Sutter Health Plus
Your Health Plan

HIPAA 835 Standard Companion Guide

Refers to the Implementation Guides Based on ASC X12 version 005010CORE

v5010 Companion Guide

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Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Sutter Health Plus Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under the Health Insurance Portability and Accountability Act (HIPAA). The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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Sutter Health Plus 835 Companion Guide

1 Introduction

Under the Administrative Simplification provisions of HIPAA (1996), the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial health care transactions. The purpose of the Administrative Simplification portion of HIPAA is to enable health information to be exchanged electronically and to adopt standards for those transactions.

2 Scope

This section specifies the appropriate and recommended use of the Companion Guide.

This companion guide is intended for Sutter Health Plus trading partners interested in exchanging HIPAA compliant X12 transactions with Sutter Health Plus. It is intended to be used in conjunction with X12N Implementation Guides and is not intended to contradict or exceed X12 standards. It is intended to be used to clarify the CORE rules. It contains information about specific Sutter Health Plus requirements for processing following X12N Implementation Guides:

005010X221A1, Health Care Claim Payment/Advice (835)

All instructions in this document are written using information known at the time of publication and are subject to change.

3 Overview

The Health Insurance Portability and Accountability Act–Administration Simplification (HIPAAAS) requires
Sutter Health Plus and all other covered entities to comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services.

This guide is designed to help those responsible for testing and setting up electronic claim status transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting and identifies codes and data elements that do not apply to Sutter Health Plus. This guide supplements (but does not contradict) requirements in the ASC X12N 835 (version 005010X212) implementation. This information should be given to the provider's business area to ensure that claims status responses are interpreted correctly.

4 References

This section specifies additional documents useful for reading. For example, the X12N Implementation Guides adopted under HIPAA that this document is a companion to:

ACS X12 Version 5010 TR3s: http://store.x12.org/store/healthcare-5010-consolidated-guides

CAQH/CORE: *http//www.caqh.org/COREv5010.php*

5 Working with Sutter Health Plus

For questions relating to Sutter Health Plus 835 Health Care Claim Remittance Advice Transaction or testing, send an email to the Sutter Health Plus EDI Department at shpedi.support@sutterhealth.org.

6 Trading Partner Registration

A Sutter Health Plus EDI trading partner is any business partner, i.e. provider, billing service, software vendor, employer group, financial institution, etc. who transmits to or receives electronic data from Sutter Health Plus.

Trading partners can initiate registration by completing and sending the Provider EDI Request form to Sutter Health Plus.

Access the form online at: https://www.sutterhealthplus.org/providers/non-participating-providers. The form can be filled out online, saved, and emailed to Sutter Health Plus at shpedi.support@sutterhealth.org.

Sutter Health Plus will forward the inquiry to MIS for processing, testing and authorization. Once authorized MIS will register trading partners to receive 835s.

7 Testing with the Payer

After the trading partner setup is complete, Edifecs and the trading partner can test 835 transactions in the test environment. Edifecs notifies the trading partner after the successful completion of testing and prepares the trading partner for production status.

- During the testing process, Edifecs examines test transactions for required elements, and ensures that the trading partner gets a response during the testing
- When the trading partner is ready to receive 835 transactions from the production mailbox, they must notify the Sutter Health Plus EDI Department at *shpedi.support@sutterhealth.org.* The EDI Department then moves the trading partner to the production environment
- The trading partner mailbox name remains the same when moving from test to production. Changing passwords is optional upon submitter's request to the EDI Department

8 Connectivity with the Payer/Communications

8.1 Process Flows

- The user application submits SOAP request at https://or.edifecs.com/mt1sp700 and MIME request at https://or.edifecs.com/mt1mp700
- Sutter Health Plus' system authenticates the user

- If the user is successfully authorized, all 835s available for the requested trading partner will be delivered. If the user is unauthorized then an unauthorized response is returned
- If the user is submitting acknowledgement data and the user is successfully authorized, an HTTP 202 OK status is returned to the user indicating that the batch transaction has been accepted for processing

8.2 Transmission Administrative Procedure

Batch 835 requests are limited to one pickup request per transmission.

8.3 Re-transmission procedure

If the HTTP post reply message is not received within the 60-second response period, the users CORE compliant system should send a duplicate transaction no sooner than 90 seconds after the original attempt was sent.

If no response is received after the second attempt, the users CORE compliant system should submit no more than five duplicate transactions within the next 15 minutes. If the additional attempts result in the same timeout termination, the users CORE compliant system should notify the user to contact the health plan of information source directly to determine if system availability problems exist of if there are known Internet traffic constraints causing the delay.

8.4 Communication Protocol Specifications

The following is a list of technical standards and versions of the SOAP environment and claim status payload:

- HTTP Version 1.1
- SOAP Version 1.2
- SSL Version 3
- CAQH SOAP (Sutter Health Plus supports us of HTTP SOAP + WSDL envelope standards as identified in CAQH CORE Phase III Connectivity standards)

The following is a list of technical standards and versions for the HTTP MIME multipart envelope and claim status payload:

- HTTP Version 1.1
- SSL Version 3.0
- MIME Version 1.0
- CAQH MIME (Sutter Health Plus supports use of MIME multipart envelope standards as identified in CAQH CORE Phase III Connectivity standards)

Message Specifications for SOAP Envelope Element	Specification
PayloadType	005010X221A1 Health Care Claim Payment/Advice (835)
ProcessingMode	Batch
SenderID	SHP
ReceiverID	As assigned by Sutter Health Plus
Certificate Version	Username Password

8.5 Passwords

The Sutter Health Plus EDI Department is responsible for filing requests for password assignment and resets. For any information queries, please email us at shpedi.support@sutterhealth.org.

8.6 Maintenance Schedule

The systems used by the 835 transaction have a standard maintenance schedule of Sunday 10 p.m. to 12 a.m. PST. The systems are unavailable during this time. Email notifications will be sent notifying submitters of unscheduled system outages.

9 Contact Information

The following sections provide contact information for any questions regarding HIPAA, 835 transaction, and documentation or testing.

9.1 EDI Customer Service

For 835 transaction related questions email at shpedi.support@sutterhealth.org

9.2 EDI Technical Assistance

Email shpedi.support@sutterhealth.org

9.3 Provider Service Number

Email shpedi.support@sutterhealth.org

9.4 Applicable Websites/Email

Website URL: https://www.sutterhealthplus.org/providers/non-participating-providers

Email us at: shpedi.support@sutterhealth.org

10 Control Segments/Envelopes

The ISA segment terminator, which immediately follows the component element separator, must consist of only one character code. This same character code must be used as the segment terminator for each segment in the ISA-IEA segment set.

SEG	ELEMENT	ELEMENT DESCRIPTION	ELEMENT VALUES	SUTTER HEALTH PLUS BUSINESS RULES	R/S
Loop: Envelope – One Envelope loop will be contained in each file. *ISA segment: One per envelope loop.*					
ISA	**01**	Authorization Info Qualifier	00	No Authorization Info	R
ISA	**02**	Authorization Info	BLANK		R
ISA	**03**	Security Info Qualifier	00	No Security Info	R
ISA	**04**	Security Info	BLANK		R
ISA	**05**	Sender ID Qualifier	ZZ		R
ISA	**06**	Sender ID	942411167	(Same as GS-02)	R
ISA	**07**	Receiver ID Qualifier	ZZ		R
ISA	**08**	Receiver ID	Mutually Agreed Upon ID	This ID must match the one agreed to with Sutter Health Plus (Same as GS-03)	R
ISA	**09**	Interchange Date	YYMMDD		R
ISA	**10**	Interchange Time	HHMM		R

ISA	**11**	Repetition Separator	"|"		R
ISA	**12**	Interchange Control Version #	00501		R
ISA	**13**	Interchange Control #	YYYYMMDD + Serial#	The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02	R
ISA	**14**	Acknowledgement Requested	0 = No Acknowledgement Requested 1 = Interchange Acknowledgement Requested (TA1)		R
ISA	**15**	Usage Indicator	P = Prod T=Test	P should only be sent when the file should make updates to the member in the live environment and not test purposes	R
ISA	**16**	Component Element Separator	" :"		R
		SEGMENT TERMINATOR	" ~ "	Segment terminator may not be a carriage return, line feed, new line or any combination thereof	R
GS Segment: One per Envelope loop.					
GS	**01**	Functional ID Code	HC		R
GS	**02**	Sender ID	942411167		R
GS	**03**	Receiver ID		Same as ISA08	R
GS	**04**	Date	CCYYMMDD	Date that the file was created	R
GS	**05**	Time	HHMM	Time the file was created	R
GS	**06**	Group Control Number	1		R
GS	**07**	Responsible Agency Code	X		R
GS	**08**	Version/Release Code	005010X221A1	Version/Release/Industry Identifier Code	R
Loop: ST–SE – There will be at least one ST-SE loop per submitter in the ISA envelope. ST Segment: One per ST-SE loop.					
ST	**01**	Transaction ID Code	835	Health Care Claim Payment/Advice	R
ST	**02**	Transaction Set Control #		This ID must be unique in the Envelope and should be unique for the file	R
BPR Segment: One per Envelope loop.					
BPR	**01**	GS Segment: One per Envelope loop.	C = Payment Accompanies Remittance Advice D = Make Payment Only H = Notification Only I = Remittance Information Only P = Prenotification of Future Transfers U = Split Payment and Remittance X = Handling Party's Option to Split Payment and Remittance		R
BPR	**02**	Total Actual Provider Payment Amount			R
BPR	**03**	Credit or Debit Flag Code	C = Credit D = Debit		R
BPR	**04**	Payment Method Code	ACH = Automated Clearing House (ACH) BOP = Financial Institution Option CHK = Check		R

			FWT = Federal Reserve Funds/Wire Transfer – Nonrepetitive NON = Non-Payment Data		
BPR	**05**	Payment Format Code	CCP = Cash Concentration/Disbursement plus Addenda (CCD+) (ACH) CTX = Corporate Trade Exchange (CTX) (ACH)		O
BPR	**06**	Depository Financial Institution (DFI) Identification Number Qualifier	01 = ABA Transit Routing Number Including Check Digits (9 digits) 04 = Canadian Bank Branch and Institution Number		O
BPR	**07**	Sender DFI Identifier			
BPR	**08**	Account Number Qualifier	DA	Demand Deposit	OO
BPR	**09**	Sender Bank Account Number	Payer Identifier		O
BPR	**10**	Payer Identifier			O
BPR	**11**	Originating Company Supplemental Code			O
BPR	**12**	(DFI) ID Number Qualifier	01 = ABA Transit Routing Number Including Check Digits (9 digits) 04 = Canadian Bank Branch and Institution Number		O
BPR	**13**	(DFI) Identification Number			O
BPR	**14**	Account Number Qualifier	DA = Demand Deposit SG = Savings		O
BPR	**15**	Receiver or Provider Account Number			O
BPR	**16**	Check Issue or EFT Effective Date			O
TRN Segment: One per Envelope loop.					
TRN	**01**	Trace Type Code	1	Current Transaction Trace Numbers	R
TRN	**02**	Check or EFT Trace Number			R
TRN	**03**	Payer Identifier	1461183948		R
TRN	**04**	Originating Company Supplemental Code			R
REF Segment: One per Envelope loop.					
REF	**01**	Reference Identification Qualifier	F2	Version Code - Local	R
REF	**02**	Version Identification Code			R
DTM Segment: One per Envelope loop.					
DTM	**01**	Date Time Qualifier	405	Production	R
DTM	**02**	Production Date		End date of the adjudication cycle for the claims in the ST-SE loop.	R
Loop: 1000A Payer Identification – There will be one 1000A loop per submitter in the ST-SE loop. N1 Segment: One per 1000A loop.					

N1	**01**	Entity Identifier Code	PR	Payer	R
N1	**02**	Payer Name			R
N1	**03**	Identification Code Qualifier	FI	Federal Taxpayer's Identification Number	R
N1	**04**	Payer Identifier			R
N3 Segment: One per 1000A loop.					
N3	**01**	Payer Address Line 1			R
N3	**02**	Payer Address Line 2			O
N4 Segment: One per 1000A loop.					
N4	**01**	Payer City Name			R
N4	**02**	Payer State Code			R
N4	**03**	Payer ZIP Code			R
PER Segment: One per 1000A loop.					
PER	**01**	Contact Function Code	BL	Technical Department	R
PER	**02**	Payer Technical Contact Name			R
PER	**03**	Communication Number Qualifier	TE	Telephone	R
PER	**04**	Payer Contact Communication Number			R
Loop: 1000B Payee Identification – There will be one 1000B loop per submitter in the ST-SE loop. N1 Segment: One per 1000B loop.					
N1	**01**	Entity Identifier Code	PE	Payee	R
N1	**02**	Payee Name			R
N1	**03**	Identification Code Qualifier	FI	Federal Taxpayer's Identification Number	R
N1	**04**	Payee Identifier			R
N3 Segment: One per 1000B loop.					
N3	**01**	Payee Address Line 1			R
N3	**02**	Payee Address Line 2			O
N4 Segment: One per 1000B loop.					
N4	**01**	Payee City Name			R
N4	**02**	Payee State Code			R
N4	**03**	Payee ZIP Code			R
Loop: 2000 Header – There will be at least one 2000 loop per ST-SE loop. LX Segment: One per 2000 loop.					
LX	**01**	Assigned Number			R
Loop: 2100 Claim – There will be at least one 2100 loop 2000 loop. *CLP Segment: At least one per 2100 loop.*					
CLP	**01**	Patient Control Number			R
CLP	**02**	Claim Status Code	1 = Processed as Primary 2 = Processed as Secondary 3 = Processed as Tertiary		R

			4 = Denied 19 = Processed as Primary, Forwarded to Additional Payer(s) 20 = Processed as Secondary, Forwarded to Additional Payer(s) 21 = Processed as Tertiary, Forwarded to Additional Payer(s) 22 = Reversal of Previous Payment 23 = Not Our Claim, Forwarded to Additional Payer(s) 25 = Predetermination Pricing Only - No Payment		
CLP	**03**	Total Claim Charge Amount			R
CLP	**04**	Claim Payment Amount			R
CLP	**05**	Patient Responsibility Amount			O
CLP	**06**	Claim Filing Indicator Code	12 = Preferred Provider Organization (PPO) 13 = Point of Service (POS) 14 = Exclusive Provider Organization (EPO) 15 = Indemnity Insurance 16 = Health Maintenance Organization (HMO) Medicare Risk 17 = Dental Maintenance Organization AM = Automobile Medical CH = Champus DS = Disability HM = Health Maintenance Organization LM = Liability Medical MA = Medicare Part A MB = Medicare Part B MC = Medicaid OF = Other Federal Program TV = Title V VA = Veterans Affairs Plan WC = Workers' Compensation Health Claim ZZ = Mutually Defined		R
CLP	**07**	Payer Claim Control Number			R
CLP	**08**	Facility Type Code			O
CLP	**09**	Claim Frequency Code			O
CLP	**11**	Diagnosis Related Group Number (DRG)			O
CLP	**12**	Diagnosis Related Group (DRG) Weight			O
CLP	**13**	Discharge Fraction			O

NM1 Patient Name Segment: One per 2100 loop.					
NM1	**01**	Entity Identifier Code	QC	Patient	R
NM1	**02**	Entity Type Qualifier	1	Person	R
NM1	**03**	Patient Last Name			R
NM1	**04**	Patient First Name			R
NM1	**05**	Patient Middle Name or Initial			O
NM1	**07**	Patient Name Suffix			)
NM1	**08**	Identification Code Qualifier	MI = Member Identification Number		
NM1	**09**	Patient Identifier			
NM1 Insured Name Segment: One per 2100 loop.					
NM1	**01**	Entity Identifier Code	IL	Subscriber	R
NM1	**02**	Entity Type Qualifier	1	Person	R
NM1	**03**	Subscriber Last Name			R
NM1	**04**	Subscriber First Name			R
NM1	**05**	Subscriber Middle Name or Initial			O
NM1	**07**	Subscriber Name Suffix			O
NM1	**08**	Identification Code Qualifier	MI = Member Identification Number		R
NM1	**09**	Subscriber Identifier			R
DTP Claim Statement Start Date Segment: One per 2100 loop.					
DTP	**01**	Date Time Qualifier	232	Claim Statement Period Start	R
DTP	**02**	Claim Start Date			R
DTP Claim Statement End Date Segment: One per 2100 loop.					
DTP	**01**	Date Time Qualifier	233	Claim Statement Period End	O
DTP	**02**	Claim End Date			O
DTP Claim Received Date Segment: One per 2100 loop.					
DTP	**01**	Date Time Qualifier	050	Claim Received Date	R
DTP	**02**	Claim Received Date			R
AMT Claim Amount Segment: One per type from AMT01 per 2100 loop. AU should always be present.					
AMT	**01**	Amount Qualifier Code	AU = Coverage Amount D8 = Discount Amount DY = Per Day Limit F5 = Patient Amount Paid I = Interest T = Tax		R
AMT	**02**	Claim Supplemental Information Amount			R
Loop: 2110 Service Line – There will be at least one 2110 loop per 2100 loop. *SVC Segment: At least one per 2110 loop.*					
SVC	**01-1**	Product or Service ID Qualifier	AD = American Dental Association Codes ER = Jurisdiction Specific Procedure and Supply Codes HC = Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HP = Health Insurance Prospective Payment System (HIPPS) Skilled		R

			Nursing Facility Rate Code IV = Home Infusion EDI Coalition (HIEC) Product/Service Code N4 = National Drug Code in 5-4-2 Format N6 = National Health Related Item Code in 4-6 Format NU = National Uniform Billing Committee (NUBC) UB92 Codes UI = U.P.C. Consumer Package Code (1-5-5) WK = Advanced Billing Concepts (ABC) Codes		
SVC	**01-2**	Adjudicated Procedure Code			R
SVC	**01-3**	Procedure Modifier			O
SVC	**01-4**	Procedure Modifier			O
SVC	**01-5**	Procedure Modifier			O
SVC	**01-6**	Procedure Modifier			O
SVC	**02**	Line Item Charge Amount			R
SVC	**03**	Line Item Provider Payment Amount			R
SVC	**04**	National Uniform Billing Committee Revenue Code			O
SVC	**05**	Units of Service Paid Count			O
SVC	**06-1**	Product or Service ID Qualifier	AD = American Dental Association Codes ER = Jurisdiction Specific Procedure and Supply Codes HC = Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HP = Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code IV = Home Infusion EDI Coalition (HIEC) Product/Service Code N4 = National Drug Code in 5-4-2 Format N6 = National Health Related Item Code in 4-6 Format NU = National Uniform Billing Committee (NUBC) UB92 Codes UI = U.P.C. Consumer Package Code (1-5-5) WK = Advanced Billing Concepts (ABC) Codes		O

SVC	**06-2**	Adjudicated Procedure Code			O
SVC	**06-3**	Procedure Modifier			O
SVC	**06-4**	Procedure Modifier			O
SVC	**06-5**	Procedure Modifier			O
SVC	**06-6**	Procedure Modifier			O
SVC	**06-7**	Procedure Code Description			O
SVC	**07**	Original Units of Service Count			O
DTP Service Start Date Segment: If service start date is sent then the DTP for service end date must be sent. If this pair is not sent then the DTP for service date will be sent. Service date will be sent for single day services.					
DTP	**01**	Date Time Qualifier	150	Service Period Start	R
DTP	**02**	Service Start Date			R
DTP Service End Date Segment: If service end date is sent then the DTP for service start date must be sent. If this pair is not sent then the DTP for service date will be sent. Service date will be sent for single day services.					
DTP	**01**	Date Time Qualifier	151	Service Period End	R
DTP	**02**	Service End Date			R
DTP Service Date Segment: If the DTP for service date is not sent then the service start and end date will be sent. Service date is only valid for single date services.					
DTP	**01**	Date Time Qualifier	472	Service Date	R
DTP	**02**	Service Date			R
CAS Service Adjustment Segment: Up to 99 can be sent.					
CAS	**01**	Claim Adjustment Group Code	CO = Contractual Obligations OA = Other adjustments PI = Payor Initiated Reductions PR = Patient Responsibility		R
	02	Claim Adjustment Reason Code			R
	03	Adjustment Amount			R
	04	Adjustment Quantity			O
	05	Adjustment Reason Code			O
	06	Adjustment Amount			O
	07	Adjustment Quantity			O
	08	Adjustment Reason Code			O
	09	Adjustment Amount			O
	10	Adjustment Quantity			O
	11	Adjustment Reason Code			O
	12	Adjustment Amount			O
	13	Adjustment Quantity			O
	14	Adjustment Reason Code			O
	15	Adjustment Amount			O
	16	Adjustment Quantity			O
	17	Adjustment Reason Code			O
	18	Adjustment Amount			O
	19	Adjustment Quantity			O

REF Segment: One per 2110 loop.					
REF	**01**	Reference Identification Qualifier	6R	Provider Control Number	R
REF	**02**	Line Item Control Number			R
AMT Claim Amount Segment: One per type from AMT01 per 2110 loop. B6 should always be present.					
AMT	**01**	Amount Qualifier Code	AU = Coverage Amount D8 = Discount Amount DY = Per Day Limit F5 = Patient Amount Paid I = Interest T = Tax		R
AMT	**02**	Claim Supplemental Information Amount	B6 = Allowed - Actual KH = Deduction Amount T = Tax T2 = Total Claim Before Taxes		R
LQ Remarks Segment: Up to 99 per 2110 loop.					
LQ	**01**	Code List Qualifier Code	HE = Claim Payment Remark Codes RX = National Council for Prescription Drug Programs Reject/Payment Codes		R
LQ	**02**	Remark Code			R
Segment SE: Transaction Set Trailer					
SE	**01**	Transaction Segment Count			R
SE	**02**	Transaction Set Control Number			R
Segment GE: Functional Group Trailer					
GE	**01**	Number of Transaction Sets Included			R
GE	**02**	Group Control Number		Will match GS06	R
Segment IEA: Transaction Set Trailer					
IEA	**01**	Number of Included Functional Groups			R
IEA	**02**	Interchange Control Number			R

11 Acknowledgements and Reports

11.1 999 – Acknowledgement for Health Care Insurance

Sutter Health Plus supports the 999 functional Acknowledgement.

11.2 TA1 - Interchange Acknowledgement Request

Sutter Health Plus supports the Interchange Acknowledgement Request (TA1) when any issues at ISA level.

12 Trading Partner Agreements

This section contains general information concerning Trading Partner Agreements (TPA). An actual TPA may optionally be included in an appendix.

12.1 Trading Partners

An EDI Trading Partner is defined as any Sutter Health Plus customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from Sutter Health Plus.
Sutter Health Plus uses request through the EDI Department to register new partners and agreement/setup forms to process electronic transactions.

13 Transaction Specific Information

Sutter Health Plus does not have any transaction specific information above HIPAA and TR3 guidelines.

14 Appendices

A. Transmission Examples

ISA*00*Authorizat*00*Security I*ZZ*Interchange Sen*ZZ*Interchange Rec*150608*1037*^*00501*000000002*0*T*:
GS*HP*Sample Sen*Sample Rec*20150608*1037*12346*X*005010X221A1
ST*835*1235
BPR*C*211316.33*C*ACH*CTX*04*00000020*DA*123456*1512345678*123123123*04*80000008*DA*98765*20150608
TRN*1*12345*1512345678*123123123
DTM*405*20021026
N1*PR* SUTTER HEALTH PLAN
N3*1 MAIN STREET
N4*TIMBUCKTU*AK*89111
REF*2U*999
PER*CX*Name*TE*1234567890*TE*1234567890*EX*999
PER*BL*Name*TE*1234567890
N1*PE*CYBIL MENTAL HOSPITAL*XX*1234567893
N4*TIMBUCKTU*AK*89111
REF*TJ*123478925
LX*110211
TS3*6543210903*11*19961231*1*211366.97
CLP*666123*1*211366.97*211318.40**15*1999999444444*11*1**100*100
CAS*CO*10*48.57
NM1*QC*1*SHEPARD*SAM*O***HN*666666666A
NM1*IL*1*SHEPARD*SAM*O***MI*666666666A
NM1*74*1******C*666666666B
NM1*82*1*SHEPARD*SAM*O***XX*1234567893
DTM*232*20021026
DTM*233*20021026
PER*CX*Name*TE*1234567890*TE*1234567890*EX*999
AMT*AU*8
QTY*CA*8
PLB*6543210903*20021026*CV:CP*1.27*CV:CP*-1.27*CV:CP*-1.2*CV:CP*-1.7*CV:CP*3.27*CV:CP*1.7
SE*28*1235
GE*1*12346
IEA*1*000000002