

Companion Guide for CHARS 837I (005010X233/005010X233A2)

Revision 5

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Comprehensive Hospital Abstract Reporting System (CHARS)
Companion Guide for CHARS 837I 5010-R5
CHARS UB-04 to X12 837I (005010X233/005010X233A2)

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1 General Information

1.1 Purpose and Scope

The CHARS Companion Guide and Procedure Manual supplement the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3), Health Care Claim: Institutional (837), for the ASC X12N 005010X223/005010X223A2. They do not replace that document. The Companion Guide and Procedure Manual address those elements where the CHARS system requires specific or non-standard values. All data elements designated “Required” in the X12N 005010X223/005010X223A2 TR3 are required for CHARS files. **NOTE: This document is intended to be used with the CHARS reporting requirement specification, “Procedure Manual for Submitting Discharge Data UB-04 and 837I 5010”. Please download a copy from the DOH web site.**

1.2 Identification of CHARS Reporting Units in Files

As explained in the CHARS Procedure Manual, the hospital data reported to the Department of Health is categorized in terms of the principal Medicare units within a hospital: Acute, Swing Bed, Psychology and Rehabilitation. In previous versions of CHARS files, including the X12 4010, the Department used a proprietary identifier, the CHARS ID, within the scope of previous billing file formats to associate claim or discharge information with the corresponding reporting unit. The X12 version 5010 restricts the use of such proprietary identifiers in favor of the National Provider Identifier (NPI). This creates a challenge for CHARS because not all hospitals are enumerated such that each reporting unit has its own, unique NPI. To uniquely identify reporting units in the version 5010 file CHARS uses a combination of the CHARS ID in the Interchange Sender ID and the unit’s Taxonomy Code. See the LIC column in Appendix F of the CHARS Procedure Manual for your CHARS ID.

1.2.1 Usage of Taxonomy Code and CHARS ID

The CHARS application uses the CHARS ID in the ISA06 – Interchange Sender ID and GS02 – Application Sender ID combined with the 2000A PRV03 Taxonomy Code to accurately associate the discharges or claims within a 5010 file with the correct hospital and hospital unit. This scheme provides flexibility for the multitude of systems that report to CHARS to batch claims when necessary. Thus, **senders are required to use the Taxonomy code of the reporting unit in the 2000A PRV03 element. See Form Locator 81, Health Care Provider Taxonomy Code, in the CHARS Manual for specific reporting instructions.**

1.3 ICD-10 Reporting

Report ICD-10 codes in accordance with the CHARS Procedure Manual. **You must report only ICD-10 codes for any claim with a discharge date of October 1, 2014 or after.** The data elements collected by CHARS will not change for ICD-10. The structure of the CHARS 5010 file will not change for ICD-10. Use the appropriate Code List Qualifier for the ICD-10 code being reported. For example, use the Code List Qualifier “ABK” for the ICD-10 Principal Diagnosis Code.

2 CHARS Controls and References

2.1 CHARS Code Sets

CHARS Code Set Values		
Code Table 1 - DOH Payer Codes		
Code	Definition	
001	Medicare	
002	Medicaid	
004	HMO	
006	Commercial	
008	Labor & Industries (Workers Comp)	
009	Self Pay	
610	Health Care Service Contractors	
625	Other Government	
630	Charity Care	
External Code Source 682: Taxonomy Codes		
Taxonomy Code	Category	Description
282N00000X	Hospital	Short-Term (General and Specialty Hospitals)
282NC0060X	Hospital	Critical Access Hospitals
282E00000X	Hospital	Long-Term Care Hospital
283X00000X	Hospital	Rehabilitation Hospitals
282NC2000X	Hospital	Children’s Hospitals
283Q00000X	Hospital	Psychiatric Hospitals
282NR1301X	Hospital	Rural Hospital
273R00000X	Hospital Unit	Psychiatric Unit
273Y00000X	Hospital Unit	Rehabilitation Unit
275N00000X	Swing-Bed Unit	Medicare Defined Swing Bed Unit

Code Set B1: WA Race and Ethnicity Codes	
Race	
Code	Description
R1	White
R2	Black or African-American
R3	American Indian or Alaska Native
R4	Asian (including Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.)
R5	Native Hawaiian or Pacific Islander (including Chamorro, Samoan, etc.)
R8	Patient refused
R9	Unknown
Ethnicity	
Code	Description
E1	Hispanic Origin (including Spanish, Mexican, Puerto Rican, Cuban, etc.)
E2	Not Hispanic
E8	Patient refused
E9	Unknown
E.g., NTE*ADD*:RET:R1^:RET:R4^:RET:E2~ Multiple race White and Asian, Non-Hispanic Ethnicity.	

2.2 Control Segments

ISA - Interchange Control Header	
Data Element	Value
ISA01 Author Information Qualifier	00
ISA02 Author Information	Empty (i.e., 10 spaces)
ISA03 Security Information Qualifier	00
ISA04 Security Information	Empty (i.e., 10 spaces)
ISA05 Interchange ID Qualifier	ZZ
ISA06 Interchange Sender ID	CHARS ID. See Appendix F of CHARS Procedure Manual
ISA07 Interchange ID Qualifier	ZZ
ISA08 Interchange Receiver ID	CHARS501
ISA09 Interchange Date	Date (YYMMDD)
ISA10 Interchange Time	Time (HHMM)
ISA11 Repetition Separator	Your Repetition Separator
ISA12 Interchange Control Version Number	00501
ISA13 Interchange Control Number	Your Interchange Control Number
ISA14 Acknowledgement Requested	0 = No Interchange Acknowledgement Requested 1 = Interchange Acknowledgement Requested (TA1)
ISA15 Usage Indicator	P = Production Data T = Test Data
ISA16 Component Element Separator	Component Element Separator

GS – Functional Group Header	
Data Element	Value
GS01 Functional Identifier	HC
GS02 Application Sender's Code	CHARS ID. See Appendix F of CHARS Procedure Manual
GS03 Application Receiver's Code	CHARS045010
GS04 Date	Date (CCYYMMDD)
GS05 Time	Time (HHMM)
GS06 Group Control Number	Must match Group Trailer GE02
GS07 Responsible Agency Code	X
GS08 Version/Release/Identifier Code	005010X223A2

GE – Functional Group Trailer	
Data Element	Value
GE01 Number of Transaction Sets Included	Transaction Set Count
GE02 Group Control Number	Must match GS06

IEA – Interchange Control Trailer	
Data Element	Value
IEA01 Number of Included Functional Groups	Group Count
IEA02 Interchange Control Number	Must match ISA13

2.3 Other Control Values

Other Control Values	
Data Element	Value
BHT06 - Claim Or Encounter Identifier	RP
1000A_NM109 – Submitter Identification Code	Hospital CHARS ID or NPI
1000B_NM103 – Receiver Organization Name	DOH-CHARS04
1000B_NM109 – Receiver Identification Code	CHARS045010
2000A_PRV03 – Billing Provider Taxonomy Code	The Taxonomy Code for the reporting unit. See Code Set 682 – Taxonomy Codes

2.4 Character Sets

Basic Character Set									
A-Z	0-9	!	*	&	'	(	)	+	*
,	-	.	/	:	;	?	=	(space)	
Extended Character Set									
a-z	%	~	@	[	]	_	{	}	
\		<	>	^	`	#	\$		

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3 Form Locator Usage

Where “Report Value According To” is “CHARS Procedure Manual”, there are 5010-specific instructions in **bold red** in the mapping tables.

Form Locator	UB-04 Data Element	UB-04 Usage	Report Value According To
1	Provider Name, Address and Telephone Number	Required	NUBC UB-04 Manual
2	Pay-to Name and Address	Required	NUBC UB-04 Manual
3a	Patient Control Number	Required	NUBC UB-04 Manual
3b	Medical/Health Record Number	Not Required	NUBC UB-04 Manual
4	Type of Bill	Required	CHARS Procedure Manual
5	Federal Tax Number	Required	NUBC UB-04 Manual
6	Statement Covers Period	Required	NUBC UB-04 Manual
7	Reserved for Assignment by NUBC	Not Used	NUBC UB-04 Manual
8a	Patient Identifier	Required	CHARS Procedure Manual
8b	Patient Name	Required	CHARS Procedure Manual
9	Patient Address	Required	CHARS Procedure Manual
10	Patient Birth date	Required	CHARS Procedure Manual
11	Patient Sex	Required	NUBC UB-04 Manual
12	Admission/Start of Care Date	Required	NUBC UB-04 Manual
13	Admission Hour	Required	NUBC UB-04 Manual
14	Priority (Type) of Visit	Required	NUBC UB-04 Manual
15	Source of Referral for Admission or Visit	Required	NUBC UB-04 Manual
16	Discharge Hour	Required	NUBC UB-04 Manual
17	Patient Discharge Status	Required	CHARS Procedure Manual
18-28	Condition Codes	Situational	NUBC UB-04 Manual
29	Accident State	Situational	NUBC UB-04 Manual
30	Reserved for Assignment by NUBC	Not Used	NUBC UB-04 Manual
31-34	Occurrence Codes and Dates	Situational	NUBC UB-04 Manual
35-36	Occurrence Span Codes and Dates	Situational	NUBC UB-04 Manual
37	Reserved for Assignment by NUBC	Not Used	NUBC UB-04 Manual
38	Responsible Party Name and Address	Not Used	NUBC UB-04 Manual
39-41	Value Codes and Amounts	Situational	NUBC UB-04 Manual
42	Revenue Code	Required	CHARS Procedure Manual
43	Revenue Description	Not Used	NUBC UB-04 Manual
44	HCPCS/Rates/HIPPS Rate Codes	Situational	NUBC UB-04 Manual

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Form Locator	UB-04 Data Element	UB-04 Usage	Report Value According To
45	Service Date	Situational	NUBC UB-04 Manual
46	Service Units	Required	NUBC UB-04 Manual
47	Total Charges	Required	CHARS Procedure Manual
48	Non-covered Charges	Situational	NUBC UB-04 Manual
49	Reserved for Assignment by NUBC	Not Used	NUBC UB-04 Manual
50	Payor Name	Required	NUBC UB-04 Manual
51 A/B/C	Health Plan Identification Number	Required	CHARS Procedure Manual
52 A/B/C	Release of Information Certification Indicator	Required	NUBC UB-04 Manual
53 A/B/C	Assignment of Benefits Certification Indicator	Required	NUBC UB-04 Manual
54 A/B/C	Prior Payments - Payor	Situational	NUBC UB-04 Manual
55 A/B/C	Estimated Amount Due - Payor	Not Used	NUBC UB-04 Manual
56 A/B/C	National Provider Identifier - Billing Provider	Required	CHARS Procedure Manual
57 A/B/C	Other (Billing) Provider Identifier	Situational	NUBC UB-04 Manual
58 A/B/C	Insured's Name	Required	NUBC UB-04 Manual
59 A/B/C	Patient's Relationship to the Insured	Required	NUBC UB-04 Manual
60 A/B/C	Insured's Unique Identification	Required	NUBC UB-04 Manual
61 A/B/C	(Insured) Group Name	Situational	NUBC UB-04 Manual
62 A/B/C	Insurance Group Number	Situational	NUBC UB-04 Manual
63 A/B/C	Treatment Authorization Code	Situational	NUBC UB-04 Manual
64 A/B/C	Document Control Number (DCN)	Situational	NUBC UB-04 Manual
65 A/B/C	Employer Name (of the Insured)	Not Used	NUBC UB-04 Manual
66	Diagnosis and Procedure Code Qualifier (ICD Version Indicator)	Not Applicable	NUBC UB-04 Manual
67	Principal Diagnosis Code and Present on Admission Code	Required	NUBC UB-04 Manual
67A,B...	Other Diagnoses Codes and Present on Admission Codes	Situational	CHARS Procedure Manual
68	Reserved for Assignment by NUBC	Not Used	NUBC UB-04 Manual
69	Admitting Diagnosis	Situational	NUBC UB-04 Manual
70a-c	Patient's Reason for Visit	Situational	NUBC UB-04 Manual
71	Prospective Payment System (PPS) Code	Situational	NUBC UB-04 Manual
72a-c	External Cause of Injury (ECI) Code	Situational	CHARS Procedure Manual
73	Reserved for Assignment by NUBC	Not Used	NUBC UB-04 Manual
74	Principal Procedure Code and Date	Situational	NUBC UB-04 Manual
74a-e	Other Procedure Codes and Dates	Situational	CHARS Procedure Manual
75	Reserved for Assignment by NUBC	Not Used	NUBC UB-04 Manual
76	Attending Provider Name and Identifiers	Situational	NUBC UB-04 Manual
77	Operating Physician Name and Identifiers	Situational	NUBC UB-04 Manual

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Form Locator	UB-04 Data Element	UB-04 Usage	Report Value According To
78-79	Other Provider Name and Identifiers	Situational	CHARS Procedure Manual
80	Remarks Field	Required	CHARS Procedure Manual
81	Code - Code Field Code List Qualifier		
	B1 – Patient Race and Ethnicity Code Source: CHARS Race and Ethnicity Code List	Required	CHARS Procedure Manual
	B3 – Health Care Provider Taxonomy Code Code Source: ASC X12 External Code Source 682 (National Uniform Claim Committee)	Required	CHARS Procedure Manual

4 CHARS-Specific Value Mapping to 837 (005010X223/005010X223A2)

By Form Locator

NOTES:

1. This table shows only those data elements that are CHARS-specific. All other loops, segments and data elements are the same as specified in the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, Health Care Claim: Institutional (837) version 005010X223/005010X223A2.
2. Values shown in **BOLD RED** are CHARS-unique values.

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
FL 04	Type of Bill						Report only bill types 111, 121, 131, 181 and 851
FL 08	a1 – Patient Social Security Number	2010BA	REF02		127	SY in REF01	When FL59=18 (Self)
		2300	NTE02	C022	NTE02-2	SY in NTE02-1	When FL59 is not 18 e.g., SY:123456789~ See FL81 for full description of Billing Note segment.
FL 42	Revenue Code	2400	SV201		234		Revenue codes 055X, 057X, 058X, 059X 060X, 0630 and 064X are not accepted.
FL 47	Total Charges						
	Line Item	2400	SV203		782		Do not report line items with a value of zero dollars or a negative dollar amount.

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FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
	Total (Summary)	2300	CLM02		782		Total must = sum of SV2 items. Do not report claims with a Total Charges Amount of zero or a negative number.
FL 51	Health Plan Identifier						
	A/B/C	2010BB for the Destination Payer of the Claim	REF02		128	2U in REF01	CHARS Payer Code
		2330B for Non-Destination Payers	REF02		128	2U in REF01	CHARS Payer Code
FL 56	National Provider Identifier - Billing Provider	2010AA	NMI09		67	XX in NM 108 DE 66	Hospital NPI previously coordinated with DOH.
FL 67A-Q	Other Diagnosis Codes						Report up to 24 Other Diagnosis Codes
FL 72a-c	External Cause of Injury Code						Report all External Cause of Injury Codes up to 12
FL 74a-e	Other Procedure Codes and Dates						Report all Other Procedure Codes and Dates up to 24

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FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
FL 78-79	Other Provider (Individual) Names and Identifiers						Report only Other Operating Physician (Code Type Qualifier ZZ)
FL 80	Remarks	2300	NTE02		352	ADD in NTE01 DE 363	Report patient Race, Ethnicity and SSN. See Segment Detail in next section.
FL 81	Code-Code Field						
	B1 – Patient Race and Ethnicity	2300	NTE02	C056		ADD in NTE 01; RET in NTE02	NTE Billing Note. See segment Detail in next section.
	B3 – Health Care Taxonomy Code (Billing Provider)	2000A	PRV03		127	BI in PRV01 DE 1221; PXC in PRV02 DE 128	Required. See External Code Set 682 above. Use as previously coordinated with DOH.

5 Complete CHARS UB-04 Mapping to 837 (005010X223/005010X223A2)

By Form Locator

NOTE: Values shown in **BOLD RED** are CHARS-unique values.

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
FL 01	Billing Provider Name, Address and Telephone Number						
	Line1 - Name	2010AA	NM103		1035	85 in NM101 DE 98; 2 in NM102 DE 1065	
	Line2 -Street Address	2010AA	N301, N302		166		
	Line3 -City	2010AA	N401		19		
	Line3 -State	2010AA	N402		156		
	Line3 -Zip Code	2010AA	N403		116		
	Line4 - Telephone	2010AA	PER04		364	TE in PER03 DE 365	
	Line4 -Fax	2010AA	PER06		364	FX in PER05 DE365	
	Line4 -Country Code	2010AA	N404		26		
FL 02	Billing Provider's designated Pay-to Address						
	Line1 - Name						No map

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FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
	Line2 –Street Address or PO Box	2010AB	N301		166		
	Line3 -City	2010AB	N401		19		
	Line3 -State	2010AB	N402		156		
	Line 3 - ZIP Code	2010AB	N403		156		
	Line 4 – NOT USED						
FL 03a	Patient Control Number	2300	CLM01		1028		
FL 03b	Medical Record Number	2300	REF02		127	EA in REF01 DE 128	
FL 04	Type of Bill						Report only bill types 111, 121, 131, 181 and 851
	Facility Code (positions 2-3 of 4 in FL 04)	2300	CLM05-1	C023	1331	A in CLM05-2	Leading zero in FL 04 is not reported on 837
	Frequency Code (position 4 of 4 in FL 04)	2300	CLM05-3	C023	1325		
FL05	Federal Tax Number						
	Lower Line	Control Segment	ISA06		106	30 in ISA05 DE I05	
	Lower Line	2010AA	REF02		127	EI in REF01 DE128	

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FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
FL 06	Statement Covers Period	2300	DTP03		1251	434 in DTP01 DE 374; RD8 in DTP02 DE 1250	
FL07	Reserved by NUBC						
FL 08	Patient Name/Identifier						
	a – Patient ID	2010BA	NM109		67	MI in NM108 DE 66	When FL59=18 (Self)
		2010CA	NM109		67	MI in NM108 DE 66	When FL59 is not 18
	a1 – Patient Social Security Number	2010BA	REF02		127	SY in REF01	When FL59=18 (Self)
		2300	NTE02	C022	NTE02-2	SY in NTE02-1	When FL59 is not 18 e.g., SY:123456789~ See FL81 for full description of Billing Note segment.
	b - Patient Name	2010BA	NM103-105		1035-1037	IL in NMI01 DE 98; 1 in NM102 DE 1065	When FL59=18 (Self)
		2010CA	NM103-105			QC in NM101 DE 98; 1 in NM102 DE 1065	When FL59 is not 18
FL 09	Patient Address						
	a – Street Address	2010BA	N301		166		When FL59=18 (Self)
		2010CA	N301		166		When FL59 is not 18
	b - City	2010BA	N401		19		When FL59=18 (Self)

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FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
		2010CA	N401		19		When FL59 is not 18
	c - State	2010BA	N402		156		When FL59=18 (Self)
		2010CA	N402		156		When FL59 is not 18
	d - ZIP Code	2010BA	N403		116		When FL59=18
		2010CA	N403		116		When FL59 is not 18
	e - Country Code	2010BA	N404		26		When FL59=18 and the address is outside the United States
		2010CA	N404		26		When FL59 is not 18 and the address is outside the United States
FL 10	Patient Birth Date	2010BA	DMG02		1251	D8 in DMG01 DE 1250	When FL59=18
		2010CA	DMG02		1251	D8 in DMG01 DE1250	When FL59 is not 18
FL 11	Patient Sex	2010BA	DMG03		1068	F,M,U	When FL59=18
		2010CA	DMG03		1068	F,M,U	When FL59 is not 18
FL 12	Admission/Start of Care Date	2300	DTP03		1251	435 in DTP01 DE 374; DT in DTP02 DE 1250	
FL 13	Admission Hour	2300	DTP03		1251	435 in DTP01 DE 374; DT in DTP02 DE 1250	
FL 14	Priority (Type) of Visit	2300	CL101		1315		
FL 15	Point of Origin	2300	CL102		1314		

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FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
FL 16	Discharge Hour	2300	DTP03		1251	096 in DTP01 DE 374; TM in DTP02 DE 1250	
FL 17	Patient Discharge Status	2300	CL103		1352		
FL18-28	Condition Codes						
	18	2300	HI101-2	C022	1271	BG in HI101-1 DE 1270	
	19	2300	HI102-2	C022	1271	BG in HI102-1 DE 1270	
	20	2300	HI103-2	C022	1271	BG in HI103-1 DE 1270	
	21	2300	HI104-2	C022	1271	BG in HI104-1 DE 1270	
	22	2300	HI105-2	C022	1271	BG in HI105-1 DE 1270	
	23	2300	HI106-2	C022	1271	BG in HI106-1 DE 1270	
	24	2300	HI107-2	C022	1271	BG in HI107-1 DE 1270	
	25	2300	HI108-2	C022	1271	BG in HI108-1 DE 1270	
	26	2300	HI109-2	C022	1271	BG in HI109-1 DE 1270	
	27	2300	HI110-2	C022	1271	BG in HI110-1 DE 1270	
	28	2300	HI111-2	C022	1271	BG in HI111-1 DE 1270	

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FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
FL 29	(Auto) Accident State	2300	REF02		127	LU in REF01 DE 128	
FL30	Reserved by NUBC						
FL31-34	Occurrence Codes and Dates						
	31a – Code	2300	H101-2	C022	1271	BH in H101-1 DE 1270	
	31a – Date	2300	H101-4	C022	1251	D8 in H101-3 DE 1250	
	32a – Code	2300	H102-2	C022	1271	BH in H102-1 DE 1270	
	32a – Date	2300	H102-4	C022	1251	D8 in H102-3 DE 1250	
	33a – Code	2300	H103-2	C022	1271	BH in H103-1 DE 1270	
	33a – Date	2300	H103-4	C022	1251	D8 in H103-3 DE 1250	
	34a – Code	2300	H104-2	C022	1271	BH in H104-1 DE 1270	
	34a – Date	2300	H104-4	C022	1251	D8 in H104-3 DE 1250	
	31b – Code	2300	H105-2	C022	1271	BH in H105-1 DE 1270	
	31b – Date	2300	H105-4	C022	1251	D8 in H105-3 DE 1250	
	32b – Code	2300	H106-2	C022	1271	BH in H106-1 DE1270	
	32b – Date	2300	H106-4	C022	1251	D8 in H106-3 DE 1250	

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FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
	33b – Code	2300	H107-2	C022	1271	BH in H107-1 DE 1270	
	33b – Date	2300	H107-4	C022	1251	D8 in H107-3 DE 1250	
	34b – Code	2300	H108-2	C022	1271	BH in H108-1 DE 1270	
	34b – Date	2300	H108-4	C022	1251	D8 in H108-3 DE 1250	
FL35-36	Occurrence Span Codes and Dates						
	35a – Code	2300	H101-2	C022	1271	BI in H101-1 DE 1270	
	35a – From/Through	2300	H101-4	C022	1251	RD8 in H101-3 DE 1250	
	36a – Code	2300	H102-2	C022	1271	BI in H102-1 DE 1270	
	36a – From/Through	2300	H102-4	C022	1251	RD8 in H102-3 DE 1250	
	35b – Code	2300	H103-2	C022	1271	BI in H103-1 DE 1270	
	35b – From/Through	2300	H103-4	C022	1251	RD8 in H103-3 DE 1250	
	36b – Code	2300	H104-2	C022	1271	BI in H104-1 DE 1270	
	36b – From/Through	2300	H104-4	C022	1251	RD8 I H104-3 DE 1250	

Comprehensive Hospital Abstract Reporting System (CHARS)

Companion Guide for CHARS 837I 5010-R5

CHARS UB-04 to X12 837I 005010X233/005010X233A2

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
FL 37	Reserved for Assignment by the NUBC						
FL 38	Responsible Party Name and Address (Claim Addressee)						No map
FL39-41	Value Codes and Amounts						
	39a – Code	2300	H101-2	C022	1271	BE in H101-1 DE 1270	
	39a – Amount	2300	H101-5	C022	782		
	39b – Code	2300	H102-2	C022	1271	BE in H102-1 DE 1270	
	39b – Amount	2300	H102-5	C022	782		
	39c – Code	2300	H103-2	C022	1271	BE in H103-1 DE 1270	
	39c – Amount	2300	H103-5	C022	782		
	39d – Code	2300	H104-2	C022	1271	BE in H104-1 DE 1270	
	39d – Amount	2300	H104-5	C022	782		
	40a – Code	2300	H105-2	C022	1271	BE in H105-1 DE 1270	
	40a – Amount	2300	H105-5	C022	782		
	40b – Code	2300	H106-2	C022	1271	BE in H106-1 DE 1270	
	40b – Amount	2300	H106-5	C022	782		
	40c – Code	2300	H107-2	C022	1271	BE in H107-1 DE 1270	

Comprehensive Hospital Abstract Reporting System (CHARS)

Companion Guide for CHARS 837I 5010-R5

CHARS UB-04 to X12 837I 005010X233/005010X233A2

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
	40c – Amount	2300	H107-5	C022	782		
	40d – Code	2300	H108-2	C022	1271	BE in H108-1 DE 1270	
	40d – Amount	2300	H108-5	C022	782		
	41a – Code	2300	H109-2	C022	1271	BE in H109-1 DE 1270	
	41a – Amount	2300	H109-5	C022	782		
	41b – Code	2300	H110-2	C022	1271	BE in H110-1 DE 1270	
	41b – Amount	2300	H110-5	C022	782		
	41c – Code	2300	H111-2	C022	1271	BE in H111-1 DE 1270	
	41c – Amount	2300	H111-5	C022	782		
	41d – Code	2300	H112-2	C022	1271	BE in H112-1 DE 1270	
	41d – Amount	2300	H112-5	C022	782		
FL 42	Revenue Code	2400	SV201		234		
FL 43	Revenue Description						No map
	IDE Number	2300	REF		127	LX in REF01 DE 128	
	<u>Medicaid Drug Rebate Reporting:</u> NDC Number	2410	LIN03		234	N4 in LIN02 De 235	
	Quantity	2410	CPT04		280	F2, GR, ML, UN in CPT05 DE 355	

Comprehensive Hospital Abstract Reporting System (CHARS)

Companion Guide for CHARS 837I 5010-R5

CHARS UB-04 to X12 837I 005010X233/005010X233A2

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
FL 44	HCPCS/Accommodation Rates/HIPPS Rate Codes						
	HCPCS	2400	SV202-2	C003	234	HC in SV202-1 DE 235	
	HIPPS Rate Code	2400	SV202-2	C003	234	HP in SV202-1 DE 235	
	Accommodation Rates	2400	SV206		1371		
	HCPCS Modifiers	2400	SV202-3, 4, 5, 6	C003	1339	HC in SV202-1 DE 235	
FL 45	Service Date						
	Service Date	2400	DTP03		1251	472 in DTP01 DE374; D8 in DTP02 DE 1250	
	Assessment Date						No map. Occurrence Code 50
	Creation Date	Header	BHT04		373		
FL 46	Service Units	2400	SV205		380	DA, UN in SV204 DE 355	
FL 47	Total Charges						
	Line Item	2400	SV203		782		Do not report line items with a value of zero dollars or a negative dollar amount.

Comprehensive Hospital Abstract Reporting System (CHARS)

Companion Guide for CHARS 837I 5010-R5

CHARS UB-04 to X12 837I 005010X233/005010X233A2

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
	Total (Summary)	2300	CLM02		782		Total must = sum of SV2 items. Do not report claims with a Total Charges Amount of zero or a negative number.
FL 48	Non-covered Charges						
	Line Item	2400	SV207		782		
	Total (Summary)	2300	CLM02		782		
FL49	Reserved for Assignment by the NUBC						
FL 50	Player Name						
	A/B/C	2010BB for the Destination Payer of the Claim	NM103		1035	PR in NM101 DE 98; 2 in NM102 DE 1065	
		2330B for Non-Destination Payers	NM103		1035	PR in NM101 DE 98; 2 in NM102 DE 1065	
FL 51	Health Plan Identifier						
	A/B/C	2010BB for the Destination	NM 109		67	PI, XV in NM108 DE66	

Comprehensive Hospital Abstract Reporting System (CHARS)

Companion Guide for CHARS 837I 5010-R5

CHARS UB-04 to X12 837I 005010X233/005010X233A2

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
		ion Payer of the Claim	REF02		128	2U in REF01	CHARS Payer Code
		2330B for Non-Destination Payers	NM 109		67	PI, XV in NM108 DE66	
			REF02		128	2U in REF01	CHARS Payer Code
FL 52	Release of Information Certification Indicator						
	A/B/C	2300 for Destination Payer	CLM09		1363	I, Y in CLM09 DE 1363	
		2320 for Non-Destination Payer	O106		1363	I, Y in CLM09 DE 1363	
FL 53	Assignment of Benefits Certification Indicator						
	A/B/C	2300 for Destination Payer	CLM08		1073	N, W, Y, in CLM08 DE 1073	
		2320 for Non-Destination Payer	OIO3		1073	N, W, Y, in CLM08 DE 1073	

Comprehensive Hospital Abstract Reporting System (CHARS)

Companion Guide for CHARS 837I 5010-R5

CHARS UB-04 to X12 837I 005010X233/005010X233A2

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
FL 54	Prior Payments – Payer						
	A/B/C	2320	AMT02		782	D in AMT 01 DE 522	
FL 55	Estimated Amount Due – Payer						
	A/B/C						No map; see Value Codes A3, B3, C3
FL 56	National Provider Identifier - Billing Provider	2010AA	NMI09		67	XX in NM 108 DE 66	Hospital NPI previously coordinated with DOH.
FL 57	Other (Billing) Provider Identifier						
	A/B/C	2010BB	REF02		127	G2 in REF01 DE 128	No map for Qualifier LU. This segment (Other Billing Provider Identifier) is not used for the CHARS Payer Code. See FL51 REF02.
FL 58	Insured's Name						
	A/B/C	2010BA for Destination Payer	NM103		1035	IL in NM101 DE 98; 1 in NM102 DE 1065	

Comprehensive Hospital Abstract Reporting System (CHARS)

Companion Guide for CHARS 837I 5010-R5

CHARS UB-04 to X12 837I 005010X233/005010X233A2

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
		2330A for Non-Destination Payer	NM104		1036	IL in NM101 DE 98; 1 in NM102 DE 1065	
FL 59	Patient's Relationship to Insured						
	A/B/C	2000B for Destination Payer	SBR02		1069		When FL59 = 18
		2000C for Destination Payer	PAT01		1069		When FL59 not = 18
		2320 for Non-Destination Payer	SBR02		1069		When FL59 = 18 and not = 18
FL 60	Insured's Unique Identifier						
	A/B/C	2010BA for Destination Payer	NM109		67	MI in NM108 DE 66	
		2320A for Non-Destination Payer	NM109		67	MI in NM108 DE 66	

Comprehensive Hospital Abstract Reporting System (CHARS)

Companion Guide for CHARS 837I 5010-R5

CHARS UB-04 to X12 837I 005010X233/005010X233A2

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
FL 61	Insured's Group Name						
	A/B/C	2000B for Destination Payer	SBR04		93		
		2320A for Non-Destination Payer	SBR04		93		
FL 62	Insured's Group Number						
	A/B/C	2000B for Destination Payer	SBR03		127		
		2320A for Non-Destination Payer	SBR03		127		
FL 63	Treatment Authorization Code						
	A	2300 for Destination Payer	REF02		127	G1 in REF01 DE 128	
	B	2300 for Destination Payer	REF02		127	9F in REF01 DE 128	

Comprehensive Hospital Abstract Reporting System (CHARS)

Companion Guide for CHARS 837I 5010-R5

CHARS UB-04 to X12 837I 005010X233/005010X233A2

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
	C	2330B for Non-Destination Payer	REF02		127	G1 in REF01 DE 128	
FL 64	Document Control Number (DCN)						
	A/B/C	2300 for Destination Payer	REF02		127	F8 in REF01 DE 128	
		2330B for Non-Destination Payer	REF02		127	F8 in REF01 DE 128	
FL 65	Employer Name (of the Insured)						
	A/B/C						No map
FL 66	Diagnosis and Procedure Code Qualifier (ICD Version Indicator)						No map
FL 67	Principle Diagnosis Code						
	Code (positions 1-7)	2300	HI01-2	C022	1271	BK/ABK in H101-1 DE 1270	
	POA Indicator (position 8)	2300	HI01-9		1073		

Comprehensive Hospital Abstract Reporting System (CHARS)

Companion Guide for CHARS 837I 5010-R5

CHARS UB-04 to X12 837I 005010X233/005010X233A2

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
FL 67A-Q	Other Diagnosis Codes						Report up to 24 Other Diagnosis Codes
	A - Code (positions 1-7)	2300	HI01-2	C022	1271	BF/ABF in H101-1 DE 1270	
	A - POA Indicator (position 8)	2300	HI01-9		1073		
	B - Code (positions 1-7)	2300	HI02-2	C022	1271	BF/ABF in H102 -1 DE 1270	
	B - POA Indicator (position 8)	2300	HI02-9		1073		
	C - Code (positions 1-7)	2300	HI03-2	C022	1271	BF/ABF in H103-1 DE 1270	
	C - POA Indicator (position 8)	2300	HI03-9		1073		
	D - Code (positions 1-7)	2300	HI04-2	C022	1271	BF/ABF in H104-1 DE 1270	
	D - POA Indicator (position 8)	2300	HI04-9		1073		
	E - Code (positions 1-7)	2300	HI05-2	C022	1271	BF/ABF in H105-1 DE 1270	
	E - POA Indicator (position 8)	2300	HI05-9		1073		

Comprehensive Hospital Abstract Reporting System (CHARS)

Companion Guide for CHARS 837I 5010-R5

CHARS UB-04 to X12 837I 005010X233/005010X233A2

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
	F - Code (positions 1-7)	2300	HI06-2	C022	1271	BF/ABF in H106-1 DE 1270	
	F - POA Indicator (position 8)	2300	HI06-9		1073		
	G - Code (positions 1-7)	2300	HI07-2	C022	1271	BF/ABF in H107-1 DE 1270	
	G - POA Indicator (position 8)	2300	HI07-9		1073		
	H - Code (positions 1-7)	2300	HI08-2	C022	1271	BF/ABF in H108-1 DE 1270	
	H - POA Indicator (position 8)	2300	HI08-9		1073		
	I - Code (positions 1-7)	2300	HI09-2	C022	1271	BF/ABF in H109-1 DE 1270	
	I - POA Indicator (position 8)	2300	HI09-9		1073		
	J - Code (positions 1-7)	2300	HI10-2	C022	1271	BF/ABF in H110-1 DE 1270	
	J - POA Indicator (position 8)	2300	HI10-9		1073		
	K - Code (positions 1-7)	2300	HI11-2	C022	1271	BF/ABF in H111-1 DE 1270	

Comprehensive Hospital Abstract Reporting System (CHARS)

Companion Guide for CHARS 837I 5010-R5

CHARS UB-04 to X12 837I 005010X233/005010X233A2

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
	K - POA Indicator (position 8)	2300	HI11-9		1073		
	L - Code (positions 1-7)	2300	HI12-2	C022	1271	BF/ABF in H112-1 DE 1270	
	L - POA Indicator (position 8)	2300	HI12-9		1073		
	M - Code (positions 1-7)	2300	HI13-2	C022	1271	BF/ABF in H113-1 DE 1270	
	M - POA Indicator (position 8)	2300	HI13-9		1073		
	N - Code (positions 1-7)	2300	HI14-2	C022	1271	BF/ABF in H114-1 DE 1270	
	N - POA Indicator (position 8)	2300	HI14-9		1073		
	O - Code (positions 1-7)	2300	HI15-2	C022	1271	BF/ABF in H115-1 DE 1270	
	O - POA Indicator (position 8)	2300	HI15-9		1073		
	P - Code (positions 1-7)	2300	HI16-2	C022	1271	BF/ABF in H116-1 DE 1270	
	P - POA Indicator (position 8)	2300	HI16-9		1073		

Comprehensive Hospital Abstract Reporting System (CHARS)

Companion Guide for CHARS 837I 5010-R5

CHARS UB-04 to X12 837I 005010X233/005010X233A2

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
	Q - Code (positions 1-7)	2300	HI17-2	C022	1271	BF/ABF in H117-1 DE 1270	
	Q - POA Indicator (position 8)	2300	HI17-9		1073		
FL 68	Reserved for Assignment by the NUBC						
FL 69	Admitting Diagnosis Code	2300	H101-2	C022	1271	BJ/ABJ in H101-1 DE 1270	
FL 70a-c	Patient's Reason for Visit						
	a	2300	H101-2	C022	1271	PR/APR in H101-1 De 1270	
	b	2300	H102-2	C022	1271	PR/APR in H102-1 De 1270	
	c	2300	H103-2	C022	1271	PR/APR in H103-1 De 1270	
FL 71	Prospective Payment System (PPS) Code	2300	H101-2	C022	1271	DR in H101-1 DE 1270	
FL 72a-c	External Cause of Injury Code						Report all External Cause of Injury Codes up to 12
	a - Code (positions 1-7)	2300	HI01-2	C022	1271	BN/ABN in H101-1 DE 1270	

Comprehensive Hospital Abstract Reporting System (CHARS)

Companion Guide for CHARS 837I 5010-R5

CHARS UB-04 to X12 837I 005010X233/005010X233A2

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
	a - POA Indicator (position 8)	2300	HI01-9		1073		
	b - Code (positions 1-7)	2300	HI02-2	C022	1271	BN/ABN in HI02-1 DE 1270	
	b - POA Indicator (position 8)	2300	HI02-9		1073		
	c - Code (positions 1-7)	2300	HI03-2	C022	1271	BN/ABN in HI03-1 DE 1270	
	c - POA Indicator (position 8)	2300	HI03-9		1073		
FL 73	Reserved for Assignment by the NUBC						
FL 74	Principal Procedure Code and Date						
	Code	2300	HI01-2	C022	1271	BR/BBR in HI01-1 DE 1270	
	Date	2300	HI01-4	C022	1251	D8 in HI01-3 DE1250	
FL 74a-e	Other Procedure Codes and Dates						Report all Other Procedure Codes and Dates up to 24
	a - Code	2300	HI01-2	C022	1271	BQ/BBQ in HI01-1 DE 1270	

Comprehensive Hospital Abstract Reporting System (CHARS)

Companion Guide for CHARS 837I 5010-R5

CHARS UB-04 to X12 837I 005010X233/005010X233A2

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
	a - Date	2300	HI01-4	C022	1251	D8 in HI01-3 DE 1250	
	b - Code	2300	HI02-2	C022	1271	BQ/BBQ in HI02-1 DE 1270	
	b - Date	2300	HI02-4	C022	1251	D8 in HI02-3 DE 1250	
	c - Code	2300	HI03-2	C022	1271	BQ/BBQ in HI03-1 DE 1270	
	c - Date	2300	HI03-4	C022	1251	D8 in HI03-3 DE 1250	
	d - Code	2300	HI04-2	C022	1271	BQ/BBQ in HI04-1 DE 1270	
	d - Date	2300	HI04-4	C022	1251	D8 in HI04-3 DE 1250	
	e - Code	2300	HI05-2	C022	1271	BQ/BBQ in HI05-1 DE 1270	
	e - Date	2300	HI05-4	C022	1251	D8 in HI05-3 DE 1250	
FL 75	Reserved for Assignment by the NUBC						
FL 76	Attending Provider Name and Identifiers						
	NPI	2310A	NM109		67	71 in NM 101 DE 98; XX in NM108 DE 66	

Comprehensive Hospital Abstract Reporting System (CHARS)

Companion Guide for CHARS 837I 5010-R5

CHARS UB-04 to X12 837I 005010X233/005010X233A2

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
	Secondary Identifier Qualifier	2310A	REF01		128		
	Secondary Identifier	2310A	REF02		127		
	Last Name	2310A	NM103		1035	1 in NM102 DE 1065	
	First Name	2310A	NM104		1036		
FL 77	Operating Provider Name and Identifiers						
	NPI	2310B	NM109		67	72 in NM 101 DE 98; XX in NM108 DE 66	
	Secondary Identifier Qualifier	2310B	REF01		128		
	Secondary Identifier	2310B	REF02		127		
	Last Name	2310B	NM103		1035	1 in NM102 DE 1065	
	First Name	2310B	NM104		1036		
FL 78-79	Other Provider (Individual) Names and Identifiers						

Comprehensive Hospital Abstract Reporting System (CHARS)

Companion Guide for CHARS 837I 5010-R5

CHARS UB-04 to X12 837I 005010X233/005010X233A2

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
	Provider Type Qualifier: Other Operating Physician Rendering Provider Referring Provider	2310C 2310D 2310F	NM101		98	ZZ 82 DN	Report only Other Operating Physician (Code Type Qualifier ZZ)
	NPI: Other Operating Physician Rendering Provider Referring Provider	2310C 2310D 2310F	NM109		67	XX in NM108 DE 66	
	Secondary Identifier Qualifier: Other Operating Physician Rendering Provider Referring Provider	2310C 2310D 2310F	REF01		128		
	Secondary Identifier: Other Operating Physician Rendering Provider Referring Provider	2310C 2310D 2310F	REF02		127		
	Last Name: Other Operating Physician Rendering Provider Referring Provider	2310C 2310D 2310F	NM103		1035	1 in NM102 DE 1065	

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
	First Name: Other Operating Physician Rendering Provider Referring Provider	2310C 2310D 2310F	NM104		1036		
FL 80	Remarks	2300	NTE02		352	ADD in NTE01 DE 363	Patient Race, Ethnicity and SSN. See segment Detail below.
FL 81	Code-Code Field						
	B1 – Patient Race and Ethnicity	2300	NTE02	C056		ADD in NTE 01; RET in NTE02	NTE Billing Note. See segment Detail below.
	B3 – Health Care Taxonomy Code (Billing Provider)	2000A	PRV03		127	BI in PRV01 DE 1221; PXC in PRV02 DE 128	Required. See External Code Set 682 above.

Segment Detail 2300 NTE - Billing Note with Patient Race, Ethnicity and SSN

Segment Usage: Required

Patient Race, Ethnicity and SSN are required by WA State Administrative Code. Report one ethnicity code and at least one race code

Segment Syntax: Format the NTE02 to contain two data elements, DE01 and DE02.

Example 1: NTE*ADD*:RET:R9^:RET:E1~

Example 2: NTE*ADD*:RET:R2^:RET:R4^:RET:E1*SY:987654321~

Detail		
Usage	Ref. Des.	Name and Description
REQUIRED	DE01	Race and Ethnicity Code DE01 is a 3-component Composite data element, Race and Ethnicity Code. Composite DE01 may repeat up to 10 times to report multiple race codes and a single ethnicity code. One Ethnicity code and at least one Race Code are required. Syntax: If either DE01-2 or DE01-3 is present, then the other is required.
NOT USED	DE01-1	Race or Ethnicity Code

Comprehensive Hospital Abstract Reporting System (CHARS)

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CHARS UB-04 to X12 837I 005010X233/005010X233A2

Detail		
Usage	Ref. Des.	Name and Description
REQUIRED	DE01-2	Code List Qualifier Data element length: 1/3 RET – Race or Ethnicity Code
REQUIRED	DE01-3	Race or Ethnicity Code Data Element Length: 1/30. Use CHARS Code List B1.
SITUATIONAL	DE02	Patient SSN Use when FL59 is not 18 (Self) DE02 is a 2-component Composite data element. Syntax: If either DE02-1 or DE02-2 is present, then both are required.
REQUIRED	DE02-1	Code List Qualifier Data element length: 1/3 SY – Social Security Number
REQUIRED	DE02-2	Patient SSN Data Element length: 1/9 If DE02 is not required, then do not report this data element.

6 Change Summary

6.1 Changes in Revision 5(R5)

- Clarified ICD-10 reporting in the CHARS 5010 files.
- Corrected typographical errors.

6.2 Changes in Revision 4(R4)

6.2.1 Global Changes

- Corrected typographical errors.

6.3 Changes in Revision 3(R3)

6.3.1 Detailed Transaction Change

- The Race and Ethnicity repetition instructions are corrected and the examples are corrected to show correct repetition of the data element.

6.4 Changes in Revision 2 (R2)

This is the second revision of the Companion Guide for CHARS 837I 5010 since its initial publication in February 2011. This revision modifies some control values and adds others that were omitted from the previous documents.

6.4.1 Global Changes

- The CHARS Companion Guide ID is changed to reflect the revision by appending "-R2" to the document title.
- Consolidated "CHARS Specific Values Mapping" and "Complete Mapping" documents in to a single document.
- Moved Control Segment and Control Values to the front of the document with CHARS Code Sets to consolidate file control structures.

6.4.2 Detailed Transaction Changes

- Clarified that 2010BB REF - Other (Billing) Provider Identifier is not to be used for the CHARS Payer ID.

6.4.3 Control Segments

- Changed ISA06 and GS02 from NPI to Hospital CHARS ID. Download the CHARS Procedure Manual and see Appendix F for these values.
- Added control values for 1000 Loop and emphasized required value 2000A PRV03 Billing Provider Taxonomy Code.

- Added the Basic Character Set and Extended Character Set tables from the X12 837 TR3 for reference. If there is any discrepancy between these values and the X12 837 TR3, the TR3 report takes precedence.

6.5 Changes in Revision 1 (R1)

Revision 1 included the X12 5010 A2 changes as well as errata reported by readers.

6.5.1 Global Changes

- The CHARS Companion Guide ID is changed to reflect the revision by appending "-R1" to the document name.
- The X12 837 implementation ID is changed to 005010XA2 wherever it appears.

6.5.2 Detailed Transaction Changes

- Added a general note referring the reader to the CHARS reporting requirement specification on the DOH web site.
- Corrected the example NTE segment in the Race and Ethnicity Codes table by adding a composite separator character (:) after RET.
- Corrected Loop ID for FL03 address to 2010AB.
- Added explanatory remark to FL09e that Country Code is reported only if the address is outside the USA.

6.5.3 Control Segments

- Removed option to use X12 version identifier 005010X223 in GS08 Version/Release/Identifier Code.
- Added requirement to use Transaction Type Code "RP" in BHT06.