



# 835 Companion Guide

Payment/Advice

Version 4.0

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# SECTION 01: INTRODUCTION

## Overview

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation mandates that many of the major health care electronic data exchanges, such as electronic claims and eligibility, be standardized into the same national format for all payers, providers and clearinghouses. All providers who submit governed data electronically to Centene Management Corporation (CENTENE), d.b.a. Managed Health Services, Superior HealthPlan, University Health Plans, First Guard, Buckeye Community Health Plan, Group Practice Affiliates and Peach State Health Plan must do so in the specified HIPAA format by October 16, 2003.

HIPAA specifies the electronic standards that must be followed when certain health care information is exchanged. These standards are published in National Electronic Data Interchange Transaction Set Implementation Guides. They are commonly called Implementation Guides (IG) and are referred to as IG throughout this document. The following table illustrates the adopted standards and the related CENTENE business categories.

**Table 1.1 – Standards and Business Categories**

<b>Business Category</b>	<b>Transaction Name – Implementation Guide (IG)</b>	<b>Description</b>
Enrollment Roster	ASC X12N 835 (004010X095A)	Enrollment/Disenrollment in a Health Plan
Capitation Payment Reporting	ASC X12N 820 (004010X061A)	Health Plan Premium Payments
Claims Processing	ASC X12N 837 (004010X098A)	Healthcare Claim or Encounter: Professional
	ASC X12N 837 (004010X097A)	Healthcare Claim or Encounter: Dental
	ASC X12N 837 (004010X096A)	Healthcare Claim or Encounter: Institutional
Explanation of Payment/Remittance Advice	ASC X12N 835 (004010X091A)	Claim payment and Remittance Advice
Eligibility Verification	ASC X12N 270/271 (004010X092A)	Health Plan Eligibility
Claim Status	ASC X12N 276/277 (004010X093A)	Health Claim Status
Prior Authorization	ASC X12N 278 (004010X094A)	Referral Certification and Authorization

The IG's are available for download through the Washington Publishing Company Web site at <http://hipaa.wpc-edi.com>. Developers should have copies of the respective IG's prior to beginning the development process.

CENTENE has developed technical companion guides to assist application developers during the implementation process. The information contained in the CENTENE Companion Guide is only intended to supplement the adopted IG's and provide guidance and clarification as it applies to CENTENE. The CENTENE Companion Guide is never intended to modify, contradict, or interpret the rules established in HIPAA or the IG's.

## Centene Health Plans

Centene Corporation is a fully integrated multi-state government services managed care company. The Company’s government services market includes Medicaid, SCHIP and SSI. The Company operates health plans in Arizona, Indiana, New Jersey, Texas, Wisconsin, Kansas, Missouri, Ohio, Georgia and South Carolina. For the purposes of this Implementation Guide (IG), when “CENTENE” is used going forward, it applies to all Health Plans. If there are any specific requirements for a specific health plan, the following initials will be used:

- MHS-IN: Managed Health Services operating in Indiana
- UHP-NJ: University Health Plans operating in New Jersey
- SHP-TX: Superior HealthPlan operating in Texas
- MHS-WI: Managed Health Services operating in Wisconsin
- BCHP-OH: Buckeye Community Health Plan
- FG – MO: First Guard Missouri
- FG – KS: First Guard Kansas
- Cenpatico Behavioral Health
- PSHP – GA: Peach State Health Plan in Georgia
- TCC – SC: Total Carolina Care in South Carolina

## Data Flow

CENTENE has secure options available for exchanging data electronically. All transactions will be submitted in a batch mode. *Section 02: Method of Transmission* provides information on data transmissions.

For each outbound 835 batch transaction sent to a Trading Partner, CENTENE expects to receive a 997 – Functional Acknowledgement. This file acknowledges the receipt of the file and reports any data compliance issues.

## Processing Assumptions

Some transactions are created and generated by, or on behalf of, a provider. Others are created by CENTENE either in response to a request received from a provider or as a means to provide pertinent information to providers or contracted vendors. The following list identifies each transaction by CENTENE’s definition as inbound and/or outbound:

**Table 1.2 – CENTENE Transaction Definition**

Inbound	Outbound
NCPDP (Provider)	NCPDP (State Agency)
270	271
276	277
278 (request)	278 (response)
820 (State Agency)	
835 (State Agency)	835 (Provider)
835 (State Agency)	835 (Provider)
837I (Provider)	837I (State Agency)
837P (Provider)	837P (State Agency)

837D (Provider)	837D (State Agency)
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## Basic Technical Information

The following list includes basic technical information for each transaction:

- Lower case characters on inbound transactions are converted to uppercase on outbound transactions
- The following delimiters are used for all outbound transactions:
 

*	(Asterisk)	=	Data element separator
+	(Plus sign)	=	Sub-element separator
~	(Tilde)	=	Segment separator
- Interactive transaction must contain only one request
- All monetary amounts and quantity fields have explicit decimals. The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer, with the decimal point at the right end, the decimal point should be omitted. See the *IG* for additional clarification. CENTENE is referred to as *CENTENE* in applicable Submitter and Receiver segments.
- The *TA1 – Interchange Acknowledgement*, is not used.
- The *997 – Functional Acknowledgement*, is generated in response to all inbound batch transactions.
- The *997 – Functional Acknowledgement*, is in response to all outbound batch transactions created by CENTENE.
- Required data elements considered non-critical to CENTENE processing that must be returned on outbound transactions, such as member’s birth date, are returned as they appear on the CENTENE files.
- If one item within a functional group is non-compliant, the entire file is rejected.
- Data elements required by the *IG*, but not used by CENTENE can be gap-filled with any valid value to avoid compliance errors.

## ***SECTION 02: METHOD OF TRANSMISSION***

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### **Overview**

There are three methods of sending and receiving electronic transactions with CENTENE. Those three methods are:

- CENTENE Bulletin Board System (BBS)
- CENTENE'S FTP site
- Trading Partner's BBS or FTP site

If you would prefer to utilize the CENTENE BBS or FTP site, please contact your EDI Health Plan Coordinator. Instructions will be forwarded to you. You will also be assigned a username and password in order to access your mailbox account.

If you would prefer CENTENE to utilize your BBS or FTP site, please submit instructions along with the username and password to your CENTENE EDI Health Plan Coordinator.

## ***SECTION 03: INTERCHANGE CONTROL STRUCTURE***

### **Overview**

Data files are transmitted in an *electronic envelope*. The communication envelope consists of an interchange envelope and functional groups. The interchange control structure is used for inbound and outbound files. An inbound interchange control structure is the envelope that wraps all transaction data (ST-SE) sent to CENTENE for processing. Examples include 837, 270 and 276 transactions. An outbound interchange control structure wraps transactions that are created by CENTENE and returned to the requesting provider or contracted vendor. Examples of outbound transactions include 835, 271 and 277 transactions. The following tables define the use of this control structure as it relates to communication with CENTENE.

### **Inbound Transactions**

Segment Name	Interchange Control Header		
Segment ID	ISA		
Loop ID	N/A		
Usage	Required		
Segment Notes	<p>All positions within each data element in the ISA segment must be filled. Delimiters are specified in the interchange header segment.</p> <p>The character immediately following the segment ID, <i>ISA</i>, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Examples of the separators are as follows:</p>		
	Character	Name	Delimiter
	*	Asterisk	Data Element Separator
	:	Colon	Sub-element Separator
	~	Tilde	Segment Terminator
<p>While it is not required that submitters use these specific delimiters, they are the ones that CENTENE uses for all outbound transactions.</p>			



Element ID	Usage	Guide Description/Valid Values	Comments
ISA01	R	Authorization Information Qualifier <b>00 – No Authorization Information Present</b>	
ISA02	R	Authorization Information <b>Insert 10 blanks</b>	Always blank. Insert 10 blank spaces.
ISA03	R	Security Information Qualifier <b>00 – No Security Information Present</b>	
ISA04	R	Security Information <b>Insert 10 blanks</b>	Always blank. Insert 10 blank spaces.
ISA05	R	Interchange ID Qualifier <b>ZZ – Mutually Defined</b>	
ISA06	R	Interchange Sender ID	For batch transactions, this is the sender ID assigned by the Trading Partner. This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA07	R	Interchange ID Qualifier <b>ZZ</b>	
ISA08	R	Interchange Receiver ID	This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA09	R	Interchange Date	The date format is YYMMDD.
ISA10	R	Interchange Time	The time format is HHMM.
ISA11	R	Interchange Control Standards Identifier <b>U – U.S. EDI Community of ASC X12, TDCC, and UCS</b>	
ISA12	R	Interchange Control Version Number <b>00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997</b>	
ISA13	R	Interchange Control Number	The interchange control number is created by the submitter and must be identical to the associated Interchange Trailer (IEA02). This is a numeric field and must be zero filled. This number should be unique and CENTENE recommends that it be incremented by one with each ISA segment.
ISA14	R	Acknowledgment Requested <b>0 – No acknowledgment requested 1 – Interchange Acknowledgment Requested</b>	CENTENE always creates an acknowledgment file for each file received.
ISA15	R	Usage Indicator <b>P – Production Data T – Test Data</b>	During testing the usage indicator entered must be <b>T</b> . After testing approval, <b>P</b> must be entered for production transactions.

Element ID	Usage	Guide Description/Valid Values	Comments
ISA16	R	Component Element Separator	The component element separator is a delimiter and not a data element. This field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator.

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
GS01	R	Functional Identifier Code  <b>RA – Payment Order/Remittance Advice (820)</b> <b>BE – Benefit Enrollment and Maintenance (834)</b> <b>HP – Health Care Claim Payment/Advice (835)</b> <b>HC – Health Care Claim (837)</b> <b>HS – Eligibility, Coverage or Benefit Inquiry (270)</b> <b>HR – Health Care Claim Status Request (276)</b> <b>HI – Health Care Services Review Information (278)</b>	Use the appropriate identifier to designate the type of transaction data to follow the GS segment.
GS02	R	Application Sender's Code	Same as ISA06
GS03	R	Application Receiver's Code	Same as ISA08
GS04	R	Date	The date format is CCYYMMDD.
GS05	R	Time	The time format is HHMMSS
GS06	R	Group Control Number	Assigned number originated and maintained by the sender. This must match the number in the corresponding GE02 data element on the GE group trailer segment.
GS07	R	Responsible Agency Code <b>X – Accredited Standards Committee X12</b>	
GS08	R	Version/Release/Industry Identifier Code <b>004010X061A1 - 820</b> <b>004010X095A1 – 834</b> <b>004010X091A1 - 835</b>	Use the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment. Refer to specific transaction <i>IG</i> for proper value.

Element ID	Usage	Guide Description/Valid Values	Comments
		004010X098A1 – 837P 004010X097A1 – 837 D 004010X096A1 – 837 I 004010X092A1 – 270 004010X093A1 – 276 004010X094A1 – 278	

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
GE01	R	Number of Transaction Sets Included	Use the number of transaction sets included in this functional group.
GE01	R	Group Control Number	Group control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
IEA01	R	Number of Included Functional Groups	Use the number of functional groups included in this interchange envelope.
IEA02	R	Interchange Control Number	Interchange control number IEA02 in this trailer must be identical to the same data element in the associated interchange control header, ISA13, including padded zeros.

## Outbound Transactions

Segment Name	Interchange Control Header		
Segment ID	ISA		
Loop ID	N/A		
Usage	Required		
Segment Notes	All positions within each data element in the ISA segment must be filled. Delimiters are specified in the interchange header segment.		
	The character immediately following the segment ID, <i>ISA</i> , defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Examples of the separators are as follows:		
	Character	Name	Delimiter
	*	Asterisk	Data Element Separator
	+	Plus Sign	Sub-element Separator
	~	Tilde	Segment Terminator
While it is not required that submitters use these specific delimiters, they are the ones that the CENTENE uses for all outbound transactions.			

Element ID	Usage	Guide Description/Valid Values	Comments
ISA01	R	Authorization Information Qualifier <b>00 – No Authorization Information Present</b>	
ISA02	R	Authorization Information <b>Insert 10 blanks</b>	Always blank. Insert 10 blank spaces.
ISA03	R	Security Information Qualifier <b>00 – No Security Information Present</b>	
ISA04	R	Security Information <b>Insert 10 blanks</b>	Always blank. Insert 10 blank spaces.
ISA05	R	Interchange ID Qualifier <b>ZZ</b>	
ISA06	R	Interchange Sender ID	For batch transactions, this is the sender ID assigned by CENTENE. This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA07	R	Interchange ID Qualifier <b>ZZ – Mutually Defined</b>	
ISA08	R	Interchange Receiver ID	For batch transactions, this is the sender ID assigned by the Trading Partner. This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA09	R	Interchange Date	The date format is YYMMDD.
ISA10	R	Interchange Time	The time format is HHMM.
ISA11	R	Interchange Control Standards Identifier	

Element ID	Usage	Guide Description/Valid Values	Comments
		<b>U – U.S. EDI Community of ASC X12, TDCC, and UCS</b>	
ISA12	R	Interchange Control Version Number <b>00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997</b>	
ISA13	R	Interchange Control Number	This number is unique and increments by 1 with each ISA segment. It also matches the interchange control number of the IEA02 of the interchange control trailer.
ISA14	R	Acknowledgment Requested <b>1 – Interchange Acknowledgment Requested</b>	CENTENE always requires an acknowledgment file for each file submitted to a trading partner.
ISA15	R	Usage Indicator <b>P – Production Data</b> <b>T – Test Data</b>	During testing the usage indicator is a <b>T</b> . After the trading partner has approved, the usage indicator will be a <b>P</b> .
ISA16	R	Component Element Separator	The component element separator is a delimiter and not a data element. This is always a colon (:).

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
GS01	R	Functional Identifier Code <b>RA – Payment Order/Remittance Advice (820)</b> <b>BE – Benefit Enrollment and Maintenance (834)</b> <b>HP – Health Care Claim Payment/Advice (835)</b> <b>HC – Health Care Claim (837)</b> <b>HB – Eligibility, Coverage or Benefit Information (271)</b> <b>HN – Health Care Claim Status Notification (277)</b> <b>HI – Health Care Services Review Information (278)</b>	Use the appropriate identifier to designate the type of transaction data to follow the GS segment.
GS02	R	Application Sender's Code	Same as ISA06
GS03	R	Application Receiver's Code	Same as ISA08
GS04	R	Date	The date format is CCYYMMDD.

Element ID	Usage	Guide Description/Valid Values	Comments
GS05	R	Time	The time format is HHMMSS
GS06	R	Group Control Number	This data element contains a uniquely assigned number and matches the number in the corresponding GS02 data element on the GE group trailer segment
GS07	R	Responsible Agency Code <b>X – Accredited Standards Committee X12</b>	
GS08	R	Version/Release/Industry Identifier Code <b>004010X061A1 - 820</b> <b>004010X095A1 – 834</b> <b>004010X091A1 - 835</b> <b>004010X098A1 – 837P</b> <b>004010X097A1 – 837 D</b> <b>004010X096A1 – 837 I</b> <b>004010X092A1 – 270</b> <b>004010X093A1 – 276</b> <b>004010X094A1 – 278</b>	This data element contains the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment.

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
GE01	R	Number of Transaction Sets Included	This data element contains the number of transaction sets included in this functional group.
GE01	R	Group Control Number	Group control number GE02 in this trailer is identical to the same data element in the associated functional group header, GS06.

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
IEA01	R	Number of Included Functional	This data element contains the number of functional groups

Element ID	Usage	Guide Description/Valid Values	Comments
		Groups	included in this interchange envelope.
IEA02	R	Interchange Control Number	Interchange control number IEA02 in this trailer is identical to the same data element in the associated interchange control header, ISA13, including padded zeros.

## ***SECTION 04: PAYMENT AND ADVICE***

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### **Introduction**

The ASC X12N 835 (004010X091A1) transaction is the HIPAA-mandated transaction for submitting CENTENE payment and advice to Providers who have requested an electronic Explanation of Payment (EOP).

The 835 will be made available based on the CENTENE Check Run schedule, which varies, by Health Plan. Please consult with your EDI Representative for the appropriate timeframe. This transaction has the capability of replacing the paper EOP if desired. However, the check that is issued based on the EOP will be provided via mail as it has in the past.

This is intended only as a companion guide and is not intended to contradict or replace any information in the Implementation Guide or Health Plan Provider Manual's.

It is highly recommended that implementers have the following resources available during the development process:

- This document (835 Implementation Companion Document)
- ASC X12N 835 (004010X091A1) Implementation Guide

### **Segment Usage**

The following matrix lists all segments available on the 4010 version of the 835 Implementation Guide. Additionally, it includes a Usage column that identifies those segments, which are required, situational, or not used by CENTENE. A required segment/element will be reported on all transactions. A situational segment may not be reported on every transaction record; however, a situational segment may be reported under certain circumstances. For example, any data in a segment that is identified in the Usage column with an X will be ignored by CENTENE. Any segment identified in the Usage column as required is explained in detail in the Data and Element Description Section of the Companion Document.

### **Reminders**

1. The maximum number of records within a single 835 Transaction is 10,000. Therefore, multiple 835 transactions may exist within one file.
2. Some element values may include NULL values.  
(i.e. NM1\*82\*2\*WARM SPRINGS MEDICAL CENTER\*\*\*\*\*MC\*000001284A~)



**Table 3.2 – Segment Usage – 835 Payment/Advice**

<b>Segment ID</b>	<b>Loop ID</b>	<b>Segment Name</b>	<b>CENTENE Usage</b> R –Required S- Situational X – Not Used
ST	N/A	Transaction Set Header	R
BPR	N/A	Beginning Segment	R
TRN	N/A	Trace	R
CUR	N/A	Currency	X
REF	N/A	Receiver Identification	S
REF	N/A	Version Identification	X
DTM	N/A	Date/Time Reference	R
N1	1000A	Payer Identification	R
N3	1000A	Payer Address	R
N4	1000A	Payer City, State, ZIP Code	R
REF	1000A	Additional Payer Identification	X
PER	1000A	Payer Contact Information	X
N1	1000B	Payee Identification	R
N3	1000B	Payee Address	R
N4	1000B	Payee City, State, ZIP Code	R
REF	1000B	Payee Additional Identification	R
LX	2000	Header Number	R
TS3	2000	Provider Summary Information	X
TS2	2000	Provider Supplemental Summary Info	X
CLP	2100	Claim Payment Information	R
CAS	2100	Claims Adjustment	S
NM1	2100	Patient Name	R
NM1	2100	Insured Name	X
NM1	2100	Corrected Patient/Insured Name	X
NM1	2100	Service Provider Name	R
NM1	2100	Crossover Carrier Name	X
NM1	2100	Corrected Priority Payer Name	X
MIA	2100	Inpatient Adjudication Information	X
MOA	2100	Outpatient Adjudication Information	X
REF	2100	Other Claim Related Identification	X
REF	2100	Rendering Provider Identification	X
DTM	2100	Claim Date	X
PER	2100	Claim Contact Information	X
AMT	2100	Claim Supplemental Information	S
QTY	2100	Claim Supplemental Information Qty	S

SVC	2110	Service Payment Information	S
DTM	2110	Service Date	S
CAS	2110	Service Adjustment	S
REF	2110	Service Identification	X
REF	2110	Rendering Provider Information	X
AMT	2110	Service Supplemental Amount	S
QTY	2110	Service Supplemental Quantity	X
LQ	2110	Health Care Remark Codes	S
PLB	N/A	Provider Level Adjustments	S
SE	N/A	Transaction Set Trailer	R

## Segment and Data Element Description

This section contains a tabular representation of any segment that is required or situational for the CENTENE HIPAA implementation of the 835. Each segment table contains rows and columns describing different elements of the segment.

Segment Name	The industry assigned segment name as identified in the Implementation Guide (IG)
Segment ID	The industry assigned segment ID as identified in the IG
Loop ID	The loop within which the segment should appear
Usage	Identifies the segment as required or situational
Segment Notes	A brief description of the purpose or use of the segment
Element ID	
Usage	Identifies the data element as R-required, S-situational, or X-not used
Guide Description/Valid Values	Industry name associated with the data element. If no industry name exists, this is the IG data element name. This column also lists in <b>BOLD</b> type values and/or code sets to be used.
Comments	Description of the contents of the data elements (including field lengths)

<b>Segment Name</b>		<b>Transaction Set Header</b>	
<b>Segment ID</b>		ST	
<b>Loop ID</b>		N/A	
<b>Usage</b>		Required	
<b>Segment Notes</b>		This segment begins the transaction	
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
ST01	R	Transaction Set Identifier Code	<b>835</b>
ST02	R	Transaction Set Control Number	This number is assigned locally by the sender and will match the value in the corresponding SE segment.

<b>Segment Name</b>		<b>Beginning Segment</b>	
<b>Segment ID</b>		BPR	
<b>Loop ID</b>		N/A	
<b>Usage</b>		Required	
<b>Segment Notes</b>		This segment will describe the type of transaction being sent	
Example: BPR*I*7933.22*C*ACH*CCP*01*071000505*DA*5800977968*1203174593**01*061112966*DA*9893911*20071016~			
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
BPR01	R	Transaction Handling Code	<b>I – Remittance Information Only</b> Checks will be provided via U.S. Mail
BPR02	R	Monetary Amount	Total Payment amount for this 835  Payment amount cannot exceed eleven characters including decimals.
BPR03	R	Credit/Debit Flag Code	<b>C – Credit</b>
BPR04	R	Payment Method Code	<b>CHK – Check</b> <b>ACH – Automated Clearinghouse</b> <b>NON – Non-Payment Data</b>
BPR05	S	Payment Format Code	<b>Required for EFT</b> <b>CCP - Cash Concentration/Disbursement plus Addenda</b>

			<b>(CCD+) (ACH)</b>
BPR06	S	Number Qualifier	<b>Required for EFT</b> <b>01 - ABA Transit Routing Number Including Check Digits (9 digits)</b>
BPR07	S	(DFI) Identification Number	<b>Required for EFT</b> Centene Health Plan's Depository Financial Institution (DFI) identification number
BPR08	S	Account Number Qualifier	<b>Required for EFT</b> <b>DA - Demand Deposit</b>
BPR09	S	Account Number	<b>Required for EFT</b> Centene Health Plan's Bank Account Number
BPR10	S	Originating Company Identifier	<b>Required for EFT</b> <b>Payer Tax ID</b>
BPR11	X	Originating Company Supplemental Code	Not used by CENTENE
BPR12	S	(DFI) ID Number Qualifier	<b>Required for EFT</b> <b>01 -</b>
BPR13	S	(DFI) Identification Number	<b>Required for EFT</b> Payee's Depository Financial Institution (DFI) identification number
BPR14	S	Account Number Qualifier	<b>Required for EFT</b> <b>DA - Demand Deposit</b>
BPR15	S	Account Number	<b>Required for EFT</b> Payee's Bank Account Number
BPR16	R	Date	Check Date - format ccyyymmdd
BPR17	X	Business Function Code	Not used by CENTENE
BPR18	X	(DFI) ID Number Qualifier	Not used by CENTENE
BPR19	X	(DFI) Identification Number	Not used by CENTENE
BPR20	X	Account Number Qualifier	Not used by CENTENE
BPR21	X	Account Number	Not used by CENTENE

<b>Segment Name</b>		<b>Reassociation Trace Number</b>	
<b>Segment ID</b>		TRN	
<b>Loop ID</b>		N/A	
<b>Usage</b>		Required	
<b>Segment Notes</b>		This segment will identify the check number that this information represents	
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
TRN01	R	Trace Type Code	<b>1 – Current Transaction Trace Numbers</b>
TRN02	R	Reference Identification	Check Number issued which is received via U.S. Mail
TRN03	R	Originating Company Identifier	Payer identifier
TRN04	X	Reference Identification	Not used by CENTENE

<b>Segment Name</b>		<b>Receiver Identification</b>	
<b>Segment ID</b>		REF	
<b>Loop ID</b>		N/A	
<b>Usage</b>		Situational	
<b>Segment Notes</b>		If a Provider is utilizing a third party to accept this transaction, it will be identified in this segment	

Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	EV – Receiver Identification Number
REF02	R	Reference Identification	Third Party Payer ID
REF03	X	Description	Not Used
REF04	X	Reference Identifier	Not Used

Segment Name		Production Date	
Segment ID		DTM	
Loop ID		N/A	
Usage		Situational	
Segment Notes		Provides the date when the last adjudication process was completed before the 835 was created	
Element ID	Usage	Guide Description/Valid Values	Comments
DTM01	R	Date/Time Qualifier	405 – Production
DTM02	R	Date	CCYYMMDD
DTM03	X	Time	Not Used
DTM04	X	Time Code	Not Used
DTM05	X	Date Time Period Format	Not Used
DTM06	X	Date Time Period	Not Used

Segment Name		Payer Identification	
Segment ID		N1	
Loop ID		1000A	
Usage		Required	
Segment Notes		Name and address of the Payer	
Element ID	Usage	Guide Description/Valid Values	Comments
N101	R	Entity Identifier Code	PR – Payer
N102	S	Name	MHS-IN – Managed Health Services UHP-NJ – University Health Plans SHP-TX – Superior HealthPlan MHS-WI – Managed Health Services FG-MO/KS FirstGuard BC-OH – Buckeye GPA-AZ – Group Practice Affiliate GPA-WI – Group Practice Affiliate PSHP – Peach State Health Plan TCC – Total Care Carolina
N103	X	Identification Code Qual.	Not Used
N104	X	Identification Code	Not Used
N105	X	Entity Relationship Code	Not Used
N106	X	Entity Identifier Code	Not Used

Segment Name		Payer Address	
Segment ID		N3	
Loop ID		1000A	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments

N301	R	Address Information	
N302	S	Address Information	

<b>Segment Name</b>		<b>Payer City, State, Zip Code</b>	
<b>Segment ID</b>		N4	
<b>Loop ID</b>		1000A	
<b>Usage</b>		Required	
<b>Segment Notes</b>			
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
N401	R	City Name	
N402	R	State or Province Code	
N403	R	Postal or Zip Code	
N404	X	Country Code	Not Used
N405	X	Location Qualifier	Not Used
N406	X	Location Identifier	Not Used

<b>Segment Name</b>		<b>Payee Identification</b>	
<b>Segment ID</b>		N1	
<b>Loop ID</b>		1000B	
<b>Usage</b>		Required	
<b>Segment Notes</b>			
Name and Address of the Payee			
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
N101	R	Entity Identifier Code	<b>PE – Payee</b>
N102	R	Name	Payee Name
N103	R	Identification Code Qualifier	<b>FI – Federal Taxpayer’s Identification Number XX – NPI number</b>
N104	R	Identification Code	Tax ID or NPI number
N105	X	Entity Relationship Code	Not Used
N106	X	Entity Identifier Code	Not Used

<b>Segment Name</b>		<b>Payee Address</b>	
<b>Segment ID</b>		N3	
<b>Loop ID</b>		1000B	
<b>Usage</b>		Situational	
<b>Segment Notes</b>			
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
N301	R	Address Information	Payee Address Line 1
N302	S	Address Information	Payee Address Line 2 if needed

<b>Segment Name</b>		<b>Payee City, State, Zip Code</b>	
<b>Segment ID</b>		N4	
<b>Loop ID</b>		1000B	
<b>Usage</b>		Situational	
<b>Segment Notes</b>			
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
N401	R	City Name	
N402	R	State or Province Name	
N403	R	Postal Code	
N404	S	Country Code	Not Used by CENTENE

N405	X	Location Qualifier	Not Used
N406	X	Location Identifier	Not Used

<b>Segment Name</b>		<b>Payee Additional Identification</b>	
<b>Segment ID</b>		REF	
<b>Loop ID</b>		1000B	
<b>Usage</b>		Required	
<b>Segment Notes</b>			
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
REF01	R	Reference Identification Qualifier	<b>TJ – Federal Taxpayer’s Identification Number</b>
REF02	R	Provider Identifier	Tax ID
REF03	X	Description	Not Used
REF04	X	Reference Identifier	Not Used

<b>Segment Name</b>		<b>Header Number</b>	
<b>Segment ID</b>		LX	
<b>Loop ID</b>		2000	
<b>Usage</b>		Required	
<b>Segment Notes</b>			
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
LX01	R	Assigned Number	Incremental number starting with 1

<b>Segment Name</b>		<b>Claim Payment Information</b>	
<b>Segment ID</b>		CLP	
<b>Loop ID</b>		2100	
<b>Usage</b>		Required	
<b>Segment Notes</b>			
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
CLP01	R	Claim Submitter’s Identifier	Patient Control Number submitted on the claim
CLP02	R	Claim Status Code	CENTENE will be utilizing one of the following codes: <b>1 – Processed as Primary</b> <b>2 – Processed as Secondary</b> <b>4 – Denied</b> <b>5 - Pended</b> <b>22 – Reversal of Previous Payment</b>
CLP03	R	Total Claim Charge Amount	
CLP04	R	Claim Payment Amount	
CLP05	S	Patient Responsibility Amount	

CLP06	R	Claim Filing Indicator Code	<b>HM – Health Maintenance Organization</b>
CLP07	S	Payer Claim Control Number	CENTENE assigned claim number
CLP08	S	Facility Type Code	
CLP09	S	Claim Frequency Code	
CLP10	X	Patient Status Code	Not Used
CLP11	S	Diagnostic Related Group (DRG) code	
CLP12	S	Diagnosis Related Group (DRG) Weight	
CLP13	S	Discharge Fraction	

<b>Segment Name</b>		<b>Claim Adjustment</b>	
<b>Segment ID</b>		CAS	
<b>Loop ID</b>		2100	
<b>Usage</b>		Situational	
<b>Segment Notes</b>			
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
CAS01	R	Claim Adjustment Group Code	<b>CR – Correction and Reversals OA – Other Adjustment</b>
CAS02	R	Claim Adjustment Reason Code	
CAS03	R	Adjustment Amount	
CAS04	S	Adjustment Quantity	
CAS05	S	Adjustment Reason Code	
CAS06	S	Adjustment Amount	
CAS07	S	Adjustment Quantity	
CAS08	S	Adjustment Reason Code	
CAS09	S	Adjustment Amount	
CAS10	S	Adjustment Quantity	
CAS11	S	Adjustment Reason Code	
CAS12	S	Adjustment Amount	
CAS13	S	Adjustment Quantity	
CAS14	S	Adjustment Reason Code	
CAS15	S	Adjustment Amount	
CAS16	S	Adjustment Quantity	
CAS17	S	Adjustment Reason Code	
CAS18	S	Adjustment Amount	
CAS19	S	Adjustment Quantity	

<b>Segment Name</b>		<b>Patient Name</b>	
<b>Segment ID</b>		NM1	
<b>Loop ID</b>		2100	
<b>Usage</b>		Required	
<b>Segment Notes</b>			
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
NM101	R	Entity Identifier Code	<b>QC – Patient</b>
NM102	R	Entity Type Qualifier	<b>1 – Person</b>
NM103	R	Patient Last Name	
NM104	R	Patient First Name	



NM105	S	Patient Middle Name	
NM106	X	Name Prefix	Not Used
NM107	X	Patient Name Suffix	Not Used
NM108	S	Identification Code Qualifier	<b>MR – Medicaid Recipient Identification Number</b>
NM109	S	Patient Identifier	
NM110	X	Entity Relationship Code	Not Used
NM111	X	Entity Identifier Code	Not Used

<b>Segment Name</b>		<b>Service Provider Name</b>	
<b>Segment ID</b>		NM1	
<b>Loop ID</b>		2100	
<b>Usage</b>		Situational	
<b>Segment Notes</b>			
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
NM101	R	Entity Identifier Code	<b>82 – Rendering Provider</b>
NM102	R	Entity Type Qualifier	<b>1 – Person</b>
NM103	S	Rendering Provider Last or Organization Name	
NM104	S	Rendering Provider First Name	
NM105	S	Rendering Provider Middle Name	
NM106	X	Name Prefix	Not Used
NM107	X	Rendering Provider Name Suffix	Not Used
NM108	R	Identification Code Qualifier	<b>MC – Medicaid Provider Number</b> <i>If this is not available, CENTENE will use:</i> <b>FI – Federal Taxpayer’s Identification Number</b>

<b>Segment Name</b>		<b>Claim Supplemental Information</b>	
<b>Segment ID</b>		AMT	
<b>Loop ID</b>		2100	
<b>Usage</b>		Situational	
<b>Segment Notes</b>			
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
AMT01	R	Reference Identification Qualifier	<b>I – Interest</b>
AMT02	R	Monetary Amount	
AMT03	X	Credit/debit Flag Code	Not Used

<b>Segment Name</b>		<b>Claim Supplemental Information Quantity</b>	
<b>Segment ID</b>		QTY	
<b>Loop ID</b>		2100	
<b>Usage</b>		Situational	
<b>Segment Notes</b>		This will supply the Inpatient Days covered under the individual claim.	
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
QTY01	R	Quantity Qualifier Code	<b>CA – Covered - Actual</b>
QTY02	R	Quantity	

QTY03	X	Composite Unit of Measure	Not Used
QTY04	X	Free-Form Message	Not Used

Segment Name		Service Payment Information	
Segment ID		SVC	
Loop ID		2110	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
SVC01	R	Composite Medical Procedure Identifier	
SVC01-1	R	Product/Service ID Qualifier	<b>AD – American Dental Association Codes <i>or</i></b> <b>HC – HCPCS <i>or</i></b> <b>ID – ICD-9 <i>or</i></b> <b>ND – NDC</b> <b>NU – National Uniform Billing Committee (NUBC)</b> <b>UB92 codes</b>
SVC01-2	R	Procedure Code	
SVC01-3	S	Procedure Modifier	
SVC01-4	S	Procedure Modifier	
SVC01-5	S	Procedure Modifier	
SVC01-6	S	Procedure Modifier	
SVC01-7	S	Procedure Code Description	Not Used by CENTENE
SVC02	R	Line Item Charge Amount	
SVC03	R	Line Item Provider Payment Amount	
SVC04	S	Revenue Code	
SVC05	S	Quantity	
SVC06	S	Composite Medical Procedure Identifier	
SVC06-1	R	Product/Service ID Qualifier	<b>AD – American Dental Association Codes <i>or</i></b> <b>HC – HCPCS <i>or</i></b> <b>ID – ICD-9 <i>or</i></b> <b>ND – NDC</b> <b>NU – National Uniform Billing Committee (NUBC)</b> <b>UB92 codes</b>
SVC06-2	R	Procedure Code	
SVC06-3	S	Procedure Modifier	
SVC06-4	S	Procedure Modifier	
SVC06-5	S	Procedure Modifier	
SVC06-6	S	Procedure Modifier	
SVC06-7	X	Procedure Code Description	Not Used by CENTENE
SVC07	S	Original Units of Service Count	

Segment Name		Service Date	
Segment ID		DTM	
Loop ID		2110	
Usage		Situational	
Segment Notes			
There will be either 1 iteration of the DTM which will contain “472” or 2 iterations containing “150” and “151”.			
Element	Usage	Guide Description/Valid	Comments

ID		Values	
DTM01	R	Date/Time Qualifier	<b>150 – Service Period Start</b> <b>151 – Service Period End</b> <b>472 – Service</b>
DTM02	R	Date	CCYYMMDD
DTM03	X	Time	Not Used
DTM04	X	Time Code	Not Used
DTM05	X	Date Time Period Format Qualifier	Not Used
DTM06	X	Date Time Period	Not Used

Segment Name		Service Adjustment	
Segment ID		CAS	
Loop ID		2110	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
CAS01	R	Claim Adjustment Group Code	<b>CR – Correction and Reversals</b> <b>OA – Other Adjustment</b>
CAS02	R	Adjustment Reason Code	
CAS03	R	Adjustment Amount	
CAS04	S	Adjustment Quantity	
CAS05	S	Adjustment Reason Code	
CAS06	S	Adjustment Amount	
CAS07	S	Adjustment Quantity	
CAS08	S	Adjustment Reason Code	
CAS09	S	Adjustment Amount	
CAS10	S	Adjustment Quantity	
CAS11	S	Adjustment Reason Code	
CAS12	S	Adjustment Amount	
CAS13	S	Adjustment Quantity	
CAS14	S	Adjustment Reason Code	
CAS15	S	Adjustment Amount	
CAS16	S	Adjustment Quantity	
CAS17	S	Adjustment Reason Code	
CAS18	S	Adjustment Amount	
CAS19	S	Adjustment Quantity	

Segment Name		Service Payment Information	
Segment ID		REF	
Loop ID		2110	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Amount Qualifier Code	<b>6R – Provider Control Number</b>
REF02	R	Provider Identifier	
REF03	X	Description	Not Used
REF04	X	Reference Identifier	Not Used

<b>Segment Name</b>		<b>Service Supplemental Amount</b>	
<b>Segment ID</b>		AMT	
<b>Loop ID</b>		2110	
<b>Usage</b>		Situational	
<b>Segment Notes</b>			
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
AMT01	R	Reference Identification Qualifier	<b>B6 – Allowed Actual</b>
AMT02	R	Monetary Amount	
AMT03	X	Credit/debit Flag Code	Not Used

<b>Segment Name</b>		<b>Health Care Remark Codes</b>	
<b>Segment ID</b>		LQ	
<b>Loop ID</b>		2110	
<b>Usage</b>		Situational	
<b>Segment Notes</b>			
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
LQ01	R	Code List Qualifier Code	<b>HE – Claim Payment Remark Codes</b>
LQ02	R	Industry Code	

<b>Segment Name</b>		<b>Provider Adjustment</b>	
<b>Segment ID</b>		PLB	
<b>Loop ID</b>		N/A	
<b>Usage</b>		Situational	
<b>Segment Notes</b>			
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
PLB01	R	Provider Identifier	
PLB02	R	Date	
PLB03	R	Composite Adjustment Identifier	
PLB03-1	R	Adjustment Reason Code	<b>FB – Forwarding Balance IS – Interim Settlement WO – Overpayment recovery L6 – Interest Owed</b>
PLB03-2	S	Provider Adjustment Identifier	Not Used by CENTENE
PLB04	R	Provider Adjustment Amount	
PLB05	S	Composite Adjustment Identifier	
PLB05-1	R	Adjustment Reason Code	<b>FB – Forwarding Balance IS – Interim Settlement WO – Overpayment recovery L6 – Interest Owed</b>
PLB05-2	S	Provider Adjustment Identifier	Not Used by CENTENE

PLB06	S	Provider Adjustment Amount	
PLB07	S	Composite Adjustment Identifier	
PLB07-1	R	Adjustment Reason Code	<b>FB – Forwarding Balance</b> <b>IS – Interim Settlement</b> <b>WO – Overpayment recovery</b> <b>L6 – Interest Owed</b>
PLB07-2	S	Provider Adjustment Identifier	Not Used by CENTENE
PLB08	S	Provider Adjustment Amount	
PLB09	S	Composite Adjustment Identifier	
PLB09-1	R	Adjustment Reason Code	<b>FB – Forwarding Balance</b> <b>IS – Interim Settlement</b> <b>WO – Overpayment recovery</b> <b>L6 – Interest Owed</b>
PLB09-2	S	Provider Adjustment Identifier	Not Used by CENTENE
PLB10	S	Provider Adjustment Amount	
PLB11	S	Composite Adjustment Identifier	
PLB11-1	R	Adjustment Reason Code	<b>FB – Forwarding Balance</b> <b>IS – Interim Settlement</b> <b>WO – Overpayment recovery</b> <b>L6 – Interest Owed</b>
PLB11-2	S	Provider Adjustment Identifier	Not Used by CENTENE
PLB12	S	Provider Adjustment Amount	
PLB13	S	Composite Adjustment Identifier	
PLB13-1	R	Adjustment Reason Code	<b>FB – Forwarding Balance</b> <b>IS – Interim Settlement</b> <b>WO – Overpayment recovery</b> <b>L6 – Interest Owed</b>
PLB13-2	S	Provider Adjustment Identifier	Not Used by CENTENE
PLB14	S	Provider Adjustment Amount	

<b>Segment Name</b>		<b>Transaction Set Trailer</b>	
<b>Segment ID</b>		SE	
<b>Loop ID</b>		N/A	
<b>Usage</b>		Required	
<b>Segment Notes</b>		This segment ends the transaction	
<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
SE01	R	Number of Included Segments	
SE02	R	Transaction Set Control Number	This number is assigned locally by the sender and will match the value in the corresponding ST segment



## **SECTION 05: ACKNOWLEDGEMENTS AND REPORTS**

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### **997 Functional Acknowledgement**

A functional acknowledgement is to report the acceptance or rejection of functional group, transaction set or segment. CENTENE will generate an outbound 997 to acknowledge all inbound transactions received. The software used by CENTENE is Sybase's *EC MAP* with a HIPAA toolkit extension. Sybase's method for creating a 997 acknowledgement is to run data through a compliance map. The compliance map is defined to validate the EDI against the complete standard transaction set definition or to validate EDI data against a specific subset of the standard transaction.

CENTENE implemented the standard HIPAA compliance maps created by Sybase without modifications. If transactions contain errors, the entire file is rejected.

Segment Name	Transaction Set Header
<b>Segment ID</b>	ST
<b>Loop</b>	N/A
<b>Usage</b>	Required
<b>Segment Notes</b>	

Element ID	Usage	Guide Description/Valid Values	Comments
ST01	R	Transaction Set Identifier Code	<b>997 – Functional Acknowledgement</b>
ST02	R	Transaction Set Control Number	This number is assigned locally matches the value in the corresponding SE segment.

Segment Name	Functional Group Response Header
<b>Segment ID</b>	AK1
<b>Loop</b>	N/A
<b>Usage</b>	Required
<b>Segment Notes</b>	This segment is used to respond to the functional group information in the interchange envelope.

Element ID	Usage	Guide Description/Valid Values	Comments
AK101	R	Functional Identifier Code	This is only a list of identifier codes used for 997s generated by CENTENE in response to inbound transactions. <b>RA – Payment Order/Remittance Advice (820)</b> <b>BE – Benefit Enrollment and Maintenance (834)</b> <b>HP – Health Care Claim Payment/Advice (835)</b> <b>HC – Health Care Claim (837)</b> <b>HS – Eligibility, Coverage or Benefit Inquiry (270)</b> <b>HR – Health Care Claim Status Request (276)</b> <b>HI – Health Care Services Review Information (278)</b>
AK102	R	Transaction Set Control Number	This data element contains the value from the GS06 data element from the GS segment of the original file being acknowledged.

Segment Name	Transaction Set Response Header
Segment ID	AK2
Loop	AK2
Usage	Situational
Segment Notes	This segment is used to start the acknowledgment of a transaction set. If there are no errors at the transaction set level, this segment is not returned.

Element ID	Usage	Guide Description/Valid Values	Comments
AK201	R	Functional Identifier Code	This is only a list of identifier codes used for 997's generated by CENTENE in response to inbound transactions.  <b>834 – Benefit Enrollment and Maintenance</b> <b>835 – Health Care Claim Payment/Advice</b> <b>837 – Health Care Claim</b> <b>270- Eligibility, Coverage or Benefit Inquiry</b> <b>276– Health Care Claim Status Request</b> <b>278– Health Care Services Review Information</b>
AK202	R	Transaction Set Control Number	This data element contains the value from the ST02 data element from the ST segment of the original file being acknowledged.

Segment Name	Data Segment Note
Segment ID	AK3
Loop	AK2/AK3



<b>Usage</b>	Situational
<b>Segment Notes</b>	This segment is used to report segment/looping errors in the submitted transaction.

<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
AK301	R	Segment ID Code	This data element lists the two or three byte segment ID that contains the error, such as ST, SBR.
AK302	R	Segment Position in Transaction Set	This data element contains the sequential position of the Segment ID identified in AK301. This count begins with <b>1</b> for the ST segment and increments by <b>1</b> from that point.
AK303	S	Loop Identifier Code	This data element identifies the loop where the erroneous segment resides.
AK304	S	Segment Syntax Error Code	This data element describes the type of error encountered. <b>See code list in the IG</b>

<b>Segment Name</b>	<b>Data Segment Note</b>
<b>Segment ID</b>	AK4
<b>Loop</b>	AK2/AK3
<b>Usage</b>	Situational
<b>Segment Notes</b>	This segment is used to report data element/composite errors in the submitted transaction.

<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
AK401	R	Position in Segment	This is a composite data element.
AK401-1	R	Segment Position in Transaction Set	This data element contains the sequential position of the simple data element or composite data structure. This count begins with <b>1</b> for the initial element and increments by <b>1</b> from that point.
AK401-2	S	Component Data Element Position in Composite	This data element identifies within the composite structure where the error occurs.
AK403	S	Data Element Reference Number	This is the Data Element Dictionary reference number associated with the erroneous data element/composite.
AK404	R	Data Element Syntax Error Code	This data element describes the type of error encountered. <b>See code list in IG</b>
AK405	S	Copy of Bad Data Element	

<b>Segment Name</b>	<b>Transaction Set Response Trailer</b>
<b>Segment ID</b>	AK5

<b>Loop</b>	AK2/AK3
<b>Usage</b>	Required
<b>Segment Notes</b>	This segment is used to acknowledge the acceptance or rejection of a transaction and any report errors.

<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
AK501	R	Transaction Set Acknowledgment Code	<b>A – Accepted</b> <b>R - Rejected</b>
AK502	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. <b>See code list in IG</b>
AK503	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. <b>See code list in IG</b>
AK504	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. <b>See code list in IG</b>
AK505	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. <b>See code list in IG</b>
AK506	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. <b>See code list in IG</b>

<b>Segment Name</b>	<b>Functional Group Response Trailer</b>
<b>Segment ID</b>	AK9
<b>Loop</b>	N/A
<b>Usage</b>	Required
<b>Segment Notes</b>	This segment is used to acknowledge the acceptance or rejection of a functional group and report the number of transaction sets originally included, received, and accepted.

<b>Element ID</b>	<b>Usage</b>	<b>Guide Description/Valid Values</b>	<b>Comments</b>
AK901	R	Functional Group Acknowledgment Code	<b>A – Accepted</b> <b>R - Rejected</b>
AK902	S	Number of Transaction Sets Included	This data element contains the value from the GE01 data element from the GE segment of the original file being acknowledged.
AK903	S	Number of Received Transaction Sets	

Element ID	Usage	Guide Description/Valid Values	Comments
AK904	S	Number of Accepted Transaction Sets	
AK905	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. <b>See code list in IG</b>
AK906	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. <b>See code list in IG</b>
AK907	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. <b>See code list in IG</b>
AK908	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. <b>See code list in IG</b>
AK909	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. <b>See code list in IG</b>

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
ST01	R	Number of Included Segments	This is the total number of segments included in this acknowledgment. This value includes the ST and SE segments.
ST02	R	Transaction Set Control Number	This number is assigned locally and matches the value in the preceding ST segment.

### **Summary**

There are three levels of 835 transaction testing required before an application is considered approved by CENTENE. These testing levels include the following:

- Compliance Testing
- CENTENE Specification Validation Testing
- End-to-End Testing

Prior to testing, anyone wanting to exchange information electronically with CENTENE must complete and submit an Electronic Fund Transfer Agreement Form and a signed Trading Partner Agreement Form. Both forms are available on the plan website.

CENTENE requires a minimum of sending two test files containing “live” information to its’ business partners in the same manner as production files would be sent. This will allow us to test the file transmission process and the data content.