

# 835 Health Care Claim: Payment/Advice

ASC X12N 835 (004010X091A1)



**Nebraska Department of Health  
and Human Services**

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**DIVISION OF MEDICAID AND LONG-TERM CARE**

**Publication Date: July 23, 2007**  
**Effective Date: October 16, 2003**

## **Nebraska Medicaid Companion Guide Version: 1.01**

## **Preface:**

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when data is transmitted electronically by Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the Implementation Guides.

## Introduction:

This Companion Guide contains the format and establishes the data contents of the Health Care Claim Payment/Advice Transaction Set (835) for use within the context of an Electronic Data Interchange (EDI) environment. This 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 from Nebraska Medicaid to a health care provider either directly or via intermediary billers and claims clearinghouses or via a financial institution.

This Companion Guide governs electronic Remittance Advice/Payment on an ASC X12N 835 - (004010X091A1) transaction.

All claims (paper and electronic) will be reported on the 835 if a provider/submitter chooses to receive the 835.

Note: Only segments used by NE Medicaid are included in this Companion Guide.

Data usage requirements for Nebraska Medicaid will be identified throughout the Guide by shaded segment and element **Nebraska Medicaid Directives**.

Segment Directives provide usage rules for the entire segment and are displayed at the beginning of the segment following the Usage specification. These segment directives are used in the following circumstances:

1. Required Segments – No directive.
2. Situational segments required based on Implementation Guide Notes will be accompanied by the following directive – “Used as specified in the Implementation Guide”.
3. Situational segments always used by NE Medicaid will be accompanied by the following directive – “Used by NE Medicaid”.
4. Situational segments used by NE Medicaid for a specific reason not described in the Implementation Guide will be accompanied by the following directive – “Used by NE Medicaid when {specific instance}”.

Element Directives are shown for a specific data element and are used in both required and situational segments for the following circumstances:

1. When a specific value(s) is used by NE Medicaid, a Nebraska Medicaid Directive will be included indicating the value(s).
2. When a specific qualifier is used by NE Medicaid, a Nebraska Medicaid Directive indicating which qualifiers are used will be included.
3. When a specific qualifier is not used by NE Medicaid, it will be indicated as not used.

An Electronic Claim Activity Report (MCP524), will be used to convey the electronic claims deleted, rejected, cancelled electronic adjustments, and the associated reasons. A separate Refund Request Report (MCP248), or Refund Request Data File will also be produced.

This Companion Guide can be found on the State of Nebraska Department of Health and Human Services Web site at <http://www.dhhs.ne.gov>

Instructions on Trading Partner Enrollment and Testing requirements are also found on this Web site or by contacting the Medicaid EDI Help Desk at 1-866-498-4357 or 471-9461 (Lincoln Area) or via e-mail at [medicaid.edi@dhss.ne.gov](mailto:medicaid.edi@dhss.ne.gov).

## Revisions to Companion Guide:

For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section. Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

### Revisions since the previous release:

Page 5 – Revision: Transaction Summary Loop ID – 2100 – NM1 - Service Provider Name - Added.

Page 34 – Revision: Loop ID 2100 – NM1 – Service Provider Name – NE Medicaid Directive – ‘If the Billing Provider NPI was submitted on an 837, it will be returned here’ has been added.

# 835

# Health Care Claim Payment/Advice

## Functional Group=HP

This companion guide includes a transaction summary followed by the detailed information for each loop and segment. Please pay special attention to shaded Segment Notes and Nebraska Medicaid Directives. The ISA/IEA and GS/GE loops are not contained in this Companion Guide. These are addressed by the Trading Partner Enrollment Process.

Note: Claims previously adjudicated by Medicare will be labeled "Crossover" for purposes of this Guide.

### Transaction Summary:

If "NE Medicaid Usage" says:      Required      Always sent by NE Medicaid.  
    Used              Used by NE Medicaid, see specific requirements in Implementation Guide or in NE Medicaid Directive.

### Heading:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
010	ST	Transaction Set Header	1		Required
020	BPR	Financial Information	1		Required
040	TRN	Reassociation Trace Number	1		Required
060	REF	Receiver Identification	1		Used
070	DTM	Production Date	1		Used
<b>LOOP ID - 1000A</b>				<b>1</b>	
080	N1	Payer Identification	1		Required
100	N3	Payer Address	1		Required
110	N4	Payer City, State, ZIP Code	1		Required
130	PER	Payer Contact Information	1		Used
<b>LOOP ID - 1000B</b>				<b>1</b>	
080	N1	Payee Identification	1		Required
100	N3	Payee Address	1		Used
110	N4	Payee City, State, ZIP Code	1		Used
120	REF	Payee Additional Identification	>1		Used

### Detail:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
<b>LOOP ID - 2000</b>				<b>&gt;1</b>	
003	LX	Header Number	1		Used
<b>LOOP ID - 2100</b>				<b>&gt;1</b>	
010	CLP	Claim Payment Information	1		Required
020	CAS	Claim Adjustment	99		Used
030	NM1	Patient Name	1		Required
030	NM1	Corrected Patient/Insured Name	1		Used
030	NM1	Service Provider Name	1		Used
030	NM1	Corrected Priority Payer Name	2		Used
033	MIA	Inpatient Adjudication Information	1		Used
035	MOA	Outpatient Adjudication Information	1		Used
040	REF	Other Claim Related Identification	5		Used
050	DTM	Claim Date	4		Used
062	AMT	Claim Supplemental Information	14		Used
064	QTY	Claim Supplemental Information Quantity	15		Used
<b>LOOP ID - 2110</b>				<b>999</b>	
070	SVC	Service Payment Information	1		Used
080	DTM	Service Date	3		Used

090	CAS	Service Adjustment	99	Used	
100	REF	Service Identification	7	Used	
130	LQ	Health Care Remark Codes	99	Used	

**Summary:**

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
010	PLB	Provider Adjustment	>1		Used
020	SE	Transaction Set Trailer	1		Required

# ISA Interchange Control Header

Loop: N/A	Elements: 16
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User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA01	I01	<b>Authorization Information Qualifier</b> <b>Description:</b> Code to identify the type of information in the Authorization Information	M	ID	2/2	Required
		<b>Code</b> <b>Name</b>				
		00      No Authorization Information Present (No Meaningful Information in I02)				
		03      Additional Data Identification				
ISA02	I02	<b>Authorization Information</b> <b>Description:</b> Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	M	AN	10/10	Required
ISA03	I03	<b>Security Information Qualifier</b> <b>Description:</b> Code to identify the type of information in the Security Information	M	ID	2/2	Required
		<b>Code</b> <b>Name</b>				
		00      No Security Information Present (No Meaningful Information in I04)				
		01      Password				
ISA04	I04	<b>Security Information</b> <b>Description:</b> This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)	M	AN	10/10	Required
ISA05	I05	<b>Interchange ID Qualifier</b> <b>Description:</b> Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified	M	ID	2/2	Required
		<b>Code</b> <b>Name</b>				
		01      Duns (Dun & Bradstreet)				
		14      Duns Plus Suffix				
		20      Health Industry Number (HIN)				
		27      Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)				
		28      Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)				
		29      Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)				
		30      U.S. Federal Tax Identification Number				
		33      National Association of Insurance Commissioners Company Code (NAIC)				
		ZZ      Mutually Defined				
ISA06	I06	<b>Interchange Sender ID</b> <b>Description:</b> Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element	M	AN	15/15	Required
ISA07	I05	<b>Interchange ID Qualifier</b> <b>Description:</b> Qualifier to designate the system/method of code structure used to designate	M	ID	2/2	Required

the sender or receiver ID element being qualified

<u>Code</u>	<u>Name</u>
01	Duns (Dun & Bradstreet)
14	Duns Plus Suffix
20	Health Industry Number (HIN)
27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
30	U.S. Federal Tax Identification Number
33	National Association of Insurance Commissioners Company Code (NAIC)
ZZ	Mutually Defined

ISA08	I07	<b>Interchange Receiver ID</b> <b>Description:</b> Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them	M	AN	15/15	Required
ISA09	I08	<b>Interchange Date</b> <b>Description:</b> Date of the interchange	M	DT	6/6	Required
ISA10	I09	<b>Interchange Time</b> <b>Description:</b> Time of the interchange	M	TM	4/4	Required
ISA11	I10	<b>Interchange Control Standards Identifier</b> <b>Description:</b> Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer <b>All valid standard codes are used.</b>	M	ID	1/1	Required
ISA12	I11	<b>Interchange Control Version Number</b> <b>Description:</b> Code specifying the version number of the interchange control segments <b>Code</b> <b>Name</b> 00401      Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	M	ID	5/5	Required
ISA13	I12	<b>Interchange Control Number</b> <b>Description:</b> A control number assigned by the interchange sender	M	N0	9/9	Required
ISA14	I13	<b>Acknowledgment Requested</b> <b>Description:</b> Code sent by the sender to request an interchange acknowledgment (TA1) <b>Industry:</b> See Section A.1.5.1 for interchange acknowledgment information. <b>All valid standard codes are used.</b>	M	ID	1/1	Required
ISA15	I14	<b>Usage Indicator</b> <b>Description:</b> Code to indicate whether data enclosed by this interchange envelope is test, production or information <b>Code</b> <b>Name</b> P              Production Data T              Test Data	M	ID	1/1	Required
ISA16	I15	<b>Component Element Separator</b> <b>Description:</b> Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator	M		1/1	Required

# GS

## Functional Group Header

Loop: N/A

Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS01	479	<b>Functional Identifier Code</b> <b>Description:</b> Code identifying a group of application related transaction sets	M	ID	2/2	Required
		<b>Code</b> <b>Name</b> HP                      Health Care Claim Payment/Advice (835)				
GS02	142	<b>Application Sender's Code</b> <b>Description:</b> Code identifying party sending transmission; codes agreed to by trading partners <b>Industry:</b> Use this code to identify the unit sending the information.	M	AN	2/15	Required
GS03	124	<b>Application Receiver's Code</b> <b>Description:</b> Code identifying party receiving transmission; codes agreed to by trading partners <b>Industry:</b> Use this code to identify the unit receiving the information.	M	AN	2/15	Required
GS04	373	<b>Date</b> <b>Description:</b> Date expressed as CCYYMMDD <b>Industry:</b> Use this date for the functional group creation date.	M	DT	8/8	Required
GS05	337	<b>Time</b> <b>Description:</b> Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) <b>Industry:</b> Use this time for the creation time. The recommended format is HHMM.	M	TM	4/8	Required
GS06	28	<b>Group Control Number</b> <b>Description:</b> Assigned number originated and maintained by the sender	M	N0	1/9	Required
GS07	455	<b>Responsible Agency Code</b> <b>Description:</b> Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480	M	ID	1/2	Required
		<b>Code</b> <b>Name</b> X                      Accredited Standards Committee X12				
GS08	480	<b>Version / Release / Industry Identifier Code</b> <b>Description:</b> Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed	M	AN	1/12	Required

<u>Code</u>	<u>Name</u>
004010	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997
004010X061A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X091A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X092A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X093A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X094A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X095A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X096A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X097A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X098A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.

# ST Transaction Set Header

Loop: N/A	Elements: 2
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User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
ST01	143	<b>Transaction Set Identifier Code</b> <b>Description:</b> Code uniquely identifying a Transaction Set <b>Nebraska Medicaid Directive:</b> <i>Value will be 835</i>	M	ID	3/3	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>835</td> <td>Health Care Claim Payment/Advice</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	835	Health Care Claim Payment/Advice				
<u>Code</u>	<u>Name</u>									
835	Health Care Claim Payment/Advice									
ST02	329	<b>Transaction Set Control Number</b> <b>Description:</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M	AN	4/9	Required				

# BPR Financial Information

Loop: N/A      Elements: 16

**User Option (Usage):** Required

To indicate the beginning of a Payment Order/Remittance Advice Transaction Set and total payment amount, or to enable related transfer of funds and/or information from payer to payee to occur

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>								
BPR01	305	<b>Transaction Handling Code</b> <b>Description:</b> Code designating the action to be taken by all parties <b>Nebraska Medicaid Directive:</b> <i>Nebraska will process "H" when transactions were processed but no payment made (BPR02 = 0) or "I" when payment is made (BPR02 &gt; 0).</i>	M	ID	1/2	Required								
		<table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>H</td> <td>Notification Only</td> </tr> <tr> <td>I</td> <td>Remittance Information Only</td> </tr> </table>	<u>Code</u>	<u>Name</u>	H	Notification Only	I	Remittance Information Only						
<u>Code</u>	<u>Name</u>													
H	Notification Only													
I	Remittance Information Only													
BPR02	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Total Actual Provider Payment Amount</i>	M	R	1/18	Required								
BPR03	478	<b>Credit/Debit Flag Code</b> <b>Description:</b> Code indicating whether amount is a credit or debit <b>Industry:</b> <i>Credit or Debit Flag Code</i> <b>Nebraska Medicaid Directive:</b> <i>This will always be "C".</i>	M	ID	1/1	Required								
		<table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>C</td> <td>Credit</td> </tr> </table>	<u>Code</u>	<u>Name</u>	C	Credit								
<u>Code</u>	<u>Name</u>													
C	Credit													
BPR04	591	<b>Payment Method Code</b> <b>Description:</b> Code identifying the method for the movement of payment instructions <b>Nebraska Medicaid Directive:</b> <i>Electronic Fund Transfers (EFT) will be identified by "ACH". Paper warrants will be identified by "CHK". If transactions were processed which resulted in no payment, "NON" will be used.</i>	M	ID	3/3	Required								
		<table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>ACH</td> <td>Automated Clearing House (ACH)</td> </tr> <tr> <td>CHK</td> <td>Check</td> </tr> <tr> <td>NON</td> <td>Non-Payment Data</td> </tr> </table>	<u>Code</u>	<u>Name</u>	ACH	Automated Clearing House (ACH)	CHK	Check	NON	Non-Payment Data				
<u>Code</u>	<u>Name</u>													
ACH	Automated Clearing House (ACH)													
CHK	Check													
NON	Non-Payment Data													
BPR05	812	<b>Payment Format Code</b> <b>Description:</b> Code identifying the payment format to be used <b>Nebraska Medicaid Directive:</b> <i>Used only when BPRO4 is ACH.</i>	O	ID	1/10	Situational								
		<table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>CTX</td> <td>Corporate Trade Exchange (CTX) (ACH)</td> </tr> </table>	<u>Code</u>	<u>Name</u>	CTX	Corporate Trade Exchange (CTX) (ACH)								
<u>Code</u>	<u>Name</u>													
CTX	Corporate Trade Exchange (CTX) (ACH)													
BPR06	506	<b>(DFI) ID Number Qualifier</b> <b>Description:</b> Code identifying the type of identification number of Depository Financial Institution (DFI) <b>Industry:</b> <i>Depository Financial Institution (DFI) Identification Number Qualifier</i> <b>Nebraska Medicaid Directive:</b> <i>Used when BPRO4</i>	C	ID	2/2	Situational								

is "ACH".

	<u>Code</u>	<u>Name</u>				
BPR07	507	01 ABA Transit Routing Number Including Check Digits (9 digits)	C	AN	3/12	Situational
		<b>(DFI) Identification Number</b> <b>Description:</b> Depository Financial Institution (DFI) identification number <b>Industry:</b> <i>Sender DFI Identifier</i> <b>Nebraska Medicaid Directive:</b> <i>Used when BPR04 is "ACH".</i>				
		<b>ExternalCodeList</b> <b>Name:</b> 4 <b>Description:</b> ABA Routing Number				
BPR08	569	Account Number Qualifier	O	ID	1/3	Situational
		<b>Description:</b> Code indicating the type of account <b>Nebraska Medicaid Directive:</b> <i>Used when BPR04 is "ACH".</i>				
		<b>Code</b> <b>Name</b>				
BPR09	508	DA Demand Deposit	C	AN	1/35	Situational
		<b>Account Number</b> <b>Description:</b> Account number assigned <b>Industry:</b> <i>Sender Bank Account Number</i> <b>Nebraska Medicaid Directive:</b> <i>Used when BPR04 is "ACH".</i>				
BPR10	509	Originating Company Identifier	O	AN	10/10	Situational
		<b>Description:</b> A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 <b>Industry:</b> <i>Payer Identifier</i> <b>Nebraska Medicaid Directive:</b> <i>Used when BPR04 is "ACH". BPR10 must be Federal Tax ID Number, preceded by a "1".</i>				
BPR11	510	Originating Company Supplemental Code	O	AN	9/9	Not used
		<b>Description:</b> A code defined between the originating company and the originating depository financial institution (ODFI) that uniquely identifies the company initiating the transfer instructions				
BPR12	506	(DFI) ID Number Qualifier	C	ID	2/2	Situational
		<b>Description:</b> Code identifying the type of identification number of Depository Financial Institution (DFI) <b>Industry:</b> <i>Depository Financial Institution (DFI) Identification Number Qualifier</i> <b>Nebraska Medicaid Directive:</b> <i>Used when BPR04 is "ACH".</i>				
		<b>Code</b> <b>Name</b>				
BPR13	507	01 ABA Transit Routing Number Including Check Digits (9 digits)	C	AN	3/12	Situational
		<b>(DFI) Identification Number</b> <b>Description:</b> Depository Financial Institution (DFI) identification number <b>Industry:</b> <i>Receiver or Provider Bank ID Number</i> <b>Nebraska Medicaid Directive:</b> <i>Used when BPR04 is "ACH".</i>				
		<b>ExternalCodeList</b> <b>Name:</b> 4 <b>Description:</b> ABA Routing Number				

BPR14	569	<p><b>Account Number Qualifier</b>  <b>Description:</b> Code indicating the type of account  <b>Nebraska Medicaid Directive:</b> <i>Used when BPR04 is "ACH".</i></p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>DA</td> <td>Demand Deposit</td> </tr> <tr> <td>SG</td> <td>Savings</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	DA	Demand Deposit	SG	Savings	O	ID	1/3	Situational
<u>Code</u>	<u>Name</u>											
DA	Demand Deposit											
SG	Savings											
BPR15	508	<p><b>Account Number</b>  <b>Description:</b> Account number assigned  <b>Industry:</b> <i>Receiver or Provider Account Number</i>  <b>Nebraska Medicaid Directive:</b> <i>Used when BPR04 is "ACH".</i></p>	C	AN	1/35	Situational						
BPR16	373	<p><b>Date</b>  <b>Description:</b> Date expressed as CCYYMMDD  <b>Industry:</b> <i>Check Issue or EFT Effective Date</i>  <b>Nebraska Medicaid Directive:</b> <i>This is the date used to start 90-day timeframe for requesting an adjustment. See 471 NAC Chapter 3.</i></p>	O	DT	8/8	Required						

# TRN

## Reassociation Trace Number

Loop: N/A

Elements: 4

**User Option (Usage):** Required

To uniquely identify a transaction to an application

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
TRN01	481	<b>Trace Type Code</b> <b>Description:</b> Code identifying which transaction is being referenced	M	ID	1/2	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Current Transaction Trace Numbers</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	1	Current Transaction Trace Numbers				
<u>Code</u>	<u>Name</u>									
1	Current Transaction Trace Numbers									
TRN02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Check or EFT Trace Number</i>	M	AN	1/30	Required				
TRN03	509	<b>Originating Company Identifier</b> <b>Description:</b> A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 <b>Industry:</b> <i>Payer Identifier</i> <b>Nebraska Medicaid Directive:</b> <i>This will be Federal Tax ID Number preceded by a "1".</i>	O	AN	10/10	Required				
TRN04	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Originating Company Supplemental Code</i>	O	AN	1/30	Not used				

# REF Receiver Identification

Loop: N/A	Elements: 2
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User Option (Usage): Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Used by NE Medicaid only when trading partner is a clearinghouse.*

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification	M	ID	2/3	Required				
		<table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>EV</td> <td>Receiver Identification Number</td> </tr> </table>	<u>Code</u>	<u>Name</u>	EV	Receiver Identification Number				
<u>Code</u>	<u>Name</u>									
EV	Receiver Identification Number									
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Receiver Identifier</i> <b>Nebraska Medicaid Directive:</b> <i>This is the Nebraska Medicaid assigned EDI log-on ID.</i>	C	AN	1/30	Required				

# DTM Production Date

Loop: N/A

Elements: 2

User Option (Usage): Situational

To specify pertinent dates and times

## Nebraska Medicaid Directive:

*Used by NE Medicaid.*

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
DTM01	374	<b>Date/Time Qualifier</b> <b>Description:</b> Code specifying type of date or time, or both date and time <b>Industry:</b> <i>Date Time Qualifier</i>	M	ID	3/3	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>405</td> <td>Production</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	405	Production				
<u>Code</u>	<u>Name</u>									
405	Production									
DTM02	373	<b>Date</b> <b>Description:</b> Date expressed as CCYYMMDD <b>Industry:</b> <i>Production Date</i>	C	DT	8/8	Required				

# N1

## Payer Identification

Loop: 1000A      Elements: 4

**User Option (Usage):** Required

To identify a party by type of organization, name, and code

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> PR                          Payer	M	ID	2/3	Required
N102	93	<b>Name</b> <b>Description:</b> Free-form name <b>Industry:</b> <i>Payer Name</i> <b>Nebraska Medicaid Directive:</b> <i>Nebraska Medicaid.</i>	C	AN	1/60	Situational
N103	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)	C	ID	1/2	Not used
N104	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> <i>Payer Identifier</i> <u>ExternalCodeList</u> <b>Name:</b> 540 <b>Description:</b> Health Care Financing Administration National PlanID	C	AN	2/80	Not used

# N3

## Payer Address

Loop: 1000A	Elements: 2
-------------	-------------

**User Option (Usage):** Required

To specify the location of the named party

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	<b>Address Information</b> Description: Address information Industry: <i>Payer Address Line</i> Nebraska Medicaid Directive: <i>P.O. Box 95026</i>	M	AN	1/55	Required
N302	166	<b>Address Information</b> Description: Address information Industry: <i>Payer Address Line</i>	O	AN	1/55	Not used

# N4

## Payer City, State, ZIP Code

Loop: 1000A

Elements: 3

User Option (Usage): Required

To specify the geographic place of the named party

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	<b>City Name</b> <b>Description:</b> Free-form text for city name <b>Industry:</b> <i>Payer City Name</i> <b>Nebraska Medicaid Directive:</b> <i>Lincoln</i>	O	AN	2/30	Required
N402	156	<b>State or Province Code</b> <b>Description:</b> Code (Standard State/Province) as defined by appropriate government agency <b>Industry:</b> <i>Payer State Code</i> <b>Nebraska Medicaid Directive:</b> <i>NE</i> <u>ExternalCodeList</u> <b>Name:</b> 22 <b>Description:</b> States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	<b>Postal Code</b> <b>Description:</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States) <b>Industry:</b> <i>Payer Postal Zone or ZIP Code</i> <b>Nebraska Medicaid Directive:</b> <i>685095026 (no hyphen)</i> <u>ExternalCodeList</u> <b>Name:</b> 51 <b>Description:</b> ZIP Code	O	ID	3/15	Required

# PER Payer Contact Information

Loop: 1000A Elements: 8

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

**Nebraska Medicaid Directive:**  
*Used by NE Medicaid.*

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
PER01	366	<b>Contact Function Code</b> <b>Description:</b> Code identifying the major duty or responsibility of the person or group named <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>CX</td> <td>Payers Claim Office</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	CX	Payers Claim Office	M	ID	2/2	Required
<u>Code</u>	<u>Name</u>									
CX	Payers Claim Office									
PER02	93	<b>Name</b> <b>Description:</b> Free-form name <b>Industry:</b> <i>Payer Contact Name</i> <b>Nebraska Medicaid Directive:</b> <i>Medicaid Inquiry.</i>	O	AN	1/60	Situational				
PER03	365	<b>Communication Number Qualifier</b> <b>Description:</b> Code identifying the type of communication number <b>Nebraska Medicaid Directive:</b> <i>"TE" is used.</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>TE</td> <td>Telephone</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	TE	Telephone	C	ID	2/2	Situational
<u>Code</u>	<u>Name</u>									
TE	Telephone									
PER04	364	<b>Communication Number</b> <b>Description:</b> Complete communications number including country or area code when applicable <b>Industry:</b> <i>Payer Contact Communication Number</i> <b>Nebraska Medicaid Directive:</b> <i>Local phone number 402-471-9128.</i>	C	AN	1/80	Situational				
PER05	365	<b>Communication Number Qualifier</b> <b>Description:</b> Code identifying the type of communication number <b>Nebraska Medicaid Directive:</b> <i>"TE" is used.</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>TE</td> <td>Telephone</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	TE	Telephone	C	ID	2/2	Situational
<u>Code</u>	<u>Name</u>									
TE	Telephone									
PER06	364	<b>Communication Number</b> <b>Description:</b> Complete communications number including country or area code when applicable <b>Industry:</b> <i>Payer Contact Communication Number</i> <b>Nebraska Medicaid Directive:</b> <i>Toll-free 877-255-3092, Option 1.</i>	C	AN	1/80	Situational				
PER07	365	<b>Communication Number Qualifier</b> <b>Description:</b> Code identifying the type of communication number <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>EX</td> <td>Telephone Extension</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	EX	Telephone Extension	C	ID	2/2	Not used
<u>Code</u>	<u>Name</u>									
EX	Telephone Extension									
PER08	364	<b>Communication Number</b> <b>Description:</b> Complete communications number including country or area code when applicable <b>Industry:</b> <i>Payer Contact Communication Number</i>	C	AN	1/80	Not used				

# N1 Payee Identification

Loop: 1000B Elements: 4

**User Option (Usage):** Required

To identify a party by type of organization, name, and code

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> PE                Payee	M	ID	2/3	Required
N102	93	<b>Name</b> <b>Description:</b> Free-form name <b>Industry:</b> <i>Payee Name</i> <b>Nebraska Medicaid Directive:</b> <i>Provider Pay-To-Name as enrolled in Medicaid.</i>	C	AN	1/60	Situational
N103	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <u>Code</u> <u>Name</u> FI                Federal Taxpayer's Identification Number	C	ID	1/2	Required
N104	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> <i>Payee Identification Code</i> <b>Nebraska Medicaid Directive:</b> <i>Federal Taxpayer's Identification Number (FTIN) or Social Security Number (SSN).</i>	C	AN	2/80	Required

# N3

## Payee Address

Loop: 1000B

Elements: 2

**User Option (Usage):** Situational

To specify the location of the named party

### Nebraska Medicaid Directive:

*Provider's pay-to-address as enrolled in NE Medicaid.*

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	<b>Address Information</b> Description: Address information Industry: Payee Address Line	M	AN	1/55	Required
N302	166	<b>Address Information</b> Description: Address information Industry: Payee Address Line	O	AN	1/55	Situational

# N4

## Payee City, State, ZIP Code

Loop: 1000B	Elements: 4
-------------	-------------

User Option (Usage): Situational

To specify the geographic place of the named party

### Nebraska Medicaid Directive:

*Provider's pay-to-address as enrolled in Medicaid.*

#### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	<b>City Name</b> <b>Description:</b> Free-form text for city name <b>Industry:</b> <i>Payee City Name</i>	O	AN	2/30	Required
N402	156	<b>State or Province Code</b> <b>Description:</b> Code (Standard State/Province) as defined by appropriate government agency <b>Industry:</b> <i>Payee State Code</i> <u>ExternalCodeList</u> <b>Name:</b> 22 <b>Description:</b> States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	<b>Postal Code</b> <b>Description:</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States) <b>Industry:</b> <i>Payee Postal Zone or ZIP Code</i> <u>ExternalCodeList</u> <b>Name:</b> 51 <b>Description:</b> ZIP Code	O	ID	3/15	Required
N404	26	<b>Country Code</b> <b>Description:</b> Code identifying the country <u>ExternalCodeList</u> <b>Name:</b> 5 <b>Description:</b> Countries, Currencies and Funds	O	ID	2/3	Not used

# REF Payee Additional Identification

Loop: 1000B Elements: 2

User Option (Usage): Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Used by NE Medicaid.*

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification <b>Nebraska Medicaid Directive:</b> "1D" is used.	M	ID	2/3	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>1D</td> <td>Medicaid Provider Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	1D	Medicaid Provider Number				
<u>Code</u>	<u>Name</u>									
1D	Medicaid Provider Number									
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Additional Payee Identifier</i> <b>Nebraska Medicaid Directive:</b> 11-digit Medicaid provider number (no hyphen).	C	AN	1/30	Required				

**LX**

**Header Number**

Loop: 2000

Elements: 1

**User Option (Usage):** Situational

To reference a line number in a transaction set

**Nebraska Medicaid Directive:**

*Used by NE Medicaid.*

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
LX01	554	<b>Assigned Number</b> <b>Description:</b> Number assigned for differentiation within a transaction set	M	N0	1/6	Required

# CLP Claim Payment Information

Loop: 2100 Elements: 12

User Option (Usage): Required

To supply information common to all services of a claim

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CLP01	1028	<b>Claim Submitter's Identifier</b> Description: Identifier used to track a claim from creation by the health care provider through payment Industry: Patient Control Number Nebraska Medicaid Directive: May be patient account number or prescription number on retail pharmacy claims.	M	AN	1/38	Required
CLP02	1029	<b>Claim Status Code</b> Description: Code identifying the status of an entire claim as assigned by the payor, claim review organization or repricing organization Code Name 1 Processed as Primary 2 Processed as Secondary 3 Processed as Tertiary 4 Denied 22 Reversal of Previous Payment	M	ID	1/2	Required
CLP03	782	<b>Monetary Amount</b> Description: Monetary amount Industry: Total Claim Charge Amount	M	R	1/18	Required
CLP04	782	<b>Monetary Amount</b> Description: Monetary amount Industry: Claim Payment Amount	M	R	1/18	Required
CLP05	782	<b>Monetary Amount</b> Description: Monetary amount Industry: Patient Responsibility Amount	O	R	1/18	Not used
CLP06	1032	<b>Claim Filing Indicator Code</b> Description: Code identifying type of claim Code Name MC Medicaid	O	ID	1/2	Required
CLP07	127	<b>Reference Identification</b> Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Payer Claim Control Number Nebraska Medicaid Directive: Medicaid assigned claim number.	O	AN	1/30	Situational
CLP08	1331	<b>Facility Code Value</b> Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Industry: Facility Type Code Nebraska Medicaid Directive: Only sent on institutional claims.	O	AN	1/2	Situational
CLP09	1325	<b>Claim Frequency Type Code</b> Description: Code specifying the frequency of the	O	ID	1/1	Situational

claim; this is the third position of the Uniform Billing Claim Form Bill Type

**Industry:** *Claim Frequency Code*  
**Nebraska Medicaid Directive:** *Not used for electronic nursing facility claims. Used for all other electronic claims.*

CLP11	1354	<p><b>Diagnosis Related Group (DRG) Code</b>  <b>Description:</b> Code indicating a patient's diagnosis group based on a patient's illness, diseases, and medical problems  <b>Nebraska Medicaid Directive:</b> <i>Not sent on reversals (CLP02=22).</i></p> <p><b>ExternalCodeList</b>  <b>Name:</b> 229</p>	O	ID	1/4	Situational
CLP12	380	<p><b>Description:</b> Diagnosis Related Group Number (DRG)  <b>Quantity</b>  <b>Description:</b> Numeric value of quantity  <b>Industry:</b> <i>Diagnosis Related Group (DRG) Weight</i>  <b>Nebraska Medicaid Directive:</b> <i>Not sent on reversals (CLP02=22).</i></p>	O	R	1/15	Situational
CLP13	954	<p><b>Percent</b>  <b>Description:</b> Percentage expressed as a decimal  <b>Industry:</b> <i>Discharge Fraction</i></p>	O	R	1/10	Not used

# CAS Claim Adjustment

Loop: 2100 Elements: 19

User Option (Usage): Situational

To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

## Nebraska Medicaid Directive:

*Sent only on nursing facility, inpatient, crossover inpatient and crossover outpatient claims.*

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
CAS01	1033	<b>Claim Adjustment Group Code</b> <b>Description:</b> Code identifying the general category of payment adjustment <b>Nebraska Medicaid Directive:</b> Only "CO" or "CR" will be used. "CR" on reversals, and "CO" on all others. "CO" amounts will include Medicaid copay, if applicable. <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"><b>Code</b></td> <td><b>Name</b></td> </tr> <tr> <td>CO</td> <td>Contractual Obligations</td> </tr> <tr> <td>CR</td> <td>Correction and Reversals</td> </tr> </table>	<b>Code</b>	<b>Name</b>	CO	Contractual Obligations	CR	Correction and Reversals	M	ID	1/2	Required
<b>Code</b>	<b>Name</b>											
CO	Contractual Obligations											
CR	Correction and Reversals											
CAS02	1034	<b>Claim Adjustment Reason Code</b> <b>Description:</b> Code identifying the detailed reason the adjustment was made <b>Industry:</b> Adjustment Reason Code <b>ExternalCodeList</b> <b>Name:</b> 139 <b>Description:</b> Claim Adjustment Reason Code	M	ID	1/5	Required						
CAS03	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> Adjustment Amount	M	R	1/18	Required						
CAS04	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> Adjustment Quantity	O	R	1/15	Situational						
CAS05	1034	<b>Claim Adjustment Reason Code</b> <b>Description:</b> Code identifying the detailed reason the adjustment was made <b>Industry:</b> Adjustment Reason Code <b>ExternalCodeList</b> <b>Name:</b> 139 <b>Description:</b> Claim Adjustment Reason Code	C	ID	1/5	Situational						
CAS06	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> Adjustment Amount	C	R	1/18	Situational						
CAS07	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> Adjustment Quantity	C	R	1/15	Situational						
CAS08	1034	<b>Claim Adjustment Reason Code</b> <b>Description:</b> Code identifying the detailed reason the adjustment was made <b>Industry:</b> Adjustment Reason Code <b>ExternalCodeList</b> <b>Name:</b> 139 <b>Description:</b> Claim Adjustment Reason Code	C	ID	1/5	Situational						
CAS09	782	<b>Monetary Amount</b>	C	R	1/18	Situational						

CAS10	380	<b>Description:</b> Monetary amount <b>Industry:</b> <i>Adjustment Amount</i>	C	R	1/15	Situational
		<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> <i>Adjustment Quantity</i>				
CAS11	1034	<b>Claim Adjustment Reason Code</b> <b>Description:</b> Code identifying the detailed reason the adjustment was made <b>Industry:</b> <i>Adjustment Reason Code</i>	C	ID	1/5	Situational
		<b>ExternalCodeList</b> <b>Name:</b> 139 <b>Description:</b> Claim Adjustment Reason Code				
CAS12	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Adjustment Amount</i>	C	R	1/18	Situational
CAS13	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> <i>Adjustment Quantity</i>	C	R	1/15	Situational
CAS14	1034	<b>Claim Adjustment Reason Code</b> <b>Description:</b> Code identifying the detailed reason the adjustment was made <b>Industry:</b> <i>Adjustment Reason Code</i>	C	ID	1/5	Situational
		<b>ExternalCodeList</b> <b>Name:</b> 139 <b>Description:</b> Claim Adjustment Reason Code				
CAS15	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Adjustment Amount</i>	C	R	1/18	Situational
CAS16	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> <i>Adjustment Quantity</i>	C	R	1/15	Situational
CAS17	1034	<b>Claim Adjustment Reason Code</b> <b>Description:</b> Code identifying the detailed reason the adjustment was made <b>Industry:</b> <i>Adjustment Reason Code</i>	C	ID	1/5	Situational
		<b>ExternalCodeList</b> <b>Name:</b> 139 <b>Description:</b> Claim Adjustment Reason Code				
CAS18	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Adjustment Amount</i>	C	R	1/18	Situational
CAS19	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> <i>Adjustment Quantity</i>	C	R	1/15	Situational

# NM1

## Patient Name

Loop: 2100

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

### Nebraska Medicaid Directive:

*If claim was submitted electronically, patient name returned will be as submitted. If claim was submitted on paper, patient name returned will be as NE Medicaid eligibility files indicate. If this is a reversal (CLP02=22), the patient name returned will be as NE Medicaid eligibility files indicate.*

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>Code</b> <b>Name</b> QC                  Patient	M	ID	2/3	Required
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <b>Code</b> <b>Name</b> 1                  Person	M	ID	1/1	Required
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> <i>Patient Last Name</i>	O	AN	1/35	Required
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name <b>Industry:</b> <i>Patient First Name</i>	O	AN	1/25	Required
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial <b>Industry:</b> <i>Patient Middle Name</i>	O	AN	1/25	Situational
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name <b>Industry:</b> <i>Patient Name Suffix</i> <b>Nebraska Medicaid Directive:</b> <i>Suffix is reported in NM103, if claim submitted on paper.</i>	O	AN	1/10	Situational
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>Code</b> <b>Name</b> MR                  Medicaid Recipient Identification Number	C	ID	1/2	Recommended
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> <i>Patient Identifier</i>	C	AN	2/80	Recommended

# NM1

## Corrected Patient/Insured Name

Loop: 2100

Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

### Nebraska Medicaid Directive:

Used by NE Medicaid only on electronic claims if name or recipient number is not an exact match of NE Medicaid files. Not sent on reversals (CLP02=22). Note: Many recipients eligible for NE Medicaid as "unborn" may be "corrected" in this segment.

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>Code</b> <b>Name</b> 74                  Corrected Insured	M	ID	2/3	Required
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <b>Code</b> <b>Name</b> 1                  Person	M	ID	1/1	Required
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> <i>Corrected Patient or Insured Last Name</i>	O	AN	1/35	Situational
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name <b>Industry:</b> <i>Corrected Patient or Insured First Name</i>	O	AN	1/25	Situational
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial <b>Industry:</b> <i>Corrected Patient or Insured Middle Name</i>	O	AN	1/25	Situational
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name <b>Industry:</b> <i>Corrected Patient or Insured Name Suffix</i> <b>Nebraska Medicaid Directive:</b> <i>Suffix included in NM103.</i>	O	AN	1/10	Situational
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>Code</b> <b>Name</b> C                  Insured's Changed Unique Identification Number	C	ID	1/2	Situational
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> <i>Corrected Insured Identification Indicator</i>	C	AN	2/80	Situational

# NM1 Service Provider Name

Loop: 2100 Elements: 4

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

**Nebraska Medicaid Directive:**

*If the Billing Provider NPI was submitted on an 837, it will be returned here.*

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> 82            Rendering Provider	M	ID	2/3	Required
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <u>Code</u> <u>Name</u> 1             Person 2             Non-Person Entity	M	ID	1/1	Required
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>Nebraska Medicaid Directive:</b> <i>If the Billing Provider NPI was submitted on an 837, it will be returned here.</i> <u>Code</u> <u>Name</u> XX            Health Care Financing Administration National Provider Identifier	C	ID	1/2	Required
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> <i>Rendering Provider Identifier</i> <u>ExternalCodeList</u> <b>Name:</b> 537 <b>Description:</b> Health Care Financing Administration National Provider Identifier	C	AN	2/80	Required

# NM1

## Corrected Priority Payer Name

Loop: 2100

Elements: 5

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

### Nebraska Medicaid Directive:

*Used as specified in the Implementation Guide. Not used on reversals (CLP02=22).*

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> PR                    Payer	M	ID	2/3	Required
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <u>Code</u> <u>Name</u> 2                    Non-Person Entity	M	ID	1/1	Required
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> <i>Corrected Priority Payer Name</i>	O	AN	1/35	Required
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>Nebraska Medicaid Directive:</b> <i>Only processing "PI".</i> <u>Code</u> <u>Name</u> PI                    Payor Identification	C	ID	1/2	Required
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> <i>Corrected Priority Payer Identification Number</i> <b>Nebraska Medicaid Directive:</b> <i>NE Medicaid assigned Carrier Code will be returned in XXXXX-XXX format. Hyphen will be included.</i>	C	AN	2/80	Required

# MIA Inpatient Adjudication Information

Loop: 2100 Elements: 24

User Option (Usage): Situational

To provide claim-level data related to the adjudication of Medicare inpatient claims

## Nebraska Medicaid Directive:

*Used only for nursing home, inpatient and crossover inpatient claims.*

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
MIA01	380	<b>Quantity</b> Description: Numeric value of quantity Industry: Covered Days or Visits Count Nebraska Medicaid Directive: Will always be 0.	M	R	1/15	Required
MIA02	380	<b>Quantity</b> Description: Numeric value of quantity Industry: PPS Operating Outlier Amount	O	R	1/15	Situational
MIA03	380	<b>Quantity</b> Description: Numeric value of quantity Industry: Lifetime Psychiatric Days Count	O	R	1/15	Not used
MIA04	782	<b>Monetary Amount</b> Description: Monetary amount Industry: Claim DRG Amount	O	R	1/18	Situational
MIA05	127	<b>Reference Identification</b> Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code <u>ExternalCodeList</u> Name: 411 Description: Remittance Remark Codes	O	AN	1/30	Situational
MIA06	782	<b>Monetary Amount</b> Description: Monetary amount Industry: Claim Disproportionate Share Amount	O	R	1/18	Not used
MIA07	782	<b>Monetary Amount</b> Description: Monetary amount Industry: Claim MSP Pass-through Amount	O	R	1/18	Not used
MIA08	782	<b>Monetary Amount</b> Description: Monetary amount Industry: Claim PPS Capital Amount	O	R	1/18	Not used
MIA09	782	<b>Monetary Amount</b> Description: Monetary amount Industry: PPS-Capital FSP DRG Amount	O	R	1/18	Not used
MIA10	782	<b>Monetary Amount</b> Description: Monetary amount Industry: PPS-Capital HSP DRG Amount	O	R	1/18	Not used
MIA11	782	<b>Monetary Amount</b> Description: Monetary amount Industry: PPS-Capital DSH DRG Amount	O	R	1/18	Not used
MIA12	782	<b>Monetary Amount</b> Description: Monetary amount Industry: Old Capital Amount	O	R	1/18	Not used
MIA13	782	<b>Monetary Amount</b>	O	R	1/18	Not used

MIA14	782	<b>Description:</b> Monetary amount <b>Industry:</b> PPS-Capital IME amount	O	R	1/18	Not used
MIA15	380	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> PPS-Operating Hospital Specific DRG Amount	O	R	1/15	Not used
MIA16	782	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> Cost Report Day Count	O	R	1/18	Not used
MIA17	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> PPS-Operating Federal Specific DRG Amount	O	R	1/18	Not used
MIA18	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> Claim PPS Capital Outlier Amount	O	R	1/18	Not used
MIA19	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> Claim Indirect Teaching Amount	O	R	1/18	Not used
MIA20	127	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> Nonpayable Professional Component Amount	O	R	1/18	Not used
MIA21	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Remark Code <b>ExternalCodeList</b> <b>Name:</b> 411 <b>Description:</b> Remittance Remark Codes	O	AN	1/30	Situational
MIA22	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Remark Code <b>ExternalCodeList</b> <b>Name:</b> 411 <b>Description:</b> Remittance Remark Codes	O	AN	1/30	Situational
MIA23	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Remark Code <b>ExternalCodeList</b> <b>Name:</b> 411 <b>Description:</b> Remittance Remark Codes	O	AN	1/30	Situational
MIA24	782	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Remark Code <b>ExternalCodeList</b> <b>Name:</b> 411 <b>Description:</b> Remittance Remark Codes	O	R	1/18	Not used

# MOA Outpatient Adjudication Information

Loop: 2100	Elements: 9
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User Option (Usage): Situational

To convey claim-level data related to the adjudication of Medicare claims not related to an inpatient setting

## Nebraska Medicaid Directive:

*Used by NE Medicaid only on crossover outpatient claims.*

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
MOA01	954	<b>Percent</b> Description: Percentage expressed as a decimal Industry: <i>Reimbursement Rate</i>	O	R	1/10	Not used
MOA02	782	<b>Monetary Amount</b> Description: Monetary amount Industry: <i>Claim HCPCS Payable Amount</i>	O	R	1/18	Not used
MOA03	127	<b>Reference Identification</b> Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Remark Code</i> <u>ExternalCodeList</u> Name: 411 Description: Remittance Remark Codes	O	AN	1/30	Situational
MOA04	127	<b>Reference Identification</b> Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Remark Code</i> <u>ExternalCodeList</u> Name: 411 Description: Remittance Remark Codes	O	AN	1/30	Situational
MOA05	127	<b>Reference Identification</b> Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Remark Code</i> <u>ExternalCodeList</u> Name: 411 Description: Remittance Remark Codes	O	AN	1/30	Situational
MOA06	127	<b>Reference Identification</b> Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Remark Code</i> <u>ExternalCodeList</u> Name: 411 Description: Remittance Remark Codes	O	AN	1/30	Situational
MOA07	127	<b>Reference Identification</b> Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	O	AN	1/30	Situational

**Industry:** *Remark Code*

**ExternalCodeList**

**Name:** 411

**Description:** Remittance Remark Codes

MOA08 782

**Monetary Amount**

O

R

1/18

Not used

**Description:** Monetary amount

**Industry:** *Claim ESRD Payment Amount*

MOA09 782

**Monetary Amount**

O

R

1/18

Not used

**Description:** Monetary amount

**Industry:** *Nonpayable Professional Component Amount*

# REF

## Other Claim Related Identification

Loop: 2100 Elements: 2

User Option (Usage): Situational

To specify identifying information

### Nebraska Medicaid Directive:

*Used by NE Medicaid. Not sent on reversals (CLP02=22).*

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification <b>Nebraska Medicaid Directive:</b> <i>Processing only "G1".</i>	M	ID	2/3	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>G1</td> <td>Prior Authorization Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	G1	Prior Authorization Number				
<u>Code</u>	<u>Name</u>									
G1	Prior Authorization Number									
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Other Claim Related Identifier</i> <b>Nebraska Medicaid Directive:</b> <i>This is the NE Medicaid assigned prior authorization number.</i>	C	AN	1/30	Required				

# DTM Claim Date

Loop: 2100      Elements: 2

User Option (Usage): Situational

To specify pertinent dates and times

## Nebraska Medicaid Directive:

*Used by NE Medicaid.*

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>								
DTM01	374	<b>Date/Time Qualifier</b> <b>Description:</b> Code specifying type of date or time, or both date and time <b>Industry:</b> <i>Date Time Qualifier</i> <b>Nebraska Medicaid Directive:</b> <i>Only processing "050", "232", and "233". Received date not sent on reversals.</i>	M	ID	3/3	Required								
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>050</td> <td>Received</td> </tr> <tr> <td>232</td> <td>Claim Statement Period Start</td> </tr> <tr> <td>233</td> <td>Claim Statement Period End</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	050	Received	232	Claim Statement Period Start	233	Claim Statement Period End				
<u>Code</u>	<u>Name</u>													
050	Received													
232	Claim Statement Period Start													
233	Claim Statement Period End													
DTM02	373	<b>Date</b> <b>Description:</b> Date expressed as CCYYMMDD <b>Industry:</b> <i>Claim Date</i>	C	DT	8/8	Required								

# AMT

# Claim Supplemental Information

Loop: 2100

Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

### Nebraska Medicaid Directive:

*Used by NE Medicaid only on inpatient hospital claims paid by per diem and nursing facility claims. Up to three "DY"s per claim can be sent. Not sent on reversals (CLP02=22).*

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	<b>Amount Qualifier Code</b> Description: Code to qualify amount Nebraska Medicaid Directive: Only processing "DY".	M	ID	1/3	Required
		<b>Code</b> <b>Name</b> DY                    Per Day Limit				
AMT02	782	<b>Monetary Amount</b> Description: Monetary amount Industry: Claim Supplemental Information Amount	M	R	1/18	Required

# QTY

## Claim Supplemental Information Quantity

Loop: 2100	Elements: 2
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User Option (Usage): Situational

To specify quantity information

### Nebraska Medicaid Directive:

*Used by NE Medicaid on inpatient hospital and nursing facility claims. Not sent on reversals (CLP02=22).*

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
QTY01	673	<b>Quantity Qualifier</b> <b>Description:</b> Code specifying the type of quantity <b>Nebraska Medicaid Directive:</b> Only processing "CA" and "NA".	M	ID	2/2	Required						
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>CA</td> <td>Covered - Actual</td> </tr> <tr> <td>NA</td> <td>Number of Non-covered Days</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	CA	Covered - Actual	NA	Number of Non-covered Days				
<u>Code</u>	<u>Name</u>											
CA	Covered - Actual											
NA	Number of Non-covered Days											
QTY02	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> Claim Supplemental Information Quantity	C	R	1/15	Required						

# SVC

# Service Payment Information

Loop: 2110

Elements: 7

User Option (Usage): Recommended

To supply payment and control information to a provider for a particular service

### Nebraska Medicaid Directive:

Used only on retail pharmacy, professional, outpatient, home health and dental claims whether submitted electronically or on paper. SVC01-SVC05 are the NE Medicaid adjudicated values. SVC06-SVC07 are only used if the claim was submitted electronically and the adjudicated values are different than submitted values. (This directive applies to all 2110 segments.)

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SVC01	C003	<b>Composite Medical Procedure Identifier</b> <b>Description:</b> To identify a medical procedure by its standardized codes and applicable modifiers	M	Comp		Required
	235	<b>Product/Service ID Qualifier</b> <b>Description:</b> Code identifying the type/source of the descriptive number used in Product/Service ID (234) <b>Industry:</b> Product or Service ID Qualifier <b>Nebraska Medicaid Directive:</b> Only processing "AD", "HC", "N4", & "NU".	M	ID	2/2	Required
		<b>Code</b> <b>Name</b> AD                              American Dental Association Codes HC                              Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes N4                              National Drug Code in 5-4-2 Format NU                              National Uniform Billing Committee (NUBC) UB92 Codes				
	234	<b>Product/Service ID</b> <b>Description:</b> Identifying number for a product or service <b>Industry:</b> Procedure Code	M	AN	1/48	Required
		<b>ExternalCodeList</b> <b>Name:</b> 130 <b>Description:</b> Health Care Financing Administration Common Procedural Coding System				
		<b>ExternalCodeList</b> <b>Name:</b> 132 <b>Description:</b> National Uniform Billing Committee (NUBC) Codes				
		<b>ExternalCodeList</b> <b>Name:</b> 135 <b>Description:</b> American Dental Association Codes				
		<b>ExternalCodeList</b> <b>Name:</b> 240 <b>Description:</b> National Drug Code by Format				
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined	O	AN	2/2	Situational

		by trading partners				
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational
	352	<b>Description</b> <b>Description:</b> A free-form description to clarify the related data elements and their content <b>Industry:</b> <i>Procedure Code Description</i>	O	AN	1/80	Not used
SVC02	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Line Item Charge Amount</i>	M	R	1/18	Required
SVC03	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Line Item Provider Payment Amount</i>	O	R	1/18	Required
SVC04	234	<b>Product/Service ID</b> <b>Description:</b> Identifying number for a product or service <b>Industry:</b> <i>National Uniform Billing Committee Revenue Code</i> <b>ExternalCodeList</b> <b>Name:</b> 132 <b>Description:</b> National Uniform Billing Committee (NUBC) Codes	O	AN	1/48	Situational
SVC05	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> <i>Units of Service Paid Count</i>	O	R	1/15	Situational
SVC06	C003	<b>Composite Medical Procedure Identifier</b> <b>Description:</b> To identify a medical procedure by its standardized codes and applicable modifiers	O	Comp		Situational
	235	<b>Product/Service ID Qualifier</b> <b>Description:</b> Code identifying the type/source of the descriptive number used in Product/Service ID (234) <b>Industry:</b> <i>Product or Service ID Qualifier</i> <b>Nebraska Medicaid Directive:</b> <i>Only processing "AD", "HC", and "NU".</i> <b>Code</b> <b>Name</b> AD            American Dental Association Codes HC            Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes NU            National Uniform Billing Committee (NUBC) UB92 Codes	M	ID	2/2	Required
	234	<b>Product/Service ID</b> <b>Description:</b> Identifying number for a product or service <b>Industry:</b> <i>Procedure Code</i> <b>ExternalCodeList</b> <b>Name:</b> 130 <b>Description:</b> Health Care Financing Administration Common Procedural Coding System <b>ExternalCodeList</b> <b>Name:</b> 132 <b>Description:</b> National Uniform Billing Committee (NUBC) Codes <b>ExternalCodeList</b> <b>Name:</b> 135 <b>Description:</b> American Dental Association Codes	M	AN	1/48	Required
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational

	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational
	352	<b>Description</b> <b>Description:</b> A free-form description to clarify the related data elements and their content <b>Industry:</b> <i>Procedure Code Description</i>	O	AN	1/80	Not used
SVC07	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> <i>Original Units of Service Count</i>	O	R	1/15	Situational

# DTM Service Date

Loop: 2110 Elements: 2

User Option (Usage): Situational

To specify pertinent dates and times

## Nebraska Medicaid Directive:

*Used by NE Medicaid.*

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>								
DTM01	374	<b>Date/Time Qualifier</b> <b>Description:</b> Code specifying type of date or time, or both date and time <b>Industry:</b> <i>Date Time Qualifier</i>	M	ID	3/3	Required								
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>150</td> <td>Service Period Start</td> </tr> <tr> <td>151</td> <td>Service Period End</td> </tr> <tr> <td>472</td> <td>Service</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	150	Service Period Start	151	Service Period End	472	Service				
<u>Code</u>	<u>Name</u>													
150	Service Period Start													
151	Service Period End													
472	Service													
DTM02	373	<b>Date</b> <b>Description:</b> Date expressed as CCYYMMDD <b>Industry:</b> <i>Service Date</i>	C	DT	8/8	Required								

# CAS Service Adjustment

Loop: 2110 Elements: 19

User Option (Usage): Situational

To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
CAS01	1033	<b>Claim Adjustment Group Code</b> <b>Description:</b> Code identifying the general category of payment adjustment <b>Nebraska Medicaid Directive:</b> <i>Only using "CO" and "CR". "CO" amounts will include Medicaid copay, if applicable.</i> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>CO</td> <td>Contractual Obligations</td> </tr> <tr> <td>CR</td> <td>Correction and Reversals</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	CO	Contractual Obligations	CR	Correction and Reversals	M	ID	1/2	Required
<u>Code</u>	<u>Name</u>											
CO	Contractual Obligations											
CR	Correction and Reversals											
CAS02	1034	<b>Claim Adjustment Reason Code</b> <b>Description:</b> Code identifying the detailed reason the adjustment was made <b>Industry:</b> <i>Adjustment Reason Code</i> <b>ExternalCodeList</b> <b>Name:</b> 139 <b>Description:</b> Claim Adjustment Reason Code	M	ID	1/5	Required						
CAS03	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Adjustment Amount</i>	M	R	1/18	Required						
CAS04	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> <i>Adjustment Quantity</i>	O	R	1/15	Not used						
CAS05	1034	<b>Claim Adjustment Reason Code</b> <b>Description:</b> Code identifying the detailed reason the adjustment was made <b>Industry:</b> <i>Adjustment Reason Code</i> <b>ExternalCodeList</b> <b>Name:</b> 139 <b>Description:</b> Claim Adjustment Reason Code	C	ID	1/5	Situational						
CAS06	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Adjustment Amount</i>	C	R	1/18	Situational						
CAS07	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> <i>Adjustment Quantity</i>	C	R	1/15	Not used						
CAS08	1034	<b>Claim Adjustment Reason Code</b> <b>Description:</b> Code identifying the detailed reason the adjustment was made <b>Industry:</b> <i>Adjustment Reason Code</i> <b>ExternalCodeList</b> <b>Name:</b> 139 <b>Description:</b> Claim Adjustment Reason Code	C	ID	1/5	Situational						
CAS09	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Adjustment Amount</i>	C	R	1/18	Situational						
CAS10	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity	C	R	1/15	Not used						

CAS11	1034	<b>Industry:</b> <i>Adjustment Quantity</i> <b>Claim Adjustment Reason Code</b> <b>Description:</b> Code identifying the detailed reason the adjustment was made <b>Industry:</b> <i>Adjustment Reason Code</i> <b>ExternalCodeList</b> <b>Name:</b> 139 <b>Description:</b> Claim Adjustment Reason Code	C	ID	1/5	Situational
CAS12	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Adjustment Amount</i>	C	R	1/18	Situational
CAS13	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> <i>Adjustment Quantity</i>	C	R	1/15	Not used
CAS14	1034	<b>Claim Adjustment Reason Code</b> <b>Description:</b> Code identifying the detailed reason the adjustment was made <b>Industry:</b> <i>Adjustment Reason Code</i> <b>ExternalCodeList</b> <b>Name:</b> 139 <b>Description:</b> Claim Adjustment Reason Code	C	ID	1/5	Situational
CAS15	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Adjustment Amount</i>	C	R	1/18	Situational
CAS16	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> <i>Adjustment Quantity</i>	C	R	1/15	Not used
CAS17	1034	<b>Claim Adjustment Reason Code</b> <b>Description:</b> Code identifying the detailed reason the adjustment was made <b>Industry:</b> <i>Adjustment Reason Code</i> <b>ExternalCodeList</b> <b>Name:</b> 139 <b>Description:</b> Claim Adjustment Reason Code	C	ID	1/5	Situational
CAS18	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Adjustment Amount</i>	C	R	1/18	Situational
CAS19	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> <i>Adjustment Quantity</i>	C	R	1/15	Not used

# REF Service Identification

Loop: 2110 Elements: 2

User Option (Usage): Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Used as specified in the Implementation Guide.*

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification <b>Nebraska Medicaid Directive:</b> Only processing "6R" and "G1". "6R" is used only on 837P or 837D claims. "6R" is sent on reversals (CLP02=22). "G1" is not sent on reversals (CLP02=22).	M	ID	2/3	Required						
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>6R</td> <td>Provider Control Number</td> </tr> <tr> <td>G1</td> <td>Prior Authorization Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	6R	Provider Control Number	G1	Prior Authorization Number				
<u>Code</u>	<u>Name</u>											
6R	Provider Control Number											
G1	Prior Authorization Number											
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Provider Identifier	C	AN	1/30	Required						

**LQ**

# Health Care Remark Codes

Loop: 2110	Elements: 2
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**User Option (Usage):** Situational

Code to transmit standard industry codes

**Nebraska Medicaid Directive:**

*Used by NE Medicaid.*

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
LQ01	1270	<b>Code List Qualifier Code</b> <b>Description:</b> Code identifying a specific industry code list	O	ID	1/3	Required
		<b>Code</b> <b>Name</b> HE                              Claim Payment Remark Codes				
LQ02	1271	<b>Industry Code</b> <b>Description:</b> Code indicating a code from a specific industry code list <b>Industry:</b> <i>Remark Code</i>	C	AN	1/30	Required
		<b>ExternalCodeList</b> <b>Name:</b> 411 <b>Description:</b> Remittance Remark Codes				

# PLB Provider Adjustment

Loop: N/A      Elements: 14

**User Option (Usage):** Situational

To convey provider level adjustment information for debit or credit transactions such as, accelerated payments, cost report settlements for a fiscal year and timeliness report penalties unrelated to a specific claim or service

## Nebraska Medicaid Directive:

*Only used for fund allocation/reductions calculated to balance the payment of federal share. This is applicable to a very few providers, for example school-based providers.*

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PLB01	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Provider Identifier</i>	M	AN	1/30	Required
PLB02	373	<b>Date</b> <b>Description:</b> Date expressed as CCYYMMDD <b>Industry:</b> <i>Fiscal Period Date</i>	M	DT	8/8	Required
PLB03	C042	<b>Adjustment Identifier</b> <b>Description:</b> To provide the category and identifying reference information for an adjustment	M	Comp		Required
	426	<b>Adjustment Reason Code</b> <b>Description:</b> Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment <b>Nebraska Medicaid Directive:</b> <i>Only processing "FC".</i>	M	ID	2/2	Required
		<b>Code</b> <b>Name</b> FC      Fund Allocation				
	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Provider Adjustment Identifier</i>	O	AN	1/30	Situational
PLB04	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Provider Adjustment Amount</i>	M	R	1/18	Required
PLB05	C042	<b>Adjustment Identifier</b> <b>Description:</b> To provide the category and identifying reference information for an adjustment	C	Comp		Not used
	426	<b>Adjustment Reason Code</b> <b>Description:</b> Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment <b>All valid standard codes are used.</b>	M	ID	2/2	Not used
	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Provider Adjustment Identifier</i>	O	AN	1/30	Not used
PLB06	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Provider Adjustment Amount</i>	C	R	1/18	Not used

PLB07	C042	<b>Adjustment Identifier</b> <b>Description:</b> To provide the category and identifying reference information for an adjustment	C	Comp		Not used
	426	<b>Adjustment Reason Code</b> <b>Description:</b> Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment <b>All valid standard codes are used.</b>	M	ID	2/2	Not used
	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Provider Adjustment Identifier</i>	O	AN	1/30	Not used
PLB08	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Provider Adjustment Amount</i>	C	R	1/18	Not used
PLB09	C042	<b>Adjustment Identifier</b> <b>Description:</b> To provide the category and identifying reference information for an adjustment	C	Comp		Not used
	426	<b>Adjustment Reason Code</b> <b>Description:</b> Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment <b>All valid standard codes are used.</b>	M	ID	2/2	Not used
	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Provider Adjustment Identifier</i>	O	AN	1/30	Not used
PLB10	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Provider Adjustment Amount</i>	C	R	1/18	Not used
PLB11	C042	<b>Adjustment Identifier</b> <b>Description:</b> To provide the category and identifying reference information for an adjustment	C	Comp		Not used
	426	<b>Adjustment Reason Code</b> <b>Description:</b> Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment <b>All valid standard codes are used.</b>	M	ID	2/2	Not used
	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Provider Adjustment Identifier</i>	O	AN	1/30	Not used
PLB12	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Provider Adjustment Amount</i>	C	R	1/18	Not used
PLB13	C042	<b>Adjustment Identifier</b> <b>Description:</b> To provide the category and identifying reference information for an adjustment	C	Comp		Not used
	426	<b>Adjustment Reason Code</b> <b>Description:</b> Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment <b>All valid standard codes are used.</b>	M	ID	2/2	Not used
	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Provider Adjustment Identifier</i>	O	AN	1/30	Not used
PLB14	782	<b>Monetary Amount</b>	C	R	1/18	Not used

**Description:** Monetary amount

**Industry:** *Provider Adjustment Amount*

# SE Transaction Set Trailer

Loop: N/A	Elements: 2
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**User Option (Usage):** Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SE01	96	<b>Number of Included Segments</b> <b>Description:</b> Total number of segments included in a transaction set including ST and SE segments <b>Industry:</b> <i>Transaction Segment Count</i>	M	N0	1/10	Required
SE02	329	<b>Transaction Set Control Number</b> <b>Description:</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M	AN	4/9	Required

**GE**

# Functional Group Trailer

Loop: N/A

Elements: 2

**User Option (Usage):** Required

To indicate the end of a functional group and to provide control information

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GE01	97	<b>Number of Transaction Sets Included</b> <b>Description:</b> Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M	N0	1/6	Required
GE02	28	<b>Group Control Number</b> <b>Description:</b> Assigned number originated and maintained by the sender	M	N0	1/9	Required

# IEA

## Interchange Control Trailer

Loop: N/A

Elements: 2

**User Option (Usage):** Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
IEA01	I16	<b>Number of Included Functional Groups</b> <b>Description:</b> A count of the number of functional groups included in an interchange	M	N0	1/5	Required
IEA02	I12	<b>Interchange Control Number</b> <b>Description:</b> A control number assigned by the interchange sender	M	N0	9/9	Required