ASC X12N/005010X221 HEALTH CARE PAYMENT ADVICE (835)

This Addendum to the Companion Guide is intended as an addition to the ASCX12 Implementation Guides adopted under HIPAA to clarify and specify situational data elements and plan-specific values that must be included in transactions that are transmitted electronically to South Dakota Medical Assistance (SDMA). Transactions based on the information contained in this document, used in tandem with the X12 Implementation Guides, will help ensure compliance with both X12 syntax and usage.

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	BPR	Beginning Segment for Payment Order/Remittance Advice			This loop indicates 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
	BPR01	Transaction Handling Code	H, I	1/1	SDMA will use two codes: H--Notification Only or I--Remittance Information Only
	BPR02	Monetary Amount		1/18	Total Actual Provider Payment Amount
	BPR03	Credit/Debit Flag Code	C, D	1/1	The codes are C=Credit or D- Debit
	BPR04	Payment Method Code	ACH, CHK, NON	3/3	ACH=Automated Clearing House; CHK=Check; NON=Non-Payment Data
	BPR16	Date		8/8	Check Issue or EFT Effective Date. The format is CCYYMMDD.
	TRN	Reassociation Trace Number			
	TRN01	Trace Type Code	1	1/2	1=current transaction trace numbers
	TRN02	Reference Identification		1/50	Check or EFT Trace Number. If the payment is made by check, this is the check number. If the payment is made by EFT, it is the EFT Reference number.
	TRN03	Originating Company Identifier		10/10	"9000000048" - this number identifies that the payment is made by South Dakota Medical Assistance (SDMA)

	REF	Receiver Identification			Specifies the specific information about the receiver of the Information.
	REF01	Reference Identification Qualifier	EV	2/3	Receiver Identification Code Qualifier
	REF02	Reference Identification		1/50	Trading Partner ID assigned by SDMA
	DTM	Production Date			This loop specifies specific dates and times
	DTM01	Date/Time Qualifier	405	3/3	
	DTM02	Date		8/8	Adjudication cycle run date. Date expressed as CCYYMMDD.
1000A	N1	Payer Identification			Specifies the specific information about the Payer
	N101	Entity Identifier Code	PR	2/3	PR=Payer
	N102	Name		1/60	"Dept of Social Services, Medical Services"
1000A	N3	Payer Address			
	N301	Address Information		1/55	"700 Governors Dr"
1000A	N4	Payer City, State, Zip Code			
	N401	City Name		2/30	"Pierre"
	N402	State or Province Code		2/2	"SD"
	N403	Postal Code		3/15	"575012291"
1000A	REF	Additional Payer Identification			

	REF01	Reference Identification Qualifier	2U	2/3	Payer Identification Number
	REF02	Reference Identification		1/50	"SD48MED"
1000B	N1	Payee Identification			
	N101	Entity Identifier Code	PE	2/3	PE=Payee
	N102	Name			Pay-to Provider Name
	N103	Identification Code Qualifier	XX, FI	1/2	XX=Health Care Financing Administration National Provider Identifier (NPI) FI=Federal Taxpayer's Identification Number (FEIN)
	N104	Identification Code		2/80	Health Care Financing Administration National Provider Identifier (NPI) if available. If no NPI available, Federal Employer Identification Number (FI) will be used.
1000B	REF	Payee Additional Identification			
	REF01	Reference Identification Qualifier	PQ		Payee Identification Number
	REF02	Reference Identification		1/50	Payee's SD Medicaid Provider ID
1000B	REF	Payee Additional Identification			
	REF01	Reference Identification Qualifier	TJ		TJ=Federal Taxpayer's Identification Number
	REF02	Reference Identification		1/50	Federal Taxpayer's Identification Number

2000	LX	Header Number			
	LX01	Assigned Number		1/6	
2000	TS3	Provider Summary Information			
	TS301	Reference Identification		1/50	
	TS302	Facility Code Value		1/2	Facility Type/Place of Service Code
	TS303	Date		8/8	Fiscal Year End Date (CCYYMMDD)
	TS304	Quantity		1/15	Total Claim Count
	TS305	Monetary Amount		1/18	Total Claim Charge Amount
2100	CLP	Claim Payment Information			
	CLP01	Claim Submitter's Identifier		1/38	Patient Control Number - if submitted on claim
	CLP02	Claim Status Code	1, 2, 3, 4, 22	1/2	1=Processed as Primary; 2= Processed as Secondary; 3= Processed as Tertiary; 4=Denied; and 22=Reversal of Previous Payment
	CLP03	Monetary Amount		1/18	Total Claim Charge Amount
	CLP04	Monetary Amount		1/18	Claim Payment Amount
	CLP05	Monetary Amount		1/18	Patient Responsibility Amount
	CLP06	Claim Filling Indicator Code	MC	1/2	MC=Medicaid
	CLP07	Reference Identification		1/50	South Dakota Medical Assistance Assigned Claim Reference Number
	CLP08	Facility Code Value		1/2	Facility Type/Place of Service Code

	CLP09	Claim Frequency Type Code		1/1	Claim Frequency Code
	CLP11	Diagnosis Related Group (DRG) Code		1/4	
	CLP12	Quantity		1/15	Diagnosis Related Group (DRG) Weight
2100	CAS	Claim Adjustment			
	CAS01	Claim Adjustment Group Code	CO, OA, PI, PR	1/2	CO=Contractual Obligations; OA=Other Adjustments; PI=Payer Initiated Reductions; PR=Patient Responsibility
	CAS02	Claim Adjustment Reason Code		1/5	Code identifying the detailed reason the adjustment was made.
	CAS03	Monetary Amount		1/18	Adjustment Amount
	CAS04	Quantity		1/15	Adjustment Quantity
	CAS05	Claim Adjustment Reason Code		1/5	Code identifying the detailed reason the adjustment was made.
	CAS06	Monetary Amount		1/18	Adjustment Amount
	CAS07	Quantity		1/15	Adjustment Quantity
	CAS08	Claim Adjustment Reason Code		1/5	Code identifying the detailed reason the adjustment was made.
	CAS09	Monetary Amount		1/18	Adjustment Amount
	CAS10	Quantity		1/15	Adjustment Quantity

	CAS11	Claim Adjustment Reason Code		1/5	Code identifying the detailed reason the adjustment was made.
	CAS12	Monetary Amount		1/18	Adjustment Amount
	CAS13	Quantity		1/15	Adjustment Quantity
	CAS14	Claim Adjustment Reason Code		1/5	Code identifying the detailed reason the adjustment was made.
	CAS15	Monetary Amount		1/18	Adjustment Amount
	CAS16	Quantity		1/15	Adjustment Quantity
	CAS17	Claim Adjustment Reason Code		1/5	Code identifying the detailed reason the adjustment was made.
	CAS18	Monetary Amount		1/18	Adjustment Amount
	CAS19	Quantity		1/15	Adjustment Quantity
2100	NM1	Patient Name			
	NM101	Entity Identifier Code	QC	2/3	QC=Patient
	NM102	Entity Type Qualifier	1	1/1	1= Person
	NM103	Name Last or Organization Name		1/35	Recipient's Last Name
	NM104	Name First		1/25	Recipient's First Name
	NM105	Name Middle		1/25	Recipient's Middle Name
	NM107	Name Suffix		1/10	Recipient's Suffix Name

	NM108	Identification Code Qualifier	MR	1/2	MR=Medicaid Recipient Identification Number
	MN109	Identification Code		2/80	Recipient's South Dakota Medicaid ID
2100	NM1	Service Provider Name			
	NM101	Entity Identifier Code	82	2/3	
	NM102	Entity Type Qualifier	1, 2	1/1	1=Person; 2=Non-Person Entity
	NM108	Identification Code Qualifier	MC	1/2	MC=Medicaid Provider Number
	NM109	Identification Code		2/80	South Dakota Medicaid Provider Number
2100	NM1	Corrected Priority Payer Name			
	NM101	Entity Identifier Code	PR	2/3	Payer - other than South Dakota Medical Services
	NM102	Entity Type Qualifier	2	1/1	
	NM103	Name Last or Organization Name		1/35	Corrected Priority Payer Name
	NM108	Identification Code Qualifier	PI	1/2	
	NM109	Identification Code		2/80	Patient's Policy ID with Corrected Priority Payer
2100	MIA	Inpatient Adjudication Information			
	MIA01	Quantity		1/15	Covered Days or Visits Count

	MIA04	Monetary Amount		1/18	Claim DRG Amount
	MIA05	Reference Identification		1/50	Claim Payment Remark Code
	MIA06	Monetary Amount		1/18	Claim Disproportionate Share Amount
2100	MOA	Outpatient Adjudication Information			
	MOA03	Reference Identification		1/50	Claim Payment Remark Code
2100	REF	Other Claim Related Identification			
	REF01	Reference Identification Qualifier	F8	2/3	F8=Original Reference Number
	REF02	Reference Identification		1/50	Original Reference Number for Adjustment and Void Claims
2100	REF	Rendering Provider ID			
	REF01	Reference Identification Qualifier	1D	2/3	1D=Medicaid Provider ID
	REF02	Reference Identification		1/50	SD Medicaid Provider ID
2100	DTM	Claim Date			
	DTM01	Date/Time Qualifier	232, 233	3/3	232=Claim Payment Period Start Date; 233=Claim Payment Period End Date
	DTM02	Date		8/8	CCYYMMDD

2110	SVC	Service Payment Information			
	SVC01	Composite Medical Procedure Identifier			
	SVC01-1	Product/Service ID Qualifier	AD, HC, NU	2/2	AD=American Dental Association Codes; HC=Health Care Financing Administration Common Procedural Coding (HCPCS) Codes; NU=National Uniform Billing (NUBC) UB92 Codes
	SVC01-2	Product/Service ID		1/48	Adjudicated Procedure Code
	SVC01-3	Procedure Modifier 1		2/2	
	SVC01-4	Procedure Modifier 2		2/2	
	SVC01-5	Procedure Modifier 3		2/2	
	SVC01-6	Procedure Modifier 4		2/2	
	SVC02	Monetary Amount		1/18	Line Item Charge Amount
	SVC03	Monetary Amount		1/18	Line Item Provider Payment Amount
	SVC04	Product/Service ID		1/48	National Uniform Billing Revenue Code
	SVC05	Quantity		1/15	Units of Service Paid Count
2110	DTM	Service Date			
	DTM01	Date/Time Qualifier	150, 151, 472	3/3	150 = Service Period Start; 151 = Service Period End; 472 = Single Day of Service
	DTM01	Date		8/8	Service Date (CCYYMMDD)
2110	CAS	Service Adjustment			
	CAS01	Claim Adjustment Group Code	CO, OA, PI, PR	1/2	CO=Contractual Obligations; OA=Other Adjustments; PI=Payer Initiated Reductions; PR=Patient Responsibility

	CAS02	Claim Adjustment Reason Code		1/5	Code identifying the detailed reason the adjustment was made.
	CAS03	Monetary Amount		1/18	Adjustment Amount
	CAS04	Quantity		1/15	Adjustment Quantity
	CAS05	Claim Adjustment Reason Code		1/5	Code identifying the detailed reason the adjustment was made.
	CAS06	Monetary Amount		1/18	Adjustment Amount
	CAS07	Quantity		1/15	Adjustment Quantity
	CAS08	Claim Adjustment Reason Code		1/5	Code identifying the detailed reason the adjustment was made.
	CAS09	Monetary Amount		1/18	Adjustment Amount
	CAS10	Quantity		1/15	Adjustment Quantity
	CAS11	Claim Adjustment Reason Code		1/5	Code identifying the detailed reason the adjustment was made.
	CAS12	Monetary Amount		1/18	Adjustment Amount
	CAS13	Quantity		1/15	Adjustment Quantity
	CAS14	Claim Adjustment Reason Code		1/5	Code identifying the detailed reason the adjustment was made.
	CAS15	Monetary Amount		1/18	Adjustment Amount
	CAS16	Quantity		1/15	Adjustment Quantity

	CAS17	Claim Adjustment Reason Code		1/5	Code identifying the detailed reason the adjustment was made.
	CAS18	Monetary Amount		1/18	Adjustment Amount
	CAS19	Quantity		1/15	Adjustment Quantity
2110	REF	Service Identification			
	REF01	Reference Identification Qualifier	6R	2/3	6R=Provider Control Number
	REF02	Reference Identification		1/50	Line Item Control Number
2110	REF	Rendering Provider Information			
	REF01	Reference Identification Qualifier	1D, HPI	2/3	HPI=Center for Medicare and Medicaid Services National Provider ID 1D=Medicaid Provider ID. The NPI is mandated when the covered health care provider is covered under that mandate.
	REF02	Reference Identification		1/50	Rendering Provider Identifier
2110	REF	Rendering Provider Information			
	REF01	Reference Identification Qualifier	1D, HPI	2/3	HPI=Center for Medicare and Medicaid Services National Provider ID 1D=Medicaid Provider ID. The NPI is mandated when the covered health care provider is covered under that mandate.
	REF02	Reference Identification		1/50	Rendering Provider Identifier
	PLB	Provider Adjustment			

	PLB01	Reference Identification		1/50	The NPI is mandated when the covered health care provider is covered under that mandate.
	PLB02	Date		8/8	Provider's Fiscal Period Date--This is the last day of the Provider's fiscal year (CCYYMMDD). If the last day is not known, December 31st of the current year is used.
	PLB03	Adjustment Identifier			
	PLB03-1	Adjustment Reason Code	CS, FB, LS, PL, WO	2/2	CS=Adjustment; FB=Forwarding Balance; LS=Lump Sum; PL=Payment Final; WO=Overpayment Recovery
	PLB03-2	Reference Identification		1/50	Provider Adjustment Identifier
	PLB04	Monetary Amount		1/18	Provider Adjustment Amount