ECHO Health, Inc.

HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides Based on ASC X12 version 005010

CORE v5010 Master Companion

October 2019

Disclosure Statement

This document is for use by electronic submitters conducting business with ECHO Health, Inc. (*also referred to in this document as "ECHO").*

The format of this document is based on the standard template designed by participants of the Council for Affordable Quality Healthcare (CAQH) and the Workgroup for Electronic Data Interchange (WEDI) and is used here with their permissions.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA (Health Insurance Portability and Accountability Act) clarifies and specifies the data content when exchanging electronically with ECHO. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

Editor's Note

This Guide is a work in progress. ECHO reserves the right to change the information found in this Guide and will update the "Change Summary" section of the Guide when changes are made.

Table of Contents

1.0 Introduction

1.1 Scope

The EDI (Electronic Data Interchange) Companion Guide addresses how electronic transactions are conducted by ECHO and how to become a trading partner. An EDI Trading Partner is defined as any ECHO customer (clearinghouse, financial institution, provider, software vendor, etc.) who receives electronic data directly from ECHO, specifically Claim Payment/Advice (835) files. ECHO's EDI transaction system supports transactions adopted under HIPAA (Health Insurance Portability and Accountability Act of 1996) and additional supporting transactions as described in this Guide.

1.2 Overview

This Companion Guide includes information needed to establish and maintain communication exchange with ECHO. This information is organized in the following sections:

2.0 Getting Started: Information about ECHO Health and its business standards and Trading Partner registration

3.0 Testing with the Payer: Detailed transaction testing and other relevant information needed to complete transaction testing with ECHO.

4.0 Connectivity with the Payer/Communications: ECHO's transmission procedures and communication and security protocols.

5.0 Contact Information: Telephone and fax numbers to reach ECHO.

6.0 Control Segments/Envelopes: Information needed to create the ISA/IEA, GS/GE and ST/SE control segments for transactions from ECHO.

7.0 Payer-Specific Business Rules & Limitations: ECHO's business rules.

8.0 Acknowledgments and/or Reports: Information on acknowledgments and reports produced by ECHO.

9.0 Trading Partner Agreements: Information about ECHO's trading partner agreements

10.0 Transaction-Specific Information: ASC X12N Implementation Guides (IGs) adopted under HIPAA, plus additional related ECHO-specific information, are detailed in a comprehensive table

11.0 Appendices: Additional information or attachments

1.3 References

Trading Partners must use the most current national standard code lists applicable to the EDI transactions. The code lists may be accessed at the Washington Publishing Company website: http://www.wpc-edi.com

The applicable code lists and their respective X12 transactions are as follows:

Claim Adjustment Reason Codes and Remittance Advice Remark Codes
(ASC X12/005010X221A1 Health Care Claim Payment/Advice (835))

1.4 Additional Information

There is no additional information at this time.

Click here to return to the Table of Contents

ECHO Health, Inc • 810 Sharon Drive • Westlake, OH 44145 • ph: 440.835.3511 • fax: 440.835.5656 • www.EchoHealthinc.com

2.0 Getting Started

2.1 Working with ECHO

The 835 5010 is the industry standard for electronic transmission of explanation of benefit (EOB) information from payers to providers. It provides a uniform method for uploading EOBs into practice management systems to support automatic posting and reconciliation to payment transactions.

ECHO has been a pioneer in the electronic transmission industry with extensive experience in the integration of 5010 standards for 835s and is fully compliant with Optum Transaction Validation Manager standards. 835s produced by ECHO are accepted by a wide-ranging list of providers and trading partners. ECHO continually strives to make improvements to the content of its 835s by remaining well in front of industry changes, and providing an 835 experience that is fully balanced from both "Up and Down" and "Left to Right" perspectives.

With over 20 years of serving this community, many unique scenarios with EDI integration and the payer community have been encountered. These scenarios have allowed ECHO to continuously tailor its methodology to help ensure a smooth implementation experience for both the provider and clearinghouse.

ECHO has established an EDI Support team dedicated to assisting providers and payers with enrollment and serves as a first point of contact for information and troubleshooting. The EDI Support team is structured to assist with the majority of 835 related questions and/or incidents, internally escalating those that require further research.

Our mission is to bring Payers and Providers of service together seamlessly. This guide serves as a reference for completing a successful 835 integration with ECHO Health.

2.2 Trading Partner Registration

To support the needs of the healthcare industry, ECHO provides several methods to enroll in 835 processing. The primary enrollment method for providers is completing the ECHO ERA Clearinghouse Enrollment Form.

Providers who would like to be set up to receive a direct transmission of an 835 from ECHO, or those would like to enroll for a new payer, need to complete the ECHO ERA Clearinghouse Enrollment Form. To begin the process, the provider should email the EDI Support team at EDI@echohealthinc.com, or call (440) 835-3511 to speak to an EDI Specialist.

Our EDI Support team supports providers with EDI enrollment, assists in answering all questions, and provide the necessary forms to be completed. Completed forms should be submitted to the ECHO EDI Support team for processing.

If ECHO does not currently support your clearinghouse, please ask the clearinghouse's Client Manager to contact EDI@echohealthinc.com to execute the clearinghouse setup process. Our EDI team will work directly with the clearinghouse to complete all necessary steps to establish connection. If you have any questions or concerns about this process, please reach out to our EDI team at EDI@echohealthinc.com.

3.0 Testing with the Payer

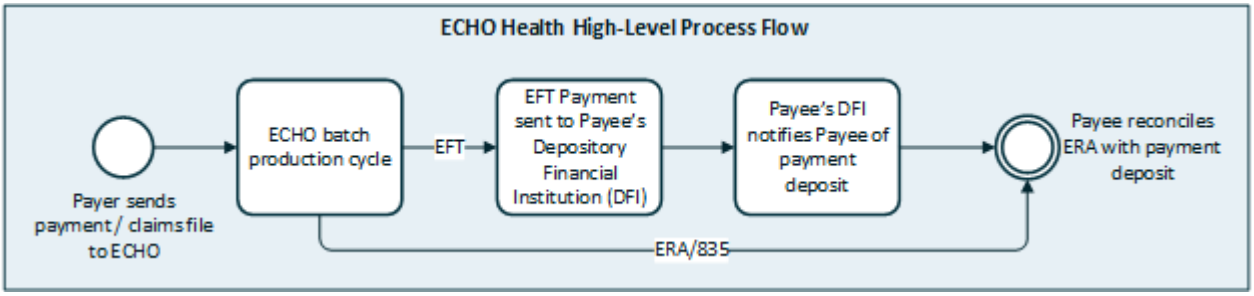
Trading Partner testing is available by request for any new Trading Partners. Each test case will be reviewed and approved by the implementation team.

Click here to return to the Table of Contents

ECHO Health, Inc • 810 Sharon Drive • Westlake, OH 44145 • ph: 440.835.3511 • fax: 440.835.5656 • www.EchoHealthinc.com

4.0 Connectivity with the Payer/Communications

4.1 Process Flows



4.2 Re-Transmission Procedure

835 files are available for manual download through www.providerpayments.com (provider registration required).

4.3 Communication Protocol Specifications

ECHO supports the standard protocol for transmitting files via SFTP.

Secure File Transfer Protocol (SFTP) is a secure version of File Transfer Protocol (FTP) that facilitates data access and data transfer over a Secure Shell (SSH) data stream. It is part of the SSH Protocol. SFTP is generally considered to be an industry standard for secure transmission of data files.

ECHO 835 files are placed in a SFTP outbox for retrieval utilizing a file transfer tool via the "pull" method of file transmission. ECHO supports most file transfer tools and can work with your internal IT person to resolve initial transfer issues. If you do not have a file transfer tool in place, ECHO can provide you with recommendations for low cost products to meet this need. Once your account is established, your IT Department will be able to link to the SFTP outbox for your folder.

4.4 Data Protection

ECHO is a strong advocate for data security, supporting the PGP encryption standard for transmitting files. If you would prefer to receive 835 files with a PGP encryption key applied, please contact the ECHO EDI Support team.

PGP Overview:

PGP (Pretty Good Privacy) is a public key encryption program written by Phil Zimmermann in 1991 that has become a de facto standard for encryption of e-mail on the Internet.

PGP works by assigning a unique pair of keys – one public, one private – to you or your company. The public key is meant to be distributed to anyone who needs to exchange PGP Encrypted files with you.

- **Public Key:** typically "exported" to an ASCII file and sent to a partner company via an email attachment.
- **Private Key:** not meant to be shared; it is immediately password protected and locked on your machine.

Once PGP software is installed and configured and your key pair created, the next step is to import the public key(s) of partners with whom you plan to exchange encrypted files. After exchanging public keys the process should be tested before using the new method with live Production files. To test, the two entities should

Click here to return to the Table of Contents

ECHO Health, Inc • 810 Sharon Drive • Westlake, OH 44145 • ph: 440.835.3511 • fax: 440.835.5656 • www.EchoHealthinc.com

exchange PGP-encrypted files to ensure that (1) the files are being encrypted as expected and (2) the files are able to be decrypted after transmission.

In addition, the sender may also digitally "sign" the file with the sender's private key. This provides an element of nonrepudiation in a system that has no other method to authenticate the sender (e.g., e-mail). The recipient receives the file and decrypts it using the recipient's private key, and he may verify the authenticity of the contents using the sender's public key.

4.5 Passwords

ECHO will assign Log-on IDs and passwords to trading partners with stand-alone SFTP sites.

5.0 Contact Information

When contacting EDI Support or Customer Service, please have your Tax ID and Log-on ID available.

To ensure security when contacting via email, please remove Protected Health Information (PHI) or use a secure email service if PHI cannot be removed.

5.1 Contact Information: EDI Support

Address: ECHO Health, Inc.
810 Sharon Drive
Westlake, Ohio 44145
Phone: 440.835.3511
Email: EDI@EchoHealthInc.com
Service Hours: 8:00am – 5:00pm EST, Monday – Friday

5.2 Contact Information: Customer Service, Provider Service

Address: ECHO Health, Inc.
810 Sharon Drive
Westlake, Ohio 44145
Phone: 440.835.3511
Email: EDI@EchoHealthInc.com
Service Hours: 8:00am – 5:00pm EST, Monday – Friday

5.3 Applicable Websites / E-mail addresses

Email: EDI@EchoHealthInc.com
CS Requests@EchoHealthInc.com
Website: www.providerpayments.com
Service Hours: 8:00am – 5:00pm EST, Monday – Friday

6.0 Control Segments/Envelopes

6.1 ISA-IEA

This section describes ECHO's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information and delimiters.

Click here to return to the Table of Contents

Data Element Summary

Loop ID	Reference	Name	Codes	Length	Details
ISA	ISA01	Authorization Information Qualifier	00	2/2	00- No Authorization Information present (No Meaningful information I02) 03 – Additional data identification
	ISA02	Authorization Information	10 spaces	10/10	Information used for additional information.
	ISA03	Security Information Qualifier	00	2/2	00 - No Security Information Present
	ISA04	Security Information	10 spaces	10/10	This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)
	ISA05	Interchange ID Qualifier	30	2/2	Code used is 30 - U.S. Federal Tax Identification Number. This ID qualifies the Sender in ISA06. Other codes not used.
	ISA06	Interchange Sender ID	341858379 followed by 6 spaces	15/15	Sender ID- Tax ID followed by 6 empty spaces. Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value
	ISA07	Interchange ID Qualifier	30	2/2	30- U.S. Federal Tax Identification Number This ID qualifies the Sender in ISA06.
	ISA08	Interchange Receiver ID	Provider Tax ID	15/15	Receiver ID (15 characters). Provider Tax Identification number (TIN) followed by empty spaces up to 15 characters. When sending, it is used by the sender as their sending ID.
	ISA09	Interchange Date		6/6	Date of the 835 file generation and the format is YYMMDD.
	ISA10	Interchange Time		4/4	Time of the interchange and the format is HHMM.
	ISA11	Repetition Separator	'^'	1/1	Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator
	ISA12	Interchange Control Version Number	00501	5/5	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
	ISA13	Interchange Control Number		9/9	System generated number. Value should be 9 digits; if the number is less than 9 digits then will be prefixed with 0. The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02 and must be a positive unsigned number.
	ISA14	Acknowledgment Requested	0	1/1	0 – No Interchange Acknowledgment Requested
	ISA15	Interchange Usage Indicator	P	1/1	P – Production Data
	ISA16	Component Element Separator	":"	1/1	The component element separator is a delimiter and not a data element; this field provides the delimiter used to separate

Click here to return to the Table of Contents

					component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator

Data Element Summary

Loop ID	Reference	Name	Codes	Length	Details
IEA	IEA01	Number of Included Functional Groups		1/5	
	IEA02	Interchange Control Number		9/9	Same as ISA13.

6.2 GS-GE

This section describes ECHO's use of the functional group control segments. It details expected application sender and receiver codes, how functional groups will be sent, how similar transaction sets will be packaged, and ECHO's use of functional group control numbers.

Data Element Summary

Loop ID	Reference	Name	Codes	Length	Details
GS	GS01	Functional Identifier Code	HP	2/2	Health Care Claim Payment/Advice *(835)*
	GS02	Application Sender's Code	ECHOH	2/15	ECHO uses this code to identify itself as the sender
	GS03	Application Receiver's Code	Provider Tax ID	2/15	ECHO uses this data element to display Receiver's TIN *(Tax Identification Number)* as the intended receiver
	GS04	Date		8/8	The functional group creation date displayed in YYYYMMDD format
	GS05	Time		4/8	The functional group creation time displayed in HHMM format
	GS06	Group Control Number	1	1/9	The data interchange control number. GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02
	GS07	Responsible Agency Code	X	1/2	Accredited Standards Committee X12
	GS08	Version / Release / Industry Identifier Code	005010X221A1	1/2	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003

Data Element Summary

Loop ID	Reference	Name	Codes	Length	Details
GE	GE01	Number of Transaction Sets Included	1	1/6	
	GE02	Group Control Number	1	1/9	The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06

Click here to return to the Table of Contents

ECHO Health, Inc • 810 Sharon Drive • Westlake, OH 44145 • ph: 440.835.3511 • fax: 440.835.5656 • www.EchoHealthinc.com

6.3 ST-SE

This section describes ECHO's use of transaction set control numbers.

Data Element Summary

Loop ID	Reference	Name	Codes	Length	Details
ST	ST01	Transaction Set Identifier Code	835	3/3	
	ST02	Transaction Set Control Number	000000001	4/9	ECHO uses this code in ST02 and SE02. They are identical. Originator assigns the Transaction Set Control Number, which must be unique within a functional group (GS-GE). This unique number also aids in error resolution research.
	ST03	Implementation Convention Reference		1/35	Not used at this time

Data Element Summary

Loop ID	Reference	Name	Codes	Length	Details
SE	SE01	Number of included segments	Segment count	1/10	
	SE02	Transaction Set Control Number	000000001	4/9	ECHO uses this code in ST02 and SE02. They are identical. Originator assigns the Transaction Set Control Number, which must be unique within a functional group (GS-GE). This unique number also aids in error resolution research.

7.0 Payer-Specific Business Rules and Limitations

7.1 File Naming Conventions and Folder Structure

ECHO 835 files adhere to a standard file naming convention based on the following parameters:

- All files will start with the wording "ANSI835_".
- The Tax ID number is then added (example: ANSI835_123456789_...).
- The ECHO Sequence number is added as the last element (example: ANSI835_123456789_99988811).

ECHO utilizes a standard SFTP folder structure for retrieval of 835 files, as shown below:

- ***Name*\835\outbox:** Location of 5010 version of the file.
- ***Name*\Archive:** Archive folder available for users that want to archive files on our server.
- ***Name*\Reports:** Location for any special reporting needs of user.

7.2 Delivery Time Frame

835 files are created during ECHO's batch production cycle and will be available once the batch close process has completed.

Please note that availability of 835 files is dependent on those claims and/or payments being processed during the ECHO production batch. Third Party Administrators (TPAs) may only process their files on particular days of the week, or multiple times per day. Questions regarding claim and/or payment processing schedules should be directed to the Payer.

Click here to return to the Table of Contents

ECHO Health, Inc • 810 Sharon Drive • Westlake, OH 44145 • ph: 440.835.3511 • fax: 440.835.5656 • www.EchoHealthinc.com

7.3 835 Content

ECHO offers industry leading support for 835 data transmissions, with capabilities not available from other payers. ECHO's consolidation process provides this high level of support across multiple payers to lower support costs and deliver an improved and consistent provider experience.

Key aspects include the following:

- Utilization of CCD+ format for ACH (automated clearinghouse) payments, ensuring ease of re-association and reconciliation
- Guarantee that data and money always match – ERAs (Electronic Remittance Advice) can always be applied without delays or follow up
- Ability to Support NPI (National Provider Identifier number) and Tax Identification level mappings (If NPI is available from payer / TPA)
- Support for cashless/domestic 835s for provider/hospital employer groups
- Support for custom 835 mappings for each payer/TPA
- "Up and down" and "left to right" balancing for all 835s
- Significant custom delivery capabilities to transform non-standard data into 835 compliant transmissions
- Full compliance of ECHO 835s by the industry certification leader, Optum Transaction Validation Manager.

8.0 Acknowledgments and/or Reports

No Acknowledgments/Reports are generated by ECHO at this time.

9.0 Trading Partner Agreements

This section contains general information about Trading Partner Agreements.

Trading Partners

An EDI Trading Partner is defined as any ECHO customer (clearinghouse, financial institution, provider, software vendor, etc.) who receives electronic data directly from ECHO, specifically Claim Payment/Advice (835) files.

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

10.0 Transaction-Specific Information

In this section, ASC X12N Implementation Guides (IGs) adopted under HIPAA are detailed in a comprehensive table. The table contains a row for each segment for which ECHO has something additional, over and above the information in the IGs. This information can:

- Limit the repeat of loops or segments
- Limit the length of a simple data element
- Specify a subset of the IGs' internal code listings
- Clarify the use of loops, segments, composite and simple data elements

Click here to return to the Table of Contents

ECHO Health, Inc • 810 Sharon Drive • Westlake, OH 44145 • ph: 440.835.3511 • fax: 440.835.5656 • www.EchoHealthinc.com

In addition to the row for each segment, one or more additional rows describe ECHO's usage for composite and simple data elements and other information.

Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page#	Loop ID	Reference	Name	Codes	Length	Details
69		BPR	FINANCIAL INFORMATION			
		BPR01	Transaction Handling Code	I or H	1/2	I - Remittance Information Only H - Notification Only
		BPR02	Total Actual Provider Payment Amount	Provider Payment or Zero	1/18	The total payment amount cannot exceed eleven characters, including decimals (9999999999.99). Although the value can be zero, the 835 cannot be issued for less than zero dollars. Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point).
		BPR03	Credit/Debit Flag Code	C	1	C – Credit
		BPR04	Payment Method Code	ACH/CHK /NON	3/3	ACH – Automated Clearing House CHK – Check or Virtual Card Payment NON – Non-payment Data Virtual card payments are reported as "CHK" due to (1) the provider's ability to convert the payment to Check at any time by request and (2) the absence of an acceptable TRN02 authorized for virtual card payments.
		BPR05	Payment Format Code	CCP	1/10	Cash Concentration/Disbursement plus Addenda *(CCD+) (ACH)* when BPR04 is ACH
		BPR06	Depository Financial Institution (DFI) Identification Number Qualifier	01 or blank	2/2	01 - ABA Transit Routing Number *(including check digits – nine digits)* Required when BPR04 is ACH.
		BPR07	(DFI) Identification Number		3/12	Sender ABA routing number. Required when BPR04 is ACH. The ABA transit routing number is a unique number identifying every bank in the United States.
		BPR08	Account Number Qualifier	DA	1/3	DA - Demand Deposit when BPR04 is ACH
		BPR09	Account Number		1/35	Sender Bank account number. This number is used as originator's account number at the financial institution. Required when BPR04 is ACH.
		BPR10	Originating Company Identifier	1341858379	10/10	Required when BPR04 is ACH. 1 followed by 9-digit Interchange Sender ID number.
		BPR11	Originating Company Supplemental Code	Blank	9/9	Not currently used.
		BPR12	(DFI) ID Number Qualifier	01	2/2	Required when BPR04 is ACH ABA Transit Routing Number Including Check Digits (9 digits).
		BPR13	(DFI) Identification Number		3/12	9-digit ABA Number if BPR04 is "ACH", else blank.
		BPR14	Account Number Qualifier	DA	2/2	Required when BPR04 is ACH. DA - Demand Deposit.

Click here to return to the Table of Contents

ECHO Health, Inc • 810 Sharon Drive • Westlake, OH 44145 • ph: 440.835.3511 • fax: 440.835.5656 • www.EchoHealthinc.com

Page#	Loop ID	Reference	Name	Codes	Length	Details
		BPR15	Account Number		1/35	Receiver Bank account number. This number is used for the receiver's account number at the financial institution. Required when BPR04 is ACH.
		BPR16	Check Issue or EFT Effective Date		8/8	Date expressed in YYYYMMDD format If BPR04 is "ACH", this is the date the money moves from the payer and is available to the payee. If BPR04 is "CHK", this is the check or virtual card payment issuance date. If BPR04 is "NON", this is the date of the 835.
		BPR17 – BPR21				Not used at this time
77		TRN	RE-ASSOCIATION TRACE NUMBER			
		TRN01	Trace Type Code	1	1/2	1 - Current Transaction Trace Numbers
		TRN02	Reference Identification		1/50	For payments (ACH, Check, or Virtual Card), the ECHO Payment ID is used. For non-payments, the Interchange Control Number (a unique remittance advice identification number) is used. For Cashless payments, "D" followed by the Interchange Control Number is used.
		TRN03	Originating Company Identifier	1341858379	10/10	1341858379 value is populated
		TRN04	Reference Identification	Blank	1/50	Blank
79		CUR	FOREIGN CURRENCY INFORMATION			Segment not used at this time
82		REF	RECEIVER IDENTIFICATION			Segment not used at this time
84		REF	VERSION IDENTIFICATION			Segment not used at this time
85		DTM	PRODUCTION DATE			
		DTM01	Date/Time Qualifier	405	3/3	405 – Production
		DTM02	Date		8/8	Batch cycle date in YYYYMMDD format
		DTM03 – DTM06				Not used at this time
87	1000A	N1	PAYER IDENTIFICATION			
		N101	Entity Identifier Code	PR	2/3	PR – Payer
		N102	Payer Name		1/60	Payer name as defined by payer
		N103 – N106				Not used at this time
89	1000A	N3	PAYER ADDRESS			
		N301	Address Information		1/55	Address line 1
		N302	Address Line 2 Information		1/55	Address line 2
90	1000A	N4	PAYER CITY			
		N401	City Name		2/30	Payer city
		N402	State or Province Code		2/2	Payer state code
		N403	Postal Code		3/15	Payer postal zone or ZIP code
		N404 – N407				Not used at this time
92	1000A	REF	ADDITIONAL PAYER I DENTIFICATION			
		REF01	Reference Identification Qualifier	2U/ CPS	2/3	1) If a Payers region specific enrollment exists and Clearinghouse set up is set to include payer ID (configuration type 2 or 3), then qualifier "2U" is used.

Click here to return to the Table of Contents

Page#	Loop ID	Reference	Name	Codes	Length	Details
						2) If a Payers region specific enrollment exists and Clearinghouse set up is Configuration type 0, then the REF segment is not written. 3) If issued to pay through Elavon to a provider enrolled with Elavon then REF01 is "CPS".
		REF02	Reference Identification	TransdPay /1 followed by payer's EIN/ECHOH	1/50	1) If issued to pay through Elavon to a provider enrolled with Elavon, "TransdPay" is populated; else "1" followed by payer's EIN (or TIN) is populated. 2) We use Payers ID or "ECHOH" as the default value
		REF03 – REF04				Not used at this time
94	1000A	PER	PAYER BUSINESS CONTACT INFORMATION			
		PER01	Contact Function Code	CX	2/2	CX - Payer's Claim Office
		PER02	Name		1/60	"EDI SUPPORT TEAM"
		PER03	Communication Number Qualifier	FX	2/2	FX-Facsimile
		PER04	Communication Number		1/256	"4408355656"
		PER05	Communication Number Qualifier	TE	2/2	TE – Telephone
		PER06	Communication Number		1/256	"4408353511"
		PER07-PER09				Not used at this time
97	1000A	PER	PAYER TECHNICAL CONTACT INFORMATION			
		PER01	Contact Function Guide	BL	2/2	BL - Technical Department
		PER02	Name		1/60	"EDI SUPPORT TEAM"
		PER03	Communication Number Qualifier	EM	2/2	EM- Electronic Mail
		PER04	Communication	Payer Email	1/256	1) Payer email. When the payer email ID is available the PER segment is written (Payer technical contact information); if not available then: 2) "EDI SUPPORT TEAM"
		PER05 – PER09				Not used at this time
100	1000A	PER	PAYER WEB SITE			
		PER01	Contact Function Code	IC	1/60	IC - Information Contact
		PER02	Name			Not used at this time
		PER03	Communication Number Qualifier	UR	2/2	UR - Uniform Resource Locator
		PER04	Communication Number	Payer Website URL	1/256	This is the payer's website URL where providers can find policy and other related information. Per_website_url from payer configuration or payer_URL claim level field
		PER05 – PER09				Not used at this time
102	1000B	N1	PAYEE IDENTIFICATION			
		N101	Entity Identifier Code	PE	2/3	PE – Payee Name
		N102	Payee Name		1/60	IRS Approved Payee Name
		N103	Identification Qualifier Code	XX/FI	1/2	XX - Centers for Medicare & Medicaid Services National Provider Identifier

Click here to return to the Table of Contents

Page#	Loop ID	Reference	Name	Codes	Length	Details
						FI - Federal Tax Payer's Identification Number
		N104	Payee Identification Code	NPI/Provider Tax ID	2/80	NPI is used if available, else the Provider Tax ID is used.
		N105 – N106				Not used at this time
104	1000B	N3	PAYEE ADDRESS			
		N301	Payee Address Information		1/55	Payee Address Line 1
		N302	Payee Address Line 2 Information	Blank	1/55	Blank
105	1000B	N4	PAYEE CITY			
		N401	Payee City Name		2/30	Payee city
		N402	Payee State		2/2	Payee state
		N403	Payee Zip Code		3/15	Payee zip code
		N404 – N407				Not used at this time
107	1000B	REF	REF PAYEE ADDITIONAL IDENTIFICATION			
		REF01	Reference Identification Qualifier	TJ	2/3	TJ- Federal Taxpayer's Identification Number. This information must be in the N1 segment unless the National Provider ID or the National Health Plan Identifier was used in N103/04. Not used at this time: 0B- State License Number D3- National Council for Prescription Drug Programs Pharmacy Number PQ- Payee Identification
		REF02	Reference Identification IM: Additional Payee Identifier	Provider Tax ID	1/50	Provider/Payee Tax ID
		REF03 – REF04				Not used at this time
109	1000B	RDM	REMITTANCE DELIVERY METHOD			Segment not used at this time
111	2000	LX	HEADER NUMBER			
		LX01	Assigned Number	1	1/6	"1"
112	2000	TS3	PROVIDER SUMMARY INFORMATION			Segment not used at this time
117	2000	TS2	PROVIDER SUPPLEMENTAL SUMMARYINFORMATION			Segment not used at this time
123	2100	CLP	CLAIM PAYMENT INFORMATION			
		CLP01	Patient Control Number	Patient account number/ Certificate number/ 0	1/38	Patient Control Number (if available), else Certificate Number (if available), else "0".
		CLP02	Claim Status Code	1/2/4/22/25	1/2	1 - Processed as Primary 2 - Processed as Secondary 4 - Denied 22 - Reversal of Previous Payment. 25 - PreDetermination logic
		CLP03	Total Claim Charge Amount		1/18	Total billed amount
		CLP04	Claim Payment Amount		1/18	Total net payment amount or "0"
		CLP05	Patient Responsibility Amount		1/18	Required when the patient's responsibility is greater than zero. Blank when CLP02 is "22".
		CLP06	Claim Filing Indicator Code	15/HM/WC	1/2	15 - Indemnity Insurance

Click here to return to the Table of Contents

ECHO Health, Inc • 810 Sharon Drive • Westlake, OH 44145 • ph: 440.835.3511 • fax: 440.835.5656 • www.EchoHealthinc.com

Page#	Loop ID	Reference	Name	Codes	Length	Details
						HM - Health Maintenance Organization WC - Workers' Compensation Health Claim
		CLP07	Payer Claim Control Number	Payer claim number/ ECHOTRN02	1/50	Payer Claim Control Number This number should never be 0.
		CLP08	Facility Code Value IM: Facility Type Code	Place of service /facility code	1/2	Place of Service or facility code will be populated, if supplied by payer.
		CLP09	Claim Frequency Type Code	Claim Frequency Type	1/1	Not used at this time
		CLP10	Patient Status Code		1/2	Not used at this time
		CLP11	DRG Code		1/4	Diagnosis Related Group Code (DRG) required for Institutional claims when the claim was adjudicated using DRG.
		CLP12	Quantity		1/15	The DRG adjudicated DRG weight
		CLP13	Percent		1/10	Not used at this time.
		CLP14	Yes/No Condition or Response Code		1/1	Not used at this time
129	2100	CAS	CAS Claim Adjustment			
		CAS01	Claim Adjustment Group Code	CO / CR / OA / PI / PR	1/2	Use of group codes in CAS01 is based on configurations in the ECHO System. The procedure description from the Payer Service Line is mapped to populate the Group Code when the adjudication allows
		CAS02	Claim Adjustment Reason Code IM: Adjustment Reason Code		1/5	Required to report a non-zero adjustment applied at the claim level for the claim adjustment group code reported in CAS01.
		CAS03	Monetary Amount IM: Adjustment Amount		1/18	Monetary amount used for the adjustment amount. A negative amount increases the payment; a positive amount decreases the payment contained in CLP04.
		CAS04	Quantity IM: Adjustment Quantity		1/15	Required when the CAS02 adjustment reason code is related to non-covered days. (e.g., CARC is 78)
		CAS05	Claim Adjustment Reason Code IM: Adjustment Reason Code		1/5	Required to report a non-zero adjustment applied at the claim level for the claim adjustment group code reported in CAS01.
		CAS06	Monetary Amount IM: Adjustment Amount		1/18	Monetary amount used for the adjustment amount. A negative amount increases the payment; a positive amount decreases the payment contained in CLP04.
		CAS07-CAS19				Not used at this time
137	2100	NM1	PATIENT NAME			
		NM101	Entity Identifier Code	QC	2/3	QC – Patient
		NM102	Entity Type Qualifier	1	1/1	1 – Person
		NM103	Patient Last Name		1/60	
		NM104	Patient First Name		1/35	
		NM105	Patient Middle Name or Initial		1/25	Following cases may occur: 1) If Patient Last Name is available, then Patient Middle initial (MI) is used. 2) Else patient middle initial (MI) is used.
		NM106	Name Prefix		1/10	Not used at this time
		NM107	Name Suffix		1/10	Not used at this time

Click here to return to the Table of Contents

Page#	Loop ID	Reference	Name	Codes	Length	Details
		NM108	Identification Code Qualifier	MI/HN	1/2	MI - Member Identification Number is used if the Member Identification number exists, else HN - Health Insurance Claim (HIC) Number is used. Not used at this time: 34 - Social Security Number II - Standard Unique Health Identifier for each Individual in the United States) MR - Medicaid Recipient Identification Number
		NM109	Identification Code MI: Patient Identifier		2/80	When the NM108 Qualifier is "MI" then Certificate Number (sometimes SSN number) is written. When the NM108 Qualifier is "HN" then payer claim number is written.
		NM110 – NM112				Not used at this time
140	2100	NM1	INSURED NAME			
		NM101	Entity Identifier Code	IL	2/3	IL - Insured or Subscriber
		MN102	Entity Type Qualifier	1	1/1	1 – Person
		NM103	Subscriber Last Name		1/60	Required when the last name (NM102=1) or Organization name (NM102=2) is known.
		NM104	Subscriber First Name		1/35	Required when the subscriber is a person (NM102=1) and the first name is known.
		NM105	Name Middle IM: Subscriber Middle Name or Initial		1/25	Insured middle name or initial. Required when the subscriber is a person (NM102=1) and the middle name or initial is known
		NM106	Name Prefix			Not used at this time
		NM107	Name Suffix			Not used at this time
		NM108	Identification Code Qualifier	MI	1/2	MI - Member Identification Number When Insured first name is not same as Patient first name. Default qualifier is used ("MI"). Not used at this time: FI-Federal Taxpayer's Identification Number. Not Used when NM102=1. II- Standard Unique Health Identifier for each Individual in the United States
		NM109	Identification Code MI: Subscriber Identifier		2/80	With qualifier code "MI", certificate number or the payor claim number is used
		NM110 – NM112				Not used at this time
143	2100	NM1	CORRECTED PATIENT/INSURED NAME			Segment not used at this time
146	2100	NM1	SERVICE PROVIDER NAME			
		NM101	Entity Identifier Code	82	2/3	82 - Rendering Provider
		NM102	Entity Type Qualifier	2	1/1	2 - Non Person Entity
		NM103	Last or Organization Name		1/60	Required when a unique name is necessary for identification of the provider identified in NM109.
		NM104	Name First		1/35	Not used at this time
		NM105	Name Middle		1/25	Not used at this time
		NM106	Name Prefix		1/10	Not used at this time
		NM107	Name Suffix		1/10	Not used at this time
		NM108	Identification Code Qualifier	FI/XX	1/2	FI – Federal Tax Payer's Identification Number XX – Provider Tax ID
		NM109	Rendering Provider Identifier		2/80	Rendering Provider ID is written.

Click here to return to the Table of Contents

Page#	Loop ID	Reference	Name	Codes	Length	Details
						For "XX", service provider NPI is used For "FI", service provider tax ID is used
		NM110 – NM112				Not used at this time
150	2100	NM1	CROSSOVER CARRIER NAME			Segment not used at this time
153	2100	NM1	CORRECTED PRIORITY PAYER NAME			Segment not used at this time
156	2100	NM1	OTHER SUBSCRIBER NAME			Segment not used at this time
159	2100	MIA	INPATIENT ADJUDICATION INFORMATION			Required for all inpatient claims when there is a need to report remittance Advice Remark codes at the claim level.
		MIA01	Quantity	"0"	1/15	Segment always transmit the number zero
		MIA02	Monetary Amount		1/18	Not used at this time
		MIA03	Quantity		1/15	Not used at this time
		MIA04	Monetary Amount		1/18	Not used at this time
		MIA05	Reference Identification		1/50	There are two methods to trigger the MIA05: 1) Configuration based upon the Procedure Description will allow a specific Claim Payment Remark Code to be used 2) Import mapping at the claim level can be used to supply the Claim Payment Remark code and this will trigger the MIA05 or MOA03 based upon the in network or out of network designation of the procedure code of the first line.
		MIA06 – MIA24				Not used at this time
166	2100	MOA	OUTPATIENT ADJUDICATION INFORMATION			Required for outpatient /professional claims where there is a need to report a remittance Advice remark codes at the Claim level
		MOA01	Percent		1/10	Not used at this time
		MOA02	Monetary Amount		1/18	Not used at this time
		MOA03	Reference Identification		1/50	There are two methods to trigger the MOA03: 1) Configuration based upon the Procedure Description will allow a specific Claim Payment Remark Code to be used 2) Import mapping at the claim level can be used to supply the Claim Payment Remark code and this will trigger the MIA05 or MOA03 based upon the in network or out of network designation of the procedure code of the first line.
		MOA04 – MOA09				Not used at this time
169	2100	REF	OTHER CLAIM RELATED IDENTIFICATION			
		REF01	Reference Identification Qualifier	CE/BB/F8/9A	2/3	If Network Name exists, CE- Class of Contract Code is used. BB - is written when the clearinghouse configuration value is 1 or 3 or the provider Tax ID level configuration is enacted. This Provider TIN solution is currently used for 9A and F8 ref segments and allows a claim level mapping to provide the REF02 in these cases.

Click here to return to the Table of Contents

ECHO Health, Inc • 810 Sharon Drive • Westlake, OH 44145 • ph: 440.835.3511 • fax: 440.835.5656 • www.EchoHealthinc.com

Page#	Loop ID	Reference	Name	Codes	Length	Details
		REF02	Reference Identification		1/50	CE - Network name BB - Claim Payer ID When REF01 = CE, Network Name is written, if available. When REF01 = BB, Claim Payer ID value is written. When custom configuration is used, this will be a payer assigned value at the claim level.
		REF03 – REF04				Not used at this time
171	2100	REF	RENDERING PROVIDER IDENTIFICATION			Segment not used at this time
173	2100	DTM	STATEMENT FROM OR TO DATE			
		DTM01	Date/Time Qualifier	232/233	3/3	232- Claim period start date (Minimum of Claim service start dates) – default date 20000101 if the value is 1900101. 233-Claim period end date (Maximum of claim service end dates) – default date 20000101 if the value is 1900101. If both dates are same then 232 (claim period start date) is written.
		DTM02	Claim period dates		8/8	Date in YYYYMMDD format
		DTM03 – DTM06				Not used at this time
175	2100	DTM	COVERAGE EXPIRATION DATE			Segment not used at this time
177	2100	DTM	CLAIM RECEIVED DATE			
		DTM01	Date/Time Qualifier	050	3/3	Claim received date only when greater than 20000101
		DTM02	Claim Received date		8/8	Date in YYYYMMDD format Date is written from PclaimReceiptDate column
		DTM03 – DTM06				Not used at this time
179	2100	PER	CLAIM CONTACT INFORMATION			
		PER01	Contact Function Code	CX	2/2	CX - Payer's Claim Office
		PER02	Name	Blank	1/60	Blank
		PER03	Communication Number Qualifier	TE	2/2	TE – Telephone
		PER04	Claim Contact Communications Number		1/256	Communication number is used. Phone number should be picked from the first valid field (10 digit phone number) in the below order : 1. Claim Level Payer CS number 2. Payer Level Payer CS number 3. Group Level Provider phone number 4. ECHO Phone number (4408353511)
		PER05 – PER09				Not used at this time
182	2100	AMT	CLAIM SUPPLEMENTAL INFORMATION			
		AMT01	Amount Qualifier Code	AU/ I/D8	1/3	AU - Coverage Amount I – Interest

Click here to return to the Table of Contents

Page#	Loop ID	Reference	Name	Codes	Length	Details
						D8 – Prompt Pay Discount
		AMT02	Claim Supplemental Information Amount		1/18	AU – Total payment amount I – Total Interest amount When AMT01 = "AU", the total payment amount is used. When AMT01 = "I", the total interest amount is used. When AMT01="D8" , we use the AMTD8Amount
		AMT03	Credit/Debit Flag Code		1/1	Not used at this time
184	2100	QTY	CLAIM SUPPLEMENTAL INFORMATION QUANTITY			Segment not used at this time
186	2110	SVC	SERVICE PAYMENT INFORMATION			
		SVC01-1	Composite Medical Procedure Identifier/ Product or Service ID Qualifier	ANSI Code Type	2/2	This is the adjudicated medical procedure information. This code is a composite data structure. AD - American Dental Association Codes HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes N4 - National Drug Code in 5-4-2 Format NU - National Uniform Billing Committee (NUBC) UB92 Codes HP – HIPPS Codes – Health Insurance Prospective Payment System. HC is used as default
		SVC01-2	Adjudicated Procedure Code		1/48	Procedure code followed by ":" & code modifiers 1, 2. This is the adjudicated procedure code or revenue code as identified by the qualifier in SVC01-1. If there is no procedure code then default code 97810 is used.
		SVC01-3	Procedure Modifier		2/2	Required when a procedure code modifier applies to this service.
		SVC01-4	Procedure Modifier		2/2	Required when a second procedure code modifier applies to this service.
		SVC01-5	Procedure Modifier		2/2	Required when a third procedure code modifier applies to this service.
		SVC01-6	Procedure Modifier		2/2	Required when a fourth procedure code modifier applies to this service.
		SVC01-7				Not used at this time
		SVC01-8				Not used at this time
		SVC02	Line Item Charge Amount		1/18	Service Billed Amount. This is the monetary amount for the submitted service charge amount.
		SVC03	Line Item Provider Payment Amount		1/18	Service Paid Amount. The value in SVC03 must equal the value in SVC02 minus all monetary amounts in the subsequent CAS segments of this loop.
		SVC04	Product/Service ID IM: National Uniform Billing Committee Revenue Code		1/48	Required when an NUBC revenue code in addition to a procedure code already identified in SVC01. Service_code2 field is used
		SVC05	Units of Service Paid Count		1/15	The total count of service units, if available. If not present, the value is assumed to be "1". 835_unit1 field or the units field is used

Click here to return to the Table of Contents

ECHO Health, Inc • 810 Sharon Drive • Westlake, OH 44145 • ph: 440.835.3511 • fax: 440.835.5656 • www.EchoHealthinc.com

Page#	Loop ID	Reference	Name	Codes	Length	Details
		SVC06-1	Composite Medical Procedure Identifier/ Product or Service ID Qualifier	ANSI Code Type	2/2	This is the adjudicated medical procedure information. This code is a composite data structure. AD - American Dental Association Codes HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes N4 - National Drug Code in 5-4-2 Format NU - National Uniform Billing Committee (NUBC) UB92 Codes HP – HIPPS Codes –Health Insurance Prospective Payment System.
		SVC06-2	Adjudicated Procedure Code		1/48	Procedure code followed by ":" & code modifiers 1, 2. This is the adjudicated procedure code or revenue code as identified by the qualifier in SVC01-1. Billed amount service code field is used
		SVC06-3	Procedure Modifier		2/2	Required when a procedure code modifier applies to this service.
		SVC06-4	Procedure Modifier		2/2	Required when a second procedure code modifier applies to this service.
		SVC06-5	Procedure Modifier		2/2	Required when a third procedure code modifier applies to this service.
		SVC06-6	Procedure Modifier		2/2	Required when a fourth procedure code modifier applies to this service.
		SVC06-7	Description		1/80	Not used at this time
		SCV06-8	Product Service ID		1/48	Not used at this time
		SVC07	Quantity		1/15	Number_of_units2 or units2 field is used, depending on payer configuration
194	2110	DTM	SERVICE DATE			
		DTM01	Date Time Qualifier	472/150/ 151/036	3/3	472 – Service 150 - Service Period Start 151 - Service Period End 036 - Required when payment is denied because of the expiration of coverage.
		DTM02	Service Date		8/8	Date in YYYYMMDD format
196	2110	CAS	SERVICE ADJUSTMENT			
		CAS01	Claim Adjustment Group Code	CO/OA/PI /PR	1/2	CO - Contractual Obligations OA - Other Adjustments PI - Payer Initiated Reductions PR - Patient Responsibility.
		CAS02	Claim Adjustment Reason Code		1/5	Required to report a non-zero adjustment applied at the service level for the claim adjustment group code reported in CAS01.
		CAS03	Adjustment Amount		1/18	A negative amount increases the payment, and a positive amount decreases the payment contained in SVC03 and CLP04.
		CAS04	Quantity		1/15	Required when units of service are being adjusted. A positive number decreases paid units, and a negative value increases paid units.
		CAS05	Claim Adjustment Reason Code		1/5	Required when an additional non-zero adjustment, beyond what has already been supplied, applies to the service for the claim adjustment group code used in CAS01.
		CAS06	Monetary Amount		1/18	Required when CAS05 is present.

Click here to return to the Table of Contents

ECHO Health, Inc • 810 Sharon Drive • Westlake, OH 44145 • ph: 440.835.3511 • fax: 440.835.5656 • www.EchoHealthinc.com

Page#	Loop ID	Reference	Name	Codes	Length	Details
		CAS07	Quantity		1/15	Required when CAS05 is present and is related to a units of service adjustment.
		CAS08	Claim Adjustment Reason Code		1/5	Required when an additional non-zero adjustment, beyond what has already been supplied, applies to the service for the claim adjustment group code used in CAS01.
		CAS09	Monetary Amount		1/18	Required when CAS08 is present
		CAS10	Quantity		1/15	Required when CAS08 is present and is related to a units of service adjustment.
		CAS11	Claim Adjustment Reason Code		1/5	Required when an additional non-zero adjustment, beyond what has already been supplied, applies to the service for the claim adjustment group code used in CAS01.
		CAS12	Monetary Amount		1/18	Required when CAS11 is present
		CAS13	Quantity		1/15	Required when CAS11 is present and is related to a units of service adjustment.
		CAS14	Claim Adjustment Reason Code		1/5	Required when an additional non-zero adjustment, beyond what has already been supplied, applies to the service for the claim adjustment group code used in CAS01.
		CAS15	Monetary Amount		1/18	Required when CAS14 is present
		CAS16	Quantity		1/15	Required when CAS14 is present and is related to a units of service adjustment.
		CAS17	Claim Adjustment Reason Code		1/5	Required when an additional non-zero adjustment, beyond what has already been supplied, applies to the service for the claim adjustment group code used in CAS01.
		CAS18	Monetary Amount		1/18	Required when CAS17 is present
		CAS19	Quantity		1/15	Required when CAS17 is present and is related to a units of service adjustment.
204	2110	REF	SERVICE IDENTIFICATION			Segment not used at this time
206	2110	REF	LINE ITEM CONTROL NUMBER			
		REF01	Reference Identification Qualifier	6R	2/3	Provider Control Number
		REF02	Reference Identification	Line Item Control / 1	1/50	
		REF03 – REF04				Not used at this time
207	2110	REF	RENDERING PROVIDER INFORMATION			Segment not used at this time
209	2110	REF	HEALTHCARE POLICY IDENTIFICATION			
		REF01	Reference Identification Qualifier	OK	2/3	Policy Form Identifying Number
		REF02	Reference Identification	Statute Code	1/50	
		REF03 – REF04				Not used at this time
211	2110	AMT	SERVICE SUPPLEMENTAL AMOUNT			
		AMT01	Amount Qualifier Code	B6	1/3	B6 - Allowed Actual
		AMT02	Service Supplemental Amount		1/18	Allowed amount
		AMT03	Credit/Debit Flag Code		1/1	Not used at this time
213	2110	QTY	SERVICE SUPPLEMENTAL QUANTITY			Segment not used at this time
215	2110	LQ	HEALTH CARE REMARK CODES			
		LQ01		HE	1/3	HE - Claim payment remark codes

Click here to return to the Table of Contents

Page#	Loop ID	Reference	Name	Codes	Length	Details	
						Not used at this time: RX- National Council for Prescription Drug Programs Reject/Payment Codes	
		LQ02	Remark Code		1/30	If available, the Payer supplied RARC is written. If not available, then the default RARC will be used based upon the CARC, if a RARC is required to be compliant.	
218		PLB	PROVIDER ADJUSTMENT				
		PLB01	Provider Identifier		1/50	ECHO uses this data element to display Receiver's TIN *(Tax Identification Number)*	
		PLB02	Fiscal Period Date		8/8	Utilizes end of year date (Dec 31) of current year.	
		PLB03-01	Adjustment Reason Code	See "Details" column for full listing	2/2	AH	Origination Fee
						WU	Unspecified Recovery
						WO	Overpayment Recovery
						TL	Third Party Liability
						SL	Student Loan Repayment
						RE	Return on Equity
						RA	Retro-activity Adjustment
						PL	Payment Final
						PI	Periodic Interim Payment
						OB	Offset for Affiliated Providers
						OA	Organ Acquisition Passthru
						LS	Lump Sum
						LE	Levy
						L6	Interest Owed
						L3	Penalty
						J1	Nonreimbursable
						IS	Interim Settlement
						IR	Internal Revenue Service Withholding
						IP	Incentive Premium Payment
						HM	Hemophilia Clotting Factor Supplement
						GO	Graduate Medical Education Passthru
						FC	Fund Allocation
						FB	Forwarding Balance
						E3	Withholding
						DM	Direct Medical Education Passthru
						CW	Certified Registered Nurse Anesthetist Passthru
						CV	Capital Passthru
						CT	Capitation Payment
						CS	Adjustment
						CR	Capitation Interest
						C5	Temporary Allowance
						BN	Bonus
						BD	Bad Debt Adjustment
						B3	Recovery Allowance
						B2	Rebate
						AP	Acceleration of Benefits
						AM	Applied to Borrower's Account
						90	Early Payment Allowance
						72	Authorized Return
						51	Interest Penalty Charge
						50	Late Charge
						RA	Retro Add payments for CAP
						RA	Retro Term payments for CAP
						L6	Interest

Click here to return to the Table of Contents

ECHO Health, Inc • 810 Sharon Drive • Westlake, OH 44145 • ph: 440.835.3511 • fax: 440.835.5656 • www.EchoHealthinc.com

Page#	Loop ID	Reference	Name	Codes	Length	Details	
						RA	Retro Add OR term payments for CAP
		PLB03-02	Reference Identification	TRN02	1/50	"TRN02" or remarks	
		PLB04	Provider Adjustment Amount		1/18	Contractual adjustment amount Decimal elements will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point).	
		PLB05 – PLB14				Not used at this time	

11.0 Appendices

11.1 Change Summary

- 06/11/2013 – all pages revised
- 06/17/2019 – all pages revised
- 09/13/2019 – all content finalized
- 10/29/19 – updated formatting of PLB03-01, removed invalid value from PLB03-01 listing

Click here to return to the Table of Contents

ECHO Health, Inc • 810 Sharon Drive • Westlake, OH 44145 • ph: 440.835.3511 • fax: 440.835.5656 • www.EchoHealthinc.com