

# CareOregon 5010 835 (Remittance Advice) Information Guide

This document is not intended as a comprehensive 5010 companion guide. The objectives of this document are:

1. To clarify what information is needed when the choice is dependent on the payer (CareOregon).
2. To point out CareOregon preferred data elements where multiple options are available.

**Name:** BPR - Financial Information

**Loop ID:** Header

**Example:** BPR\*I\*2222.9\*C\*CHK\*\*\*\*\*20110531~

Element	Name	Use	CareOregon Specific Handling	Additional Comments
BPR01	Transaction Handling Code	R	Always "I" for Remittance Information Only	
BPR03	Credit/Debit Flag Code	R	Always "C" for credit	
BPR04	Payment Method	R	Always "CHK" for check (even if no check is sent)	

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**Name:** TRN - Reassociation Trace Number  
**Loop ID:** Header  
**Example:** TRN\*1\*333333\*1930933975~

Element	Name	Use	CareOregon Specific Handling	Additional Comments
TRN01	Trace type code	R	Always "1"	
TRN02	Reference Identification	R	Check number	
TRN03	Originating Company Identifier	R	CareOregon's Federal ID	

**Name:** DTM - Production Date  
**Loop ID:** Header  
**Example:** DTM\*405\*20110531~

Element	Name	Use	CareOregon Specific Handling	Additional Comments
DTM01	Date/Time Qualifier	R	Adjudication cycle completes every Friday; Checks/EFT's are issued the following Tuesday. CareOregon will send the check print date in this field.	

**Name:** PER - Payer Business Contact Information/Technical Contact/Payer Website  
**Loop ID:** 1000A  
**Example:** Various

Element	Name	Use	CareOregon Specific Handling	Additional Comments
PER01	Contact Function Code	R	CX = Payers Claim Office BL = Technical Department	

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**Name:** CLP - Claim Payment Information  
**Loop ID:** 2100  
**Example:** Various

Element	Name	Use	CareOregon Specific Handling	Additional Comments
CLP02	Status Code	R	1 = Processed as Primary 2 = Processed as Secondary 22 = Reversal of previous payment	
CLP06	Claim Filing Indicator Code	R	16 = CareOregon Advantage Star HM = CareOregon Advantage Plus MC = CareOregon Medicaid	
CLP07	Reference Identification	R	CareOregon Claim Number	

**Name:** CAS - Claim Adjustment  
**Loop ID:** 2100  
**Example:** CAS\*CO\*45\*4087.9~

Element	Name	Use	CareOregon Specific Handling	Additional Comments
CAS01	Claim Adjustment Group Code	S	If all adjustment codes for the claim are the same, only CAS header level will be sent. No line level adjustments will be displayed.	

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**Name:** NM1 - Patient Name

**Loop ID:** 2100

**Example:** NM1\*QC\*1\*TEST\*835\*M\*\*\*MI\*XX000X8X~

Element	Name	Use	CareOregon Specific Handling	Additional Comments
NM108	Identification Code Qualifier		Always "MI" (Member Identification Number)	
NM109	Identification Code		CareOregon Member ID (appears on Member ID card)	

**Name:** REF - Other Claim Related Identifier

**Loop ID:** 2100

**Example:** REF\*F8\*10XXXEXXXX~

Element	Name	Use	CareOregon Specific Handling	Additional Comments
REF01	Reference Identification Qualifier		F8 = Original Reference Number	On adjustment (corrected) claims only
REF02	Reference Identification		CareOregon Claim Number that claim was corrected/adjusted from	On adjustment (corrected) claims only

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**Name:** DTM - Claim Received Date  
**Loop ID:** 2100  
**Example:** DTM\*050\*20110524~

Element	Name	Use	CareOregon Specific Handling	Additional Comments
DTM01- DTM06			CareOregon will send Clean Claim date of the claim	

**Name:** AMT - Claim Supplemental Information  
**Loop ID:** 2100  
**Example:** AMT\*AU\*3608.14~

Element	Name	Use	CareOregon Specific Handling	Additional Comments
AMT01	Amount Qualifier Code	S	AU = Covered Charges I = Interest	

**Name:** CAS - Service Adjustment  
**Loop ID:** 2110  
**Example:** CAS\*CO\*45\*102.26~  
 CAS\*PR\*2\*20.26~  
 CAS\*PR\*3\*15~

Element	Name	Use	CareOregon Specific Handling	Additional Comments
CAS01	Claim Adjustment Group Code	S	CO = Contractual Obligation PR = Patient Responsibility	

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**Name:** REF - Service Identification  
**Loop ID:** 2110  
**Example:** REF\*APC\*00436~

Element	Name	Use	CareOregon Specific Handling	Additional Comments
REF01	Reference Identification Qualifier	S	APC = Ambulatory Payment Classification	

**Name:** ATM - Service Supplemental Amount  
**Loop ID:** 2110  
**Example:** AMT\*B6\*75.12

Element	Name	Use	CareOregon Specific Handling	Additional Comments
ATM01	Amount Qualifier Code	S	B6 = Allowed-Actual	

**Name:** LQ - Health Care Remark Codes  
**Loop ID:** 2110  
**Example:** LQ\*RX\*N111

Element	Name	Use	CareOregon Specific Handling	Additional Comments
LQ01	Code List Qualifier Code	S	HE = Claim Payment Remarks	CareOregon is now able to send multiple CAS & LQ segments in 5010

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**Name:** PLB - Provider Adjustment

**Loop ID:** Summary

**Example:** Various

Element	Name	Use	CareOregon Specific Handling	Additional Comments
PLB03	Adjustment Reason Code	R	<p><b>FB</b> = Forward Balance            Example of recoup applied from previous created advance            PLB*331000000*20111231*FB:PY00515555*736.01</p> <p>Example where Advance was created (negative check amount)            PLB*999999999*20111231*FB:PY00502965*-718.84*FB:PY00502965*-718.84</p> <p><b>LQ</b> = Interest Owed Interest            PLB*999999999*20111231*L6*-5.03~</p> <p><b>72</b> = Authorized Return            PLB*999999999*20111231*72*-144.13~</p>	<p>A negative value in PLB04 represents a balance moving forward to a future payment advice.</p> <p>A positive value represents a balance being applied from a previous payment advice.</p> <p>A reference number will be supplied in PLB03-2 for tracking purposes.</p>