



837D Dental Implementation Guide

ASC X12N Version 005010X224A2
Health Care Claim: Dental

Guide Version 1
12/28/2018

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VERSION CHANGE LOG

Version 1.0 Original	October,5, 2018

INTRODUCTION

In an effort to reduce the administrative costs of health care across the nation, the Health Insurance Portability and Accountability Act (HIPAA) was passed in 1996. This legislation requires that health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care, established by the Secretary of Health and Human Services (HHS). For the health care industry to achieve the potential administrative cost savings with EDI, standard transactions and code sets have been developed and need to be implemented consistently by all organizations involved in the electronic exchange of data. The ANSI X12N 837D Health Care Claim: Dental transaction implementation guide provides the standardized data requirements to be implemented for this transaction.

PURPOSE

The purpose of this document is to provide the information necessary to submit Dental Health Care Claims transactions electronically to MVP Health Care® (MVP). **This companion guide is to be used in conjunction with the ANSI X12N implementation guides.** The companion guide supplements, but does not contradict or replace any requirements in the implementation guide. The HIPAA implementation guides can be obtained from the Washington Publishing Company by calling 1-800-972-4334 or are available for download on their web site at www.wpc-edi.com/hipaa/. Other important websites:

- Workgroup for Electronic Data Interchange (WEDI) – <http://www.wedi.org>
- United States Department of Health and Human Services (DHHS) – <http://aspe.hhs.gov/admsimp/> Centers for Medicare and Medicaid Services (CMS) – <http://www.cms.gov/hipaa/hipaa2/>
- Designated Standard Maintenance Organizations (DSMO) – <http://www.hipaa-dsmo.org/> National Council of Prescription Drug Programs (NCPDP) – <http://www.ncdp.org/> National Uniform Billing Committee (NUBC) – <http://www.nubc.org/>
- Accredited Standards Committee (ASC X12) – <http://www.x12.org/>

SPECIAL CONSIDERATIONS

Request Transactions Supported

This section is intended to identify the type and version of the ASC X12N Health Care Claim: Professional transaction that MVP will accept.

- 837D Health Care Claim: Dental – **ASC X12N 837 (005010X224A2)**

Response Transactions Supported

This section is intended to identify the response transactions supported by MVP.

- 277 Health Care Claim Acknowledgment – **ASC X12N 277CA (005010X214)**
- 999 Functional Acknowledgement – **ASC X12C 999 (005010X231A1)**

Communication Specifications

MVP currently supports the receipt of the 837, Health Care Claim: Dental, in batch mode only. Any new trading partners should be advised to connect via SFTP w/pgp encryption.

File naming conventions will be assigned as part of the testing process.

MVP will transmit the 999, Unsolicited Claim Status, in batch mode to its trading partners. The file can be downloaded via the Internet, SFTP (Secure File Transfer Protocol) with PGP encryption.

MVP will transmit the 277CA, Health Care Claim Acknowledgment, in batch mode to its trading partners. You can be connected via the SFTP (Secure File Transfer Protocol) with PGP encryption.

Use of the 837 Health Care Claim: Dental

The 837 Dental Health Care Claim is designed to submit claim information electronically to the payer (MVP).

Key Fields:

1. NPI Identifier Qualifier NM108 - XX
2. Billing Provider Identifier (Loop 2010AA – NM109)
3. Rendering Provider Identifier (Loop 2310A – NM109)
4. Assignment Indicator (Loop 2000B – SBR01)
5. Subscriber Last Name (Loop 2010BA – NM103)
6. Subscriber First Name (Loop 2010BA – NM104)
7. Subscriber Identifier (Loop 2010BA – NM109)
8. Subscriber Date of Birth (Loop 2010BA – DMG02)
9. Unique Patient Account Number (Loop 2300 – CLM01)
10. Place of Service (Loop 2300 – CLM05-1)
11. Oral Cavity Designation (Loop 2400 – SV304)
12. Tooth System (Loop 2400 – TOO01)
13. Tooth Number (Loop 2400 – TOO02)
14. 10. Tooth Surface (Loop 2400 – TOO03-1)
15. Diagnosis Code (Loop 2300 – HI01-2)
16. Service Dates (Loop 2400 – DTP03)
17. Procedure Code (Loop 2400 – SV101-2)
18. Requested Amount (Loop 2400 – SV102)
19. Service Unit Count/Quantity (Loop 2400 – SV104)
20. Missing Teeth (Loop 23300 – DN202)

Use of NPI

MVP requires all providers and facilities to use their National Provider Identifier (NPI) number on all electronic transactions covered by HIPAA.

This means that when billing, providers and facilities must use NPI numbers not only for the billing, pay to, and rendering fields, but also for all secondary provider fields such as referring and supervising provider when used. **Tax ID number may only be used in connection with the billing provider loop.**

If you have a type 1 for both rendering and billing it should be submitted as billing. You should not submit only a type 2.

MVP requires providers with multiple specialties to submit their service location with ZIP + 4 and their taxonomy number.

Providers must **not** include their existing MVP provider ID or any secondary provider identifier in any of the provider loops except for TIN as required for billing/pay to loops.

If a provider uses a MVP provider ID or any secondary provider identifier for electronic transactions, MVP will reject them for NPI non-compliance.

Patient Loop

For MVP, all Patients are considered Subscribers when creating your 837. Please do not use the Patient Loop (2000C/2010CA). Inserting a member number in this loop is non-compliant. This may also result in “Member not Found” claim level rejections.

Secondary Payer and COB rules for Medicare Claims

For correct processing of secondary payer Medicare claims the submission of information is as follows.

Loop and Segment	Value	Description
Loop 2000B/SBR01	S	Secondary Payer
Loop 2300/CLM07	A	Assigned
Loop 2300/AMT01	F5	Patient Paid Amount Qualifier
Loop 2300/AMT02	Dollar Amount	Patient Paid Amount
Loop 2320/SBR01	P	Primary Payer
Loop 2320/SBR09	MA, MB	Type of Carrier
Loop 2320/CAS01	PR, CO, OA	Claim Adjustment Group Code
Loop 2320/CAS02		Claim Adjustment Reason Code
Loop 2320/CAS03	Dollar Amount	Claim Adjustment Amount
Loop 2320/AMT01	D	Payer Paid Amount Qualifier
Loop 2320/AMT02	Dollar Amount	Payer Paid Amount
Loop 2320/AMT01	EAF	Remaining Patient Liability
Loop 2320/AMT02	Dollar Amount	Remaining Patient Liability
Loop 2430/CAS01	PR, CO, OA	Claim Adjustment Group Code
Loop 2430/CAS02		Claim Adjustment Reason Code
Loop 2430/CAS03	Dollar Amount	Claim Adjustment Amount
Loop 2430/AMT01*	EAF	Remaining Patient Liability
Loop 2430/AMT02	Dollar Amount	Remaining Patient Liability

Secondary Payer and COB rules for Commercial Claims

For correct processing of secondary payer Commercial claims the submission of information is as follows.

Loop and Segment	Value	Description
Loop 2000B/SBR01	S	Secondary Payer
Loop 2300/CLM07	A	Assigned
Loop 2300/AMT01	F5	Patient Paid Amount Qualifier
Loop 2300/AMT02	Dollar Amount	Patient Paid Amount
Loop 2320/SBR01	P	Primary Payer
Loop 2320/SBR09		Type of Carrier
Loop 2320/CAS01	PR, CO, OA	Claim Adjustment Group Code
Loop 2320/CAS02		Claim Adjustment Reason Code
Loop 2320/CAS03	Dollar Amount	Claim Adjustment Amount
Loop 2320/AMT01	D	Payer Paid Amount Qualifier
Loop 2320/AMT02	Dollar Amount	Payer Paid Amount
Loop 2320/AMT01	EAF	Remaining Patient Liability
Loop 2320/AMT02	Dollar Amount	Remaining Patient Liability
Loop 2430/CAS01	PR, CO, OA	Claim Adjustment Group Code
Loop 2430/CAS02		Claim Adjustment Reason Code
Loop 2430/CAS03	Dollar Amount	Claim Adjustment Amount
Loop 2430/AMT01*	EAF	Remaining Patient Liability
Loop 2430/AMT02	Dollar Amount	Remaining Patient Liability

***This segment is not used if the claim level (Loop ID-2320) Remaining Patient Liability AMT segment is used for this Other Payer.**

277CA Status Code List

The 277CA, Health Care Claim Acknowledgment transaction is used to provide claim level acceptance and rejections for basic business edits.

The following error codes are possible in the 277CA

A3	30	Subscriber/ Patient name mismatched
A3	33	Subscriber/Patient id not found
A3	85	MVP is not the policyholder's primary insurance carrier
A3	88	Patient not eligible/not approved for dates of service
A3	116	Claim submitted to incorrect payer
A3	158	Patient date of birth mismatch
A3	481	Claim/submission format is invalid: Multiple providers billed
A3	510	Future date of service
A6	145	Provider specialty/taxonomy code
A6	189	Facility admission date
A6	251	Total anesthesia minutes
A7	228	Type of bill for UB claim
A7	231	Hospital admission type
A7	234	Patient status
A7	249	Place of service
A7	255	Diagnosis code
A7	402	Claim amount must be greater than zero
A7	453	Procedure Code Modifier(s) for Service(s) Rendered
A7	454	Procedure code for services rendered
A7	460	NUBC Condition Code(s)
A7	461	NUBC Occurrence Code(s) and Date(s)
A7	462	NUBC Occurrence Span Code(s) and Date(s)
A7	464	Payer Control Number (Late Charges / Recall Claims)
A7	488	Diagnosis code(s) for the services rendered
A7	503	Street Address (Billing PO Box not allowed)
A7	562	National Provider Identifier (NPI)
A7	634	Remark Code
		A8 128/562/145 Taxonomy not on file for tax id/NPI affiliation

Note:

- A1** - The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.
- A3** - Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
- A6** - Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
- A7** - Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
- A8** - Acknowledgement / Rejected for relational field in error.

Note: The codes and descriptions above are as the writing of this document. Although we will endeavor to keep this guide current, some changes may occur. If this does occur, please visit www.wpc-edi.com for a complete list and detailed explanation.

Delimiters Supported

A delimiter is a character used to separate two data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the transaction.

Description	Default Delimiter
Data element separator	* Asterisk
Sub-element separator	: Colon
Repetition separator	^ Carrot
Segment Terminator	~ Tilde

MVP will support these default delimiters or any delimiter specified by the trading partner in the ISA / IEA envelope structure.

Implementation of Health Care Claim: Professional

There will be four phases of implementation.

1. Development Phase - An MVP appointed Representative would contact the client to review these procedures. MVP will set up a client specific profile to receive claim submissions, process claims, and send acknowledgments and business edit reports. In response, the client will create or modify their programs as necessary to provide MVP with the required data and to receive required data from MVP.
2. Test Phase – The client must notify MVP when they are ready to begin submitting test files. MVP and the client will set up a schedule to receive and send data across the desired media. Upon receiving the file, MVP will validate the file format and data for accuracy. MVP will run the file through the claim submission process, which will do a series of error checking. Upon completion of the claim submission process, a response will be created. MVP will identify any errors that will assist client with submitting clean claim submissions. The MVP IT Representative will test and identify all technical errors. During the testing phase, the EDI Coordinator will be responsible for the education of providers/hospitals with regard to EDI errors/failures. The Client will review and discuss any questions or problems with MVP. The goal will be to achieve a 100% HIPAA compliant claim submission, **and 80% or better for business edits** prior to going live.
3. Production - Once testing has reached an acceptance level and both parties have signed off, MVP will move the process into production and go live with the claim submissions. **For denied claims, call the Dental Claims Department at 1-800-480-5640.** All transaction error questions should be directed to the EDI Coordinators: 1-877-461-4911.
4. Post Production - MVP will closely monitor the client's claim submissions. MVP will insure that the client's claim submissions are being received, processed; an acknowledgement and business edit report is created and delivered to the client's mailbox properly.

MVP Requirements for the ANSI X12 837 Transaction - Health Care Claim: Dental

Required	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
R	ISA	INTERCHANGE CONTROL HEADER		
R	01	AUTHORIZATION INFORMATION QUALIFIER	00	No authorization information present in 02
R	02	AUTHORIZATION INFORMATION		Blank
R	03	SECURITY INFORMATION QUALIFIER	00	No security information present in 04
R	04	SECURITY INFORMATION		Blank
R	05	INTERCHANGE ID QUALIFIER	30	Federal tax ID
R	06	INTERCHANGE SENDER ID		Sender tax ID
R	07	INTERCHANGE ID QUALIFIER	30	Federal tax ID
R	08	INTERCHANGE RECEIVER ID	141650868	MVP tax ID
R	09	INTERCHANGE DATE	YYMMDD	Date of interchange
R	10	INTERCHANGE TIME	HHMM	Time of interchange
R	11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	^	Repetition separator
R	12	INTERCHANGE CONTROL VERSION NUMBER	00501	Draft Standards approved by ASCx12
R	13	INTERCHANGE CONTROL NUMBER	Assigned by sender	Must match IEA02
R	14	ACKNOWLEDGMENT REQUESTED	0	0 = NO
R	15	TEST INDICATOR	P O R T	Production or Test
R	16	COMPONENT ELEMENT SEPARATOR	:	Delimiter
R	GS	FUNCTIONAL GROUP HEADER		
R	01	FUNCTIONAL IDENTIFIER CODE	HC	Health Care Claim 837
R	02	APPLICATION SENDER'S CODE		Sender's code / Tax Identification Number
R	03	APPLICATION RECEIVER'S CODE	141650868	Receiver's code
R	04	DATE	CCYYMMDD	Group creation date
R	05	TIME	HHMM	Creation time
R	06	GROUP CONTROL NUMBER		Assigned by sender

R	07	RESPONSIBLE AGENCY CODE	X	Accredited Standards Committee X12
R	08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X222A1	Version/Release/Industry Identifier Code
R	ST	TRANSACTION SET HEADER		
R	01	TRANSACTION SET IDENTIFIER CODE	837	Health Care Claim
R	BHT	BEGINNING OF HIERARCHICAL TRANSACTION		
R	01	HIERARCHICAL STRUCTURE CODE	0019	Information Source, Subscriber, Dependent
R	02	TRANSACTION SET PURPOSE CODE	00	00-Original
R	03	REFERENCE IDENTIFICATION		Batch control number assigned by submitter
R	04	DATE		Transaction set create date in CCYYMMDD format
R	05	TIME		Transaction set create time in HHMM format
R	06	TRANSACTION SET TYPE CODE	CH	Chargeable-fee for service
Loop 1000A				
R	NM1	SUBMITTER NAME-1000A		
R	01	ENTITY IDENTIFIER CODE	41	Submitter
R	02	ENTITY TYPE QUALIFIER	1, 2	1-Person, 2-Non-person entity
R	03	ORGANIZATION NAME/LAST NAME		Submitter Name
S	04	FIRST NAME		Subscriber First Name
S	05	MIDDLE NAME		Subscriber Middle Name
NOT USED	06	NAME PREFIX		NOT USED
NOT USED	07	NAME SUFFIX		NOT USED
R	08	IDENTIFICATION CODE QUALIFIER	46	Electronic Transmitter ID number
R	09	IDENTIFICATION CODE		Submitter tax ID
R	PER	SUBMITTER EDI CONTACT INFORMATION-1000A		
R	01	CONTACT FUNCTION CODE	IC	Information Contact
S	02	NAME		Submitter Contact Name
R	03	COMMUNICATION QUALIFIER	TE	Telephone
R	04	COMMUNICATION NUMBER		Area code number + phone number

S	05	COMMUNICATION QUALIFIER	EM	Email
S	06	COMMUNICATION NUMBER		Email address
Loop 1000B				
R	NM1	RECEIVER NAME-1000B		
R	01	ENTITY IDENTIFIER CODE	40	Receiver
R	02	ENTITY TYPE QUALIFIER	2	2-Non-person Entity
R	03	ORGANIZATION NAME	MVP HEALTH PLAN	Receiver name
NOT USED	04	NAME FIRST		NOT USED
NOT USED	05	NAME MIDDLE		NOT USED
NOT USED	06	NAME PREFIX		NOT USED
NOT USED	07	NAME SUFFIX		NOT USED
R	08	IDENTIFICATION CODE QUALIFIER	46	Electronic Transmitter ID number
R	09	IDENTIFICATION CODE	141650868	Receiver Identifier
Loop 2000A				
R	HL	HIERARCHICAL LEVEL		
R	01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender, must begin at "1"
NOT USED	02	HIERARCHICAL PARENT ID NUMBER		NOT USED
R	03	HIERARCHICAL LEVEL CODE	20	Information Source
R	04	HIERARCHICAL CHILD CODE	1	Additional subordinate HL data segment
S PRV BILLING / PAY-TO PROVIDER SPECIALTY 2000A **IDENTIFIES BILLING / PAY-TO SPECIALTY				
R	01	PROVIDER CODE	BI	Provider Code
R	02	REFERENCE IDENTIFICATION QUALIFER	PXC	Mutually Defined
R	03	REFERENCE IDENTIFICATION		Provider Taxonomy Code - Required if the provider has more then one specialty.
Loop 2010AA				
R	NM1	BILLING PROVIDER NAME 2010AA		
R	01	ENTITY IDENTIFIER CODE	85	Billing provider
R	2	ENTITY TYPE QUALIFIER	1 or 2	1-Person, 2-Non-person entity

R	03	NAME LAST		Billing Provider Last or Organizational Name
S	04	NAME FIRST		Billing Provider First Name
S	05	NAME MIDDLE		Billing Provider Middle Name
NOT USED	06	NAME PREFIX		NOT USED
S	07	NAME SUFFIX		Billing Provider Suffix, if known
R	08	IDENTIFICATION CODE QUALIFIER	XX	National Provider ID
R	09	IDENTIFICATION CODE		NPI Number
R	N3	BILLING PROVIDER ADDRESS		
R	01	STREET		Billing Provider Street (Physical address)
S	02	STREET 2		Billing Provider Street 2
R	N4	BILLING PROVIDER CITY, STATE, ZIP CODE		
R	01	CITY		Billing Provider City
R	02	STATE		Billing Provider State
R	03	POSTAL CODE		Billing Provider Zip code (full nine digit ZIP code must be provided)
S	REF	BILLING PROVIDER TAX IDENTIFICATION		
R	01	REFERENCE IDENTIFICATION QUALIFIER	EI, SY	Billing Provider Federal Tax ID, Billing Provider SSN
R	02	REFERENCE IDENTIFICATION		Billing provider ID
S	PER	BILLING PROVIDER CONTACT INFORMATION		
R	01	CONTACT FUNCTION CODE	IC	Information contact
R	02	NAME		Billing provider contact name
R	03	COMMUNICATION QUALIFIER	TE	Telephone
R	04	COMMUNICATION NUMBER		Physician phone number
Loop 2010AB				
S	NM1	PAY TO ADDRESS NAME 2010AB		
R	01	ENTITY IDENTIFIER CODE	87	Pay to provider
R	2	ENTITY TYPE QUALIFIER	1 or 2	Person/non-person entity

S	N3	PAY-TO ADDRESS 2010AB		
R	01	Address Information		Pay to provider address
S	02	Address Information		Pay to provider address
S	N4	PAY TO ADDRESS 2010AB		
R	01	CITY NAME		Pay to provider city
R	02	STATE		Pay to provider state
R	03	ZIP CODE		Pay to provider zip code
Loop 2000B				
R	HL	SUBSCRIBER HIERARCHICAL LEVEL 2000B		
R	01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender
R	02	HIERARCHICAL PARENT ID NUMBER		ID number of the next higher hierarchical segment
R	03	HIERARCHICAL LEVEL CODE	22	Subscriber
R	04	HIERARCHICAL CHILD CODE	0 or 1	No subordinates or has subordinates
R	SBR	SUBSCRIBER INFORMATION 2000B		
R	01	PAYER RESPONSIBILITY SEQUENCE CODE NUMBER	A - H P, S, T, U	Primary Payer, Secondary Payer If claim is for primary payer then "P" else if claim is for secondary payer then
S	02	INDIVIDUAL RELATIONSHIP CODE	18	18-Self (required when subscriber is patient)
S	03	REFERENCE IDENTIFICATION		Group number
S	04	NAME		Group name
S	05	INSURANCE TYPE CODE		Type of policy

S	09	CLAIM FILING INDICATOR	HM	Health Maintenance Organization
Loop 2010BA				
R	NM1	SUBSCRIBER SECONDARY IDENTIFICATION 2010BA		
R	01	ENTITY IDENTIFIER CODE	IL	Insured or subscriber
R	02	ENTITY TYPE QUALIFIER	1	Person
R	03	NAME LAST		Subscriber last name
R	04	NAME FIRST		Subscriber first name
R	05	NAME MIDDLE		Subscriber middle name
NOT USED	06	NAME PREFIX		NOT USED
S	07	NAME SUFFIX		Subscriber suffix
R	08	IDENTIFICATION CODE QUALIFIER	II, MI	Member Identification number
R	09	IDENTIFICATION CODE		MVP subscriber member number
S N3 SUBSCRIBER ADDRESS 2010BA				
R	01	ADDRESS INFORMATION		Subscriber address
S	02	ADDRESS INFORMATION		Subscriber address 2
S	N4	SUBSCRIBER ADDRESS 2010BA		
R	01	CITY NAME		Subscriber City
R	02	STATE		Subscriber State
R	03	POSTAL CODE		Subscriber Zip code
S DMG SUBSCRIBER DEMOGRAPHIC INFORMATION 2010BA				
R	01	DATE FORMAT QUALIFIER	D8	CCYYMMDD
R	02	DATE TIME PERIOD		Subscriber date of birth
R	03	GENDER CODE	F, M, U	Female, male, unknown
Loop				
R		NM1	PAYER NAME	
R	01	ENTITY IDENTIFIER CODE	PR	Payer
R	02	ENTITY TYPE DESCRIPTION	2	Non-Person Entity

R	03	NAME LAST OR ORGANIZATION	MVP Health Plan	Payer Name
NOTUSED	04	NAME FIRST		NOTUSED
NOTUSED	05	NAME MIDDLE		NOTUSED
NOTUSED	06	NAME PREFIX		NOTUSED
NOTUSED	07	NAME SUFFIX		NOTUSED
R	08	IDENTIFICATION CODE QUALIFER	XV, PI	Payer Identification PI Prior to mandated Plan ID
R	09	IDENTIFICATION CODE NUMBER	141650868	MVP Health Care's Tax Identification Number
S	N3	PAYER ADDRESS 2010BB		
R	01	ADDRESS INFORMATION		PAYER ADDRESS LINE
S	02	ADDRESS INFORMATION		PAYER ADDRESS LINE
R	N4	PAYER CITY, STATE, ZIP CODE		
R	01	CITY NAME	FREEFORM	PAYER CITY NAME
R	02	STATE OR PROVINCE CODE		PAYER STATE OR PROVINCE CODE
R	03	POSTAL CODE		PAYER POSTAL ZONE OR ZIP CODE
S	04	COUNTRY CODE		
LOOP 2300				
R	CLM	CLAIM INFORMATION 2300		
R	01	CLAIM SUBMITTER'S IDENTIFIER		Patient account number
R	02	MONETARY AMOUNT		Total charges (must equal sum of the SV102's)
NOT USED	03	CLAIM FILING INDICATOR CODE		NOT USED
NOT USED	04	NON-INSTITUTIONAL CLAIM TYPE CODE		NOT USED
R	05	HEALTH CARE SERVICE LOCATION		Place of service
R	05-1	FACILITY CODE VALUE		Facility code
R	05-2	FACILITY CODE QUALIFIER	B	Place of service Codes for Professional or Dental Services
R	05-3	CLAIM FREQUENCY TYPE		claim frequency Code
R	06	RESPONSE CODE	Y or N	Provider signature on file
R	07	PROVIDER ACCEPT ASSIGN	A, B, C	Provider accept Medicare assignment code
R	08	RESPONSE CODE	W	Assign of benefits indicator
R	09	RELEASE OF INFORMATION	I, Y	Release of information
Not USED	10	PATIENT SIGNATURE SOURCE CODE	P	Patient signature on file
S	11	RELATED CAUSES INFORMATION		Related causes

R	11 - 1	RELATED CAUSES CODE	AA, EM, OA	Auto Accident, Employment, Other Accident
S	11 - 2	RELATED CAUSES CODE	AA, EM, OA	Used if more than 1 applies
NOT USED	11 - 3	RELATED CAUSES CODE	AA, EM, OA	NOT USED
S	11 - 4	STATE		State where accident occurred
S	11 - 5	COUNTRY		Country where accident occurred
S	12	SPECIAL PROGRAM CODE		Special circumstances
NOT USED	13	YES/NO CONDITION OR RESPONSE CODE		NOTUSED
NOT USED	14	LEVEL OF SERVICE CODE		NOT USED
NOT USED	15	YES/NO CONDITION OR RESPONSE CODE		NOT USED
NOT USED	16	PROVIDER AGREEMENT CODE		NOT USED
NOT USED	17	CLAIM STATUS CODE		NOTUSED
NOT USED	18	YES/NO CONDITION OR RESPONSE CODE		NOT USED
NOT USED	19	CLAIM SUBMISSION REASON CODE		NOT USED
S	20	DELAY REASON CODE		Delay reason code
S	DTP	DATE OF APPLIANCE PLACEMENT		
R	01	DATE QUALIFIER	452444444455452	Appliance Placement
R	02	DATE FORMAT	D8	Date format: CCYYMMDD
R	03	Orthodontic Banding Date		Orthodontic Banding Date

S	DTP	DATE SERVICE DATE		
R	01	DATE QUALIFIER	472472	Service
R	02	DATE FORMAT	D8, RD8	Date format: CCYMMDD RD8 Range of Dates Expressed in Format CCYMMDD-CCYMMDD
R	03	DATE Time Period		Service Date
S	DTP	DATE REPRICER RECEIVED DATE		
R	01	DATE QUALIFIER	050	Date Time Qualifier - 050
R	02	DATE FORMAT	D8	Date format: CCYMMDD
R	03	Date Time Period		Repricer Received Date
S	DN1	ORTHODONTIC TOTAL MONTHS OF TREATMENT		
S	01	QUANTITY		Orthodontic Treatment Months Count
S	02	QUANTITY		Orthodontic Treatment Months Remaining Count
NOT USED	03	YES/NO Condition or RESPONSE CODE		
S	04	DESCRIPTION	Y	Orthodontic Treatment Indicator
S	DN2	TOOTH STATUS		
R	01	TOOTH NUMBER		Tooth Number
R	02	TOOTH STATUS CODE	E, M	To Be Extracted, Missing
NOT USED	03	QUANTITY		
NOT USED	04	DATE TIME PERIOD FORMAT QUALIFIER		
NOT USED	05	DATE TIME PERIOD		
NOT USED	06	CODE LIST QUALIFIER CODE		
S	PWK	CLAIM SUPPLEMENTAL INFORMATION 2300		
R	01	REPORT TYPE C ODE		
R	02	REPORT TRANSMISSION CODE	AA, BM, EL, EM, FT, FX	Code defining timing, transmission method or format
NOT USED	03	REPORT COPIES NEEDED		NOT USED
NOT USED	04	ENTITY IDENTIFIER CODE		NOT USED
S	05	IDENITIFICATION CODE QUALIFIER	AC	Required when PWK02=BM, EL, EM, FX, OR FT
S	06	IDENTIFICATION CODE		

S	CN1	CONTRACT INFORMATION		
R	01	CONTRACT TYPE CODE	02, 03, 04, 05, 06, 09	Per Diem, Variable Per Diem, Flat, Capitated, Percent,
S	02	MONETARY AMOUNT		Contract Amount
S	03	PERCENT, DECIMAL FORMAT		Contract Percentage
S	04	REFERENCE IDENTIFICATION		Contract Code
S	05	TERMS DISCOUNT PERCENT		Terms Discount Percentage
S	06	VERSION IDENTIFIER		Contact Version Identifier
S	AMT	PATIENT AMOUNT PAID 2300		
R	01	AMOUNT QUALIFIER	F5	Patient amount paid
R	02	MONETARY AMOUNT		Amount Paid
S	REF	PREDETERMINATION IDENTIFICATION		
R	01	REFERENCE IDENTIFICATION QUALIFIER	G3	Predetermination of Benefits Identification Number
R	02	REFERENCE IDENTIFICATION		Description
S	REF	SERVICE AUTHORIZATION EXCEPTION CODE 2300		
R	01	REFERENCE IDENTIFICATION QUALIFIER	4N	Special Payment Reference Number
R	02	REFERENCE IDENTIFICATION	1, 2, 3, 4, 5, 6, 7,	Service Authorization Exception Code
S	REF	PAYER CLAIM CONTROL NUMBER 2300		(Required when CLM05-03 indicates replacement or void
R	01	REFERENCE IDENTIFICATION QUALIFIER	F8	to a previously adjudicated claim)
R	02	REFERENCE IDENTIFICATION		Original claim number
S	REF	REFERRAL NUMBER		
R	01	REFERENCE IDENTIFICATION QUALIFIER	9F	Referral Number
R	02	REFERENCE IDENTIFICATION		Referral Number
S	REF	PRIOR AUTHORIZATION		Required when services on this claim were preauthorized
R	01	REFERENCE IDENTIFICATION QUALIFIER	G1	Prior Authorization qualifier
R	02	PRIOR AUTHORIZATION NUMBER		Prior Authorization number
S	REF	REPRICED CLAIM NUMBER		

R	01	REFERENCE IDENTIFICATION QUALIFIER	9A	Repriced Claim Reference Number
R	02	REFERENCE IDENTIFICATION		Repriced Claim Reference Number
S	REF	ADJUSTED REPRICED CLAIM NUMBER		
R	01	REFERENCE IDENTIFICATION QUALIFIER	9C	Adjusted Repriced Claim Reference Number
R	02	REFERENCE IDENTIFICATION		Adjusted Repriced Claim Reference Number
S	REF	CLAIM IDENTIFIER FOR TRANSMISSION		
R	01	REFERENCE IDENTIFICATION QUALIFIER	D9	
R	02	REFERENCE IDENTIFICATION		Value Added Network Trace Number
S	K3	FILE INFORMATION		
R	01	FIXED FORMAT INFORMATION		Data in fixed format agreed upon by sender and receiver
S	NTE	CLAIM NOTE 2300		
R	01	REFERENCE CODE	ADDTPO	Additional Information
R	02	DESCRIPTION		Free form data-Additional information
2300				
R	HI	HEALTH CARE DIAGNOSIS CODE 2300		
R	HI01	HEALTH CARE CODE INFORMATION		
R	HI01-1	CODE LIST QUALIFIER	ABK, BK, TQ	Principal diagnosis ICD-9 codes
R	HI01-2	DIAGNOSIS CODE		Diagnosis code
NU	HI01-3	DATE, TIME PERIOD FORMAT		NOT USED
NU	HI01-4	DATE TIME PERIOD		NOT USED
NU	HI01-5	MONETARY AMOUNT		NOT USED
NU	HI01-6	QUANTITY		NOT USED
NU	HI01-7	VERSION IDENTIFIER		NOT USED
NU	HI01-8	INDUSTRY CODE		NOT USED
NU	HI01-9	YES/NO CONDITION OR RESPONSE CODE		
S	HI02	HEALTH CARE CODE INFORMATION		
R	HI02-1	CODE LIST QUALIFIER CODE	ABF, BF, TQ	

R	HI02-2	DIAGNOSIS CODE		DIAGNOSIS CODE
NOT USED	HI02-3	DATE, TIME PERIOD FORMAT		NOT USED
NOT USED	HI02-4	DATE TIME PERIOD		NOT USED
NOT USED	HI02-5	MONETARY AMOUNT		NOT USED
NOT USED	HI02-6	QUANTITY		NOT USED
NOT USED	HI02-7	VERSION IDENTIFIER		NOT USED
NOT USED	HI02-8	INDUSTRY CODE		NOT USED
NOT USED	HI02-9	YES/NO CONDITION OR RESPONSE CODE		NOT USED
S	HI03	HEALTH CARE CODE INFORMATION		DIAGNOSIS CODE
R	HI03-1	CODE LIST QUALIFIER CODE	ABK, BK, TQ	
R	HI03-2	DIAGNOSIS CODE		
				DIAGNOSIS CODE
S	HI04	HEALTH CARE CODE INFORMATION		DIAGNOSIS ICD-9 CODES
R	HI04-1	DIAGNOSIS TYPE CODE	ABK, BK, TQ	DIAGNOSIS CODE
R	HI04-2	DIAGNOSIS CODE		
S	HCP	CLAIM PRICING/REPRICING INFORMATION		
R	01	PRICING METHODOLOGY	00-14	
R	02	MONETARY AMOUNT		Repriced Allowed Amount
S	03	MONETARY AMOUNT		Repriced Saving Amount
S	04	REFERENCE IDENTIFICATION		Repricing Organization Identifier
S	05	RATE		Repricing Per Diem or Flat Rate Amount
S	06	REFERENCE IDENTIFICATION		Repriced Approved Ambulatory Patient Group Code
NOT USED	07	MONETARY AMOUNT		
NOT USED	08	PRODUCT/SERVICE ID		
NOT USED	09	PRODUCT/SERVICE ID QUALIFIER		

NOT USED	10	PRODUCT/SERVICE ID		
NOT USED	11	UNIT OR BASIS FOR MEASUREMENT CODE		
NOT USED	12	QUANTITY		
S	13	REJECT REASON CODE	T1, T2, T3, T4, T5, T6	
S	14	POLICY COMPLIANCE CODE	1, 2, 3, 4, 5	
S	15	EXCEPTION CODE	1, 2, 3, 4, 5, 6	

Loop 2310A				
S	NM1	REFERRING PROVIDER NAME 2310A		
R	01	ENTITY IDENTIFIER CODE	DN, P3	Referring provider, Primary Care Provider
R	02	ENTITY TYPE	1	MUST BE A PERSON
R	03	LAST NAME		Referring physician last name
S	04	FIRST NAME		Referring physician first name
S	05	NAME MIDDLE		Referring physician middle initial
S	07	NAME SUFFIX		Referring physician suffix
S	08	IDENTIFICATION CODE QUALIFIER	XX	National Provider ID
S	09	IDENTIFICATION CODE		NPI Number
S PRV REFERRING PROVIDER SPECIALTY INFORMATION				
R	01	PROVIDER CODE	RF	Referring
R	02	REFERENCE IDENTIFICATION QUALIFIER	PXC	Health Care Provider Taxonomy Code
R	03	REFERENCE IDENTIFICATION		Provider Taxonomy Code
S REF REFERRING PROVIDER SECONDARY IDENTIFICATION				
R	01	REFERENCE IDENTIFICATION QUALIFIER	0B, 1G, G2	
R	02	REFERENCE IDENTIFICATION		Referring Provider Secondary Identifier
Loop 2310B				
S	NM1	RENDERING PROVIDER NAME		
R	01	ENTITY IDENTIFIER CODE	82	Rendering provider

R	02	ENTITY TYPE QUALIFIER	1	Person
R	03	NAME LAST OR ORGANIZATION NAME		Rendering provider last name
S	04	NAME FIRST		Rendering provider first name
S	05	NAME MIDDLE		Rendering provider middle initial
NOT USED	06	NAME PREFIX		NOT USED
S	07	NAME SUFFIX		Rendering provider suffix
S	08	IDENTIFICATION CODE QUALIFIER	XX	National Provider ID
S	09	IDENTIFICATION CODE		NPI Number
S	PRV	RENDERING PROVIDER SPECIALTY		
R	01	PROVIDER CODE	PE	Provider Code
R	02	REFERENCE IDENTIFICATION QUALIFER	PXC	Mutually Defined
S	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION		
R	01	REFERENCE IDENTIFICATION QUALIFIER	0B, 1G, G2, LU	
R	02	REFERENCE IDENTIFICATION		Rendering Provider Secondary Identifier
2310C				
R	NM1	SERVICE FACILITY LOCATION 2310C		
R	01	ENTITY IDENTIFIER CODE	77	77-Service location
R	02	ENTITY TYPE QUALIFIER	2	Non-person entity
R	03	NAME LAST OR ORGANIZATION NAME		Laboratory/facility name
NOT USED	04	NAME FIRST		NOT USED
NOT USED	05	NAME MIDDLE		NOT USED
NOT USED	06	NAME PREFIX		NOT USED
NOT USED	07	NAME SUFFIX		NOT USED
S	08	IDENTIFICATION CODE QUALIFIER	XX	National Provider ID
S	09	IDENTIFICATION CODE		NPI Number
R	N3	SERVICE FACILITY LOCATION ADDRESS		
R	01	ADDRESS INFORMATION		
S	02	ADDRESS INFORMATION		Laboratory or Facility Address Line
R	N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP		
R	01	CITY NAME		
S	02	STATE OR PROVINCE CODE		

S	03	POSTAL CODE		Full nine digit ZIP code must be provided
S	04	COUNTRY CODE		
NOT USED	05	LOCATION QUALIFIER		
NOT USED	06	LOCATION QUALIFIER		
S	07	COUNTRY SUBDIVISION CODE		
S	REF	SERVICE FACILITY LOCATION SECONDARY		
R	01	REFERENCE IDENTIFICATION QUALIFIER	0B, G2, LU	State License Number, Provider Commercial Number, Location Number
R	02	REFERECE INDETIFICATION		Laboratory or Facility Secondary Identifier
2310D				
S	NM1	ASSISTANT SURGEON NAME		
R	01	ENTITY IDENTIFIER CODE	DD	Assistant Surgeon
R	02	ENTITY TYPE QUALIFIER	1	Person
R	03	NAME LAST OR ORGANIZATION NAME		Assistant Surgeon Last Name
S	04	NAME FIRST		Assistant Surgeon First Name
S	05	NAME MIDDLE		Assistant Surgeon Middle Name or Initial
NOT USED	06	NAME PREFIX		
S	07	NAME SUFFIX		Assitant Surgeon Name Suffix
S	08	IDENTIFICATION CODE QUALIFIER	XX	National Provider Indentifier
S	09	IDENTIFICATION CODE		Assistant Surgeon Primary Identifier
R	PRV	ASSISTANT SURGEON SPECIALTY INFORMATION		
R	01	PROVIDER CODE	AS	Assistant Surgeon
R	02	REFERENCE IDENTIFICATION QUALIFIER	PXC	Health Care Provider Taxonomy Code
R	03	REFERENCE IDENTIFICATION		Provider Taxonomy Code
2310E				
S	NM1	SUPERVISING PROVIDER NAME		
R	01	ENTITY IDENTIFIER CODE	DQ	Supervising Physician
R	02	ENTITY TYPE QUALIFIER	1	Person
R	03	NAME LAST OR ORGANIZATION NAME		Supervising Provider Last Name
S	04	NAME FIRST		Supervising Provider First Name

S	05	NAME MIDDLE		Supervising Provider Middle Name or Initial
NOT USED	06	NAME PREFIX		
S	07	NAME SUFFIX		Supervising Provider Name Suffix
S	08	IDENTIFICATION CODE QUALIFIER	XX	
S	09	IDENTIFICATION CODE		Supervising Provider Identifier
2320				
S	SBR	OTHER SUBSCRIBER INFORMATION 2320		
R	01	PAYER RESPONSIBILITY SEQUENCE NUMBER		If claim is for secondary payer then this should equal "P" for Primary Payer else "S" for Secondary Payer
R	02	INDIVIDUAL RELATIONSHIP CODE		Individual Relationship Code
S	03	REFERENCE IDENTIFICATION		Group number
S	04	NAME	FREEFORM	Group or plan name
S	05	INSURANCE TYPE CODE		Required when Medicare is other payer but not primary
NOT USED	06	COORDINATION OF BENEFITS		NOT USED
NOT USED	07	YES/NO CONDITION OR RESPONSE CODE		NOT USED
NOT USED	08	EMPLOYMENT STATUS CODE		NOT USED
S	09	CLAIM FILING INDICATOR CODE	WC, MB, MA, HM	Workers' Compensation Health Claim, Medicare Part B, Medicare Part A, Health maintenance organization
S CAS CLAIM LEVEL ADJUSTMENTS				
R	01	CLAIM ADJUSTMENT GROUP CODE	CO, CR, OA, PI PR	
R	02	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code
R	03	MONETARY AMOUNT		Adjustment Amount
S	04	QUANTITY		Adjustment Quantity
S	05	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code
S	06	MONETARY AMOUNT		Adjustment Amount
S	07	QUANTITY		Adjustment Quantity
S	08	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code
S	09	MONETARY AMOUNT		Adjustment Amount
S	10	QUANTITY		Adjustment Quantity
S	11	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code
S	12	MONETARY AMOUNT		Adjustment Amount
S	13	QUANTITY		Adjustment Quantity
S	14	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code

S	15	MONETARY AMOUNT		Adjustment Amount
S	16	QUANTITY		Adjustment Quantity
S	17	CLAIM ADJUSTMENT REASON		Adjustment Reason Code
S	18	MONETARY AMOUNT		Adjustment Amount
S	19	QUANTITY		Adjustment Quantity

S	AMT	COORDINATION OF BENEFITS (COB) PAYER PAID AMOUNT 2320		
R	01	AMOUNT QUALIFIER	D	Payer amount paid
R	02	MONETARY AMOUNT		Amount Paid
S	AMT	REMAINING PATIENT LIABILITY		
R	01	AMOUNT QUALIFIER CODE	EAF	Amount Owed – MVP Requires for claim adjudication
R	02	MONETARY AMOUNT		Remaining Patient Liability
S	AMT	COORDINATION OF BENEFITS (COB TOTAL NON-COVERED AMOUNT 2320		
R	01	AMOUNT QUALIFIER CODE	A8	Noncovered Charges - Actual
R	02	MONETARY AMOUNT		NON COVERED CHARGE AMOUNT
R	OI	Other Insurance Coverage Information		
NOT USED	01	CLAIM FILING INDICATOR CODE		NOT USED
NOT USED	02	CLAIM SUBMISSION REASON CODE		NOT USED
R	03	YES/NO CONDITION REPOSE	Y, N, W	Assignment of Benefits Indicator
NOT USED	04	PATIENT SIGNATURE SOURCE CODE		
NOT USED	05	PROVIDER AGREEMENT CODE		NOT USED
R	06	RELEASE OF INFORMATION CODE	I, Y	Release of Information Code
S	MOA	OUTPATIENT ADJUDICATION INFORMATION 2320		*****
S	01	PERCENTAGE AS DECIMAL		REIMBURSEMENT RATE
S	02	MONETARY AMOUNT		REQUIRED WHEN RETURNED IN TNE REMITTANCE
S	03 - 07	REFERENCE IDENTIFICATION		ADVICE
NOT USED	08	MONETARY AMOUNT		*****
S	09	MONETARY AMOUNT		
2330A				
S	NM1	OTHER SUBSCRIBER NAME 2330A		

R	01	ENTITY IDENTIFIER CODE	IL	Insured or subscriber
R	02	ENTITY TYPE QUALIFIER	1	Person
R	03	NAME LAST		SUBSCRIBER LAST NAME
S	04	NAME FIRST		SUBSCRIBER FIRST NAME
S	05	NAME MIDDLE		NOT USED
NU	06	NAME PREFIX		NOT USED
S	07	NAME SUFFIX		SUBSCRIBER SUFFIX
R	08	IDENTIFICATION CODE QUALIFIER	MI	MEMBER IDENTIFICATION
R	09	IDENTIFICATION CODE		SUBSCRIBER IDENTIFICATION NUMBER
Loop 2330B				
S	NM1	OTHER PAYER NAME 2330B		
R	01	ENTITY IDENTIFIER CODE	PR	PAYER
R	02	ENTITY TYPE QUALIFIER	2	NON-PERSON
R	03	ORGANIZATION NAME		OTHER PAYER ORGANIZATION NAME
NOT USED	04	NAME FIRST		
NOT USED	05	NAME MIDDLE		
NOT USED	06	NAME PREFIX		
NOT USED	07	NAME SUFFIX		
R	08	IDENTIFICATION CODE QUALIFIER		
R	09	IDENTIFICATION CODE		Other Payer Primary Identifier
S	N3	OTHER PAYER ADDRESS		
R	01	ADDRESS INFORMATION		Other Payer Address Line
S	02	ADDRESS INFORMATION		Other Payer Address Line
R	N4	OTHER PAYER CITY, STATE, ZIP CODE		
R	01	CITY NAME		Other Payer City Name
S	02	STATE OR PROVINCE CODE		Other Payer State Code
S	03	POSTAL CODE		Other Payer Postal Zone or ZIP Code
S	04	COUNTRY CODE		
NOT USED	05	LOCATION QUALIFIER		
NOT USED	06	LOCATION IDENTIFIER		
S	07	COUNTRY SUBDIVISION CODE		

S	DTP	CLAIM CHECK OR REMITTANCE DATE		
R	01	DATE/TIME QUALIFIER		Date Time Qualifier
R	02	DATE TIME PERIOD FORMAT QUALIFIER		CCYYMMDD
R	03	DATE TIME PERIOD		Adjudication or Payment Date
S	REF	OTHER PAYER SECONDARY IDENTIFIER		
R	01	REFERENCE IDENTIFICATION QUALIFIER	2U, EI, FY, NF	
R	02	REFERENCE IDENTIFICATION		Other Payer Secondary Identifier
S	REF	OTHER PAYER PRIOR AUTHORIZATION NUMBER		
R	01	REFERENCE IDENTIFICATION QUALIFIER	G1	Prior Authorization Number
R	02	REFERENCE IDENTIFICATION		Other Payer Prior Authorization Number
Loop 2330C				
S	NM1	OTHER PAYER REFERRING PROVIDER		
R	01	ENTITY IDENTIFIER CODE	DN	
R	02	ENTITY TYPE QUALIFIER	1	
R	REF	OTHER PAYER REFERRING PROVIDER SECONDARY ID		
R	01	REFERENCE IDENTIFICATION QUALIFIER	OB, 1G, G2	
R	02	OTHER PAYER REFERRING PROVIDER SECONDARY		
2330D				
S	NM1	OTHER PAYER RENDERING PROVIDER		
R	01	ENTITY IDENTIFIER CODE	82	Rendering Provider
R	02	ENTITY TYPE QUALIFIER	1	Person
Loop 2400				

R	LX	SERVICE LINE NUMBER 2400		
R	01	ASSIGNED NUMBER		Line counter
R	SV3	PROFESSIONAL SERVICE 2400		
R	01	COMPOSITE MEDICAL PROCEDURE IDENTIFIER		Composite Medical Procedure
R	01-01	PRODUCT/SERVICE ID	AD	Americal Dental Association Codes
S	01-02	PRODUCT/SERVICE ID		Procedure Code
S	01-03	PROCEDURE MODIFIER		Procedure Modifier
S	01-05	PROCEDURE MODIFIER		Procedure Modifier 3
S	01-6	PROCEDURE MODIFIER		Procedure Modifier 4
S	01-7	DESCRIPTION	FREEFORM	DEFINITIVE DESCRIPTION OF PROCEDURE CODE
NOT USED	01-08	PRODUCT/ SERVICE ID		Line item charge amount
R	SV302	MONETARY AMOUNT		"0" ZERO IS AN ACCEPTABLE VALUE
R	SV303	FACILITY CODE VALUE		Place of Service Code
R	04	ORAL CAVITY DESIGNATION		
R	04-01	ORAL CAVITY DESIGNATION CODE		
S	04-02	ORAL CAVITY DESIGNATION CODE		
S	04-03	ORAL CAVITY DESIGNATION CODE		
S	04-04	ORAL CAVITY DESIGNATION CODE		
S	04-05	ORAL CAVITY DESIGNATION CODE		
S	05	PROSTHESIS, CROWN OR INLAY CODE	I, R	Initial Placement, Replacement
S	06	QUANTITY		Procedure Count
NOT USED	07	DESCRIPTION		
NOT USED	08	COPAY STATUS CODE		
NOT USED	09	PROVIDER AGREEMENT CODE		
NOT USED	10	YES/NO CONDITION OR RESPONSE CODE		
S	11	COMPOSITE DIAGNOSIS CODE POINTER		
R	11-01	DIAGNOSIS CODE POINTER		
S	11-02	DIAGNOSIS CODE POINTER		
S	11-03	DIAGNOSIS CODE POINTER		

S	11-04	DIAGNOSIS CODE POINTER		
S	TOO	TOOTH INFORMATION		
R	01	CODE LIST QUALIFIER CODE	JP	Universal National Tooth Designation System
R	02	INDUSTRY CODE		TOOTH CODE
S	03	TOOTH SURFACE		
R	03-01	TOOTH SURFACE CODE	B, D, F, I, L, M, O	
S	03-02	TOOTH SURFACE CODE		
S	03-03	TOOTH SURFACE CODE		
S	03-04	TOOTH SURFACE CODE		
S	03-05	TOOTH SURFACE CODE		
S	DTP	DATE/SERVICE DATE		
R	01	DATE/TIME QUALIFIER	472	Service
R	02	DATE TIME PERIOD FORMAT QUALIFIER	D8	CCYYMMDD
R	03	DATE TIME PERIOD		Service Date
S	DTP	DATE/PRIOR PLACEMENT		
R	01	DATE/TIME QUALIFIER	139, 441	Estimated, Prior Placement
R	02	DATE TIME PERIOD FORMAT QUALIFIER	D8	CCYYMMDD
R	03	DATE TIME PERIOD		Prior Placement Date
S	DTP	DATE/APPLIANCE PLACEMENT		
R	01	DATE/TIME QUALIFIER	452	APPLIANCE PLACEMENT
R	02	DATE TIME PERIOD FORMAT QUALIFIER	D8	CCYYMMDD
R	03	DATE TIME PERIOD		Orthodontic Banding Date
S	DTP	DATE/REPLACEMENT		
R	01	DATE/TIME QUALIFIER	446	Replacement
R	02	DATE TIME PERIOD FORMAT QUALIFIER	D8	CCYYMMDD
R	03	DATE TIME PERIOD		Replacement Date
S	DTP	DATE/TREATMENT START		

R	01	DATE/TIME QUALIFIER	196	Start
R	02	DATE TIME PERIOD FORMAT QUALIFIER	D8	CCYYMMDD
R	03	DATE TIME PERIOD		Treatment Start Date
S	DTP	DATE/TREATMENT COMPLETION		
R	01	DATE/TIME QUALIFIER	198	Completion
R	02	DATE TIME PERIOD FORMAT QUALIFIER	D8	CCYYMMDD
R	03	DATE TIME PERIOD		Treatment Completion Date
S	REF	SERVICE PREDETERMINATION IDENTIFICATION		
R	01	REFERENCE IDENTIFICATION QUALIFIER	G3	Predetermination of Benefits Identification Number
R	02	REFERENCE IDENTIFICATION		Predetermination of Benefefits Identifier
S	REF	PRIOR AUTHORIZATION		
R	01	REFERENCE IDENTIFICATION QUALIFIER	G1	Prior Authorization Number
R	02	REFERENCE IDENTIFICATION		Prior Authorization or Referral Number
NOT USED	03	DESCRIPTION		
S	04	REFERENCE IDENTIFIER		
R	04-01	REFERENCE IDENTIFICATION		Other Payer Primary Identifier
S	REF	LINE ITEM CONTROL NUMBER		
R	01	REFERENCE IDENTIFICATION QUALIFIER	6R	Provider Control Number
R	02	REFERENCE IDENTIFICATION		Line Item Control Number
S	REF	REPRICED CLAIM NUMBER		
R	01	REFERENCE IDENTIFICATION QUALIFIER	9A	Repriced Claim Reference Number
R	02	REFERENCE IDENTIFICATION		Repriced Claim Reference Number
S	REF	ADJUSTED REPRICED CLAIM NUMBER		
R	01	REFERENCE IDENTIFICATION QUALIFIER	9C	Adjusted Repriced Claim Reference Number
R	02	REFERENCE IDENTIFICATION		Adjusted Repriced Claim Reference Number
S	REF	REFERRAL NUMBER		
R	01	REFERENCE IDENTIFICATION QUALIFIER	9F	Referral Number

R	02	REFERENCE IDENTIFICATION		Referral Number
NOT USED	03	DESCRIPTION		
S	04	REFERENCE IDENTIFIER		
R	04-01	REFERENCE IDENTIFICATION QUALIFIER	2U	Payer Identification Number
R	04-02	REFERENCE IDENTIFICATION		Other Payer Primary Identifier
S	AMT	SALES TAX AMOUNT		
R	01	AMOUNT QUALIFIER CODE	T	Tax
R	02	MONETARY AMOUNT		Sales Tax Amount
S	K3	FILE INFORMATION		
R	01	FIXED FORMAT INFORMATION		
S	HCP	LINE PRICING/REPRICING INFORMATION		
R	01	PRICING METHODOLOGY	00-14	
R	02	MONETARY AMOUNT		Repriced Allowed Amount
S	03	MONETARY AMOUNT		Repriced Saving Amount
S	04	REFERENCE IDENTIFICATION		Repricing Organization Identifier
S	05	RATE		Repricing Per Diem or Flat Rate Amount
NOT USED	06	REFERENCE IDENTIFICATION		
NOT USED	07	MONETARY AMOUNT		
NOT USED	08	PRODUCT/SERVICE ID		
S	09	PRODUCT/SERVICE ID QUALIFIER	AD	American Dental Association Codes
S	10	PRODUCT/SERVICE ID		Repriced Approved HCPCS Code
S	11	UNIT OR BASE FOR MEASUREMENT CODE	UN	Unit
S	12	QUANTITY		
S	13	REJECT REASON CODE	T1-T6	
S	14	POLICY COMPLIANCE CODE	1-5	
S	15	EXCEPTION CODE	1-6	

Loop 2420A				
S	NM1	RENDERING PROVIDER NAME		
R	01	ENTITY IDENTIFIER CODE	82	RENDERING
R	02	ENTITY TYPE QUALIFIER	1	PERSON
R	03	NAME LAST		RENDERING PROVIDER LAST NAME
S	04	NAME FIRST		RENDERING PROVIDER FIRST NAME
S	05	NAME MIDDLE		RENDERING PROVIDER MIDDLE INITIAL
NOT USED	06	NAME PREFIX		NOT USED
S	07	NAME SUFFIX		RENDERING PROVIDER SUFFIX
S	08	IDENTIFICATION CODE QUALIFIER	XX	NATIONAL PROVIDER ID
S	09	IDENTIFICATION CODE		NPI NUMBER
Loop 2430				
S	SVD	LINE ADJUDICATION INFORMATION 2430		
R	01	IDENTIFICATION CODE		Other Payer Primary Identifier. This number should match NM109 in Loop ID-2330B identifying Other Payer.
R	02	MONETARY AMOUNT		Service Line Paid Amount. Zero "0" is an acceptable value for this element.
R	03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER		
R	03-1	PRODUCT/SERVICE ID QUALIFIER	AD, ER	American Dental Association Codes, Jurisdiction Specific Procedure and Supply Codes
R	03-2	PRODUCT/SERVICE ID		Procedure Code
S	03-3	PROCEDURE MODIFIER		Procedure Modifier 1
S	03-4	PROCEDURE MODIFIER		Procedure Modifier 2
S	03-5	PROCEDURE MODIFIER		Procedure Modifier 3
S	03-6	PROCEDURE MODIFIER		Procedure Modifier 4
S	03-7	DESCRIPTION		Procedure Code Description
NOT USED	04	PRODUCT/SERVICE ID		NOT USED
R	05	QUANTITY		Paid Service Unit Count
S	06	ASSIGNED NUMBER		Bundled or Unbundled Line Number

S	CAS	LINE ADJUDICATION INFORMATION 2430		
R	01	CLAIM ADJUSTMENT GROUP CODE	PR, CO, CR, OA, PI	If multiple adjustment group codes available the "PR" adjustment group code is required to be the first CAS segment sent.
R	02	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. CODE SOURCE 139: Claim Adjustment Reason Code
R	03	MONETARY AMOUNT		Adjusted Amount - Line Level
S	04	QUANTITY		Adjusted Units - Line Level
S	05	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. CODE SOURCE 139: Claim Adjustment Reason Code
S	06	MONETARY AMOUNT		Adjusted Amount - Line Level
S	07	QUANTITY		Adjusted Units - Line Level
S	08	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. CODE SOURCE 139: Claim Adjustment Reason Code
S	09	MONETARY AMOUNT		Adjusted Amount - Line Level
S	10	QUANTITY		Adjusted Units - Line Level
S	11	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. CODE SOURCE 139: Claim Adjustment Reason Code
S	12	MONETARY AMOUNT		Adjusted Amount - Line Level
S	13	QUANTITY		Adjusted Units - Line Level
S	14	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. CODE SOURCE 139: Claim Adjustment Reason Code
S	15	MONETARY AMOUNT		Adjusted Amount - Line Level
S	16	QUANTITY		Adjusted Units - Line Level
S	17	CLAIM ADJUSTMENT REASON CODE		Adjustment Reason Code. CODE SOURCE 139: Claim Adjustment Reason Code
S	18	MONETARY AMOUNT		Adjusted Amount - Line Level
S	19	QUANTITY		Adjusted Units - Line Level
S	DTP	LINE Check or Remittance Date		
R	01	DATE/TIME QUALIFIER	573	Date Claim Paid
R	02	DATE/TIME FORMAT	D8	Date Time Period Format Qualifier
R	03	DATE/TIME PERIOD	CCYYMMDD	Adjudication or Payment Date

S	AMT	REMAINING PATIENT LIABILITY		
R	01	AMOUNT QUALIFIER CODE	EAF	Amount Owed
R	02	MONETARY AMOUNT		Remaining Patient Liability
R	SE	TRANSACTION SET TRAILER		
R	01	NUMBER OF INCLUDED SEGMENTS		Segment count
R	02	TRANSACTION SET CONTROL NUMBER		Unique number assigned by originator/must match ST 02
R	GE	FUNCTIONAL GROUP TRAILER		
R	01	NUMBER OF TRANSACTION SETS INCLUDED		Total number of transaction sets
R	02	GROUP CONTROL NUMBER		Assigned by sender
R	IEA	INTERCHANGE CONTROL TRAILER		
R	01	NUMBER OF INCLUDED FUNCTIONAL GROUPS		Number of groups in the interchange
R	02	INTERCHANGE CONTROL NUMBER	Assigned by sender	Must match ISA13

MVP Requirements for the ANSI 277CA Transaction - Health Care Claim Acknowledgment

Required	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
R	ISA	INTERCHANGE CONTROL HEADER		
R	01	AUTHORIZATION INFORMATION QUALIFIER	00	NO AUTHORIZATION INFORMATION PRESENT
R	02	AUTHORIZATION INFORMATION		BLANK
R	03	SECURITY INFORMATION	00	NO SECURITY INFORMATION PRESENT
R	04	SECURITY INFORMATION		BLANK
R	05	INTERCHANGE ID QUALIFIER	30	US FEDERAL TAX ID QUALIFIER
R	06	INTERCHANGE SENDER ID	141650868	SENDER TAX ID
R	07	INTERCHANGE ID QUALIFIER	30	US FEDERAL TAX ID QUALIFIER
R	08	INTERCHANGE RECEIVER ID		RECEIVER TAX ID
R	09	INTERCHANGE DATE	YYMMDD	DATE OF INTERCHANGE
R	10	INTERCHANGE TIME	HHMM	TIME OF INTERCHANGE
R	11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	U	US EDI COMMUNITY OF ASC X12
R	12	INTERCHANGE CONTROL VERSION NUMBER	00501	VERSION NUMBER
R	13	INTERCHANGE CONTROL NUMBER		ASSIGNED BY SENDER, MUST MATCH IEA02
R	14	ACKNOWLEDGEMENT REQUESTED	0	NO ACKNOWLEDGEMENT REQUESTED
R	15	USAGE INDICATOR	P OR T	PRODUCTION OR TEST
R	16	COMPONENT ELEMENT SEPARATOR	:	COMPOSITE DELIMITER
R	GS	FUNCTIONAL GROUP HEADER		
R	01	FUNCTIONAL IDENTIFIER CODE	HN	HEALTH CARE CLAIM STATUS NOTIFICATION
R	02	APPLICATION SENDER'S CODE	141650868	MVP HEALTH PLAN
R	03	APPLICATION RECEIVER'S CODE		CODE FOR RECEIVER
R	04	DATE	CCYYMMDD	FUNCTIONAL GROUP CREATION DATE
R	05	TIME	HHMM	CREATION TIME
R	06	GROUP CONTROL NUMBER		MUST MATCH GE02- ASSIGNED BY SENDER
R	07	RESPONSIBLE AGENCY CODE	X	ACCREDITED STANDARDS COMMITTEE X12
R	08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X214	VERSION CODE
R	ST	TRANSACTION SET HEADER		
R	01	TRANSACTION SET IDENTIFIER CODE	277	HEALTH CARE CLAIM STATUS NOTIFICATION
R	02	TRANSACTION SET CONTROL NUMBER		MUST MATCH SE CONTROL NUMBER
R	03	IMPLEMENTATION CONVENTIONAL REFERENCE	005010X214	REFERENCE CODE

R	BHT	BEGINNING OF HIERARCHICAL TRANSACTION		
R	01	HIERARCHICAL STRUCTURE CODE	0010	INFORMATION SOURCE
R	02	TRANSACTION SET PURPOSE CODE	08	STATUS
R	03	REFERENCE IDENTIFICATION		NUMBER USED TO IDENTIFY TRANSACTION
R	04	DATE	CCYYMMDD	TRANSACTION SET CREATION DATE
R	05	TIME	HHMMSS	TIME
R	06	TRANSACTION TYPE CODE	TH	ACKNOWLEDGEMENT ADVICE
	2000A			
R	HL	HIERARCHICAL LEVEL 2000A - INFO SENDER LEVEL		
R	01	HIERARCHICAL ID NUMBER		UNIQUE NUMBER ASSIGNED BY THE SENDER
NOT USED	02	HIERARCHICAL PARENT ID NUMBER		NOTE USED
R	03	HIERARCHICAL LEVEL CODE	20	INFORMATION SOURCE
R	04	HIERARCHICAL CHILD CODE	1	ADDITIONAL SUB HL DATA SEGMENT IN HIER STRUCTURE
	2100A			
R	NM1	PAYER NAME 2100A		
R	01	ENTITY IDENTIFIER CODE	PR	PAYER
R	02	ENTITY TYPE QUALIFIER	2	NON-PERSON
R	03	ORGANIZATION NAME	MVP HEALTH CARE	PAYER NAME
NOT USED	04	NAME FIRST		NOT USED
NOT USED	05	NAME MIDDLE		NOT USED
NOT USED	06	NAME PREFIX		NOT USED
NOT USED	07	NAME SUFFIX		NOT USED
R	08	IDENTIFICATION CODE QUALIFIER	PI	MVP ID
R	09	IDENTIFICATION CODE	141650868	MVP's TAX ID
	2200A			
R	TRN	CLAIM SUBMITTER TRACE NUMBER 2200A		
R	01	TRACE TYPE CODE	1	REFERENCED TRANSACTION TRACE NUMBER
R	02	REFERENCE IDENTIFICATION		MVP HEALTH CARE EXTERNAL CORE SYSTEM NUMBER.
R	DTP	CLAIM SERVICE DATE 2200A		
R	01	DATE/TIME QUALIFIER	050	CLAIM RECIEPT DATE

R	02	DATE PERIOD FORMAT QUALIFIER	D8	CCYYMMDD
R	03	DATE TIME PERIOD		CLAIM RECEIPT DATE
S	DTP	CLAIM SERVICE DATE 2200A		
R	01	DATE/TIME QUALIFIER	009	CLAIM PROCESS DATE
R	02	DATE PERIOD FORMAT QUALIFIER	D8	CCYYMMDD
R	03	DATE TIME PERIOD		CLAIM PROCESS DATE
	2000B			
R	HL	HIERARCHICAL LEVEL 2000B - INFO RECEIVER LEVEL		
R	01	HIERARCHICAL ID NUMBER		UNIQUE NUMBER ASSIGNED BY SENDER
R	02	HIERARCHICAL PARENT ID NUMBER		ID NUMBER OF NEXT HIGHER HIERARCHICAL SEG
R	03	HIERARCHICAL LEVEL CODE	21	INFORMATION RECEIVER
R	04	HIERARCHICAL CHILD CODE	1	ADDITIONAL SUBORDINATE HL
	2100B			
R	NM1	INFORMATION RECEIVER NAME 2100B		
R	01	ENTITY IDENTIFIER CODE	41	SUBMITTER
R	02	ENTITY TYPE QUALIFIER	1, 2	PERSON, NON-PERSON
R	03	ORGANIZATION NAME		LAST NAME, ORGANIZATION NAME
S	04	NAME FIRST		FIRST NAME
NOT USED	05	NAME MIDDLE		NOT USED
NOT USED	06	NAME PREFIX		NOT USED
NOT USED	07	NAME SUFFIX		NOT USED
R	08	IDENTIFICATION CODE QUALIFIER	FI	FEDERAL TAX ID
R	09	IDENTIFICATION CODE		VENDOR TAX ID
	2200B			
R	TRN	CLAIM SUBMITTER TRACE NUMBER 2200B		
R	01	TRACE TYPE CODE	2	REFERENCED TRANSACTION TRACE NUMBER
R	02	REFERENCE IDENTIFICATION		VALUE OF THE BHT03 DATA ELEMENT FROM THE SUBMITTED 837 CLAIM FILE
	2000C			
R	HL	HIERARCHICAL LEVEL 2000C - SERVICE PROVIDER LEVEL		
R	01	HIERARCHICAL ID NUMBER		UNIQUE NUMBER ASSIGNED BY SENDER

R	02	HIERARCHICAL PARENT ID NUMBER		NUMBER OF NEXT HIGHER HIERARCHICAL SEG
R	03	HIERARCHICAL LEVEL CODE	19	PROVIDER OF SERVICE
R	04	HIERARCHICAL CHILD CODE	1	ADDITIONAL SUBORDINATE HL DATA SEGMENT
	2100C			
R	NM1	PROVIDER NAME 2100C		
R	01	ENTITY IDENTIFIER CODE	1P	RENDERING PROVIDER
R	02	ENTITY TYPE QUALIFIER	1,2	PERSON, ORGANIZATION
R	03	NAME LAST		LAST NAME, ORGANIZATION NAME
S	04	NAME FIRST		FIRST NAME
S	05	NAME MIDDLE		MIDDLE INITIAL
NOT USED	06	NAME PREFIX		NOT USED
NOT USED	07	NAME SUFFIX		NOT USED
R	08	IDENTIFICATION CODE QUALIFIER	XX	Nation Provider ID
R	09	IDENTIFICATION CODE		NPI Number.
	2000D			
M	HL	HIERARCHICAL LEVEL 2000D-PATIENT LEVEL		
R	01	HIERARCHICAL ID NUMBER		UNIQUE NUMBER ASSIGNED BY SENDER
R	02	HIERARCHICAL PARENT ID NUMBER		NUMBER OF THE NEXT HIGHER HIERARCHICAL SEG
R	03	HIERARCHICAL LEVEL CODE	PT	PATIENT
R	04	HIERARCHICAL CHILD CODE	0	ADDITIONAL SUBORDINATE HL DATA SEGMENT
	2100D			
R	NM1	PATIENT NAME 2100D		
R	01	ENTITY IDENTIFIER CODE	QC	PATIENT
R	02	ENTITY QUALIFIER	1	PERSON
R	03	NAME LAST		PATIENT LAST NAME
S	04	NAME FIRST		PATIENT FIRST NAME
S	05	NAME MIDDLE		PATIENT MIDDLE INITIAL
NOT USED	06	NAME PREFIX		NOT USED
NOT USED	07	NAME SUFFIX		NOT USED
S	08	IDENTIFICATION CODE QUALIFIER	MI	PATIENT IDENTIFICATION
S	09	IDENTIFICATION CODE		MVP MEMBER ID NUMBER
	2200D			

R	TRN	CLAIM SUBMITTER TRACE NUMBER 2200D		
R	01	TRACE TYPE CODE	2	REFERENCED TRANSACTION TRACE NUMBER
R	02	REFERENCE IDENTIFICATION		PATIENT ACCOUNT NUMBER
R	STC	CLAIM LEVEL STATUS 2200D		
R	01	HEALTH CARE CLAIM STATUS		
R	01-1	INDUSTRY CODE		ANSI CATEGORY CODE FROM CODE SOURCE 507 Note: For a reference to MVP used codes see codes identified during the introduction of this document.
R	01-2	INDUSTRY CODE		ANSI STATUS CODE FROM CODE SOURCE 508 Note: For a reference to MVP used codes see codes identified during the introduction of this document.
S	01-3	ENTITY IDENTIFIER CODE		NOT USED
R	01-4	CODE LIST QUALIFIER CODE	65	HEALTH CARE CLAIM STATUS CODE
R	02	DATE		EFFECTIVE DATE
R	03	ACTION CODE	WQ	THE WQ INDICATES THAT IT IS NECESSARY TO REVIEW INFORMATION IN THE 2200D LOOP FOR INFORMATION ON THE STATUS OF INDIVIDUAL CLAIMS.
R	04	MONETARY AMOUNT		TOTAL CLAIM CHARGES
NOT USED	05	MONETARY AMOUNT		NOT USED
NOT USED	06	DATE		NOT USED
NOT USED	07	PAYMENT METHOD CODE		NOT USED
NOT USED	08	DATE		NOT USED
NOT USED	09	CHECK NUMBER		NOT USED
S	10	HEALTH CARE CLAIM STATUS		ANSI CATEGORY CODE FROM CODE SOURCE 507
R	10-1	INDUSTRY CODE		Note: For a reference to MVP used codes see codes identified during the introduction of this document.

R	10-2	INDUSTRY CODE		ANSI STATUS CODE FROM CODE SOURCE 508 Note: For a reference to MVP used codes see codes identified during the introduction of this document.
NOT USED	10-3	ENTITY IDENTIFIER CODE		NOT USED
R	10-4	CODE LIST QUALIFIER CODE	65	HEALTH CARE CLAIM STATUS CODE
S	11	HEALTH CARE CLAIM STATUS		ANSI CATEGORY CODE FROM CODE SOURCE 507
R	11-1	INDUSTRY CODE		Note: For a reference to MVP used codes see codes identified during the introduction of this document.
R	11-2	INDUSTRY CODE		ANSI STATUS CODE FROM CODE SOURCE 508 Note: For a reference to MVP used codes see codes identified during the introduction of this document.
NOT USED	11-3	ENTITY IDENTIFIER CODE		NOT USED
S	11-4	CODE LIST QUALIFIER CODE	65	HEALTH CARE CLAIM STATUS CODE
S	12	FREE FORM MESSAGE TEXT		DESCRIPTION

S		PAYER CLAIM IDENTIFICATION NUMBER 2200D		
R	01	REFERENCE IDENTIFICATION QUALIFIER	1K	PAYER'S CLAIM NUMBER
				MVP HEALTH CARE'S EXTERNAL
S		PAYER CLAIM IDENTIFICATION NUMBER 2200D		
R	01	REFERENCE IDENTIFICATION QUALIFIER	D9	SUBMITTER'S NUMBER
				IDENTIFIER THAT WAS SUBMITTED BY THE
S		CLAIM SERVICE DATE 2200D		
R	01	DATE/TIME QUALIFIER	232	CLAIM STATEMENT PERIOD START
R	02	DATE PERIOD FORMAT QUALIFIER	RD8	CCYYMMDD - CCYYMMDD
R	03	DATE TIME PERIOD		CLAIM SERVICE PERIOD
R		TRANSACTION SET TRAILER		
R	01	NUMBER OF INCLUDED SEGMENTS		TOTAL NUM OF SEGMENTS
R	02	TRANSACTION SET CONTROL NUMBER		MUST BE IDENTICAL TO ST02
R		FUNCTIONAL GROUP TRAILER		
R	01	NUMBER OF TRANSACTION SETS INCLUDED		Number of GS segments
R	02	GROUP CONTROL NUMBER		ASSIGNED BY SENDER
R		INTERCHANGE CONTROL TRAILER		
R	01	NUMBER OF INCLUDED FUNCTIONAL GROUPS		Number of GS segments
R	02	INTERCHANGE CONTROL NUMBER		ASSIGNED BY SENDER/MUST MATCH ISA13