MAGNACARE℠

HIPAA Transaction Standard Companion Guide

ASC X12N Version 005010X222A1 Health Care Claim: Professional

Guide Version 1.0 August 14, 2020

Preface

This Companion Document to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with MagnaCare. Transmissions based on this companion document, used in tandem with the X12N Implementation Guides, are intended to be compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1 Introduction

1.1 Scope

This Companion Guide is intended to support the implementation of a batch processing application. MagnaCare will accept inbound submissions that are formatted correctly in X12 terms. The files must comply with the specifications outlined in this companion document as well as the corresponding HIPAA implementation guide. MagnaCare Electronic Data Interchange (EDI) applications will edit for these conditions and reject files that are out of compliance. This companion document will specify everything that is necessary to conduct EDI for this standard transaction.

This includes:

- Communications link specifications
- Submission methods specifications
- Transaction specifications

1.2 Overview

This document is intended to compliment the ASC X12N implementation guide currently adopted from HIPAA. It is compliant with the corresponding HIPAA implementation guides in terms of data element and code standards and requirements. It will be the vehicle that MagnaCare uses with its Clients/ Partners to further qualify the HIPAA-adopted implementation guides.

Data elements that require mutual agreement and understanding will be specified in this companion guide. Types of information that will be clarified within this companion are:

- Qualifiers that will be used from the HIPAA implementation guides to describe certain data elements
- Situational segments and data elements that will be utilized to satisfy business conditions
- Profile information for purpose of establishing who we are trading with for the transmissions exchanged

1.3 References

ASC X12N Implementation Guides

Health Care Claim: Professional

- 837 (005010X222A1)

Additional Information

Electronic Data Interchange (EDI) is the computer-to-computer exchange of formatted business data between MagnaCare & its Clients and Partners, without human intervention. MagnaCare maintains a dedicated team for the purpose of enabling and processing X12 EDI transmissions with its Clients and partners, and EDI team will engage with the technical resources from clients/ partners before you begin

2 Before you begin

2.1 Important information

Clients/ Partners will be working with two units within MagnaCare to implement EDI transactions:

- MagnaCare Implementation team will serve as the Client's central point of contact. This group will also facilitate the implementation of Clients/ Partners through all steps of external testing. This group will coordinate closely with MagnaCare EDI team who will be responsible for setup of accepting and translating data-file integration.
- MagnaCare EDI team will also implement the communication link and facilitates the notifications for acceptance or rejection of Client's EDI 837 data-file. This group maintains the EDI translator maps. They will also handle all issues relating to files that were accepted from our translator and moved forward for processing, in downstream systems and applications.

2.2 Registration

To register as a Client/ Partner with MagnaCare, you will need to do the following:

1. Initial conversations are held between the Client/Partner & MagnaCare Implementation team.
2. *Agreements are reached as to the transactions that will be conducted.*
3. *A companion guide is provided and reviewed.*
4. *Submitter ID and Receiver ID is established for the purpose of identification.*
5. *Required Client/Partner profiling is built into our EDI translator.*
6. *Test files are exchanged and test runs conducted.*
7. *MagnaCare' s security Questionnaire is filled out and approved by security team*
8. *Once the testing phase is completed, the Client/Partner is registered and a client code is issued that would be used in the 837 file.*

2.3 Testing Overview

MagnaCare recommends their Clients/Partners to perform EDI files validations using a commercial third party tool and test at their end prior to sharing the files with MagnaCare. The complexity of X12 files when not tested and certified by a third party tool may cause delays in the ability to enable the X12 submissions in a production environment.

MagnaCare EDI team would spend the majority of the testing period time, working with Client/ Partner on the agreed components of this companion guide, and would not support explaining the X12 or HIPAA implementation guide details

3 Testing Procedures

MagnaCare will establish a set of scenarios intended for testing with the Client/Partner. The scenarios would be a representation of the majority of conditions that will be encountered with production data from these transactions.

3.1 Phases of Testing

3.1.1 Syntactic Testing

MagnaCare uses an industry standard data validator to validate EDI transactions and to translate them for internal processing. In addition to the structural and syntactic integrity of 837 file, the 999 acknowledgement will also be tested during this phase. Any issues identified during this phase of testing need to be addressed in order for subsequent phase to continue.

3.1.2 Compliance Testing

Client/ Partner specific setup, as defined in the companion guide will be verified. Generally, this will be done in conjunction with Syntactic testing.

3.1.3 Scenario Testing

This will normally involve all possible business scenarios to be tested.

3.1.4 Volume Testing

This will involve testing large Claim files. We would like to receive claim files with 200 claims each and corresponding eligibility files.

3.2 Testing Process

The following summarizes the testing process:

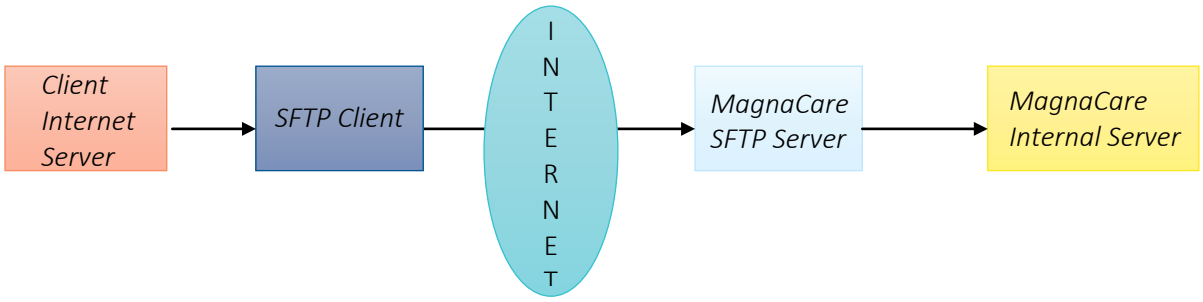
1. Client/ Partner will work with MagnaCare implementation team and post, one or more test files of the X12N formatted sample data, and samples of all relevant business scenarios.
2. Once the files are validated, if any issues are encountered, then Error messages or diagnostics messages will be relayed back to the Client/ Partner.
3. This process will proceed by iteration until requirements are satisfied.
4. Once the scenario based testing is completed, the communication protocols are also tested and verified.
5. As all requirements succeed during testing phase, the results will be documented and the Client/ Partner and MagnaCare implementation team will sign off on testing and move the transaction into production.

4 Transfer of Information

4.1 Data Transfer

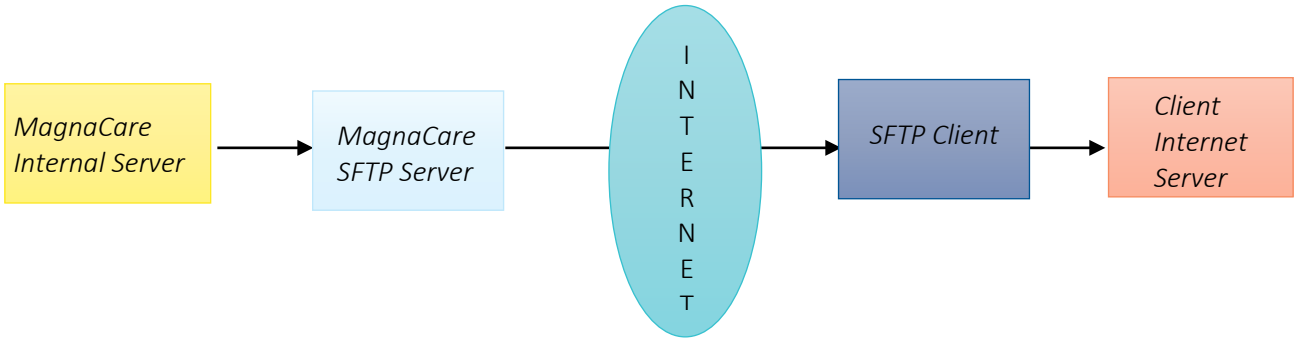
Data can be exchanged with MagnaCare via FTP over the Internet where the file is encrypted, sent over the Internet and then decrypted. For data inbound to MagnaCare (see Figure 1A), the Client would encrypt the data on an internal server, transfer it using FTP Client to MagnaCare's FTP server. MagnaCare EDI team will then move the encrypted file from FTP server to an internal server where the file is decrypted and forwarded for processing.

Figure 1A: Encrypted Data sent over the Internet from Client/Partner to MagnaCare SFTP Server



MagnaCare data sent to Client (see Figure 1B). MagnaCare will generate the X12 data file and encrypt it. Once encrypted, the file will be sent to MagnaCare's FTP server. At that time, the Client can retrieve the file, transfer it to their internal system using FTP client, decrypt it and process it.

Figure 1B: Encrypted Data sent over the Internet from MagnaCare SFTP Server to Client



4.2 Administrative Transmission Procedures

As part of the process establishing the relationship, MagnaCare and the Client/Partner must exchange certain technical information. The requested information will include:

1. Contacts: business, data and communications
2. Dates: testing, production
3. File information; size, naming
4. Transfer; schedule, protocol
5. Server information; host name, user ID, password, file location, file name
6. Notification; failure, success

4.2.1 Re-transmission procedures

When a file needs to be re-transmitted, the Client/Partner will contact their primary Account Management contact at MagnaCare.

4.3 Specification of Communication Protocol

The following items are required from the Client in order to exchange data with MagnaCare utilizing FTP server over the Internet. .

1. Internet Connectivity; Client/Partner should consider a broadband connection for large files.
2. Computer with SFTP client and connectivity to the Internet.
3. PGP software for encryption/decryption. RSA (or Legacy) keys must be generated and exchanged with MagnaCare via e-mail (public keys only).
4. E-mail capability to exchange configuration and testing information

- MagnaCare provides the following connectivity options to establish interface with its servers.
    - SFTP (Secure File Transfer Protocol) with PGP encryption
    - VPN connectivity (for specific clients/ partners with large file volumes)

4.4 Passwords

MagnaCare requires the use of User IDs and Passwords to access its systems and servers and will assign each Client a unique User ID and password when using MagnaCare server. In the event a Client forgets their password, MagnaCare will change the password after verifying the authenticity of the request.

4.5 Encryption

MagnaCare requires the encryption of data that is exchanged via the Internet or any other public network. MagnaCare utilizes Gnu PGP encryption with 2048 bit keys for file encryption.

4.6 SFTP Server

MagnaCare SFTP server can be reached using the DNS name itbbs.magnacare.com. MagnaCare highly recommend using the DNS name rather than the IP address of the server, as we have more than one SFTP server available to meet our Disaster Recovery needs.

5 Additional Requests

If requested, 999 Acknowledgement will be sent so the Client will get confirmation that we received their submission.

6 Transaction Specifications

6.1 Control Segments

6.1.1 ISA - INTERCHANGE CONTROL HEADER

Element	Element Definition	Values	Description
ISA01	AUTHORIZATION INFORMATION QUALIFIER	00	No Authorization Information Present
ISA02	AUTHORIZATION INFORMATION		[space fill]
ISA03	SECURITY INFORMATION QUALIFIER	00	No Security Information Present
ISA04	SECURITY INFORMATION		[space fill]
ISA05	INTERCHANGE ID QUALIFIER	ZZ 30	Mutually Defined U.S. Federal Tax Identification Number
ISA06	INTERCHANGE SENDER ID	**Inbound**: Mutually Defined or TIN **Outbound:** 11-3038233	
ISA07	INTERCHANGE ID QUALIFIER	ZZ 30	Mutually Defined U.S. Federal Tax Identification Number
ISA08	INTERCHANGE RECEIVER ID	**Inbound**: 11-3038233 **Outbound** Mutually Defined or TIN	Inbound: "11-3038233" Outbound: Mutually Defined or TIN.
ISA09	INTERCHANGE DATE	YYMMDD	Date of interchange
ISA10	INTERCHANGE TIME	HHMM	Time of interchange
ISA11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	^	Repetition separator
ISA12	INTERCHANGE CONTROL VERSION NUMBER	00501	Draft Standards approved by ASCX12
ISA13	INTERCHANGE CONTROL NUMBER	Assigned by sender	Must be identical to the interchange trailer IEA02
ISA14	ACKNOWLEDGMENT REQUEST	0	No Acknowledgment Requested
ISA15	USAGE INDICATOR	P or T	P = Production, T = Test
ISA16	COMPONENT ELEMENT SEPARATOR		":"

6.1.2 IEA - INTERCHANGE

Element	Element Definition	Values	Description
IEA01	Number of included Functional Groups		Number of included Functional Groups
IEA02	Interchange Control Number	Assigned by Sender	Must be identical to the value in ISA13

6.1.3 GS – FUNCTIONAL GROUP HEADER

Element	Element Definition	Values	Description
GS01	Functional Identifier Code	**HC**	Health Care Claim (837)
GS02	Application Sender's Code	**Inbound**: Mutually Defined or TIN **Outbound**: MagnaCare TIN	Sender's code / Tax Identification Number
GS03	Application Receiver's Code	**Inbound**: MagnaCare TIN **Outbound**: Mutually Defined or TIN	Receiver's code / Tax Identification Number
GS04	Date	CCYYMMDD	Group creation date
GS05	Time	HHMM	Creation time
GS06	Group Control Number		Assigned and maintained by the sender
GS07	Responsible Agency Code	X	Accredited Standards Committee X12
GS08	Version/Release/Industry Identifier Code	005010X222A1	Version/Release/Industry Identifier Code

6.1.4 GE – FUNCTIONAL GROUP TRAILER

Element	Element Definition	Values	Description
GE01	Number of Transaction Sets Included		Number of Transaction Sets Included
GE02	Group Control Number	Assigned by Sender	Must be identical to the value in GS06

6.1.5 ST – TRANSACTION SET HEADER

Element	Element Definition	Values	Description
ST01	TRANSACTION SET IDENTIFIER CODE	837	Health Care Claim
ST02	TRANSACTION SET CONTROL NUMBER		The transaction set control numbers in ST02 and SE02 must be Identical. This number must be unique within a specific group and interchange
ST03	IMPLEMENTATION CONVENTION REFERENCE	005010X222A1	Implementation Guide Version Name

NOTE: MagnaCare can accept multiple ST-SE segments.

6.1.6 SE – TRANSACTION SET TRAILER

Element	Element Definition	Values	Description
SE01	TRANSACTION SET IDENTIFIER CODE		Total number of segments included in a transaction set including ST and SE segments.
SE02	TRANSACTION SET CONTROL NUMBER	Assigned by Sender	The transaction set control numbers in ST02 and SE02 must be Identical. This number must be unique within a specific group and interchange.

6.1.7 VALID DELIMITERS FOR MAGNACARE EDI

Definition	Ascii	Decimal	Hexadecimal
SEGMENT SEPARATOR	\n (New Line)	13	
ELEMENT SEPARATOR	*	42	2A
COMPOUND ELEMENT SEPARATOR	:	58	3A

6.2 837 Professional File Layout

This table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Attribute	Element	Element Definition	Values	Description
R	**BHT**	**BEGINNING OF HIERARCHICAL TRANSACTION**		
R	01	HIERARCHICAL STRUCTURE CODE	0019	Information Source, Subscriber, Dependent
R	02	TRANSACTION SET PURPOSE CODE	00	00-Original
R	03	REFERENCE IDENTIFICATION		Batch control number and may not be identical to ST02.
R	04	DATE		Transaction set create date in CCYYMMDD format
R	05	TIME		Transaction set create time in HHMM format
R	06	TRANSACTION SET TYPE CODE	CH	Chargeable-fee for service
	LOOP 1000A			
R	**NM1**	**SUBMITTER NAME-1000A**		
R	01	ENTITY IDENTIFIER CODE	41	Submitter
R	02	ENTITY TYPE QUALIFIER	1, 2	1-Person, 2-Non-person entity
R	03	ORGANIZATION NAME/LAST NAME	MAGNA	Submitter Name
S	04	FIRST NAME		Submitter First Name
S	05	MIDDLE NAME		Submitter Middle Name
R	08	IDENTIFICATION CODE QUALIFIER	46	Electronic Transmitter ID number
R	09	IDENTIFICATION CODE		Submitter tax ID
R	**PER**	**SUBMITTER EDI CONTACT INFORMATION1000A**		
R	01	CONTACT FUNCTION CODE	IC	Information Contact
R	02	NAME		Submitter Contact Name
R	03	COMMUNICATION QUALIFIER	TE	Telephone

Attribute	Element	Element Definition	Values	Description
R	04	COMMUNICATION NUMBER		Area code number + phone number
S	05	COMMUNICATION QUALIFIER	FX	Fax
S	06	COMMUNICATION NUMBER		Area code number + phone number
S	07	COMMUNICATION QUALIFIER	EM	Email
S	08	COMMUNICATION NUMBER		Email address
LOOP 1000B				
R	**NM1**	**RECEIVER NAME-1000B**		
R	01	ENTITY IDENTIFIER CODE	40	Receiver
R	02	ENTITY TYPE QUALIFIER	2	2-Non-person Entity
R	03	ORGANIZATION NAME		Receiver Name
R	08	IDENTIFICATION CODE QUALIFIER	46	Electronic Transmitter ID number
R	09	IDENTIFICATION CODE		Receiver Primary Identifier
LOOP 2000A				
R	**HL**	**BILLING PROVIDER HIERARCHICAL LEVEL**		
R	01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender, must begin at "1"
R	03	HIERARCHICAL LEVEL CODE	20	Information Source
R	04	HIERARCHICAL CHILD CODE	1	Additional subordinate HL data segment
S	**PRV**	**BILLING PROVIDER SPECIALTY INFO 2000A**		****IDENTIFIES BILLING PROVIDER SPECIALTY**
R	01	PROVIDER CODE	BI	Billing
R	02	REFERENCE IDENTIFICATION QUALIFER	PXC	Health Care Provider Taxonomy Code Qualifier
R	03	REFERENCE IDENTIFICATION		Provider Taxonomy Code -Required if the provider has more than one specialty.
LOOP 2010AA				
R	**NM1**	**BILLING PROVIDER NAME 2010AA**		
R	01	ENTITY IDENTIFIER CODE	85	Billing provider

Attribute	Element	Element Definition	Values	Description
R	2	ENTITY TYPE QUALIFIER	1 or 2	1-Person, 2-Non-person entity
R	03	NAME LAST		Billing Provider Last or Organizational Name
S	04	NAME FIRST		Billing Provider First Name
S	05	NAME MIDDLE		Billing Provider Middle Name
S	07	NAME SUFFIX		Billing Provider Suffix, if known
R	08	IDENTIFICATION CODE QUALIFIER	XX	National Provider ID
R	09	IDENTIFICATION CODE		NPI Number
R	**N3**	**BILLING PROVIDER ADDRESS 2010AA**		
R	01	STREET		Billing Provider Street (Physical address)
S	02	STREET 2		Billing Provider Street 2
R	**N4**	**BILLING PROVIDER CIT/STATE/ZIP CODE 2010AA**		
R	01	CITY		Billing Provider City
R	02	STATE		Billing Provider State
R	03	POSTAL CODE		Billing Provider Zip code
R	**REF**	**BILLING PROVIDER TAX IDENTIFICATION 2010AA**		
R	01	REFERENCE IDENTIFICATION QUALIFIER	EI, SY	EI = Employer's Identificaton Number ID, Billing Provider SSN
R	02	REFERENCE IDENTIFICATION		Billing provider ID
S	**PER**	**BILLING PROVIDER CONTACT INFORMATION**		
R	01	CONTACT FUNCTION CODE	IC	Information contact
S	02	NAME		Billing provider contact name
R	*03*	*COMMUNICATION QUALIFIER*	*TE*	*Telephone*
R	*04*	*COMMUNICATION NUMBER*		*Physician phone number*

Attribute	Element	Element Definition	Values	Description
LOOP 2010AB				
S	**NM1**	**PAY TO ADDRESS NAME 2010AB**		
R	01	ENTITY IDENTIFIER CODE	87	Pay to provider
R	2	ENTITY TYPE QUALIFIER	1 or 2	Person/non-person entity
R	**N3**	**PAY-TO ADDRESS 2010AB**		
R	01	ADDRESS INFORMATION		Pay to provider address
S	02	ADDRESS INFORMATION		Pay to provider address 2
R	**N4**	**PAY TO ADDRESS CITY/STATE/ZIP CODE 2010AB**		
R	01	CITY NAME		Pay to provider city
R	02	STATE		Pay to provider state
R	03	ZIP CODE		Pay to provider zip code
LOOP 2000B				
R	**HL**	**SUBSCRIBER HIERARCHICAL LEVEL 2000B**		
R	01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender
R	02	HIERARCHICAL PARENT ID NUMBER		ID number of the next higher hierarchical segment
R	03	HIERARCHICAL LEVEL CODE	22	Subscriber
R	04	HIERARCHICAL CHILD CODE	0 or 1	No subordinates or has subordinates
R	**SBR**	**SUBSCRIBER INFORMATION 2000B**		
R	01	PAYER RESPONSIBILITY SEQUENCE CODE NUMBER	P, S	Primary Payer, Secondary Payer. If claim is for primary payer then "P" else if claim is for secondary payer then "S".
S	02	INDIVIDUAL RELATIONSHIP CODE	18	18-Self (required when subscriber is patient)

Attribute	Element	Element Definition	Values	Description
S	03	REFERENCE IDENTIFICATION		Subscriber Group or Policy number
S	04	NAME		Group name
S	05	INSURANCE TYPE CODE		Type of policy
S	09	CLAIM FILING INDICATOR	HM, ZZ	Health Maintenance Organization Mutually Defined
LOOP 2010BA				
R	**NM1**	**SUBSCRIBER NAME 2010BA**		
R	01	ENTITY IDENTIFIER CODE	IL	Insured or subscriber
R	02	ENTITY TYPE QUALIFIER	1	Person
R	03	NAME LAST		Subscriber last name
S	04	NAME FIRST		Subscriber first name
S	05	NAME MIDDLE		Subscriber middle name
S	07	NAME SUFFIX		Subscriber suffix
R	08	IDENTIFICATION CODE QUALIFIER	MI	Member Identification number
R	09	IDENTIFICATION CODE		MagnaCare Subscriber member number (Alternate ID/SSN)
S	**N3**	**SUBSCRIBER ADDRESS 2010BA**		
R	01	ADDRESS INFORMATION		Subscriber address
S	02	ADDRESS INFORMATION		Subscriber address 2
S	**N4**	**SUBSCRIBER CITY/STATE/ZIP CODE 2010BA**		
R	01	CITY NAME		Subscriber City
R	02	STATE		Subscriber State
R	03	POSTAL CODE		Subscriber Zip code
S	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION 2010BA**		
R	01	DATE FORMAT QUALIFIER	D8	CCYYMMDD
R	02	DATE TIME PERIOD		Subscriber date of birth

Attribute	Element	Element Definition	Values	Description
R	03	GENDER CODE	F, M, U	Female, male, unknown
LOOP 2010BB				
R	**NM1**	**PAYER NAME**		
R	01	ENTITY IDENTIFIER CODE	PR	Payer
R	02	ENTITY TYPE DESCRIPTION	2	Non-Person Entity
R	03	NAME LAST OR ORGANIZATION		Payer Name
R	08	IDENTIFICATION CODE QUALIFER	XV, PI	Payer Identification PI Prior to mandated Plan ID
R	09	IDENTIFICATION CODE NUMBER		Health Care's Tax Identification Number
S	**N3**	**PAYER ADDRESS 2010BB**		
R	01	ADDRESS INFORMATION		PAYER ADDRESS LINE
S	02	ADDRESS INFORMATION		PAYER ADDRESS LINE
R	**N4**	**PAYER CITY/STATE/ZIP CODE 2010BB**		
R	01	CITY NAME		PAYER CITY NAME
S	02	STATE OR PROVINCE CODE		PAYER STATE OR PROVINCE CODE
S	03	POSTAL CODE		PAYER POSTAL ZONE OR ZIP CODE
S	04	COUNTRY CODE		
LOOP 2000C				
R	**HL**	**PATIENT HIERARCHICAL LEVEL 2000C**		
R	01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender
R	02	HIERARCHICAL PARENT ID NUMBER		ID number of the next higher hierarchical segment
R	03	HIERARCHICAL LEVEL CODE	23	Subscriber
R	04	HIERARCHICAL CHILD CODE	0	No subordinates or has subordinates
R	**PAT**	**PATIENT INFORMATION**		

Attribute	Element	Element Definition	Values	Description
R	01	INDIVIDUAL RELATIONSHIP CODE	01, 19, 20, 21, 39, 40, 53, G8	Specifies patient relationship to the person insured
LOOP 2010CA				
R	**NM1**	**PATIENT NAME 2010CA**		
R	01	ENTITY IDENTIFIER CODE	QC	Patient
R	02	ENTITY TYPE QUALIFIER	1	Person
R	03	NAME LAST		Patient last name
S	04	NAME FIRST		Patient first name
S	05	NAME MIDDLE		Patient middle name
S	07	NAME SUFFIX		Patient suffix
S	**N3**	**PATIENT ADDRESS 2010CA**		Patient address
R	01	ADDRESS INFORMATION		
S	02	ADDRESS INFORMATION		Patient address 2
S	**N4**	**PATIENT CITY/STATE/ZIPCODE 2010CA**		
R	01	CITY NAME		Patient City
R	02	STATE		Patient State
R	03	POSTAL CODE		Patient Zip code
S	**DMG**	**PATIENT DEMOGRAPHIC INFORMATION 2010CA**		CCYYMMDD
R	01	DATE FORMAT QUALIFIER	D8	Patient date of birth
R	02	DATE TIME PERIOD		
R	03	GENDER CODE	F, M, U	Female, male, unknown
LOOP 2300				
R	**CLM**	**CLAIM INFORMATION 2300**		
R	01	CLAIM SUBMITTER'S IDENTIFIER		Patient account number
R	02	MONETARY AMOUNT		Total charges (must equal sum of the SV102's)

Attribute	Element	Element Definition	Values	Description
R	05	HEALTH CARE SERVICE LOCATION		Place of service
R	05-1	FACILITY CODE VALUE/PLACE OF SERVICE		Place of service code
R	05-2	FACILITY CODE QUALIFIER	B	Place of service Codes for Professional or Dental Services
R	05-3	CLAIM FREQUENCY TYPE CODE		Original-claim frequency
R	06	RESPONSE CODE	Y or N	Provider signature on file
R	07	PROVIDER ACCEPT ASSIGNMENT CODE	A, B, C	Assignment or Plan Participation Code
R	08	RESPONSE CODE	Y, N, W	Benefit Assignment Certificate Indicator Assign of by Insurer benefits indicator. W- NOT
				APPLICABLE
R	09	RELEASE OF INFORMATION	I, Y	Release of information
S	10	PATIENT SIGNATURE SOURCE CODE	P	Patient signature on file
S	11	RELATED CAUSES INFORMATION		Related causes
R	11 -1	RELATED CAUSES CODE	AA, EM, OA	Auto Accident, Employment, Other Accident
S	11 -2	RELATED CAUSES CODE	AA, EM, OA	Used if more than 1 applies
S	11 -4	STATE		State where accident occurred
S	11 -5	COUNTRY		Country where accident occurred
S	12	SPECIAL PROGRAM CODE		Special circumstances
S	20	DELAY REASON CODE		Delay reason code
S	**DTP**	**DATE ONSET OF CURRENT ILLNESS OR SYMPTOM 2300 - POSITION CHANGE IN 5010**		
R	01	DATE/TIME QUALIFIER	431	
R	02	DATE/TIME PERIOD FORMAT QUALIFIER	D8	
R	03	DATE/TIME PERIOD		

Attribute	Element	Element Definition	Values	Description
S	**DTP**	**DATE -INITIAL TREATMENT DATE 2300**		
R	01	DATE/TIME QUALIFIER	454	
R	02	DATE/TIME PERIOD FORMAT QUALIFIER	D8	
R	03	DATE TIME PERIOD		INITIAL TREATMENT DATE
S	**DTP**	**DATE -LAST SEEN DATE 2300**		
R	01	DATE/TIME QUALIFIER	304	
R	02	DATE TIME PERIOD FORMAT QUALIFIER	D8	
R	03	DATE TIME PERIOD		
S	**DTP**	**DATE OF ACCIDENT 2300**		
R	01	DATE QUALIFIER	439	Accident date
R	02	DATE FORMAT	D8	Date format: CCYYMMDD
R	03	DATE OF CURRENT		Accident Date
S	**DTP**	**DATE – DISABILITY DATES 2300**		
R	01	DATE QUALIFIER	314,360, 361	Certification Expiration Date
R	02	DATE FORMAT	D8	Date format: CCYYMMDD
R	03	DATE OF CURRENT		Level of service code
S	**DTP**	**DATE LAST WORKED 2300**		
R	01	DATE QUALIFIER	297	Date last worked
R	02	DATE FORMAT	D8	Date format: CCYYMMDD
R	03	DATE OF CURRENT		Date Last Worked
S	**DTP**	**DATE AUTHORIZED RETURN TO WORK 2300**		
R	01	DATE QUALIFIER	296	Authorized return to work date
R	02	DATE FORMAT	D8	Date format: CCYYMMDD
R	03	DATE TO RETURN TO WORK		Date Authorized return to work

Attribute	Element	Element Definition	Values	Description
S	**DTP**	**DATE OF ADMISSION 2300**		
R	01	DATE QUALIFIER	435	Admission date
R	02	DATE FORMAT	D8	Date format: CCYYMMDD
R	03	DATE ADMISSION		Date of Admission
S	**DTP**	**DATE OF DISCHARGE 2300**		
R	01	DATE QUALIFIER	096	Discharge date
R	02	DATE FORMAT	D8	Date format: CCYYMMDD
R	03	DATE DISCHARGE		Date of Discharge
S	**PWK**	**CLAIM SUPPLEMENTAL INFORMATION 2300**		
	01	REPORT TYPE CODE		Report Type code
R	02	REPORT TRANSMISSION CODE	AA,BM,EL,EM,FT,FX	Code defining timing, transmission method or format
S	05	IDENITIFICATION CODE QUALIFIER	AC	Required when PWK02=BM, EL, EM, FX, OR FT
S	06	IDENTIFICATION CODE		
S	**AMT**	**PATIENT AMOUNT PAID 2300**		
R	01	AMOUNT QUALIFIER	F5	Patient amount paid
R	02	MONETARY AMOUNT		Amount Paid
S	**REF**	**REFERRAL NUMBER 2300**		****Required when Referring Provider is sent (REF*DN)**
R	01	REFERENCE IDENTIFICATION QUALIFIER	9F	Referral number qualifier
R	02	REFERENCE IDENTIFICATION		Referral number
S	**REF**	**PAYER CLAIM CONTROL NUMBER 2300**		(Required when CLM05-03 indicates replacement or void
R	01	REFERENCE IDENTIFICATION QUALIFIER	F8	to a previously adjudicated claim)

Attribute	Element	Element Definition	Values	Description
R	02	REFERENCE IDENTIFICATION		Original claim number
S	**REF**	**CLAIM IDENTIFIER FOR TRANSMISSION INTERMDIARIES**		**Client or clearing house claim number**
R	01	REFERENCE IDENTIFICATION QUALIFIER	D9	Claim Number
R	02	REFERENCE IDENTIFICATION		
S	**REF**	**MEDICAL RECORD NUMBER 2300**		ACTUAL MEDICAL RECORD OF THE PATIENT
R	01	REFERENCE IDENTIFICATION QUALIFIER	EA	Medical record qualifier
R	02	MEDICAL RECORD NUMBER		Medical record number
S	NTE	CLAIM NOTE 2300		
R	01	REFERENCE CODE	ADD, CER,DCP, DGN, TPO	Note reference code
R	02	MESSAGE		Free form data-Additional information
R	HI	HEALTH CARE DIAGNOSIS CODE 2300		
R	01	HEALTH CARE CODE INFORMATION		
R	01-1	CODE LIST QUALIFIER	ABK BK	Principal diagnosis ICD-10 codes Principal diagnosis ICD-9 codes
R	01-2	INDUSTRY CODE		Diagnosis code
S	02	HEALTH CARE CODE INFORMATION		
R	02-1	CODE LIST QUALIFIER	ABF BF	Diagnosis ICD-10 codes Diagnosis ICD-9 codes
R	02-2	INDUSTRY CODE	Diagnosis code	
S	03	HEALTH CARE CODE INFORMATION		
R	03-1	CODE LIST QUALIFIER	ABF BF	Diagnosis ICD-10 codes Diagnosis ICD-9 codes
R	03-2	INDUSTRY CODE		Diagnosis code
S	04	HEALTH CARE CODE INFORMATION		

Attribute	Element	Element Definition	Values	Description
R	04-1	CODE LIST QUALIFIER	ABF BF	Diagnosis ICD-10 codes Diagnosis ICD-9 codes
R	04-2	INDUSTRY CODE		DIAGNOSIS CODE
S	05	HEALTH CARE CODE INFORMATION		
R	05-1	CODE LIST QUALIFIER	ABF BF	Diagnosis ICD-10 codes Diagnosis ICD-9 codes
R	05-2	INDUSTRY CODE		DIAGNOSIS CODE
S	06	HEALTH CARE CODE INFORMATION		
R	06-1	CODE LIST QUALIFIER	ABF BF	Diagnosis ICD-10 codes Diagnosis ICD-9 codes
R	06-2	INDUSTRY CODE		DIAGNOSIS CODE
S	07	HEALTH CARE CODE INFORMATION		
R	07-1	CODE LIST QUALIFIER	ABF BF	Diagnosis ICD-10 codes Diagnosis ICD-9 codes
R	07-2	INDUSTRY CODE		DIAGNOSIS CODE
S	08	HEALTH CARE CODE INFORMATION		
R	08-1	CODE LIST QUALIFIER	ABF BF	Diagnosis ICD-10 codes Diagnosis ICD-9 codes
R	08-2	INDUSTRY CODE		DIAGNOSIS CODE
S	H109	HEALTH CARE CODE INFORMATION		
R	09-1	CODE LIST QUALIFIER CODE	ABF BF	Diagnosis ICD-10 codes Diagnosis ICD-9 codes
R	09-2	INDUSTRY CODE		DIAGNOSIS CODE
S	H110	HEALTH CARE CODE INFORMATION		
R	10-1	CODE LIST QUALIFIER CODE	ABF BF	Diagnosis ICD-10 codes Diagnosis ICD-9 codes
R	10-2	INDUSTRY CODE		DIAGNOSIS CODE
S	H111	HEALTH CARE CODE INFORMATION		

Attribute	Element	Element Definition	Values	Description
R	11-1	CODE LIST QUALIFIER CODE	ABF BF	Diagnosis ICD-10 codes Diagnosis ICD-9 codes
R	11-2	INDUSTRY CODE		DIAGNOSIS CODE
S	H112	HEALTH CARE CODE INFORMATION		
R	12-1	CODE LIST QUALIFIER CODE	ABF BF	Diagnosis ICD-10 codes Diagnosis ICD-9 codes
R	12-2	INDUSTRY CODE		DIAGNOSIS CODE
S	**HI**	**ANESTHESIA RELATED PROCEDURE 2300**		
R	01	HEALTH CARE CODE INFORMATION		
R	01-1	CODE LIST QUALIFIER	BP	Healthcare Common Procedural Coding System
R	01-2	INDUSTRY CODE		Anesthesia related Surgical Procedure
S	**HI**	**CONDITION INFORMATION 2300**		
R	01	HEALTH CARE CODE INFORMATION		
R	01-1	CODE LIST QUALIFIER	BG	Healthcare Common Procedural Coding System
R	01-2	INDUSTRY CODE		Condition Code
S	**HCP**	**CLAIM PRICING/REPRICING INFORMATION 2300**		
R	01	PRICING METHODOLOGY		Specific code use is determined by Trading Partner Agreement due to the variances in contracting policies in the industry.
R	02	MONETARY AMOUNT		Repriced Allowed Amount
S	03	MONETARY AMOUNT		Repriced Savings Amount
S	04	Reference Identification		Repricing Organization Identifier (Remark Codes)
LOOP 2310A				

Attribute	Element	Element Definition	Values	Description
S	**NM1**	**REFERRING PROVIDER NAME 2310A**		
R	01	ENTITY IDENTIFIER CODE	DN P3	Referring provider. Primary care provider.
R	02	ENTITY TYPE	1	MUST BE A PERSON
R	03	LAST NAME		Referring physician last name
S	04	FIRST NAME		Referring physician first name
S	05	NAME MIDDLE		Referring physician middle initial
S	07	NAME SUFFIX		Referring physician suffix
S	08	IDENTIFICATION CODE QUALIFIER	XX	National Provider ID
S	09	IDENTIFICATION CODE		NPI Number
LOOP 2310B				
S	**NM1**	**RENDERING PROVIDER NAME 2310B**		
R	01	ENTITY IDENTIFIER CODE	82	Rendering provider
R	02	ENTITY TYPE QUALIFIER	1, 2	1 = Person 2 = Non-Person
R	03	NAME LAST OR ORGANIZATION NAME		Rendering provider last name
S	04	NAME FIRST		Rendering provider first name
S	05	NAME MIDDLE		Rendering provider middle initial
S	07	NAME SUFFIX		Rendering provider suffix
S	08	IDENTIFICATION CODE QUALIFIER	XX	National Provider ID
S	09	IDENTIFICATION CODE		NPI Number
S	**PRV**	**RENDERING PROVIDER SPECIALTY**		
R	01	PROVIDER CODE	PE	Performing Provider
R	02	REFERENCE IDENTIFICATION QUALIFER	PXC	Mutually Defined

Attribute	Element	Element Definition	Values	Description
R	03	REFERENCE IDENTIFICATION		Provider Taxonomy Code -Required if the provider has more than one specialty.
LOOP 2310C				
S	**NM1**	**SERVICE FACILITY LOCATION 2310C**		
R	01	ENTITY IDENTIFIER CODE	77	77-Service location.
R	02	ENTITY TYPE QUALIFIER	2	Non-person entity
S	03	NAME LAST OR ORGANIZATION NAME		Laboratory/facility name
S	08	IDENTIFICATION CODE QUALIFIER	XX	National Provider ID
S	09	IDENTIFICATION CODE		NPI Number
LOOP 2320				
S	**SBR**	**OTHER SUBSCRIBER INFORMATION 2320**		
R	01	PAYER RESPONSIBILITY SEQUENCE NUMBER	P, S	If claim is for secondary payer then this should equal "P" for Primary Payer else "S" for Secondary Payer
R	02	INDIVIDUAL RELATIONSHIP CODE		Individual Relationship Code
S	03	REFERENCE IDENTIFICATION		Group number
S	04	NAME		Group or plan name
S	05	INSURANCE TYPE CODE		Required when Medicare is other payer but not primary
S	09	CLAIM FILING INDICATOR CODE	WC, MB, MA HM	Workers' Compensation Health Claim, Medicare Part B, Medicare Part A, Health maintenance organization
S	**CAS**	**LINE ADJUDICATION INFORMATION 2320**		
R	01	CLAIM ADJUSTMENT GROUP CODE	PR, CO, CR OA, PI	If multiple adjustment group codes available the "PR" adjustment group code is required to be the first CAS segment sent.

Attribute	Element	Element Definition	Values	Description
R	02	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
R	03	MONETARY AMOUNT		Adjusted Amount -Claim Level
S	04	QUANTITY		Adjusted Quantity -Claim Level
S	05	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	06	MONETARY AMOUNT		Adjusted Amount -Claim Level
S	07	QUANTITY		Adjusted Quantity -Claim Level
S	08	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	09	MONETARY AMOUNT		Adjusted Amount -Claim Level
S	10	QUANTITY		Adjusted Quantity -Claim Level
S	11	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	12	MONETARY AMOUNT		Adjusted Amount -Claim Level
S	13	QUANTITY		Adjusted Quantity -Claim Level
S	14	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. **CODE SOURCE 139:** Claim
				Adjustment Reason Code
S	15	MONETARY AMOUNT		Adjusted Amount -Claim Level
S	16	QUANTITY		Adjusted Quantity -Claim Level
S	17	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	18	MONETARY AMOUNT		Adjusted Amount -Claim Level
S	19	QUANTITY		Adjusted Quantity -Claim Level
S	**AMT**	**COORDINATION OF BENEFITS (COB) PAYER PAID AMOUNT 2320**		
R	01	AMOUNT QUALIFIER	D	Payer amount paid

Attribute	Element	Element Definition	Values	Description
R	02	MONETARY AMOUNT		Amount Paid
R	**OI**	**OTHER INSURANCE COVERAGE INFO**		
R	03	YES/NO CONDITION REPONSE	Y, N, W	Assignment of Benefits Indicator
S	04	PATIENT SIGNATURE SOURCE CODE	P	Patient Signature Source Code
R	06	RELEASE OF INFORMATION CODE	I, Y	Release of Information Code
S	**MOA**	**OUTPATIENT ADJUDICATION INFORMATION 2320**		**********
S	01	PERCENTAGE AS DECIMAL		REIMBURSEMENT RATE
S	02	MONETARY AMOUNT		REQUIRED WHEN RETURNED IN TNE REMITTANCE
S	03 -07	REFERENCE IDENTIFICATION		claim payment remark code
S	08 -09	MONETARY AMOUNT		**********
LOOP 2330A				
S	**NM1**	**OTHER SUBSCRIBER NAME 2330A**		
R	01	ENTITY IDENTIFIER CODE	IL	Insured or subscriber
R	02	ENTITY TYPE QUALIFIER	1	Person
R	03	NAME LAST		SUBSCRIBER LAST NAME
S	04	NAME FIRST		SUBSCRIBER FIRST NAME
S	05	NAME MIDDLE		SUBSCRIBER MIDDLE NAME
S	07	NAME SUFFIX		SUBSCRIBER SUFFIX
R	08	IDENTIFICATION CODE QUALIFIER	MI	MEMBER IDENTIFICATION
R	09	IDENTIFICATION CODE		SUBSCRIBER IDENTIFCATION NUMBER
LOOP 2330B				
S	**NM1**	**OTHER PAYER NAME 2330B**		
R	01	ENTITY IDENTIFIER CODE	PR	PAYER

Attribute	Element	Element Definition	Values	Description
R	02	ENTITY TYPE QUALIFIER	2	NON-PERSON
R	03	ORGANIZATION NAME		OTHER PAYER ORGANIZATION NAME
R	08	IDENTIFICATION CODE QUALIFIER	PI	PAYER IDENTIFICATION
R	09	IDENTIFICATION CODE		PAYER IDENTIFICATION NUMBER
LOOP 2330C				
S	**NM1**	**OTHER PAYER REFERRING PROVIDER**		
R	01	ENTITY IDENTIFIER CODE	DN, P3	PATIENT
R	02	ENTITY TYPE QUALIFIER	1	PERSON
LOOP 2400				
R	**LX**	**SERVICE LINE NUMBER 2400**		
R	01	ASSIGNED NUMBER		Line counter
R	**SV1**	**PROFESSIONAL SERVICE 2400**		
R	01-1	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	ER, HC, IV, WK	HC-HCPCS codes,
R	01-2	PRODUCT/SERVICE ID		Procedure Code
S	01-3	PROCEDURE MODIFIER		Procedure Modifier 1
S	01-4	PROCEDURE MODIFIER		Procedure Modifier 2
S	01-5	PROCEDURE MODIFIER		Procedure Modifier 3
S	01-6	PROCEDURE MODIFIER		Procedure Modifier 4
S	01-7	DESCRIPTION		DEFINITIVE DESCRIPTION OF PROCEDURE CODE
R	SV102	MONETARY AMOUNT		Line item charge amount
R	SV103	Unit or Basis for Measurement Code	UN, MJ(Anesthesia)	
R	SV104	QUANTITY		
S	05	FACILITY CODE VALUE		Place of service
R	07	DIAGNOSIS CODE POINTER		

Attribute	Element	Element Definition	Values	Description
R	07-1	DIAGNOSIS CODE POINTER		Diagnosis Code Pointer
S	07-2	DIAGNOSIS CODE POINTER		Diagnosis Code Pointer
S	07-3	DIAGNOSIS CODE POINTER		Diagnosis Code Pointer
S	07-4	DIAGNOSIS CODE POINTER		Diagnosis Code Pointer
S	09	YES/NO INDICATOR	Y	Emergency indicator
S	11	YES/NO CONDITION OR RESPONSE CODE	Y	Y=EPSDT-MEDICAID SCREENING FOR CHILDREN
S	12	YES/NO CONDITION OR RESPONSE CODE	Y	Family planning indicator
S	15	COPAY STATUS CODE	0	COPAY EXEMPT
S	**SV5**	**DURABLE MEDICAL EQUIPMENT 2400**		
R	01	COMPOSITE MEDICAL PROCEDURE		TO IDENTIFY A MEDICAL PROCEDURE
R	01-1	PRODUCT/SERVICE ID QUALIFIER	HC	HCPCS CODES
R	01-2	PRODUCT/SERVICE ID		PROCEDURE CODE-VALUE MUST EQUAL SV101-2
R	02	UNITS OR BASIS FOR MEASUREMENT CODE	DA	DAYS
R	03	QUANITY		LENGTH OF MEDICAL NECESSITY
R	04	MONETARY AMOUNT		DME RENTAL PRICE
R	05	MONETARY AMOUNT		DME PURCHASE PRICE
R	06	FREQUENCY CODE	1, 4, 6	FREQ. AT WHICH RENTAL IS BILLED(W-M-D)
S	**PWK**	**PWK -LINE SUPPLEMENTAL INFORMATION 2400**		
R	01	REPORT CODE TYPE		TITLE OF SUPPORTING DOCUMENTATION REPORT
R	02	REPORT TRANSMISSION CODE	AA, BM, EL, EM, FT, FX	METHOD OR FORMAT OF TRANSMSSION
S	05	IDENTIFICATION CODE QUALIFIER	AC	
S	06	IDENTIFICATION CODE		ATTACHMENT CONTROL NUMBER

Attribute	Element	Element Definition	Values	Description
R	**DTP**	**DATE-SERVICE DATE 2400**		
R	01	DATE/TIME QUALIFIER	472	SERVICE DATE QUALIFIER
R	02	DATE/TIME FORMAT	D8, RD8	Date Expressed in Format CCYYMMDD Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
R	03	DATE/TIME PERIOD		SERVICE DATE
S	**HCP**	**LINE PRICING/REPRICING INFORMATION 2300**		
R	01	PRICING METHODOLOGY		Specific code use is determined by Trading Partner Agreement due to the variances in contracting policies in the industry.
R	02	MONETARY AMOUNT		Repriced Allowed Amount
S	03	MONETARY AMOUNT		Repriced Savings Amount
S	04	Reference Identification		Repricing Organization Identifier (Remark Codes)
LOOP 2410				
S	**LIN**	**DRUG IDENTIFICATION**		
	02	PRODUCT/SERVICE ID QUALIFIER	N4	National Drug Code Qualifier
	03	PRODUCT/SERVICE ID		National Drug Code
LOOP 2420A				
S	**NM1**	**RENDERING PROVIDER NAME**		
R	01	ENTITY IDENTIFIER CODE	82	RENDERING
R	02	ENTITY TYPE QUALIFIER	1, 2	PERSON NON PERSON
R	03	NAME LAST		RENDERING PROVIDER LAST NAME
S	04	NAME FIRST		RENDERING PROVIDER FIRST NAME
S	05	NAME MIDDLE		RENDERING PROVIDER MIDDLE INITIAL
NOT USED	06	NAME PREFIX		NOT USED

Attribute	Element	Element Definition	Values	Description
S	07	NAME SUFFIX		RENDERING PROVIDER SUFFIX
S	08	IDENTIFICATION CODE QUALIFIER	XX	NATIONAL PROVIDER ID
S	09	IDENTIFICATION CODE		NPI NUMBER
LOOP 2430				
S	**SVD**	**LINE ADJUDICATION INFORMATION 2430**		
R	01	IDENTIFICATION CODE		Other Payer Primary Identifier. This number should match NM109 in Loop ID-2330B identifying Other Payer.
R	02	MONETARY AMOUNT		Service Line Paid Amount.
R	03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER		
R	03-1	PRODUCT/SERVICE ID QUALIFIER	HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
R	03-2	PRODUCT/SERVICE ID		Procedure Code
S	03-3	PROCEDURE MODIFIER		Procedure Modifier 1
S	03-4	PROCEDURE MODIFIER		Procedure Modifier 2
S	03-5	PROCEDURE MODIFIER		Procedure Modifier 3
S	03-6	PROCEDURE MODIFIER		Procedure Modifier 4
S	03-7	DESCRIPTION		Procedure Code Description
R	05	QUANTITY		Paid Service Unit Count
S	06	ASSIGNED NUMBER		Bundled or Unbundled Line Number
S	**CAS**	**LINE ADJUDICATION INFORMATION 2430**		
R	01	CLAIM ADJUSTMENT GROUP CODE	PR, CO, CR, OA, PI	If multiple adjustment group codes available the "PR" adjustment group code is required to be the first CAS segment sent.
R	02	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
R	03	MONETARY AMOUNT		Adjusted Amount -Line Level

Attribute	Element	Element Definition	Values	Description
S	04	QUANTITY		Adjusted Units -Line Level
S	05	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	06	MONETARY AMOUNT		Adjusted Amount -Line Level
S	07	QUANTITY		Adjusted Units -Line Level
S	08	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	09	MONETARY AMOUNT		Adjusted Amount -Line Level
S	10	QUANTITY		Adjusted Units -Line Level
S	11	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	12	MONETARY AMOUNT		Adjusted Amount -Line Level
S	13	QUANTITY		Adjusted Units -Line Level
S	14	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	15	MONETARY AMOUNT		Adjusted Amount -Line Level
S	16	QUANTITY		Adjusted Units -Line Level
S	17	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	18	MONETARY AMOUNT		Adjusted Amount -Line Level
S	19	QUANTITY		Adjusted Units -Line Level
S	**DTP**	**LINE CHECK OR REMITTANCE DATE**		
R	01	DATE/TIME QUALIFIER	573	Date Claim Paid
R	02	DATE/TIME FORMAT	D8	Date Time Period Format Qualifier
R	03	DATE/TIME PERIOD	CCYYMMDD	Adjudication or Payment Date

7 Appendix

A. Implementation Checklist

The following task list should be completed to facilitate a smooth implementation of the EDI process.

TASK	Responsibility	Date
☐ ESTABLISH STANDARD ISA AND GS INFORMATION	Client & MagnaCare	
☐ CONFIRM BUSINESS RULES	Client & MagnaCare	
☐ DETERMINE COMMUNICATION METHOD	Client & MagnaCare	
☐ SET UP THE ENCRYPTION PROCESS	Client & MagnaCare	
☐ ESTABLISH A SCHEDULE FOR TESTING	Client & MagnaCare	
☐ COMPLETE TESTING	Client & MagnaCare	
☐ SIGN OFF ON COMPANION GUIDE	Client & MagnaCare	
☐ PRODUCTION CUT-OVER	Client & MagnaCare	