Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Patient Name
Action	**Modify Data Element Situational Rule** Loop ID 2100 NM1 (Patient Name) NM104 - Updated Situational Rule to require submission if on the original claim.
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Patient Name
Action	**Modify Data Element Situational Rule** Loop ID 2100 NM1 (Patient Name) NM105 - Updated Situational Rule to require submission if on the original claim.
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Patient Name
Action	**Modify Data Element Situational Rule** Loop ID 2100 NM1 (Patient Name) NM107 - Updated Situational Rule to require submission if on the original claim.
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Patient Name
Action	**Modify Data Element Situational Rule** Loop ID 2100 NM1 (Patient Name) NM109 - Updated Situational Rule to require submission if on the original claim.
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Subscriber Name
Action	**Modify Segment Name** Loop ID 2100 NM1 Modify Segment Name from "Insured" to "Subscriber".
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Subscriber Name
Action	**Modify Segment Note** NM1 Subscriber Name - Modify Segment Note to clarify that corrected information is not reported in this segment.
CR 1081	NM1 Note, review NM1 Subscriber TR3 note to confirm this is accurate for how the 837 now works w/ patient and subscriber

Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Subscriber Name
Action	**Modify Segment Note** NM1 Subscriber Name - Modify Segment Note to require that this report the information submitted on the original claim.
CR 1081	NM1 Note, review NM1 Subscriber TR3 note to confirm this is accurate for how the 837 now works w/ patient and subscriber

Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Subscriber Name
Action	**Modify Data Element Situational Rule** Loop ID 2100 NM1 (Subscriber Name) NM103 - Updated Situational Rule to require submission if on the original claim.
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Subscriber Name
Action	**Modify Data Element Situational Rule** Loop ID 2100 NM1 (Subscriber Name) NM104 - Updated Situational Rule to require submission if on the original claim.
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Subscriber Name
Action	**Modify Data Element Situational Rule** Loop ID 2100 NM1 (Subscriber Name) NM105 - Updated Situational Rule to require submission if on the original claim.
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Subscriber Name
Action	**Modify Data Element Situational Rule** Loop ID 2100 NM1 (Subscriber Name) NM107 - Updated Situational Rule to require submission if on the original claim.
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Subscriber Name
Action	**Modify Data Element Usage** Loop ID 2100 NM1 (Subscriber Name) NM108 - Update to Situational with Situational Rule to reflect relationship to NM109
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Subscriber Name
Action	**Modify Data Element Usage** Loop ID 2100 NM1 (Subscriber Name) NM109 - Updated to Situational with Situational Rule to require submission if on the original claim.
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Corrected Patient/Subscriber Name
Action	**Modify Segment Name** NM1 Corrected Patient / Subscriber Name - Change Segment Name and other instances of "Insured" to "Subscriber"
CR 1082	Corrected Patient / Insured Segment - Update to coordinate with changes to the 837 regarding insured versus subscriber. Also need to include patient correction ability and ability to report corrected patient information when the payer's information differs from the submitted claim.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Corrected Patient/Subscriber Name
Action	**Modify Segment Repeat** Modify Segment Repeat from 1 to 2.
CR 630	Support reporting of the adjudicated patient name when it is different from the submitted patient name.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Corrected Patient/Subscriber Name
Action	**Modify Segment Situational Rule** NM1 Corrected Patient / Subscriber Name - Modify Segment Situational Rule to include relationship to information submitted on the claim.
CR 629	Support reporting of the adjudicated patient name when it is different from the submitted patient name.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Corrected Patient/Subscriber Name
Action	**Add Segment Note** NM1 Corrected Patient / Subscriber Name - Add note requiring information from the payer's system.
CR 629	Support reporting of the adjudicated patient name when it is different from the submitted patient name.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Corrected Patient/Subscriber Name

Action	**Delete Segment Note** Remove Note #1
CR 1082	Corrected Patient / Insured Segment - Update to coordinate with changes to the 837 regarding insured versus subscriber. Also need to include patient correction ability and ability to report corrected patient information when the payer's information differs from the submitted claim.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Corrected Patient/Subscriber Name
Action	**Modify Data Element Code Value** NM101 - Remove code 74 (Corrected Insured). Add codes COP (Corrected Patient) and COS (Corrected Subscriber).
CR 1082	Corrected Patient / Insured Segment - Update to coordinate with changes to the 837 regarding insured versus subscriber. Also need to include patient correction ability and ability to report corrected patient information when the payer's information differs from the submitted claim.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Corrected Patient/Subscriber Name
Action	**Modify Data Element Situational Rule** Loop ID 2100 NM1 (Corrected Patient / Subscriber Name) NM103 (Last Name) - changed requirement to include only when adjudicated is different than what was submitted on the claim.
CR 1082	Corrected Patient / Insured Segment - Update to coordinate with changes to the 837 regarding insured versus subscriber. Also need to include patient correction ability and ability to report corrected patient information when the payer's information differs from the submitted claim.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Corrected Patient/Subscriber Name
Action	**Modify Data Element Situational Rule** Loop ID 2100 NM1 (Corrected Patient / Subscriber Name) NM104 - Update Situational Rule to require when information differs from that submitted on the original claim.
CR 1082	Corrected Patient / Insured Segment - Update to coordinate with changes to the 837 regarding insured versus subscriber. Also need to include patient correction ability and ability to report corrected patient information when the payer's information differs from the submitted claim.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Corrected Patient/Subscriber Name
Action	**Modify Data Element Situational Rule** Loop ID 2100 NM1 (Corrected Patient / Subscriber Name) NM105 - Update to

	require submission when different than what was submitted on the claim.
CR 1082	Corrected Patient / Insured Segment - Update to coordinate with changes to the 837 regarding insured versus subscriber. Also need to include patient correction ability and ability to report corrected patient information when the payer's information differs from the submitted claim.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Corrected Patient/Subscriber Name
Action	**Modify Data Element Situational Rule** Loop ID 2100 NM1 (Corrected Patient / Subscriber Name) NM107 - Update Situational Rule to require when information differs from that submitted on the claim.
CR 1082	Corrected Patient / Insured Segment - Update to coordinate with changes to the 837 regarding insured versus subscriber. Also need to include patient correction ability and ability to report corrected patient information when the payer's information differs from the submitted claim.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Corrected Patient/Subscriber Name
Action	**Modify Data Element Code Value** NM108 - Corrected Patient / Subscriber Name - Remove code C (Insured's Changed Unique Identification Number). Add code IN (Changed Unique Identification Number).
CR 1082	Corrected Patient / Insured Segment - Update to coordinate with changes to the 837 regarding insured versus subscriber. Also need to include patient correction ability and ability to report corrected patient information when the payer's information differs from the submitted claim.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Service Provider Name
Action	**Modify Segment Situational Rule** Loop ID 2100, NM1 Segment (Rendering Provider Name) Changed Situational Rule and other instances of Rendering Provider to Service Provider.
CR 1135	NUCC's definition of a rendering provider is: The Rendering Provider is the individual who provided the care. In the case where a substitute provider (locum tenens) was used, that individual is considered the Rendering Provider. The Rendering Provider does not include individuals performing services in support roles, such as lab technicians or radiology technicians.

	Therefore alignment is necessary to ensure that consistency between definition & usage within transaction.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Service Provider Name
Action	**Modify Data Element Code Value** Loop ID 2100, NM101 (Entity Identifier Code) Remove code 82 (Rendering Provider). Add code SJ (Service Provider).
CR 1135	NUCC's definition of a rendering provider is: The Rendering Provider is the individual who provided the care. In the case where a substitute provider (locum tenens) was used, that individual is considered the Rendering Provider. The Rendering Provider does not include individuals performing services in support roles, such as lab technicians or radiology technicians. Therefore alignment is necessary to ensure that consistency between definition & usage within transaction.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Service Provider Name
Action	**Delete Segment Note** This segment provides information about the rendering provider. An identification number is provided in NM109.
CR 1181	For consistency across TR3's, Recommend Changing the name of the Location Identification 2100 REF to Additional Rendering Provider Identification Number (Currently the Location Identification segment) include both the LU and A6 to carry the payer assigned identifiers; increase the repeat to '2'. The Code LU and A6 should be consistent with the notes in the claim. This would result in removing the 'SV' qualifier from the NM108 for Rendering Provider and change from required to situational - this is consistent with the way the 837.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Service Provider Name
Action	**Modify Data Element Usage** NM1 Service Provider Name NM108 - Change element from Required to Situational and modify situational rule to clarify NPI requirements
CR 1181	For consistency across TR3's, Recommend Changing the name of the Location Identification 2100 REF to Additional Rendering Provider Identification Number (Currently the Location Identification segment) include both the LU and A6 to carry the payer assigned identifiers; increase the

	repeat to '2'. The Code LU and A6 should be consistent with the notes in the claim. This would result in removing the 'SV' qualifier from the NM108 for Rendering Provider and change from required to situational - this is consistent with the way the 837.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Service Provider Name
Action	**Delete Data Element Code Value** NM1 Service Provider Name NM108 - Delete all code values except XX (Standard Unique Health Identifier for Health Care Providers (NPI)).
CR 1366	Align with NPI Rule.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Service Provider Name
Action	**Modify Data Element Usage** Loop ID 2100 NM1 Service Provider Name NM109 - Change element from Required to Situational and modify situational rule to clarify NPI requirements.
CR 1181	For consistency across TR3's, Recommend Changing the name of the Location Identification 2100 REF to Additional Rendering Provider Identification Number (Currently the Location Identification segment) include both the LU and A6 to carry the payer assigned identifiers; increase the repeat to '2'. The Code LU and A6 should be consistent with the notes in the claim. This would result in removing the 'SV' qualifier from the NM108 for Rendering Provider and change from required to situational - this is consistent with the way the 837.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Crossover Carrier Name
Action	**Modify Segment Repeat** Revise Segment Repeat from 1 to 10
CR 1043	Need to report the Crossover NM1 segment with multiple occurrences. Also need to report more Corrected Priority Payers.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0300 | 2100 NM1 - Crossover Carrier Name
Action	**Add Segment Note** TR3 Note: 2. When the claim is transferred to more than 1 carrier, use this segment to report all crossover names and reference numbers.
CR 1043	Need to report the Crossover NM1 segment with multiple occurrences. Also need to report more Corrected Priority Payers.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0330 | 2100 MIA - Inpatient Adjudication Information
Action	**Modify Segment Situational Rule** Modify Loop ID 2100/ MIA Segment Situational Rule to remove reference to Remark Code list.
CR 1234	There are industries that need very specific regulatory language for reasons that DO NOT fit into the criteria for the Remittance Advice Remark Code. These would also not be appropriate for CARC codes. So a new list is needed for "Industry specific Remark Codes" that will welcome other industries needs for ISRC 's. "Industry specific Remark Codes" are codes needed in the respective industry that do not meet the criteria for CARC or RARC committees.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0330 | 2100 MIA - Inpatient Adjudication Information
Action	**Delete Segment Note** Loop ID 2100/MIA Segment When used outside of the Medicare and Medicaid community only MIA01, 05, 20, 21, 22 and 23 may be used.
CR 1234	There are industries that need very specific regulatory language for reasons that DO NOT fit into the criteria for the Remittance Advice Remark Code. These would also not be appropriate for CARC codes. So a new list is needed for "Industry specific Remark Codes" that will welcome other industries needs for ISRC 's. "Industry specific Remark Codes" are codes needed in the respective industry that do not meet the criteria for CARC or RARC committees.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0330 | 2100 MIA - Inpatient Adjudication Information
Action	**Add Data Element Note** Multiple Loops / Multiple Data Elements Data Element 782 (Monetary Amount): The maximum length of this instance of data element 782 is 10.
CR 1013	Add a consistent element note explaining the maximum length to every monetary amount element.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0330 | 2100 MIA - Inpatient Adjudication Information
Action	**Modify Data Element Usage** Modify all Loop ID 2100/MIA segment Remark Code elements (MIA05,

	MIA20, MIA21, MIA22, MIA23) to Not Used. Remark Codes are now reported in either a RAS Segment (when associated with a CARC) or an LQ Segment.
CR 1234	There are industries that need very specific regulatory language for reasons that DO NOT fit into the criteria for the Remittance Advice Remark Code. These would also not be appropriate for CARC codes. So a new list is needed for "Industry specific Remark Codes" that will welcome other industries needs for ISRC 's. "Industry specific Remark Codes" are codes needed in the respective industry that do not meet the criteria for CARC or RARC committees.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0350 | 2100 MOA - Outpatient Adjudication Information
Action	**Modify Segment Situational Rule** Loop ID 2100/MOA Segment (Outpatient Adjudication Information) Modify Loop ID 2100/ MOA Segment Situational Rule to remove reference to Remark Code list.
CR 1234	There are industries that need very specific regulatory language for reasons that DO NOT fit into the criteria for the Remittance Advice Remark Code. These would also not be appropriate for CARC codes. So a new list is needed for "Industry specific Remark Codes" that will welcome other industries needs for ISRC 's. "Industry specific Remark Codes" are codes needed in the respective industry that do not meet the criteria for CARC or RARC committees.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0350 | 2100 MOA - Outpatient Adjudication Information
Action	**Add Data Element Note** Multiple Loops / Multiple Data Elements Data Element 782 (Monetary Amount): The maximum length of this instance of data element 782 is 10.
CR 1013	Add a consistent element note explaining the maximum length to every monetary amount element.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0350 | 2100 MOA - Outpatient Adjudication Information
Action	**Modify Data Element Industry Name** Modify all Loop ID 2100/MOA segment Remark Code elements (MOA03 through MOA07) to Not Used. Remark Codes are now reported in either a RAS Segment (when associated with a CARC) or an LQ Segment.

CR 1234	There are industries that need very specific regulatory language for reasons that DO NOT fit into the criteria for the Remittance Advice Remark Code. These would also not be appropriate for CARC codes. So a new list is needed for "Industry specific Remark Codes" that will welcome other industries needs for ISRC 's. "Industry specific Remark Codes" are codes needed in the respective industry that do not meet the criteria for CARC or RARC committees.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0400 | 2100 REF - Other Claim Related Identification
Action	**Modify Segment Situational Rule** Loop ID 2100 REF - Other Claim Related Information - Modify Segment Situational Rule to include additional situations when segment is required.
CR 1153	To clarify intended use.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0400 | 2100 REF - Other Claim Related Identification
Action	**Add Data Element Code Value** Loop ID 2100 / REF (Other Claim Related Information) Add Data Element Code Values OX (Statement Number), M7 (Medical Assistance Category), 5N (Citation or Statute), and Y4 (Agency Claim Number) and notes.
CR 1153	To clarify intended use.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0400 | 2100 REF - Other Claim Related Identification
Action	**Delete Data Element Code Value** Loop ID 2100 REF - Other Claim Related Identification - Delete Data Element Code Values G1 and BB. These Code Values are moved to a new unique REF (Claim Authorization Information).
CR 1086	Clarify use of Authorization Numbers in the 835.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0400 | 2100 REF - Other Claim Related Identification
Action	**Delete Data Element Code Value** G3 Predetermination of Benefits Identification Number
CR 1086	Clarify use of Authorization Numbers in the 835.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0400 | 2100 REF - Other Claim Related Identification
Action	**Delete Data Element Code Value** SY Social Security Number

CR 1001	Need to revisit the Social Security Number qualifier in this REF as there is not way to determine who the SSN belongs to.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0400 | 2100 REF - Other Claim Related Identification
Action	**Delete Data Element Code Value** 1W - Member Identification Number
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0400 | 2100 REF - Other Claim Related Identification
Action	**Delete Data Element Code Value** A6 - Provider Identifier
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0400 | 2100 REF - Other Claim Related Identification
Action	**Delete Data Element Code Value** CE - Class of Contract Code
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0400 | 2100 REF - Class of Contract Code
Action	**Add Segment** Add new unique REF segment (Class of Contract Code) as situational, with situational rule, qualifier CE and notes.
CR 1404	To enable identification of plan information for the payee on the 835

Location	X322 | Health Care Claim Payment/Advice | 835 | 0400 | 2100 REF - Rendering Provider Secondary Identification
Action	**Modify Segment Name** Modify Segment Name to "Rendering Provider Secondary Identification", include code values LU and A6 with notes.
CR 1181	For consistency across TR3's, Recommend Changing the name of the Location Identification 2100 REF to Additional Rendering Provider Identification Number (Currently the Location Identification segment) include both the LU and A6 to carry the payer assigned identifiers; increase the repeat to '2'. The Code LU and A6 should be consistent with the notes in the claim. This would result in removing the 'SV' qualifier from the NM108 for Rendering Provider and change from required to situational - this is consistent with the way the 837.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0400 | 2100 REF - Payment Determination Methodology
Action	**Add Segment** Add Segment REF - Payment Determination Methodology as situational including situational rule, code values 1S, 9V, AFT, APC, and notes.
CR 1405	To allow the reporting of the methodology used to derive the allowed amount used for adjudication.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0500 | 2100 DTM - Statement Dates
Action	**Modify Segment Name** Statement Dates
CR 1185	For consistency across TR3s, The Segment Name and Situational Rule on the DTM should be the Statement From AND To Date vs. From OR To since both dates are allowed. This segment needs to be aligned with the claim - professional claim has service dates only at the service level and the institutional has statement date only at the claim level. Use the same qualifiers and elements so that payers can return what is received in the claim. The Situational Note needs to be modified to "Required when the "Service Date" is not supplied in 2100 DTM..." to align with the name of the Segment. If the above request is implemented then this note should align with the new name.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0500 | 2100 DTM - Statement Dates
Action	**Modify Segment Situational Rule** Loop ID 2100 DTM Statement Dates Update Segment Situational Rule to include exclusion of Predetermination Claims.
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0500 | 2100 DTM - Statement Dates
Action	**Modify Segment Note** Loop ID 2100 DTM Statement Dates - Modify Segment Note for Predetermination Claims to remove requirement for default date. No dates are sent for Predetermination Claims.
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0500 | 2100 DTM - Coverage Expiration Date

Action	**Modify Segment Situational Rule** Loop ID 2100 DTM Coverage Expiration Date - Modify Segment Situational Rule to include relationship with real-time adjudication.
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0500 | 2100 DTM - Claim Received Date
Action	**Modify Segment Situational Rule** Loop ID 2100 DTM Claim Received Date - Modify Segment Situational Rule to include pharmacy requirements.
CR 649	Revise the Claim Received Date DTM Segment situational rule to require it when state or federal regulations or the provider contract mandate interest or prompt payment discounts based upon claim receipt date or clean claim date.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0500 | 2100 DTM - Clean Claim Date
Action	**Add Segment** Add Segment Loop ID 2100 DTM (Clean Claim Date) as Situational, with Situational Rule and notes
CR 649	Revise the Claim Received Date DTM Segment situational rule to require it when state or federal regulations or the provider contract mandate interest or prompt payment discounts based upon claim receipt date or clean claim date.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0500 | 2100 DTM - Corrected Accident Date
Action	**Add Segment** Add Segment Loop ID 2100 DTM (Corrected Accident Date) as Situational, with Situational Rule and notes.
CR 661	Add information for Accident Date, including the date the mishap occurred.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0500 | 2100 DTM - Corrected Onset of Current Symptoms or Illness Date
Action	**Add Segment** Add Segment Loop ID 2100 DTM (Corrected Onset of Current Symptoms or Illness Date) as Situational, with Situational Rule and notes.
CR 660	Add information for Onset of Current Symptoms or Illness, including corrected date of onset of current symptoms or illness.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0600 | 2100 PER - Claim Contact Information
Action	**Modify Segment Situational Rule** Loop ID 2100 PER Claim Contact Information - Modify Segment Situational Rule to exclude pharmacy

CR 1153	To clarify intended use.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0600 | 2100 PER - Claim Contact Information
Action	**Modify Data Element Situational Rule** PER06 - Modify Data Element Situational Rule to include relationship with PER05.
CR 1154	For consistency across all TR3s.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0600 | 2100 PER - Entity Self-Insured Plan / Jurisdiction Contact
Action	**Add Segment** Add Segment Loop ID 2100 PER - Entity Self-Insured Plan / Jurisdictional Contact as situational, with situational rule and notes.
CR 1498	The term "self-insured" is used in various places throughout the TR3, but is spelled inconsistently, sometimes capitalized, sometimes with a hyphen, other times without. Need to make this term consistent throughout the TR3.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0600 | 2100 PER - Entity Self-Insured Plan / Jurisdiction Contact
Action	**Modify Data Element Situational Rule** PER06 - Modify Data Element Situational Rule to include relationship with PER05.
CR 1154	For consistency across all TR3s.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0600 | 2100 PER - Workers' Compensation Payer Website
Action	**Add Segment** Add Segment Loop ID 2100 PER - Worker's Compensation Payer Website as situational, with situational rule and notes.
CR 1138	Payers have different levels of security. There is a need to direct providers to the best location needed to supply information, which sometimes may be within a secure site.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0600 | 2100 PER - Workers' Compensation Payer Website
Action	**Modify Data Element Situational Rule** PER06 - Modify Data Element Situational Rule to include relationship with PER05.
CR 1154	For consistency across all TR3s.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0620 | 2100 AMT - Claim Supplemental Information

Action	**Modify Segment Repeat** changed from 13 to 12.
CR 1205	Modify repeat count to coincide with the available number of qualifiers.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0620 | 2100 AMT - Claim Supplemental Information
Action	**Add Segment Note** "Supplemental information reported at the Service level (2110 loop) AMT Segment are not repeated at the claim level (2100 loop) AMT Segment."
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0620 | 2100 AMT - Claim Supplemental Information
Action	**Delete Data Element Code Value** T2 Total Claim Before Taxes
CR 1139	It is unclear what should go into the AMT*T2 money amount field, whether the original amount or adjudicated amount. Based on the confusion that exists in the industry between use of the T qualifier vs T2 qualifier (and the fact that no one seems to be using T2), it was determined the best solution is to remove T2 to eliminate confusion.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0620 | 2100 AMT - Claim Supplemental Information
Action	**Add Data Element Note** Multiple Loops / Multiple Data Elements Data Element 782 (Monetary Amount): The maximum length of this instance of data element 782 is 10.
CR 1013	Add a consistent element note explaining the maximum length to every monetary amount element.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0660 | 2100 LQ - Health Care Remark Codes
Action	**Add Segment** Loop ID 2100 LQ Segment -Health Care Remark Codes Add new Segment as Situational, with Situational Rule and Notes. This new segment will convey all remark codes that are not associated with a specific CARC appearing in a RAS segment.
CR 1234	There are industries that need very specific regulatory language for reasons that DO NOT fit into the criteria for the Remittance Advice Remark Code.

	These would also not be appropriate for CARC codes. So a new list is needed for "Industry specific Remark Codes" that will welcome other industries needs for ISRC 's. "Industry specific Remark Codes" are codes needed in the respective industry that do not meet the criteria for CARC or RARC committees.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0670 | 2105 N1 - Corrected Priority Payer Name
Action	**Add Segment** New Loop 2105, N1 - Corrected Priority Payer Name Segment Situational Rule: Required when the current payer believes that another payer has priority for making a payment and the claim is not being automatically transferred to that payer. If not required by this implementation guide, do not send.
CR 1043	Need to report the Crossover NM1 segment with multiple occurrences. Also need to report more Corrected Priority Payers.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0675 | 2105 NM1 - Other Subscriber Name
Action	**Add Segment** New Loop 2105, NM1 - Other Subscriber Name Situational Rule: Required when a corrected priority payer has been identified in this iteration of Loop 2105 N1 Corrected Priority Payer Name Segment AND the name or ID of the other subscriber for this payer is known. If not required by this implementation guide, do not send.
CR 1043	Need to report the Crossover NM1 segment with multiple occurrences. Also need to report more Corrected Priority Payers.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0700 | 2110 SVC - Service Payment Information
Action	**Add Data Element Note** SVC06-02 through SVC06-06 and SVC06-09 through SVC06-12 are intended to convey the originally submitted service, and are not intended to be validated when the qualifier in SVC06-01 is RA.
CR 685	Clarify what should be reported in SVC01 and SVC06 when invalid procedure / service codes come in on the claim (e.g. paper). How should the original bad code be reported in the 835 to show what came in versus what was adjudicated?
Location	X322 | Health Care Claim Payment/Advice | 835 | 0700 | 2110 SVC - Service Payment Information

Action	**Add Data Element Note** SVC01-02 through SVC01-06 and SVC01-09 through SVC01-12 are intended to convey the adjudicated service, and are not intended to be validated when the qualifier in SVC01-01 is RA.
CR 685	Clarify what should be reported in SVC01 and SVC06 when invalid procedure / service codes come in on the claim (e.g. paper). How should the original bad code be reported in the 835 to show what came in versus what was adjudicated?
Location	X322 | Health Care Claim Payment/Advice | 835 | 0700 | 2110 SVC - Service Payment Information
Action	**Modify Segment Situational Rule** Loop 2110 SVC update Situational Rule to clearly identify when SVC required
CR 1449	RFI 1950 and others have requested clarification on the situational rule associated with the 2110 SVC segment in the 835. Because we continue to receive requests for clarification on when the SVC segment is required, we need to reword the situational rule to make it clear when the segment is required.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0700 | 2110 SVC - Service Payment Information
Action	**Add Data Element Code Value** Loop ID 2110 SVC01-01 Add new Data Element Code Value RA (Return Code) for use when an invalid code was submitted on the claim and used for adjudication. This would acknowledge that the code indicated was invalid and can't be validated.
CR 685	Clarify what should be reported in SVC01 and SVC06 when invalid procedure / service codes come in on the claim (e.g. paper). How should the original bad code be reported in the 835 to show what came in versus what was adjudicated?
Location	X322 | Health Care Claim Payment/Advice | 835 | 0700 | 2110 SVC - Service Payment Information
Action	**Add Data Element Note** Multiple Loops / Multiple Data Elements Data Element 782 (Monetary Amount): The maximum length of this instance of data element 782 is 10.
CR 1013	Add a consistent element note explaining the maximum length to every monetary amount element.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0700 | 2110 SVC - Service Payment Information
Action	**Modify Data Element Situational Rule** Loop ID 2110 SVC (Service Payment Information) SVC06 (Submitted Procedure Code Information) - Update Situational Rule to include requirement for reporting for differences in modifiers in addition to procedure code.
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0700 | 2110 SVC - Service Payment Information
Action	**Add Data Element Code Value** Loop ID 2110 SVC06-01 Add new Data Element Code Value RA (Return Code) for use when an invalid code was submitted on the claim and used for adjudication. This would acknowledge that the code indicated was invalid and can't be validated.
CR 685	Clarify what should be reported in SVC01 and SVC06 when invalid procedure / service codes come in on the claim (e.g. paper). How should the original bad code be reported in the 835 to show what came in versus what was adjudicated?

Location	X322 | Health Care Claim Payment/Advice | 835 | 0700 | 2110 SVC - Service Payment Information
Action	**Delete Data Element Code Value** IV - Home Infusion EDI Coalition (HIEC) Product/Service Code
CR 1379	For consistency across all guides.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0800 | 2110 DTM - Service Date
Action	**Modify Segment Note** Loop ID 2100 DTM Statement Dates - Modify Segment Note for Predetermination Claims to remove requirement for default date. No dates are sent for Predetermination Claims.
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 0950 | 2110 RAS - Service Adjustment Information
Action	**Add Data Element Note** Multiple Loops / Multiple Data Elements Data Element 782 (Monetary Amount): The maximum length of this instance of data element 782 is 10.

CR 1013	Add a consistent element note explaining the maximum length to every monetary amount element.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0950 | 2110 RAS - Service Adjustment Information
Action	**Add Data Element Code Value** Loop ID 2110/RAS03-02 (Code List Qualifier Code) RM - Insurance Industry Specific Remark Codes New external code list to provide remark codes not in the Remittance Advice Remark Code list.
CR 1234	There are industries that need very specific regulatory language for reasons that DO NOT fit into the criteria for the Remittance Advice Remark Code. These would also not be appropriate for CARC codes. So a new list is needed for "Industry specific Remark Codes" that will welcome other industries needs for ISRC 's. "Industry specific Remark Codes" are codes needed in the respective industry that do not meet the criteria for CARC or RARC committees.
Location	X322 | Health Care Claim Payment/Advice | 835 | 1000 | 2110 REF - Service Identification
Action	**Modify Segment Repeat** Loop ID 2110 REF Service Identification - Modify Segment Repeat from 8 to 4.
CR 1153	To clarify intended use.
Location	X322 | Health Care Claim Payment/Advice | 835 | 1000 | 2110 REF - Service Identification
Action	**Modify Segment Situational Rule** Loop ID 2110 REF Service Identification - Modify Segment Situational Rule to clarify requirements for not only use in the service line adjudication, but also as a result of the service line adjudication.
CR 1153	To clarify intended use.
Location	X322 | Health Care Claim Payment/Advice | 835 | 1000 | 2110 REF - Service Identification
Action	**Modify Data Element Code Value** Loop ID 2110 REF (Service Identification) Update Code Values to include only E9 and LU. Other code values removed.
CR 1379	For consistency across all guides.

Location	X322 | Health Care Claim Payment/Advice | 835 | 1000 | 2110 REF - Service Identification
Action	**Delete Data Element Code Value** Loop ID 2110 REF Service Identification - Delete Data Element Code Values G1 and BB, these codes moved to new unique REF - Service Authorization Number
CR 1086	Clarify use of Authorization Numbers in the 835.

Location	X322 | Health Care Claim Payment/Advice | 835 | 1000 | 2110 REF - Service Identification
Action	**Add Data Element Code Note** E9 - Attachment Code Use when an Attachment Control Number was assigned by the provider.
CR 1085	REF01 - Service Identification. Provide usage for the code values of E9 Adjustment Code and G3 Predetermination of Benefits Identification Number.

Location	X322 | Health Care Claim Payment/Advice | 835 | 1000 | 2110 REF - Service Identification
Action	**Delete Data Element Code Value** G3 Predetermination of Benefits Identification Number
CR 1086	Clarify use of Authorization Numbers in the 835.

Location	X322 | Health Care Claim Payment/Advice | 835 | 1000 | 2110 REF - Service Identification
Action	**Delete Data Element Code Value** 1S - Ambulatory Patient Group (APG) Number
CR 1379	For consistency across all guides.

Location	X322 | Health Care Claim Payment/Advice | 835 | 1000 | 2110 REF - Service Identification
Action	**Delete Data Element Code Value** RB - Rate code number
CR 1379	For consistency across all guides.

Location	X322 | Health Care Claim Payment/Advice | 835 | 1000 | 2110 REF - Service Identification
Action	**Delete Data Element Code Value** APC - Ambulatory Payment Classification
CR 1379	For consistency across all guides.

Location	X322 | Health Care Claim Payment/Advice | 835 | 1000 | 2110 REF - Service Identification
Action	**Delete Data Element Code Value** BB - Authorization Number
CR 1379	For consistency across all guides.

Location	X322 | Health Care Claim Payment/Advice | 835 | 1000 | 2110 REF - Payment Determination Methodology
Action	**Add Segment** Add Segment Loop ID 2110 REF - Payment Determination Methodology as situational, with situational rule, qualifiers, and code notes.
CR 1086	Clarify use of Authorization Numbers in the 835.

Location	X322 | Health Care Claim Payment/Advice | 835 | 1000 | 2110 REF - Rendering Provider Information
Action	**Modify Data Element Code Value** Loop ID 2110 REF (Rendering Provider Information) - Modify Code Values to include only A6 and HPI with notes. Remove payer-specific code values.
CR 1379	For consistency across all guides.

Location	X322 | Health Care Claim Payment/Advice | 835 | 1000 | 2110 REF - HealthCare Policy Identification
Action	**Add Segment Note** Loop ID 2110 REF Healthcare Policy Identification - Add Segment Note regarding procedure to use during reversals.
CR 1153	To clarify intended use.

Location	X322 | Health Care Claim Payment/Advice | 835 | 1000 | 2110 REF - HealthCare Policy Identification
Action	**Modify Segment Note** Loop iD 2110 REF Healthcare Policy Identification - Modify Segment Note to clarify relationship with PER segments.
CR 1138	Payers have different levels of security. There is a need to direct providers to the best location needed to supply information, which sometimes may be within a secure site.

Location	X322 | Health Care Claim Payment/Advice | 835 | 1100 | 2110 AMT - Service Supplemental Amount
Action	**Add Segment Note** Loop ID 2110 AMT Service Supplemental Amount - Add Segment Note clarifying that amounts reported at the claim level are not repeated at the service level.

CR 1153	To clarify intended use.
Location	X322 | Health Care Claim Payment/Advice | 835 | 1100 | 2110 AMT - Service Supplemental Amount
Action	**Delete Data Element Code Value** T2 Total Claim Before Taxes
CR 1139	It is unclear what should go into the AMT*T2 money amount field, whether the original amount or adjudicated amount. Based on the confusion that exists in the industry between use of the T qualifier vs T2 qualifier (and the fact that no one seems to be using T2), it was determined the best solution is to remove T2 to eliminate confusion.
Location	X322 | Health Care Claim Payment/Advice | 835 | 1100 | 2110 AMT - Service Supplemental Amount
Action	**Add Data Element Note** Multiple Loops / Multiple Data Elements Data Element 782 (Monetary Amount): The maximum length of this instance of data element 782 is 10.
CR 1013	Add a consistent element note explaining the maximum length to every monetary amount element.
Location	X322 | Health Care Claim Payment/Advice | 835 | 1200 | 2110 QTY - Service Supplemental Quantity
Action	**Modify Segment Repeat** Loop ID 2110 QTY Service Supplemental Quantity - Modify Segment Repeat from 6 to 5.
CR 1154	For consistency across all TR3s.
Location	X322 | Health Care Claim Payment/Advice | 835 | 1300 | 2110 LQ - Health Care Remark Codes
Action	**Add Data Element Code Value** Loop ID 2110/LQ01 (Code List Qualifier Code) RM - Insurance Industry Specific Remark Codes Update LQ to include use of new external code list for Insurance Industry Specific Remark Codes
CR 1234	There are industries that need very specific regulatory language for reasons that DO NOT fit into the criteria for the Remittance Advice Remark Code. These would also not be appropriate for CARC codes. So a new list is needed for "Industry specific Remark Codes" that will welcome other industries needs

	for ISRC 's. "Industry specific Remark Codes" are codes needed in the respective industry that do not meet the criteria for CARC or RARC committees.
Location	X322 | Health Care Claim Payment/Advice | 835 | 1400 | 2110 TOO - Tooth Information
Action	**Add Segment** Add Segment Loop ID 2110 TOO Segment (Tooth Information) as situational, with situational rule, code values, and notes.
CR 1040	DM was process and is available for next version. The TOO segment should be added to the 835 for the purpose of a dental payment indicating the tooth number and surface that was adjudicated.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0100 PLB - Provider Adjustment
Action	**Modify Data Element Note** Modify Data Element PLB03-01 to use external code list for Provider Adjustment Codes
CR 1039	835 - Make Provider Adjustment Codes an external list as there are situations where additional Claim Adjustment Group Codes are needed to meet changing business or regulatory requirements. Making this list external will allow more flexibility in meeting those needs.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0100 PLB - Provider Adjustment
Action	**Modify Data Element Note** Modify Data Element note PLB03-02 to clarify use of Reference Identifier.
CR 1153	To clarify intended use.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0100 PLB - Provider Adjustment
Action	**Add Data Element Note** Multiple Loops / Multiple Data Elements Data Element 782 (Monetary Amount): The maximum length of this instance of data element 782 is 10.
CR 1013	Add a consistent element note explaining the maximum length to every monetary amount element.
Location	X322 | Health Care Claim Payment/Advice | 835 | 0200 SE - Transaction Set Trailer

Action	**Modify Data Element Note** Transaction Set Trailer, Data Element SE02 (Transaction Set Control Number) Changed to "The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research."
CR 999	Revise the ST02 notes across the TR3's to make them consistent.