

**FMMIS Batch and Interactive  
Health Care Claim Status Request  
and Response Transaction  
276/277 Companion Guide  
004010 X093A1**

Version 1.5

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## Document Change Log

Version	Changed Date	Changed By	Reason
1.4	6/5/08	EDS (Reid O'Kelly)	Added the following note to the File System/Specification section: Any file size that is 5MB or larger is required to be zipped or compressed.
1.6	7/21/08	EDS (Nicole Roden)	Corrected EDS website address to <a href="http://mymedicaid-florida.com">http://mymedicaid-florida.com</a> . Changed EDI telephone number to 1-866-586-0961.

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# 1 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the *Final Rule for Standards for Electronic Transactions* can be found at <http://aspe.hhs.gov/admsimp/final/txfin00.htm>. The HIPAA Implementation Guides can be accessed at [http://www.wpc-edi.com/hipaa/HIPAA\\_40.asp](http://www.wpc-edi.com/hipaa/HIPAA_40.asp).

## 1.1 Purpose

The 276 Transaction Set is used to transmit Health Care Claim Status Inquiries from health care providers, clearinghouses and other health care claims adjudication processors. The 276 Transaction Set can be used to make an inquiry on claim(s) for specific Florida Medicaid recipients.

It is mandatory under HIPAA that the Agency for Health Care Administration (AHCA) is able to accept this transaction set to create Health Care Claim Status Responses.

The 276/277 Health Care Claim Status Inquiry/Response will be available for both batch and real-time processing. Real-time processing will be accepted through direct connect lines and a response will be sent. The direct connect option is typically used by switch vendors or Value Added Networks (VANs).

The 276 batch transaction will be accepted via the Florida Medicaid secure Web site or the dial-up connection.

## 1.2 Special Considerations for 276/277 Transactions

- 1. Subscriber, Insured = Recipient in the Florida Medicaid Eligibility Verification System:**  
The Florida Medicaid Eligibility Verification System does not allow for dependents to be enrolled under a primary subscriber, rather all enrollees/recipients are primary subscribers within each program or MCO (Managed Care Organization). If Dependent Level Segments are received, they will be ignored during processing and will not be returned in the response.

**2. Logical File Structure:**

- a. For Batch 276/277 transaction there can be only one interchange (ISE/IEA) per logical file. The interchange can contain multiple functional groups (GS/GE) however; the functional groups must be the same type.
- b. For Interactive 276/277 transactions there can be only one interchange (ISA/IEA), one functional group (GS/GE) and one transaction (ST/SE) per logical file. Within the transaction (ST/SE) there can only be one request. This has been defined as one subscriber (2000D Loop) within the transaction (ST/SE) along with only one occurrence of the inquiry methods documented in section 6 (Inquiry by Name, Dates of Service and Billed Amount or Inquiry by TCN/ICN).

**3. Compliance Checking:**

Inbound 276 transactions are validated through SNIP Level 4. All other levels will be validated within the Florida Medicaid Management Information System (FMMIS).

## **2 Transmission and Data Retrieval Methods**

EDS supports several types of data transport depending upon the trading partner's need. Providers and their representatives can submit and receive data via: Web portal, Remote Access Server (RAS), and Value Added Network (VAN)/Switch Vendors for interactive transactions.

1. Web portal: Transaction files are uploaded/downloaded in the Trade Files menu on the secure Web portal.
2. Remote Access Server (RAS): This option is available to trading partners who do not have an existing Internet connection. The RAS server typically supports those who need a dial-up option. Once the RAS connection is established, transaction files are uploaded/downloaded in the Trade Files menu on the secure Web portal.
3. Value Added Networks (VANs) or Switch Vendors: VANs or Switch Vendors typically support interactive transactions through a dedicated connection to the fiscal agent. VANS sign a contract with the State and have unique, VAN specific communication arrangements with the fiscal agent. A list of approved vendors is listed on the fiscal agent Web site.
4. Detailed information to assist with EDI related processes are available on the Provider Public Web site at: <http://mymedicaid-florida.com>
  - a. Remote Access Server connectivity instructions for submitters without an existing Internet connection;
  - b. Trading Partner Testing Procedures for all new trading partners, or trading partners adding a new transaction; and
  - c. Web Upload/Download instructions for submitters uploading/downloading via the secure Web portal.

## **File/System Specifications**

EDI will only accept Windows\PC\DOS formatted files.

EDI will allow upload and download of zipped or compressed files.

Note: Only one X12 transaction file is permitted in each “zipped” file. Any file size that is 5MB or larger is required to be zipped or compressed.

EDI does not require any specific file extensions. This includes acceptance of files without an extension.

The Web portal is designed to support the following Internet browsers:

1. Internet Explorer, version 6 or later;
2. Firefox, version 1.5 or later; and
3. Opera, version 8.5 or later.

## **3 Transmission Responses**

For every transaction received, there is an expected response. The available responses are an Interchange Acknowledgement (TA1), a Functional Acknowledgement (997), and an Unsolicited Claim Status (277U).

Once a transaction is received, it will go through a ‘front end’ compliance check called a TA1. The TA1 Acknowledgement is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structure. The TA1 segment provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure.

Once the transaction has passed the ‘front end’ compliance check it then goes through a syntax compliance edit. This edit is to verify the compliance within the ANSI X12 syntax according to the HIPAA Implementation Guides. The transaction will receive a Functional Acknowledgement (997) to provide feedback on the transaction. The 997 functional acknowledgement contains accepted or rejected information. If the transaction contains any syntactical errors, the segments and elements in which the error occurred will be reported in a rejected acknowledgement. If the transaction contains no syntactical errors, a positive 997 response will be generated and the transaction is passed on for processing.

## **4 EDI SUPPORT**

The EDS EDI Unit is available to support trading partners and providers that exchange transactions electronically. Support functions include:

1. Enrollment processing for trading partners requesting to submit transactions electronically
2. Installation assistance and submission support for Provider Electronic Solutions (PES) software

3. Provide assistance to billing agents, clearinghouses and software vendors
4. Identifying and troubleshooting technical issues
5. Data Exchange help

EDI staff is available Monday through Friday 8:00 a.m. to 5:00 p.m. EST by calling 1-866-586-0961.

## 5 CONTROL SEGMENT DEFINITIONS FOR FLORIDA MEDICAID 276/277 TRANSACTION

Note the page numbers listed below in each of the tables represent the corresponding page number in the X12N 276/277 HIPAA Implementation Guide.

<b>X12N EDI Control Segments</b>
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer
TA1 – Interchange Acknowledgement

### 5.1 ISA - Interchange Control Header Segment

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

<b>276/277 Claim Status Request/Response</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
B.3	N/A	ISA	ISA01 - Authorization Information Qualifier	'00' – No Authorization Information Present
B.3	N/A	ISA	ISA02 - Authorization Information	[space fill]
B.4	N/A	ISA	ISA03 - Security Information Qualifier	'00' – No Security Information Present
B.4	N/A	ISA	ISA04 - Security Information	[space fill]
B.4	N/A	ISA	ISA05 - Interchange ID	'ZZ' – Mutually Defined

<b>276/277 Claim Status Request/Response</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
			Qualifier	
B.4	N/A	ISA	ISA06 - Interchange Sender ID	276 = Trading Partner Supplied by FL Medicaid, left justified space filled  277 = '77027' left justified and space filled. Florida Medicaid Sender ID
B.4	N/A	ISA	ISA07 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.5	N/A	ISA	ISA08 - Interchange Receiver ID	276 = '77027' left justified and space filled. Florida Medicaid Receiver ID  277 = Trading Partner Supplied by Florida Medicaid, left justified and space filled
B.5	N/A	ISA	ISA09 - Interchange Date	The date format is YYMMDD.
B.5	N/A	ISA	ISA10 - Interchange Time	The time format is HHMM.
B.5	N/A	ISA	ISA11 - Interchange Control Standards Identifier	'U' – Interchange Control Standards Identifier
B.5	N/A	ISA	ISA12 - Interchange Control Version Number	'00401' – Control Version Number
B.5	N/A	ISA	ISA13 - Interchange Control Number	Interchange Unique Control Number
B.6	N/A	ISA	ISA14 - Acknowledgment Request	'1' – Acknowledgement Requested
B.6	N/A	ISA	ISA15 - Usage Indicator	'T' - Test Data 'P' - Production Data

276/277 Claim Status Request/Response				
Page	Loop	Segment	Data Element	Comments
B.6	N/A	ISA	ISA16 - Component Element Separator	‘:’ – Component Element Separator

## 5.2 IEA - Interchange Control Trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

276/277 Claim Status Request/Response				
	Loop	Segment	Data Element	Comments
B.7	N/A	IEA	IEA01 - Number of included Functional Groups	Number of included Functional Groups
B.7	N/A	IEA	IEA02 - Interchange Control Number	Must be identical to the value in ISA13

## 5.3 GS – Functional Group Header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

276/277 Claim Status Request/Response				
Page	Loop	Segment	Data Element	Comments
B.8	N/A	GS	GS01 - Functional ID Code	276 = ‘HR’ – Health Care Claim Status 277 = ‘HN’ – Health Care Claim Status Notification
B.8	N/A	GS	GS02 - Application Sender’s Code	This will be equal to the value in ISA06.
B.8	N/A	GS	GS03 - Application Receiver’s Code	This will be equal to the value in ISA08.
B.8	N/A	GS	GS04 - Date	The date format is

276/277 Claim Status Request/Response				
Page	Loop	Segment	Data Element	Comments
				CCYYMMDD.
B.8	N/A	GS	GS05 – Time	The time format is HHMM.
B.9	N/A	GS	GS06 - Group Control Number	Group Control Number
B.9	N/A	GS	GS07 - Responsible Agency Code	'X' – Responsible Agency Code
B.9	N/A	GS	GS08 - Version/ Release/ Industry ID Code	'004010X093A1' – Version / Release / Industry Identifier Code

## 5.4 GE – Functional Group Trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

276/277 Claim Status Request/Response				
Page	Loop	Segment	Data Element	Comments
B.10	N/A	GE	GE01 – Number of Transaction Sets Included	Number of included Transaction Sets
B.10	N/A	GE	GE02 – Group Control Number	Must be identical to the value in GS06.

## 5.5 ST – Transaction Set Header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

276/277 Claim Status Request/Response				
Page	Loop	Segment	Data Element	Comments
49/125	N/A	ST	ST01 – Transaction Set Identifier Code	'276' – Health Care Claim Status Request

				'277' – Health Care Claim Status Notification
49/125	N/A	ST	ST02 – Transaction Set Control Number	Transaction Control Number

## 5.6 SE – Transaction Set Trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

<b>276/277 Claim Status Request/Response</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
120/234	N/A	SE	SE01 – Number of Included Segments	Total Number of Segments included in Transaction Set Including ST and SE.
120/234	N/A	SE	SE02 – Transaction Set Control Number	Must be identical to the value in ST02.

## 5.7 Interchange Acknowledgement

The TA1 Acknowledgement is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structure. The TA1 segment provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure

<b>270 Eligibility Verification Request</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
B.11	N/A	TA1	TA101 - Interchange Control Number	Interchange control number of the original interchange received (ISA/IEA)
B.11	N/A	TA1	TA102 - Interchange Date	The date format is YYMMDD. Date within the original interchange received (ISA/IEA)
B.11	N/A	TA1	TA103 - Interchange Time	The time format is HHMM. Time within the original

270 Eligibility Verification Request				
Page	Loop	Segment	Data Element	Comments
				interchange received (ISA/IEA)
B.12	N/A	TA1	TA104 - Interchange Acknowledgement Code	'A' – Transmitted interchange control structure header/trailer received without errors. 'E' – Transmitted interchange control structure header/trailer received and accepted, errors are noted. 'R' – Transmitted interchange control structure header/trailer rejected due to errors.
B.12	N/A	TA1	TA105 - Interchange Note Code	See 276/277 Implementation Guide for valid values

## 5.8 Valid Delimiters

The following delimiters must be used for the 276 Claim Status Inquiry for Florida Medicaid, otherwise the transaction will not process correctly.

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A

The above delimiters will also be used for the 277 Claim Status Response for Florida Medicaid, unless otherwise requested by a trading partner.

## 6 COMPANION GUIDE FOR THE 276 TRANSACTION

<b>276 Claim Status Request</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
<b>Information Source Level</b>				
52	2000A	HL	HL03 - Hierarchical Level Code	'20' – Information Source
53	2000A	HL	HL04 - Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
<b>Payer Name</b>				
55	2100A	NM1	NM103 - Name Last or Organization Name	'STATE OF FLORIDA MEDICAID'
55	2100A	NM1	NM108 - Identification Code Qualifier	'PI' – Payer Identification
56	2100A	NM1	NM109 - Identification Code	'77027' – Florida Medicaid Payer ID
<b>Information Receiver Level</b>				
61	2000B	HL	HL03 – Hierarchical Level Code	'21' – Information Source
61	2000B	HL	HL04 - Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
<b>Information Receiver Name</b>				
63	2100B	NM1	NM108 - Identification Code Qualifier	'46' – Electronic Transmitter Identification Number 'XX' – Health Care Financing Administration National Provider Identifier (NPI)
63	2100B	NM1	NM109 - Identification Code	If NM108='46', NM109 equals Florida Medicaid Provider Number or Submitters (ETIN) If NM108='XX', NM109 equals Provider NPI.

<b>Service Provider Level</b>				
66	2000C	HL	HL03 - Hierarchical Level Code	'19' – Service Provider
66	2000C	HL	HL04 - Hierarchical Child Code	'1' - No Subordinate HL Segment Hierarchical Structure
<b>Service Provider Name</b>				
68	2100C	NM1	NM108 - Identification Code Qualifier	'SV' - Florida Medicaid Service Provider Number 'XX' – Health Care Financing Administration National Provider Identifier (NPI)
69	2100C	NM1	NM109 - Identification Code	If NM108='SV', NM109 equals FL Medicaid Provider If NM108='XX', NM109 equals Provider NPI.
<b>Subscriber Level</b>				
71	2000D	HL	HL03 - Hierarchical Level Code	'22' - Subscriber
71	2000D	HL	HL04 - Hierarchical Child Code	'0' - No Subordinate HL Segment Hierarchical Structure
<b>Subscriber Name</b>				
74	2100D	NM1	NM101 - Entity Identifier Code	'QC' – Patient
75	2100D	NM1	NM102 - Entity Type Qualifier	'1' – Person
75	2100D	NM1	NM103 - Name Last or Organization Name	Recipient Last Name
75	2100D	NM1	NM104 - Name First	Recipient First Name
75	2100D	NM1	NM108 - Identification Code Qualifier	'MI' – Member Identification Number
75	2100D	NM1	NM109 - Identification Code	Florida Recipient 10-digit Medicaid ID

<b>Claim Submitter Trace Number</b>				
77	2200D	TRN	TRN01 - Trace Type Code	'1' – Transaction Trace Number
77	2200D	TRN	TRN02 - Reference Identification	Submitter Trace Number – This number will be echoed back in the 277
<b>Inquiry by Name, Dates of Service and Billed Amount</b>				
84	2200D	AMT	AMT01 - Amount Qualifier Code	'T3' – Total Submitted Charges
85	2200D	AMT	AMT02 - Monetary Amount	Total Claim Charge Amount
86	2200D	DTP	DTP01 - Date Time Qualifier	'232' – Claim Statement Period Start
87	2200D	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
87	2200D	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
<b>Inquiry by TCN/ICN</b>				
103	2200D	REF	REF01 - Reference Identification Qualifier	'1K' – Payor's Claim Number
103	2200D	REF	REF02 - Reference Identification	ICN of the claim number. Required if accessing information by ICN
<b>Service Line Information</b>				
88	2210D		Service Line Information	All lines will be returned when claim is in a paid status.

## 7 COMPANION GUIDE FOR THE 277 TRANSACTION

<b>277 Claim Status Response</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
<b>Header</b>				
126	N/A	BHT	BHT01 - Hierarchical Structure Code	'0010' – Information Source
126	N/A	BHT	BHT02 - Transaction Set Purpose Code	'08' – Status
126	N/A	BHT	BHT03 - Reference Identification	
127	N/A	BHT	BHT06 - Transaction Type Code	'DG' - Response
<b>Information Source Level</b>				
128	2000A	HL	HL01 - Hierarchical ID Number	'1' – Hierarchical ID Number
128	2000A	HL	HL03 - Hierarchical Level Code	'20' – Information Source
129	2000A	HL	HL04 - Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
<b>Payer Name</b>				
130	2100A	NM1	NM101 - Entity Identifier Code	'PR' – Payer
131	2100A	NM1	NM102 - Entity Type Qualifier	'2' – Non-Person Entity
131	2100A	NM1	NM103 - Name Last or Organization Name	'STATE OF FLORIDA MEDICAID'
131	2100A	NM1	NM108 - Identification Code Qualifier	'PI' – Payor Identification
132	2100A	NM1	NM109 - Identification Code	'77027' – Florida Medicaid Payer ID

<b>Information Receiver Level</b>				
136	2000B	HL	HL01 - Hierarchical ID Number	'2' – Hierarchical ID Number
136	2000B	HL	HL02 - Hierarchical Parent ID Number	'1' – Parent ID Number
137	2000B	HL	HL03 – Hierarchical Level Code	'21' – Information Receiver
137	2000B	HL	HL04 - Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
<b>Information Receiver Name</b>				
138	2100B	NM1	NM101 - Entity Identifier Code	'41' – Submitter
139	2100B	NM1	NM102 - Entity Type Qualifier	'2' – Non-Person Entity
139	2100B	NM1	NM103 - Name Last or Organization Name	Information Receiver Name
139	2100B	NM1	NM108 - Identification Code Qualifier	'46' – Electronic Transmitter ID Number 'XX' – Health Care Financing Administration National Provider Identifier (NPI)
140	2100B	NM1	NM109 - Identification Code	Information Receiver ID Number
<b>Service Provider Level</b>				
141	2000C	HL	HL01 - Hierarchical ID Number	'3' – Hierarchical ID Number
141	2000C	HL	HL02 - Hierarchical Parent ID Number	'2' – Parent ID Number
142	2000C	HL	HL03 - Hierarchical Level Code	'19' – Subscriber Information

142	2000C	HL	HL04 - Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
<b>Provider Name</b>				
143	2100C	NM1	NM101 - Entity Identifier Code	'1P' – Provider
143	2100C	NM1	NM102 - Entity Type Qualifier	'2' – Non-Person Entity
144	2100C	NM1	NM103 - Name Last or Organization Name	Provider or Organization Last Name
144	2100C	NM1	NM108 - Identification Code Qualifier	'SV' – Service Provider Number 'XX' – Health Care Financing Administration National Provider Identifier (NPI)
145	2100C	NM1	NM109 - Identification Code	Provider Identifier
<b>Subscriber Level</b>				
146	2000D	HL	HL01 - Hierarchical ID Number	'4' – Hierarchical ID Number
146	2000D	HL	HL02 - Hierarchical Parent ID Number	'3' – Parent ID Number
147	2000D	HL	HL03 - Hierarchical Level Code	'22' – Subscriber Information
147	2000D	HL	HL04 - Hierarchical Child Code	'0' – No Subordinate HL Segment in this Hierarchical Structure
148	2000D	DMG	DMG01 - Date Time Period Format Qualifier	'D8' – Date Expressed in Format CCYYMMDD
149	2000D	DMG	DMG02 - Date Time Period	'CCYYMMDD' Recipient Date of Birth

149	2000D	DMG	DMG03 - Gender Code	'F' – Female 'M' – Male 'U' – Unknown
<b>Subscriber Name</b>				
150	2100D	NM1	NM101 - Entity Identifier Code	'QC' – Patient
151	2100D	NM1	NM102 - Entity Type Qualifier	'1' – Person
151	2100D	NM1	NM103 - Name Last or Organization Name	Recipient Last Name
151	2100D	NM1	NM104 - Name First	Recipient First Name
151	2100D	NM1	NM108 - Identification Code Qualifier	'MI' – Recipient Identification Number
152	2100D	NM1	NM109 - Identification Code	'FL Recipient 10 digit Medicaid ID'
<b>Claim Submitter Trace Number</b>				
153	2200D	TRN	TRN01 - Trace Type Code	'2' – Referenced Transaction Trace Numbers
153	2200D	TRN	TRN02 - Reference Identification	Patient Account Number
154	2200D	STC	STC01 - Health Care Claim Status	Health Care Claim Status (ANSI X12N code source 507)
154	2200D	STC	STC01-1 - Industry Code	Claim Status Category Code (ANSI X12N code source 508)
162	2200D	STC	STC02 - Date	Status Effective Date
162	2200D	STC	STC04 - Monetary Amount	Line Item Charge Amount

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162	2200D	STC	STC05 - Monetary Amount	Line Item Provider Payment Amount
210	2200E	REF	REF01 - Reference Identification Qualifier	'1K' – Payor's Internal Control Number (ICN)
210	2200E	REF	REF02 - Reference Identification	Payer's ICN