



**B835 Flat File  
(Updated 4/1/2008)**

Element Identifier	Description	X12 Flat File-----										18			NSF 2.01U-----		835 Version 4010	
		ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	Previous Description		Ref.
<b>TRN</b>	<b>Reassociation Trace Number</b>	65	1	R	-----	1		52			TRN	1	18	1			N/A Medicare	<b>TRN</b>
TRN01	Trace Type Code	66	ID	1-2	R		1					19	2		TG			TRN01
TRN02	Check or EFT Trace #	67	AN	1-30	R							21	30		Check #/EFT Trace #	200-08		TRN02
TRN03	Payer Identifier	68	AN	10-10	R		=BPR10					51	10		Not in 2.01U			TRN03
TRN04	Originating Co Supplemental Code	69	AN	1-30	S		N/A Medicare								Not in 2.01U			TRN04
		70																
<b>CUR</b>	<b>Foreign Currency Information</b>	71	1	S	-----	1	N/A	54			CUR						N/A Medicare	<b>CUR</b>
		72																
<b>REF</b>	<b>Reference Identification</b>	73	1	S	-----	1		57			REF	1	18	1				<b>REF</b>
REF01	Receiver ID Qualifier	74	ID	2-3	R		EV					19	3		TG			REF01
REF02	Receiver Identifier	75	AN	1-30	R							22	30		Receiver ID	100-03		REF02
REF03-	Description	76	AN	1-80	N/U											900-03		REF03-04
		77																
		78																
<b>REF</b>	<b>Version Identification</b>	79	1	S	-----	1		58			REF	1	18	1				<b>REF</b>
REF01	Receiver ID Qualifier	80	ID	2-3	R		F2					19	3		Not in 2.01U			REF01
REF02	Version ID Code	81	AN	1-30	R							22	30		Not in 2.01U			REF02
REF03-	Description	82	AN	1-80	N/U													REF03-04
		83																
		84																
<b>DTM</b>	<b>Production Date</b>	85	1	S	-----	1		60			DTM	1	18	1				<b>DTM</b>
DTM01	Date Time Qualifier	86	ID	3-3	R		405					19	3		TG			DTM01
DTM02	Production Date	87	DT	8-8	R		CCYYMMDD					22	8		Payor Process Date	200-10		DTM02
DTM03-	Not Used	88																DTM03-04
		89																
		90																
<b>N1</b>	<b>Payer Identification</b>	91	1	R	1000A	1		62	1000A		N1	1	18	1				<b>N1</b>
N101	Entity Identifier Code	92	ID	2-3	R		PR					19	3		TG			N101
N102	Payer Name	93	AN	1-60	S							22	60		Submitter Identification	100-07		N102
N103	ID Code Qualifier	94	ID	1-2	S		XV					82	2		TG		XV in N103 when PlanID eff	N103
N104	Payer Identifier	95	AN	2-80	S							84	80		Payor Identification	100-02		N104
N105-	Not Used	96																N105-106
		97																
		98																
<b>N3</b>	<b>Payer Address</b>	99	1	R	1000A			64	1000A		N3	1	18	1				<b>N3</b>
N301	Payer Address Line	100	AN	1-55	R							19	55		Not in 2.01U			N301
N302	Payer Address Line	101	AN	1-55	S							74	55		Not in 2.01U			N302
		102																
<b>N4</b>	<b>Payer City, State, Zip</b>	103	1	R	1000A			65	1000A		N4	1	18	1				<b>N4</b>
N401	Payer City Name	104	AN	2-30	R							19	30		Not in 2.01U			N401
N402	Payer State Code	105	ID	2-2	R							49	2		Not in 2.01U			N402
N403	Payer Postal Zone or ZIP Code	106	ID	3-15	R							51	15		Not in 2.01U			N403
N404-	Country Code	107	ID	2-3	N/U							66	3					N404-406
		108																
		109																
<b>REF</b>	<b>Additional Payer Identification</b>	110	4	S	1000A			67	1000A		REF	1	18	4				<b>REF</b>
REF01	Reference Identification Qualifier	111	ID	2-3	R		2U					19	3		TG			REF01
REF02	Additional Payer ID	112	AN	1-30	R							22	30		Payor Identification	200-02		REF02
REF03-	Not Used	113																REF03-04
		114																
		115																
<b>PER</b>	<b>Payer Contact Information</b>	116	1	S	1000A			69	1000A		PER	1	18	1				<b>PER</b>
PER01	Contact Function Code	117	ID	2-2	R		CX					19	2		TG			PER01
PER02	Payer Contact Name	118	AN	1-60	S							21	60		Submitter Name	100-07		PER02
PER03	Communication # Qualifier	119	ID	2-2	S		EM,FX,TE					81	2		Not in 2.01U			PER03
PER04	Payer Contact Communication #	120	AN	1-80	S							83	80		Not in 2.01U			PER04
PER05	Communication Number Qualifier 2	121	ID	2-2	S		EM,EX,FX,TE					163	2		Not in 2.01U			PER05
PER06	Payer Contact Communication #	122	AN	1-80	S							165	80		Not in 2.01U			PER06
		125																
PER07	Communication Number Qualifier 3	126	ID	2-2	S		EX					245	2		Not in 2.01U			PER07
PER08	Payer Contact Communication #	127	AN	1-80	S							247	80		Not in 2.01U			PER08

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Element Identifier	Description	2	X12 Flat File-----					18			NSF 2.01U-----			835 Version 4010					
			ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.		Start	Length	Record Repeat	Previous Description	Ref.
PER09	Contact Inquiry Reference	128	AN	1-20	N/U														PER09
N1	Payee Identification	130		1	R	1000B		72	1000B		N1		1	18	1				N1
N101	Entity Identifier Code	131	ID	2-3	R		PE						19	3			TG		N101
N102	Payee Name	132	AN	1-60	S								22	60			Provider Name	200-06	N102
N103	Identification Code Qualifier	133	ID	1-2	R		XX						82	2			Not in 2.01U		N103
N104	Payee ID Code	134	AN	2-80	R								84	80			Not in 2.01U		N104
N105-	Not Used	135																	N105-106
-106		136																	
N3	Payee Address	138		1	S	1000B		74	1000B		N3		1	18	1				N3
N301	Payee Address Line	139	AN	1-55	R								19	55			Not in 2.01U		N301
N302	Payee Address Line	140	AN	1-55	S								74	55			Not in 2.01U		N302
N4	Payee City,State,Zip	142		1	S	1000B		75	1000B		N4		1	18	1				N4
N401	Payee City Name	143	AN	2-30	R								19	30			Not in 2.01U		N401
N402	Payee State Code	144	ID	2-2	R								49	2			Not in 2.01U		N402
N403	Payee Postal Zone or ZIP Code	145	ID	3-15	R								51	15			Not in 2.01U		N403
N404	Country Code	146	ID	2-3	S								66	3			Not in 2.01U		N404
N405-	Not Used	147																	N405-406
-406		148																	
REF	Payee Additional Identification	150		>1	S	1000B		77	1000B		REF		1	18	>1				REF
REF01	Reference Identification Qualifier	151	ID	2-3	R		TJ						19	3			Not in 2.01U		REF01
REF02	Additional Payee ID #	152	AN	1-30	R								22	30			Not in 2.01U		REF02
REF03-	Not Used	153																	REF03-04
-04		154																	
LX	Header Number	156		1	S	2000		79	2000		LX		1	18	1				LX
LX01	Assigned #	157	N0	1-6	R		1,0						19	6			Assign/unassign clm indictr	200-19	LX01
		158															Claim filing indicator	500-24	
TS3	Provider Summary Information	160		1	S	2000		80	2000		TS3		1	18				N/A Carriers	TS3
TS301	Reference Identification	161	AN	1-30	R		NPI						19	30					
TS302	Facility Code Value	162	AN	1-2	R		POS Code						49	2					
TS303	Date	163	DT	8-8	R		CCYYMMDD						51	8					
TS304	Quantity	164	R	1-15	R								59	15					
TS305	Monetary Amount	165	R	1-18	R								74	18					
TS306	Not Used	166																	
-TS324		167																	
TS2	Provider Supplemental Summary Info	168		1	S	2000	N/A	85	2000		TS2							N/A Carriers	TS2
CLP	Claim Level Data	170		1	R	2100		89	2100		CLP		1	18	1				CLP
CLP01	Patient Control #	171	AN	1-38	R								19	38			Patient Control #	400-03, 450-03, 500-03	CLP01
CLP02	Claim Status Code	172	ID	1-2	R		1,2,3,4,5,10 13,15,16,17, 19,20,21,22,23						57	2			Claim Status	400-19	CLP02
CLP03	Total Claim Charge Amount S9(7)V99	175	R	1-18	R								59	18			CT Submitted Charges	500-05	CLP03
CLP04	Claim Payment Amount S9(7)V99	176	R	1-18	R								77	18			CT Calcultd Pymt to Prov	500-15	CLP04
CLP05	Patient Responsibility Amount S9(7)V99	177	R	1-18	S								95	18			CT Amount Patient Owes	500-23	Required if any PR CAS group entries
CLP06	Claim Filing Indicator Code	178	ID	1-2	R		MB						113	2			TG		CLP06
CLP07	Payer Claim Control #	179	AN	1-30	S								115	30			Payor Clm Cntrl #	400-22, 451-06, 500-21	CLP07
CLP08	Facility Type Code	180	AN	1-2	S								145	2			Place of Service	450-11	CLP08
CLP09	Claim Frequency Code	181	ID	1-1	S		N/A Medicare										Not in 2.01U		CLP09
CLP10	Patient Status Code	182	ID	1-2	N/U												Not in 2.01U		CLP10
CLP11	DRG Code	183	ID	1-4	S		N/A Carriers										Not in 2.01U		CLP11
CLP12	DRG Weight	184	R	1-15	S		N/A Carriers										Not in 2.01U		CLP12
CLP13	Discharge Fraction	185	R	1-10	S		N/A Carriers										Not in 2.01U		CLP13

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		ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	Previous Description	Ref.	Misc. Comments		Element Identifier
		186																		
<b>CAS</b>	<b>Claim Adjustment</b>	187		<b>99</b>	<b>S</b>	<b>2100</b>				<b>95</b>	<b>2100</b>		<b>CAS</b>		<b>1</b>				<b>CAS</b>	
CAS01	Claim Adjustment Group Code	ID	1--2	R			CO,CR,OA,PR					19	2		Group Code	450-38	positions 1-2 of 450-38		CAS01	
CAS02	Adjustment Reason Code	ID	1--5	R								21	5		Reason Code 1	450-38	positions 4-6 of 450-38		CAS02	
CAS03	Adjustment Amount S9(7)V99	R	1--18	R								26	18		Dollar Amount 1	451-10			CAS03	
CAS04	Adjustment Quantity 9(7)	R	1--15	S			N/A Medicare					44	15		Not in 2.01U				CAS04	
<b>NM1</b>	<b>Patient Name</b>	189		<b>1</b>	<b>R</b>	<b>2100</b>				<b>102</b>	<b>2100</b>		<b>NM1</b>		<b>1</b>	<b>18</b>	<b>1</b>		<b>NM1</b>	
NM101	Entity Identifier Code	ID	2--3	R			QC					19	3		TG				NM101	
NM102	Entity Type Qualifier	ID	1--1	R			1					22	1		TG				NM102	
NM103	Patient Last Name	AN	1--35	R								23	35		Patient Last Name	400-13			NM103	
NM104	Patient First Name	AN	1--25	R								58	25		Patient First Name	400-14			NM104	
NM105	Patient Middle Name	AN	1--25	S								83	25		Patient Middle Initial	400-15			NM105	
NM106	Name Prefix	AN	1-10	N/U											Not in 2.01U				NM106	
NM107	Patient Name Suffix	AN	1--10	S								108	10		Not in 2.01U				NM107	
NM108	ID Code Qualifier	ID	1--2	S			HN,II,MI					118	2		TG		Always HN until individual identifier eff, then II		NM108	
NM109	Patient Identifier	AN	2--80	S								120	80		HIC#	400-07			NM109	
NM110-	Not Used																		NM110-111	
-111		200																		
		201																		
<b>NM1</b>	<b>Insured's Name</b>	202		<b>1</b>	<b>S</b>	<b>2100</b>				<b>105</b>	<b>2100</b>							Not in 2.01U	N/A Medicare	<b>NM1</b>
		203																		
<b>NM1</b>	<b>Corrected Patient/Insured Name</b>	204		<b>1</b>	<b>S</b>	<b>2100</b>				<b>108</b>	<b>2100</b>		<b>NM1</b>		<b>1</b>	<b>18</b>	<b>1</b>		<b>NM1</b>	
NM101	Entity Identifier Code	ID	2--3	R			74					19	3		TG				NM101	
NM102	Entity Type Qualifier	ID	1--1	R			1					22	1		TG				NM102	
NM103	Corrected Patient/Ins Last Name	AN	1--35	S								23	35		Not in 2.01U		2.01U carried only 1 name, any name correction would replace the 837 name		NM103	
NM104	Corrected Patient/Ins First Name	AN	1--25	S								58	25		Not in 2.01U		2.01U carried only a single name		NM104	
NM105	Corrected Patient/Ins Middle Name	AN	1--25	S								83	25		Not in 2.01U		2.01U carried only a single name		NM105	
NM106	Name Prefix	AN	1-10	N/U											Not in 2.01U				NM106	
NM107	Corrected Patient Name Suffix	AN	1--10	S								108	10		Not in 2.01U				NM107	
NM108	Identification Code Qualifier	ID	1--2	S			C					118	2		Corrected Insurance ID Indicator	400-08			NM108	
NM109	Corrected Ins Identification Indicator	AN	2--80	S								120	80		Not in 2.01U				NM109	
NM110-	Not Used																		NM110-111	
-111		214																		
		215																		
		216																		
<b>NM1</b>	<b>Service Provider Name</b>	217		<b>1</b>	<b>S</b>	<b>2100</b>				<b>111</b>	<b>2100</b>		<b>NM1</b>		<b>1</b>	<b>18</b>	<b>1</b>		<b>NM1</b>	
NM101	Entity Identifier Code	ID	2--3	R			82					19	3		TG				NM101	
NM102	Entity Type Qualifier	ID	1--1	R			1, 2					22	1		TG				NM102	
NM103	Rendering Provider Last/Org Name	AN	1-35	S			N/A Medicare					23	35		Not in 2.01U				NM103	
NM104	Rendering Provider First Name	AN	1--25	S			N/A Medicare					58	25		Not in 2.01U				NM104	
NM105	Rendering Provider Middle Name	AN	1--25	S			N/A Medicare					83	25		Not in 2.01U				NM105	
NM106	Name Prefix	AN	1-10	N/U											Not in 2.01U				NM106	
NM107	Rendering Provider Name Suffix	AN	1--10	S			N/A Medicare					108	10		Not in 2.01U				NM107	
NM108	ID Code Qualifier	ID	1--2	R			XX					118	2		TG		Always UP until NPI eff, then XX		NM108	
NM109	Rendering Provider Identifier	AN	2--80	R								120	80		Performing Provider ID	450-37			NM109	
NM110-	Not Used																		NM110-111	
-111		227																		
		228																		
		229													Not in 2.01U					
<b>NM1</b>	<b>Crossover Carrier Name</b>	230		<b>1</b>	<b>S</b>	<b>2100</b>				<b>114</b>	<b>2100</b>		<b>NM1</b>		<b>1</b>	<b>18</b>	<b>1</b>		<b>NM1</b>	
NM101	Entity Identifier Code	ID	2--3	R			TT					19	3		TG if Y in	400-18			NM101	
NM102	Entity Type Qualifier	ID	1--1	R			2					22	1		TG				NM102	
NM103	COB Carrier Name	AN	1--35	R								23	35		Supplemental Ins Name 1	500-25			NM103	
NM104	First name	AN	1-25	N/U								58	25						NM104	
NM105	Middle name	AN	1-25	N/U								83	25						NM105	
NM106	Not Used	AN	1-10	N/U															NM106	
NM107	name suffix	AN	1-10	N/U								108	10						NM107	
NM108	ID Code Qualifier	ID	1--2	R			PI,XV					118	2		TG		Always PI until PlanID eff, then XV		NM108	
NM109	COB Carrier Identifier	AN	2--80	R								120	80		ID #1	500-26			NM109	
NM110-	Not Used																		NM110-111	
-111		240																		
		241																		

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		ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	Previous Description	Ref.	Misc. Comments		Element Identifier	
		242																			
		243																			
		246																			
<b>NM1</b>	<b>Corrected Priority Payer Name</b>	247	<b>2</b>	<b>S</b>	<b>2100</b>			<b>116</b>	<b>2100</b>		<b>NM1</b>		<b>1</b>	<b>18</b>	<b>2</b>					<b>NM1</b>	
NM101	Entity Identifier Code	248	ID	2-3	R		PR						19	3		TG				NM101	
NM102	Entity Type Qualifier	249	ID	1-1	R		2						22	1		TG				NM102	
NM103	Corrected Priority Payer Name	250	AN	1-35	R								23	35		Not in 2.01U				NM103	
NM104	First name	251	AN	1-25	N/U								58	25						NM104	
NM105	middle name	252	AN	1-25	N/U								83	25						NM105	
NM106	Not Used	253																		NM106	
NM107	name suffix	254	AN	1-10	N/U								108	10						NM107	
NM108	ID Code Qualifier	255	ID	1-2	R		PI,XV						118	2		TG		Always PI until PlanID eff. then XV		NM108	
NM109	Corrected Priority Payer ID	256	AN	2-80	R								120	80		Not in 2.01U		Zero fill until PlanID effective		NM109	
NM110-	Not Used	257																		NM110-111	
-111		258																			
		259																			
<b>MIA</b>	<b>Inpatient Adjudication Information</b>	260		<b>1</b>	<b>S</b>	<b>2100</b>		<b>N/A</b>	<b>118</b>	<b>2100</b>		<b>MIA</b>							N/A Carriers	<b>MIA</b>	
		261																			
<b>MOA</b>	<b>Outpatient Adjudication Information</b>	262		<b>1</b>	<b>S</b>	<b>2100</b>			<b>123</b>	<b>2100</b>		<b>MOA</b>		<b>1</b>	<b>18</b>	<b>1</b>				<b>MOA</b>	
MOA01	Reimbursement Rate 9(3)V99	263	R	1-10	S		N/A Carriers						19	10		Not in 2.01U				MOA01	
MOA02	Claim HCPCS Payable Amount S9(7)V99	264	R	1-18	S		N/A Carriers						29	18		Not in 2.01U				MOA02	
MOA03	Remark Code	265	AN	1-30	S								47	30		Claim Remark Code 1	400-23			MOA03	
MOA04	Remark Code	266	AN	1-30	S								77	30		Claim Remark Code 2	400-24			MOA04	
MOA05	Remark Code	267	AN	1-30	S								107	30		Claim Remark Code 3	400-25			MOA05	
MOA06	Remark Code	268	AN	1-30	S								137	30		Claim Remark Code 4	400-26			MOA06	
MOA07	Remark Code	269	AN	1-30	S								167	30		Claim Remark Code 5	400-27			MOA07	
MOA08	Claim ESRD Payment Amount S9(7)V99	270	R	1-18	S		N/A Carriers						197	18		Not in 2.01U				MOA08	
MOA09	Nonpayable Professional Comp Amt S9(7)V99	271	R	1-18	S		N/A Carriers						215	18		Not in 2.01U				MOA09	
		272																			
<b>REF</b>	<b>Other Claim-Related Identification</b>	273		<b>5</b>	<b>S</b>	<b>2100</b>		<b>N/A</b>	<b>126</b>	<b>2100</b>		<b>REF</b>							N/A Carriers	<b>REF</b>	
		274																			
<b>REF</b>	<b>Rendering Provider Identification ?</b>	275		<b>10</b>	<b>S</b>	<b>2100</b>		<b>N/A</b>	<b>128</b>	<b>2100</b>		<b>REF</b>							Information furnished at the line level for Medicare if applicable	<b>REF</b>	
		276																			
<b>DTM</b>	<b>Claim Payment Date</b>	277		<b>4</b>	<b>S</b>	<b>2100</b>			<b>130</b>	<b>2100</b>		<b>DTM</b>		<b>1</b>	<b>18</b>	<b>4</b>				<b>DTM</b>	
DTM01	Date Time Qualifier	278	ID	3-3	R		050						19	3		TG				DTM01	
DTM02	Claim Date	279	DT	8-8	R		CCYYMMDD						22	8		Payor Receipt Date	450-09			DTM02	
DTM03-	Not Used	280																		DTM03-06	
-06		281																			
		282																			
<b>PER</b>	<b>Claim Contact Information</b>	283		<b>3</b>	<b>S</b>	<b>2100</b>			<b>132</b>	<b>2100</b>		<b>PER</b>		<b>1</b>	<b>18</b>	<b>3</b>			Provision of contact information is at carrier discretion	<b>PER</b>	
PER01	Contact Function Code	284	ID	2-2	R		CX						19	2		Not in 2.01U				PER01	
PER02	Claim Contact Name	285	AN	1-60	S								21	60		Not in 2.01U				PER02	
PER03	Communication # Qualifier	286	ID	2-2	S		EM,FX,TE						81	2		Not in 2.01U				PER03	
PER04	Claim Contact Communication #	287	AN	1-80	S								83	80		Not in 2.01U				PER04	
PER05	Communication # Qualifier	288	ID	2-2	S		EM,EX,FX,TE						163	2		Not in 2.01U				PER05	
PER06	Claim Contact Communication #	289	AN	1-80	S								165	80		Not in 2.01U				PER06	
PER07	Communication # Qualifier	290	ID	2-2	S		EX						245	2		Not in 2.01U				PER07	
PER08	Communication # Extension	291	AN	1-80	S								247	80		Not in 2.01U				PER08	
PER09	Not Used	292																		PER09	
		293																			
<b>AMT</b>	<b>Claim Payment Information</b>	294		<b>14</b>	<b>S</b>	<b>2100</b>			<b>135</b>	<b>2100</b>		<b>AMT</b>		<b>1</b>	<b>18</b>	<b>14</b>				<b>AMT</b>	
AMT01	Amount Qualifier Code	295	ID	1-3	R		F5,I						19	3		TG for F5 when data in	451-24, 500-29			AMT01	
		296																			
		297																			
AMT02	Claim Supplemental Information Amt S9(7)V99	298	R	1-18	R								22	18		TG for I when data in Amount Patient Paid	451-24, 500-29			AMT02	
		299																			
		300																			
AMT03	Not Used	301															Interest Paid	500-11			AMT03
		302																			
<b>QTY</b>	<b>Claim Supplemental Infor Quantity</b>	303		<b>15</b>	<b>S</b>	<b>2100</b>		<b>N/A</b>	<b>137</b>	<b>2100</b>		<b>QTY</b>							N/A Carriers	<b>QTY</b>	
		304																			

**B835 Flat File  
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Element Identifier	Description	X12 Flat File-----											18			NSF 2.01U-----			835 Version 4010	
		ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	Previous Description	Ref.	Misc. Comments		Element Identifier
		307																		
<b>SVC</b>	<b>Service Payment Information</b>	308		1	S	2110	999			139	2110		SVC	1	18	1				SVC
SVC01	Composite Medical Procedure Identifier	309			R															SVC01
-01-1	Product or Service ID Qualifier	310	ID	2-2	R			HC,N4				19	2		TG for HC when data in	450-13			SVC01-1	
		311													N4 Not in 2.01U					
-01-2	Procedure Code	312	AN	1-48	R							21	48		HCPCS	450-13			SVC01-2	
		313													NDC Not in 2.01U					
-01-3	Procedure Modifier	314	AN	2-2	S							69	2		HCPCS Modifier 1	450-14			SVC01-3	
-01-4	Procedure Modifier	315	AN	2-2	S							71	2		HCPCS Modifier 2	450-15			SVC01-4	
-01-5	Procedure Modifier	316	AN	2-2	S							73	2		HCPCS Modifier 3	450-16			SVC01-5	
-01-6	Procedure Modifier	317	AN	2-2	S							75	2		Not in 2.01U				SVC01-6	
-01-7	Procedure Code Description	318	AN	1-80	S			N/A Medicare							Not in 2.01U				SVC01-7	
SVC02	Line Item Charge Amount S9(7)V99	319	R	1-18	R							77	18		Submitted Line Charge	450-18			SVC02	
SVC03	Line Item Provider Payment S9(7)V99	320	R	1-18	R							95	18		Calculated Payment to Provider	450-28			SVC03	
SVC04	NUBC Revenue Code	321	AN	1-48	S			N/A Carriers							Not in 2.01U				SVC04	
SVC05	Units of Service Paid Count S9(7)V99	322	R	1-15	S							113	15		Units of Service	450-17			SVC05	
SVC06	Composite Medical Procedure Identifier	323			S														SVC06	
-06-1	Product or Service ID Qualifier	324	ID	2-2	R			HC,N4				128	2		TG if entry in	451-09			SVC06-1	
		325													N4 Not in 2.01U					
-06-2	Procedure Code	326	AN	1-48	R							130	48		Original Procedure Code	451-09			SVC06-2	
		327													NDC Not in 2.01U					
-06-3	Procedure Modifier	328	AN	2-2	S							178	2		Not in 2.01U				SVC06-3	
-06-4	Procedure Modifier	329	AN	2-2	S							180	2		Not in 2.01U				SVC06-4	
-06-5	Procedure Modifier	330	AN	2-2	S							182	2		Not in 2.01U				SVC06-5	
-06-6	Procedure Modifier	331	AN	2-2	S							184	2		Not in 2.01U				SVC06-6	
-06-7	Procedure Code Description	332	AN	1-80	S			N/A Medicare							Not in 2.01U				SVC06-7	
SVC07	Units of Service Original Count S9(7)V99	333	R	1-15	S							186	15		Original Units of Service	451-25			SVC07	
		334																		
<b>DTM</b>	<b>Service Date Time Reference</b>	335		3	S	2110				146	2110		DTM	1	18	3				DTM
DTM01	Date Time Qualifier	336	ID	3-3	R			150,151,472				19	3		TG assigns 150 if data in	450-07			DTM01	
		337													TG assigns 151 if data in	450-08				
		338													TG assigns 472 if data in	450-07+				
		339														450-08				
DTM02	Service Date	340	DT	8-8	R			CCYYMMDD				22	8		Service From Date	450-07			DTM02	
		341													Service To Date	450-08				
DTM03-	Not Used	342																		
-06		343																		
		344																		
<b>CAS</b>	<b>Service Adjustment</b>	345		99	S	2110				148	2110		CAS	1	18	99				CAS
CAS01	Claim Adjustment Group Code	346	ID	1-2	R			CO,CR,OA,PR				19	2		Group Code	450-38	positions 1-2 of 450-38		CAS01	
CAS02	Adjustment Reason Code	347	ID	1-5	R							21	5		Reason Code 1	450-38	positions 4-6 of 450-38		CAS02	
CAS03	Adjustment Amount S9(7)V99	348	R	1-18	R							26	18		Dollar Amount 1	451-10			CAS03	
CAS04	Adjustment Quantity 9(7)	349	R	1-15	S			N/A Medicare				44	15		Not in 2.01U				CAS04	
CAS05	Adjustment Reason Code	350	ID	1-5	S							59	5		Reason Code 2	450-39	positions 3-6 of 450-39		CAS05	
CAS06	Adjustment Amount S9(7)V99	351	R	1-18	S							64	18		Dollar Amount 2	451-11			CAS06	
CAS07	Adjustment Quantity 9(7)	352	R	1-15	S			N/A Medicare				82	15		Not in 2.01U				CAS07	
CAS08	Adjustment Reason Code	353	ID	1-5	S							97	5		Reason Code 3	450-40	positions 3-6 of 450-40		CAS08	
CAS09	Adjustment Amount S9(7)V99	354	R	1-18	S							102	18		Dollar Amount 3	451-12			CAS09	
CAS10	Adjustment Quantity 9(7)	355	R	1-15	S			N/A Medicare				120	15		Not in 2.01U				CAS10	
CAS11	Adjustment Reason Code	356	ID	1-5	S							135	5		Reason Code 4	450-41	positions 3-6 of 450-41		CAS11	
CAS12	Adjustment Amount S9(7)V99	357	R	1-18	S							140	18		Dollar Amount 4	451-13			CAS12	
CAS13	Adjustment Quantity 9(7)	358	R	1-15	S			N/A Medicare				158	15		Not in 2.01U				CAS13	
CAS14	Adjustment Reason Code	359	ID	1-5	S							173	5		Reason Code 5	450-42	positions 3-6 of 450-42		CAS14	
CAS15	Adjustment Amount S9(7)V99	360	R	1-18	S							178	18		Dollar Amount 5	451-14			CAS15	
CAS16	Adjustment Quantity 9(7)	361	R	1-15	S			N/A Medicare				196	15		Not in 2.01U				CAS16	
CAS17	Adjustment Reason Code	362	ID	1-5	S							211	5		Reason Code 6	450-43	positions 3-6 of 450-43		CAS17	
CAS18	Adjustment Amount S9(7)V99	363	R	1-18	S							216	18		Dollar Amount 6	451-22			CAS18	
CAS19	Adjustment Quantity 9(7)	364	R	1-15	S			N/A Medicare				234	15		Not in 2.01U				CAS19	
		365																		
		368																		

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Element Identifier	Description	2	X12 Flat File-----					Values	X12 Flat File-----			18	NSF 2.01U-----			835 Version 4010		
			ID	Min/Max	Usage Req	Loop	Loop Repeat		Page #	Loop ID	Loop Seq		Seg ID	Seg. Seq.	Start		Length	Record Repeat
<b>REF</b>	<b>Service Identification</b>	369		7	S	2110						1	18	7				<b>REF</b>
REF01	Reference ID Qualifier	370	ID	2-3	R		LU,6R					19	3		TG generates LU if data in	450-11		REF01
		371													TG generates 6R if data in	450-04		
REF02	Provider ID	372	AN	1-30	R							22	30		Place of Service	450-11		REF02
		373													Line Item Control #	450-04		
REF03-04	Not Used	374																REF03-04
		375																
		376																
<b>REF</b>	<b>Rendering Provider Information</b>	377		10	S	2110						1	18	10				<b>REF</b>
REF01	Reference ID Qualifier	378	ID	2-3	R		HPI		156	2110		19	3		TG		Always TC until NPI eff, then HPI	REF01
REF02	Rendering Provider ID	379	AN	1-30	R							22	30		Performing Provider ID	450-37		REF02
REF03-04	Not Used	380																REF03-04
		381																
		382																
<b>AMT</b>	<b>Service Supplemental Amount</b>	383		12	S	2110						1	18	12				<b>AMT</b>
AMT01	Amount Qualifier Code	384	ID	1-3	R		B6,KH		158	2110		19	3		TG generates KH if data in	451-07		AMT01
		385													TG generates B6 if data in	450-21		
AMT02	Service Supplemental Amount S9(7)V99	386	R	1-18	R							22	18		Late Filing Reduction	451-07		AMT02
		387													Allowed/Contract Amount	450-21		
AMT03	Not Used	388																AMT03
		389																
<b>QTY</b>	<b>Service Supplemental Quantity</b>	390		6	S	2110		N/A									N/A Carriers	<b>QTY</b>
		391							160	2110								
<b>LQ</b>	<b>Health Care Remarks Codes</b>	392		99	S	2110						1	18	99				<b>LQ</b>
LQ01	Code List Qualifier Code	393	ID	1-3	R		HE		162	2110		19	3		TG			LQ01
LQ02	Remark Code	394	AN	1-30	R							22	30		Line Remark Codes 1-5	451-16-		LQ02
		395														451-20		
		396																
<b>PLB</b>	<b>Provider Level Adjustment</b>	397		>1	S	-----						1	18	1				<b>PLB</b>
PLB-01	Provider Identifier	398	AN	1-30	R		NPI		164			19	30		Provider Number	200-07		PLB01
PLB02	Fiscal Period Date	399	DT	8-8	R		CCYYMMDD					49	8		TG		Furnished from Carrier provider file	PLB02
PLB03	Adjustment Identifier	400			R													PLB03
-03-1	Adjustment Reason Code	401	ID	2-2	R		CS,AP,FB,LE, L6,50,SL,WQ, B2,IR,72,J1					57	2		Provider Adjustment Reason	700-06	The permitted codes changed in 4010	PLB03-1
		402																
		403																
-03-2	Provider Adjustment Identifier	404	AN	1-30	S							59	30		Not in 2.01U			PLB03-2
PLB04	Provider Adjustment Amount S9(7)V99	405	R	1-18	R							89	18		Adjustment Amount	700-07		PLB04
PLB05	Adjustment Identifier	406			S													PLB05
-05-1	Adjustment Reason Code	407	ID	2-2	R		CS,AP,FB,LE L6,50,SL,WQ B2,IR,72,J1					107	2		Provider Adjmnt Reason 2	700-06	Permitted codes have changed for v4010, 2nd repetition	PLB05-1
		408																
		409																
-05-2	Provider Adjustment Identifier	410	AN	1-30	S							109	30		Not in 2.01U			PLB05-2
PLB06	Provider Adjustment Amount S9(7)V99	411	R	1-18	S							139	18		Adjustment Amount 2	700-07	2nd repetition	PLB06
PLB07	Adjustment Identifier	412			S													PLB07
-07-1	Adjustment Reason Code	413	ID	2-2	R		CS,AP,FB,LE L6,50,SL,WQ B2,IR,72,J1					157	2		Provider Adjmnt Reason 3	700-06	3rd repetition	PLB07-1
		414																
		415																
-07-2	Provider Adjustment Identifier	416	AN	1-30	S							159	30		Not in 2.01U			PLB07-2
PLB08	Provider Adjustment Amount S9(7)V99	417	R	1-18	S							189	18		Adjustment Amount 3	700-07	3rd repetition	PLB08
PLB09	Adjustment Identifier	418			S													PLB09
-09-1	Adjustment Reason Code	419	ID	2-2	R		CS,AP,FB,LE L6,50,SL,WQ B2,IR,72,J1					207	2		Provider Adjmt Reason 4	700-06	4th repetition	PLB09-1
		420																
		421																
-09-2	Provider Adjustment Identifier	422	AN	1-30	S							209	30		Not in 2.01U			PLB09-2
PLB10	Provider Adjustment Amount S9(7)V99	423	R	1-18	S							239	18		Adjustment Amount 4	700-07	4th repetition	PLB10
PLB11	Adjustment Identifier	424			S													PLB11
		425																
		426																
		429																
-11-1	Adjustment Reason Code	430	ID	2-2	R		CS,AP,FB,LE					257	2		Provider Adjmt Reason 5	700-06	5th repetition	PLB11-1

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Element Identifier	Description	1	X12 Flat File-----										18			NSF 2.01U-----			835 Version 4010				
			ID	Min/Max	Usage Req	Loop	Loop Repeat	Values	Page #	Loop ID	Loop Seq	Seg ID	Seg. Seq.	Start	Length	Record Repeat	Previous Description	Ref.		Misc. Comments	Element Identifier		
		431																					
		432																					
-11-2	Provider Adjustment Identifier	433	AN	1--30	S									259	30				Not in 2.01U			PLB11-2	
PLB12	Provider Adjustment Amount S9(7)V99	434	R	1--18	S									289	18				Adjustment Amount 5	700-07	5th repetition	PLB12	
PLB13	Adjustment Identifier	435			S																	PLB13	
-13-1	Adjustment Reason Code	436	ID	2--2	R									307	2				Provider Adjmt Reason 6	700-06	6th repetition	PLB13-1	
		437																					
		438																					
-13-2	Provider Adjustment Identifier	439	AN	1--30	S									309	30				Not in 2.01U			PLB13-2	
PLB14	Provider Adjustment Amount S9(7)V99	440	R	1--18	S									339	18				Adjustment Amount 6	700-07	6th repetition	PLB14	
		441																					
<b>SE</b>	<b>Transition Set Trailer</b>	442		<b>1</b>	<b>R</b>	<b>----</b>								<b>173</b>									<b>SE</b>
SE01	Transition Segment Count	443	NO	1--10	R									19	10				Not in 2.01U		Computed by system	SE01	
SE02	Transition Set Control #	444	AN	4--9	R									29	9				Batch #	800-05		SE02	
		445																					
		449																					
<b>GE</b>	<b>Functional Group Trailer</b>	450		<b>1</b>	<b>R</b>	<b>---</b>								<b>B.10</b>									<b>GE</b>
GE01	# Transaction Sets Included	451	NO	1-6	R									19	6								GE01
GE02	Group Control #	452	NO	1-9	R									25	9								GE02
		453																					
<b>IEA</b>	<b>Interchange Control Trailer</b>	454		<b>1</b>	<b>R</b>	<b>----</b>								<b>B.7</b>									<b>IEA</b>
IEA01	# Included Functional Groups	455	NO	1-5	R									19	5								IEA01
IEA02	Interchange Control #	456	NO	9-9	R									24	9								IEA02