

# Vermont MMIS HIPAA Tech Specs

## 835 – Health Care Claim Payment/Advice

### 835 – Remittance Advice

Field	HIPAA Guide Name	Page		HIPAA		Medicaid	
		#	Usage	Note	MMIS Instruction		
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NA (Interchange Control Header)							
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ISA (Interchange Control Header)							
ISA01	Authorization Information Qualifier	B.3	R	Y	VT Medicaid will always send "00"		
ISA02	Authorization Information Qualifier	B.3	R	N			
ISA03	Security Information Qualifier	B.4	R	Y	VT Medicaid will use "00"		
ISA04	Security Information	B.4	R	N			
ISA05	Interchange Sender ID Qualifier	B.4	R	Y	VT Medicaid will use qualifier "ZZ"		
ISA06	Interchange Sender ID	B.4	R	Y	VT Medicaid EIN 752548221		
ISA07	Interchange Receiver ID Qualifier	B.4	R	Y	VT Medicaid will send qualifier "ZZ"		
ISA08	Interchange Receiver ID	B.5	R	Y	VT Medicaid will send the Trading Partner ID		
ISA09	Interchange Date	B.5	R	N			
ISA10	Interchange Time	B.5	R	N			
ISA11	Interchange Control Standards Identifier	B.5	R	N			
ISA12	Interchange Control Version Number	B.5	R	N			
ISA13	Interchange Control Number	B.5	R	N			
ISA14	Acknowledgment Requested	B.6	R	N			
ISA15	Usage Indicator	B.6	R	N			
ISA16	Component Element Separator	B.6	R	Y	VT Medicaid separators are: ~ = Segment, * = Data Element, : = Composite sub-element		

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NA (Functional Group Header)

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GS (Functional Group Header)

GS01	Functional ID Code	B.8	R	N	
GS02	Application Sender's Code	B.8	R	Y	VT Medicaid EIN "752548221"
GS03	Application Receiver's Code	B.8	R	N	VT Medicaid will send the Trading Partner ID
GS04	Date	B.8	R	N	
GS05	Time	B.8	R	N	
GS06	Group Control Number	B.9	R	N	
GS07	Responsible Agency Code	B.9	R	N	
GS08	Version/Release ID Code	B.9	R	Y	VT Medicaid will use Version 004010X091A1

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NA (NoLoopName)

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ST (Transaction Set Header)

ST01	Transaction Set Identifier Code	43	R	N	
ST02	Transaction Set Control Number	43	R	N	

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NA (NoLoopName)

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**BPR (Financial Information)**

BPR01	Transaction Handling Code	45	R	Y	VT Medicaid will use I
BPR02	Total Actual Provider Payment Amount	46	R	N	
BPR03	Credit or Debit Flag Code	46	R	Y	VT Medicaid will use C
BPR04	Payment Method Code	46	R	Y	VT Medicaid will report "ACH" for those providers receiving EFT payment and "CHK" for those providers receiving paper checks.
BPR05	Payment Format Code	47	S	Y	VT Medicaid will use "CTX"
BPR06	Depository Financial Institution (DFI) Identification	48	S	Y	VT Medicaid will use "01"
BPR07	Sender DFI Identifier	48	S	Y	VT Medicaid will use "011600033"
BPR08	Account Number Qualifier	48	S	N	
BPR09	Sender Bank Account Number	49	S	Y	VT Medicaid will use "60135886"
BPR10	Payer Identifier	49	S	Y	VT Medicaid will send "1752548221"
BPR11	Originating Company Supplemental Code	49	S	X	
BPR12	Depository Financial Institution (DFI) Identification	49	S	Y	VT Medicaid will use "01"
BPR13	Receiver or Provider Bank ID Number	50	S	N	
BPR14	Account Number Qualifier	50	S	N	
BPR15	Receiver or Provider Account Number	50	S	N	
BPR16	Check Issue or EFT Effective Date	50	R	N	

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NA (NoLoopName)

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**TRN (Reassociation Trace Number)**

TRN01	Trace Type Code	52	R	N	
TRN02	Check or EFT Trace Number	53	R	Y	VT Medicaid will send the internal check number.
TRN03	Payer Identifier	53	R	Y	VT Medicaid will send "1752548221"
TRN04	Originating Company Supplemental Code	53	S	X	

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NA (NoLoopName)

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CUR (Foreign Currency Information)

CUR01	Entity Identifier Code	55	R	X
CUR02	Currency Code	55	R	X
CUR03	Exchange Rate	55	S	X

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NA (NoLoopName)

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REF (Receiver Identification)

REF01	Reference Identification Qualifier	57	R	N	
REF02	Receiver Identifier	57	R	Y	This will be the 7-digit VT Medicaid Billing Provider Number.

REF (Version Identification)

REF01	Reference Identification Qualifier	58	R	X
REF02	Version Identification Code	58	R	X

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NA (NoLoopName)

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DTM (Production Date)

DTM01	Date Time Qualifier	60	R	N
DTM02	Production Date	61	R	N

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#### 1000A (Payer Identification)

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##### N1 (Payer Identification)

N101	Entity Identifier Code	62	R	N	
N102	Payer Name	63	S	N	Payer Name is "EDS - VERMONTT MEDICAID"
N103	Identification Code Qualifier	63	S	N	
N104	Payer Identifier	63	S	N	

##### N3 (Payer Address)

N301	Payer Address Line	64	R	N	
N302	Payer Address Line	64	S	N	

##### N4 (Payer City, State, Zip)

N401	Payer City Name	65	R	N	
N402	Payer State Code	65	R	N	
N403	Payer Postal Zone or ZIP Code	65	R	N	

##### REF (Additional Payer Identification)

REF01	Reference Identification Qualifier	67	R	X	
REF02	Additional Payer Identifier	68	R	X	

##### PER (Payer Contact Information)

PER01	Contact Function Code	70	R	X	
PER02	Payer Contact Name	70	S	X	
PER03	Communication Number Qualifier	70	S	X	
PER04	Payer Contact Communication Number	70	S	X	
PER05	Communication Number Qualifier	71	S	X	
PER06	Payer Contact Communication Number	71	S	X	
PER07	Communication Number Qualifier	71	S	X	
PER08	Payer Contact Communication Number	71	S	X	

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#### 1000B (Payee Identification)

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##### N1 (Payee Identification)

N101	Entity Identifier Code	72	R	N	
N102	Payee Name	73	S	Y	The "Pay To" Provider will be named in this field.
N103	Identification Code Qualifier	73	R	Y	VT Medicaid will use "XX" when the National Provider Identifier is reported. VT Medicaid will use "FI" when the FEIN or SSN is reported.
N104	Payee Identification Code	73	R	Y	This will contain the National Provider Identifier or the FEIN or SSN of the "Pay To" provider.

##### N3 (Payee Address)

N301	Payee Address Line	74	R	N	
N302	Payee Address Line	74	S	N	

##### N4 (Payee City, State, Zip)

N401	Payee City Name	75	R	N	
N402	Payee State Code	75	R	N	
N403	Payee Postal Zone or ZIP Code	76	R	N	
N404	Country Code	76	S	X	

##### REF (Payee Additional Identification)

REF01	Reference Identification Qualifier	77	R	Y	VT Medicaid will use "TJ"
REF02	Additional Payee Identifier	78	R	Y	The Providers Tax ID will be reported.

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		2000 (Header Number)		
		LX (Header Number)		
LX01	Assigned Number	79	R	N
		TS3 (Provider Summary Information)		
TS301	Provider Identifier	81	R	N
TS302	Facility Type Code	81	R	N
TS303	Fiscal Period Date	81	R	N
TS304	Total Claim Count	81	R	N
TS305	Total Claim Charge Amount	82	R	N
TS306	Total Covered Charge Amount	82	S	N
TS307	Total Non-covered Charge Amount	82	S	N
TS308	Total Denied Charge Amount	82	S	N
TS309	Total Provider Payment Amount	82	S	N
TS310	Total Interest Amount	82	S	X
TS311	Total Contractual Adjustment Amount	82	S	X
TS312	Total Gramm-Rudman Reduction Amount	83	S	X
TS313	Total MSP Payer Amount	83	S	X
TS314	Total Blood Deductible Amount	83	S	X
TS315	Total Non-Lab Charge Amount	83	S	X
TS316	Total Coinsurance Amount	83	S	X
TS317	Total HCPCS Reported Charge Amount	83	S	X
TS318	Total HCPCS Payable Amount	83	S	X
TS319	Total Deductible Amount	84	S	X
TS320	Total Professional Component Amount	84	S	X
TS321	Total MSP Patient Liability Met Amount	84	S	X

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TS322	Total Patient Reimbursement Amount	84	S	X
TS323	Total PIP Claim Count	84	S	X
TS324	Total PIP Adjustment Amount	84	S	X

#### TS2 (Provider Supplemental Summary Information)

TS201	Total DRG Amount	86	S	X
TS202	Total Federal Specific Amount	86	S	X
TS203	Total Hospital Specific Amount	86	S	X
TS204	Total Disproportionate Share Amount	86	S	X
TS205	Total Capital Amount	86	S	X
TS206	Total Indirect Medical Education Amount	87	S	X
TS207	Total Outlier Day Count	87	S	X
TS208	Total Day Outlier Amount	87	S	X
TS209	Total Cost Outlier Amount	87	S	X
TS210	Average DRG Length of Stay	87	S	X
TS211	Total Discharge Count	87	S	X
TS212	Total Cost Report Day Count	87	S	X
TS213	Total Covered Day Count	88	S	X
TS214	Total Non-covered Day Count	88	S	X
TS215	Total MSP Pass-Through Amount	88	S	X
TS216	Average DRG weight	88	S	X
TS217	Total PPS Capital FSP DRG Amount	88	S	X
TS218	Total PPS Capital HSP DRG Amount	88	S	X
TS219	Total PPS DSH DRG Amount	88	S	X

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#### 2100 (Claim Payment Information)

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#### CLP (Claim Payment Information)

CLP01	Patient Control Number	89	R	N	
CLP02	Claim Status Code	90	R	N	
CLP03	Total Claim Charge Amount	91	R	N	
CLP04	Claim Payment Amount	91	R	N	
CLP05	Patient Responsibility Amount	91	S	X	
CLP06	Claim Filing Indicator Code	92	R	Y	VT Medicaid will send "MC"
CLP07	Payer Claim Control Number	93	S	Y	This will be the VT Medicaid Internal Control Number (ICN), length 15 numeric,
CLP08	Facility Type Code	93	S	N	
CLP09	Claim Frequency Code	93	S	Y	The Claim Frequency code as reported on Institutional claims.
CLP11	Diagnosis Related Group (DRG) Code	93	S	Y	This is only reported on payments for Inpatient Services processed after 01/01/08
CLP12	Diagnosis Related Group (DRG) Weight	93	S	Y	This is only reported on payments for Inpatient Services processed after 01/01/08
CLP13	Discharge Fraction	94	S	X	

#### CAS (Claim Adjustment)

CAS01	Claim Adjustment Group Code	97	R	N	
CAS02	Adjustment Reason Code	97	R	N	
CAS03	Adjustment Amount	97	R	N	
CAS04	Adjustment Quantity	98	S	N	
CAS05	Adjustment Reason Code	98	S	N	
CAS06	Adjustment Amount	98	S	N	
CAS07	Adjustment Quantity	98	S	N	
CAS08	Adjustment Reason Code	98	S	N	
CAS09	Adjustment Amount	99	S	N	

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CAS10	Adjustment Quantity	99	S	N	
CAS11	Adjustment Reason Code	99	S	N	
CAS12	Adjustment Amount	99	S	N	
CAS13	Adjustment Quantity	99	S	N	
CAS14	Adjustment Reason Code	100	S	N	
CAS15	Adjustment Amount	100	S	N	
CAS16	Adjustment Quantity	100	S	N	
CAS17	Adjustment Reason Code	100	S	N	
CAS18	Adjustment Amount	100	S	N	
CAS19	Adjustment Quantity	100	S	N	
					<b>NM1 (Patient Name)</b>
NM101	Entity Identifier Code	102	R	N	
NM102	Entity Type Qualifier	103	R	N	
NM103	Patient Last Name	103	R	N	
NM104	Patient First Name	103	R	N	
NM105	Patient Middle Name	103	S	N	
NM107	Patient Name Suffix	103	S	X	
NM108	Identification Code Qualifier	103	S	Y	VT will send qualifier "MI"
NM109	Patient Identifier	103	S	Y	VT Medicaid will send the 9 digit alphanumeric VT Medicaid Recipient ID
					<b>NM1 (Insured Name)</b>
NM101	Entity Identifier Code	106	R	X	
NM102	Entity Type Qualifier	106	R	X	
NM103	Subscriber Last Name	106	S	X	
NM104	Subscriber First Name	106	S	X	
NM105	Subscriber Middle Name	106	S	X	

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NM107	Subscriber Name Suffix	106	S	X	
NM108	Identification Code Qualifier	107	R	X	
NM109	Subscriber Identifier	107	R	X	
<b>NM1 (Corrected Patient/Insured Name)</b>					
NM101	Entity Identifier Code	108	R	N	
NM102	Entity Type Qualifier	109	R	N	
NM103	Corrected Patient or Insured Last Name	109	S	N	
NM104	Corrected Patient or Insured First Name	109	S	N	
NM105	Corrected Patient or Insured Middle Name	109	S	N	
NM107	Corrected Patient or Insured Name Suffix	109	S	N	
NM108	Identification Code Qualifier	109	S	N	
NM109	Corrected Insured Identification Indicator	110	S	N	
<b>NM1 (Service Provider Name)</b>					
NM101	Entity Identifier Code	112	R	N	
NM102	Entity Type Qualifier	112	R	N	
NM103	Rendering Provider Last or Organization Name	112	S	N	
NM104	Rendering Provider First Name	112	S	N	
NM105	Rendering Provider Middle Name	112	S	N	
NM107	Rendering Provider Name Suffix	112	S	N	
NM108	Identification Code Qualifier	113	R	N	VT Medicaid will use qualifier "XX" when reporting the National Provider Identifier. VT Medicaid will use qualifier "MC" when reporting the Medicaid provider ID.
NM109	Rendering Provider Identifier	113	R	Y	VT Medicaid will report the 10 digit National Provider Identifier is XX was sent in NM108. VT Medicaid will report the 7 digit VT Medicaid provider ID if MC was sent in NM108.
<b>NM1 (Crossover Carrier Name)</b>					
NM101	Entity Identifier Code	114	R	N	

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NM102	Entity Type Qualifier	115	R	N
NM103	Coordination of Benefits Carrier Name	115	R	N

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NM108	Identification Code Qualifier	115	R	N	
NM109	Coordination of Benefits Carrier Identifier	115	R	N	
<b>NM1 (Corrected Priority Payer Name)</b>					
NM101	Entity Identifier Code	116	R	N	
NM102	Entity Type Qualifier	117	R	N	
NM103	Corrected Priority Payer Name	117	R	N	
NM108	Identification Code Qualifier	117	R	Y	VT Medicaid will use qualifier "PI"
NM109	Corrected Priority Payer Identification Number	117	R	Y	VT Medicaid will report the Carrier Code used to identify other payers in the VT Medicaid Third Party Liability record.
<b>MIA (Inpatient Adjudication Information)</b>					
MIA01	Covered Days or Visits Count	119	R	X	
MIA02	PPS Operating Outlier Amount	119	S	X	
MIA03	Lifetime Psychiatric Days Count	119	S	X	
MIA04	Claim DRG Amount	120	S	X	
MIA05	Remark Code	120	S	X	
MIA06	Claim Disproportionate Share Amount	120	S	X	
MIA07	Claim MSP Pass-through Amount	120	S	X	
MIA08	Claim PPS Capital Amount	120	S	X	
MIA09	PPS-Capital FSP DRG Amount	120	S	X	
MIA10	PPS-Capital HSP DRG Amount	120	S	X	
MIA11	PPS-Capital DSH DRG Amount	121	S	X	
MIA12	Old Capital Amount	121	S	X	
MIA13	PPS-Capital IME amount	121	S	X	
MIA14	PPS-Operating Hospital Specific DRG Amount	121	S	X	
MIA15	Cost Report Day Count	121	S	X	

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MIA16	PPS Operating Federal Specific DRG Amount	122	S	X
MIA17	Claim PPS Capital Outlier Amount	121	S	X
MIA18	Claim Indirect Teaching Amount	122	S	X
MIA19	Non-payable Professional Component Amount	122	S	X
MIA20	Remark Code	122	S	X
MIA21	Remark Code	122	S	X
MIA22	Remark Code	122	S	X
MIA23	Remark Code	122	S	X
MIA24	PPS-Capital Exception Amount	122	S	X

#### MOA (Outpatient Adjudication Information)

MOA01	Reimbursement Rate	124	S	X
MOA02	Claim HCPCS Payable Amount	124	S	X
MOA03	Remark Code	124	S	X
MOA04	Remark Code	124	S	X
MOA05	Remark Code	124	S	X
MOA06	Remark Code	125	S	X
MOA07	Remark Code	125	S	X
MOA08	Claim ESRD Payment Amount	125	S	X
MOA09	Non-payable Professional Component Amount	125	S	X

#### REF (Other Claim Related Information)

REF01	Reference Identification Qualifier	126	R	X
REF02	Other Claim Related Identifier	127	R	X

#### REF (Rendering Provider Identification)

REF01	Reference Identification Qualifier	128	R	N
REF02	Rendering Provider Secondary Identifier	129	R	N

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		DTM (Claim Date)			
DTM01	Date Time Qualifier	131	R	N	
DTM02	Claim Date	131	R	N	
		PER (Claim Contact Information)			
PER01	Contact Function Code	133	R	X	
PER02	Claim Contact Name	133	S	X	
PER03	Communication Number Qualifier	133	S	X	
PER04	Claim Contact Communications Number	133	S	X	
PER05	Communications Number Qualifier	134	S	X	
PER06	Claim Contact Communications Number	134	S	X	
PER07	Communication Number Qualifier	134	S	X	
PER08	Communication Number Extension	134	S	X	
		AMT (Claim Supplemental Information)			
AMT01	Amount Qualifier Code	135	R	Y	VT Medicaid will send qualifier AU when reporting the Allowed Amount at the Claim level.
AMT02	Claim Supplemental Information Amount	136	R	Y	VT Medicaid allowable.
		QTY (Claim Supplemental Information Quantity)			
QTY01	Quantity Qualifier	137	R	X	
QTY02	Claim Supplemental Information Quantity	138	R	X	

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2110 (Service Payment Information)

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SVC (Service Payment Information)

SVC01	C003	Composite Medical Procedure Identifier	140	R	N	
SVC01	C003-1	Product or Service ID Qualifier	141	R	Y	VT Medicaid will us AD, HC, NU, or N4
SVC01	C003-2	Procedure Code	141	R	N	
SVC01	C003-3	Procedure Modifier	141	S	N	
SVC01	C003-4	Procedure Modifier	141	S	N	
SVC01	C003-5	Procedure Modifier	141	S	N	
SVC01	C003-6	Procedure Modifier	141	S	N	
SVC01	C003-7	Procedure Code Description	141	S	X	
SVC02		Line Item Charge Amount	142	R	N	
SVC03		Line Item Payment Amount	142	R	N	
SVC04		National Uniform Billing Committee Revenue Code	142	S	N	
SVC05		Units of Service Paid Count	142	S	N	
SVC06	C003	Composite Medical Procedure Identifier	142	S	X	
SVC06	C003-1	Product or Service ID Qualifier	143	R	X	
SVC06	C003-2	Procedure Code	144	R	X	
SVC06	C003-3	Procedure Modifier	144	S	X	
SVC06	C003-4	Procedure Modifier	144	S	X	
SVC06	C003-5	Procedure Modifier	144	S	X	
SVC06	C003-6	Procedure Modifier	144	S	X	
SVC06	C003-7	Procedure Code Description	144	S	X	
SVC07		Original Units of Service Count	145	S	X	

DTM (Date Time Reference)

DTM01		Date Time Qualifier	147	R	N	
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DTM02	Service Date	150	R	N	
					<b>CAS (Claims Adjustment)</b>
CAS01	Claim Adjustment Group Code	150	R	N	
CAS02	Adjustment Reason Code	150	R	N	
CAS03	Adjustment Amount	150	R	N	
CAS04	Adjustment Quantity	150	S	N	
CAS05	Adjustment Reason Code	151	S	N	
CAS06	Adjustment Amount	151	S	N	
CAS07	Adjustment Quantity	151	S	N	
CAS08	Adjustment Reason Code	151	S	N	
CAS09	Adjustment Amount	151	S	N	
CAS10	Adjustment Quantity	152	S	N	
CAS11	Adjustment Reason Code	152	S	N	
CAS12	Adjustment Amount	152	S	N	
CAS13	Adjustment Quantity	152	S	N	
CAS14	Adjustment Reason Code	152	S	N	
CAS15	Adjustment Amount	153	S	N	
CAS16	Adjustment Quantity	153	S	N	
CAS17	Adjustment Reason Code	153	S	N	
CAS18	Adjustment Amount	153	S	N	
CAS19	Adjustment Quantity	153	S	N	
					<b>REF (Reference Identification)</b>
REF01	Reference Identification Qualifier	154	R	Y	VT Medicaid will send 6R for Line Item Control or Prescription number, LU for Detail number, or G1 for Prior Authorization number.
REF02	Provider Identifier	155	R	N	

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#### REF (Reference Identification)

REF01	Reference Identification Qualifier	157	R	N
REF02	Rendering Provider Identifier	157	R	N

#### AMT (Monetary Amount)

AMT01	Amount Qualifier Code	158	R	Y	VT Medicaid will send qualifier B6, Allowed
AMT02	Service Supplemental Amount	159	R	Y	VT Medicaid allowed amount for the individual service.

#### QTY (Quantity)

QTY01	Quantity Qualifier	160	R	X
QTY02	Service Supplemental Quantity Count	161	R	X

#### LQ (Industry Code)

LQ01	Code List Qualifier Code	162	R	X
LQ02	Remark Code	162	R	X

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NA (NoLoopName)  
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PLB (Provider Level Adjustment)

PLB01		Provider Identifier	165	R	Y	VT Medicaid A/L number
PLB02		Fiscal Period Date	165	R	N	
PLB03	C042	Adjustment Identifier	165	R	N	
PLB03	C042-1	Adjustment Reason Code	165	R	N	
PLB03	C042-2	Provider Adjustment Identifier	170	S	Y	VT Medicaid Cash Control Number (CCN)
PLB04		Provider Adjustment Amount	170	R	N	
PLB05	C042	Adjustment Identifier	170	S	N	
PLB05	C042-1	Adjustment Reason Code	170	R	N	
PLB05	C042-2	Provider Adjustment Identifier	170	S	Y	VT Medicaid Cash Control number (CCN)
PLB06		Provider Adjustment Amount	170	S	N	
PLB07	C042	Adjustment Identifier	171	S	N	
PLB07	C042-1	Adjustment Reason Code	171	R	N	
PLB07	C042-2	Provider Adjustment Identifier	171	S	Y	VT Medicaid Cash Control number (CCN)
PLB08		Provider Adjustment Amount	171	S	N	
PLB09	C042	Adjustment Identifier	171	S	N	
PLB09	C042-1	Adjustment Reason Code	171	R	N	
PLB09	C042-2	Provider Adjustment Identifier	171	S	Y	VT Medicaid Cash Control number (CCN)
PLB10		Provider Adjustment Amount	171	S	N	
PLB11	C042	Adjustment Identifier	171	S	N	
PLB11	C042-1	Adjustment Reason Code	171	R	N	
PLB11	C042-2	Provider Adjustment Identifier	172	S	Y	VT Medicaid Cash Control number (CCN)
PLB12		Provider Adjustment Amount	172	S	N	

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PLB13		CO42 Adjustment Identifier	171	S	N	
PLB13	C042-1	Adjustment Reason Code	171	R	N	
PLB13	C042-2	Provider Adjustment Identifier	172	S	Y	VT Medicaid Cash Control number (CCN)
PLB14		Provider Adjustment Amount	172	S	N	

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NA (NoLoopName)

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SE (Transaction Set Trailer)

SE01		Transaction Segment Count	173	R	N	
SE02		Transaction Set Control Number	173	R	N	

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NA (Functional Group Trailer)

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GE (Functional Group Trailer)

GE01		Number of Transaction Sets Included	B.10	R	N	
GE02		Group Control Number	B.10	R	N	

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NA (Interchange Control Trailer)

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IEA (Interchange Control Trailer)

IEA01		Number of Included Functional Groups	B.7	R	N	
IEA02		Interchange Control Number	B.7	R	N	