



*KY Medicaid*

**835 Batch Health Care Claim Payment and Remittance  
Advice (ASC X12N 835) Companion Guide**

*Version 1.0\_FINAL*

*Version 005010 X221A1*

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## Document Change Log

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# 1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) require that Medicaid and all other health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at [http://www.cms.gov/TransactionCodeSetsStand/02\\_TransactionsandCodeSetsRegulations.asp](http://www.cms.gov/TransactionCodeSetsStand/02_TransactionsandCodeSetsRegulations.asp). The HIPAA Implementation Guides can be accessed at <http://www.wpc-edi.com/content/view/817/1>.

## 1.1 Purpose

According to HIPAA regulations, the 835 Transaction Set can be used to make a payment, send an Explanation of Benefits (EOB) remittance advice, or make a payment and send an EOB remittance advice.

## 2 CONTROL SEGMENT DEFINITIONS FOR KENTUCKY MEDICAID

### 2.1 835 CLAIM/PAYMENT ADVICE TRANSACTION

X12N EDI Control Segments
<ul style="list-style-type: none"> <li>➤ ISA – Interchange Control Header Segment</li> <li>➤ IEA – Interchange Control Trailer Segment</li> <li>➤ GS – Functional Group Header Segment</li> <li>➤ GE – Functional Group Trailer Segment</li> <li>➤ ST – Transaction Set Header</li> <li>➤ SE – Transaction Set Trailer</li> <li>➤ TA1 – Interchange Acknowledgement</li> </ul>

### 2.2 ISA - Interchange Control Header Segment

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

835 Health Care Claim/Payment Advice				
Page	Loop	Segment	Data Element	Comments
C.4	N/A	ISA	ISA01 - Authorization Information Qualifier	'00' – No Authorization Information Present
C.4	N/A	ISA	ISA02 - Authorization Information	[space fill]
C.4	N/A	ISA	ISA03 - Security Information Qualifier	'00' – No Security Information Present
C.4	N/A	ISA	ISA04 - Security Information	[space fill]
C.4	N/A	ISA	ISA05 - Interchange ID Qualifier	'ZZ' – Mutually Defined This ID qualifies the Sender in ISA06.
C.4	N/A	ISA	ISA06 - Interchange Sender ID	'ID Supplied by KY Medicaid' – Sender ID
C.5	N/A	ISA	ISA07 - Interchange ID Qualifier	'ZZ' – Mutually Defined This ID qualifies the Receiver in ISA08.

835 Health Care Claim/Payment Advice				
Page	Loop	Segment	Data Element	Comments
C.5	N/A	ISA	ISA08 - Interchange Receiver ID	'KY Medicaid' – Receiver ID
C.5	N/A	ISA	ISA09 - Interchange Date	The date format is YYMMDD
C.5	N/A	ISA	ISA10 - Interchange Time	The time format is HHMM
C.5	N/A	ISA	ISA11 – Repetition Separator	Repetition Separator – '^'
C.5	N/A	ISA	ISA12 - Interchange Control Version Number	'00501' – Control Version Number
C.5	N/A	ISA	ISA13 - Interchange Control Number	Interchange Unique Control Number – Must be identical to the interchange trailer IEA02
C.6	N/A	ISA	ISA14 - Acknowledgment Requested	'1' – Acknowledgement Requested
C.6	N/A	ISA	ISA15 - Interchange Usage Indicator	'T' - Test Data 'P' - Production Data
C.6	N/A	ISA	ISA16 - Component Element Separator	':' – Component Element Separator

### 2.3 IEA - Interchange Control Trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

835 Health Care Claim/Payment Advice				
Page	Loop	Segment	Data Element	Comments
C.10	N/A	IEA	IEA01 - Number of included Functional Groups	Number of included Functional Groups
C.10	N/A	IEA	IEA02 - Interchange Control Number	Must be identical to the value in ISA13

### 2.4 GS – Functional Group Header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

835 Health Care Claim/Payment Advice				
Page	Loop	Segment	Data Element	Comments
C.7	N/A	GS	GS01 - Functional Identifier Code	'HP' – Health Care Claim /Payment Advice (835)
C.7	N/A	GS	GS02 - Application Sender's Code	This will be equal to the value in ISA06.
C.7	N/A	GS	GS03 - Application Receiver's Code	This will be equal to the value in ISA08. 'KYMEDICAID'
C.8	N/A	GS	GS04 - Date	The date format is CCYYMMDD
C.8	N/A	GS	GS05 – Time	The time format is HHMM
C.8	N/A	GS	GS06 - Group Control Number	Group Control Number

835 Health Care Claim/Payment Advice				
Page	Loop	Segment	Data Element	Comments
C.8	N/A	GS	GS07 - Responsible Agency Code	'X' – Responsible Agency Code
C.8	N/A	GS	GS08 - Version/Release/ Industry Identifier Code	'005010X221A1' – Version / Release / Industry Identifier Code

## 2.5 GE – Functional Group Trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

835 Health Care Claim/Payment Advice				
Page	Loop	Segment	Data Element	Comments
C.9	N/A	GE	GE01 – Number of Transaction Sets Included	Number of included Transaction Sets
C.9	N/A	GE	GE02 – Group Control Number	Must be identical to the value in GS06

## 2.6 ST – Transaction Set Header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

835 Health Care Claim/Payment Advice				
Page	Loop	Segment	Data Element	Comments
68	N/A	ST	ST01 – Transaction Set Identifier Code	'835' – Health Care Claim/Payment Advice
68	N/A	ST	ST02 – Transaction Set Control Number	Transaction Control Number
68	N/A	ST	ST03 – Implementation Convention Reference	'005010X221A1' – Version / Release / Industry Identifier Code

## 2.7 SE – Transaction Set Trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

835 Health Care Claim/Payment Advice				
Page	Loop	Segment	Data Element	Comments
228	N/A	SE	SE01 – Number of Included Segments	Total Number of Segments included in Transaction Set Including ST and SE.
228	N/A	SE	SE02 – Transaction Set Control Number	Must be identical to the value in ST02

## 2.8 TA1 – Interchange Acknowledgement

The TA1 Acknowledgement is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structure. The TA1 segment provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure. TA1 Structure can be found in the ASC X12N 835 (005010X221A1) Implementation Guide.

835 Health Care Claim/Payment Advice				
Page	Loop	Segment	Data Element	Comments
B.11	N/A	TA1	TA101 - Interchange Control Number	Interchange control number of the original interchange received (ISA/IEA)
B.11	N/A	TA1	TA102 - Interchange Date	The date format is YYMMDD Date within the original interchange received (ISA/IEA)
B.11	N/A	TA1	TA103 - Interchange Time	The time format is HHMM Time within the original interchange received (ISA/IEA)
B.12	N/A	TA1	TA104 - Interchange Acknowledgement Code	'A' – Transmitted interchange control structure header/trailer received without errors. 'E' – Transmitted interchange control structure header/trailer received and accepted, errors are noted. 'R' – Transmitted interchange

835 Health Care Claim/Payment Advice				
Page	Loop	Segment	Data Element	Comments
				control structure header/trailer rejected due to errors.
B.12	N/A	TA1	TA105 - Interchange Note Code	See Implementation Guide for valid values

## 2.9 Valid Delimiters for Kentucky Medicaid EDI

Definition	ASCII	Decimal	Hexadecimal
Segment Terminator	~	126	7E
Data Element Separator	*	42	2A
Compound Element Separator	:	58	3A
Repetition Separator	^	94	5E

### 3 COMPANION GUIDE FOR THE 835 TRANSACTION

Page	Loop	Segment	Data Element	Comments
<b>BPR - FINANCIAL INFORMATION</b>				
70	N/A	BPR	BPR01 – Transaction Handling Code	'I' – Remittance Information Only 'H' – Notification Only
71	N/A	BPR	BPR02 - Total Actual Provider Payment Amount	Check Amount
71	N/A	BPR	BPR03 - Credit or Debit Flag Code	'C' - Credit
72	N/A	BPR	BPR04 - Payment Method Code	'ACH' – Automated Clearing House 'CHK' – Check 'NON' – Non-Payment Data
72	N/A	BPR	BPR05 - Payment Format Code	CCP' - Cash Concentration/Disbursement plus Addenda (CCD+) (ACH)
73	N/A	BPR	BPR06 - Depository Financial Institution (DFI) Identification Number Qualifier	01' - ABA Transit Routing Number Including Check Digits (9 digits)
73	N/A	BPR	BPR07 - Sender DFI Identifier	KY Medicaid Financial Institution Identification Number
74	N/A	BPR	BPR08 - Account Number Qualifier	DA' - Demand Deposit
74	N/A	BPR	BPR09 - Sender Bank Account Number	KY Medicaid Financial Institution Account Number
74	N/A	BPR	BPR10 - Payer Identifier	Payer Identifier
75	N/A	BPR	BPR12 - Depository Financial Institution (DFI) Identification Number Qualifier	01' - ABA Transit Routing Number Including Check Digits (9 digits)

Page	Loop	Segment	Data Element	Comments
75	N/A	BPR	BPR13 - Receiver or Provider Bank ID Number	Provider Financial Institution Identification Number
76	N/A	BPR	BPR14 - Account Number Qualifier	DA' - Demand Deposit
76	N/A	BPR	BPR15 - Receiver or Provider Account Number	Provider Financial Institution Account Number
76	N/A	BPR	BPR16 - Check Issue or EFT Effective Date	CCYYMMDD
77	N/A	TRN	TRN01 - Trace Type Code	'1' – Current Transaction Trace No.
77	N/A	TRN	TRN02 - Check or EFT Trace Number	Check Number OR Internal Trace Number (The RA number will be moved to the payment number when the paid amount is zero.)
78	N/A	TRN	TRN03 - Payer Identifier	KY Medicaid EIN
85	N/A	DTM	DTM01 - Date Time Qualifier	405 - Production Date
86	N/A	DTM	DTM02 - Production Date	Cycle Date
<b>N1 - PAYER IDENTIFICATION</b>				
87	1000A	N1	N101 - Entity Identifier Code	PR - Payer
87	1000A	N1	N102 - Payer Name	'KY MEDICAID'
89	1000A	N3	N301 - Payer Address Line	'275 E. Main Street'
89	1000A	N3	N302 - Payer Address Line	6W-C'
90	1000A	N4	N401 - Payer City Name	'FRANKFORT'
91	1000A	N4	N402 - Payer State Code	'KY'
91	1000A	N4	N403 - Payer Postal Zone or ZIP Code	'406210001'

Page	Loop	Segment	Data Element	Comments
95	1000A	PER	PER01 - Contact Function Code	CX
95	1000A	PER	PER02 - Payer Contact Name	'Provider Relations Department'
95	1000A	PER	PER03 - Communication Number Qualifier	'TE' - Telephone
95	1000A	PER	PER04 - Payer Contact Communication Number	'8008071232'
96	1000A	PER	PER05 - Communication Number Qualifier	'TE' - Telephone
96	1000A	PER	PER06 - Payer Contact Communication Number	5025648217'
96	1000A	PER	PER07 - Communication Number Qualifier	EM
96	1000A	PER	PER08 - Payer Contact Communication Number	Ky_provider_inquiry@hp.com
97	1000A	PER	PER01 - Contact Function Code	BL
98	1000A	PER	PER03 - Communication Number Qualifier	EM
98	1000A	PER	PER04 - Payer Contact Communication Number	KY_EDH_Helpdesk@hp.com'
98	1000A	PER	PER05 - Communication Number Qualifier	TE
99	1000A	PER	PER06 - Payer Technical Contact Communication Number	800.205.4696
100	1000A	PER	PER01 - Technical Department	IC
101	1000A	PER	PER03 - Communication Number Qualifier	UR

Page	Loop	Segment	Data Element	Comments
101	1000A	PER	PER04 - Communication Number	<a href="http://www.chfs.ky.gov/DMS">http://www.chfs.ky.gov/DMS</a>
<b>N1 - PAYEE IDENTIFICATION</b>				
102	1000B	N1	N101 - Entity Identifier Code	'PE' - Payee
102	1000B	N1	N102 – Payee Name	Pay-to-Provider Last Name/First Name as stored on KY Medicaid Provider File
103	1000B	N1	N103 - Identification Code Qualifier	'XX' – Centers for Medicare and Medicaid Services National Provider Identifier OR 'FI' - Tax ID for Atypical Providers
103	1000B	N1	N104 - Payee Identification Code	Provider Tax ID
107	1000B	N1	REF01 - Reference Identification Qualifier	TJ' - Federal Tax ID OR 'PQ' - Payee Identification for Atypical Providers ONLY
108	1000B	N1	REF02 - Additional Payee Identifier	Federal Tax ID OR 8 or 10 Digit Medicaid Provider number for Atypical Providers ONLY
<b>LX - HEADER NUMBER</b>				
Page	Loop	Segment	Data Element	Comments
111	2000	LX	LX01 - Assigned Number	Assigned transaction ID
<b>CLP - CLAIM PAYMENT INFORMATION</b>				
123	2100	CLP	CLP01 - Patient Control Number	Patient Account Number

Page	Loop	Segment	Data Element	Comments
124	2100	CLP	CLP02 - Claim Status Code	'1' – Processed as Primary (Regular Medicaid Claims) '2' – Processed as Secondary (Medicare Crossover Claims) '4' – All Denied (Regular & Crossover) '22' - Adjustment Voids
125	2100	CLP	CLP03 - Total Claim Charge Amount	Total Billed Amount for this claim
125	2100	CLP	CLP04 - Claim Payment Amount	Total Medicaid Paid amount for this claim
125	2100	CLP	CLP05 - Patient Responsibility Amount	Member Co-pay amount if applicable Non-covered
126	2100	CLP	CLP06 - Claim Filing Indicator Code	'MC' - Medicaid
127	2100	CLP	CLP07 - Payer Claim Control Number	Claim Internal Control Number (ICN) assigned by Medicaid
127	2100	CLP	CLP08 - Facility Type Code	Place of Service Code
127	2100	CLP	CLP09 - Claim Frequency Code	Bill Type Code
128	2100	CLP	CLP11 - Diagnosis Related Group (DRG) Code	Institutional claims only
128	2100	CLP	CLP12 - Diagnosis Related Group (DRG) Weight	The diagnosis-related group (DRG) weight – Institutional claims only
131	2100	CAS	CAS01 - Claim Adjustment Group Code	'PI' – Payer Initiated Reductions 'CO' - Contractual Obligations 'OA' - Other

Page	Loop	Segment	Data Element	Comments
				Adjustment
131	2100	CAS	CAS02 - Adjustment Reason Code	Adjustment Code can be found on <a href="http://www.wpc-edi.com">www.wpc-edi.com</a> Crosswalk to KY EOB see <a href="http://kymmis.com">http://kymmis.com</a>
132	2100	CAS	CAS03 - Adjustment Amount	Difference between the billed charge and Medicaid paid amount. Header Non Covered Amounts will be reported as CAS01=PR, CAS02=96 and a matching CLP05. Other Insurance, Spenddown, Patient Liability at the Line Level will be reported with CAS01=P1, CAS02=an appropriate Adjustment Reason Code matching the claim error. Any additional difference between the billed amount and Medicaid Paid amount will be reported as CAS01=P1 with an appropriate Adjustment Reason Code matching the claim adjustment.
132	2100	CAS	CAS04 - Adjustment Quantity	Adjustment Quantity
132	2100	CAS	CAS05 - Adjustment Reason Code	Adjustment Code can be found on <a href="http://www.wpc-edi.com">www.wpc-edi.com</a> Crosswalk to KY EOB see <a href="http://kymmis.com">http://kymmis.com</a>

Page	Loop	Segment	Data Element	Comments
133	2100	CAS	CAS06 - Adjustment Amount	Difference between the billed charge and Medicaid paid amount. Header Non Covered Amounts will be reported as CAS01=PR, CAS02=96 and a matching CLP05. Other Insurance, Spenddown, Patient Liability at the Line Level will be reported with CAS01=P1, CAS02=an appropriate Adjustment Reason Code matching the claim error. Any additional difference between the billed amount and Medicaid Paid amount will be reported as CAS01=P1 with an appropriate Adjustment Reason Code matching the claim adjustment.
133	2100	CAS	CAS07 - Adjustment Quantity	Adjustment Quantity
133	2100	CAS	CAS08 - Adjustment Reason Code	Adjustment Code can be found on <a href="http://www.wpc-edi.com">www.wpc-edi.com</a> Crosswalk to KY EOB see <a href="http://kymmis.com">http://kymmis.com</a>
133	2100	CAS	CAS09 - Adjustment Amount	Difference between the billed charge and Medicaid paid amount. Header Non Covered Amounts will be reported as CAS01=PR, CAS02=96 and a

Page	Loop	Segment	Data Element	Comments
				matching CLP05. Other Insurance, Spenddown, Patient Liability at the Line Level will be reported with CAS01=P1, CAS02=an appropriate Adjustment Reason Code matching the claim error. Any additional difference between the billed amount and Medicaid Paid amount will be reported as CAS01=P1 with an appropriate Adjustment Reason Code matching the claim adjustment.
134	2100	CAS	CAS10- Adjustment Quantity	Adjustment Quantity
134	2100	CAS	CAS11 - Adjustment Reason Code	Adjustment Code can be found on <a href="http://www.wpc-edi.com">www.wpc-edi.com</a> Crosswalk to KY EOB see <a href="http://kymmis.com">http://kymmis.com</a>
134	2100	CAS	CAS12 - Adjustment Amount	Difference between the billed charge and Medicaid paid amount. Header Non Covered Amounts will be reported as CAS01=PR, CAS02=96 and a matching CLP05. Other Insurance, Spenddown, Patient Liability at the Line Level will be reported with CAS01=P1, CAS02=an appropriate Adjustment Reason

Page	Loop	Segment	Data Element	Comments
				Code matching the claim error. Any additional difference between the billed amount and Medicaid Paid amount will be reported as CAS01=P1 with an appropriate Adjustment Reason Code matching the claim adjustment.
134	2100	CAS	CAS13- Adjustment Quantity	Adjustment Quantity
135	2100	CAS	CAS14 - Adjustment Reason Code	Adjustment Code can be found on <a href="http://www.wpc-edi.com">www.wpc-edi.com</a> Crosswalk to KY EOB see <a href="http://kymmis.com">http://kymmis.com</a>
135	2100	CAS	CAS15 - Adjustment Amount	Difference between the billed charge and Medicaid paid amount. Header Non Covered Amounts will be reported as CAS01=PR, CAS02=96 and a matching CLP05. Other Insurance, Spenddown, Patient Liability at the Line Level will be reported with CAS01=P1, CAS02=an appropriate Adjustment Reason Code matching the claim error. Any additional difference between the billed amount and Medicaid Paid amount will be reported as CAS01=P1 with an

Page	Loop	Segment	Data Element	Comments
				appropriate Adjustment Reason Code matching the claim adjustment.
135	2100	CAS	CAS16- Adjustment Quantity	Adjustment Quantity
135	2100	CAS	CAS17 - Adjustment Reason Code	Adjustment Code can be found on <a href="http://www.wpc-edi.com">www.wpc-edi.com</a> Crosswalk to KY EOB see <a href="http://kymmms.com">http://kymmms.com</a>
136	2100	CAS	CAS18 - Adjustment Amount	Difference between the billed charge and Medicaid paid amount. Header Non Covered Amounts will be reported as CAS01=PR, CAS02=96 and a matching CLP05. Other Insurance, Spenddown, Patient Liability at the Line Level will be reported with CAS01=P1, CAS02=an appropriate Adjustment Reason Code matching the claim error. Any additional difference between the billed amount and Medicaid Paid amount will be reported as CAS01=P1 with an appropriate Adjustment Reason Code matching the claim adjustment.
136	2100	CAS	CAS19- Adjustment Quantity	Adjustment Quantity

Page	Loop	Segment	Data Element	Comments
<b>NM1 - PATIENT NAME</b>				
137	2100	NM1	NM101 – Entity Identifier Code	'QC' - Patient
138	2100	NM1	NM102 – Entity Type Qualifier	1 - Person
138	2100	NM1	NM103 - Patient Last Name	Member last name as stored on KY Medicaid file. If member not found on file, the value will be the member last name from the claim form.
138	2100	NM1	NM104 - Patient First Name	Member first name as stored on KY Medicaid file. If member not found on file, the value will be the member first name from the claim form.
138	2100	NM1	NM105 - Patient Middle Name	Member Middle Name
139	2100	NM1	NM108 - Identification Code Qualifier	'MR' – Medicaid Member Identification Number
139	2100	NM1	NM109 - Patient Identifier	10 digit MAID number assigned by KY Medicaid
<b>NM1 - CORRECTED PATIENT/INSURED NAME</b>				
143	2100	NM1	NM101 – Entity Identifier Code	74 Corrected Insured
144	2100	NM1	NM102 - Entity Type Qualifier	1
144	2100	NM1	NM103 - Corrected Patient or Insured Last Name	Member last name as stored on KY Medicaid file. If member not found on file, the value will be the member last name from the claim form.  If different from Patient as

Page	Loop	Segment	Data Element	Comments
				adjudicated.
144	2100	NM1	NM104 - Corrected Patient or Insured First Name	Member first name as stored on KY Medicaid file. If member not found on file, the value will be the member first name from the claim form.  If different from Patient as adjudicated.
144	2100	NM1	NM105 - Corrected Patient or Insured Middle Name	Member middle name as stored on KY Medicaid file. If member not found on file, the value will be the member middle name from the claim form.  If different from Patient as adjudicated.
145	2100	NM1	NM108 - Identification Code Qualifier	C - Insured's Changed Unique Identification Number
145	2100	NM1	NM109 - Corrected Insured Identification Indicator	10 digit MAID number assigned by KY Medicaid  If different from Patient as adjudicated.
<b>NM1 - Rendering Provider Name</b>				
147	2100	NM1	NM101 – Entity Identifier Code	'82' – Rendering Provider
147	2100	NM1	NM102 - Entity Type Qualifier	1 - Person 2 - Non Person
147	2100	NM1	NM103 – Rendering Provider Name Last or Organization Name	Provider Last Name

Page	Loop	Segment	Data Element	Comments
147	2100	NM1	NM104 - Rendering Provider First Name	Provider First Name
148	2100	NM1	NM105 – Rendering Provider Middle Name or Initial	Provider Middle Name
148	2100	NM1	NM108 - Identification Code Qualifier	'MC' – Medicaid Provider Number (atypical only) 'XX' – Centers for Medicare and Medicaid National Provider Identifier
149	2100	NM1	NM109 - Rendering Provider Identifier	8 or 10 digit KY Medicaid Provider Number (atypical only) or NPI
<b>NM1 - CORRECTED PRIORITY PAYER NAME</b>				
153	2100	NM1	NM101 – Entity Identifier Code	'PR' – Payer
154	2100	NM1	NM102 – Entity Type Qualifier	2
154	2100	NM1	NM103 – Corrected Priority Payer Name	THIRD PARTY LIABILITY insurance company name
154	2100	NM1	NM108 – Identification Code Qualifier	'PI' – Payer Identification
154	2100	NM1	NM109 – Corrected Priority Payer Identification Number	THIRD PARTY LIABILITY policy number
<b>NM1 - OTHER SUBSCRIBER NAME</b>				
156	2100	NM1	NM101 – Entity Identifier Code	GB' Other Insured
157	2100	NM1	NM102 – Entity Type Qualifier	1' - Person '2' - Non-Person Entity
157	2100	NM1	NM103 – Other Subscriber Last Name	Last Name

Page	Loop	Segment	Data Element	Comments
157	2100	NM1	NM104 - Other Subscriber First Name	First Name
158	2100	NM1	NM108 – Identification Code Qualifier	MI' - Member Identification Number
158	2100	NM1	NM109 – Other Subscriber Identifier	Member ID
<b>MIA - INPATIENT ADJUDICATION INFORMATION</b>				
160	2100	MIA	MIA01 - Covered Days or Visits Count	Default to '0' – Institutional only
161	2100	MIA	MIA04 - Claim DRG Amount	Use this monetary amount for the DRG dollar amount. – Institutional only
161	2100	MIA	MIA05 - Claim Payment Remark Code	HIPAA Remark Code for Inpatient and Institutional Regular and Crossover claims. Remark Codes can be found on <a href="http://www.wpc-edi.com">www.wpc-edi.com</a> Crosswalk to KY EOB See <a href="http://kymmis.com">http://kymmis.com</a>
164	2100	MIA	MIA20 – Claim Payment Remark Code	HIPAA Remark Code for Inpatient and Institutional Regular and Crossover claims (2)
<b>MOA - OUTPATIENT ADJUDICATION INFORMATION</b>				
167	2100	MOA	MOA03 – Claim Payment Remark Code	HIPAA Remark Code for Outpatient/Professional Crossover claims. Remark Codes can be found on <a href="http://www.wpc-edi.com">www.wpc-edi.com</a> Crossover to KY EOB See <a href="http://kymmis.com">http://kymmis.com</a>

Page	Loop	Segment	Data Element	Comments
167	2100	MOA	MOA04 – Claim Payment Remark Code	HIPAA Remark Code for Outpatient/Professional Crossover claims (2)
REF - OTHER CLAIM RELATED IDENTIFICATION				
169	2100	REF	REF01 - Reference Identification Qualifier	'9C' – Adjusted Repriced Claim Reference OR  'EA' - Medical Record Number OR 'F8' – Original Reference Number (as indicated in REF02) OR SY - Social Security Number
170	2100	REF	REF02 - Other Claim Related Identifier	Original Medicaid Internal Control Number for adjusted claim (9C) OR EA medical record number OR duplicate claim ICN number (F8). ICN previously called TCN for KY Medicaid OR SY social security number
DTM - STATEMENT FROM OR TO DATE				
174	2100	DTM	DTM01 - Date/Time Qualifier	'232' – Claim Statement Period Start '233' – Claim Statement Period End
174	2100	DTM	DTM02 - Claim Date	First Date Last Date
DTM - COVERAGE EXPIRATION DATE				
175	2100	DTM	DTM01 - Date/Time Qualifier	36' - Expiration
175	2100	DTM	DTM02 - Date	CCYYMMDD

Page	Loop	Segment	Data Element	Comments
<b>AMT - CLAIM SUPPLEMENTAL INFORMATION</b>				
182	2100	AMT	AMT01 - Amount Qualifier Code	AU' - Coverage Amount
183	2100	AMT	AMT02 - Claim Supplemental Information Amount	Medicaid allowed amount
<b>SVC - SERVICE PAYMENT INFORMATION</b>				
187	2110	SVC	SVC01-1 - Product or Service ID Qualifier	HC' - Health Care Financing Administration Common Procedural Coding System (HCPCS) 'NU' - National Uniform Billing Committee (NUBC) UB92 Codes 'AD' - American Dental Association Codes  'N4' - National Drug Code in 5-4-2 Format
188	2110	SVC	SVC01-2 - Adjudicated Procedure Code	Procedure Code
188	2110	SVC	SVC01-3 - Procedure Modifier	Procedure Code Modifier
189	2110	SVC	SVC01-4 - Procedure Modifier	Procedure Code Modifier
189	2110	SVC	SVC01-5 - Procedure Modifier	Procedure Code Modifier
189	2110	SVC	SVC01-6 - Procedure Modifier	Procedure Code Modifier
189	2110	SVC	SVC02 - Line Item Charge Amount	Line Item Charge Amount
190	2110	SVC	SVC03 - Line Item Provider Payment Amount	Line Item Provider Payment Amount

Page	Loop	Segment	Data Element	Comments
190	2110	SVC	SVC04 - National Uniform Billing Committee Revenue Code	Revenue Code if billed in conjunction with a HCPCS code.
190	2110	SVC	SVC05 - Units of Service Paid Count	Units of Service
191	2110	SVC	SVC06 – 1 - Product or Service ID Qualifier	'AD' – American Dental Association Codes 'HC' – Health Care Financing Administration Common Procedural Coding System 'N4' – National Drug Code (NDC) 'NU' – National Uniform Billing Committee (NUBC) UB92
192	2110	SVC	SVC06 – 2 - Procedure Code	Reports the original code billed on claim.
192	2110	SVC	SVC06 – 3 - Procedure Modifier	Procedure code modifier
192	2110	SVC	SVC06 – 4 - Procedure Modifier	Procedure Code Modifier
192	2110	SVC	SVC06 – 5 - Procedure Modifier	Procedure Code Modifier
192	2110	SVC	SVC06 – 6 - Procedure Modifier	Procedure Code Modifier
193	2110	SVC	SVC06 - 7 - Procedure Code Description	Procedure Code Description
193	2110	SVC	SVC07 - Original Units of Service Count	Quantity
<b>DTM - SERVICE DATE</b>				
195	2110	DTM	DTM01 - Date Time Qualifier	472' - Service
195	2110	DTM	DTM02 - Service Date	CCYYMMDD

Page	Loop	Segment	Data Element	Comments
<b>CAS - SERVICE ADJUSTMENT</b>				
198	2110	CAS	CAS01 - Claim Adjustment Group Code	'PI' – Payer Initiated Reductions
198	2110	CAS	CAS02 - Adjustment Reason Code	Adjustment Code can be found on <a href="http://www.wpc-edi.com">www.wpc-edi.com</a> Crosswalk to KY EOB see <a href="http://kymmis.com">http://kymmis.com</a>
199	2110	CAS	CAS03 - Adjustment Amount	Difference between the line billed charge and line Medicaid paid amount
199	2110	CAS	CAS04 - Adjustment Quantity	Adjustment Quantity
199	2110	CAS	CAS05 - Adjustment Reason Code	Adjustment Code can be found on <a href="http://www.wpc-edi.com">www.wpc-edi.com</a> Crosswalk to KY EOB see <a href="http://kymmis.com">http://kymmis.com</a>
199	2110	CAS	CAS06 - Adjustment Amount	Difference between the line billed charge and line Medicaid paid amount.
200	2110	CAS	CAS07 - Adjustment Quantity	Adjustment Quantity
200	2110	CAS	CAS08 - Adjustment Reason Code	Adjustment Code can be found on <a href="http://www.wpc-edi.com">www.wpc-edi.com</a> Crosswalk to KY EOB see <a href="http://kymmis.com">http://kymmis.com</a>
200	2110	CAS	CAS09 - Adjustment Amount	Difference between the line billed charge and line Medicaid paid amount.
200	2110	CAS	CAS10 - Adjustment Quantity	Adjustment Quantity
201	2110	CAS	CAS11 - Adjustment Reason	Adjustment Code can

Page	Loop	Segment	Data Element	Comments
			Code	be found on www.wpc-edi.com Crosswalk to KY EOB see http://kymmis.com
201	2110	CAS	CAS12 - Adjustment Amount	Difference between the line billed charge and line Medicaid paid amount
201	2110	CAS	CAS13 - Adjustment Quantity	Adjustment Quantity
202	2110	CAS	CAS14 - Adjustment Reason Code	Adjustment Code can be found on www.wpc-edi.com Crosswalk to KY EOB see http://kymmis.com
202	2110	CAS	CAS15 - Adjustment Amount	Difference between the line billed charge and line Medicaid paid amount
202	2110	CAS	CAS16 - Adjustment Quantity	Adjustment Quantity
203	2110	CAS	CAS17 - Adjustment Reason Code	Adjustment Code can be found on www.wpc-edi.com Crosswalk to KY EOB see http://kymmis.com
203	2110	CAS	CAS18 - Adjustment Amount	Difference between the line billed charge and line Medicaid paid amount
203	2110	CAS	CAS19 - Adjustment Quantity	Adjustment Quantity
<b>REF - LINE ITEM CONTROL NUMBER</b>				
206	2110	REF	REF01 - Reference Identification Qualifier	'6R' – Provider Control Number OR 'BB' – Authorization

Page	Loop	Segment	Data Element	Comments
				Number OR 'LU' – Location Number
206	2110	REF	REF02 - Line Item Control Number	Original Line Item Control Number from 837-claim line (6R) OR duplicate ICN (Previously called TCN) for claim line (BB) OR KenPAC site number (LU).
<b>REF - RENDERING PROVIDER INFORMATION</b>				
207	2110	REF	REF01 - Reference Identification Qualifier	HPI, TJ, SY
208	2110	REF	REF02 - Rendering Provider Identifier	10 digit KY Medicaid Provider number (atypical only) Or NPI
<b>AMT - SERVICE SUPPLEMENTAL AMOUNT</b>				
211	2110	AMT	AMT01 - Amount Qualifier Code	'B6' – Allowed Actual
212	2110	AMT	AMT02 - Service Supplemental Amount	Provider Type 21 only – The original Medicaid Allowed Amount
<b>LQ - HEALTH CARE REMARK CODES</b>				
215	2110	LQ	LQ01 - Code List Qualifier Code	'HE' – Claim Payment Remark Codes
216	2110	LQ	LQ02 - Remark Code	Remark Codes can be found on <a href="http://www.wpc-edi.com">www.wpc-edi.com</a> Crosswalk to KY EOB see <a href="http://kymmis.com">http://kymmis.com</a>
<b>PLB - PROVIDER ADJUSTMENT</b>				
218	N/A	PLB	PLB01 - Provider Identifier	10 digit KY Medicaid Pay to Provider

Page	Loop	Segment	Data Element	Comments
				number (atypical only) Or NPI
218	N/A	PLB	PLB02 - Fiscal Period Date	Accounts Receivable Financial Cost Settlement Fiscal Year End Date or Set- up date for A/R transaction. For a Negative Net Payment Amount this field contains the Remittance Date.
219	N/A	PLB	PLB03-1 - Adjustment Reason Code	50, 51, 72, 90, AH, AM, AP, B2, B3, BD, BN, C5, CR, CS, CT, CV, CW, DM, E3, FB, FC, GO, HM, IP, IR, IS, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, TL, WO, WU
222	N/A	PLB	PLB03-2 - Provider Adjustment Identifier	KY Medicaid explanation of description.
223	N/A	PLB	PLB04 - Provider Adjustment Amount	The monetary amount for the adjustment to the preceding adjustment code. Amount of increase/decrease OR amount received/recouped. / OR Negative Net Payment Amount. Note: As required for HIPAA compliance, only amounts that affect the remittance check amount will be reported in the PLB segment.

Page	Loop	Segment	Data Element	Comments
223	N/A	PLB	PLB05-2 - Provider Adjustment Identifier	KY Medicaid explanation of description.
224	N/A	PLB	PLB06 - Provider Adjustment Amount	The monetary amount for the adjustment to the preceding adjustment code. Amount of increase/decrease OR amount received/recouped. / OR Negative Net Payment Amount. Note: As required for HIPAA compliance, only amounts that affect the remittance check amount will be reported in the PLB segment.
224	N/A	PLB	PLB07-2 - Provider Adjustment Identifier	KY Medicaid explanation of description.
224	N/A	PLB	PLB08 - Provider Adjustment Amount	The monetary amount for the adjustment to the preceding adjustment code. Amount of increase/decrease OR amount received/recouped. / OR Negative Net Payment Amount. Note: As required for HIPAA compliance, only amounts that affect the remittance check amount will be reported in the PLB segment.
225	N/A	PLB	PLB09-2 - Provider Adjustment Identifier	KY Medicaid explanation of description.

Page	Loop	Segment	Data Element	Comments
225	N/A	PLB	PLB10 - Provider Adjustment Amount	The monetary amount for the adjustment to the preceding adjustment code. Amount of increase/decrease OR amount received/recouped. / OR Negative Net Payment Amount. Note: As required for HIPAA compliance, only amounts that affect the remittance check amount will be reported in the PLB segment.
226	N/A	PLB	PLB11-2 - Provider Adjustment Identifier	KY Medicaid explanation of description.
226	N/A	PLB	PLB12 - Provider Adjustment Amount	The monetary amount for the adjustment to the preceding adjustment code. Amount of increase/decrease OR amount received/recouped. / OR Negative Net Payment Amount. Note: As required for HIPAA compliance, only amounts that affect the remittance check amount will be reported in the PLB segment.
226	N/A	PLB	PLB13-2 - Provider Adjustment Identifier	KY Medicaid explanation of description.
227	N/A	PLB	PLB14 - Provider Adjustment Amount	The monetary amount for the adjustment to the preceding adjustment code.

Page	Loop	Segment	Data Element	Comments
				Amount of increase/decrease OR amount received/recouped. / OR Negative Net Payment Amount. Note: As required for HIPAA compliance, only amounts that affect the remittance check amount will be reported in the PLB segment.