

## Appendix V

### Alaska 835 Payment/Advice Instructions

#### Revision History

Date	Location	Revision
10/3/03	Entire appendix	Initial release of 835 Appendix
12/29/03	Footers	Modified page numbers
4/13/09	Footers	Updated Website URL
4/22/09	I.G. pg 164 & 10A (V-17 – V-18)	Updated the Adjustment Reason Codes in PLB13-1, PLB11-1, PLB09-1, PLB07-1, PLB03-1, and PLB05-1 of the I.G. RefDes Fields (Ref. S08-H0750)
10/13/09	I.G. pg 164 & 10A (V-17 – V-18), & footers	Added “financial control number” to PLB03-2, PLB05-2, PLB07-2, PLB09-2, PLB11-2, and PLB13-2 per SOA request, updated version date & footer date

## Alaska Trading Partner Companion Guide

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The following table identifies the information that will be contained in the mapping tables in the appendices for submitting EDI transactions to Alaska Medical Assistance. The columns used in all data tables are:

<b>I.G. Page</b>	Referenced Page in the HIPAA ANSI X12N Implementation Guide (including any approved addenda)	
<b>I.G. SegID</b>	Segment ID in the Implementation Guide.	
<b>I.G. RefDes</b>	Field ID in the Implementation Guide.	
<b>I.G. Use</b>	Usage in the Implementation Guide: R means Required, and S means Situational, as defined by the national standard in the Implementation Guide.	
<b>I.G. Element Name</b>	Name of the element as given in the Implementation Guide.	
<b>Alaska</b>	This field describes the use of the segment/field by Alaska Medical Assistance as discussed below:	
	*	There is a requirement specific to Alaska Medical Assistance. Instructions to complete this field have been provided which detail the specifications for Alaska Medical Assistance. The expected values are highlighted.
	X	This indicates segments and/or fields, that will be validated and stored but may not be used for the purpose of claims processing by Alaska Medical Assistance.
	IG	This indicates that the expected values are identical to those in the Implementation Guide.
<b>Usage Details and Expected Value</b>	This field describes the expected values. The values required by Alaska Medical Assistance are highlighted. An explanation of the field may be provided. If values are not highlighted, any value listed is acceptable. If there are five (5) or less values listed in the Implementation Guide, then all of the values are listed in the transaction table. If more than five (5) values are listed in the Implementation Guide, then <See IG List> will appear in this column.	
<b>Additional Instructions</b>	This column provides instructions for populating the field in question and may include specific instructions regarding Alaska Medical Assistance.	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
<b>B.3</b>	<b>ISA</b>		<b>R</b>	<b>Interchange Control Header</b>			
		ISA01	R	Authorization Information Qualifier	*	“00” -No Authorization Information Present	“00” in this element identifies “No Authorization Information Present” in ISA02 element.
		ISA02	R	Authorization Information	IG	10 blanks	
		ISA03	R	Security Information Qualifier	*	“00” - No Security Information Present	“00” in this element identifies “No Security Information Present” in ISA04 element.
		ISA04	R	Security Information	IG	10 blanks	
		ISA05	R	Interchange ID Qualifier	*	“ZZ” - Mutually Defined	
		ISA06	R	Interchange Sender ID	*	“AKMEDICAID FHSC”	“AKMEDICAID FHSC” in this element identifies the Alaska Medical Assistance Sender ID.
		ISA07	R	Interchange ID Qualifier	*	“ZZ” - Mutually Defined	
		ISA08	R	<b>Interchange Receiver ID</b>	IG	Identification code published by the receiver of data. When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them.	The information that was sent in ISA06 on the 837 claim transaction will be returned here.
		ISA09	R	<b>Interchange Date</b>	IG	“YYMMDD” - Date of the Interchange	
		ISA10	R	<b>Interchange Time</b>	IG	“HHMM” - Time of the Interchange	
		ISA11	R	<b>Interchange Control Standards Identifier</b>	IG	“U” - U.S. EDI Community of ASC X12, TDCC and UCS	
		ISA12	R	<b>Interchange Control Version Number</b>	IG	“00401” -Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
		ISA13	R	<b>Interchange Control Number</b>	*		This number is assigned by Alaska Medical Assistance and it will be identical to the associated Interchange Trailer IEA02.
		ISA14	R	<b>Acknowledgement Requested</b>	*	“0” – No Acknowledgement “1” – Interchange Acknowledgement requested	Alaska Medical Assistance is not expecting an acknowledgement for this transaction, but may request acknowledgement(s) on a case-by-case basis.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		ISA15	R	Usage Indicator	IG	“P” -Production Data “T” -Test Data	When in regular production enter ‘P’ or When testing enter ‘T’.
		ISA16	R	Component Element Separator	*	This field provides the delimiter used to separate component data elements within a composite data structure. This character must be different than the data element separator and the segment terminator.	Alaska Medical Assistance will use a “:” (colon) as the Component Element Separator.
<b>B.8 &amp; 13A</b>	<b>GS</b>		<b>R</b>	<b>Functional Group Header</b>			
		GS01	R	Functional Identifier Code	IG	“HP” - Health Care Claim Payment/Advice (835)	
		GS02	R	Application Sender’s Code	*	<b>“AKMEDICAID FHSC”</b>	“AKMEDICAID FHSC” in this element identifies the Alaska Medical Assistance Sender’s Code.
		GS03	R	Application Receiver’s Code	IG	Code identifying party sending transmission; codes agreed to by trading partners	The information that was sent in GS02 on the 837 claim transaction will be returned here. This is the Submitter ID number assigned by Alaska Medical Assistance.
		GS04	R	Date	IG	Functional Group Creation Date expressed as CCYYMMDD	
		GS05	R	Time	IG	Functional Group Creation Time	
		GS06	R	Group Control Number	IG	Sender’s Assigned Number	This number is assigned by Alaska Medical Assistance and it will be identical to the associated Functional Group Trailer GE02.
		GS07	R	Responsible Agency Code	IG	“X” - Accredited Standards Committee X12	
		GS08	R	Version/Release/Industry Identifier Code	IG	“004010X091A1”	
<b>43</b>	<b>ST</b>		<b>R</b>	<b>Transaction Set Header</b>			
		ST01	R	Transaction Set Identifier Code	IG	“835” - Health Care Claim Payment/Advice	
		ST02	R	Transaction Set Control Number	IG	Variable - Unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges. (The Transaction Set Control Numbers in ST02 and SE02 must be identical.)	This unique number is assigned by Alaska Medical Assistance.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
44	BPR		R	<b>Financial Information</b>			
		BPR01	R	Transaction Handling Code	*	“T” - Remittance Information Only “H” - Notification Only	“T” will be returned here when BPR04 = “CHK” (Check). “H” will be returned here when BPR04 = “NON” (Non-Payment Data).
		BPR02	R	Monetary Amount	IG	Total Actual Provider Payment Amount	
		BPR03	R	Credit/Debit Flag Code	*	“C” - Credit	“C” in this element indicates a credit to the provider’s account and a debit to the payer’s account, initiated by the payer.
		BPR04	R	Payment Method Code	*	“CHK” - Check “NON” - Non-Payment Data	
		BPR05	S	Payment Format Code	X		Currently, Alaska Medical Assistance is unable to support Electronic payments (ACH).
		BPR06	S	(DFI) ID Number Qualifier	X	Depository Financial Institution (DFI) Identification Number Qualifier	Not applicable to Alaska Medical Assistance.
		BPR07	S	(DFI) Identification Number	X	Sender DFI Identifier	Not applicable to Alaska Medical Assistance.
		BPR08	S	Account Number Qualifier	X	“DA” - Demand Deposit	Not applicable to Alaska Medical Assistance.
		BPR09	S	Account Number	X	Sender Bank Account Number	Not applicable to Alaska Medical Assistance.
		BPR10	S	Originating Company Identifier	X	Payer Identifier	Not applicable to Alaska Medical Assistance.
		BPR11	S	Originating Company Supplemental Code	X	Code to identify the payer by division or region	Not applicable to Alaska Medical Assistance.
		BPR12	S	(DFI) ID Number Qualifier	X	Depository Financial Institution (DFI) Identification Number Qualifier	Not applicable to Alaska Medical Assistance.
		BPR13	S	(DFI) Identification Number	X	Receiver or Provider Bank ID Number	Not applicable to Alaska Medical Assistance.
		BPR14	S	Account Number Qualifier	X	“DA” - Demand Deposit “SG” - Savings	Not applicable to Alaska Medical Assistance.
		BPR15	S	Account Number	X	Receiver or Provider Account Number	Not applicable to Alaska Medical Assistance.
		BPR16	R	Date	IG	Check Issue Date or EFT Effective Date expressed as CCYYMMDD	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions	
<b>52</b>	<b>TRN</b>		<b>R</b>	<b>Reassociation Trace Number</b>				
		TRN01	R	Trace Type Code	IG	“1” - Current Transaction Trace Number		
		TRN02	R	Reference Identification	*	Check Trace Number	The check number will be returned in this element unless a check was not issued, then the Remittance Number will be returned.	
		TRN03	R	Originating Company Identifier			The tax ID number for the State of Alaska will be reported here.	
		TRN04	S	Reference Identification	X	Originating Company Supplemental Code	Alaska Medical Assistance Remit Advice number.	
<b>54</b>	<b>CUR</b>		<b>S</b>	<b>Foreign Currency Information</b>			<b>Not applicable as Alaska Medical Assistance reimburses all claims in U.S. Dollars.</b>	
<b>57</b>	<b>REF</b>		<b>S</b>	<b>Receiver Identification</b>			<b>This segment is used only when the receiver of the transaction is other than the payee (e.g., clearinghouse or billing service ID).</b>	
		REF01	R	Reference Identification Qualifier	IG	“EV” - Receiver Identification Number		
		REF02	R	Reference Identification	*	Receiver Identifier	The information that was sent in the NM109 segment (Loop 1000A-Submitter Identification Code) of the 837 claim transaction will be returned here.	
<b>58</b>	<b>REF</b>		<b>S</b>	<b>Version Identification</b>			<b>Not used by Alaska Medical Assistance.</b>	
<b>60</b>	<b>DTM</b>		<b>S</b>	<b>Production Date</b>				
		DTM01	R	Date/Time Qualifier	IG	Date Time Qualifier “405” - Production		
		DTM02	R	Date	*	Production Date expressed as CCYYMMDD		
			<b>R</b>	<b>LOOP 1000A - PAYER IDENTIFICATION</b>				
<b>62 &amp; 7A</b>	<b>N1</b>		<b>R</b>	<b>Payer Identification</b>				
		N101	R	Entity Identifier Code	IG	“PR” – Payer		
		N102	S	Name	*	Payer Name Required if the National PlanID is not transmitted in N104	AK MEDICAID FHSC	
		N103	S	Identification Code Qualifier	X	“XV” – Health Care Financing Administration National PlanID	Not used by Alaska Medical Assistance	
		N104	S	Identification Code	X	Payer Identifier (Use when National PlanID approved)	Not used by Alaska Medical Assistance.	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
64	N3		R	<b>Payer Address</b>			
		N301	R	Address Information	IG	Payer Address Line	PO Box 240729
		N302	S	Address Information	IG	Payer Address Line	
65	N4		R	<b>Payer City, State, Zip Code</b>			
		N401	R	City Name	IG	Payer City Name	Anchorage
		N402	R	State or Province Code	IG	Payer State Code	AK
		N403	R	Postal Code	IG	Payer Postal Zone or Zip Code	99524-0729
67	REF		S	<b>Additional Payer Identification</b>			<b>Not used by Alaska Medical Assistance.</b>
69	PER		S	<b>Payer Contact Information</b>			<b>Please refer to narrative portion of this companion guide and/or provider billing manuals for Alaska Medical Assistance and fiscal agent address and contact information.</b>
			R	<b>LOOP 1000B - PAYEE IDENTIFICATION</b>			<b>The following information is reported as it is reflected within the Alaska Medical Assistance Provider file. Please contact FHSC Provider Enrollment to report any changes.</b>
72	N1		R	<b>Payee Identification</b>			
		N101	R	Entity Identifier Code	IG	“PE” - Payee	
		N102	S	Name	*	Payee Name	
		N103	R	Identification Code Qualifier	*	“FP” - Federal Taxpayer’s Identification Number	
		N104	R	Identification Code	*	Payee Identification Code	
74	N3		S	<b>Payee Address</b>			
		N301	R	Address Information	*	Payee address line	
		N302	S	Address Information	*	Payee address line	
75	N4		S	<b>Payee City, State, Zip Code</b>			
		N401	R	City Name	*	Payee City Name	
		N402	R	State or Province Code	*	Payee State Code	
		N403	R	Postal Code	*	Payee Postal Zone or ZIP Code	
		N404	S	Country Code	*	Payee Country Code	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
77	REF		S	<b>Payee Additional Identification</b>			
		REF01	R	Reference Identification Qualifier	*	“ID” - Medicaid Provider Number	
		REF02	R	Reference Identification	*	Additional Payee Identifier	Payee’s Alaska Medical Assistance Provider ID Number.
			S	<b>LOOP 2000 - HEADER NUMBER</b>			
79	LX		S	<b>Header Number</b>			
		LX01	R	Assigned Number	IG	Number assigned for differentiation within a transaction set.	Alaska Medical Assistance will assign this number.
80	TS3		S	<b>Provider Summary Information</b>			<b>Not used by Alaska Medical Assistance.</b>
85	TS2		S	<b>Provider Supplemental Summary Information</b>			<b>Not used by Alaska Medical Assistance.</b>
			R	<b>LOOP 2100 - CLAIM PAYMENT INFORMATION</b>			
89	CLP		R	<b>Claim Payment Information</b>			
		CLP01	R	Claim Submitter’s Identifier	IG	<b>Patient Control Number</b>	The information that was sent in CLM01 on the 837 claim transaction will be returned here. This is the patient account number assigned by the provider (for pharmacy claims, the prescription number will be returned here).
		CLP02	R	Claim Status Code	*	“1” - Processed as Primary “2” - Processed as Secondary “3” - Processed as Tertiary “4” - Denied “5” - Pended “16” - Suspended-return with material “22” - Reversal of Previous Payment	Note: Alaska Medical Assistance uses 835 RA to report the outcome of all claim processing activities. Value “16”-Suspended-return with material will be used to report claims that are in-process and awaiting information to be returned using Resubmission Turnaround Document (RTD) forms which will be included in paper Remittance Advice statements. Value “22” Reversal of Previous Payment will be used to report both adjusted and voided claims.
		CLP03	R	Monetary Amount	IG	Total Claim Charge Amount	
		CLP04	R	Monetary Amount	IG	Claim Payment Amount	
		CLP05	S	Monetary Amount	IG	Patient Responsibility Amount	
		CLP06	R	Claim Filing Indicator Code	*	“MC” - Medicaid	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		CLP07	S	Reference Identification	*	Payer Claim Control Number	The Claim Control Number assigned by Alaska Medical Assistance.
		CLP08	S	Facility Code Value	X	Facility Type Code	
		CLP09	S	Claim Frequency Type Code	*	Claim Frequency Code (Institutional Only)	
		CLP11	S	Diagnosis Related Group (DRG) Code	X	DRG code (Institutional Only) (Refer Code Source 229: Diagnosis Related Group Number (DRG))	At this time, Alaska Medical Assistance does not reimburse services based on DRG, therefore this element does not apply to Alaska Medical Assistance.
		CLP12	S	Quantity	X	Diagnosis Related Group (DRG) Weight (Institutional Only)	At this time, Alaska Medical Assistance does not reimburse services based on DRG, therefore this element does not apply to Alaska Medical Assistance.
		CLP13	S	Percent	X	Discharge Fraction (Institutional Only)	Not applicable to Alaska Medical Assistance.
<b>95</b>	<b>CAS</b>		<b>S</b>	<b>Claim Adjustment</b>			
		CAS01	R	Claim Adjustment Group Code	IG	“CO” - Contractual Obligations “CR” - Correction and Reversals “OA” - Other Adjustments “PI” - Payor Initiated Reduction “PR” - Patient Responsibility	
		CAS02	R	Claim Adjustment Reason Code	IG	Adjustment Reason Code	
		CAS03	R	Monetary Amount	IG	Adjustment Amount	
		CAS04	S	Quantity	IG	Adjustment Quantity	
		CAS05	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code	
		CAS06	S	Monetary Amount	IG	Adjustment Amount	
		CAS07	S	Quantity	IG	Adjustment Quantity	
		CAS08	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code	
		CAS09	S	Monetary Amount	IG	Adjustment Amount	
		CAS10	S	Quantity	IG	Adjustment Quantity	
		CAS11	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code	
		CAS12	S	Monetary Amount	IG	Adjustment Amount	
		CAS13	S	Quantity	IG	Adjustment Quantity	
		CAS14	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code	
		CAS15	S	Monetary Amount	IG	Adjustment Amount	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		CAS16	S	Quantity	IG	Adjustment Quantity	
		CAS17	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code	
		CAS18	S	Monetary Amount	IG	Adjustment Amount	
		CAS19	S	Quantity	IG	Adjustment Quantity	
<b>102</b>	<b>NM1</b>		<b>R</b>	<b>Patient Name</b>			<b>The patient name information here below will be reported as it was submitted within the Subscriber Name (Loop 2010BA) segments of the 837 claim transaction.</b>
		NM101	R	Entity Identifier Code	IG	“QC” -Patient	
		NM102	R	Entity Type Qualifier	IG	“I” - Person	
		NM103	R	Name Last or Organization Name	IG	Patient Last Name	
		NM104	R	Name First	IG	Patient First Name	
		NM105	S	Name Middle	IG	Patient Middle Name	
		NM107	S	Name Suffix	IG	Patient Name suffix	
		NM108	S	Identification Code Qualifier	*	“MR” - Medicaid Recipient Identification Number	
		NM109	S	Identification Code	*	Patient Identifier	
<b>105</b>	<b>NM1</b>		<b>S</b>	<b>Insured Name</b>			<b>Alaska Medical Assistance does not use this segment. Refer to patient name information above.</b>
<b>108</b>	<b>NM1</b>		<b>S</b>	<b>Corrected Patient/Insured Name</b>			<b>Claims will be processed based on the Alaska Medical Assistance Recipient Identification Number submitted in Loop 2010BA (Subscriber Name) of the 837 claim transaction. However, if any of the subscriber (i.e., recipient) name information supplied in Loop 2010BA differs from the name contained in the Alaska Medical Assistance Recipient file, the corrected name will be supplied in this segment.</b>
		NM101	R	Entity Identifier Code	IG	“74” - Corrected Insured	
		NM102	R	Entity Type Qualifier	*	“I” - Person	
		NM103	S	Name Last or Organization Name	IG	Corrected Patient or Insured Last Name	Patient Last Name from Alaska Medical Assistance Recipient File (up to 17 characters).
		NM104	S	Name First	IG	Corrected Patient or Insured First Name	Patient First Name from Alaska Medical Assistance Recipient File (up to 12 characters).

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		NM105	S	Name Middle	IG	Corrected Patient or Insured Middle Name	Patient Middle Initial from Alaska Medical Assistance Recipient File (1 character).
		NM107	S	Name Suffix	X	Corrected Patient or Insured Name Suffix	Not Applicable for Alaska Medical Assistance.
		NM108	S	Identification Code Qualifier	IG	“C” -Insured’s Changed Unique Identification Number	
		NM109	S	Identification Code	IG	Corrected Insured Identification Indicator Required when corrected information for the Insured is available.	
<b>111</b>	<b>NM1</b>		<b>S</b>	<b>Service Provider Name</b>			<b>Required when rendering Provider is different from Payee Identification (Loop 1000B).</b>
		NM101	R	Entity Identifier Code	IG	“82” - Rendering Provider	
		NM102	R	Entity Type Qualifier	IG	“1” - Person “2” - Non-Person Entity	
		NM103	S	Name Last or Organization Name	IG	Rendering Provider Last or Organization Name	
		NM104	S	Name First	IG	Rendering Provider First Name	
		NM105	S	Name Middle	IG	Rendering Provider Middle Name Required if NM102 = 1 and known	
		NM107	S	Name Suffix	IG	Rendering Provider Name Suffix	
		NM108	R	Identification Code Qualifier	*	“MC” - Medicaid Provider Number	
		NM109	R	Identification Code	*	Rendering Provider Identifier	
<b>114</b>	<b>NM1</b>		<b>S</b>	<b>Crossover Carrier Name</b>			<b>Not used by Alaska Medical Assistance.</b>
<b>116</b>	<b>NM1</b>		<b>S</b>	<b>Corrected Priority Payer Name</b>			
		NM101	R	Entity Identifier Code	X	“PR” - Payer	
		NM102	R	Entity Type Qualifier	X	“2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	X	Corrected Priority Payer Name	
		NM108	R	Identification Code Qualifier	X	<See IG List>	
		NM109	R	Identification Code	X	Corrected Priority Payer Identification Number	
<b>118</b>	<b>MIA</b>		<b>S</b>	<b>Inpatient Adjudication Information</b>			
		MIA01	R	Quantity	IG	Covered Days or Visits Count	
		MIA02	S	Quantity	X	PPS Operating Outlier Amount	Not Applicable for Alaska Medical Assistance.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		MIA03	S	Quantity	X	Lifetime Psychiatric Days Count	Not Applicable for Alaska Medical Assistance.
		MIA04	S	Monetary Amount	X	Claim DRG Amount	Not Applicable for Alaska Medical Assistance.
		MIA05	S	Reference Identification	IG	Remark Code	
		MIA06	S	Monetary Amount	X	Claim Disproportionate Share Amount	Not Applicable for Alaska Medical Assistance.
		MIA07	S	Monetary Amount	X	Claim MSP Pass-through Amount (MSP - Medicare Secondary Payer)	Not Applicable for Alaska Medical Assistance.
		MIA08	S	Monetary Amount	X	Claim PPS Capital Amount (PPS - Prospective Payment System)	Not Applicable for Alaska Medical Assistance.
		MIA09	S	Monetary Amount	X	PPS-Capital FSP DRG Amount (FSP - Federal Specific Portion)	Not Applicable for Alaska Medical Assistance.
		MIA10	S	Monetary Amount	X	PPS-Capital HSP DRG Amount (HSP - Hospital Specific Portion)	Not Applicable for Alaska Medical Assistance.
		MIA11	S	Monetary Amount	X	PPS-Capital DSH DRG Amount (DSH - Disproportionate Share)	Not Applicable for Alaska Medical Assistance.
		MIA12	S	Monetary Amount	X	Old Capital Amount	Not Applicable for Alaska Medical Assistance.
		MIA13	S	Monetary Amount	X	PPS-Capital IME Amount (IME - Indirect Medical Education)	Not Applicable for Alaska Medical Assistance.
		MIA14	S	Monetary Amount	X	PPS-Operating Hospital Specific DRG Amount	Not Applicable for Alaska Medical Assistance.
		MIA15	S	Quantity	X	Cost Report Day Count	Not Applicable for Alaska Medical Assistance.
		MIA16	S	Monetary Amount	X	PPS-Operating Federal Specific DRG Amount	Not Applicable for Alaska Medical Assistance.
		MIA17	S	Monetary Amount	X	Claim PPS Capital Outlier Amount	Not Applicable for Alaska Medical Assistance.
		MIA18	S	Monetary Amount	X	Claim Indirect Teaching Amount	Not Applicable for Alaska Medical Assistance.
		MIA19	S	Monetary Amount	X	Nonpayable Professional Component Amount	Not Applicable for Alaska Medical Assistance.
		MIA20	S	Reference Identification	IG	Remark code	
		MIA21	S	Reference Identification	IG	Remark code	
		MIA22	S	Reference Identification	IG	Remark code	
		MIA23	S	Reference Identification	IG	Remark code	
		MIA24	S	Monetary Amount	X	PPS-Capital Exception Amount	Not Applicable for Alaska Medical Assistance.
<b>123</b>	<b>MOA</b>		<b>S</b>	<b>Outpatient Adjudication Information</b>			
		MOA01	S	Percent	X	Reimbursement Rate	Not Applicable for Alaska Medical Assistance.
		MOA02	S	Monetary Amount	X	Claim HCPCS Payable Amount	Not Applicable for Alaska Medical Assistance.
		MOA03	S	Reference Identification	IG	Remark Code	
		MOA04	S	Reference Identification	IG	Remark Code	
		MOA05	S	Reference Identification	IG	Remark Code	
		MOA06	S	Reference Identification	IG	Remark Code	
		MOA07	S	Reference Identification	IG	Remark Code	
		MOA08	S	Monetary Amount	X	Claim ESRD Payment Amount (ESRD - End Stage Renal Disease)	Not Applicable for Alaska Medical Assistance.

Refer to <http://www.medicaidalaska.com> for current version  
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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		MOA09	S	Monetary Amount	X	Nonpayable Professional Component Amount	Not Applicable for Alaska Medical Assistance.
<b>126</b>	<b>REF</b>		<b>S</b>	<b>Other Claim Related Identification</b>			
		REF01	R	Reference Identification Qualifier	*	“F8” - Original Reference Number “G1” - Prior Authorization Number	“F8” will be returned for both adjusted and voided claims (CLP02=22). “G1” will be returned if submitted in the 837 claim transaction.
		REF02	R	Reference Identification	*	Other Claim Related Identifier	
<b>128</b>	<b>REF</b>		<b>S</b>	<b>Rendering Provider Identification</b>			<b>This segment will only be used when additional reference numbers were submitted on the original claim.</b>
		REF01	R	Reference Identification Qualifier	*	<See IG List>	The Rendering Provider Identification Qualifier that was submitted in the REF01 element on the 837 claim transaction will be returned here.
		REF02	R	Reference Identification	*	Rendering Provider Secondary Identifier	The Rendering Provider Reference Identification number that was submitted in the REF02 element on the 837 claim transaction will be returned here.
<b>130</b>	<b>DTM</b>		<b>S</b>	<b>Claim Date</b>			
		DTM01	R	Date/Time Qualifier	*	“232” - Claim Statement Period Start “233” - Claim Statement Period End	
		DTM02	R	Date	*	Claim Date	
<b>132</b>	<b>PER</b>		<b>S</b>	<b>Claim Contact Information</b>			<b>Not used by Alaska Medical Assistance.</b>
<b>135</b>	<b>AMT</b>		<b>S</b>	<b>Claim Supplemental Information</b>			
		AMT01	R	Amount Qualifier Code	*	“AU” - Coverage Amount “DY” - Per Day Limit “F5” - Patient Amount Paid	
		AMT02	R	Monetary Amount	*	Claim Supplemental Information Amount	
<b>137</b>	<b>QTY</b>		<b>S</b>	<b>Claim Supplemental Information Quantity</b>			
		QTY01	R	Quantity Qualifier	*	“CA” - Covered –Actual “NA” - Number of Non-covered Days	
		QTY02	R	Quantity	*	Claim Supplemental Information Quantity	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
<b>LOOP 2110 - SERVICE PAYMENT INFORMATION</b>							
139 & 8A	SVC		S	Service Payment Information			SVC01, SVC01-1 through SVC01-7 will report codes, modifiers, amounts that reflect what Alaska Medical Assistance processed. SVC06, SVC06-1 through SVC06-7 will report codes, modifiers, amounts that reflect what Alaska Medical Assistance received in the 837 claim transaction if those values differ from those reported in SVC01, SVC01-1 through SVC01-7.
		SVC01	R	Composite Medical Procedure Identifier			
		SVC01-1	R	Product/Service ID Qualifier	IG	Product or Service ID Qualifier <b>“AD”</b> - American Dental Association Codes <b>“HC”</b> - Health Care Financing Administration Common <b>“N4”</b> - National Drug Code <b>“NU”</b> - National Uniform Billing Committee UB92 Code	
		SVC01-2	R	Product/Service ID	IG	Procedure Code	
		SVC01-3	S	Procedure Modifier	IG	Procedure Modifier 1	
		SVC01-4	S	Procedure Modifier	IG	Procedure Modifier 2	
		SVC01-5	S	Procedure Modifier	IG	Procedure Modifier 3	
		SVC01-6	S	Procedure Modifier	IG	Procedure Modifier 4	
		SVC01-7	S	Description	X	Procedure Code Description	Not used by Alaska Medical Assistance.
		SVC02	R	Monetary Amount	IG	Line Item Charge Amount	
		SVC03	R	Monetary Amount	IG	Line Item Provider Payment Amount	
		SVC04	S	Product/Service ID	IG	National Uniform Billing Committee Revenue Code	
		SVC05	S	Quantity	IG	Units of Service Paid Count	
		SVC06	S	Composite Medical Procedure Identifier	IG		
		SVC06-1	R	Product/Service ID Qualifier	IG	Product or Service ID Qualifier <See IG List>	
		SVC06-2	R	Product/Service ID	IG	Procedure Code	
		SVC06-3	S	Procedure Modifier	IG	Procedure Modifier 1	
		SVC06-4	S	Procedure Modifier	IG	Procedure Modifier 2	
		SVC06-5	S	Procedure Modifier	IG	Procedure Modifier 3	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		SVC06-6	S	Procedure Modifier	IG	Procedure Modifier 4	
		SVC06-7	S	Description	IG	Procedure Code Description	Not used by Alaska Medical Assistance.
		SVC07	S	Quantity	IG	Original Units of Service Count	
<b>146</b>	<b>DTM</b>		<b>S</b>	<b>Service Date</b>			
		DTM01	R	Date/Time Qualifier	IG	Date Time Qualifier “150” - Service Period Start “151” - Service Period End “472” - Service	
		DTM02	R	Date	*	Service Date	
<b>148</b>	<b>CAS</b>		<b>S</b>	<b>Service Adjustment</b>			
		CAS01	R	Claim Adjustment Group Code	IG	“CO” - Contractual Obligations “CR” - Correction and Reversals “OA” - Other Adjustments “PI” - Payer Initiated Reductions “PR” - Patient Responsibility	
		CAS02	R	Claim Adjustment Reason Code	IG	Adjustment Reason Code	
		CAS03	R	Monetary Amount	IG	Adjustment Amount	
		CAS04	S	Quantity	IG	Adjustment Quantity	
		CAS05	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code	
		CAS06	S	Monetary Amount	IG	Adjustment Amount	
		CAS07	S	Quantity	IG	Adjustment Quantity	
		CAS08	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code	
		CAS09	S	Monetary Amount	IG	Adjustment Amount	
		CAS10	S	Quantity	IG	Adjustment Quantity	
		CAS11	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code	
		CAS12	S	Monetary Amount	IG	Adjustment Amount	
		CAS13	S	Quantity	IG	Adjustment Quantity	
		CAS14	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code	
		CAS15	S	Monetary Amount	IG	Adjustment Amount	
		CAS16	S	Quantity	IG	Adjustment Quantity	
		CAS17	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code	
		CAS18	S	Monetary Amount	IG	Adjustment Amount	
		CAS19	S	Quantity	IG	Adjustment Quantity	

Refer to <http://www.medicaidalaska.com> for current version  
Appendix V—Alaska 835 Payment/Advice Instructions

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
<b>154</b>	<b>REF</b>		<b>S</b>	<b>Service Identification</b>			
		REF01	R	Reference Identification Qualifier	*	“6R” - Provider Control Number “G1” - Prior Authorization Number	If either or both values were received in the 837 claim transaction, then the same information will be returned in this segment.
		REF02	R	Reference Identification	*	Provider Identifier	Returned from 837 Claim if submitted.
<b>156</b>	<b>REF</b>		<b>S</b>	<b>Rendering Provider Information</b>			
		REF01	R	Reference Identification Qualifier	*	<See IG List>	The Rendering Provider Identification Qualifier that was submitted in the REF01 element on the 837 claim transaction will be returned here.
		REF02	R	Reference Identification	*	Rendering Provider Identifier	The Rendering Provider Reference Identification number that was submitted in the REF02 element on the 837 claim transaction will be returned here.
<b>158</b>	<b>AMT</b>		<b>S</b>	<b>Service Supplemental Amount</b>			
		AMT01	R	Amount Qualifier Code	*	“B6” - Allowed - Actual	
		AMT02	R	Monetary Amount	*	Service Supplemental Amount	
<b>160</b>	<b>QTY</b>		<b>S</b>	<b>Service Supplemental Quantity</b>			
		QTY01	R	Quantity Qualifier	*	“NE” - Non-Covered - Estimated	
		QTY02	R	Quantity	*	Service Supplemental Quantity Count	
<b>162</b>	<b>LQ</b>		<b>S</b>	<b>Health Care Remark Codes</b>			
		LQ01	R	Code List Qualifier Code	IG	“HE” - Claim Payment Remark Codes “RX” - National Council for Prescription Drug Programs Reject/Payment Codes	
		LQ02	R	Industry Code	IG	Remark code	
<b>164 &amp; 10A</b>	<b>PLB</b>		<b>S</b>	<b>Provider Adjustment</b>			
		PLB01	R	Reference Identification	*	Provider Identifier	The Alaska Medical Assistance Billing Provider ID Number is returned here.
		PLB02	R	Date	*	Fiscal Period Date	Provider’s Fiscal year end date from the Alaska Medical Assistance provider file.
		PLB03	R	Adjustment Identifier		Composite data structure - identifies reason & Identifying information for adjustment dollar amount in PLB04	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		PLB03-1	R	Adjustment Reason Code	*	<b>“72”</b> - Authorized Return <b>“B3”</b> - Recovery Allowance <b>“CS”</b> - Adjustment <b>“FB”</b> - Forwarding Balance <b>“PI”</b> - Periodic Interim Payment <b>“PL”</b> - Payment Final <b>“WO”</b> - Overpayment Recovery	
		PLB03-2	S	Reference Identification	*	Provider Adjustment Identifier	Financial Control Number (FCN)
		PLB04	R	Monetary Amount	*	Provider Adjustment Amount	
		PLB05	S	Adjustment Identifier		Composite data structure - identifies reason & Identifying information for adjustment dollar amount in PLB06	
		PLB05-1	R	Adjustment Reason Code	*	<b>“72”</b> - Authorized Return <b>“B3”</b> - Recovery Allowance <b>“CS”</b> - Adjustment <b>“FB”</b> - Forwarding Balance <b>“PI”</b> - Periodic Interim Payment <b>“PL”</b> - Payment Final <b>“WO”</b> - Overpayment Recovery	
		PLB05-2	S	Reference Identification	IG	Provider Adjustment Identifier	FCN
		PLB06	S	Monetary Amount	IG	Provider Adjustment Amount	
		PLB07	S	Adjustment Identifier		Composite data structure - identifies reason & Identifying information for adjustment dollar amount in PLB08	
		PLB07-1	R	Adjustment Reason Code	*	<b>“72”</b> - Authorized Return <b>“B3”</b> - Recovery Allowance <b>“CS”</b> - Adjustment <b>“FB”</b> - Forwarding Balance <b>“PI”</b> - Periodic Interim Payment <b>“PL”</b> - Payment Final <b>“WO”</b> - Overpayment Recovery	
		PLB07-2	S	Reference Identification	IG	Provider Adjustment Identifier	FCN
		PLB08	S	Monetary Amount	IG	Provider Adjustment Amount	
		PLB09	S	Adjustment Identifier		Composite data structure - identifies reason & Identifying information for adjustment dollar amount in PLB10	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		PLB09-1	R	Adjustment Reason Code	*	“72” - Authorized Return “B3” - Recovery Allowance “CS” - Adjustment “FB” - Forwarding Balance “PI” - Periodic Interim Payment “PL” - Payment Final “WO” - Overpayment Recovery	
		PLB09-2	S	Reference Identification	IG	Provider Adjustment Identifier	Financial Control Number (FCN)
		PLB10	S	Monetary Amount	IG	Provider Adjustment Amount	
		PLB11	S	Adjustment Identifier		Composite data structure - identifies reason & identifying information for adjustment dollar amount in PLB12	
		PLB11-1	R	Adjustment Reason Code	*	“72” - Authorized Return “B3” - Recovery Allowance “CS” - Adjustment “FB” - Forwarding Balance “PI” - Periodic Interim Payment “PL” - Payment Final “WO” - Overpayment Recovery	
		PLB11-2	S	Reference Identification	IG	Provider Adjustment Identifier	FCN
		PLB12	S	Monetary Amount	IG	Provider Adjustment Amount	
		PLB13	S	Adjustment Identifier		Composite data structure - identifies reason & identifying information for adjustment dollar amount in PLB14	
		PLB13-1	R	Adjustment Reason Code	*	“72” - Authorized Return “B3” - Recovery Allowance “CS” - Adjustment “FB” - Forwarding Balance “PI” - Periodic Interim Payment “PL” - Payment Final “WO” - Overpayment Recovery	
		PLB13-2	S	Reference Identification	IG	Provider Adjustment Identifier	FCN
		PLB14	S	Monetary Amount	IG	Provider Adjustment Amount	
<b>173</b>	<b>SE</b>		<b>R</b>	<b>Transaction Set Trailer</b>			
		SE01	R	Number of Included Segments	IG	Number of Segments in Transaction Set	
		SE02	R	Transaction Set Control Number	IG	Transaction Set Control Number	Transaction Set Control Number in ST02 and SE02 will be identical.

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
<b>B.10</b>	<b>GE</b>		<b>R</b>	<b>Function Group Trailer</b>			
		GE01	R	Functional Identifier Code	IG	Number of Transaction Sets Included	
		GE02	R	Application Sender's Code	IG	Group Control Number	Sender's Assigned Number GE02 will be identical to the associated Functional Group Header GS06
<b>B.7</b>	<b>IEA</b>		<b>R</b>	<b>Interchange Control Trailer</b>			
		IEA01	R	Number of Included Functional Groups	IG	Number of Included Functional Groups	
		IEA02	R	Interchange Control Number	*	Interchange Control Number	IEA02 will be identical to the associated Interchange Header ISA13.