Centers for Medicare & Medicaid Services (CMS)

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Standard Companion Guide Health Care Claim Payment/Advice (835)

Based on ASC X12N Technical Report Type 3 (TR3), Version 005010X221A1

Companion Guide Version Number: 6.0, May 2020

Disclosure Statement

The Centers for Medicare & Medicaid Services (CMS) is committed to maintaining the integrity and security of health care data in accordance with applicable laws and regulations. Disclosure of Medicare claims is restricted under the provisions of the Privacy Act of 1974 and Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Companion Guide (CG) is to be used for conducting Medicare business only.

Preface

This CG to the Accredited Standards Committee (ASC) X12N Technical Report Type 3 (TR3) Version 005010 and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging transactions electronically with Medicare. Transmissions based on this CG, used in tandem with the TR3 are compliant with both ASC X12N syntax and those guides. This CG is intended to convey information that is within the framework of the TR3 adopted for use under HIPAA. This CG is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

This CG contains instructions for electronic communications with the publishing entity, as well as supplemental information for creating transactions while ensuring compliance with the associated ASC X12N TR3s and the Council for Affordable Quality Healthcare – Committee on Operating Rules for Information Exchange (CAQH CORE) CG operating rules.

In addition, this CG contains the information needed by Trading Partners to send and receive electronic data with the publishing entity, who is acting on behalf of CMS, including detailed instructions for submission of specific electronic transactions. The instructional content is limited by ASC X12N's copyrights and Fair Use statement.

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1. Introduction

This document is intended to provide information from the author of this guide to Trading Partners to give them the information they need to exchange Electronic Data Interchange (EDI) data with the author. This includes information about registration, testing, support, and specific information about control record setup.

An EDI Trading Partner is defined as any Medicare customer (e.g., provider/supplier, billing service, clearinghouse, or software vendor) that transmits to, or receives electronic data from Medicare. Medicare's EDI transaction system supports transactions adopted under HIPAA as well as additional supporting transactions as described in this guide.

Medicare Fee-For-Service (FFS) is publishing this CG to clarify, supplement, and further define specific data content requirements to be used in conjunction with, and not in place of, the ASC X12N Technical Report Type 3 (TR3) Version 005010 and associated errata for all transactions mandated by HIPAA and/or adopted by Medicare FFS for EDI.

This CG provides communication, connectivity, and transaction-specific information to Medicare FFS Trading Partners and serves as the authoritative source for Medicare FFS-specific EDI protocols.

Additional information on Medicare FFS EDI practices are referenced within Internet-only Manual (IOM) Pub. 100-04 Medicare Claims Processing Manual:

- Chapter 22 - Remittance Advice can be accessed at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c22.pdf.

- Chapter 24 - General EDI and EDI Support, Requirements, Electronic Claims, and Mandatory Electronic Filing of Medicare Claims. This document can be accessed at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c24.pdf.

1.1. Scope

EDI addresses how Trading Partners exchange professional and institutional claims, claim acknowledgments, claim remittance advice, claim status inquiry and responses, and eligibility inquiry and responses electronically with Medicare. This CG also applies to ASC X12N 835 transactions that are being exchanged with Medicare by third parties such as clearinghouses, billing services, or network service vendors.

This CG provides technical and connectivity specification for the 835 Health Care Claim: Payment/Advice transaction Version 005010X221A1.

1.2. Overview

This CG includes information needed to commence and maintain communication exchange with Medicare. In addition, this CG has been written to assist you in designing and implementing the ASC X12N 835 transaction standards to meet Medicare's processing standards. This information is organized in the sections listed below:

- **Getting Started**: This section includes information related to hours of operation, data services, and audit procedures. Information concerning Trading Partner registration and the Trading Partner testing process is also included in this section.
- **Testing and Certification Requirements**: This section includes detailed transaction testing information as well as certification requirements needed to complete transaction testing with Medicare.
- **Connectivity/Communications**: This section includes information on Medicare's transmission procedures as well as communication and security protocols.
- **Contact Information**: This section includes EDI customer service, EDI technical assistance, Trading Partner services and applicable websites.
- **Control Segments/Envelopes**: This section contains information needed to create the Interchange Control Header/Trailer (ISA/IEA), Functional Group Header/Trailer (GS/GE), and Transaction Set Header/Trailer (ST/SE) control segments for transactions to be submitted to or received from Medicare.
- **Specific Business Rules and Limitations**: This section contains Medicare business rules and limitations specific to the ASC X12N 835.
- **Acknowledgments and Reports**: This section contains information on all transaction acknowledgments sent by Medicare and report inventory.
- **Trading Partner Agreement**: This section contains information related to implementation checklists, transmission examples, Trading Partner Agreements and other resources.
- **Transaction Specific Information**: This section describes the specific CMS requirements over and above the information in the ASC X12N 835 TR3.

1.3. References

The following websites provide information for where to obtain documentation for Medicare-adopted EDI transactions and code lists.

Table 1 - EDI Transactions and Code List References

Resource	Web Address
ASC X12N TR3s	The official ASC X12 website
Washington Publishing Company Health Care Code Lists	The official Washington Publishing Company website

1.4. Additional Information

The website linked in the following table provides additional resources for HIPAA Version 005010 implementation:

Table 2 - Additional EDI Resources

Resource	Web Address
Medicare FFS EDI Operations	https://www.cms.gov/ElectronicBillingEDITrans/

2. Getting Started

2.1. Working Together

First Coast Service Options Inc. (First Coast) is dedicated to providing communication channels to ensure communication remains constant and efficient. First Coast has several options to assist the community with their electronic data exchange needs. By using any of these methods, First Coast is focused on supplying the Trading Partner community with a variety of support tools.

An EDI help desk is established for the first point of contact for basic information and troubleshooting. The help desk is available to support most EDI questions/incidents while at the same time being structured to triage each incident if more advanced research is needed. Email is also accepted as a method of communicating with First Coast EDI. The email account is monitored by knowledgeable staff ready to assist you. When communicating via email, please exclude any Protected Health Information (PHI) to ensure security is maintained. In addition to the First Coast EDI help desk and email access, see Section 5 for additional contact information.

First Coast also has several external communication components in place to reach out to the Trading Partner community. First Coast posts all critical updates, system issues, and EDI-specific billing material to their website, https://medicare.fcso.com. All Trading Partners are encouraged to visit this page to ensure familiarity with the content of the site. First Coast also distributes EDI-pertinent information in the form of an EDI newsletter or comparable publication, which is posted to the website every three months. In addition to the website, a distribution list has been established in order to broadcast urgent messages. Please register for First Coast distribution list by signing up for eNews at https://medicare.fcso.com/Header/137525.asp.

2.2. Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, clearinghouse, software vendor, employer group, financial institution, etc.) that transmits electronic data to, or receives electronic data from, another entity.

Medicare FFS and First Coast support many different types of Trading Partners or customers for EDI. To ensure proper registration, it is important to understand the terminology associated with each customer type:

- **Submitter** – the entity that owns the submitter ID associated with the health care data being submitted. It is most likely the provider, hospital, clinic, supplier, etc., but could also be a third party submitting on behalf of one of these entities. However, a submitter must be directly linked to each billing National Provider Identifier (NPI). Often the terms submitter and Trading Partner are used interchangeably because a Trading Partner is defined as the entity engaged in the exchange or transmission of electronic transactions. Thus, the entity that is submitting electronic administrative transactions to First Coast is a Medicare FFS Trading Partner.

- **Vendor** – an entity that provides hardware, software, and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor, or clearinghouse.
- **Software Vendor** – an entity that creates software used by Trading Partners to conduct the exchange of electronic transactions with Medicare FFS.
- **Provider/Supplier** – the entity that renders services to beneficiaries and submits health care claims to Medicare.
- **Billing Service** – a third party that prepares and/or submits claims for a provider.
- **Clearinghouse** – a third party that submits and/or exchanges electronic transactions (claims, claim status or eligibility inquiries, remittance advice, etc.) on behalf of a provider.
- **Network Service Vendor** – a third party that provides connectivity between a Trading Partner and First Coast.

Medicare requires all trading partners to complete an EDI enrollment form and sign an EDI agreement. The EDI enrollment form designates the Medicare contractor the entity agrees to engage in EDI and ensures agreement between parties to implement standard policies and practices to ensure the security and integrity of the information being exchanged. The EDI enrollment form can be found at http://medicare.fcso.com/EDI_Forms/.

Once the form is completed, it can be faxed, emailed or mailed to First Coast Medicare EDI. (See Section 5 for contact information). When the EDI enrollment form has been processed, First Coast will notify the entity whether the enrollment has been completed or the form rejected.

Under HIPAA, EDI applies to all covered entities transmitting the following HIPAA-established administrative transactions: 837I and 837P, 835, 270/271, 276/277, and the National Council for Prescription Drug Programs (NCPDP) D.0. Additionally, Medicare Administrative Contractors (MACs) and Common Electronic Data Interchange (CEDI) will use the Interchange Acknowledgment (TA1), Implementation Acknowledgment (999), and 277 Claim Acknowledgement (277CA) error-handling transactions.

Medicare requires that First Coast furnish information on EDI to new Trading Partners that request Medicare claim privileges. Additionally, Medicare requires First Coast to assess the capability of entities to submit data electronically, establish their qualifications (see test requirements in Section 3), and enroll and assign submitter EDI identification numbers to those approved to use EDI.

A provider must obtain an NPI and furnish that NPI to First Coast prior to completion of an initial EDI Enrollment Agreement and issuance of an initial EDI number and password by that contractor. First Coast is required to verify that NPI is on the Provider Enrollment Chain and Ownership System (PECOS). If the NPI is not verified on the PECOS, the EDI Enrollment Agreement is denied, and the provider is encouraged to contact First Coast enrollment department (for Medicare Part A and Part B providers) or the National Supplier

Clearinghouse (for Durable Medical Equipment [DME] suppliers) to resolve the issue. Once the NPI is properly verified, the provider can reapply the EDI Enrollment Agreement.

A provider's EDI number and password serve as an electronic signature and the provider would be liable for any improper usage or illegal action performed with it. A provider's EDI access number and password are not part of the capital property of the provider's operation and may not be given to a new owner of the provider's operation. A new owner must obtain their own EDI access number and password.

If providers elect to submit/receive transactions electronically using a third party such as a billing agent, a clearinghouse, or network services vendor, then the provider is required to have an agreement signed by that third party. The third party must agree to meet the same Medicare security and privacy requirements that apply to the provider in regard to viewing or using Medicare beneficiary data. These agreements are not to be submitted to Medicare but are to be retained by the provider. Providers will notify First Coast which third party agents they will be using on their EDI Enrollment form.

Third parties are required to register with First Coast by completing the third-party agreement form. This will ensure that their connectivity is completed properly, however they may need to enroll in mailing lists separately in order to receive all publications and email notifications.

Additional third-party billing information can be found at https://medicare.fcso.com/Getting_started/206578.asp.

The providers must also be informed that they are not permitted to share their personal EDI access number and password with any billing agent, clearinghouse, or network service vendor. Providers must also not share their personal EDI access number with anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility, or to determine the status of a claim. No other non-staff individuals or entities may be permitted to use a Provider's EDI number and password to access Medicare systems. Clearinghouse and other third-party representatives must obtain and use their own unique EDI access number and password from First Coast. For a complete reference to security requirements, see Section 4.4.

3. Trading Partner Certification and Testing Process

First Coast does not require testing for 835 Electronic Remittance Advice (ERA) transactions.

3.1. Testing and Certification Requirements

First Coast does not require testing for 835 Electronic Remittance Advice (ERA) transactions.

4. Connectivity / Communications

4.1. Process Flows

The Electronic Data Interchange (EDI) Gateway is the system for managing data and communications between its electronic trading partners and the various First Coast lines of business (Medicare A & Medicare B). The EDI Gateway is the only means of exchanging electronic transactions with First Coast. The EDI Gateway receives and delivers transaction data (claims, claim status, remittances, etc.) between First Coast and its trading partners. The system is available 24 hours a day, 7 days a week. The diagrams below provide a high-level transaction flow for both internet and non-internet EDI transactions.

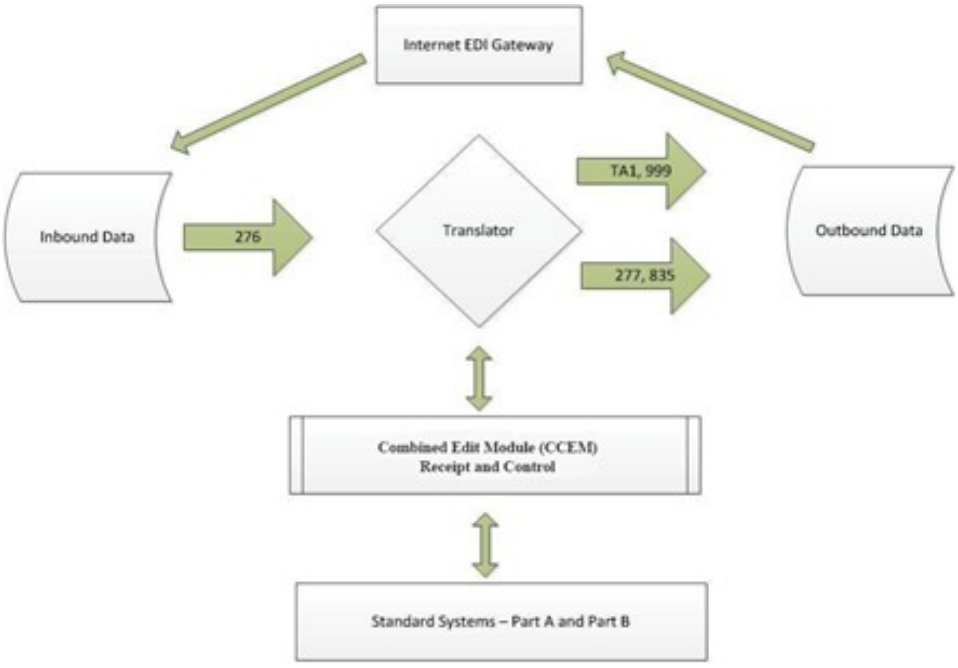

Figure 1 - High level transaction flow for internet EDI transactions

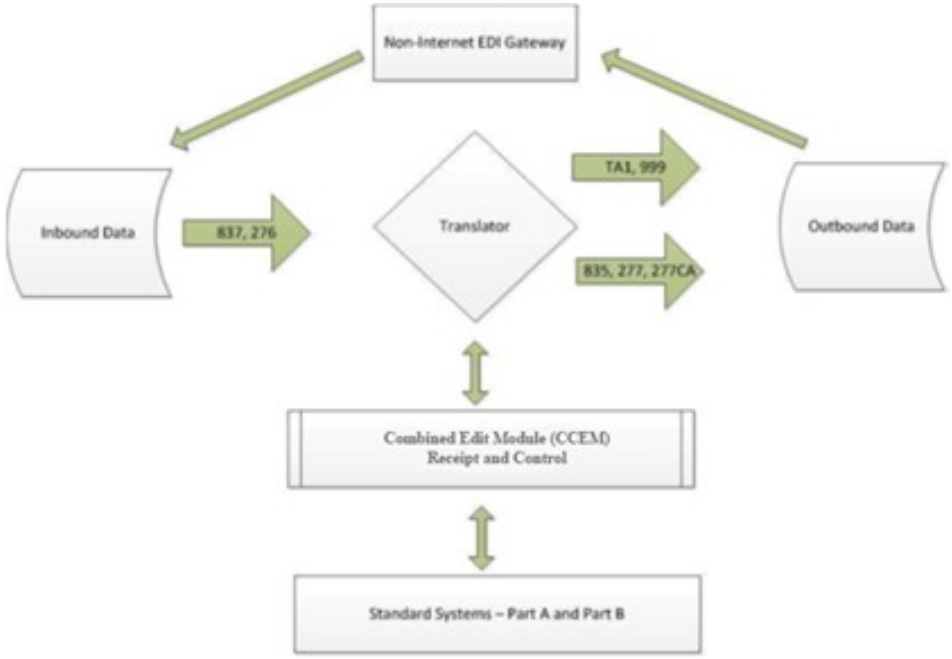

Figure 2 - High level transaction flow for non-internet EDI transactions

Trading Partner submits Electronic Media Claim (EMC) to EDI Gateway Files are passed through the translator and validates that file is syntactically compliant. If file is not syntactically compliant, a TA1 or 999 Initial Acknowledgement report will be delivered in the outbound data. If the file meets syntax requirements; claims are then passed through Combined Common Edit Module (CCEM). The CCEM validates the data elements and returns the 277 Claim Acknowledgment. Once claims pass the 277CA, they are then forwarded to the Medicare processing system for adjudication and results are returned on the 835 Electronic Remittance Advice (ERA).

4.2. Transmission

For connectivity specifications access the First Coast's Guide to Gateway at: http://medicare.fcso.com/EDI_resources/138174.pdf

4.2.1. Re-transmission Procedures

Not Applicable

4.3. Communication Protocol Specifications

First Coast Service Options, Inc. supports the following types of Communication Protocols

- Non-Internet
  - Secure File Transfer Protocol (SFTP)
- Internet
  - Hypertext Transfer Protocol (HTTPS)
  - Simple Object Access Protocol (SOAP)

All Medicare EDI Trading Partners submissions and retrievals are required to use a Network Service Vendor (NSV) for connectivity to the EDI Gateway including using the public internet for encrypted Transport Layer Security (HTTP/S) transport, or a Simple Object Access Protocol using X.509 Client Certificates over Secure Socket Layer for 276/277 batches and 835 transactions. For a list of NSV and their contact information visit: https://medicare.fcso.com/Getting_started/206578.asp.

The EDI Gateway is **file** oriented. All commands and health care transactions that the trading partner sends or receives are in a file and are broken down into the following simple phases of file transfer: **LOGON, SUBMIT, OBTAIN**, and **LOGOFF**.

A typical session consists of the following steps:

- Trading Partner **connects** with Gateway
- Gateway Sends Session Start Text ("**+++**")
- Trading Partner Sends **LOGON** command file
- Trading Partner Sends **SUBMIT** command file
- Trading Partner Sends **data** file
- Trading Partner Sends **OBTAIN** command file
- Trading Partner Receives **data** file
- Trading Partner Sends **LOGOFF** command file
- Trading Partner Receives **Session Messages** file

NOTE: As of April 2017, internet connectivity is now a valid communication protocol for the following transactions only and with CMS prior approval.

4.4. Security Protocols and Passwords

All Trading Partners must adhere to CMS information security policies; including, but not limited to, the transmission of electronic claims, claim status, receipt of the remittance advice, or any system access to obtain beneficiary PHI and/or eligibility information. Violation of this policy will result in revocation of all methods of system access. First Coast is responsible for notifying all affected Trading Partners as well as reporting the system revocation to CMS. Additional information can be found at: https://www.cms.gov/Research-Statistics- Data-and-Systems/CMS-Information-Technology/CIO-Directives-and-Policies/CIO-IT-Policy-Library- Items/STANDARD-ARS-Acceptable-Risk-Safeguards.html.

Trading Partners must first complete and submit an EDI enrollment form. Upon successful enrollment, First Coast will assign a unique submitted ID and mailbox ID with a temporary password. The Trading Partner will receive notification of the next steps.

The mailbox ID and password are used in your logon command within your billing software and must remain current to avoid transmission disruptions.

4.5. Mailbox ID criteria

Mailbox IDs are case sensitive. The mailbox ID is exactly 9 characters long and may contain upper or lower case letters [A-Z, a-z] or numbers [0-9]. The mailbox ID does not expire and must be entered exactly as given.

4.5.1. Password criteria

Passwords must be exactly eight characters long and may contain a combination of letters and numbers, but the letters must be upper case. The password expires every 60 days, may not be repeated within 10 updates and must differ from previous passwords by at least four characters. Passwords cannot be the same as your mailbox ID and it cannot be the word "PASSWORD."

4.5.2. Password criteria

Password expiration date: https://medicare.fcso.com/Gateway/check.asp

Password reset: https://medicare.fcso.com/Gateway/

4.5.3. Password resources

Password expiration date: https://medicare.fcso.com/Gateway/check.asp

Password reset: https://medicare.fcso.com/Gateway/

5. Contact Information

5.1. EDI Customer Service

- Hours of Operation
  - Monday – Friday from 8:00 am to 5:00 pm eastern standard time. For a list of First Coast Holidays and training closures visit https://medicare.fcso.com/Contacts/index.asp.

- Fax
  - 904-361-0470
- Email Address
  - MedicareEDI@fcso.com

5.2. EDI Technical Assistance

- 1-888-670-0940

5.3. Trading Partner Service Number

- Not available

5.4. Applicable Websites / Email

- English website: https://medicare.fcso.com/
- Spanish website: https://medicareespanol.fcso.com/

6. Control Segments Envelopes

Enveloping information must be as follows:

Table 3 – Control Segments / Envelope Requirements

Page #	Element	Name	Codes/Content	Notes/Comments
	ISA	Interchange Control Header		
C.4	ISA01	Authorization Information Qualifier	00	Medicare will send “00”.
C.4	ISA02	Authorization Information		ISA02 shall contain 10 blank spaces.
C.4	ISA03	Security Information Qualifier	00	Medicare will send “00”.
C.4	ISA04	Security Information		Medicare will send spaces.
C.4	ISA05	Interchange Sender ID Qualifier	27, 28, ZZ	Medicare will send “27”.
C.4	ISA06	Interchange Sender ID		First Coast payer ID
C.5	ISA07	Interchange ID Qualifier		Medicare will send “29”.
C.5	ISA08	Interchange Receiver ID		First Coast-assigned Trading Partner/Submitter ID.
C.5	ISA11	Repetition Separator		First Coast repetition separator character.
C.6	ISA14	Acknowledgement Requested	0	Medicare will send “00”.
	GS	Functional Group Header		
C.7	GS02	Application Sender Code		First Coast payer ID
C.7	GS03	Application Receiver Code		Trading Partner / Receiver ID assigned by First Coast
C.8	GS08	Version Identifier Code	005010X221A1	

Interchange Control (ISA/IEA) and Function Group (GS/GE) and the Transaction (ST/SE) sets must be used as described in the TR3. Medicare’s expectations for the Control Segments and Envelopes are detailed in Sections 6.1, 6.2, and 6.3.

6.1. ISA-IEA

Delimiters – Inbound Transactions

Not applicable.

Delimiters – Outbound Transactions

Medicare recommends the use of the following delimiters in all outbound transactions; trading partners/submitters should contact their local A/B MAC or CEDI for any deviations. Note that these characters will not be used in data elements within an ISA/IEA Interchange Envelope.

Table 4 – Transaction Delimiters

Delimiter	Character Used	Dec Value	Hex Value
Data Element Separator	*	42	2A
Repetition Separator	^	94	5E
Component Element Separator	:	58	3A
Segment Terminator	~	126	7E

Data Element Detail and Explanation

All data elements within the ISA/IEA interchange envelope must follow ASC X12N syntax rules as defined within the TR3.

6.2. GS-GE

Functional group (GS-GE) codes are transaction-specific. Therefore, information concerning the GS/GE Functional Group Envelope can be found in Table 3.

6.3. ST-SE

Medicare FFS follows the HIPAA-adopted TR3 requirements.

7. Specific Business Rules

This section describes the specific requirements over and above the standard information in the TR3.

Table 5 – Detail Structures Business Rules and Limitations

Page #	Loop ID	Reference	Name	Codes	Notes/Comments
111	2000	LX	LX - Header Number		Required for Medicare. Fiscal Intermediary Standard System (FISS) uses TTYYMM - Facility Code/Year/Month. MCS uses "1" for assigned and "0" for non-assigned.
171	2100	REF	Rendering Provider Identification		Segment not used by Medicare.
206	2110	REF	Service Identification – Reference Identification Qualifier	LU, 1S, APC, RB	Medicare does not use "BB", "E9", "G1", or "G3".
207	2110	REF	Rendering Provider Information - Reference Identification Qualifier	HPI, SY, TJ, 1C	Medicare does not use REF01 Codes "0B", "1A", "1B", "1D", "1H", "1J", "D3" or "G2".
209	2110	REF	Health Care Policy Identification	0K	Medicare will report the LCD/NCD code in Loop 2110, Segment REF, REF02.
140	2100	NM1	Insured Name		Segment not used by Medicare.

8. Acknowledgments and Reports

8.1. 999 Implementation Acknowledgment

The 999 is not used for 835 transactions.

9. Trading Partner Agreement

EDI Trading Partner Agreements ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

Medicare FFS requires all Trading Partners to sign a Trading Partner Agreement with First Coast. This agreement can be found at https://medicare.fcso.com/EDI_Forms/.

10. Transaction-Specific Information

This section defines the specific CMS requirements over and above the standard information in the TR3.

10.1. Header

The following table contains specific details for the Header.

Table 6 - Header Specific Requirements

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		ST	Transaction Set Header			
		BPR	Financial Information			
71		BPR03	Credit or Debit Flag Code	C	1	Code “D” does not apply to Medicare.
72		BPR04	Payment Method Code	ACH, CHK, NON	3	Codes “BOP” and “FWT” do not apply to Medicare.
73		BPR06	Depository Financial Institution (DFI) Identification Number Qualifier	01	2	Code “04” does not apply to Medicare.
75		BPR12	Depository Financial Institution (DFI) Identification Number Qualifier	01	2	Code “04” does not apply to Medicare.

10.1.1. Loop 1000A Payer Identification

The following table describes the specific details associated with the Payer Identification structure.

Table 7 – Loop 1000A Payer Identification

Loop ID	Notes/Comments
1000A	The Payer Identification Section of this CG contains no unique CMS Medicare requirements that differ from the TR3.

10.1.2. Loop 1000B Payee Identification

The following table describes the specific details associated with the Payee Identification structure.

Table 8 - Loop 1000B Payee Identification

Loop ID	Notes/Comments
1000B	The Payee Identification Section of this CG contains no unique CMS Medicare requirements that differ from the TR3.

10.2. Detail Structures

This section describes the specific details associated with Detail Structures.

10.2.1. Loop 2000 Header Number

The following table describes the specific details associated with the Header Number structure.

Table 9 – Loop 2000 Header Number

Loop ID	Notes/Comments
2000	The Header Number Section of this CG contains no unique CMS Medicare requirements that differ from the TR3.

10.2.2. Loop 2100 Claim Payment Information

The following table describes the specific details associated with the Claim Payment Information structure

Table 10 – Loop 2100 Claim Payment Information

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2100	CLP	Claim Payment Information			
124	2100	CLP02	Claim Status Code	1, 2, 3, 4, 19, 20, 21, 22, 23	2	"25" (Predetermination Pricing Only - No Payment) does not apply to Medicare.
126	2100	CLP06	Claim Filing Indicator Code	MA, MB	2	"MA" required for Part A. "MB" required for Part B and DME.
	2100	CAS	Claim Adjustment			
131	2100	CAS01	Claim Adjustment Group Code	CO, OA, PR	2	Medicare contractors are limited to use of the "CO", "OA", and "PR" group codes; "PI" is not used.
	2100	NM1	Patient Name			
148	2100	NM108	Identification Code Qualifier	MI	2	Use "MI".
	2100	NM1	Crossover Carrier Name			COB transmissions with more than one secondary payer should indicate remark code "N89" in a claim level remark code data element.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
151	2100	NM108	Identification Code Qualifier	PI, XV	2	"AD", "FI", "NI", and "PP" do not apply to Medicare.
	2100	REF				
169	2100	REF01	Reference Identification Qualifier	28, 6P, EA, F8	2	Medicare does not use "1L", "1W", "9A", "9C", "BB", "CE", "G1", "G3", or "IG".
	2100	AMT				
182	2100	AMT01	Amount Qualifier Code	AU, DY, F5, I, NL, ZK, ZL, ZM, ZN, ZO	3	Medicare does not use "D8", "T" or "T2".
	2100	QTY	Claim Supplement Information Quantity			
184	2100	QTY01	Quantity Qualifier	CA, CD, LA, OU, ZK, ZL, ZM, ZN, ZO	2	Medicare does not use "LE", "NE", "NR", "PS", or "VS".

10.2.3. Loop 2110 Service Payment Information

The following table describes the specific details associated with the Service Payment Information structure.

Table 11 – Loop 2110 Service Payment Information

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2110	SVC	Service Payment Information			
187	2110	SVC01-1	Product or Service ID Qualifier	HC, NU, N4, HP	2	Only "HC", "NU", "N4", and "HP" apply to Medicare.
191	2110	SVC06-1	Product or Service ID Qualifier	HC, NU, N4, HP	2	Only "HC", "NU", "N4", and "HP" apply to Medicare.
	2110	CAS	Service Adjustment			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
198	2110	CAS01	Claim Adjustment Group Code	CO, OA, PR	2	Medicare contractors are limited to use of the “CO”, “OA”, and “PR” group codes; “PI” is not used.
	2110	AMT				
211	2110	AMT01	Amount Qualifier Code	B6, KH, 2K, ZL, ZM, ZN, ZO	3	Medicare does not use “T” or “T2”.
	2110	LQ	Health Care Remark Codes			
215	2110	LQ01	Code List Qualifier Code	HE	3	Only “HE” applies to Medicare.

10.3. Summary

The following table describes the specific details associated with the Summary structure.

Table 12 – Summary Specific Requirements

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		PLB	Provider Adjustment			
217		PLB03-1	Adjustment Reason Code	50, 51, 72, 90, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM, IP, IS, IR, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, TL, WO, WU	2	Medicare does not use “AH”, “AM”, “CR”, “CT”, “CW”, or “FC”.

11. Appendices

11.1. Implementation Checklist

For a step-by-step guide to getting started submitting electronic claims visit https://medicare.fcso.com/Getting_started/138080.asp.

11.2. Transmission Examples

EDI FAQs questions can be accessed at http://www.cms.gov/ElectronicBillingEDITrans/

First Coast EDI-specific FAQ’s can be accessed at http://medicare.fcso.com/FAQs/index.asp.

CAQH CORE Operating Rules for Phase II and Phase III can be accessed at https://www.caqh.org/core/frequently-asked-questions.

11.3. Frequently Asked Questions

Frequently asked questions can be accessed at: http://medicare.fcso.com/FAQs/index.asp.

11.4. Acronym Listing

Table 13 – Acronym List

Acronym	Definition
276/277	276/277 Claim Status Request and Response transaction
277CA	277 Claim Acknowledgement
999	Implementation Acknowledgment
ASC	Accredited Standards Committee
CAQH CORE	Council for Affordable Quality Healthcare - Committee on Operating Rules for Information Exchange
CEDI	Common Electronic Data Interchange
CG	Companion Guide
CMS	Centers for Medicare & Medicaid Services
DME	Durable Medical Equipment
CCEM	Combined Common EditsModule
EDI	Electronic Data Interchange
EMC	Electronic Media Claim
ERA	Electronic Remittance Advice
FFS	Medicare Fee-For-Service
FISS	Fiscal Intermediary Standard System
GS/GE	GS – Functional Group Header / GE – Functional Group Trailer
HIPAA	Health Insurance Portability and Accountability Act of 1996
IOM	Internet-only Manual
ISA/IEA	ISA – Interchange Control Header / IEA – Interchange Control Trailer
MAC	Medicare Administrative Contractor
NCPDP	National Council for Prescription Drug Programs
NPI	National Provider Identifier
NSV	Network Service Vendor
PECOS	Provider Enrollment Chain and Ownership System
PHI	Protected Health Information
ST/SE	ST – Transaction Set Header / SE – Transaction Set Trailer
TA1	Interchange Acknowledgment
TR3	Technical Report Type 3
X12	A standards development organization that develops EDI standards and related documents for national and global markets (See: The official ASC X12 website)

Acronym	Definition
X12N	Insurance subcommittee of X12

11.5 Change Summary

The following table contains version information of this CG.

Table 14 – Companion Guide Version History

Version	Date	Section(s) changed	Change Summary
1.0	November 5, 2010	All	Initial Draft
2.0	January 3, 2011	All	1st Publication Version
3.0	April 2011	6.0	2nd Publication Version
4.0	September 2015	All	3rd Publication Version
5.0	March 2019	All	4th Publication Version
6.0	May 2020	1.3 and 11.4	5th Publication Version