835 HEALTH CARE CLAIM PAYMENT/ADVICE COMPANION GUIDE

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1.0 Background

1.1 Overview

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation mandates that many of the major health care electronic data exchanges, such as electronic claims and remittance advices, be standardized into the same national format for all payers, providers, and clearinghouses. All providers who submit governed data electronically to CSC must submit in the mandated HIPAA formats. HIPAA specifically names several electronic standards that must be followed when certain health care information is exchanged. These standards are published as National Electronic Data Interchange Transaction Set Implementation Guides. They are commonly called Implementation Guides (IGs) and are referred to as IGs throughout this document. (The implementation guide for a 5010 transaction is also known as a Technical Report Type 3 or TR3). The following table lists the adopted standards and the related CSC business category.

This document is applicable to HIPAA 5010 standards and, as such, is effective January 1, 2012.

Business Category	Transaction Name/Implementation Guide	Description
Claims Processing	ASC X12N 837 (005010X222A1)	Health Care Claim: Professional
Explanation of Payment/Remittance Advice	ASC X12N 835 (005010X221A1)	Health Care Claim: Payment/Advice
Claim Status	ASC X12N 276/277 (005010X212)	Health Care Claims Status Request and Response
Prior Authorization	ASC X12N 278 (005010X217)	Health Care Services Review – Request for Review and Response

The IGs are available for download through the Washington Publishing Company Web site at http://www.wpc-edi.com and other locations. Developers should have copies of the respective IGs prior to beginning the development process.

CSC has developed technical companion guides to assist application developers during the implementation process. In most instances, an existing data exchange format has completely changed, for instance claims. In other cases, a new method for electronic data exchange has been developed, such as prior authorization. The information contained in the CSC Companion Guide is only intended to supplement the adopted IGs and provide guidance and clarification as it applies to CSC. The CSC Companion Guide is never intended to modify, contradict, or reinterpret the rules established by the IGs.

The companion guide is categorized into four sections:
1. Introduction
2. Interchange Control
3. Transaction Specifications
4. File Transfer and Verification

1.2   Introduction

This section, Introduction, provides general implementation information as well as specific instructions that apply to all transactions. Section 2 describes data exchange options for files being sent inbound to CSC. Section 3 contains transaction specific documentation, including segment usage, to assist developers with coding each transaction. Finally, Section 4 lists information regarding our web site for file transfer and verification.

The ASC X12N 835 (005010X221A1) transaction is HIPAA mandated instrument by which electronic Health Care Claim Payment/Advice must be reported. This document is intended only as a companion guide and is not intended to contradict or replace any information in the *IG* or the West Virginia *Program Provider Billing Manual*. It is highly recommended that implementers have the following resources available during the development process:

- This document, *Companion Guide – 835 Health Care Claim Payment/Advice*
- Implementation Guides for the ASC X12N 835 (005010X091) and the *005010X091A1 Addenda*
- *West Virginia Program Provider Billing Manual*

Additionally, there are several processing assumptions, limitations, and guidelines a developer must be aware of when implementing the 835 Transaction. The following list identifies these processing stipulations:

- CSC Covansys will make available for download an electronic 835 remittance advice for each payment period in which the payee has claims and/or transactions processed.
- All monetary amounts have explicit decimals. 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 should be omitted. See the *IG* for additional clarification.
- Non claim related adjustments will be in the PLB segment(s).
- Other data elements with lengths greater than CSC Covansys definitions are truncated.
- Qualifier codes are case sensitive and should be presented as they are in the IG;s.
- CSC Covansys is referred to as "CSC Covansys" in applicable Sender segments.
- Adjustments will be made at the service line level, not the claim level.
- For Version 5010, the Implementation Guide (IG) is also called the Technical Report 3 (TR3). In this document the terms are treated as synonymous.

2.0 Data Exchange Technical Specifications and Interchange Control

2.1 Overview

Appendix A, Section A.1.1 of each X12N HIPAA IG provides detail about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an electronic envelope. The communication envelope consists of an interchange envelope and functional groups. The interchange control structure is used for inbound and outbound files. An inbound interchange control structure is the envelope that wraps all transaction data (ST-SE) sent to CSC for processing. Examples include 837 and 276 transactions. An outbound interchange control structure wraps transactions that are created by CSC and returned to the requesting provider. Examples of outbound transactions include 835, 277, and 278 transactions. The following tables define the use of this control structure as it relates to outbound communication with CSC.

Segment Name S	Interchange Control Header		
Segment ID	ISA		
Loop ID	N/A		
Usage	Required		
Segment Notes	All positions within each data element in the ISA segment must be filled. Delimiters are specified in the interchange header segment. The character immediately following the segment ID, ISA, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Examples of the separators are as follows:		
	Character	Name	Delimiter
	*	Asterisk	Data Element Separator
	>	Greater Than	Sub Element Separator
	~	Tilde	Segment Terminator
	^	Caret	Repetition Separator
Examples	ISA*00*………..*00*……….*ZZ*CFO-CSC...*ZZ* IN999999……. *930602*1253*^*00501*000000905*0*P*>~		

Element ID	Usage	Guide Description/Valid Values	Comments
ISA01	Required	Authorization Information Qualifier **00** – No Security Information Present	
ISA02	Required	Authorization Information Enter 10 spaces	
ISA03	Required	Security Information Qualifier **00** – No Security Information Present	
ISA04	Required	Security Information Enter 10 spaces	
ISA05	Required	Interchange ID Qualifier **ZZ** – Mutually Defined	
ISA06	Required	Interchange Sender ID **CFO-CSC**	This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA07	Required	Interchange ID Qualifier **ZZ** – Mutually	

CSC

Element ID	Usage	Guide Description/Valid Values	Comments
		Defined	
ISA08	Required	Interchange Receiver ID CSC issued Payer ID	Nine character federal tax ID. This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA09	Required	Interchange Date	YYMMDD format
ISA10	Required	Interchange Time	HHMM Format
ISA11	Required	Repetition Separator	
ISA12	Required	Interchange Control Version Number - **00501**	
ISA13	Required	Interchange Control Number	
ISA14	Required	Acknowledgement Request **0** – No Acknowledgement Requested	
ISA15	Required	Usage Indicator	
ISA16	Required	Component Element Separator	

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	
Examples	GS*HP*CFO-CSC*9129363360001* *145901*5*X*005010X221~

Element ID	Usage	Guide Description/Valid Values	Comments
GS01	Required	Functional Code Identifier **HP** – Health Care Claim Payment/Advice	Use the appropriate Code for the type of transaction following the GS
GS02	Required	Application Sender's Code **CFO-CSC**	
GS03	Required	Application Receiver's Code CSC issued Payer ID Payer EIN Number	Provider nine character federal tax ID plus four character assigned number.
GS04	Required	Date	CCYYMMDD
GS05	Required	Time	HHMMSS
GS06	Required	Group Control Number	
GS07	Required	Responsible Agency Code **X** – Accredited Standards Committee X 12	
GS08	Required	Version Release/Industry Identifier Code **005010X221** – 835	Use the appropriate Code for the type of transaction following the GS

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required

Segment Notes	
Examples	GE*1*5 ~

Element ID	Usage	Guide Description/Valid Values	Comments
GE01	Required	Number of Transaction Sets Included	This is the number of transactions within this functional group
GE02	Required	Group Control Number	This number must match the number in GS06

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Examples	IEA*2*000000905~

Element ID	Usage	Guide Description/Valid Values	Comments
IEA01	Required	Number of Functional Groups Included	This is the number of functional groups within this interchange
IEA02	Required	Group Control Number	This number must match the number in ISA13

Sample Inbound Interchange Control

This example illustrates a file that includes 276 and 835 transactions. ISA* 00* ....* 00*……….* ZZ* CFO-CSC……* 4472691280001..* ZZ* 930602* 1253*^* 00501* 000000905* 0* P* >~ GS*HP*CFO-CSC*4472691280001*20020606*105531*5*X*005010X221~ ST – 835 TRANSACTION SET HEADER DETAIL SEGMENTS SE – 835 TRANSACTION SET TRAILER GE*1*5~ GS*HN*CFO-CSC*4472691280001*20020606*105531*5*X*005010X221~ ST – 277 TRANSACTION SET HEADER DETAIL SEGMENTS SE – 277 TRANSACTION SET TRAILER GE*1*5~ IEA*2*000000905~

3.0 Segment Usage -835Health Care Claim Payment/Advice

The following matrix lists all segments available for submission with the 5010 version of the 835 IG. Additionally, it includes a CSC Usage column that identifies segments that are required, situational, or not used by CSC. A required segment element must appear on all transactions. Failure to include a required segment results in a compliance error. A situational segment is not required for every type transaction; however, a situational segment may be required under certain circumstances. Please refer to the West Virginia Provider Manual for specific billing requirements. Any data in a segment that is identified in the Usage column with an **X** is ignored by CSC. Any segment identified in the Usage column as required or situational is explained in detail in the Segment and Data Element Description section of the document.

Segment ID	Loop ID	Segment Name	CSC Usage R – Required S – Situational X – Not Used
ST	N/A	Transaction Set Header	R
BPR	N/A	Financial Information	R
TRN	N/A	Re-association Trace Number	R
REF	N/A	Receiver Identification	X
REF	N/A	Version Identification	X
DTM	N/A	Production Date	R
N1	1000A	Payer Identification	R
N3	1000A	Payer Address	R
N4	1000A	Payer City, State, Zip Code	R
REF	1000A	Additional Payer Identification	X
PER	1000A	Payer Business Contact Information	R
PER	1000A	Payer Technical Contact Information	R
PER	1000A	Payer Web Site	R
N1	1000B	Payee Identification	R
N2	1000B	Payee Address	R
N4	1000B	Payee City/State/Zip Code	R
REF	1000B	Payee Additional Identification	X
REF	1000B	Remittance Delivery Method	X
LX	2000	Header Number	X
TS3	2000	Provider Summary Information	X
TS2	2000	Provider Supplemental Summary Information	X
CLP	2100	Claim Payment Information	R
CAS	2100	Claim Adjustment	X
NM1	2100	Patient Name	R
NM1	2100	Insured Name	X
NM1	2100	Corrected Patient/Insured Name	X
NM1	2100	Service Provider Name	R
NM1	2100	Crossover Carrier Name	X
NM1	2100	Corrected Priority Payer Name	X
MIA	2100	Inpatient Adjudication Information	X

Segment ID	Loop ID	Segment Name	CSC Usage R – Required S – Situational X – Not Used
MOA	2100	Outpatient Adjudication Information	X
REF	2100	Other Claim Related Identification	R
REF	2100	Rendering Provider Identification	X
DTM	2100	Claim Payment Date	X
DTM	2100	Statement From or To Date	X
DTM	2100	Coverage Expiration Date	X
DTM	2100	Claim Received Date	X
PER	2100	Claim Contact Information	X
AMT	2100	Claim Supplemental Information	X
QTY	2100	Claim Supplemental Information Quantity	X
SVC	2110	Service Payment Information	R
DTM	2110	Service Date	R
CAS	2110	Service Adjustment	S
REF	2110	Service Identification	S
REF	2110	Line Item Control Number	X
REF	2110	Rendering Provider Information	X
REF	2010	Health Care Policy Identification	X
AMT	2110	Service Supplemental Amount	X
QTY	2100	Service Supplemental Quantity	X
LQ	2110	Health Care Remark Codes	X
PLB	N/A	Provider Adjustment	S
SE	N/A	Transaction Set Trailer	R

3.1 Segment and Data Element Description

This section contains a tabular representation of any segment required or situational for CSC HIPAA implementation of the 835. Each segment table contains rows and columns describing different segment elements.

Segment Name – The industry assigned segment name as identified in the IG.
Segment ID – The industry assigned segment ID as identified in the IG.
Loop ID – The loop within which the segment should appear.
Usage – Identifies the segment as required or situational.
Segment Notes – A brief description of the purpose or use of the segment.
Example – An example of complete segment.

Element ID – The industry assigned data element ID as identified in the IG.
Usage – Identifies the data element as R-required, S-situational, or N/A-not used based on CSC guidelines.
Guide Description/Valid Values – Industry name associated with the data element. If no industry name exists, this is the IG data element name. This column also lists in **BOLD** the values and/or code sets to be used.
Comments – Description of the contents of the data elements including field lengths.

Segment Name	Transaction Set Header
Segment ID	ST
Loop ID	N/A
Usage	Required
Segment Notes	This segment begins the transaction.
Example	ST*835*1234567*005010X221~

Data Element ID	Usage	Guide Description/Valid Values	Comments
ST01	Required	Transaction Set Identifier Code **835** – Health Care Claim Payment/Advice	
ST02	Required	Transaction Set Control Number	Generated by CRO-CSC ST02 must match SE02
ST03	Required	Implementation Convention Reference: **005010X221**	Same as in GS08

Segment Name	Financial Information
Segment ID	BPR
Loop ID	N/A
Usage	Required
Segment Notes	
Example	BPR*I*600*C*CHK***********20030801~

Data Element ID	Usage	Guide Description/Valid Values	Comments
BPR01	Required	Transaction Handling Code **I** – Remittance Information Only	
BPR02	Required	Total Actual Provider Payment Amount	
BPR03	Required	Credit/Debit Flag **C** – Credit	
BPR04	Required	Payment Method Code **CHK** -Check	
BPR05	Not Used	Payment Format Code	

Data Element ID	Usage	Guide Description/Valid Values	Comments
BPR06	Not Used	(DFI) ID Number Qualifier	
BPR07	Not Used	DFI Identification Number	
BPR08	Not Used	Account Number Qualifier	
BPR09	Not Used	Account Number	
BPR10	Not Used	Originating Company Identifier	
BPR11	Not Used	Originating Company Supplemental Code	
BPR12	Not Used	(DFI) ID Number Qualifier	
BPR13	Not Used	Receiver or Provider Bank ID Number	
BPR14	Not Used	Account Number Qualifier	
BPR15	Not Used	Account Number	
BPR16	Required	Check Issue Date	
BPR17	Not Used	Business Function Code	
BPR18	Not Used	(DFI) ID Number Qualifier	
BPR19	Not Used	(DFI) ID Number	
BPR20	Not Used	Account Number Qualifier	
BPR21	Not Used	Account Number	

Segment Name	Reassociation Number
Segment ID	TRN
Loop ID	N/A
Usage	Required
Segment Notes	This segment provides the bill date and indicator that determines whether the claim submitted is a fee-for-service or encounter claim.
Example	TRN*1*12987*1336819219~

Element ID	Usage	Guide Description/Valid Values	Comments
TRN01	Required	Trace Type Code **1** -Current Transaction Trace Number	
TRN02	Required	Check Number	
TRN03	Required	Payer Identification	1 + Federal Tax ID
TRN04	Not Used	Reference Identification	

Segment Name	Production Date
Segment ID	DTM
Loop ID	N/A
Usage	Required
Segment Notes	This segment provides the adjudication cutoff date for claims included in this remit.
Example	DTM*405*20030630~

Element ID	Usage	Guide Description/Valid Values	Comments
DTM01	Required	Date Time Qualifier **405** -Production	
DTM02	Required	Date	CCYYMMDD format
DTM03	Not Used	Time	
DTM04	Not Used	Time Code	
DTM05	Not Used	Date Time Period Format Qualifier	

Element ID	Usage	Guide Description/Valid Values	Comments
DTM06	Not Used	Date Time Period	

Segment Name	Payer Identification
Segment ID	N1
Loop ID	1000
Usage	Required
Segment Notes	This identifies the payer
Example	N1*PR*DHHR~

Data Element ID	Usage	Guide Description/Valid Values	Comments
N101	Required	Entity Identifier Code **PR** -Payer	
N102	Required	Payer Name **DHHR**	
N103	Not Used	Identification Code Qualifier	
N104	Not Used	Identification Code	
N105	Not Used	Entity Relationship Code	
N106	Not Used	Entity Identifier Code	

Segment Name	Payer Address
Segment ID	N3
Loop ID	1000
Usage	Required
Segment Notes	This identifies payer address
Example	N3*P.O. Box 29134~

Data Element ID	Usage	Guide Description/Valid Values	Comments
N301	Required	Payer Address Line **P.O. Box 29134**	
N302	Not Used	Payer Address Line	

Segment Name	Payer City, State, Zip Code
Segment ID	N4
Loop ID	1000
Usage	Required
Segment Notes	This identifies payer city, state and zip
Example	N4*Shawnee Mission*KS*662019134~

Data Element ID	Usage	Guide Description/Valid Values	Comments
N401	Required	Payer City Name **Shawnee Mission**	
N402	Required	Payer State Code **KS**	
N403	Required	Payer Postal Zip Code **662019134**	
N404	Not Used	Country Code	
N405	Not Used	Location Qualifier	
N406	Not Used	Location Code	

Segment Name	Payer Business Contact Information
Segment ID	PER
Loop ID	1000A
Usage	Required
Segment Notes	
Example	PER*CX*Help Desk*TE*8885672351~

Data Element ID	Usage	Guide Description/Valid Values	Comments
PER01	Required	Contact Function Code **CX** – Payers Claim Office	
PER02	Required	Payer Contact Name **Help Desk**	
PER03	Required	Communication Number Qualifier **TE** -Telephone	
PER04	Required	Payer Contact Communication Number **8885672351**	
PER05	Not Used	Communication Number Qualifier	
PER06	Not Used	Communication Number	
PER07	Not Used	Payer Contact Communication Number	
PER08	Not Used	Communication Number Qualifier	
PER09	Not Used	Communication Number	

Segment Name	Payer Technical Contact Information
Segment ID	PER
Loop ID	1000A
Usage	Required
Segment Notes	
Example	PER*BL*Help Desk*TE*8885672351~

Data Element ID	Usage	Guide Description/Valid Values	Comments
PER01	Required	Contact Function Code **BL** – Technical Department	
PER02	Required	Payer Contact Name **Help Desk**	
PER03	Required	Communication Number Qualifier **TE** -Telephone	
PER04	Required	Payer Contact Communication Number **8885672351**	
PER05	Not Used	Communication Number Qualifier	
PER06	Not Used	Communication Number	
PER07	Not Used	Payer Contact Communication Number	
PER08	Not Used	Communication Number Qualifier	
PER09	Not Used	Communication Number	

Segment Name	Payer Web Site
Segment ID	PER
Loop ID	1000A
Usage	Required
Segment Notes	
Example	PER*IC**UR*www.csc.com~

Data Element ID	Usage	Guide Description/Valid Values	Comments
PER01	Required	Contact Function Code **IC** – Information Contact	
PER02	Not Used	Payer ContactName	
PER03	Required	Communication Number Qualifier **UR** - URL	
PER04	Required	Payer Contact URL **www.csc.com**	
PER05	Not Used	Communication Number Qualifier	
PER06	Not Used	Communication Number	
PER07	Not Used	Payer Contact Communication Number	
PER08	Not Used	Communication Number Qualifier	
PER09	Not Used	Communication Number	

Segment Name	Payee Identification
Segment ID	N1
Loop ID	1000
Usage	Required
Segment Notes	This identifies the payer
Example	N1*PE*Medical Arts Assoc*FI*421864563~

Data Element ID	Usage	Guide Description/Valid Values	Comments
N101	Required	Entity Identifier Code **PE** -Payee	
N102	Situational	Payee Name	
N103	Required	Identification Code Qualifier **FI** – Federal Tax ID	
N104	Required	Identification Code	
N105	Not Used	Entity Relationship Code	
N106	Not Used	Entity Identifier Code	

Segment Name	Payee Address
Segment ID	N3
Loop ID	1000
Usage	Required
Segment Notes	This identifies payee address
Example	N3*3500 Peachtree~

Data Element ID	Usage	Guide Description/Valid Values	Comments
N301	Required	Payee Address Line	
N302	Situational	Payee Address Line	Used when necessary

Segment Name	Payee City, State, Zip Code
Segment ID	N4
Loop ID	1000
Usage	Required
Segment Notes	This identifies payee city, state and zip
Example	N4*Tulsa*OK*74012~

Data Element ID	Usage	Guide Description/Valid Values	Comments
N401	Required	Payee City Name	
N402	Required	Payee State Code	
N403	Required	Payee Postal Zip Code	
N404	Not Used	Country Code	
N405	Not Used	Location Qualifier	
N406	Not Used	Location Code	

Segment Name	Claim Payment Information
Segment ID	CLP
Loop ID	2100
Usage	Required
Segment Notes	Supplies information common to the entire claim.
Example	CLP*48572000988*1*2505*2005**OF*786543287~

Data Element ID	Usage	Guide Description/Valid Values	Comments
CLP01	Required	Claim Submitters Identification	CSC will return up to 20 characters of the patient control number.
CLP02	Required	Claim Status Code **1** – Process as Primary	
CLP03	Required	Total Claim Charge Amount	
CLP04	Required	Claim Payment Amount	
CLP05	Not Used	Patient Responsibility Amount	
CLP06	Required	Claim Filing Indicator Code **OF** – Other Federal Program	
CLP07	Required	Payer Claim Control Number	
CLP08	Not Used	Facility Type Code	
CLP09	Not Used	Claim Frequency Code	
CLP10	Not Used	Patient Status Code	
CLP11	Not Used	Diagnosis Related Group (DRG) Code	
CLP12	Not Used	Diagnosis Related Group Weight	
CLP13	Not Used	Discharge Fraction	

Segment Name	Patient Name
Segment ID	NM1
Loop ID	2100
Usage	Required
Segment Notes	
Example	NM1*QC*1*Smith*Tom*L***MI*102948755012~

Data Element ID	Usage	Guide Description/Valid Values	Comments
NM101	Required	Entity Identifier Code **QC** – Patient	
NM102	Required	Entity Type Qualifier **1** – Person	
NM103	Required	Patient Last Name	

Data Element ID	Usage	Guide Description/Valid Values	Comments
NM104	Required	Patient First Name	
NM105	Situational	Patient Middle Name	Provided if known
NM106	Not Used	Name Prefix	
NM107	Not Used	Name Suffix	
NM108	Required	Identification Code Qualifier **MI** – Member Identification Number	
NM109	Required	Patient Identifier	Early Intervention Child ID
NM110	Not Used	Relationship Entity Code	
NM111	Not Used	Entity Identifier Code	

Segment Name	Service Provider Name
Segment ID	NM1
Loop ID	2100
Usage	Required
Segment Notes	
Example	NM1*82*1*Johnson*Sue*L***FI*698467787~

Data Element ID	Usage	Guide Description/Valid Values	Comments
NM101	Required	Entity Identifier Code **82** – Rendering Provider	
NM102	Required	Entity Type Qualifier **1** – Person **2** – Non person	
NM103	Required	Rendering Provider Last Name	
NM104	Situational	Rendering Provider First Name	
NM105	Situational	Rendering Provider Middle Name	Provided if known
NM106	Not Used	Name Prefix	
NM107	Not Used	Name Suffix	
NM108	Required	Identification Code Qualifier **FI** – Federal Tax ID	
NM109	Required	Rendering Provider Identifier	Federal Tax ID
NM110	Not Used	Relationship Entity Code	
NM111	Not Used	Entity Identifier Code	

Segment Name	Other Claim Related Information
Segment ID	REF
Loop ID	2100
Usage	Required
Segment Notes	
Example	REF*G1*875986~

Data Element ID	Usage	Guide Description/Valid Values	Comments
REF01	Required	Reference Identifier Qualifier **G1** – Prior Authorization Number	
REF02	Required	Other Claim Related Identifier	Our Authorization Number

Data Element ID	Usage	Guide Description/Valid Values	Comments
REF03	Not Used	Description	
REF04	Not Used	Reference Identifier	

Segment Name	Service Payment Information
Segment ID	SVC
Loop ID	2110
Usage	Required
Segment Notes	
Example	SVC*HC>99211>GG*50*40~

Data Element ID	Usage	Guide Description/Valid Values	Comments
SVC01	Required	Composite Medical Procedure Identifier	
SVC01-1	Required	Product or Service ID Qualifier **HC** – HCPCS Code	
SVC01-2	Required	Product or Service ID	HCPCS Code
SVC01-3	Situational	Procedure Modifier	
SVC01-4	Situational	Procedure Modifier	
SVC01-5	Situational	Procedure Modifier	
SVC01-6	Situational	Procedure Modifier	
SVC01-7	Not Used	Description	
SVC02	Required	Line Item Charge Amount	
SVC03	Required	Line Item Provider Payment Amount	
SVC04	Not Used	National Uniform Billing Committee Revenue Code	
SVC05	Situational	Units of Service Paid Count	If not present, the assumed value is "1"
SVC06	Situational	Composite Medical Procedure Identifier	
SVC06-1	Required	Product or Service ID Qualifier **HC** – HCPCS Code	
SVC06-2	Required	Product or Service ID	
SVC06-3	Situational	Procedure Modifier	
SVC06-4	Situational	Procedure Modifier	
SVC06-5	Situational	Procedure Modifier	
SVC06-6	Situational	Procedure Modifier	
SVC06-7	Not Used	Description	
SVC07	Situational	Original Unit of Service Count	Required when different than the original

Segment Name	Service Date
Segment ID	DTM
Loop ID	2110
Usage	Required
Segment Notes	CSC will be reporting the service date at the line level.
Example	DTM*472*20030715~

Data Element ID	Usage	Guide Description/Valid Values	Comments
DTM01	Required	Date Time Qualifier **472** – Service Date	
DTM02	Required	Service Date	CCYYMMDD format
DTM03	Not Used	Time	
DTM04	Not Used	Time Code	
DTM05	Not Used	Date Time Period Format Qualifier	
DTM06	Not Used	Date Time Period	

Segment Name	Service Adjustment
Segment ID	CAS
Loop ID	2110
Usage	Situational
Segment Notes	CSC will be reporting the adjustments at the line level.
Example	CAS*CO*A2*20~

Data Element ID	Usage	Guide Description/Valid Values	Comments
CAS01	Required	Claim Adjustment Group Code **CO** – Contractual Adjustment **CR** – Correction or Reversal **OA** – Other Adjustments	
CAS02	Required	Adjustment Reason Code	
CAS03	Required	Adjustment Amount	
CAS04	Situational	Adjustment Quantity	
CAS05	Situational	Adjustment Reason Code	
CAS06	Situational	Adjustment Amount	
CAS07	Situational	Adjustment Quantity	
CAS08	Situational	Adjustment Reason Code	
CAS09	Situational	Adjustment Amount	
CAS10	Situational	Adjustment Quantity	
CAS11	Situational	Adjustment Reason Code	
CAS12	Situational	Adjustment Amount	
CAS13	Situational	Adjustment Quantity	
CAS14	Situational	Adjustment Reason Code	
CAS15	Situational	Adjustment Amount	
CAS16	Situational	Adjustment Quantity	
CAS17	Situational	Adjustment Reason Code	
CAS18	Situational	Adjustment Amount	
CAS19	Situational	Adjustment Quantity	

Segment Name	Service Identification
Segment ID	REF
Loop ID	2110
Usage	Situational
Segment Notes	If provided in the claim, the Provider Control Number will be returned.
Example	REF*6R*301~

Data Element ID	Usage	Guide Description/Valid Values	Comments
REF01	Required	Reference Identifier Qualifier **6R** – Provider Control Number	
REF02	Required	Other Claim Related Identifier	Line Item Control Number
REF03	Not Used	Description	
REF04	Not Used	Reference Identifier	

Segment Name	Provider Adjustment
Segment ID	PLB
Loop ID	N/A
Usage	Situational
Segment Notes	To be used for adjustments not specific to a certain claim
Example	PLB*243759870022*20031231*LE*-50~

Data Element ID	Usage	Guide Description/Valid Values	Comments
PLB01	Required	Provider Identifier	
PLB02	Required	Fiscal Period Date	CCYYMMDD format
PLB03	Required	Adjustment Identifier	
PLB03-1	Required	Adjustment Reason Code **LE** – IRS Levy	
PLB03-2	Situational	Provider Adjustment Identifier	
PLB04	Required	Provider Adjustment Amount	
PLB05	Situational	Adjustment Identifier	
PLB05-1	Situational	Adjustment Reason Code	
PLB05-2	Situational	Provider Adjustment Identifier	
PLB06	Situational	Monetary Amount	
PLB07	Situational	Adjustment Identifier	
PLB07-1	Situational	Adjustment Reason Code	
PLB07-2	Situational	Provider Adjustment Identifier	
PLB08	Situational	Provider Adjustment Amount	
PLB09	Situational	Adjustment Identifier	
PLB09-1	Situational	Adjustment Reason Code	
PLB09-2	Situational	Provider Adjustment Identifier	
PLB10	Situational	Provider Adjustment Amount	
PLB11	Situational	Adjustment Identifier	
PLB11-1	Situational	Adjustment Reason Code	
PLB11-2	Situational	Provider Adjustment Identifier	
PLB12	Situational	Provider Adjustment Amount	
PLB13	Situational	Adjustment Identifier	
PLB13-1	Situational	Adjustment Reason Code	
PLB13-2	Situational	Provider Adjustment Identifier	
PLB14	Situational	Provider Adjustment Amount	

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop ID	N/A
Usage	Required
Segment Notes	End of the Transaction
Example	SE*423*1234567~

Data Element ID	Usage	Guide Description/Valid Values	Comments
SE01	Required	Number of Included Segments	
SE02	Required	Transaction Set Control Number	Must be the same as the control number in ST02

4.0 File Transfer and Verification

The Service Matrix web site utilized for the transmission of the HIPAA X12 files. This web site can be accessed by providers once a trading Partner Agreement has been signed. Once signed, the website will allow the providers to submit test files. These test files will be processed against the CSC companion guide. Once both parties are confident in the consistency of the test files submitted, the provider will be able to upload submission files, download files and check the status of files submitted. The normal processing of the files will occur nightly. The status of the files will be posted the next business day after successful upload of the files.