	Payer Contact Name	PIC X(60)	AN	1-60	S								21	60			All names expanded to 60 per HIGLAS
PER03	Communication # Qualifier	PIC X(2)	ID	2-2	S		EM, TE, UR						81	2			
PER04	Payer Contact Communication #	PIC X(256)	AN	1-256	S								83	256			
PER05	Communication Number Qualifier 2	PIC X(2)	ID	2-2	S		EM, EX, FX, TE, UR						339	2			
PER06	Payer Contact Communication #	PIC X(256)	AN	1-256	S								341	256			
PER07	Communication Number Qualifier 3	PIC X(2)	ID	2-2	S		EM, EX, FX, UR						597	2			
PER08	Payer Contact Communication #	PIC X(256)	AN	1-256	S								599	256			

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment	
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	PIC X(2)	ID	2-2	R		IC						19	2			
PER02	Name	PIC X(60)	AN	1-60	N/U								21	60			
PER03	Communication # Qualifier	PIC X(2)	ID	2-2	R		UR						81	2			
PER04	Payer Contact Communication #	PIC X(256)	AN	1-256	R								83	256			
PER05-	Communication Number Qualifier		ID	2-2	N/U												
- PER09																	
N1	Payee Identification		1	R	1000B	1		102	1000B		N1		1	18	1		
N101	Entity Identifier Code	PIC X(3)	ID	2-3	R		PE						19	3			
N102	Payee Name	PIC X(60)	AN	1-60	R								22	60			All names expanded to 60 per HIGLAS
N103	Identification Code Qualifier	PIC X(2)	ID	1-2	R		XX, FI, XV						82	2			
N104	Payee ID Code	PIC X(80)	AN	2-80	R								84	80			
N105-	Entity Relationship Code		ID	2-2	N/U												
-N106																	
N3	Payee Address		1	S	1000B			104	1000B		N3		1	18	1		
N301	Payee Address Line	PIC X(55)	AN	1-55	R								19	55			
N302	Payee Address Line	PIC X(55)	AN	1-55	S								74	55			
N4	Payee City, State, Zip		1	S	1000B			105	1000B		N4		1	18	1		
N401	Payee City Name	PIC X(30)	AN	2-30	R								19	30			
N402	Payee State Code	PIC X(2)	ID	2-2	S								49	2			
N403	Payee Postal Zone or ZIP Code	PIC X(15)	ID	3-15	S								51	15			
N404	Country Code	PIC X(3)	ID	2-3	S								66	3			
N405-	Location Qualifier		ID	2-2	N/U												

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	Comment
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835 TR3 5010A1 (As of 8/9/2011)																
-N406														18		
N407	Country Subdivision Code	PIC X(3)	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	PIC X(3)	ID	2-3	R		TJ, PQ						19	3		"PQ" used only under some special situations when NPI is not available
REF02	Additional Payee ID #	PIC X(50)	AN	1-50	R								22	50		
REF03-	Description		AN	1_80	N/U											
-REF04																
RDM	Remittance Delivery Method			1	S	1000B		109					1	18		
RDM01	Report Transmission Code	PIC X(2)	ID	1-2			BM, EM, FT, OL						19	2		
RDM02	Name	PIC X(60)	AN	1-60									21	60		
RDM03	Communication Number	PIC X(256)	AN	1-256									81	256		
RDM04	Reference Identifier				N/U											
-RDM05																
LX	Header Number			1	S	2000					LX		1	18	1	
LX01	Assigned #	05 Assigned Number -GROUP PIC X(6) 05 Assigned Number -GROUP- REDEF REDEFINES Assigned Number -GROUP 10 Assigned Number PIC 9(6)	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					TS3		1	18	1	
TS301	Provider Identifier	PIC X(50)	AN	1-50	R		NPI						19	50		Legacy in case of VA pricing
TS302	Facility Code Value	PIC X(2)	AN	1-2	R		11,99, Type of Bill						69	2		Part B will use either 11 or 99
TS303	Fiscal Period Date	05 Fiscal Period Date - Group PIC x(8) 05 Fiscal Period Date - Group REDEF REDEFINES Fiscal Period Date - Group 10 Fiscal Period Date PIC 9(8)	DT	8-8	R		CCYYMMDD						71	8		

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment	
TS304	Total Claim Count		R	1--15	R								79	15			
TS305	Total Claim Change Amount		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		R	1--18	S								112	18			Only Part A
TS314	Total Blood Deductible Amount		R	1--18	N/U												
TS315	Total Non-Lab Charge Amount		R	1--18	S								130	18			Only Part A
TS316	Total Coinsurance Amount				N/U												

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment		
TS317	Total HCPCS Reported Charge Amount 05 Total HCPCS Reported Charge Amount - Group PIC X(18) 05 Total HCPCS Reported Charge Amount REDEF REDEFINES Total HCPCS Reported Charge Amount -Group 10 Total HCPCS Reported Charge Amount PIC S9(8)V99 10 Total HCPCS Reported Charge Amount Filler PIC X(8)	R	1--18	S									148	18		Only Part A		
TS318	Total HCPCS Payable Amount 05 Total HCPCS Payable Amount - Group PIC X(18) 05 Total HCPCS Payable Amount REDEF REDEFINES Total HCPCS Payable Amount - Group 10 Total HCPCS Payable Amount PIC S9(8)V99 10 Total HCPCS Payable Amount Filler PIC X(8)	R	1--18	S									166	18		Only Part A		
TS319	Total Deductible Amount	R	1--18	NU														
TS320	Total Professional Component Amount 05 Total Professional Component Amount - Group PIC X(18) 05 Total Professional Component Amount REDEF REDEFINES Total Professional Component Amount -Group 10 Total Professional Component Amount PIC S9(8)V99 10 Total Professional Component Amount Filler PIC X(8)	R	1--18	S									184	18		Only Part A		
TS321	Total MSP Patient Liability Met Amount 05 Total MSP Patient Liability Met Amount - Group PIC X(18) 05 Total MSP Patient Liability Met Amount REDEF REDEFINES Total MSP Patient Liability Met Amount -Group 10 Total MSP Patient Liability Met Amount PIC S9(8)V99 10 Total MSP Patient Liability Met Amount Filler PIC X(8)	R	1--18	S									202	18		Only Part A		
TS322	Total Patient Reimbursement Amount 05 Total Patient Reimbursement Amount - Group PIC X(18) 05 Total Patient Reimbursement Amount REDEF REDEFINES Total Patient Reimbursement Amount -Group 10 Total Patient Reimbursement Amount PIC S9(8)V99 10 Total Patient Reimbursement Amount Filler PIC X(8)	R	1--18	S									220	18		Only Part A		

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment		
TS323	Total PIP Claim Count 05 Total PIP Claim Count - Group PIC X(15) 05 Total PIP Claim Count REDEF REDEFINES Total PIP Claim Count -Group 10 Total PIP Claim Count PIC 9(6) 10 Total PIP Claim Count Filler PIC X(9)	R	1--15	S									238	15		Only Part A		
TS324	Total PIP Adjustment Amount 05 Total PIP Adjustment Amount - Group PIC X(18) 05 Total PIP Adjustment Amount REDEF REDEFINES Total PIP Adjustment Amount - Group 10 Total PIP Adjustment Amount PIC S9(8)V99 10 Total PIP Adjustment Amount Filler PIC X(8)	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 05 Total DRG Amount - Group PIC X(18) 05 Total DRG Amount REDEF REDEFINES Total DRG Amount -Group 10 Total DRG Amount PIC S9(8)V99 10 Total DRG Amount Filler PIC X(8)	R	1--18	S									19	18				
TS202	Total Federal Specific Amount 05 Total Federal Specific Amount - Group PIC X(18) 05 Total Federal Specific Amount REDEF REDEFINES Total Federal Specific Amount - Group 10 Total Federal Specific Amount PIC S9(8)V99 10 Total Federal Specific Amount Filler PIC X(8)	R	1--18	S									37	18				
TS203	Total Hospital Specific Amount 05 Total Hospital Specific Amount - Group PIC X(18) 05 Total Hospital Specific Amount REDEF REDEFINES Total Hospital Specific Amount - Group 10 Total Hospital Specific Amount PIC S9(8)V99 10 Total Hospital Specific Amount Filler PIC X(8)	R	1--18	S									55	18				

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment		
TS204	Total Disproportionate Amount		R	1--18	S								73	18				
TS205	Total Capital Amount		R	1--18	S								91	18				
TS206	Total Indirect Medical Education Amount		R	1--18	S								109	18				
TS207	Total Outlier Day Count		R	1--15	S								127	15				
TS 208	Total Day Outlier Amount		R	1--18	S								142	18				
TS 209	Total Cost Outlier Amount		R	1--18	S								160	18				

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment		
TS 210	Average DRG Length of Stay 05 Average DRG Length of Stay - Group PIC X(15) 05 Average DRG Length of Stay REDEF REDEFINES Average DRG Length of Stay - Group 10 Average DRG Length of Stay PIC 9(6) 10 Average DRG Length of Stay PIC X(9) Filler	R	1--15	S									178	15				
TS 211	Total Discharge Count 05 Total Discharge Count - Group PIC X(15) 05 Total Discharge Count REDEF REDEFINES Total Discharge Count -Group 10 Total Discharge Count PIC 9(6) 10 Total Discharge Count Filler PIC X(9)	R	1--15	S									193	15				
TS212	Total Cost Report Day Count 05 Total Cost Report Day Count - Group PIC X(15) 05 Total Cost Report Day Count REDEF REDEFINES Total Cost Report Day Count - Group 10 Total Cost Report Day Count PIC 9(6) 10 Total Cost Report Day Count Filler PIC X(9)	R	1--15	S									208	15				
TS213	Total Covered Day Count 05 Total Covered Day Count - Group PIC X(15) 05 Total Covered Day Count REDEF REDEFINES Total Covered Day Count -Group 10 Total Covered Day Count PIC 9(6) 10 Total Covered Day Count Filler PIC X(9)	R	1--15	S									223	15				
TS214	Total Noncovered Day Count 05 Total Noncovered Day Count - Group PIC X(15) 05 Total Noncovered Day Count REDEF REDEFINES Total Noncovered Day Count - Group 10 Total Noncovered Day Count PIC 9(6) 10 Total Noncovered Day Count Filler PIC X(9)	R	1--15	S									238	15				
TS215	Total MSP Pass-Through Amount 05 Total MSP Pass-Through Amount - Group PIC X(18) 05 Total MSP Pass-Through Amount REDEF REDEFINES Total MSP Pass-Through Amount -Group 10 Total MSP Pass-Through Amount PIC S9(9)V99 10 Total MSP Pass-Through Amount Filler PIC X(8)	R	1--18	S									253	18				

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment
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835 TR3 5010A1 (As of 8/9/2011)																
TS216	Average DRG Weight	R	1--15	S									271	15		
TS217	Total PPS Capital FSP DRG Amount	R	1--18	S									286	18		
TS218	Total PSP Capital HSP DRG Amount	R	1--18	S									304	18		
TS219	Total PPS DSH DRG Amount	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	R	1--18	R									59	18		

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment	
CLP04	Claim Payment Amount 05 Claim Payment Amount - Group PIC X(18) 05 Claim Payment Amount REDEF REDEFINES Claim Payment Amount -Group 10 Claim Payment Amount PIC S9(8)V99 10 Claim Payment Amount Filler PIC X(8)	R	1--18	R									77	18			
CLP05	Patient Responsibility Amount 05 Patient Responsibility Amount - Group PIC X(18) 05 Patient Responsibility Amount REDEF REDEFINES Patient Responsibility Amount - Group 10 Patient Responsibility Amount PIC S9(8)V99 10 Patient Responsibility Amount Filler PIC X(8)	R	1--18	S									95	18			
CLP06	Claim Filing Indicator Code PIC X(2)	ID	1-2	R			MA/MB						113	2			
CLP07	Payer Claim Control # PIC X(50)	AN	1-50	S									115	50			
CLP08	Facility Code Value PIC X(2)	AN	1-2	S									165	2			
CLP09	Claim Frequency Code (3rd position of TOB) PIC X(1)	ID	1-1	S									167	1			Required when the information was
CLP10	Patient Status Code PIC X(4)	ID	1-2	N/U													
CLP11	DRG Code PIC X(4)	ID	1-4	S									168	4			Part A only
CLP12	DRG Weight 05 DRG Weight - Group PIC X(15) 05 DRG Weight REDEF REDEFINES DRG Weight -Group 10 DRG Weight PIC S9(3)V9999 10 DRG Weight Filler PIC X(8)	R	1--15	S									172	15			Part A only
CLP13	Discharge Fraction 05 Discharge Fraction - Group PIC X(10) 05 Discharge Fraction REDEF REDEFINES Discharge Fraction -Group 10 Discharge Fraction PIC S9(4)V999 10 Discharge Fraction Filler PIC X(3)	R	1--10	S									187	10			
CLP14	Yes/No Condition or Response Code PIC X(1)	ID	1-1	N/U													
CAS	Claim Adjustment		99	S	2100			129	2100		CAS		1	18	99		
CAS01	Claim Adjustment Group Code PIC X(2)	ID	1-2	R			CO, OA, PR						19	2			Group code CR has been deleted
CAS02	Adjustment Reason Code PIC X(5)	ID	1-5	R									21	5			

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	Comment		
CAS03	Adjustment Amount 05 Adjustment Amount - Group PIC X(18) 05 Adjustment Amount REDEF REDEFINES Adjustment Amount -Group 10 Adjustment Amount PIC S9(8)V99 10 Adjustment Amount Filler PIC X(8)	R	1--18	R									26	18				
CAS04	Adjustment Quantity 05 Adjustment Quantity - Group PIC X(15) 05 Adjustment Quantity REDEF REDEFINES Adjustment Quantity - Group 10 Adjustment Quantity PIC S9(7)V999 10 Adjustment Quantity Filler PIC X(5)	R	1--15	S									44	15				
CAS05	Adjustment Reason Code PIC X(5)	ID	1-5	S									59	5				
CAS06	Adjustment Amount 05 Adjustment Amount - Group PIC X(18) 05 Adjustment Amount REDEF REDEFINES Adjustment Amount -Group 10 Adjustment Amount PIC S9(8)V99 10 Adjustment Amount Filler PIC X(8)	R	1--18	S									64	18				
CAS07	Adjustment Quantity 05 Adjustment Quantity - Group PIC X(15) 05 Adjustment Quantity REDEF REDEFINES Adjustment Quantity - Group 10 Adjustment Quantity PIC S9(7)V999 10 Adjustment Quantity Filler PIC X(5)	R	1--15	S									82	15				
CAS08	Adjustment Reason Code PIC X(5)	ID	1-5	S									97	5				
CAS09	Adjustment Amount 05 Adjustment Amount - Group PIC X(18) 05 Adjustment Amount REDEF REDEFINES Adjustment Amount -Group 10 Adjustment Amount PIC S9(8)V99 10 Adjustment Amount Filler PIC X(8)	R	1--18	S									102	18				
CAS10	Adjustment Quantity 05 Adjustment Quantity - Group PIC X(15) 05 Adjustment Quantity REDEF REDEFINES Adjustment Quantity - Group 10 Adjustment Quantity PIC S9(7)V999 10 Adjustment Quantity Filler PIC X(5)	R	1--15	S									120	15				

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	Comment	
CAS11	Adjustment Reason Code	PIC X(5)	ID	1-5	S								135	5			
CAS12	Adjustment Amount	05 Adjustment Amount - Group PIC X(18) 05 Adjustment Amount REDEF REDEFINES Adjustment Amount -Group 10 Adjustment Amount PIC S9(8)V99 10 Adjustment Amount Filler PIC X(8)	R	1-18	S								140	18			
CAS13	Adjustment Quantity	05 Adjustment Quantity - Group PIC X(15) 05 Adjustment Quantity REDEF REDEFINES Adjustment Quantity - Group 10 Adjustment Quantity PIC S9(7)V999 10 Adjustment Quantity Filler PIC X(5)	R	1-15	S								158	15			
CAS14	Adjustment Reason Code	PIC X(5)	ID	1-5	S								173	5			
CAS15	Adjustment Amount	05 Adjustment Amount - Group PIC X(18) 05 Adjustment Amount REDEF REDEFINES Adjustment Amount -Group 10 Adjustment Amount PIC S9(8)V99 10 Adjustment Amount Filler PIC X(8)	R	1-18	S								178	18			
CAS16	Adjustment Quantity	05 Adjustment Quantity - Group PIC X(15) 05 Adjustment Quantity REDEF REDEFINES Adjustment Quantity - Group 10 Adjustment Quantity PIC S9(7)V999 10 Adjustment Quantity Filler PIC X(5)	R	1-15	S								196	15			
CAS17	Adjustment Reason Code	PIC X(5)	ID	1-5	S								211	5			
CAS18	Adjustment Amount	05 Adjustment Amount - Group PIC X(18) 05 Adjustment Amount REDEF REDEFINES Adjustment Amount -Group 10 Adjustment Amount PIC S9(8)V99 10 Adjustment Amount Filler PIC X(8)	R	1-18	S								216	18			

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835 TR3 5010A1 (As of 8/9/2011)																
CAS19	Adjustment Quantity	R	1--15	S									234	15		
NM1	Patient Name		1	R	2100			137	2100		NM1		1	18	1	
NM101	Entity Identifier Code	PIC X(3)	ID	2-3	R		QC						19	3		
NM102	Entity Type Qualifier	PIC X(1)	ID	1-1	R		1						22	1		
NM103	Patient Last Name	PIC X(60)	AN	1-60	S								23	60		All names expanded to 60 per HIGLAS
NM104	Patient First Name	PIC X(35)	AN	1-35	S								83	35		All last names expanded to 35 per
NM105	Patient Middle Name	PIC X(2)	AN	1-25	S								118	25		
NM106	Name Prefix		AN	1-10	N/U											
NM107	Patient Name Suffix	PIC X(10)	AN	1-10	S		NU						143	10		
NM108	ID Code Qualifier	PIC X(2)	ID	1-2	S		HN						153	2		
NM109	Patient Identifier	PIC X(80)	AN	2-80	S		HIC #						155	80		
NM110-	Entity Relationship Code		ID	2-2	N/U											
-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	PIC X(3)	ID	2-3	R		74						19	3		
NM102	Entity Type Qualifier	PIC X(1)	ID	1-1	R		1						22	1		
NM103	Corrected Patient/Ins Last Name	PIC X(60)	AN	1-60	S								23	60		All names expanded to 60 per HIGLAS
NM104	Corrected Patient/Ins First Name	PIC X(35)	AN	1-35	S								83	35		All last names expanded to 35 per
NM105	Corrected Patient/Ins Middle Name	PIC X(25)	AN	1-25	S								118	25		
NM106	Name Prefix		AN	1-10	N/U											
NM107	Corrected Patient Name Suffix	PIC X(10)	AN	1-10	S								143	10		

Attachment - CR 7484

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Transaction Set ID: 835

EDI Standards: ASC X12

Version/Release: 005010A1

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835 TR3 5010A1 (As of 8/9/2011) http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp																	
Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment	
NM108	Identification Code Qualifier	PIC X(25)	ID	1-2	S		C						153	2			
NM109	Corrected Ins Identification Indicator	PIC X(80)	AN	2-80	S								155	80			
NM110-	Entity Relationship Code		ID	2-2	N/U												
-NM112																	
NM1	Service Provider Name			1	S	2100		146	2100		NM1		1	18	1		
NM101	Entity Identifier Code	PIC X(3)	ID	2-3	R		82						19	3			
NM102	Entity Type Qualifier	PIC X(1)	ID	1-1	R		1, 2						22	1			
NM103	Rendering Provider Last/Org Name	PIC X(60)	AN	1-60	S								23	60		All names expanded to 60 per HIGLAS	
NM104	Rendering Provider First Name	PIC X(35)	AN	1-35	S								83	35		All last names expanded to 35 per	
NM105	Rendering Provider Middle Name	PIC X(25)	AN	1-25	S								118	25		Required when NM102=1, and NM103	
NM106	Name Prefix		AN	1-10	N/U												
NM107	Rendering Provider Name Suffix	PIC X(10)	AN	1-10	S								143	10			
NM108	ID Code Qualifier	PIC X(2)	ID	1-2	R		XX, FI						153	2			
NM109	Rendering Provider Identifier	PIC X(80)	AN	2-80	R		NPI, TIN						155	80			
NM110-	Entity Relationship Code		ID	2-2	N/U												
-NM112																	
NM1	Crossover Carrier Name			1	S	2100		150	2100		NM1		1	18	1		
NM101	Entity Identifier Code	PIC X(3)	ID	2-3	R		TT						19	3			
NM102	Entity Type Qualifier	PIC X(1)	ID	1-1	R		2						22	1			
NM103	COB Carrier Name	PIC X(60)	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	PIC X(2)	ID	1-2	R		PI, XV						83	2			
NM109	COB Carrier Identifier	PIC X(80)	AN	2-80	R								85	80			
NM110-	Entity Relationship Code		ID	2-2	N/U												

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment
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835 TR3 5010A1 (As of 8/9/2011)																
-NM112																
NM1	Corrected Priority Payer Name		1	S	2100			153	2100		NM1		1	18	1	
NM101	Entity Identifier Code	PIC X(3)	ID	2-3	R		PR						19	3		
NM102	Entity Type Qualifier	PIC X(1)	ID	1-1	R		2						22	1		
NM103	Corrected Priority Payer Name	PIC X(60)	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	PIC X(2)	ID	1-2	R		PI,XV						83	2		
NM109	Corrected Priority Payer ID	PIC X(80)	AN	2-80	R								85	80		
NM110-	Entity Relationship Code		ID	2-2	N/U											
-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	either MIA or MOA but not both
MIA01	Covered Days or Visits Count	05 Covered Days or Visits Count - Group PIC X(15) 05 Covered Days or Visits Count REDEF REDEFINES Covered Days or Visits Count - Group 10 Covered Days or Visits Count PIC S9(3) 10 Covered Days or Visits Count PIC X(12) Filler	R	1-15	R								19	15		
MIA02	PPS Operating Outlier Amount	05 PPS Operating Outlier Amount - Group PIC X(18) 05 PPS Operating Outlier Amount REDEF REDEFINES PPS Operating Outlier Amount - Group 10 PPS Operating Outlier Amount PIC S9(8)V99 10 PPS Operating Outlier Amount Filler PIC X(8)	R	1-18	S								34	18		

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment	
MIA03	Lifetime Psychiatric Days Count		R	1--15	S								52	15			
MIA04	CLAIM DRG AMOUNT		R	1--18	S								67	18			
MIA05	CLAIM PAYMENT REMARK CD		AN	1--50	S								85	50			
MIA06	CLAIM DSH AMOUNT		R	1--18	S								135	18			
MIA07	CLAIM MSP PASS THRU AMT		R	1--18	S								153	18			
MIA08	CLAIM PPS CAPITAL AMOUNT		R	1--18	S								171	18			

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment	
MIA09	PPS CAPITAL FSP DRG AMT 05 PPS CAPITAL FSP DRG AMT - Group PIC X(18) 05 PPS CAPITAL FSP DRG AMT REDEF REDEFINES PPS CAPITAL FSP DRG AMT - Group 10 PPS CAPITAL FSP DRG AMT PIC S9(8)V99 10 PPS CAPITAL FSP DRG	R	1--18	S									189	18			
MIA10	PPS CAPITAL HSP DRG AMT 05 PPS CAPITAL HSP DRG AMT - Group PIC X(18) 05 PPS CAPITAL HSP DRG AMT REDEF REDEFINES PPS CAPITAL HSP DRG AMT - Group 10 PPS CAPITAL HSP DRG AMT PIC S9(8)V99 10 PPS CAPITAL HSP DRG AMT Filler PIC X(8)	R	1--18	S									207	18			
MIA11	PPS CAPITAL DSH DRG AMT 05 PPS CAPITAL DSH DRG AMT - Group PIC X(18) 05 PPS CAPITAL DSH DRG AMT REDEF REDEFINES PPS CAPITAL DSH DRG AMT - Group 10 PPS CAPITAL DSH DRG AMT PIC S9(8)V99 10 PPS CAPITAL DSH DRG AMT Filler PIC X(8)	R	1--18	S									225	18			
MIA12	OLD CAPITAL AMOUNT 05 OLD CAPITAL AMOUNT - Group PIC X(18) 05 OLD CAPITAL AMOUNT REDEF REDEFINES OLD CAPITAL AMOUNT - Group 10 OLD CAPITAL AMOUNT PIC S9(8)V99 10 OLD CAPITAL AMOUNT Filler PIC X(8)	R	1--18	S									243	18			
MIA13	PPS CAPITAL IME AMOUNT 05 PPS CAPITAL IME AMOUNT - Group PIC X(18) 05 PPS CAPITAL IME AMOUNT REDEF REDEFINES PPS CAPITAL IME AMOUNT - Group 10 PPS CAPITAL IME AMOUNT PIC S9(8)V99 10 PPS CAPITAL IME AMOUNT Filler PIC X(8)	R	1--18	S									261	18			

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment		
MIA14	PPS OPER HSP SPEC DRG AMT S9(8)V99	R	1--18	S									279	18				
MIA15	COST REPORT DAY COUNT	R	1--15	S									297	15				
MIA16	PPS OPER FSP SPEC DRG AMT	R	1--18	S									312	18				
MIA17	CLAIM PPS OUTLIER AMOUNT	R	1--18	S									330	18				
MIA18	CLAIM INDIRECT TEACHING	R	1--18	S									348	18				

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	Comment	
MIA19	NON PAY PROF COMP AMT												366	18			
MIA20	CLAIM PAYMENT REMARK CD X(5)												384	50			
MIA21	CLAIM PAYMENT REMARK CD X(5)												434	50			
MIA22	CLAIM PAYMENT REMARK CD X(5)												484	50			
MIA23	CLAIM PAYMENT REMARK CD X(5)												534	50			
MIA24	PPS CAPITAL EXCEPTION AMT												584	18			
MOA	Outpatient Adjudication Information		1	S	2100			166	2100		MOA		1	18	1	Inpatient Claims. Use either MIA or MOA but	
MOA01	Reimbursement Rate												19	10		N/U for Part B	
MOA02	Claim HCPCS Payable Amount												29	18		N/U for Part B	
MOA03	CLAIM PAYMENT REMARK CD X(5)												47	50			
MOA04	CLAIM PAYMENT REMARK CD X(5)												97	50			
MOA05	CLAIM PAYMENT REMARK CD X(5)												147	50			

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	Comment
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MOA06	CLAIM PAYMENT REMARK CD X(5)	PIC X(50)	AN	1--50	S								197	50		
MOA07	CLAIM PAYMENT REMARK CD X(5)	PIC X(50)	AN	1--50	S								247	50		
MOA08	Claim ESRD Payment Amount	05 Claim ESRD Payment Amount - Group PIC X(18) 05 Claim ESRD Payment Amount REDEF REDEFINES Claim ESRD Payment Amount - Group 10 Claim ESRD Payment Amount PIC S9(8)V99 10 Claim ESRD Payment Amount Filler PIC	R	1--18	S								297	18		
MOA09	Nonpayable Professional Comp Amt	05 Nonpayable Professional Comp Amt - Group PIC X(18) 05 Nonpayable Professional Comp Amt REDEF REDEFINES Nonpayable Professional Comp Amt - Group 10 Nonpayable Professional Comp Amt PIC S9(8)V99 10 Nonpayable Professional Comp Amt Filler PIC X(8)	R	1--18	S								315	18		
REF	Other Claim-Related Identification			5	S	2100		169	2100		REF		1	18		
REF01	Reference ID Qualifier/(Medical Record ID #)	PIC X(3)	ID	2--3	R		EA, 6P, 28, F8						19	3		
REF02	Other Claim Related ID/(Medical Record #)	PIC X(50)	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	PIC X(3)	ID	3--3	R		232, 233						19	3		
DTM02	Claim Date	05 Claim Date - Group PIC X(8) 05 Claim Date - Group REDEF REDEFINES Claim Date - Group 10 Claim Date PIC 9(8)	DT	8--8	R		CCYYMMDD						22	8		
DTM03-	Time		TM	4-8	N/U											
-DTM06																

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835 TR3 5010A1 (As of 8/9/2011)																
DTM	Coverage Expiration Date	PIC X(3)		1	S	2100		175	2100		DTM		1	18	1	
DTM01	Date/Time Qualifier	ID	3-3	R			036						19	3		
DTM02	Coverage Expiration Date	DT	8-8	R			CCYYMMDD						22	8		
DTM03-	Time	TM	4-8	N/U												
-DTM06																
DTM	Claim Received Date	PIC X(3)		1	S	2100		177	2100		DTM		1	18	1	
DTM01	Date/Time Qualifier	ID	3-3	R			050						19	3		
DTM02	Claim Received Date	DT	8-8	R			CCYYMMDD						22	8		
DTM03-	Time	TM	4-8	N/U												
-DTM06																
PER	Claim Contact Information	PIC X(2)		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	N/U												

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Element Identifier	Claim Supplemental Information	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	Comment
NOTE: All COBOL PICs for "R" defined data elements 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. Amount Fields: If no data to report, all 18 positions would be space filled (Exception: FISS may zero fill the first 10 and space fill from 11-18 positions) If alternative formats of the 5010 Edits spreadsheet are required, please use the "Submit Feedback" feature at the bottom of the Technical Documentation web page, from which these documents were downloaded. http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp																	
835 TR3 5010A1 (As of 8/9/2011)																	
AMT	Claim Supplemental Information	PIC X(3)		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	05 Claim Supplemental Information Amt - Group PIC X(18) 05 Claim Supplemental Information Amt REDEF REDEFINES Claim Supplemental Information Amt -Group 10 Claim Supplemental Information Amt PIC S9(9)V99 10 Claim Supplemental Information Amt Filler PIC X(8)	R	1--18	R									22	18		
AMT03	Credit/Debit Flag Code		ID	1-1	N/U												
QTY	Claim Supplemental Infor Quantity			14	S	2100			184	2100		QTY		1	18	14	
QTY01	Quantity Qualifier	PIC X(2)	ID	2-2	R			CA, CD, LA, OU ZK, ZL, ZM, ZN, ZO						19	2		
QTY02	Claim Supplemental Information Quantity	05 Claim Supplemental Information Quantity - Group PIC X(15) 05 Claim Supplemental Information Quantity REDEF REDEFINES Claim Supplemental Information Quantity -Group 10 Claim Supplemental Information Quantity PIC S9(7) 10 Claim Supplemental Information Quantity Filler PIC X(8)	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	PIC X(2)	ID	2-2	R			HC, HP, N4, NU						19	2		
-01-2	Adjudicated Procedure Code	PIC X(48)	AN	1--48	R									21	48		
-01-3	Procedure Modifier	PIC X(2)	AN	2-2	S									69	2		
-01-4	Procedure Modifier	PIC X(2)	AN	2-2	S									71	2		
-01-5	Procedure Modifier	PIC X(2)	AN	2-2	S									73	2		

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment	
-01-6	Procedure Modifier		AN	2-2	S								75	2			
-01-7	Procedure Code Description		AN	1-80	N/U												
-01-8	Product/Service ID		AN	1-48	N/U												
SVC02	Line Item Charge Amount		R	1-18	R								77	18			
SVC03	Line Item Provider Payment		R	1-18	R								95	18			
SVC04	NUBC Revenue Code		AN	1-48	S								113	48			
SVC05	Units of Service Paid Count		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			
-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	
-06-8	Product/Service ID		AN	1-48	N/U												

Attachment - CR 7484

For alternate format, please contact the CR author

Transaction Set ID: 835

EDI Standards: ASC X12

Version/Release: 005010A1

835 FLAT FILE

NOTE: All COBOL PICs for "R" defined data elements 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. Amount Fields: If no data to report, all 18 positions would be space filled (Exception: FISS may zero fill the first 10 and space fill from 11-18 positions)																	
835 TR3 5010A1 (As of 8/9/2011)																	
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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment	
SVC07	Original Units of Service Count 05 Original Units of Service Count - Group PIC X(15) 05 Original Units of Service Count REDEF REDEFINES Original Units of Service Count - Group 10 Original Units of Service Count PIC S9(7)V999 10 Original Units of Service Count Filler PIC X(5)	R	1--15	S									314	15			
DTM	Service Date		2	S	2110			194	2110		DTM		1	18	2		
DTM01	Date Time Qualifier	PIC X(3)	ID	3--3	R		150, 151, 472						19	3			
DTM02	Service Date	05 Service Date - Group PIC X(8) 05 Service Date - Group REDEF REDEFINES Service Date - Group 10 Service Date PIC 9(8)	DT	8--8	R		CCYYMMDD						22	8			
DTM03-	Time		TM	4--8	N/U												
-DTM06																	
CAS	Service Adjustment		99	S	2110			196	2110		CAS		1	18	99		
CAS01	Claim Adjustment Group Code	PIC X(2)	ID	1--2	R		CO,OA,PR						19	2			Group Code CR has been deleted
CAS02	Adjustment Reason Code	PIC X(5)	ID	1--5	R								21	5			
CAS03	Adjustment Amount	05 Adjustment Amount - Group PIC X(18) 05 Adjustment Amount REDEF REDEFINES Adjustment Amount -Group 10 Adjustment Amount PIC S9(8)V99 10 Adjustment Amount Filler PIC X(8)	R	1--18	R								26	18			
CAS04	Adjustment Quantity	05 Adjustment Quantity - Group PIC X(15) 05 Adjustment Quantity REDEF REDEFINES Adjustment Quantity - Group 10 Adjustment Quantity PIC S9(7)V999 10 Adjustment Quantity Filler PIC X(5)	R	1--15	S								44	15			
CAS05	Adjustment Reason Code	PIC X(5)	ID	1--5	S								59	5			

Attachment - CR 7484

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment		
CAS06	Adjustment Amount 05 Adjustment Amount - Group PIC X(18) 05 Adjustment Amount REDEF REDEFINES Adjustment Amount - Group 10 Adjustment Amount PIC S9(8)V99 10 Adjustment Amount Filler PIC X(8)	R	1--18	S									64	18				
CAS07	Adjustment Quantity 05 Adjustment Quantity - Group PIC X(15) 05 Adjustment Quantity REDEF REDEFINES Adjustment Quantity - Group 10 Adjustment Quantity PIC S9(7)V999 10 Adjustment Quantity Filler PIC X(5)	R	1--15	S									82	15				
CAS08	Adjustment Reason Code PIC X(5)	ID	1-5	S									97	5				
CAS09	Adjustment Amount 05 Adjustment Amount - Group PIC X(18) 05 Adjustment Amount REDEF REDEFINES Adjustment Amount - Group 10 Adjustment Amount PIC S9(8)V99 10 Adjustment Amount Filler PIC X(8)	R	1--18	S									102	18				
CAS10	Adjustment Quantity 05 Adjustment Quantity - Group PIC X(15) 05 Adjustment Quantity REDEF REDEFINES Adjustment Quantity - Group 10 Adjustment Quantity PIC S9(7)V999 10 Adjustment Quantity Filler PIC X(5)	R	1--15	S									120	15				
CAS11	Adjustment Reason Code PIC X(5)	ID	1-5	S									135	5				
CAS12	Adjustment Amount 05 Adjustment Amount - Group PIC X(18) 05 Adjustment Amount REDEF REDEFINES Adjustment Amount - Group 10 Adjustment Amount PIC S9(8)V99 10 Adjustment Amount Filler PIC X(8)	R	1--18	S									140	18				
CAS13	Adjustment Quantity 05 Adjustment Quantity - Group PIC X(15) 05 Adjustment Quantity REDEF REDEFINES Adjustment Quantity - Group 10 Adjustment Quantity PIC S9(7)V999 10 Adjustment Quantity Filler PIC X(5)	R	1--15	S									158	15				
CAS14	Adjustment Reason Code PIC X(5)	ID	1-5	S									173	5				

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment
<p>NOTE: All COBOL PICs for "R" defined data elements 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. Amount Fields: If no data to report, all 18 positions would be space filled (Exception: FISS may zero fill the first 10 and space fill from 11-18 positions)</p> <p>If alternative formats of the 5010 Edits spreadsheet are required, please use the "Submit Feedback" feature at the bottom of the Technical Documentation web page, from which these documents were downloaded. http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp</p>																
835 TR3 5010A1 (As of 8/9/2011)																
CAS15	Adjustment Amount		R	1--18	S								178	18		
CAS16	Adjustment Quantity		R	1--15	S								196	15		
CAS17	Adjustment Reason Code	PIC X(5)	ID	1-5	S								211	5		
CAS18	Adjustment Amount		R	1--18	S								216	18		
CAS19	Adjustment Quantity		R	1--15	S								234	15		
REF	Service Identification			8	S	2110		204	2110		REF		1	18	8	
REF01	Reference ID Qualifier	PIC X(3)	ID	2-3	R		LU, 1S, APC, RB						19	3		LU - required if the specific site of service
REF02	Reference Identification	PIC X(50)	AN	1-50	R								22	50		
REF03-	Description		AN	1-80	N/U											
-REF04																
REF	Line Item Control Number			1	S	2110		206	2110		REF		1	18	1	
REF01	Reference ID Qualifier	PIC X(3)	ID	2-3	R		6R						19	3		
REF02	Line Item Control Number	PIC X(50)	AN	1-50	R								22	50		
REF03-	Description		AN	1-80	N/U											

Attachment - CR 7484

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EDI Standards: ASC X12

Version/Release: 005010A1

835 FLAT FILE

Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	Comment
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835 TR3 5010A1 (As of 8/9/2011)																
-REF04																
REF	Rendering Provider Information		10	S	2110			207	2110		REF		1	18	10	
REF01	Reference ID Qualifier	PIC X(3)	ID	2-3	R		HPI, SY, TJ, 1C, 1G						19	3		
REF02	Rendering Provider ID	PIC X(50)	AN	1-50	R								22	50		
REF03-	Description		AN	1-80	N/U											
-REF04																
REF	Health Care Policy Identification		5	S	2110			209	2110		REF		1	18	5	
REF01	Reference ID Qualifier	PIC X(3)	ID	2-3	R		OK						19	3		
REF02	Reference Identification	PIC X(50)	AN	1-50	R								22	50		NCD/LCD code
REF03-	Description		AN	1-80	N/U											
-REF04																
AMT	Service Supplemental Amount		9	S	2110			211	2110		AMT		1	18	12	
AMT01	Amount Qualifier Code	PIC X(3)	ID	1-3	R		B6, KH, ZK, ZL, ZM, ZN, ZO						19	3		
AMT02	Service Supplemental Amount	05 Service Supplemental Amount - Group PIC X(18) 05 Service Supplemental Amount REDEF REDEFINES Service Supplemental Amount - Group 10 Service Supplemental Amount PIC S9(8)V99 10 Service Supplemental Amount Filler PIC X(8)	R	1-18	R								22	18		
AMT03	Credit/Debit Flag Code		ID	1-1	N/U											
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	PIC X(3)	ID	1-3	R		HE						19	3		
LQ02	Remark Code X(5)	PIC X(30)	AN	1-30	R								22	30		

Attachment - CR 7484

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835 FLAT FILE

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	Comment	
PLB	Provider Level Adjustment		>1	S	-----	1		217			PLB		1	18	1		
PLB-01	Provider Identifier	PIC X(50)	AN	1--50	R		NPI						19	50		Legacy in case of VA pricing	
PLB02	Fiscal Period Date	05 Fiscal Period Date - Group PIC X(8) 05 Fiscal Period Date - Group REDEF REDEFINES Fiscal Period Date - Group 10 Fiscal Period Date PIC 9(8)	DT	8--8	R		CCYYMMDD						69	8			
PLB03	Adjustment Identifier				R												
-03-1	Adjustment Reason Code	PIC X(2)	ID	2--2	R		50, 51, 72, 90, 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, TL, WO, WU						77	2		Instruction to use TL - CR from OFM	
-03-2	Provider Adjustment Identifier	PIC X(50)	AN	1--50	S								79	50			
PLB04	Provider Adjustment Amount	05 Provider Adjustment Amount - Group PIC X(18) 05 Provider Adjustment Amount REDEF REDEFINES Provider Adjustment Amount - Group 10 Provider Adjustment Amount PIC S9(8)V99 10 Provider Adjustment Amount Filler PIC X(8)	R	1--18	R								129	18			
PLB05	Adjustment Identifier				S												
-05-1	Adjustment Reason Code	PIC X(2)	ID	2--2	R		50, 51, 72, 90, 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, TL, WO, WU						147	2		Instruction to use TL - CR from OFM	
-05-2	Provider Adjustment Identifier	PIC X(50)	AN	1--50	S								149	50			

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	Comment	
PLB06	05 Provider Adjustment Amount - Group PIC X(18) 05 Provider Adjustment Amount REDEF REDEFINES Provider Adjustment Amount - Group 10 Provider Adjustment Amount PIC S9(8)V99 10 Provider Adjustment Amount Filler PIC X(8)	R	1--18	S									199	18			
PLB07	Adjustment Identifier			S													
-07-1	Adjustment Reason Code	ID	2--2	R			50, 51, 72, 90, 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, <u>IL</u> , WO, WU						217	2		Instruction to use TL - CR from OFM	
-07-2	Provider Adjustment Identifier	AN	1--50	S									219	50			
PLB08	05 Provider Adjustment Amount - Group PIC X(18) 05 Provider Adjustment Amount REDEF REDEFINES Provider Adjustment Amount - Group 10 Provider Adjustment Amount PIC S9(8)V99 10 Provider Adjustment Amount Filler PIC X(8)	R	1--18	S									269	18			
PLB09	Adjustment Identifier			S													
-09-1	Adjustment Reason Code	ID	2--2	R			50, 51, 72, 90, 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, <u>IL</u> , WO, WU						287	2		Instruction to use TL - CR from OFM	
-09-2	Provider Adjustment Identifier	AN	1--50	S									289	50			
PLB10	05 Provider Adjustment Amount - Group PIC X(18) 05 Provider Adjustment Amount REDEF REDEFINES Provider Adjustment Amount - Group 10 Provider Adjustment Amount PIC S9(8)V99 10 Provider Adjustment Amount Filler PIC X(8)	R	1--18	S									339	18			
PLB11	Adjustment Identifier			S													

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 EDI Standards: ASC X12
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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	Comment
NOTE: All COBOL PICs for "R" defined data elements 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. Amount Fields: If no data to report, all 18 positions would be space filled (Exception: FISS may zero fill the first 10 and space fill from 11-18 positions)																
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-11-1	Adjustment Reason Code	PIC X(2)	ID	2-2	R		50, 51, 72, 90, 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, <u>IL</u> , WO, WU						357	2		Instruction to use TL - CR from OFM
-11-2	Provider Adjustment Identifier	PIC X(50)	AN	1-50	S								359	50		
PLB12	Provider Adjustment Amount	05 Provider Adjustment Amount - Group PIC X(18) 05 Provider Adjustment Amount REDEF REDEFINES Provider Adjustment Amount - Group 10 Provider Adjustment Amount PIC S9(8)V99 10 Provider Adjustment Amount Filler PIC X(8)	R	1-18	S								409	18		
PLB13	Adjustment Identifier				S											
-13-1	Adjustment Reason Code	PIC X(2)	ID	2-2	R		50, 51, 72, 90, 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, <u>IL</u> , WO, WU						427	2		Instruction to use TL - CR from OFM
-13-2	Provider Adjustment Identifier	PIC X(50)	AN	1-50	S								429	50		
PLB14	Provider Adjustment Amount	05 Provider Adjustment Amount - Group PIC X(18) 05 Provider Adjustment Amount REDEF REDEFINES Provider Adjustment Amount - Group 10 Provider Adjustment Amount PIC S9(8)V99 10 Provider Adjustment Amount Filler PIC X(8)	R	1-18	S								479	18		
SE	Transaction Set Trailer			1	R	---		228			SE		1	18	1	
SE01	Transition Segment Count	PIC 9(10)	N0	1-10	R								19	10		
SE02	Transition Set Control #	PIC X(9)	AN	4-9	R		=ST02						29	9		
GE	Functional Group Trailer			1	R	---					GE		1	18	1	

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Element Identifier	COBOL PIC	ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	18 Length	Record Repeat	Comment	
GE01	PIC 9(6)	N0	1-6	R			Total transaction sets (ST-SE pairs)						19	6			
GE02	PIC 9(9)	N0	1-9	R			Same Value as in GS06						25	9			
IEA			1	R	---						IEA		1	18	1		
IEA01	PIC 9(5)	N0	1-5	R			Total functional groups (GS-GE pairs)						19	5			
IEA02	PIC 9(9)	N0	9-9	R			Same value as in ISA13						24	9			

835 Flat File Change Log

<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
1/23/2009		ISA12	00501 from 005010	Field length is only 5
1/23/2009		BPR05-BPR16	Values in the "Start" column changed	To reflect the field lengths correctly
1/23/2009	1000A	PER - Payer Web Site	Values added under field length column for PER02, PER05, PER06, PER07, and PER08 although they are not used	To be consistent with other PER segments within 835
1/23/2009	2100	CLP07	Field length changed to 50 from 30	Max is 50 in 5010
1/23/2009	2100	CLP08-CLP13	Values in the "Start" column changed	As a result of changing the field length for CLP05 to 50
1/23/2009		PLB12-PLB14	Values in the "Start" column changed	To reflect the field lengths correctly
2/9/2009	1000A	PER - Payer Web Site/PER01	Value changed from 1C to IC	To reflect the value correctly per TR3
7/21/09	2100	Inpatient Adjudication Information	Length changed from 18 and 15 to 15 and 18 for MIA01 and MIA02 respectively.	To follow the max length in the TR3
4/13/2010		ST03	Added ST03 - a Not Used field	To be consistent with other segments within 835
4/13/2010		TRN04	Length changed from 30 to 50	TR3 has expanded this field size to 50
5/7/2010		TRN04	The length updated to 50	
7/27/2010	2000	TS216	COBOL PIC clause - S9(3)V9999- added	It was missing
7/27/2010	PLB	PLB03-1/PLB05-1/PLB07-1/PLB09-1/PLB11-1/PLB13-1	Qualifier TL added - for HITECH recoupment per OFM request	TL - assigned for HITECH related adjustment
7/27/2010			Note for amount field changed	To be consistent with other flat files

Element Identifier	This field contains the segment or element identifier
Description	This field indicates the element name or the industry name describing the element
COBOL PIC	This field indicates the the COBOL picture clause, which is an element in programming language that is used to indicate the item characteristics and size of the numeric data element.
ID	This field indicates the attributes of the data element (ie. ID, AN, R, TM, and DT) see rows 5-9 for definitions of each type
ID (identifier)	An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC Committee or some other body recognized by the Committee. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is "ID".
AN (string)	A string data element is a sequence of any characters from the basic or extended character sets. The string data element must contain at least one non-space character. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is "AN".
R (decimal)	A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as "R". The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end), the decimal point must be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) must not be transmitted. Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point must be suppressed unless necessary to indicate precision. The use of triad separators (for example commas in 1,000,000) is expressly prohibited. The length of a decimal type element does not include the optional leading sign or decimal point.
TM (time)	A time data element is used to express the ISO standard time HHMMSS.d format in which HH is the hour for a 24 hour clock (00-23), MM is the minute (00-59), SS is the second (00-59), and d..d is decimal seconds. The representation for this data element type is "TM". The length of the data element determines the format of the transmitted time.
DT (date)	A date data element is used to express the standard date is either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01-12), and DD is the day in the month (01-31). The representation for this data element type is "DT".
Min. Max.	This field identifies the minimum and maximum size of a data element (ie. A value of 1-2 means the element can be either 1 byte or 2 bytes. A value of 5-5 means that the element must be 5 bytes).
Usage Reg.	The field indicates whether a segment or element is REQUIRED, SITUATIONAL, or NOT USED
Loop	This field contains the loop ID, if applicable.
Loop Repeat	This field contains the value indicating the number of times the loop may be repeated.
Values	This field contains the value or values which can be submitted in this element.
Loop ID	Loop ID (6 bytes) - This field contain positions 1 through 6 of the 18 byte record key used to identify the loop when used as a record key in a computer program (ie. "2010AA"). Left justify and space fill. Note: the total size of the record key is 18 bytes.
Loop Seq.	Loop Seq. (4 bytes) - This field contain positions 7 through 10 of the 18 byte record key used to identify the numeric sequence of the loop when used as a record key in a computer program (ie. "0001"). Right justify and zero fill. Note: the total size of the record key is 18 bytes.
Seg. ID	Seq. ID (4 bytes) - This field contains positions 11 through 14 of the 18 byte record key used to identify the segment when used as a record key in a computer program (ie."REF "). Left justify and space fill. Note: the total size of the record key is 18 bytes.
Seg. Seq.	Seg. Seq.(4 bytes) - This field contains positions 15 through 18 of the 18 byte record key used to identify the numeric sequence of the segment when used as a record key in a computer program (ie. "0001"). Right justify and zero fill. Note: the total size of the record key is 18 bytes.
Start	This field shows the data element's starting position within the record.
Length	This field shows the data element's length with the record.
Record Repeat	If the record repeats, this field indicates the number of times the record may repeat.