



DXC.technology

BES Healthcare

Report Layout Requirements

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Revision History

Reference ID#	Version	Revision Date	Modified By	Section, Page(s), and Text Revised
	1.0	4/17/2017	C. Lee	DXC transition.

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1.0 Sort Order of the Reports

Section	Field Name	Tag Name
Header	Submitter ID	Submitter_id
Header	Receiver ID	Payer_id
Header	Provider ID	Provider_id
Header	TXN	Doc_txn_type
Header	Format	Doc_txn_format
Header	Version	Doc_txn_format_ver
Header	ECS Document #	Ecms_doc_id

2.0 Transaction Summary Report Requirements

2.1 Overview

The transaction summary report provides the submitter a status of the transaction that was submitted. The sections documented below give a high level description of the transaction, a sample layout of the report and the mappings of the field. The information documented in the sections below pertains to both versions of X12, version 4010A1 and 5010, unless otherwise noted.

If multiple versions of X12, 4010A1 and 5010, or multiple transactions (837, 835, 270, 271, etc.) are submitted within one physical file, the Transaction Summary Report will be generated as one report and will be sorted based on the sort order in [section 2](#).

2.1.1 - 270 Healthcare Eligibility Benefit Inquiry

The 270 is used to request (inquire) information about health care coverage. The 270 is sent from a submitter (information receiver) to an information source organization.

The information receiver is the entity that is asking the questions in a 270 Eligibility or Benefit transaction. The information source is the entity that has the answer to the questions being asked in a 270 Eligibility or Benefit transaction.

2.1.1.1 – 270 Transaction Summary by Status Page

```
+++++
+++++      TRANSACTION SUMMARY BY STATUS      +++++
+++++
```

Total Txns: 2
Total Reject Txn: 0
Total Accept Txn: 2

'Total Txns': Total number of transactions sent within one submission
'Total Reject Txn': Total number of rejected transactions within one submission
'Total Accept Txn': Total number of accepted transactions

2.1.1.2 – 270 Report Layout

TRANSACTION STATUS REPORT - QA Page:1

Submitter Name - XXXXXXXXXXXXXXXX Submitter ID - XXXXXXXXXXXXXXXX
Submission ID - D2BC733C
Processing Date and Time - 05/21/2009 07:48:41
Receiver Name - 2100A NM103XXXXXXXXXXXXXXXXX Receiver ID - 2000010019XXXXX
TXN Format/Version - Eligibility Request 5010 X12 5010

Submitter File# Receipt Date Create Date Group CTL# Transaction#
Trace# ECS Document#
Member ID Patient Last Name Patient First Name
DOB Patient CTL# Patient Additional ID#
Status

000000100 080522 20080722 999555111 000000001
BATCH NUMB 504022861
2100D NM103 2100D NM103
20080630 TRACE NO 2000D TRN 2100D REF02
ACCEPT

000000101 080522 20080722 777555333 000000001
BATCH NUMB 504022863
2100C NM103 SUBSCRIB
20080328 TRACE NO 2000C TRN 2100C REF02 SUBSCRIB
ACCEPT

Total Txns: 2
Total Reject Txn: 0
Total Accept Txn: 2
TRACE NO 2000C TRN

2.1.1.3 – 270 Transaction Report Summary by Payer Page

TRANSACTION SUMMARY BY PAYER

Total Txns Rejected Txns Accepted Txns
2100A NM103
2 0 2

END OF TRANSACTION STATUS REPORT

Payer name

'Total Txns': total transactions sent within one submission for specific payer
'Rejected Txns': total rejected transactions within one submission for specific payer
'Accepted Txns': total accepted transactions within one submission for specific payer

2.1.1.4 – 270 Field Source

The information below documents what element within X12 populates the xml tags.

X12 Element	Transaction Summary Report
ISA09	Receipt Date
GS06	GroupCTL#
ISA13	Submitter File#
2100B NM109 if NM101 = 1P and 2000B HL03=21	Submitter ID
2100B NM103 if NM101 = 1P and 2000B HL03=21	Submitter Name
ST02	Transaction#
Determined by GS08[7:10]	
ST01	
Determined by GS08[1:6]	
2100C NM109 if NM101 = IL and 2000C HL03=22	Member ID
2000C TRN02 if HL03=22, HL04 not =1 and TRN01 = 1 or 2000D TRN02 if HL03=23 and TRN01 = 1	Patient CTL#
2100C NM104 if NM101 = IL and 2000C HL03=22, HL04 not =1 or 2100D NM104 if NM101 = 03 and 2000D HL03=23	Patient First Name
2100C NM103 if NM101 = IL and 2000C HL03=22, HL04 not =1 or 2100D NM103 if NM101 = 03 and 2000D HL03=23	Patient Last Name
2100A NM109 if 2000A HL03=20	Receiver ID
2100A NM103 if 2000A HL03=20	Receiver Name
BHT03	Trace#
BHT04	Create Date
2100C DMG02 and 2100C NM101=IL and 2000C HL03 = 22 and HL04 not =1 or 2100D DMG02 and 2100D NM101=03 and 2100D HL03=23	Date Of Birth (DOB)
2100C REF02 and 2100C NM101=IL and 2000C HL03=22 and HL04 not =1 or 2100D REF02 and 2100D NM101=03 and 200D HL03=23	Patient Additional ID#

2.1.1.5 – 270 Field Information and Length

The information below list the section where the data will be placed, the field name, the tag name, the stored length and the printed length.

Section	Field Name	Printed Length
Header	Total Txns	10
Header	Total Reject Txn	10
Header	Total Accept Txn	10
Body Header	Submitter Name	15
Body Header	Submitter ID	15
Body Header	Submission ID	8
Body Header	Receiver Name	26
Body Header	Receiver ID	15
Body Detail	Submitter File#	10
Body Detail	Receipt Date	6
Body Detail	Create Date	8
Body Detail	GroupCTL#	10
Body Detail	Transaction#	10
Body Detail	Trace#	20
Body Detail	ECS Document#	9
Body Detail	Member ID	20
Body Detail	Patient Last Name	20
Body Detail	DOB	8
Body Detail	Patient CTL#	20
Body Detail	Patient Additional ID#	20
Body Detail	Explanation	700
Body Detail	Additional Explanation	500
Body Totals	Total Txns	10
Body Totals	Total Reject Txn	10
Body Totals	Total Accept Txn	10
Footer	Receiver Name	30
Footer	Total Txns	13
Footer	Rejected Txns	13
Footer	Accepted Txns	13

2.1.2 - 271 Healthcare Eligibility Benefit Response

The 271 is used to respond with coverage, eligibility, and benefit information. The 271 is from an information source organization to a submitter. The information source is the entity that has the answer to the questions being asked in a 270 Eligibility or Benefit transaction.

2.1.2.1 - 271 Transaction Summary by Status Page

The transaction summary by status page is designed to provide a status of the submission at a glance. This is the first page of each report.

+++++
+++++ TRANSACTION SUMMARY BY STATUS +++++
+++++

Total Txns: 1
Total Reject Txn: 0
Total Accept Txn: 1

'Total Txns': Total number of transactions sent within one submission
'Total Reject Txn': Total number of rejected transactions within one submission
'Total Accept Txn': Total number of accepted transactions within one submission

2.1.2.2 - 271 Report Layout

TRANSACTION STATUS REPORT - QA Page:1

Submitter Name - 2100A NM103XXXX Submitter ID - 00001XXXXXXXXXX
Submission ID - D2C21314
Processing Date and Time - 07/07/2009 11:01:09
Receiver Name - 2100A NM103XXXXXXXXXXXXXXXXX Receiver ID - 00001XXXXXXXXXX
TXN Format/Version - Eligibility Response X12 5010

Submitter File#	Receipt Date	Create Date	Group CTL#	Transaction#
00000001	090114	20090228	1	0001
REFERENCE				504094749
<Member ID>	2100D NM103			NAME FIRST
19650317	TRN02 2000D			2100D REF02
ACCEPT				

Total Txns: 1
Total Reject Txn: 0
Total Accept Txn: 1

2.1.2.3 - 271 Transaction Summary by Payer Page

The transaction summary by payer page includes a payer summary and a trailer record to indicate that the client has received the entire report.

```
+++++
+++++          TRANSACTION SUMMARY BY PAYER          +++++
+++++
Total Txns   Rejected Txns   Accepted Txns
2100A NM103
  1         0           1
+++++
+++++          END OF TRANSACTION STATUS REPORT          +++++
+++++
```

Payer name

'Total Txns': total transactions sent within one submission for specific payer

'Rejected Txns': total rejected transactions within one submission for specific payer

'Accepted Txns': total accepted transactions within one submission for specific payer

2.1.2.4 - 271 Field Source

The information below documents what element within X12 populates the xml tags.

X12 Element	Transaction Summary Report
ISA09	Receipt Date
GS06	Group CTL#
ISA13	Submitter File#
2100A NM109 if 2000A HL03=20	Submitter ID
2100A NM103 if 2000A HL03=20	Submitter Name
ST02	Transaction#
Determined by GS08[7:10]	
ST01	
Determined by GS08[1:6]	
2100C NM109 if NM101 = IL and 2000C HL03=22, HL04 not =1 or 2100D NM109 if NM101 = 03 and 2000D HL03=23	Member ID
2000C TRN02 if HL03=22, HL04 not =1 and TRN01 = 1 if blank 2000C TRN02 if HL03=22, HL04 not =1 and TRN01 = 2 or 2000D TRN02 if HL03=23 and TRN01 = 1 if blank 2000D TRN02 if HL03=23 and TRN01 = 2	Patient CTL#
2100C NM104 if NM101 = IL and 2000C HL03=22, HL04 not =1 or 2100D NM104 if NM101 = 03 and 2000D HL03=23	Patient First Name
2100C NM103 if NM101 = IL and 2000C HL03=22, HL04 not =1 or 2100D NM103 if NM101 = 03 and 2000D HL03=23	Patient Last Name
2100A NM109 if NM101 = PR and 2000A HL03=20	Receiver ID
2100A NM103 if NM101 = PR and 2000A HL03=20	Receiver Name
BHT03	Trace#
BHT04	Create Date
2100C DMG02 and 2100C NM101=IL and 2000C HL03 = 22 and HL04 not =1 or 2100D DMG02 and 2100D NM101=03 and 2100D HL03=23	Date Of Birth (DOB)
2100C REF02 and 2100C NM101=IL and 2000C HL03=22 and HL04 not =1 or 2100D REF02 and 2100D NM101=03 and 2000D HL03=23	Patient Additional Id#

2.1.2.5 - 271 Field Information and Length

The information below list the section where the data will be placed, the field name, the tag name, the stored length and the printed length.

Section	Field Name	Printed Length
Header	Total Txns	10
Header	Total Reject Txn	10
Header	Total Accept Txn	10
Body Header	Submitter Name	15
Body Header	Submitter ID	15
Body Header	Submission ID	8
Body Header	Receiver Name	26
Body Header	Receiver ID	15
Body Detail	Submitter File#	10
Body Detail	*Receipt Date	6
Body Detail	*Create Date	8
Body Detail	*Group CTL#	10
Body Detail	*Transaction#	10
Body Detail	*Trace#	20
Body Detail	ECS Document#	9
Body Detail	Member ID	20
Body Detail	Patient Last Name	20
Body Detail	*Patient First Name	20
Body Detail	DOB	8
Body Detail	*Patient CTL#	20
Body Detail	*Patient Additional ID#	20
Body Detail	Explanation	700
Body Detail	Additional Explanation	500
Body Totals	Total Txns	10
Body Totals	Total Reject Txn	10
Body Totals	Total Accept Txn	10
Footer	Receiver Name	30
Footer	Total Txns	13
Footer	Rejected Txns	13
Footer	Accepted Txns	13

2.1.3 - 275 Additional Info to Support Healthcare Claim or Encounter

The 275 is used to respond to an ASC X12 Health Care Claim Request for Additional Information (277) or a paper request for additional information or provide unsolicited additional information to support an ASC X12 Health Care Claim or Encounter (837).

2.1.3.1 - 275 Report Layout

TRANSACTION STATUS REPORT Page:1
Submitter Name - SUBMITTER NAMEX Submitter ID - Submitter 1XXXX
Submission ID - D1234567
Processing Date and Time - 04/11/2006 15:33:53
Provider Name - PROVIDER NAMEXXXXXXXXXXXXX Provider ID - 32109XXXXXXXXXXXX
Receiver Name - RECEIVER NAMEXXXXXXXXXXXXX Receiver ID - 12345XXXXXXXXXXXX
TXN Format/Version - Attachment X12 5010

Submitter File#	Receipt Date	Create Date	Group CTL#	Transaction#
Trace #			ECS Document#	
Member ID	Patient Last Name		Patient First Name	
Patient CTL #	Attachment Format Code		Payer/Provider Control#	
Status				

100000003	090710	20090710	100000001	504563004
1234567890			100000002	
XQW777777799	SMITH		John	
1234567890234567890	Image		200930765300001	

REJECT
Reject Explanation
Segment/Record Field Name Segment Count
REF Identification 0
REF segment not allowed when NM108=XX
Additional Explanation:

Total Txns: 1
Total Reject Txn: 1
Total Accept Txn: 0

2.1.3.2 - 275 Field Source

The information below documents what element within X12 populates the xml tags.

X12 Element	Transaction Summary Report
ISA09	Receipt Date
GS06	Group CTL#
ISA13	Submitter File#
1000B NM109 if NM101=41	Submitter ID
1000B NM103 if NM101=41	Submitter Name
ST02	Transaction#
Determined by GS08[7:10]	
ST01	
Determined by GS08[1:6]	
1000D NM109, if NM101=QC	Member ID
1000D REF02, if REF01 = EJ	Patient CTL#
1000D NM104, if NM101=QC	Patient First Name
1000D NM103, if NM101=QC	Patient Last Name
CAT02 – convert code to text: HL=HL7 and IA =Image	Attachment Format Code
2000A TRN02	Payer/Provider Control#
1000A NM109 if NM101 = 40	Payer ID
1000A NM103 if NM101 = 40	Payer Name
1000C NM109 if NM101 = 1P	Provider ID
1000C NM103 if NM101 = 1P	Provider Name
BGN02	Trace#
BGN03	Create Date

2.1.3.3 - 275 Field Information and Length Version 5010

The information below list the section where the data will be placed, the field name, the tag name, the stored length and the printed length.

Section	Field Name	Printed Length
Header	Total Txns	10
Header	Total Reject Txn	10
Header	Total Accept Txn	10
Body Header	Submitter Name	15
Body Header	Submitter ID	15
Body Header	Submission ID	8
Body Header	Provider Name	26
Body Header	Provider ID	15
Body Header	Receiver Name	26
Body Header	Receiver ID	15
Body Detail	Submitter File#	10
Body Detail	Receipt Date	6
Body Detail	Create Date	8
Body Detail	Group CTL#	10
Body Detail	Transaction#	10
Body Detail	Trace#	20
Body Detail	ECS Document#	9
Body Detail	Member ID	20
Body Detail	Patient Last Name	20
Body Detail	Patient First Name	20
Body Detail	Patient CTL#	20
Body Detail	Attachment Format Code	5
Body Detail	Payer/Provider Control #	20
Body Totals	Total Txns	10
Body Totals	Total Reject Txn	10
Body Totals	Total Accept Txn	10
Footer	Receiver Name	30
Footer	Total Txns	13
Footer	Rejected Txns	13
Footer	Accepted Txns	13

2.1.4 - 276 Healthcare Claim Status Request

The 276 is used to transmit request(s) to obtain the status of specific health care claim(s) within a payer's adjudication process.

2.1.4.1 - 276 Transaction Summary by Status Page

The transaction summary by status page is designed to provide a status of the submission at a glance. This is the first page of each report.

+++++
TRANSACTION SUMMARY BY STATUS
+++++

Total Txns: 1
Total Reject Txn: 0
Total Accept Txn: 1

'Total Txns': Total number of transactions sent within one submission
'Total Reject Txn': Total number of rejected transactions within one submission
'Total Accept Txn': Total number of accepted transactions within one submission

2.1.4.2 - 276 Report Layout

TRANSACTION STATUS REPORT - QA Page:1

Submitter Name - 2100B NM103XXXX Submitter ID - IDENTIFICATIONX
Submission ID - D2C0F13C
Processing Date and Time - 06/25/2009 09:22:08
Provider Name - 2100C NM103XXXXXXXXXXXXXXXXXXXXX Provider ID - 2000010134XXXXX
Receiver Name - 2100A NM103XXXXXXXXXXXXXXXXXXXXX Receiver ID - IDENTIFICATIONX
TXN Format/Version - Claim-Status Request X12 5010

Submitter File#	Receipt Date	Create Date	Group CTL#	Transaction#
Trace#	Member ID	DOB	ECS Document#	
Charge	Patient Last Name	Patient First Name		
From Date	To Date	Patient CTL#		
Status				
000000001	090330	20090330	999555111	000000001
2200E TRN0	MEMBER ID		CCYYMMDD	504093780
\$10.00	2100E NM103	Name F		
20080505	20080505	2200E REF02		
ACCEPT				

Total Txns: 1
Total Reject Txn: 0
Total Accept Txn: 1

2.1.4.3 - 276 Transaction Summary by Payer Page

The transaction summary by payer page includes a payer summary and a trailer record to indicate that the client has received the entire report.

```
+++++
+++++          TRANSACTION SUMMARY BY PAYER          +++++
+++++

Total Txns   Rejected Txns   Accepted Txns
2100A NM103
  1         0         1

+++++
+++++          END OF TRANSACTION STATUS REPORT          +++++
+++++
```

Payer name

'Total Txns': total transactions sent within one submission for specific payer

'Rejected Txns': total rejected transactions within one submission for specific payer

'Accepted Txns': total accepted transactions within one submission for specific payer

2.1.4.4 - 276 Field Source Version 4010A1

The information below documents what element within X12 populates the xml tags.

X12 Element	Transaction Summary Report
ISA09	Receipt Date
GS06	Group CTL #
ISA13	Submitter File#
2100B NM109 if NM101=41 and 2000B HL03 = 21	Submitter ID
2100B NM103 if NM101=41and 2000B HL03 = 21	Submitter Name
ST02	Transaction#
Determined by GS08[7:10]	
ST01	
Determined by GS08[1:6]	
2200D 1st date of DTP03 if DTP01 = 232, DTP02 = RD8 and 2000D HL03=22 or 2210D 1st date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=22 or 2200E 1st date of DTP03 if DTP01 = 232, DTP02 = RD8 and 2000E HL03=23 or 2210E 1st date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000E HL03=23	From Date
2100E NM109 if NM101 = QC and 2000E HL03=23 if blank 2100D NM109 if NM101 = QC and 2000D HL03=22, HL04 not =1 if blank 2100D NM109 if NM101 = IL and 2000D HL03=22, HL04 not =1	Member ID
2200D REF02 if REF01 = EA and 2000D HL03=22, HL04 not =1 or 2200E REF02 if REF01 = EA and 2000E HL03=23	Patient CTL#
2000D DMG02 and 2000D HL03=22 and HL04 not =1 or 2000E DMG02 and 2000E HL03=23	Date of Birth (DOB)
1st character from 2100D NM104 if NM101 = IL and 2000D HL03=22, HL04 not =1 or 1st character from 2100D NM104 if NM101 = QC and 2000D HL03=22, HL04 not =1 or 1st character from 2100 E NM104 if NM101 = QC and 2000E HL03=23	Patient First Name
2100D NM103 if NM101 = IL and 2000D HL03=22, HL04 not =1 or 2100D NM103 if NM101 = QC and 2000D HL03=22, HL04 not =1 or 2100E NM103 if NM101 = QC and 2000E HL03=23	Patient Last Name
2100A NM109 if NM101 = PR and 2000A HL03=20	Payer ID
2100A NM103 if NM101 = PR and 2000A HL03=20	Payer Name
2100C NM109 if NM101 = 1P and 2000C HL03=19	Provider ID
2100C NM103 if NM101 = 1P and 2000C HL03=19	Provider Name
2200D 2nd date of DTP03 if DTP01 = 232, DTP02 = RD8 and 2000D HL03=22 or 2210D 2nd date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=22 or 2200E 2nd date of DTP03 if DTP01 = 232, DTP02 = RD8 and 2000D HL03=23 or 2210E 2nd date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=23	To Date
2200D AMT02 if 2000D HL03=22 and HL04 not =1 or 2200E AMT02 if 2000E HL03=23 if blank 2210E SVC02 if 2000E HL03=23	Charge
2200D TRN02 if 2000D HL03=22, HL04 not 1 or 2200E TRN02 if 2000D HL03=23	Trace#
BHT04	Create Date

2.1.4.5- -276 Field Source Version 5010

The information below documents what element within X12 populates the xml tags.

X12 Element	Transaction Summary Report
ISA09	Receipt Date
GS06	Group CTL #
ISA13	Submitter File#
2100B NM109 if NM101=41 and 2000B HL03 = 21	Submitter ID
2100B NM103 if NM101=41and 2000B HL03 = 21	Submitter Name
ST02	Transaction#
Determined by GS08[7:10]	
ST01	
Determined by GS08[1:6]	
2200D 1st date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=22 or 2200D DTP03 if DTP01 = 472, DTP02 = D8 and 2000D HL03=22 or 2210D 1st date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=22 or 2210D DTP03 if DTP01 = 472, DTP02 = D8 and 2000D HL03=22 or 2200E 1st date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000E HL03=23 or 2200E 1st date of DTP03 if DTP01 = 472, DTP02 = D8 and 2000E HL03=23 or 2210E 1st date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000E HL03=23 or 2210E DTP03 if DTP01 = 472, DTP02 = D8 and 2000E HL03=23	From Date
2100D NM109 if NM101 = IL and 2000D HL03=22, HL04 = either 0 or 1	Member ID
2200D REF02 if REF01 = EJ and 2000D HL03=22, HL04 not =1 or 2200E REF02 if REF01 = EJ and 2000E HL03=23	Patient CTL#
2100D NM104 if NM101 = IL and 2000D HL03=22, HL04 not =1 or 2100 E NM104 if NM101 = QC and 2000E HL03=23	Patient First Name
2100D NM103 if NM101 = IL and 2000D HL03=22, HL04 not =1 or 2100E NM103 if NM101 = QC and 2000E HL03=23	Patient Last Name
2100A NM109 if NM101 = PR and 2000A HL03=20	Receiver ID
2100A NM103 if NM101 = PR and 2000A HL03=20	Receiver Name
2100C NM109 if NM101 = 1P and 2000C HL03=19	Provider ID
2100C NM103 if NM101 = 1P and 2000C HL03=19	Provider Name
2200D 2nd date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=22 or 2200D DTP03 if DTP01 = 472, DTP02 = D8 and 2000D HL03=22 or 2210D 2nd date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=22 or 2210D DTP03 if DTP01 = 472, DTP02 = D8 and 2000D HL03=22 or 2200E 2nd date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=23 or 2200E DTP03 if DTP01 = 472, DTP02 = D8 and 2000D HL03=23 or 2210E 2nd date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=23 or 2210E DTP03 if DTP01 = 472, DTP02 = D8 and 2000D HL03=23	To Date
2200D AMT02 if 2000D HL03=22 and HL04 not =1 or 2200E AMT02 if 2000E HL03=23 if blank 2210E SVC02 if 2000E HL03=23	Charge
2200D TRN02 if 2000D HL03=22, HL04 not 1 or 2200E TRN02 if 2000D HL03=23	Trace#
BHT04	Create Date
2000D DMG02 and 2000D HL03=22 and HL04 not =1 or 2000E DMG02 and 2000E HL03=23	Date of Birth (DOB)

2.1.4.6 - 276 Field Information and Length

The information below list the section where the data will be placed, the field name, the tag name, the stored length and the printed length.

Section	Field Name	Printed Length
Header	Total Txns	10
Header	Total Reject Txn	10
Header	Total Accept Txn	10
Body Header	Submitter Name	15
Body Header	Submitter ID	15
Body Header	Submission ID	8
Body Header	Provider Name	26
Body Header	Provider ID	15
Body Header	*Receiver Name	26
Body Header	*Receiver ID	15
Body Detail	Submitter File#	10
Body Detail	*Receipt Date	6
Body Detail	*Create Date	8
Body Detail	*Group CTL#	10
Body Detail	*Transaction#	10
Body Detail	*Trace#	20
Body Detail	ECS Document#	9
Body Detail	Member ID	20
Body Detail	Patient Last Name	20
Body Detail	*Patient First Name	20
Body Detail	DOB	8
Body Detail	*From Date	8
Body Detail	*To Date	8
Body Detail	Charge	18
Body Detail	*Patient CTL#	20
Body Detail	Explanation	700
Body Detail	Additional Explanation	500
Body Totals	Total Txns	10
Body Totals	Total Reject Txn	10
Body Totals	Total Accept Txn	10
Footer	Receiver Name	30
Footer	Total Txns	13
Footer	Rejected Txns	13
Footer	Accepted Txns	13

2.1.5 - 277 Healthcare Information Status Notification

The 277 is used to transmit the current system status of those requested claims.

2.1.5.1 - 277 Transaction Summary by Status Page

The transaction summary by status page is designed to provide a status of the submission at a glance. This is the first page of the report.

+++++
+++++ TRANSACTION SUMMARY BY STATUS +++++
+++++

Total Txns: 1
Total Reject Txn: 0
Total Accept Txn: 1

'Total Txns': Total number of transactions sent within one submission
'Total Reject Txn': Total number of rejected transactions within one submission
'Total Accept Txn': Total number of accepted transactions within one submission

2.1.5.2 - 277 Report Layout

TRANSACTION STATUS REPORT - QA Page:1

Submitter Name - 2100B NM103XXXX Submitter ID - 2228888XXXXXXXXX
Submission ID - D2BE2600
Processing Date and Time - 06/17/2009 15:54:27
Provider Name - 2100C NM103XXXXXXXXXXXXXXXXXXXXX Provider ID - 2000010035XXXXX
Receiver Name - 2100A NM103XXXXXXXXXXXXXXXXXXXXX Receiver ID - 989898XXXXXXXXXXXXX
TXN Format/Version - Claim Status Response X12 5010

Submitter File#	Receipt Date	Create Date	Group CTL#	Transaction#
Trace#	Member ID	DOB	ECS Document#	
Charge	Patient Last Name	Patient First Name		
From Date	To Date	Patient CTL#	Payer Claim CTL#	
Status				
000000001	090129	2009012	1	0001
R	MEMBER ID	CCYYMMDD		504027149
\$578.94	2100E NM103	N		
20081010	20081010	2200E REF02 EJ		2200E REF02 IK
ACCEPT				

Total Txns: 1
Total Reject Txn: 0
Total Accept Txn: 1

2.1.5.3 - 277 Transaction Summary by Payer Page

The transaction summary by payer page includes a payer summary and a trailer record to indicate that the client has received the entire report.

```
+++++
+++++          TRANSACTION SUMMARY BY PAYER          +++++
+++++
Total Txns   Rejected Txns   Accepted Txns
2100A NM103
  1         0           1
+++++
+++++          END OF TRANSACTION STATUS REPORT          +++++
+++++
```

Payer name

'Total Txns': total transactions sent within one submission for specific payer

'Rejected Txns': total rejected transactions within one submission for specific payer

'Accepted Txns': total accepted transactions within one submission for specific payer

2.1.5.4 - 277 Field Source Version 4010A1

The information below documents what element within X12 populates the xml tags.

X12 Element	Transaction Summary Report
ISA09	Receipt Date
GS06	Group CTL #
ISA13	Submitter File#
2100B NM109 if NM101=41 and 2000B HL03 = 21	Submitter ID
2100B NM103 if NM101=41 and 2000B HL03 = 21	Submitter Name
ST02	Transaction#
Determined by GS08[7:10]	
ST01	
Determined by GS08[1:6]	
2200D 1st date of DTP03 if DTP01 = 232, DTP02 = RD8 and 2000D HL03=22 or 2220D 1st date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=22 or 2200E 1st date of DTP03 if DTP01 = 232, DTP02 = RD8 and 2000E HL03=23 or 2220E 1st date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000E HL03=23	From Date
2100E NM109 if NM101 = QC and 2000E HL03=23 if blank 2100D NM109 if NM101 = QC and 2000D HL03=22, HL04 not =1 if blank 2100D NM109 if NM101 = IL and 2000D HL03=22, HL04 not =1	Member ID
2200D REF02 if REF01 = EA and 2000D HL03=22, HL04 not =1 or 2200E REF02 if REF01 = EA and 2000E HL03=23	Patient CTL#
2100D NM104 if HL03=22, HL04 not =1 and NM101 = IL or QC 2100 E NM104 if HL03=23 and NM101 = QC	Patient First Name
2100D NM103 if NM101 = IL and 2000D HL03=22, HL04 not =1 or 2100D NM103 if NM101 = QC and 2000D HL03=22, HL04 not =1 or 2100 E NM103 if NM101 = QC and 2000E HL03=23	Patient Last Name
2100A NM109 if NM101 = PR and 2000A HL03=20	Payer ID
2100A NM103 if NM101 = PR and 2000A HL03=20	Payer Name
2100C NM109 if NM101 = 1P and 2000C HL03=19	Provider ID
2100C NM103 if NM101 = 1P and 2000C HL03=19	Provider Name
2200D 2nd date of DTP03 if DTP01 = 232, DTP02 = RD8 and 2000D HL03=22 or 2220D 2nd date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=22 or 2200E 2nd date of DTP03 if DTP01 = 232, DTP02 = RD8 and 2000D HL03=23 or 2220E 2nd date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=23	To Date
2200D STC04 if 2000D HL03=22 and HL04 not =1 or 2200E STC04 if 2000E HL03=23	Charge
2200D TRN02 if 2000D HL03=22, HL04 not =1 or 2200E TRN02 if 2000E HL03=23	Trace#
BHT04	Create Date
2000D DMG02 and 2000D HL03=22 and HL04 not =1 or 2000E DMG02 and 2000E HL03=23	Date Of Birth (DOB)
2200D REF02 and REF01=1K and 2000D HL03=22 or 2200E REF02 and REF01=1K and 2000E HL03=23	Payer Claim Control#

2.1.5.5 - 277 Field Source Version 5010

The information below documents what element within X12 populates the xml tags.

X12 Element	Transaction Summary Report
ISA09	Receipt Date
GS06	Group CTL #
ISA13	Submitter File#
2100B NM109 if NM101=41 and 2000B HL03 = 21	Submitter ID
2100B NM103 if NM101=41 and 2000B HL03 = 21	Submitter Name
ST02	Transaction#
Determined by GS08[7:10]	
ST01	
Determined by GS08[1:6]	
2200D 1st date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=22 or 2200D DTP03 if DTP01 = 472, DTP02 = D8 and 2000D HL03=22 or 2220D 1st date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=22 or 2220D DTP03 if DTP01 = 472, DTP02 = D8 and 2000D HL03=22 or 2200E 1st date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000E HL03=23 or 2200E DTP03 if DTP01 = 472 DTP02 = D8 and 2000E HL03=23 or 2220E 1st date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000E HL03=23 or 2220E DTP03 if DTP01 = 472, DTP02 = D8 and 2000E HL03=23	From Date
2100D NM109 if NM101 = IL and 2000D HL03=22, HL04 = either 0 or 1	Member ID
2200D REF02 if REF01 = EJ and 2000D HL03=22, HL04 not =1 or 2200E REF02 if REF01 = EJ and 2000E HL03=23	Patient CTL#
2100D NM104 if HL03=22, HL04 not =1 and NM101 = IL 1st character from 2100 E NM104 if HL03=23 and NM101 = QC	Patient First Name
2100D NM103 if NM101 = IL and 2000D HL03=22, HL04 not =1 or 2100E NM103 if NM101 = QC and 2000E HL03=23	Patient Last Name
2100A NM109 if NM101 = PR and 2000A HL03=20	Receiver ID
2100A NM103 if NM101 = PR and 2000A HL03=20	Receiver Name
2100C NM109 if NM101 = 1P and 2000C HL03=19	Provider ID
2100C NM103 if NM101 = 1P and 2000C HL03=19	Provider Name
2200D 2nd date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=22 or 2200D DTP03 if DTP01 = 472, DTP02 = D8 and 2000D HL03=22 or 2210D 2nd date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=22 or 2210D DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=22 or 2200E 2nd date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=23 or 2200E DTP03 if DTP01 = 472, DTP02 = D8 and 2000D HL03=23 or 2210E 2nd date of DTP03 if DTP01 = 472, DTP02 = RD8 and 2000D HL03=23 or 2210E DTP03 if DTP01 = 472, DTP02 = D8 and 2000D HL03=23	To Date
2200D STC04 if 2000D HL03=22 and HL04 not =1 or 2200E STC04 if 2000E HL03=23	Charge
2200D TRN02 if 2000D HL03=22, HL04 not =1 or 2200E TRN02 if 2000E HL03=23	Trace#
BHT04	Create Date
2200D REF02 and REF01=1K and 2000D HL03=22 or 2200E REF02 and REF01=1K and 2000E HL03=23	Payer Claim Control#

2.1.5.6 - 277 Field Information and Length

The information below list the section where the data will be placed, the field name, the tag name, the stored length and the printed length.

Section	Field Name	Printed Length
Header	Total Txns	10
Header	Total Reject Txn	10
Header	Total Accept Txn	10
Body Header	Submitter Name	15
Body Header	Submitter ID	15
Body Header	Submission ID	8
Body Header	Provider Name	26
Body Header	Provider ID	15
Body Header	Receiver Name	26
Body Header	Receiver ID	15
Body Detail	Submitter File#	10
Body Detail	*Receipt Date	6
Body Detail	*CreateDate	8
Body Detail	*GroupCTL#	10
Body Detail	*Transaction#	10
Body Detail	*Trace#	20
Body Detail	ECS Document#	9
Body Detail	Member ID	20
Body Detail	Patient Last Name	20
Body Detail	*Patient First Name	20
Body Detail	DOB	8
Body Detail	From Date	8
Body Detail	To Date	8
Body Detail	Charge	18
Body Detail	*Patient CTL#	20
Body Detail	*Payer Claim CTL#	20
Body Detail	Explanation	700
Body Detail	Additional Explanation	500
Body Totals	Total Txns	10
Body Totals	Total Reject Txn	10
Body Totals	Total Accept Txn	10
Footer	Receiver Name	30
Footer	Total Txns	13
Footer	Rejected Txns	13
Footer	Accepted Txns	13

2.1.6 - 278 Healthcare Services Review – Request for Review

The 278 has the flexibility to accommodate the exchange of information between providers and review entities.

2.1.6.1 - 278 Transaction Summary by Status Page

The transaction summary by status page is designed to provide a status of the submission at a glance. This is the first page of the report.

+++++
+++++ TRANSACTION SUMMARY BY STATUS +++++
+++++

Total Txns: 2
Total Reject Txn: 0
Total Accept Txn: 2

'Total Txns': Total number of transactions sent within one submission
'Total Reject Txn': Total number of rejected transactions within one submission
'Total Accept Txn': Total number of accepted transactions within one submission

2.1.6.2 – 278 Request Report .Layout

TRANSACTION STATUS REPORT - QA Page:1

Submitter Name - REQ NAME 2010BX Submitter ID - 123456789XXXXXX
Submission ID - D2C185AC
Processing Date and Time - 06/29/2009 14:08:37
Receiver Name - UMO NAME 2010A NM103XXXXXX Receiver ID - UMO ID 2010A NM
TXN Format/Version - Health Care Review Request X12 5010

Submitter File#	Receipt Date	Create Date	Group CTL#	Transaction#
Trace#			ECS Document#	
Member ID	Patient CTL#			
Patient Last Name	Patient First Name	DOB		
Service Trace#	From Date	To Date		
Status				

10000003	080815	20080815	10000002	10000001
BHT03 SUBM			504094536	
SUB ID 2010C NM109		2010C PAT ACCT		
SUB NAME 2010C NM103		FNAME SUB 2010C		
ACCEPT				

10000003	080815	20080919	10000002	10000002
BHT03 SUBM			504094537	
SUB ID 2010C NM109		2010D PAT ACCT REF02		
DEP NAME 2010D NM103		FNAME DEP 2010D		19740708
2000F TRN02	20080814	20080814		
ACCEPT				

Total Txns: 2
Total Reject Txn: 0
Total Accept Txn: 2

3.1.6.3 - 278 Request Transaction Summary by Payer Page

The transaction summary by payer page includes a payer summary and a trailer record to indicate that the client has received the entire report.

```
+++++
+++++          TRANSACTION SUMMARY BY PAYER          +++++
+++++

Total Txns   Rejected Txns  Accepted Txns
UMO NAME 2010A NM103
  2         0           2

+++++
+++++          END OF TRANSACTION STATUS REPORT          +++++
+++++
```

Payer name

'Total Txns': total transactions sent within one submission for specific payer

'Rejected Txns': total rejected transactions within one submission for specific payer

'Accepted Txns': total accepted transactions within one submission for specific payer

3.1.6.4 - 278 Request Field Source

The information below documents what element within X12 populates the xml tags.

X12 Element	Transaction Summary Report
ISA09	Receipt Date
GS06	Group CTL #
ISA13	Submitter File#
2010B NM109 if NM101=1P, BHT02 = 13 and 2000B HL03 = 21 or 2010B NM109 if NM101=FA, BHT02 = 13 and 2000B HL03 = 21	Submitter ID
2010B NM103 if NM101=1P, BHT02 = 13 and 2000B HL03 = 21 or 2010B NM103 if NM101=FA, BHT02 = 13 and 2000B HL03 = 21	Submitter Name
ST02	Transaction#
Determined by GS08[7:10]	
ST01	
Determined by GS08[1:6]	
2000F if DTP01 = 472 and DTP02 = RD8 then 1st date of DTP03 If DTP02 = D8 then use DTP03	From Date
2010CA NM109 if NM101 = IL and 2000C HL03=22	Member ID
2010DA REF02 if REF01 = EJ and 2000D HL03=23 if blank 2010CA REF02 if REF01 = EJ and 2000C HL03=22	Patient CTL#
2010DA NM104 if NM101 = QC and 2000D HL03=23 if blank 2010CA NM104 if NM101 = IL and 2000C HL03=22	Patient First Name
2010DA NM103 if NM101 = QC and 2000D HL03=23 if blank 2010CA NM103 if NM101 = IL and 2000C HL03=22	Patient Last Name
2010A NM109 if NM101 = X3 and 2000A HL03=20	Receiver ID
2010A NM103 if NM101 = X3 2000A HL03=20	Receiver Name
2000F if DTP01 = 472 and DTP02 = RD8 then 2nd date of DTP03 If DTP01 = 472 and DTP02 = D8 then DTP03	To Date
BHT03	Trace#
BHT04	Create Date
2010C DMG02 and 2010C NM101=IL and 2000C HL03=22 or 2010D DMG02 and 2010D NM101=QC and 2000D HL03=23	Date Of Birth (DOB)
2000F TRN02 and HL03=SS	Service Trace#

3.1.6.5 - 278 Request Field Information and Length

The information below list the section where the data will be place, the field name, the tag name, the stored length.

Section	Field Name	Printed Length
Header	Total Txns	10
Header	Total Reject Txn	10
Header	Total Accept Txn	10
Body Header	Submitter Name	15
Body Header	Submitter ID	15
Body Header	Submission ID	8
Body Header	*Receiver Name	26
Body Header	*Receiver ID	15
Body Detail	Submitter File#	10
Body Detail	*Receipt Date	6
Body Detail	*Create Date	8
Body Detail	*Group CTL#	10
Body Detail	*Transaction#	10
Body Detail	*Trace#	20
Body Detail	ECS Document#	9
Body Detail	Member ID	20
Body Detail	*Patient CTL#	20
Body Detail	Patient Last Name	20
Body Detail	*Patient First Name	20
Body Detail	DOB	8
Body Detail	Service Trace#	20
Body Detail	*From Date	8
Body Detail	*To Date	8
Body Detail	Explanation	700
Body Detail	Additional Explanation	500
Body Totals	Total Txns	10
Body Totals	Total Reject Txn	10
Body Totals	Total Accept Txn	10
Footer	Receiver Name	30
Footer	Total Txns	13
Footer	Rejected Txns	13
Footer	Accepted Txns	13

2.1.7 - 278 Healthcare Services Review – Response

The 278 has the flexibility to accommodate the exchange of information between providers and review entities.

2.1.7.1 - 278 Response Transaction Summary by Status Page

The transaction summary by status page is designed to provide a status of the submission at a glance. This is the first page of each report.

+++++
+++++ TRANSACTION SUMMARY BY STATUS +++++
+++++

Total Txns: 2
Total Reject Txn: 0
Total Accept Txn: 2

'Total Txns': Total number of transactions sent within one submission
'Total Reject Txn': Total number of rejected transactions within one submission
'Total Accept Txn': Total number of accepted transactions within one submission

2.1.7.2 - 278 Response Report Layout

TRANSACTION STATUS REPORT - QA Page:1

Submitter Name - XXXXXXXXXXXXXXXX Submitter ID - XXXXXXXXXXXXXXXX
Submission ID - D2C1873C
Processing Date and Time - 06/29/2009 14:11:49
Receiver Name - XXXXXXXXXXXXXXXXXXXXXXXXXXXX Receiver ID - XXXXXXXXXXXXXXXX
TXN Format/Version - Health Care Review Response X12 5010

Submitter File#	Receipt Date	Create Date	Group CTL#	Transaction#
00000001	090403	20090403	777555333	0001
REFERENCE			504094542	
IDENTIFICATION CODE				
2000C SUBSCRIBER	Name First	19701010		
2000F SERVICE LEVEL	2000F HCR02	20081010	20081010	
ACCEPT				
00000001	090403	20090403	777555333	0002
REFERENCE			504094543	
IDENTIFICATION CODE 2010D REF02				
2000D DEPENDENT LEVE	Name First	19701010		
2000F SERVICE LEVEL	2000F HCR02	20081010	20081010	
ACCEPT				

Total Txns: 2
Total Reject Txn: 0
Total Accept Txn: 2

2.1.7.3 - 278 Response Transaction Summary by Payer Page

The transaction summary by payer page includes a payer summary and a trailer record to indicate that the client has received the entire report

```
+++++
+++++          TRANSACTION SUMMARY BY PAYER          +++++
+++++
Total Txns    Rejected Txns  Accepted Txns
2             0             2
+++++
+++++          END OF TRANSACTION STATUS REPORT          +++++
+++++
```

Payer name

'Total Txns': total transactions sent within one submission for specific payer

'Rejected Txns': total rejected transactions within one submission for specific payer

'Accepted Txns': total accepted transactions within one submission for specific payer

2.1.7.4 - 278 Response Field Source Version

The information below documents what element within X12 populates the xml tags.

X12 Element	Transaction Summary Report
ISA09	Receipt Date
GS06	Group CTL #
ISA13	Submitter File#
2010A NM109 if NM101=X3, BHT02 = 11 and 2000A HL03 = 20	Submitter ID
2010A NM103 if NM101=X3, BHT02 = 11 and 2000A HL03 = 20	Submitter Name
ST02	Transaction#
Determined by GS08[7:10]	
ST01	
Determined by GS08[1:6]	
2000F if DTP01 = 472 and DTP02 = RD8 then 1st date of DTP03 If DTP02 = D8 then use DTP03	From Date
2010CA NM109 if NM101 = IL and 2000C HL03=22	Member ID
2010DA REF02 if REF01 = EJ and 2000D HL03=23 if blank 2010CA REF02 if REF01 = EJ and 2000C HL03=22	Patient CTL#
2010DA NM104 if NM101 = QC and 2000D HL03=23 if blank 2010CA NM104 if NM101 = IL and 2000C HL03=22	Patient First Name
2010DA NM103 if NM101 = QC and 2000D HL03=23 if blank 2010CA NM103 if NM101 = IL and 2000C HL03=22	Patient Last Name
2010A NM109 if NM101 = X3 and 2000A HL03=20	Receiver ID
2010A NM103 if NM101 = X3 2000A HL03=20	Receiver Name
2000F if DTP01 = 472 and DTP02 = RD8 then 2nd date of DTP03 If DTP01 = 472 and DTP02 = D8 then DTP03	To Date
BHT03	Trace#
BHT04	Create Date
2010C DMG02 and 2010C NM101=IL and 2000C HL03=22 or 2010D DMG02 and 2010D NM101=QC and 2000D HL03=23	Date Of Birth (DOB)
2000F TRN02 and HL03=SS	Service Trace#
2000F HCR02 and HL03=SS	Authorization#

2.1.7.5 - 278 Response Field Information and Length

The information below list the section where the data will be placed, the field name, the tag name, the stored length and the printed length.

Section	Field Name	Printed Length
Header	Total Txns	10
Header	Total Reject Txn	10
Header	Total Accept Txn	10
Body Header	Submitter Name	15
Body Header	Submitter ID	15
Body Header	Submission ID	8
Body Header	Receiver Name	26
Body Header	Receiver ID	15
Body Detail	Submitter File#	10
Body Detail	*Receipt Date	6
Body Detail	*Create Date	8
Body Detail	*Group CTL#	10
Body Detail	*Transaction#	10
Body Detail	*Trace#	20
Body Detail	ECS Document#	9
Body Detail	Member ID	20
Body Detail	*Patient CTL#	20
Body Detail	Patient Last Name	20
Body Detail	*Patient First Name	20
Body Detail	DOB	8
Body Detail	Service Trace#	20
Body Detail	Authorization#	25
Body Detail	*From Date	8
Body Detail	*To Date	8
Body Detail	Explanation	700
Body Detail	Additional Explanation	500
Body Totals	Total Txns	10
Body Totals	Total Reject Txn	10
Body Totals	Total Accept Txn	10
Footer	Receiver Name	30
Footer	Total Txns	13
Footer	Rejected Txns	13
Footer	Accepted Txns	13

2.1.8 - 820 Premium Payment

The 820 can be used in the following ways:

- Initiate an electronic payment that includes the remittance detail needed by the premium receiver to properly apply the payment.
- Initiate a payment without the remittance detail, and send the remittance detail separately to the premium receiver. The payment can be an electronic payment or a paper check.

2.1.8.1 - 820 Response Transaction Summary by Status Page

The transaction summary by status page is designed to provide a status of the submission at a glance. This is the first page of each report.

```
+++++
+++++      TRANSACTION SUMMARY BY STATUS      +++++
+++++
```

Total Txns:	1	Total Premiums:	\$775.35
Total Reject Txn:	0	Total Reject Premiums:	\$0.00
Total Accept Txn:	1	Total Accept Premiums:	\$775.35

- 'Total Txns': Total number of transactions sent within one submission
- 'Total Premiums': Total number of premiums sent within one submission
- 'Total Reject Txn': Total number of rejected transactions within one submission
- 'Total Reject Premiums': Total number of rejected premiums within one submission
- 'Total Accept Txn': Total number of accepted transactions within one submission
- 'Total Accept Premiums': Total number of accepted premiums within one submission

2.1.8.2 - 820 Report Layout

TRANSACTION STATUS REPORT - QA Page:1

Submitter Name - XXXXXXXXXXXXXXXX Submitter ID - 123654789XXXXXX
Submission ID - D2C21508
Processing Date and Time - 07/07/2009 11:02:05
Receiver Name - XXXXXXXXXXXXXXXXXXXXXXXXXXXX Receiver ID - 22-7777777XXXXX
TXN Format/Version - Premium Payment X12 5010

Submitter File#	Receipt Date	Group CTL#	Transaction#	ECS Document#
Billed Premium	Total Premium	Check/EFT Trace#	Check Date	
Head Count	Type of Coverage			
Status				

00000820	080812	1	0002	504094751
\$400.11	\$775.35	12345	20080501	
1100	10			
ACCEPT				

Total Txns: 1	Total Premiums:	\$775.35
Total Reject Txn: 0	Total Reject Premiums:	\$0.00
Total Accept Txn: 1	Total Accept Premiums:	\$775.35

2.1.8.3 - 820 Transaction Summary by Payer Page

The transaction summary by payer page includes a payer summary and a trailer record to indicate that the client has received the entire report.

```

+++++
+++++          TRANSACTION SUMMARY BY PAYER          +++++
+++++
Total Txns    Rejected Txns  Accepted Txns  Accepted Premiums

2             0             2             $2,631.67

+++++
+++++          END OF TRANSACTION STATUS REPORT          +++++
+++++
    
```

2.8.8.4 - 820 Field Source Version 4010A1

The information below documents what element within X12 populates the xml tags.

X12 Element	Transaction Summary Report
ISA09	Receipt Date
GS06	Group CTL #
ISA13	Submitter File#
1000A N104 if N101=PE	Submitter ID
1000A N102 if N101=PE	Submitter Name
ST02	Transaction#
Determined by GS08[7:10]	
ST01	
Determined by GS08[1:6]	
2300B if DTM01 = 582 and DTM05 = RD8 then 1st date of DTM06	From Date
2000A ENT04 if ENT02=2L if blank 2100B NM109 if NM101 = EY if blank 2100B NM109 if NM101 = QE	Member ID
1st character 2100B NM104 if NM101 = EY or QE	Patient First Name
2100B NM103 if NM101 = EY or QE	Patient Last Name
1000B N104 if N101=PR	Payer ID
1000B N102 if N101=PR	Payer Name
2300B DTM06 if DTM01 = 582 and DTM05 = RD8 then 2nd date of DTM06	To Date
TRN02	Trace#
BPR16	Check Date
2300A/ RMR04	Billed Premium
BPR02	Total Premium
2315A SLN04	Head Count

2.8.8.5 - 820 Field Source Version 5010

The information below documents what element within X12 populates the xml tags.

X12 Element	Transaction Summary Report
ISA09	Receipt Date
GS06	Group CTL #
ISA13	Submitter File#
1000A N104 if N101=PE	Submitter ID
1000A N102 if N101=PE	Submitter Name
ST02	Transaction#
Determined by GS08[7:10]	
ST01	
Determined by GS08[1:6]	
1000B N104 if N101=PR	Receiver ID
1000B N102 if N101=PR	Receiver Name
TRN02	Check/EFT Trace#
BPR16	Check Date
2300A/ RMR04	Billed Premium
BPR02	Total Premium
2315A SLN04	Head Count
2315A SLN05-1	Type of Coverage
ISA09	Receipt Date
GS06	Group CTL #
ISA13	Submitter File#
1000A N104 if N101=PE	Submitter ID

2.8.8.6 - 820 Field Information and Length

The information below list the section where the data will be placed, the field name, the tag name, the stored length and the printed length.

Section	Field Name	Printed Length
Header	Total Txns	10
Header	Total Premiums	19
Header	Total Reject Txn	10
Header	Total Reject Premiums	19
Header	Total Accept Txn	10
Header	Total Accept Premiums	19
Body Header	Submitter Name	15
Body Header	Submitter ID	15
Body Header	Submission ID	8
Body Header	Receiver Name	26
Body Header	Receiver ID	15
Body Detail	Submitter File#	10
Body Detail	*Receipt Date	6
Body Detail	*Group CTL#	10
Body Detail	*Transaction #	10
Body Detail	ECS Document#	9
Body Detail	Billed Premium	18
Body Detail	Total Premium	18
Body Detail	Check/EFT Trace#	20
Body Detail	Check Date	8
Body Detail	*Head Count	15
Body Detail	*Type of Coverage	2
Body Detail	Explanation	700
Body Detail	Additional Explanation	500
Body Totals	Total Txns	10
Body Totals	Total Premiums	19
Body Totals	Total Reject Txn	10
Body Totals	Total Reject Premiums	19
Body Totals	Total Accept Txn	10
Body Totals	Total Accept Premiums	19
Footer	Receiver Name	30
Footer	Total Txns	13
Footer	Rejected Txns	13
Footer	Accepted Txns	13
Footer	Accepted Premiums	19

2.1.9 - 834 Benefit Enrollment and Maintenance

The 834 is used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer.

2.1.9.1 - 834 Transaction Summary by Status Page

The transaction summary by status page is designed to provide a status of the submission at a glance. This is the first page of each report.

+++++
+++++ TRANSACTION SUMMARY BY STATUS +++++
+++++

Total Txns: 2
Total Reject Txn: 0
Total Accept Txn: 2

'Total Txns': Total number of transactions sent within one submission
'Total Reject Txn': Total number of rejected transactions within one submission
'Total Accept Txn': Total number of accepted transactions within one submission

2.1.9.2 - 834 Report Layout

TRANSACTION STATUS REPORT - QA Page:1

Submitter Name - 1000A N102 PLAN Submitter ID - 386141212XXXXXX
Submission ID - D2C215D0
Processing Date and Time - 07/07/2009 11:02:16
Receiver Name - N101 1000B INSURER NAMEXXX Receiver ID - 386141213XXXXXX
TXN Format/Version - Enrollment Request X12 5010

Submitter File#	Receipt Date	Create Date	Group CTL#	Transaction#
ECS Document#				
Member ID	Patient Last Name	Patient First Name	Coverage Dates	
Employer Last Name	Employer First Name	Status		
100000003	080919	20080815	100000002	100000001
504094752				
2000 REF02 OF SUBSCR 2100A NM103 MEMBER O 2100A NM104 Member F				
2100D NM103 Member E Member Employer Firs 19990101/19990101				
ACCEPT				
100000003	080919	20080815	100000002	100000001
504094753				
2000 REF02 OF 2ND PR 2100A NM103 2ND PROV 2100A NM104 2nd Prov				
1000A N102 PLAN SPON 20081210/20081210				
ACCEPT				

Total Txns: 2
Total Reject Txn: 0
Total Accept Txn: 2

2.1.9.3 - 834 Transaction Summary by Payer Page

The transaction summary by payer page includes a payer summary and a trailer record to indicate that the client has received the entire report

```

+++++
+++++          TRANSACTION SUMMARY BY PAYER          +++++
+++++
Total Txns    Rejected Txns    Accepted Txns

2             0             2

+++++
+++++          END OF TRANSACTION STATUS REPORT          +++++
+++++
    
```

Payer name

'Total Txns': total transactions sent within one submission for specific payer

'Rejected Txns': total rejected transactions within one submission for specific payer

'Accepted Txns': total accepted transactions within one submission for specific payer

2.1.9.4 - 834 Field Source Version 4010A1

The information below documents what element within X12 populates the xml tags.

X12 Element	Transaction Summary Report
ISA09	Receipt Date
GS06	Group CTL #
ISA13	Submitter File#
1000A N104 if N101=P5	Submitter ID
1000A N102 if N101=P5	Submitter Name
ST02	Transaction#
Determined by GS08[7:10]	
ST01	
Determined by GS08[1:6]	
2300 DTP03 if DTP01= 303 or 348 or 543 and DTP02 = D8	Coverage Dates
2000 REF02 if REF01=0F	Member ID
2100A NM104 if NM101 = 74 or IL	Patient First Name
2100A NM103 if NM101 = 74 or IL	Patient Last Name
1000B N104 if N101=IN	Payer ID
1000B N102 if N101=IN	Payer Name
2300 DTP03 if DTP01= 303 or 349 or 543 and DTP02 = D8	Coverage Dates
BGN03	Create Date

2.1.9.5 - 834 Field Source Version 5010

The information below documents what element within X12 populates the xml tags.

X12 Element	Transaction Summary Report
ISA09	Receipt Date
GS06	Group CTL #
ISA13	Submitter File#
1000A N104 if N101=P5	Submitter ID
1000A N102 if N101=P5	Submitter Name
ST02	Transaction#
Determined by GS08[7:10]	
ST01	
Determined by GS08[1:6]	
2300 DTP03 if DTP01= 300, 303, 343, 348, 543 or 695 and DTP02 = D8	Coverage Dates
2000 REF02 if REF01=0F	Member ID
2100A NM104 if NM101 = 74 or IL	Patient First Name
2100A NM103 if NM101 = 74 or IL	Patient Last Name
1000B N104 if N101=IN	Receiver ID
1000B N102 if N101=IN	Receiver Name
2300 DTP03 if DTP01= 300, 303, 343, 349, 543 or 695 and DTP02 = D8	Coverage Dates
BGN03	Create Date
2100D NM103 if NM101=36	Employer Last Name
2100D NM104 if NM101=36	Employer First Name

2.1.9.6 - 834 Field Information and Length

The information below list the section where the data will be placed, the field name, the tag name, the stored length and the printed length.

Section	Field Name	Printed Length
Header	Total Txns	10
Header	Total Reject Txn	10
Header	Total Accept Txn	10
Body Header	Submitter Name	15
Body Header	Submitter ID	15
Body Header	Submission ID	8
Body Header	Receiver Name	26
Body Header	Receiver ID	15
Body Detail	Submitter File#	10
Body Detail	*Receipt Date	6
Body Detail	*Create Date	8
Body Detail	*Group CTL#	10
Body Detail	*Transaction#	10
Body Detail	ECS Document#	9
Body Detail	Member ID	20
Body Detail	Patient Last Name	20
Body Detail	*Patient First Name	20
Body Detail	*Employer Last Name	20
Body Detail	*Employer First Name	20
Body Detail	Coverage Dates	8 / 8
Body Detail	Explanation	700
Body Detail	Additional Explanation	500
Body Totals	Total Txns	10
Body Totals	Total Reject Txn	10
Body Totals	Total Accept Txn	10
Footer	Receiver Name	30
Footer	Total Txns	13
Footer	Rejected Txns	13
Footer	Accepted Txns	13

2.1.10 - 835 Remittance Payment

The 835 can be used to make a payment, send an Explanation of Benefits (EOB) remittance advice, or make a payment and send an EOB remittance advice from a payer to a payee, either directly or through a DFI.

2.1.10.1 - 835 Transaction Summary by Status Page

The transaction summary by status page is designed to provide a status of the submission at a glance. This is the first page of each report.

```
+++++
+++++      TRANSACTION SUMMARY BY STATUS      +++++
+++++
```

Total Txns: 2	Total Charges:	\$970.35
Total Reject Txn: 0	Total Reject Charges:	\$0.00
Total Accept Txn: 2	Total Accept Charges:	\$970.35

- 'Total Txns': Total number of transactions sent within one submission
- 'Total Charges': Total charges of transaction sent within one submission
- 'Total Reject Txn': Total number of rejected transactions within one submission
- 'Total Reject Charges': Total charges of rejected transactions within one submission
- 'Total Accept Txn': Total number of accepted transactions within one submission
- 'Total Accept Txn': Total charges of accepted transactions within one submission

2.1.10.2 - 835 Report Layout

TRANSACTION STATUS REPORT - QA Page:1

Submitter Name - N102 PAYER NAME Submitter ID - nnnnnnnnnnnnnnnn
Submission ID - D2C17FD0
Processing Date and Time - 06/29/2009 12:07:44
Receiver Name - N102 PAYEE NAME - AT LEAST Receiver ID - nnnnnnnnnnnnnnnn
TXN Format/Version - Remittance Advice X12 5010

Submitter File# Create Date Group CTL# Transaction#
Trace# Member ID ECS Document
Patient Last Name Patient First Name Patient CTL#
Charge From Date To Date Claim CTL#
Adjust ID(S) Adjust Reason Codes(S) Adjust Amount(S)
Status

000000066 081015 67 66001
TRN02 CHEC 438234567 504094325
2100 NM103 PATIENT N 2100 NM104 Patient F CLP01 EQUALS CLM01-1
\$70.00 20080525 20080528 PAYER CLAIM CONTROL
PLB03-2 PRV A OA \$1.73
PLB05-2 PRV A 51 \$-1.34
PLB07-2 PRV A LS \$-1.28
PLB09-2 PRV A B3 \$-1.29
PLB11-2 PRV A AP \$1.52
PLB09-2 PRV A WO \$-1.53
ACCEPT

000000066 081015 67 66002
TRN02 CHEC 448234567 504094326
2100 PATIENT LAST NA 2100 NM104 PAT FIRST CLP01 EQUALS CLM01-1
\$900.35 20010525 20010528 PAYER CLAIM CONTROL
PLB03-2 PRV A OA \$1.73
PLB05-2 PRV A 51 \$-1.34
PLB07-2 PRV A B2 \$-1.29
PLB09-2 PRV A AP \$1.52
PLB11-2 PRV A 72 \$-1.52
PLB11-2 PRV A WO \$-1.52
ACCEPT

Total Txns: 2 Total Charges: \$970.35
Total Reject Txn: 0 Total Reject Charges: \$0.00
Total Accept Txn: 2 Total Accept Charges: \$970.35

2.1.10.3 - 835 Transaction Summary by Payer Page

The transaction summary by payer page includes a payer summary and a trailer record to indicate that the client has received the entire report.

```
+++++
+++++          TRANSACTION SUMMARY BY PAYER          +++++
+++++

Total Txns   Rejected Txns  Accepted Txns  Accepted Charges
N102 PAYER NAME - AT LEAST ONE
  2         0         2         $970.35

+++++
+++++          END OF TRANSACTION STATUS REPORT          +++++
+++++
```

Payer name

'Total Txns': total transactions sent within one submission for specific payer

'Rejected Txns': total rejected transactions within one submission for specific payer

'Accepted Txns': total accepted transactions within one submission for specific payer

'Accepted Charges': total charges of transactions within one submission for specific payer

2.1.10.4 - 835 Field Source Version 4010A1

The information below documents what element within X12 populates the xml tags.

X12 Element	Transaction Summary Report
ISA09	Receipt Date
GS06	Group CTL #
ISA13	Submitter File#
1000A N104 if N101=PR	Submitter ID
1000A N102 if N101=PR	Submitter Name
ST02	Transaction#
Determined by GS08[7:10]	
ST01	
Determined by GS08[1:6]	
2100 DTM02 if DTM01 = 232 or 2110 DTM02 if DTM01 = 150 or 472	From Date
2100 NM109 if NM101= QC if blank 2100 NM109 if NM101= IL	Member ID
2100 CLP01	Patient CTL#
2100 NM104 if NM101 = QC (The Patient name (NM1, NM101=QC) is a required segment. QC will always be present but IL may or may not be present)	Patient First Name
2100 NM103 if NM101 = QC (The Patient name (NM1, NM101=QC) is a required segment. QC will always be present but IL may or may not be present)	Patient Last Name
1000A N104 if N101=PR	Payer ID
1000A N102 if N101=PR	Payer Name
1000B N104 if N101=PE	Provider ID
1000B N102 if N101=PE	Provider Name
2100 CLP08 and 2100 CLP09	TOB/POS
2100 DTM02 if DTM01 = 233 2110 DTM02 if DTM01 = 151 or 472	To Date
2100 CLP03	Charge
TRN02	Trace#
2100 CLP07	Claim CTL #
PLB03-02	Adjust ID(S)
PLB03-01	Adjust Reason Code(S)
PLB04	Adjust Amount(S)
PLB05-02	Adjust ID(S)
PLB05-01	Adjust Reason Code(S)
PLB06	Adjust Amount(S)
PLB07-02	Adjust ID(S)
PLB07-01	Adjust Reason Code(S)
PLB08	Adjust Amount(S)
PLB09-02	Adjust ID(S)
PLB09-01	Adjust Reason Code(S)
PLB10	Adjust Amount(S)
PLB011-02	Adjust ID(S)
PLB11-01	Adjust Reason Code(S)
PLB12	Adjust Amount(S)
PLB013-02	Adjust ID(S)
PLB13-01	Adjust Reason Code(S)
PLB14	Adjust Amount(S)

2.1.10.5 - 835 Field Source Version 5010

The information below documents what element within X12 populates the xml tags.

X12 Element	Transaction Summary Report
ISA09	Receipt Date
GS06	Group CTL #
ISA13	Submitter File#
1000A N104 if N101=PR	Submitter ID
1000A N102 if N101=PR	Submitter Name
ST02	Transaction#
Determined by GS08[7:10]	
ST01	
Determined by GS08[1:6]	
2100 DTM02 if DTM01 = 232 or 2110 DTM02 if DTM01 = 150 or 472	From Date
2100 NM109 if NM101= QC if blank 2100 NM109 if NM101= IL	Member ID
2100 CLP01	Patient CTL#
2100 NM104 if NM101 = QC (The Patient name (NM1, NM101=QC) is a required segment. QC will always be present but IL may or may not be present)	Patient First Name
2100 NM103 if NM101 = QC (The Patient name (NM1, NM101=QC) is a required segment. QC will always be present but IL may or may not be present)	Patient Last Name
1000B N104 if N101=PE	Receiver ID
1000B N102 if N101=PE	Receiver Name
2100 DTM02 if DTM01 = 233 2110 DTM02 if DTM01 = 151 or 472	To Date
2100 CLP03	Charge
TRN02	Trace#
2100 CLP07	Claim CTL #
PLB03-02 (Only the first occurrence is mapped)	Adjust ID(S)
PLB03-01 (Only the first occurrence is mapped)	Adjust Reason Code(S)
PLB04 (Only the first occurrence is mapped)	Adjust Amount(S)
PLB05-02 (Only the first occurrence is mapped)	Adjust ID(S)
PLB05-01 (Only the first occurrence is mapped)	Adjust Reason Code(S)
PLB06 (Only the first occurrence is mapped)	Adjust Amount(S)
PLB07-02 (Only the first occurrence is mapped)	Adjust ID(S)
PLB07-01 (Only the first occurrence is mapped)	Adjust Reason Code(S)
PLB08 (Only the first occurrence is mapped)	Adjust Amount(S)
PLB09-02 (Only the first occurrence is mapped)	Adjust ID(S)
X12 Element	Transaction Summary Report

PLB09-01 (Only the first occurrence is mapped)	Adjust Reason Code(S)
PLB10 (Only the first occurrence is mapped)	Adjust Amount(S)
PLB11-02 (Only the first occurrence is mapped)	Adjust ID(S)
PLB11-01 (Only the first occurrence is mapped)	Adjust Reason Code(S)
PLB12 (Only the first occurrence is mapped)	Adjust Amount(S)
PLB13-02 (Only the first occurrence is mapped)	Adjust ID(S)
PLB13-01 (Only the first occurrence is mapped)	Adjust Reason Code(S)
PLB14 (Only the first occurrence is mapped)	Adjust Amount(S)

2.1.10.6 - 835 Field Information and Length

The information below list the section where the data will be placed, the field name, the tag name, the stored length and the printed length.

Section	Field Name	Printed Length
Header	Total Txns	10
Header	Total Charges	19
Header	Total Reject Txn	10
Header	Total Reject Charges	19
Header	Total Accept Txn	10
Header	Total Accept Premiums	19
Body Header	Submitter Name	15
Body Header	Submitter ID	15
Body Header	Submission ID	8
Body Header	Receiver Name	26
Body Header	Receiver ID	15
Body Detail	Submitter File#	10
Body Detail	*Receipt Date	6
Body Detail	*Group CTL#	10
Body Detail	*Transaction#	10
Body Detail	*Trace#	20
Body Detail	Member ID	20
Body Detail	ECS Document#	9
Body Detail	Patient Last Name	20
Body Detail	*Patient First Name	20
Body Detail	Patient CTL#	20
Body Detail	Charge	11
Body Detail	From Date	8
Body Detail	To Date	8
Body Detail	Claim CTL#	20
Body Detail	Adjust ID(S)	13
Body Detail	Adjust Reason Code(S)	3
Body Detail	Adjust Amount(S)	18
Body Detail	Explanation	700
Body Detail	Additional Explanation	500
Body Totals	Total Txns	10
Body Totals	Total Charges	19
Body Totals	Total Reject Txn	10
Body Totals	Total Reject Charges	19
Body Totals	Total Accept Txn	10
Body Totals	Total Accept Charges	19
Footer	Receiver Name	30
Footer	Total Txns	13
Footer	Rejected Txns	13
Footer	Accepted Txns	13
Footer	Accepted Charges	17

2.1.11 - 837 Healthcare Claim (Professional, Dental or Institutional).

The 837 can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billing services and claims clearinghouses.

2.1.11.1 - 837 Transaction Summary by Status Page

The transaction summary by status page is designed to provide a status of the submission at a glance. This is the first page of each report.

```
+++++
+++++          TRANSACTION SUMMARY BY STATUS          +++++
+++++
```

```
Total Txns:      1      Total Charges:      $700,000.00
Total Reject Txn: 1      Total Reject Charges:  $700,000.00
Total Accept Txn: 0      Total Accept Charges:   $0.00
```

- 'Total Txns': Total number of transactions sent within one submission
- 'Total Charges': Total charges of transactions sent within one submission
- 'Total Reject Txn': Total number of rejected transactions within one submission
- 'Total Reject Charges': Total charges of rejected transactions within one submission
- 'Total Accept Txn': Total number of accepted transactions within one submission
- 'Total Accept Charges': Total charges of accepted transactions within one submission

2.1.11.2 - 837 Report Layout

TRANSACTION STATUS REPORT - QA Page:1

Submitter Name - NM103 SUBMITTER Submitter ID - NM109 SUBMITTER
Submission ID - D2C18B88
Processing Date and Time - 06/29/2009 15:11:36
Provider Name - NM103 BILLING PROV ORGANIZ Provider ID - 2000010100XXXXX
Receiver Name - NM103 RECEIVER NAME ORGANI Receiver ID - NM109 RECEIVERX
TXN Format/Version - Institutional Claim X12 5010

Submitter File#	Receipt Date	Create Date	Group CTL#	Transaction #
Member ID			ECS Document#	
Patient Last Name	Patient First Name		Patient CTL#	
TOB/POS	Charge	From Date	To Date	
Status				

003695670	080817	20080814	5817892	258456900
NM109 SUBSCRIBER PRI				504094334
NM103 PATIENT LAST N	NM104 PATIENT FIRST			CLM01 PAT CNTRL NO
111	\$700,000.00	20080102	20080107	

REJECT

Reject Explanation

Segment/Record	Field Name	Segment Count
HI	Industry Code	68

Reject : Value of sub-element HI01-02 is incorrect. Expected value is from external code list - Diagnosis Related Group (229). Segment HI is defined in the guideline at position 2310. This error was detected at: Segment Count: 66 Composite Count: 1 Sub-Element Count: 2 Character: 2950 through 2953

Additional Explanation: DRG code is invalid in Diagnosis Related Group (DRG) Information.

Total Txns:	1	Total Charges:	\$700,000.00
Total Reject Txn:	1	Total Reject Charges:	\$700,000.00
Total Accept Txn:	0	Total Accept Charges:	\$0.00

2.1.11.3 - 837 Transaction Summary by Payer Page

The transaction summary by payer page includes a payer summary and a trailer record to indicate that the client has received the entire report.

```
+++++
+++++          TRANSACTION SUMMARY BY PAYER          +++++
+++++

Total Txns   Rejected Txns   Accepted Txns   Accepted Charges
NM103 RECEIVER NAME ORGANIZATI
  2         2         0         $0.00

+++++
+++++          END OF TRANSACTION STATUS REPORT          +++++
+++++
```

Payer name.

'Total Txns': total transactions sent within one submission for specific payer.

'Rejected Txns': total rejected transactions within one submission for specific payer

'Accepted Txns': total accepted transactions within one submission for specific payer.

'Accepted Charges': total charges of accepted transactions within one submission for specific payer.

2.1.11.4 - 837 Field Source Version 4010A1

The information below documents what element within X12 populates the xml tags.

X12 Element	Transaction Summary Report
ISA09	Receipt Date
BHT04	Create Date
GS06	Group CTL #
ISA13	Submitter File#
1000A NM109 if NM101=41	Submitter ID
1000A NM103 if NM101=41	Submitter Name
ST02	Transaction#
Determined by GS08[7:10]	
ST01	
Determined by GS08[1:6]	
2320 SBR01	
Institutional: 2300 1st date of DTP03 if DTP01 = 434, DTP02 = RD8 and GS08[7:10]=096 or 2300 DTP03 if DTP01 = 434, DTP02 = D8 and GS08[7:10]=096 Professional: 2400 1st date of DTP03 if DTP01 = 472, DTP02 = RD8 and GS08[7:10]=098 or 2400 DTP03 if DTP01 = 472, DTP02 = D8 and GS08[7:10]=098 Dental: 2400 DTP03 if DTP01 = 472, DTP02 = D8 and GS08[7:10]=097	From Date
2010BA NM109 if NM101 = IL and 2000B HL03=22, HL04 not =1 or 2010CA NM109 if NM101 = QC and 2000C HL03=23	Member ID
2300 CLM01	Patient CTL#
1st character of 2010BA NM104 if SBR02=18 and NM101=IL 1st character of 2010CA NM104 if NM101=QC and 2000C HL03=23	Patient First Name
2010BA NM103 if SBR02=18 and NM101=IL or 2010CA NM103 if NM101=QC and 2000C HL03=23	Patient Last Name
1000B NM109 if NM101=40	Payer ID
1000B NM103 if NM101=40	Payer Name
2010AA NM109 if NM101=85 and 2000A HL03=20	Provider ID
2010AA NM103 if NM101=85 and 2000A HL03=20	Provider Name
2300 CLM05-1, CLM05-3	TOB/POS
Institutional: 2300 if GS08[7:10]=096, DTP01 = 434 and DTP02 = RD8 then 2nd date of DTP03 or 2300 DTP03 if GS08[7:10]=096, DTP01 = 434 and DTP02 = D8 Professional: 2400 If GS08[7:10]=098, DTP01 = 472 and DTP02 = RD8 then 2nd date of DTP03 or 2400 DTP03 if GS08[7:10]=098, DTP01 = 472 and DTP02 = D8 Dental: 2400 DTP03 If GS08[7:10]=097, DTP01 = 472 and DTP02 = D8	To Date
2300 CLM02	Charge

2.1.11.5 - 837 Field Source Version 5010

The information below documents what element within X12 populates the xml tags.

X12 Element	Transaction Summary Report
ISA09	Receipt Date
BHT04	Create Date
GS06	Group CTL #
ISA13	Submitter File#
1000A NM109 if NM101=41	Submitter ID
1000A NM103 if NM101=41	Submitter Name
ST02	Transaction#
Determined by GS08[7:10]	
ST01	
Determined by GS08[1:6]	
Institutional: 2300 1st date of DTP03 if DTP01 = 434, DTP02 = RD8 and GS08[7:10]= 223 or 2300 DTP03 if DTP01 = 434, DTP02 = D8 and GS08[7:10]= 223 Professional: 2400 1st date of DTP03 if DTP01 = 472, DTP02 = RD8 and GS08[7:10]= 222 or 2400 DTP03 if DTP01 = 472, DTP02 = D8 and GS08[7:10]= 222 Dental: 2400 DTP03 if DTP01 = 472, DTP02 = D8 and GS08[7:10]= 224	From Date
2010BA NM109 if NM101 = IL and 2000B HL03=22, HL04 = either 0 or 1	Member ID
2300 CLM01	Patient CTL#
2010BA NM104 if SBR02=18 and NM101=IL 2010CA NM104 if NM101=QC and 2000C HL03=23	Patient First Name
2010BA NM103 if SBR02=18 and NM101=IL or 2010CA NM103 if NM101=QC and 2000C HL03=23	Patient Last Name
1000B NM109 if NM101=40	Receiver ID
1000B NM103 if NM101=40	Receiver Name
2010AA NM109 if NM101=85 and 2000A HL03=20	Provider ID
2010AA NM103 if NM101=85 and 2000A HL03=20	Provider Name
2300 CLM05-1, CLM05-3	TOB/POS
Institutional: 2300 if GS08[7:10]= 223, DTP01 = 434 and DTP02 = RD8 then 2nd date of DTP03 or 2300 DTP03 if GS08[7:10]= 223, DTP01 = 434 and DTP02 = D8 Professional: 2400 If GS08[7:10]= 222, DTP01 = 472 and DTP02 = RD8 then 2nd date of DTP03 or 2400 DTP03 if GS08[7:10]= 222, DTP01 = 472 and DTP02 = D8 Dental: 2400 DTP03 If GS08[7:10]= 224, DTP01 = 472 and DTP02 = D8	To Date
2300 CLM02	Charge

2.1.11.6 - 837 Field Information and Length

The information below list the section where the data will be placed, the field name, the tag name, the stored length and the printed length

Section	Field Name	Printed Length
Header	Total Txns	10
Header	Total Charges	19
Header	Total Reject Txn	10
Header	Total Reject Charges	19
Header	Total Accept Txn	10
Header	Total Accept Premiums	19
Body Header	Submitter Name	15
Body Header	Submitter ID	15
Body Header	Submission ID	8
Body Header	Provider Name	26
Body Header	Provider ID	15
Body Detail	*Receiver Name	26
Body Detail	*Receiver ID	15
Body Detail	Submitter File#	10
Body Detail	*Receipt Date	6
Body Detail	*Create Date	8
Body Detail	*Group CTL#	10
Body Detail	*Transaction#	10
Body Detail	ECS Document#	9
Body Detail	Member ID	20
Body Detail	Patient Last Name	20
Body Detail	*Patient First Name	20
Body Detail	Patient CTL#	20
Body Detail	TOB/POS	3
Body Detail	Charge	18
Body Detail	From Date	8
Body Detail	To Date	8
Body Detail	Explanation	700
Body Detail	Additional Explanation	500
Body Totals	Total Txns	10
Body Totals	Total Charges	19
Body Totals	Total Reject Txn	10
Body Totals	Total Reject Charges	19
Body Totals	Total Accept Txn	10
Body Totals	Total Accept Charges	19
Footer	Receiver Name	30
Footer	Total Txns	13
Footer	Rejected Txns	13
Footer	Accepted Txns	13
Footer	Accepted Charges	19

3.0 Full File Reject (FFR) Report Requirements

The information below lists the section where the data will be placed, the field name, the tag name, the stored length and the printed length.

In order to see the X12 mappings for the Accept/Reject report, review the specific transaction documented in **section 2** – Transaction Summary Report Requirements. For NCPDP mappings, review **section 3.1.1** - NCPDP Field Source.

3.1 FFR Information and Length

Section	Field Name	FFR Report
Header	Submitter Name	30
Header	Batch Id	8
Header	User Id	15
Header	Host Name	15
Header	Replay Sequence Number	5
Detail	Submitter File#	10
Detail	Group#	10
Detail	Transaction	10
Detail	Record Name	10
Detail	Record #	5
Detail	Error Code	4
Detail	Reject Explanation	256

4.0 Extract File Report (EFR) Requirements

The sections below document the field information, the field length and the report layout placement for the Reporting system for both X12 versions 4010A1 and 5010.

There are two versions of the Extract file which are both configurable. Each file layout is documented below. The only difference between the two versions is the field 'Patient First Name Initial' or 'Patient First Name'. For the 652 Extract, the field is only one (1) byte and for the 671 Extract, the field is the twenty.

4.1. Extract File Information and Length (Record Length 652)

The information below lists the section where the data will be placed, the field name, the tag name, the stored length and the printed length.

In order to see the X12 mappings for the Accept/Reject report, review the specific transaction documented in [section 2](#) – Transaction Summary Report Requirements. For NCPDP mappings, review [section 3.1.1 - NCPDP Field Source](#).

Section	Field Name	Extract Report
Header	Batch ID	8
Header	User ID	15
Header	Host Name	15
Header	Submission Status	2
Header	Report Version	9
Header	Record Length	30
Detail	Batch ID	8
Detail	User ID	15
Detail	Host Name	15
Detail	Doc Status	2
Detail	ECS Document#	9
Detail	Trace#	30
Detail	Create Date	6
Detail	BBS Arrival Date/Time	26
Detail	NonStop Arrival Date/Time	26
Detail	Record Written Date/Time	26
Detail	Transaction Format, Version, and ID	16
Detail	Receiver ID	15
Detail	Receiver Class	8
Detail	Submitter ID	15
Detail	Submitter Name	30
Detail	Sender Cap Class	8
Detail	Provider ID	15
Detail	Provider Name	30
Detail	Payer ID	15
Detail	Patient Account#	20
Detail	Patient Last Name	20
Detail	Patient First Name Initial	1
Detail	From Date	8
Detail	To Date	8
Detail	Member ID	20
Detail	Coverage Type	1
Detail	TOB/POS	3
Detail	Charge	24
Section	Field Name	Extract Report

<Insert Client Name> Report Layout Requirements

Detail	File Number	10
Detail	Batch Number	10
Detail	Document Number	10
Detail	Submitter File#	9
Detail	Group#	9
Detail	Transaction#	9
Detail	Error Level	1
Detail	Error Number	9
Detail	Map Field Contents	30
Detail	Explanation	100
Detail	Additional Explanation	8
Footer	Batch ID	15
Footer	User ID	15
Footer	Host Name	2
Footer	Record ID	15
Footer	TotalAcceptCount	24
Footer	TotalAcceptAmount	15
Footer	TotalRejectCount	24
Footer	TotalRejectAmount	17
Footer	TotalCount	26
Footer	TotalAmount	8

4.1.1 Extract Layout

The record length for each record is **652** bytes long. In the example provided below, D2AC450CECMSPC starts the beginning of each record.

```
D2AC450CECMSPC   ECMS-BBS-QA   HR000000002000000000000000000000000000000652
D2AC450CECMSPC   ECMS-BBS-QA   DR503981764BATCH NUMBER 123456789101112130105222009-02-09:11:02:24.0000002009-02-
09:11:02:24.0000002009-02-09:11:02:44.000001X1244010EEX2700A999999994   XEE1PAYR23-4567891   QUARSE           XEE1PROV
ID CODE 2100A NTRACE NO 2000C TRN
+00000000000000000000.00000000000100000000010000000002000000100999555111000000001D10407           CodeSet '99240' is
not a valid CPT code           2110C EQ02-2 HAS AN INVALID CODE
D2AC450CECMSPC   ECMS-BBS-QA   DW503981763BATCH NUMBER 123456789101112130105222009-02-09:11:02:24.0000002009-02-
09:11:02:24.0000002009-02-09:11:02:44.000001X1244010EEX2700A999999994   XEE1PAYR           XEE1PROV
12-3456789   TRACE NO 2000D TRN
+00000000000000000000.00000000000100000000010000000001000000100999555111000000001D10407           CodeSet 'D0151' is
not a valid CDT code           2110D EQ02-2 HAS AN INVALID CODE
D2AC450CECMSPC   ECMS-BBS-QA
SR000000000000001+00000000000000000000.00000000000000001+000000000000000000.00000000000000002+000000000000000000.0
0
```

4.2 Extract File Information and Length (Record Length 671)

The information below lists the section where the data will be placed, the field name, the tag name, the stored length and the printed length.

In order to see the X12 mappings for the Accept/Reject report, review the specific transaction documented in section 2 – Transaction Summary Report Requirements. For NCPDP mappings, review section 3.1.1 - NCPDP Field Source.

Section	Field Name	Extract Report
Header	Batch ID	8
Header	User ID	15
Header	Host Name	15
Header	Submission Status	2
Header	Report Version	9
Header	Record Length	30
Detail	Batch ID	8
Detail	User ID	15
Detail	Host Name	15
Detail	Doc Status	2
Detail	ECS Document#	9
Detail	Trace#	30
Detail	Create Date	6
Detail	BBS Arrival Date/Time	26
Detail	NonStop Arrival Date/Time	26
Detail	Record Written Date/Time	26
Detail	Transaction Format, Version, and ID	16
Detail	Receiver ID	15
Detail	Receiver Class	8
Detail	Submitter ID	15
Detail	Submitter Name	30
Detail	Sender Cap Class	8
Detail	Provider ID	15
Detail	Provider Name	30
Detail	Payer ID	15
Detail	Patient Account#	20
Detail	Patient Last Name	20
Detail	Patient First Name	20
Detail	From Date	8
Detail	To Date	8
Detail	Member ID	20
Detail	Coverage Type	1
Detail	TOB/POS	3
Detail	Charge	24
Detail	File Number	10
Detail	Batch Number	10
Detail	Document Number	10
Detail	Submitter File#	9
Detail	Group#	9
Detail	Transaction#	9
Detail	Error Level	1
Detail	Error Number	9
Detail	Map Field Contents	30

Section	Field Name	Extract Report
Detail	Explanation	100
Detail	Additional Explanation	35
Footer	Batch ID	15
Footer	User ID	15
Footer	Host Name	2
Footer	Record ID	15
Footer	TotalAcceptCount	24
Footer	TotalAcceptAmount	15
Footer	TotalRejectCount	24
Footer	TotalRejectAmount	17
Footer	TotalCount	26
Footer	TotalAmount	8

4.2.1 Extract Layout

The record length for each record is **652** bytes long. In the example provided below, D2AC450CECMSPC starts the beginning of each record

```
D2AC450CECMSPC      ECMS-BBS-QA  HR00000000200000000000000000000000000000652
D2AC450CECMSPC      ECMS-BBS-QA  DR503981764BATCH NUMBER 123456789101112130105222009-02-09:11:02:24.0000002009-02-
09:11:02:24.0000002009-02-09:11:02:44.000001X1244010EEX2700A999999994    XEE1PAYR23-4567891    QUARSE                XEE1PROV
ID CODE 2100A NTRACE NO 2000C TRN
+0000000000000000000000000000000000000000000100000000010000000002000000100999555111000000001D10407                CodeSet '99240' is
not a valid CPT code                2110C EQ02-2 HAS AN INVALID CODE
D2AC450CECMSPC      ECMS-BBS-QA  DW503981763BATCH NUMBER 123456789101112130105222009-02-
09:11:02:24.0000002009-02-09:11:02:24.0000002009-02-09:11:02:44.000001X1244010EEX2700A999999994    XEE1PAYR
XEE1PROV                12-3456789    TRACE NO 2000D TRN
+0000000000000000000000000000000000000000000100000000010000000001000000100999555111000000001D10407
CodeSet 'D0151' is not a valid CDT code                2110D EQ02-2 HAS AN INVALID CODE
```


Appendix

Terminology

Term	Definition
BES	Business Exchange Services
FFR	Full File Reject
DXC	DXC Technology
HIPAA	Health Insurance Portability and Accountability Act of 1996
SME	Subject Matter Expert

Related Documentation

Document	Location

Contacts

Role	Name	Email	Phone
HIPAA SME	Connie Daniel	cdaniel@DXC.com	(972) 605-2850