ANSI ASC X12N 835 v.4010A1 HEALTH CARE CLAIM PAYMENT/ADVICE Data Specifications

Change Log

Date of Change	Page	Loop/ Txn	Segment/ Element ID	Segment Name	Data Element/Field Name (Industry)	Description of Change
05/08/03	12	2110	SVC	Service Payment Information	Service Payment Information	Added the following: “Medi-Cal does not price inpatient or crossover claims at the detail line. Therefore Medi-Cal will not send the SVC segment for these claims.”
08/14/03	All					Changed all Subelement Separators from HEX '1F' to HEX '6E'
08/14/03	All					Changed all Data Element Separator from HEX '1D' to HEX '5C'
08/14/03	All					Changed all Segment Terminator from HEX '1C' to HEX 'A1'
08/14/03	6	1000A	N403	Postal Code	Payer Postal Zone or ZIP Code	Changed from 94234-7320 to 942347320 (Remove “-“)
08/25/03	12	2110	SVC	Service Payment Information	Service Payment Information	Changed the following: “Medi-Cal does not price inpatient or crossover claims at the detail line. Therefore Medi-Cal will not send the SVC segment for these claims.” To: “Medi-Cal does not price inpatient or crossover claims at the detail line. Therefore Medi-Cal will not send the SVC loop for these claims.”
10/06/03	7	2100	CLP02	Claim Status	Claim Status	Added the Value option “4 – Denied.”
10/16/03	7	2100	CLP02	Claim Status	Claim Status	Added the Value option “22 – Reversal of Previous Claim.”
11/03/03	5	1000	N1	Payer Identification	Payer Identification	Removed N103 & N104
01/29/04	7	2100	CLP02	Claim Status	Claim Status	Added the Value option “1 – Processed as Primary.” Added the Value option “2 – Processed as Secondary.”

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value
	005	ST	Transaction Set Header			2	R	***ST***
			Data Element Separator			1		Hex ‘5C’
		ST01	Transaction Set Identifier Code	143	ID	3/3	R	***835 - Health Care Claim Payment/Advice***
			Data Element Separator			1		Hex ‘5C’
		ST02	Transaction Set Control Number	329	AN	4/9	R	***Transaction Set Control Number***
			Segment Terminator			1		Hex ‘A1’
	020	BPR	Transportation Handling Code				R	***BPR***
			Data Element Separator			1		Hex ‘5C’
		BPR01	Transportation Handling Code	305	ID	1/2	R	***Transportation Handling Code***
								I - Remittance Information Only
			Data Element Separator			1		Hex ‘5C’
		BPR02	Monetary Amount	782	R	1/18	R	***Total Actual Provider Payment Amount***
			Data Element Separator			1		Hex ‘5C’
		BPR03	Credit/Debit Flag	478	ID	1/1	R	***Credit/Debit Flag***
								C - Credit
			Data Element Separator			1		Hex ‘5C’
		BPR04	Payment Method Code	591	ID	3/3	R	***Payment Method Code***
								ACH – Automated Clearing House
								CHK - Check
			Data Element Separator			1		Hex ‘5C’
		BPR05	Payment Format Code	812	ID	1/10	S	***Payment Format Code***
								CCP – Cash Concentration/Duration plus Addenda
			Data Element Separator			1		Hex ‘5C’

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◎ Code set conversions.

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value
		BPR06	(DFI) ID Number Qualifier	506	ID	2/2	S	***Depository Financial Institution (DFI) Identification Qualifier***
								01 – ABA Transit Routing Number Including Check Digits
			Data Element Separator			1		Hex ‘5C’
		BPR07	(DFI) Identification Number	507	AN	3/12	S	***Sender DFI Identification***
								121000358
			Data Element Separator			1		Hex ‘5C’
		BPR08	Account Number Qualifier	569	ID	1/3	S	***Account Number Qualifier***
								DA – Demand Deposit
			Data Element Separator			1		Hex ‘5C’
		BPR09	Account Number	508	AN	1/35	S	***Sender Bank Account Number***
								1436100418
			Data Element Separator			1		Hex ‘5C’
		BPR10	Originating Company Identifier	509	AN	10/10	S	***Payer Identifier***
								1680217053
			Data Element Separator			1		Hex ‘5C’
		BPR11	Originating Company Supplemental Code	510	AN	9/9	S	***Not used***
			Data Element Separator			1		Hex ‘5C’
		BPR12	DFI ID Number Qualifier	506	ID	2/2	S	***Depository Financial Institution (DFI) Identification Qualifier***
								01
			Data Element Separator			1		Hex ‘5C’
		BPR13	(DFI) Identification Number	507	AN	3/12	S	***Receiver or Provider Bank ID Number***
			Data Element Separator			1		Hex ‘5C’

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value
		BPR14	Account Number Qualifier	569	ID	1/3	S	***Account Number Qualifier***
								DA – Demand Deposit
			Data Element Separator			1		Hex ‘5C’
		BPR15	Account Number	508	AN	1/35	S	***Receiver Account Number***
			Data Element Separator			1		Hex ‘5C’
		BPR16	Date	373	DT	8/8	R	***Check Issue or EFT Effective Date CCYYMMDD***
			Segment Terminator			1		Hex ‘A1’
	040	TRN	Reassociation Trace Number				R	***TRN***
			Data Element Separator			1		Hex ‘5C’
		TRN01	Trace Type Code	481	ID	1/2	R	***Trace Type Code***
								1 – Current Transaction Trace Numbers
			Data Element Separator			1		Hex ‘5C’
		TRN02	Reference Identification	127	AN	1/30	R	***Check or EFT Trace Number***
			Data Element Separator			1		Hex ‘5C’
		TRN03	Originating Company Identifier	509	AN	10/10	R	***Payer Identifier***
								1680217053
			Data Element Separator			1		Hex ‘5C’

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value
		TRN04	Reference Identification	127	AN	1/30	S	***Originating Company Supplemental Code***
								Medi-Cal - Financial Program Identification
								1 – Medi-Cal
								2 – CMSP
								3 – Medi-Cal - Abortion
								4 – CCS
								5,6,7 – GHPP
								8,9,0 – Other Public Health (OPH)
								H – Healthy Families
			Segment Terminator			1		Hex ‘A1’
	060	REF	Receiver Identification				S	***REF***
			Data Element Separator			1		Hex ‘5C’
		REF01	Receiver Identification Qualifier	128	ID	2/3	R	***Receiver Identification Qualifier***
								EV – Receiver Identification Number
			Data Element Separator			1		Hex ‘5C’
		REF02	Receiver Identification Number	127	AN	1/30	R	***Receiver Identifier***
			Segment Terminator			1		Hex ‘A1’
	070	DTM	Production Date				S	***DTM***
			Data Element Separator			1		Hex ‘5C’
		DTM01	Date/Time Qualifier	374	ID	3/3	R	***Date/Time Qualifier***
								405 - Production
			Data Element Separator			1		Hex ‘5C’

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value
		DTM02	Date	373	DT	8/8	R	***Production Date***
			Segment Terminator			1		Hex 'A1'
1000	080	N1	Payer Identification				R	**N1**
			Data Element Separator			1		Hex '5C'
		N101	Entity Identifier Code	98	ID	2/3	R	***Entity Identifier Code***
								PR - Payer
			Data Element Separator			1		Hex '5C'
		N102	Name	93	AN	1/60	S	***Payer Name***
								State of California - Medi-Cal
			Segment Terminator			1		Hex 'A1'
1000A	100	N3	Payer Address				R	**N3**
			Data Element Separator			1		Hex '5C'
		N301	Address Information	166	AN	1/55	R	***Payer Address Line***
								714 P Street RM 950
			Data Element Separator			1		Hex '5C'
		N302	Address Information	166	AN	1/55	S	***Payer Address Line***
								P.O. Box 942732
			Segment Terminator			1		Hex 'A1'
1000A	110	N4	Payer City, State, Zip Code				R	**N4**
			Data Element Separator			1		Hex '5C'
		N401	City Name	19	AN	2/30	R	***Payer City Name***
								Sacramento
			Data Element Separator			1		Hex '5C'

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value
		N402	State or Province Code	156	ID	2/2	R	***State or Province Code***
								CA
			Data Element Separator			1		Hex ‘5C’
		N403	Postal Code	116	ID	3/15	R	***Payer Postal Zone or Zip Code***
								942347320
			Segment Terminator			1		Hex ‘A1’
1000B	080	N1	Payee Identification				R	**N1**
			Data Element Separator			1		Hex ‘5C’
		N101	Entity Identifier Code	98	ID	2/3	R	***Entity Identifier Code***
								PE - Payee
			Data Element Separator			1		Hex ‘5C’
		N102	Name	93	AN	1/60	S	***Payee Name***
			Data Element Separator			1		Hex ‘5C’
		N103	Identification Code Qualifier	66	ID	1/2	R	***Identification Code Qualifier***
								FI – Federal Taxpayer’s Identification Number
			Data Element Separator			1		Hex ‘5C’
		N104	Identification Code	67	AN	2/80	R	***Payee Identification Code***
			Segment Terminator			1		Hex ‘A1’
1000B	120	REF	Payee Addition Identification				S	**REF**
			Data Element Separator			1		Hex ‘5C’
		REF01	Reference Identification Qualifier	128	ID	2/3	R	***Reference Identification Qualifier***
								1D – Medicaid Provider Number
			Data Element Separator			1		Hex ‘5C’

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value
		REF02	Reference Identification	127	AN	1/30	R	***Additional Payee Identifier***
								Medi-Cal Provider ID Number
			Segment Terminator			1		Hex 'A1'
2000	003	LX	Header Number (repeat: >1)				S	**LX**
			Data Element Separator			1		Hex '5C'
			Assigned Number	554	N0	1/6	R	**Assigned Number**
			Segment Terminator			1		Hex 'A1'
2100	010	CLP	Claims Payment Information (repeat: >1)				R	**CLP**
			Data Element Separator			1		Hex '5C'
		CLP01	Claims Submitter's Identifier	1028	AN	1/38	R	***Patient Control Number***
			Data Element Separator			1		Hex '5C'
		CLP02	Claims Status	1029	ID	1/2	R	***Claim Status***
								1 – Processed as Primary
								2 – Processed as Secondary
								3 – Processed as Tertiary
								4 – Denied
								22 – Reversal of Previous Claim
			Data Element Separator			1		Hex '5C'
		CLP03	Monetary Amount	782	R	1/18	R	***Total Claim Charge Amount***
			Data Element Separator			1		Hex '5C'
		CLP04	Monetary Amount	782	R	1/18	R	***Claim Payment Amount***
			Data Element Separator			1		Hex '5C'
		CLP05	Monetary Amount	782	R	1/18	S	***Patient Responsibility Amount***

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value
			Data Element Separator			1		Hex '5C'
		CLP06	Claim Filing Indicator Code	1032	ID	1/2	R	***Claim Filing Indicator Code***
								MC – Medicaid
			Data Element Separator			1		Hex '5C'
		CLP07	Reference Identification	127	AN	1/30	S	***Payer Claim Control Number***
			Data Element Separator			1		Hex '5C'
		CLP08	Facility Code Value	1331	AN	1/2	S	***Facility Type Code***
			Data Element Separator			1		Hex '5C'
		CLP09	Claim Frequency Type Code	1325	AN	1/1	S	***Claim Frequency Type Code***
			Segment Terminator			1		Hex 'A1'
2100	020	CAS	Claim Adjustment (repeat: 99)				S	**CAS**
			Data Element Separator			1		Hex '5C'
		CAS01	Claim Adjustment Group Code	1033	ID	1/2	R	***Claim Adjustment Group Code***
			Data Element Separator			1		Hex '5C'
		CAS02	Claim Adjustment Reason Code	1034	ID	1/5	R	***Claim Adjustment Reason Code***
			Data Element Separator			1		Hex '5C'
		CAS03	Monetary Amount	782	R	1/18	R	***Adjustment Amount***
		CAS05 - 19	Repeat of segments CAS02 - CAS04					
			Segment Terminator			1		Hex 'A1'
2100	030	NM1	(Patient Name) or Org. Name				R	**NM1**
			Data Element Separator			1		Hex '5C'
		NM101	Entity Identifier Code	98	ID	2/3	R	***Entity Identifier Code***
								QC - Patient

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value
			Data Element Separator			1		Hex '5C'
		NM102	Entity Type Qualifier	1065	ID	1/1	R	***Entity Type Qualifier***
								1 - Person
			Data Element Separator			1		Hex '5C'
		NM103	Last Name or Organization Name	1035	AN	1/35	R	***Patient Last Name***
			Data Element Separator			1		Hex '5C'
		NM104	Name First	1036	AN	1/25	R	***Patient First Name***
			Data Element Separator			1		Hex '5C'
		NM105	Name Middle	1037	AN	1/25	S	***Patient Middle Name***
			Data Element Separator			1	S	Hex '5C'
		NM106	Not used			1	N	Hex '5C'
		NM107	Data Element Separator			1	S	Hex '5C'
		NM108	Identification Code Qualifier	66	ID	1/2	S	***Identification Code Qualifier***
								MR – Medicaid Recipient Identification Number
			Data Element Separator			1		Hex '5C'
		NM109	Identification Code	67	AN	2/80	S	***Patient Identifier***
			Segment Terminator			1		Hex 'A1'
2100	030	NM1	Service Provider Name				S	**NM1**
			Data Element Separator			1		Hex '5C'
		NM101	Entity Identifier Code	98	ID	2/3	R	***Entity Identifier Code***
								82 – Rendering Provider
			Data Element Separator			1		Hex '5C'

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value
		NM102	Entity Type Qualifier	1065	ID	1/1	R	***Entity Type Qualifier***
								2 – Non-Person Entity
			Data Element Separator			1	S	Hex '5C'
		NM103	Data Element Separator			1	S	Hex '5C'
		NM104	Data Element Separator			1	S	Hex '5C'
		NM105	Data Element Separator			1	S	Hex '5C'
		NM106	Not Used			1		Hex '5C'
		NM107	Data Element Separator			1	S	Hex '5C'
		NM108	Identification Code Qualifier	66	ID	1/2	R	***Identification Code Qualifier***
								MC – Medicaid Provider Number
			Data Element Separator			1		Hex '5C'
		NM109	Identification Code	67	AN	2/80	R	***Rendering Provider Identifier***
			Segment Terminator			1		Hex 'A1'
2100	030	NM1	Corrected Priority Payer Name			1	S	
			Data Element Separator			1		Hex '5C'
		NM101	Entity Identifier Code	98	ID	2/3	R	***Entity Identifier Code***
								PR – Payer
			Data Element Separator			1		Hex '5C'
		NM102	Entity Type Qualifier	1065	ID	1/1	R	***Entity Type Qualifier***
								2 – Non-Person Entity
			Data Element Separator			1		Hex '5C'
		NM103	Organization Name	1035	AN	1/35	R	***Corrected Priority Payer Name***
			Data Element Separator			1		Hex '5C'
		NM104	Not Used			1	N	Hex '5C'

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value
		NM105	Not Used			1	N	Hex ‘5C’
		NM106	Not Used			1	N	Hex ‘5C’
		NM107	Not Used			1	N	Hex ‘5C’
		NM108	Identification Code Qualifier	66	ID	1/2	R	***Identification Code Qualifier***
								PI – Payor Identification
			Data Element Separator			1		Hex ‘5C’
		NM109	Rendering Provider Identifier	67	AN	2/80	R	***Corrected Priority Payer Identification Number***
			Segment Terminator			1		Hex ‘A1’
2100	040	REF	Other Claim Related Identification (repeat: 5)				S	**REF**
			Data Element Separator			1		Hex ‘5C’
		REF01	Reference Identifier	128	ID	2/3	R	***Receiver Identification Qualifier***
			Data Element Separator			1		Hex ‘5C’
		REF02	Reference Identification	127	AN	1/30	R	***Other Claim Related Identifier***
			Segment Terminator			1		Hex ‘A1’
2100	050	DTM	Claim Date (repeat: 4)				S	**DTM**
			Data Element Separator			1		Hex ‘5C’
		DTM01	Date/Time Qualifier	374	ID	3/3	R	***Date/Time Qualifier***
								050 – Received
								232 – Claim Statement Period Start
								233 – Claim Statement Period End
		DTM02	Claim Date	373	DT	8/8	R	***Production Date***
		DTM03 - 06	Not used					
			Segment Terminator			1		Hex ‘A1’

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value
2110	070	SVC	Service Payment Information (repeat: 999)				S	**SVC**
			Medi-Cal does not price inpatient or crossover claims at the detail line. Therefore Medi-Cal will not send the SVC loop for these claims.					
			Data Element Separator			1		Hex ‘5C’
		SVC01	Composite Medi-Cal Procedure Identifier				R	
		SVC01-1	Product/Service ID Qualifier	235	ID	2/2	R	***Product or Service ID Qualifier***
			Subelement Separator			1		Hex ‘6E’
		SVC01-2	Product/Service ID	234	AN	1/48	R	***Procedure Code***
			Subelement Separator			1		Hex ‘6E’
		SVC01-3	Procedure Modifier	1339	AN	2/2	S	***Procedure Modifier***
			Subelement Separator			1		Hex ‘6E’
		SVC01-4	Procedure Modifier	1339	AN	2/2	S	***Procedure Modifier***
			Subelement Separator			1		Hex ‘6E’
		SVC01-5	Procedure Modifier	1339	AN	2/2	S	***Procedure Modifier***
			Subelement Separator			1		Hex ‘6E’
		SVC01-6	Procedure Modifier	1339	AN	2/2	S	***Procedure Modifier***
			Data Element Separator			1		Hex ‘5C’
		SVC02	Monetary Amount	782	AN	1/18	R	***Line Item Charge Amount***
			Data Element Separator			1		Hex ‘5C’
		SVC03	Monetary Amount	782	AN	1/18	R	***Line Item Provider Payment Amount***
			Data Element Separator			1		Hex ‘5C’

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value
		SVC04	Product/Service ID	234	AN	1/48	S	***National Uniform Billing Committee Revenue Code***
			Data Element Separator			1		Hex ‘5C’
		SVC05	Quantity	380	R	1/15	S	***Unit of Service Paid Count***
			Data Element Separator			1		Hex ‘5C’
		SVC06-1	Product or Service ID Qualifier	235	ID	2/2	R	***Product or Service ID Qualifier***
			Subelement Separator			1		Hex ‘6E’
		SVC06-2	Procedure Code	234	AN	1/48	R	***Procedure Code***
			Subelement Separator			1		Hex ‘6E’
		SVC06-3	Procedure Modifier	1339	AN	2/2	S	***Procedure Modifier***
			Subelement Separator			1		Hex ‘6E’
		SVC06-4	Procedure Modifier	1339	AN	2/2	S	***Procedure Modifier***
			Subelement Separator			1		Hex ‘6E’
		SVC06-5	Procedure Modifier	1339	AN	2/2	S	***Procedure Modifier***
			Subelement Separator			1		Hex ‘6E’
		SVC06-6	Procedure Modifier	1339	AN	2/2	S	***Procedure Modifier***
			Segment Terminator			1		Hex ‘5C’
2110	090	CAS	Service Adjustment (repeat: 99)				S	**CAS**
			Data Element Separator			1		Hex ‘5C’
		CAS01	Claim Adjustment Group Code	1033	ID	1/2	R	***Claim Adjustment Group Code***
			Data Element Separator			1		Hex ‘5C’
		CAS02	Claim Adjustment Reason Code	1034	ID	1/5	R	***Claim Adjustment Reason Code***
			Data Element Separator			1		Hex ‘5C’
		CAS03	Monetary Amount	782	R	1/18	R	***Adjustment Amount***
			Segment Terminator			1		Hex ‘A1’

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value
2110	100	REF	Service Identification (repeat: 07)				S	**REF**
			Data Element Separator			1		Hex ‘5C’
		REF01	Reference Identification Qualifier	128	ID	2/3	R	***6R – Provider Control Number***
			Data Element Separator			1		Hex ‘5C’
		REF02	Reference Identification	127	AN	1/30	R	***Provider Identifier***
			Segment Terminator			1		Hex ‘A1’
2110	100	REF	Rendering Provider Identification (repeat: 10)				S	**REF**
			Data Element Separator			1		Hex ‘5C’
		REF01	Reference Identification Qualifier	128	ID	2/3	R	***1D – Medicaid Provider Number***
			Data Element Separator			1		Hex ‘5C’
		REF02	Reference Identification	127	AN	1/30	R	***Provider Identifier***
			Segment Terminator			1		Hex ‘A1’
2110	110	AMT	Service Supplemental Amount (repeat: 12)				S	**AMT**
			Data Element Separator			1		Hex ‘5C’
		AMT01	Amount Qualifier Code	522	ID	1/3	R	***Amount Qualifier Code***
			Data Element Separator			1		Hex ‘5C’
		AMT02	Monetary Amount	782	R	1/18	R	***Service Supplemental Amount***
			Segment Terminator			1		Hex ‘A1’
2110	130	LQ	Health Care Remark Codes (repeat: 99)				S	**LQ**
			Data Element Separator			1		Hex ‘5C’
		LQ01	Code List Qualifier Code	1270	ID	1/3	R	***Code List Qualifier Code***
			Data Element Separator			1		Hex ‘5C’

❖ Addenda changes (highlighted in yellow with blue lettering for changed verbiage).
⊘ Deleted items as a result of the addenda (red lettering with strikethrough
✱ Possible deleted items as a result of the addenda (black lettering with strikethrough).
◎ Code set conversions.

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value
		LQ02	Industry Code Segment Terminator	1271	AN	1/30 1	R	***Remark Code*** Hex 'A1'
	010	PLB	Provider Adjustment (repeat: >1) Data Element Separator			 1	S	PLB Hex '5C'
		PLB01	Reference Identification	127	AN	1/30	R	***Provider Identifier***
			Data Element Separator			1		Hex '5C'
		PLB02	Date	373	DT	8/8	R	***Fiscal Period Date - CCYYMMDD***
			Data Element Separator			1		Hex '5C'
		PLB03-1	Adjustment Reason Code	426	ID	2/2	R	***Adjustment Reason Code***
			Subelement Separator			1		Hex '6E'
		PLB03-2	Reference Identification	127	AN	1/30	S	***Provider Adjustment Identifier***
			Data Element Separator			1		Hex '5C'
		PLB04	Monetary Amount	782	R	1/18	R	***Provider Adjustment Amount***
		PLB05-14	Repeat of the segments: PLB03 - PLB04 Segment Terminator			 1		 Hex 'A1'
	020	SE	Transaction Set Trailer Data Element Separator			2 1	R	SE Hex '5C'
		SE01	Number of Included Segments Data Element Separator	96	NO	1/10 1	R	***Transaction Segment Count*** Hex '5C'
		SE02	Transaction Set Control Number Segment Terminator	329	AN	4/9 1	R	***Transaction Set Control Number*** ***The ST02 and SE02 are identical.*** Hex 'A1'