IAIABC
EDI IMPLEMENTATION GUIDE

for

MEDICAL BILL PAYMENT RECORDS

RELEASE 1.1
JULY 1, 2009 EDITION

INTERNATIONAL ASSOCIATION OF INDUSTRIAL ACCIDENT BOARDS AND COMMISSIONS

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Important Notes

1. Assistance requests and documentation error reporting should be made to the IAIABC at 608-663-6355 or contact us at www.iaiabc.org

2. This implementation guide is the product of consensus. The IAIABC makes no warranties regarding the fitness for any particular purpose of any resource, product or service that is mentioned within the guide and assumes no responsibility for consequential damages resulting from the use or reliance thereupon.

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MEDICAL BILL PAYMENT RECORDS
FOREWORD

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Introduction

What is the IAIABC?

The International Association of Industrial Accident Boards and Commissions was founded in 1914 with the mission of improving the newly developed workers' compensation systems. To improve a system, it is first necessary to measure and analyze its current status. With data gathered from its own and other jurisdictions, each state can then compare how its workers' compensation structure is doing and enhance its system accordingly. Information collected for workers' compensation is used to:

- Measure aggregate system costs
- Identify cost drivers
- Identify causes of workplace injuries and illnesses
- Develop management information to measure the effectiveness of benefit delivery systems
- Measure the impact of legislative and regulatory change
- Compare experience across jurisdictional lines

Purpose of EDI

Electronic Data Interchange, commonly known as EDI, has been used in commerce and government since the 1960s. It is computer-to-computer communication, without human intervention, so that data can be passed as quickly, efficiently, and cost-effectively as possible. To achieve this communication, the computer systems involved must "speak" the same standard language. Different commercial ventures, such as shipping, purchasing, and banking, use different sets of standards for transmitting their requirements, and in the early 1990s, the IAIABC began developing standards for the insurance community to report workers' compensation information to jurisdictions. Previously, state reporting had been a very paper-intensive process, and the hope was that EDI would save time, errors, and money by reducing or eliminating paper reporting.

IAIABC EDI Standards

The IAIABC EDI Committees, composed of representatives from jurisdictions and the insurance industry, meet regularly to develop and maintain standards for electronic reporting of workers' compensation information to jurisdictional regulatory agencies. To date, the IAIABC EDI Committees have developed national standards for jurisdictional reporting of

- First Reports of Injury
- Subsequent Reports of Injury
- Proof of Coverage
- Medical Bill Payment Records

Additionally, the IAIABC ProPay Subcommittee has developed the Electronic Billing and Payment National Companion Guide, which addresses medical providers' specific needs for billing in a workers' compensation environment.

EDI Workers' Compensation Medical Bill Payment Records

The IAIABC EDI Medical Bill Payment Records standard is based on the HIPAA-compliant ASC X12 837 Professional, Institutional, and Dental version 4010 standard. The IAIABC recognized the value of aligning with the national standard and worked with the X12 Property and Casualty Committee to combine the Professional, Institutional, and Dental reporting standards into one transmission to send jurisdictionally-required data from the payer to the jurisdiction. The interaction with X12 continues today to ensure that the IAIABC EDI Medical Bill Payment Records standard reflects the national standards as the workers' compensation arena has a common link with other payers – it utilizes the same health care providers in a community to treat injured workers as those treating patients covered by other payer entities.

Important note: The IAIABC EDI Medical Bill Payment Records Implementation Guide sets forth the national standards for EDI workers' compensation medical bill payment reporting to jurisdictions. Because each state has established its own laws and requirements, you will also need a copy of the state specific EDI requirements for a complete understanding of the state's reporting needs. The Implementation Guides pages of the IAIABC website (http://www.iaiabc.org) present the Event Table, Element Requirement Table, and Edit Matrix tables for each jurisdiction to customize to its own needs.

The IAIABC EDI Medical Bill Payment Records Implementation Guide is divided into six main sections. Each section fulfills a particular purpose, and it is important that you review the whole guide before starting your implementation. Followup reviews of the sections, as needed for further clarification of concerns, will be helpful as you move forward.

Section 1 of the Implementation Guide includes the data elements used in Medical Bill Payment Records, listed both by name and by number.

Section 2, the ASC X12 837 Health Care Claim, presents the loop and segment structure of the 837 transactions for payers to report their workers' compensation medical bill payments to regulators.

Section 3, ASC X12 837 Scenarios, demonstrates "real-life" examples of medical bills and how to report their payments to the jurisdiction. The scenarios are helpful to understand similar reporting situations, from the perspectives of both the data submitter and the data receiver.

Section 4, ASC X12 824 Application Advice, explains the acknowledgment transactions that the receiver of the 837 transaction returns to the submitter. The acknowledgment will indicate the status of the submitted report and whether it has been accepted, accepted with errors, or rejected.

Section 5, ASC X12 824 Scenarios, gives scenarios of various acknowledgment transactions.

Section 6, the Dictionaries, contains two subsections. The Data Dictionary presents the definitions of the business terms used in IAIABC EDI for workers' compensation Medical Bill Payment Records, and the Systems Dictionary gives the definitions for technical terms. When

the valid values for a term have been developed by a different organization, the user may be referred to the IAIABC website for a link to that external source. This step will ensure that the current value is always available to the user. The Implementation Note section of the definition includes processing rules that apply to the defined term. The complete definition of each term includes the Implementation Note; the definition must not be used without the conditions that are presented in the Implementation Note.

Updates to the Medical Bill Payment Records Implementation Guide

As EDI reporting for workers' compensation claims evolves, users may encounter issues that had not been anticipated in the original development of the Medical Bill Payment Records Implementation Guide. The IAIABC EDI Medical Committee continues to refine the product, based on the needs and requests of carriers and jurisdictions. If there is a specific problem that you cannot find the answer to, please contact the IAIABC directly at 608-663-6355.

The IAIABC website, http://www.iaiabc.org, includes much more information on EDI for workers' compensation. The EDI Committees work continuously on refining EDI reporting, and welcome new participants. Descriptions of the committees, contact lists, and other help with EDI are accessible on the website.

All IAIABC EDI products are created by the collaborative volunteer effort by members of the IAIABC EDI Committees, governed by the EDI Council.

July, 2009

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SECTION 1

MEDICAL BILL PAYMENT RECORDS
DATA ELEMENT LISTS

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DN	DATA ELEMENT NAME	ASC X12N FORMAT	CMS 1500	UB 04	IA	Payer	HCP	JLB	SNDR	IAIABC FORMAT
110	ACKNOWLEDGMENT TRANSACTION SET ID	ID 3/3			X				X	ID 3
719	ADA PROCEDURE BILLED CODE	A/N 1/48	24 D							ID 5
722	ADA PROCEDURE PAID CODE	A/N 1/48				X				ID 5
513	ADMISSION DATE	A/N 1/35		17						DATE 8
622	ADMISSION HOUR	A/N 1/35		18						ID 2
577	ADMISSION TYPE CODE	ID 1/1		19						ID 1
535	ADMITTING DIAGNOSIS CODE	A/N 1/30		76						ID 6
111	APPLICATION ACKNOWLEDGMENT CODE	ID 1/2			X				X	ID 2
564	BASIS OF COST DETERMINATION	ID 1/2				X				ID 2
532	BATCH CONTROL NUMBER	A/N 1/30							X	N/A
545	BILL ADJUSTMENT AMOUNT	R 1/18				X				$9.2
543	BILL ADJUSTMENT GROUP CODE	ID 1/2				X				ID 2
544	BILL ADJUSTMENT REASON CODE	ID 1/5				X				ID 3
546	BILL ADJUSTMENT UNITS	R 1/15				X				N 7
505	BILL FREQUENCY TYPE CODE	ID 1/1		4						ID 1
508	BILL SUBMISSION REASON CODE	ID 2/2				X				ID 2
503	BILLING FORMAT CODE	ID 1/2				X				ID 2
633	BILLING PROVIDER ANESTHESIA LICENSE NUMBER	A/N 1/30						X		A/N 30
540	BILLING PROVIDER CITY	A/N 2/30	33	1						A/N 30
569	BILLING PROVIDER COUNTRY CODE	ID 2/3	33	1						ID 3
629	BILLING PROVIDER FEIN	A/N 2/80	25	5						A/N 9
529	BILLING PROVIDER FIRST NAME	A/N 1/25	33	1						A/N 15
531	BILLING PROVIDER LAST NAME SUFFIX	A/N 1/10	33	1						A/N 4
528	BILLING PROVIDER LAST/GROUP NAME	A/N 1/35	33	1						A/N 40
632	BILLING PROVIDER MEDICARE NUMBER	A/N 1/30		51						A/N 30
530	BILLING PROVIDER MIDDLE/NAME INITIAL	A.N 1/25	33	1						A/N 15
634	BILLING PROVIDER NATIONAL PROVIDER ID	A/N 1/30		82,83						A/N 30
542	BILLING PROVIDER POSTAL CODE	ID 3/15	33	1						A/N 9
538	BILLING PROVIDER PRIMARY ADDRESS	A/N 1/55	33	1						A/N 40
537	BILLING PROVIDER PRIMARY SPECIALTY CODE	A/N 1/30				X	X			ID 10
539	BILLING PROVIDER SECONDARY ADDRESS	A/N 1/55	33	1						A/N 40
636	BILLING PROVIDER SPECIALTY LICENSE NUMBER	A/N 1/30						X		A/N 30
541	BILLING PROVIDER STATE CODE	ID 2/2	33	1						ID 2
630	BILLING PROVIDER STATE LICENSE NUMBER	A/N 1/30						X		A/N 30
523	BILLING PROVIDER UNIQUE BILL IDENTIFICATION NUMBER	A/N 1/38						X		A/N 30
502	BILLING TYPE CODE	ID 1/2				X	X			ID 2

DN	DATA ELEMENT NAME	ASC X12N FORMAT	CMS 1500	UB 04	IA	Payer	HCP	JLB	SNDR	IAIABC FORMAT
15	CLAIM ADMINISTRATOR CLAIM NUMBER	A/N 1/30				X	X			A/N 25
187	CLAIM ADMINISTRATOR FEIN	A/N 2/80				X	X			A/N 9
14	CLAIM ADMINISTRATOR MAILING POSTAL CODE	ID 3/15				X	X			A/N 9
188	CLAIM ADMINISTRATOR NAME	A/N 1/35 & A/N 1/60				X	X			A/N 40
741	CONTRACT LINE TYPE CODE	ID 2/2				X	X			ID 2
515	CONTRACT TYPE CODE	ID 2/2				X	X			ID 2
568	CRNA SUPERVISION INDICATOR	ID 1/1					X			ID 1
512	DATE INSURER PAID BILL	A/N 1/35				X				DATE 8
511	DATE INSURER RECEIVED BILL	A/N 1/35				X				DATE 8
510	DATE OF BILL	A/N 1/35	31	86						DATE 8
31	DATE OF INJURY	A/N 1/35	14	2						DATE 8
108	DATE PROCESSED	DT 8/8			X				X	DATE 8
100	DATE TRANSMISSION SENT	DT 8/8			X				X	DATE 8
554	DAY(S) /UNIT(S) BILLED	R 1/15	24 G	46						N 7
553	DAY(S)/UNIT(S) CODE	ID 2/2					X			ID2
580	DAY(S)/UNIT(S) PAID	R 1/15				X				N 7
557	DIAGNOSIS POINTER	N0 1/2	24 E							A/N 1
514	DISCHARGE DATE	A/N 1/35		33-36						DATE 8
623	DISCHARGE HOUR	A/N 1/35		21						ID 2
562	DISPENSE AS WRITTEN CODE	ID 1/1					X			ID 1
567	DME BILLING FREQUENCY CODE	ID 1/1					X			ID 1
518	DRG CODE	A/N 1/30					X			ID 5
563	DRUG NAME	A/N 1/80					X			A/N 40
572	DRUGS/SUPPLIES BILLED AMOUNT	R 1/18					X			$9.2
579	DRUGS/SUPPLIES DISPENSING FEE	R 1/18					X			$9.2
571	DRUGS/SUPPLIES NUMBER OF DAYS	R 1/15					X			N4
570	DRUGS/SUPPLIES QUANTITY DISPENSED	R 1/15					X			N4
116	ELEMENT ERROR NUMBER	A/N 1/30			X				X	ID 3
115	ELEMENT NUMBER	N0 1/4			X				X	ID 4
52	EMPLOYEE DATE OF BIRTH	A/N 1/35	3	14						DATE 8
152	EMPLOYEE EMPLOYMENT VISA	A/N 2/80				X	X			A/N 15
44	EMPLOYEE FIRST NAME	A/N 1/25	2	12						A/N 15
53	EMPLOYEE GENDER CODE	ID 1/1	3	15						ID 1
153	EMPLOYEE GREEN CARD	A/N 2/80				X	X			A/N 15
154	EMPLOYEE ID ASSIGNED BY JURISDICTION	A/N 2/80				X	X			A/N 15

DN	DATA ELEMENT NAME	ASC X12N FORMAT	CMS 1500	UB 04	IA	Payer	HCP	JLB	SNDR	IAIABC FORMAT
43	EMPLOYEE LAST NAME	A/N 1/35	2	12						A/N 40
255	EMPLOYEE LAST NAME SUFFIX	A/N 1/10	2	12						A/N 4
48	EMPLOYEE MAILING CITY	A/N 2/30	5	13						A/N 30
155	EMPLOYEE MAILING COUNTRY CODE	ID 2/3	5	13						ID 3
50	EMPLOYEE MAILING POSTAL CODE	A/N 3/15	5	13						A/N 9
46	EMPLOYEE MAILING PRIMARY ADDRESS	A/N 1/55	5	13						A/N 40
47	EMPLOYEE MAILING SECONDARY ADDRESS	A/N 1/55	5	13						A/N 40
49	EMPLOYEE MAILING STATE CODE	ID 2/2	5	13						ID2
54	EMPLOYEE MARITAL STATUS CODE	ID 1/1	8	16						ID1
45	EMPLOYEE MIDDLE NAME/INITIAL	A/N 1/25	2	12						A/N 15
156	EMPLOYEE PASSPORT NUMBER	A/N 2/80				X	X			A/N 15
51	EMPLOYEE PHONE NUMBER	A/N 1/80	5							A/N 15
42	EMPLOYEE SSN	A/N 2/80				X	X			A/N 15
159	EMPLOYER CONTACT BUSINESS PHONE NUMBER	A/N 1/80	7							A/N 15
16	EMPLOYER FEIN	A/N 2/80				X				A/N 9
18	EMPLOYER NAME	A/N 1/35 & A/N 1/60	11 B	65						A/N40
21	EMPLOYER PHYSICAL CITY	A/N 2/30	7	66						A/N 15
164	EMPLOYER PHYSICAL COUNTRY CODE	ID 2/3	7	66						ID 3
23	EMPLOYER PHYSICAL POSTAL CODE	ID 3/15	7	66						A/N 9
19	EMPLOYER PHYSICAL PRIMARY ADDRESS	A/N 1/55	7	66						A/N 40
20	EMPLOYER PHYSICAL SECONDARY ADDRESS	A/N 1/55	7	66						A/N 40
22	EMPLOYER PHYSICAL STATE CODE	ID 2/2	7	66						ID 2
686	FACILITY CITY	A/N 2/30	32	1						A/N 30
504	FACILITY CODE	A/N 1/2		4						ID 2
689	FACILITY COUNTRY CODE	ID 2/3	32	1						ID 3
679	FACILITY FEIN	A/N 2/80					X			A/N 9
681	FACILITY MEDICARE NUMBER	A/N 1/30					X			A/N 30
678	FACILITY NAME	A/N 1/35 & A/N 1/60	32	1						A/N 40
682	FACILITY NATIONAL PROVIDER ID	A/N 1/30				X	X			A/N 30
688	FACILITY POSTAL CODE	ID 3/15	32	1						A/N 9
684	FACILITY PRIMARY ADDRESS	A/N 1/55	32	1						A/N 40
685	FACILITY SECONDARY ADDRESS	A/N 1/55	32	1						A/N 40
687	FACILITY STATE CODE	ID 2/2	32	1						ID 2
680	FACILITY STATE LICENSE NUMBER	A/N 1/30					X			A/N 30

DN	DATA ELEMENT NAME	ASC X12N FORMAT	CMS 1500	UB 04	IA	Payer	HCP	JLB	SNDR	IAIABC FORMAT
534	GATEKEEPER INDICATOR	ID 2/3				X	X			ID 1
737	HCPCS BILL PROCEDURE CODE	A/N 1/30	24 D	81-85						ID 6
714	HCPCS LINE PROCEDURE BILLED CODE	A/N 1/30	24 D	44						ID 6
726	HCPCS LINE PROCEDURE PAID CODE	A/N 1/30				X				ID 6
717	HCPCS MODIFIER BILLED CODE	A/N 2/2	24 D	44						ID2
727	HCPCS MODIFIER PAID CODE	A/N 2/2					X			ID 2
626	HCPCS PRINCIPAL PROCEDURE BILLED CODE	A/N 1/30		80						ID 6
736	ICD-9 CM PROCEDURE CODE	A/N 1/30		81						ID 6
522	ICD-9 CM DIAGNOSIS CODE	A/N 1/30	21 1-4	68-75						ID 6
525	ICD-9 CM PRINCIPAL PROCEDURE CODE	A/N 1/30		80						ID 6
624	INITIAL AMOUNT PAID	R 1/18				X				$9.2
6	INSURER FEIN	A/N 2/80				X				A/N 9
7	INSURER NAME	A/N 1/35 & A/N 1/60		50						A/N 40
616	INSURER POSTAL CODE	ID 3/15				X				A/N 9
5	JURISDICTION CLAIM NUMBER	A/N 1/30				X				A/N 25
718	JURISDICTION MODIFIER BILLED CODE	A/N 2/2	24 D							ID 2
730	JURISDICTION MODIFIER PAID CODE	A/N 2/2				X				ID 2
715	JURISDICTION PROCEDURE BILLED CODE	A/N 1/48				X				ID 6
729	JURISDICTION PROCEDURE PAID CODE	A/N 1/48				X				ID 6
547	LINE NUMBER	N0 1/6				X				N 6
710	MANAGED CARE ORGANIZATION CITY	A/N 2/30				X	X			A/N 30
713	MANAGED CARE ORGANIZATION COUNTRY CODE	ID 2/3				X	X			ID 3
704	MANAGED CARE ORGANIZATION FEIN	A/N 2/80				X	X			A/N 9
208	MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER	A/N 1/30						X		A/N 9
209	MANAGED CARE ORGANIZATION NAME	A/N 1/35 & A/N 1/60				X	X			A/N 40
712	MANAGED CARE ORGANIZATION POSTAL CODE	ID 3/15				X	X			A/N 9
708	MANAGED CARE ORGANIZATION PRIMARY ADDRESS	A/N 1/55				X	X			A/N 40
709	MANAGED CARE ORGANIZATION SECONDARY ADDRESS	A/N 1/55				X	X			A/N 40
711	MANAGED CARE ORGANIZATION STATE CODE	ID 2/2				X	X			ID 2
721	NDC BILLED CODE	A/N 1/48					X			ID 11
728	NDC PAID CODE	A/N 1/48				X				ID 11
102	ORIGINAL TRANSMISSION DATE	DT 8/8			X				X	DATE 8
103	ORIGINAL TRANSMISSION TIME	TM 4/8			X				X	TIME 6
517	PATIENT ACCOUNT NUMBER	A/N 1/30	26	3						A/N 30

DN	DATA ELEMENT NAME	ASC X12N FORMAT	CMS 1500	UB 04	IA	Payer	HCP	JLB	SNDR	IAIABC FORMAT
555	PLACE OF SERVICE BILL CODE	A/N 1/2					X			ID 2
600	PLACE OF SERVICE LINE CODE	A/N 1/2	24 B							ID 2
28	POLICY NUMBER	A/N 1/30	11							A/N 30
527	PRESCRIPTION BILL DATE	A/N 1/35					X			DATE 8
604	PRESCRIPTION LINE DATE	A/N 1/35					X			DATE 8
561	PRESCRIPTION LINE NUMBER	A/N 1/30					X			A/N 30
521	PRINCIPAL DIAGNOSIS CODE	A/N 1/30		67						ID 6
550	PRINCIPAL PROCEDURE DATE	A/N 1/35		80						DATE 8
524	PROCEDURE DATE	A/N 1/35		81						DATE 8
551	PROCEDURE DESCRIPTION	A/N 1/80	24 D							A/N 40
507	PROVIDER AGREEMENT CODE	ID 1/1				X	X			ID 1
742	PROVIDER AGREEMENT LINE CODE	ID 1/1				X	X			ID 1
506	PROVIDER SIGNATURE ON FILE INDICATOR	ID 1/1	31							ID 1
99	RECEIVER ID	A/N 2/80 ID3/15			X				X	A/N 25
698	REFERRING PROVIDER ANESTHESIA LICENSE NUMBER	A/N 1/30						X		A/N 30
694	REFERRING PROVIDER FEIN	A/N 2/80	17 A							A/N 9
691	REFERRING PROVIDER FIRST NAME	A/N 1/25	17							A/N 15
693	REFERRING PROVIDER LAST NAME SUFFIX	A/N 1/10	17							A/N 4
690	REFERRING PROVIDER LAST/GROUP NAME	A/N 1/35	17							A/N 40
697	REFERRING PROVIDER MEDICARE NUMBER	A/N 1/30					X			A/N 30
692	REFERRING PROVIDER MIDDLE NAME/INITIAL	A/N 1/25	17							A/N 15
699	REFERRING PROVIDER NATIONAL PROVIDER ID	A/N 1/30	33	82-83		X	X			A/N 30
701	REFERRING PROVIDER PRIMARY SPECIALTY LICENSE NUMBER	A/N 1/30						X		A/N 30
695	REFERRING PROVIDER STATE LICENSE NUMBER	A/N 1/30						X		A/N 30
526	RELEASE OF INFORMATION CODE	ID 1/1					X			ID 1
646	RENDERING BILL PROVIDER ANESTHESIA LICENSE NUMBER	A/N 1/30						X		A/N 30
654	RENDERING BILL PROVIDER CITY	A/N 2/30	32	1						A/N 30
657	RENDERING BILL PROVIDER COUNTRY CODE	ID 2/3	32	1						ID 3
642	RENDERING BILL PROVIDER FEIN	A/N 2/80	25							A/N 9
639	RENDERING BILL PROVIDER FIRST NAME	A/N 1/25	31	82						A/N 15
641	RENDERING BILL PROVIDER LAST NAME SUFFIX	A/N 1/10	31	82						A/N 4
638	RENDERING BILL PROVIDER LAST/GROUP NAME	A/N 1/35	31	82						A/N 40
645	RENDERING BILL PROVIDER MEDICARE NUMBER	A/N 1/30				X	X			A/N 30
640	RENDERING BILL PROVIDER MIDDLE NAME/INITIAL	A/N 1/25	31	82						A/N 15

DN	DATA ELEMENT NAME	ASC X12N FORMAT	CMS 1500	UB 04	IA	Payer	HCP	JLB	SNDR	IAIABC FORMAT
647	RENDERING BILL PROVIDER NATIONAL PROVIDER ID	A/N 1/30	33	82,83		X	X			A/N 30
656	RENDERING BILL PROVIDER POSTAL CODE	A/N 3/15	32	1						A/N 9
652	RENDERING BILL PROVIDER PRIMARY ADDRESS	A/N 1/55	32	1						A/N 40
651	RENDERING BILL PROVIDER PRIMARY SPECIALTY CODE	A/N 1/30				X	X			ID 10
653	RENDERING BILL PROVIDER SECONDARY ADDRESS	A/N 1/55	32	1						A/N 40
649	RENDERING BILL PROVIDER SPECIALTY LICENSE NUMBER	A/N 1/30						X		A/N 30
655	RENDERING BILL PROVIDER STATE CODE	ID 2/2	32	1						ID 2
643	RENDERING BILL PROVIDER STATE LICENSE NUMBER	A/N 1/30						X		A/N 30
583	RENDERING LINE PROVIDER ANESTHESIA LICENSE NUMBER	A/N 1/30						X		A/N 30
584	RENDERING LINE PROVIDER CITY	A/N 2/30					X			A/N 30
585	RENDERING LINE PROVIDER COUNTRY CODE	ID 2/3					X			ID 3
586	RENDERING LINE PROVIDER FEIN	A/N 2/80					X			A/N 9
587	RENDERING LINE PROVIDER FIRST NAME	A/N 1/25					X			A/N 15
588	RENDERING LINE PROVIDER LAST NAME SUFFIX	A/N 1/10					X			A/N 4
589	RENDERING LINE PROVIDER LAST/GROUP NAME	A/N 1/35					X			A/N 40
590	RENDERING LINE PROVIDER MEDICARE NUMBER	A/N 1/30				X	X			A/N 30
591	RENDERING LINE PROVIDER MIDDLE NAME/INITIAL	A/N 1/25					X			A/N 15
592	RENDERING LINE PROVIDER NATIONAL PROVIDER ID	A/N 1/30				X	X			A/N 30
593	RENDERING LINE PROVIDER POSTAL CODE	A/N 3/15					X			A/N 9
594	RENDERING LINE PROVIDER PRIMARY ADDRESS	A/N 1/55					X			A/N 40
595	RENDERING LINE PROVIDER PRIMARY SPECIALTY CODE	A/N 1/30				X	X			ID 10
596	RENDERING LINE PROVIDER SECONDARY ADDRESS	A/N 1/55					X			A/N 40
597	RENDERING LINE PROVIDER SPECIALTY LICENSE NUMBER	A/N 1/30						X		A/N 30
598	RENDERING LINE PROVIDER STATE CODE	ID 2/2					X			ID 2
599	RENDERING LINE PROVIDER STATE LICENSE NUMBER	A/N 1/30						X		A/N 30
615	REPORTING PERIOD	A/N 1/35				X				PERIOD 16
559	REVENUE BILLED CODE	A/N 1/48		42						ID 4
576	REVENUE PAID CODE	A/N 1/48				X				ID 4
560	REVENUE UNIT RATE	R 1/10		44						$9.2
98	SENDER ID	A/N 2/80 & ID 3/15			X				X	A/N 25
733	SERVICE ADJUSTMENT AMOUNT	R 1/18				X				$9.2
731	SERVICE ADJUSTMENT GROUP CODE	ID 1/2				X				ID 2
732	SERVICE ADJUSTMENT REASON CODE	ID 1/5				X				ID 3
734	SERVICE ADJUSTMENT UNITS	R 1/15				X				N 7
509	SERVICE BILL DATE(S) RANGE	A/N 1/35	18	6						PERIOD 16
605	SERVICE LINE DATE(S) RANGE	A/N 1/35	24A	45						PERIOD 16

DN	DATA ELEMENT NAME	ASC X12N FORMAT	CMS 1500	UB 04	IA	Payer	HCP	JLB	SNDR	IAIABC FORMAT
666	SUPERVISING PROVIDER ANESTHESIA LICENSE NUMBER	A/N 1/30						X		A/N 30
674	SUPERVISING PROVIDER CITY	A/N 2/30	32	1			X			A/N 30
677	SUPERVISING PROVIDER COUNTRY CODE	ID 2/3					X			ID 3
662	SUPERVISING PROVIDER FEIN	A/N 2/80					X			A/N 9
659	SUPERVISING PROVIDER FIRST NAME	A/N 1/25					X			A/N 15
661	SUPERVISING PROVIDER LAST NAME SUFFIX	A/N 1/10					X			A/N 4
658	SUPERVISING PROVIDER LAST/GROUP NAME	A/N 1/35					X			A/N 40
665	SUPERVISING PROVIDER MEDICARE NUMBER	A/N 1/30					X			A/N 30
660	SUPERVISING PROVIDER MIDDLE NAME/INITIAL	A/N 1/25					X			A/N 15
667	SUPERVISING PROVIDER NATIONAL PROVIDER ID	A/N 1/30					X			A/N 30
676	SUPERVISING PROVIDER POSTAL CODE	A/N 3/15					X			A/N 9
672	SUPERVISING PROVIDER PRIMARY ADDRESS	A/N 1/55					X			A/N 40
671	SUPERVISING PROVIDER PRIMARY SPECIALTY CODE	A/N 1/30					X			ID 10
673	SUPERVISING PROVIDER SECONDARY ADDRESS	A/N 1/55					X			A/N 40
669	SUPERVISING PROVIDER SPECIALITY LICENSE NUMBER	A/N 1/30						X		A/N 30
675	SUPERVISING PROVIDER STATE CODE	ID 2/2					X			ID 2
663	SUPERVISING PROVIDER STATE LICENSE NUMBER	A/N 1/30						X		A/N 30
109	TIME PROCESSED	TM 4/8			X				X	TIME 6
101	TIME TRANSMISSION SENT	TM 4/8			X				X	TIME 6
516	TOTAL AMOUNT PAID PER BILL	R 1/18				X				$9.2
574	TOTAL AMOUNT PAID PER LINE	R 1/18				X				$9.2
501	TOTAL CHARGE PER BILL	R 1/18	28	47						$9.2
552	TOTAL CHARGE PER LINE	R 1/18	24 F	47						$9.2
566	TOTAL CHARGE PER LINE - PURCHASE	R 1/18	24 F							$9.2
565	TOTAL CHARGE PER LINE - RENTAL	R 1/18	24 F							$9.2
266	TRANSACTION TRACKING NUMBER	A/N 1/30				X	X			A/N 9
581	TREATMENT AUTHORIZATION NUMBER	A/N 1/30	23	63						A/N 30
738	TREATMENT LINE AUTHORIZATION NUMBER	A/N 1/30	23	63						A/N 30
500	UNIQUE BILL ID NUMBER	A/N 1/30				X				A/N 30

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DN	DATA ELEMENT NAME	ANSI FORMAT	CMS 1500	UB 04	IA	Payer	HCP	JLB	SNDR	IAIABC FORMAT
5	JURISDICTION CLAIM NUMBER	A/N 1/30				X				A/N 25
6	INSURER FEIN	A/N 2/80				X				A/N 9
7	INSURER NAME	A/N 1/35 & 1/60		50						A/N 40
14	CLAIM ADMINISTRATOR MAILING POSTAL CODE	ID 3/15				X	X			A/N 9
15	CLAIM ADMINISTRATOR CLAIM NUMBER	A/N 1/30				X	X			A/N 25
16	EMPLOYER FEIN	A/N 2/80				X				A/N 9
18	EMPLOYER NAME	A/N 1/35 & 1/60	11 B	65						A/N40
19	EMPLOYER PHYSICAL PRIMARY ADDRESS	A/N 1/55	7	66						A/N 40
20	EMPLOYER PHYSICAL SECONDARY ADDRESS	A/N 1/55	7	66						A/N 40
21	EMPLOYER PHYSICAL CITY	A/N 2/30	7	66						A/N 15
22	EMPLOYER PHYSICAL STATE CODE	ID 2/2	7	66						ID 2
23	EMPLOYER PHYSICAL POSTAL CODE	ID 3/15	7	66						A/N 9
28	POLICY NUMBER	A/N 1/30	11							A/N 30
31	DATE OF INJURY	A/N 1/35	14	2						DATE 8
42	EMPLOYEE SSN	A/N 2/80				X	X			A/N 15
43	EMPLOYEE LAST NAME	A/N 1/35	2	12						A/N 40
44	EMPLOYEE FIRST NAME	A/N 1/25	2	12						A/N 15
45	EMPLOYEE MIDDLE NAME/INITIAL	A/N 1/25	2	12						A/N 15
46	EMPLOYEE MAILING PRIMARY ADDRESS	A/N 1/55	5	13						A/N 40
47	EMPLOYEE MAILING SECONDARY ADDRESS	A/N 1/55	5	13						A/N 40
48	EMPLOYEE MAILING CITY	A/N 2/30	5	13						A/N 30
49	EMPLOYEE MAILING STATE CODE	ID 2/2	5	13						ID2
50	EMPLOYEE MAILING POSTAL CODE	A/N 3/15	5	13						A/N 9
51	EMPLOYEE PHONE NUMBER	A/N 1/80	5							A/N 15
52	EMPLOYEE DATE OF BIRTH	A/N 1/35	3	14						DATE 8
53	EMPLOYEE GENDER CODE	ID 1/1	3	15						ID 1
54	EMPLOYEE MARITAL STATUS CODE	ID 1/1	8	16						ID1
98	SENDER ID	A/N 2/80 ID3/15			X				X	A/N 25
99	RECEIVER ID	A/N 2/80 ID3/15			X				X	A/N 25
100	DATE TRANSMISSION SENT	DT 8/8			X				X	DATE 8
101	TIME TRANSMISSION SENT	TM 4/8			X				X	TIME 6
102	ORIGINAL TRANSMISSION DATE	DT 8/8			X				X	DATE 8
103	ORIGINAL TRANSMISSION TIME	TM 4/8			X				X	TIME 6

DN	DATA ELEMENT NAME	ANSI FORMAT	CMS 1500	UB 04	IA	Payer	HCP	JLB	SNDR	IAIABC FORMAT
105	INTERCHANGE VERSION ID	A/N 1/30			X				X	ID 5
108	DATE PROCESSED	DT 8/8			X				X	DATE 8
109	TIME PROCESSED	TM 4/8			X				X	TIME 6
110	ACKNOWLEDGMENT TRANSACTION SET ID	ID 3/3			X				X	ID 3
111	APPLICATION ACKNOWLEDGMENT CODE	ID 1/2			X				X	ID 2
115	ELEMENT NUMBER	N0 1/4			X				X	ID 4
116	ELEMENT ERROR NUMBER	A/N 1/30			X				X	ID 3
152	EMPLOYEE EMPLOYMENT VISA	A/N 2/80				X	X			A/N 15
153	EMPLOYEE GREEN CARD	A/N 2/80				X	X			A/N 15
154	EMPLOYEE ID ASSIGNED BY JURISDICTION	A/N 2/80				X	X			A/N 15
155	EMPLOYEE MAILING COUNTRY CODE	ID 2/3	5	13						ID 3
156	EMPLOYEE PASSPORT NUMBER	A/N 2/80				X	X			A/N 15
159	EMPLOYER CONTACT BUSINESS PHONE NUMBER	A/N 1/80	7							A/N 15
164	EMPLOYER PHYSICAL COUNTRY CODE	ID 2/3	7	66						ID 3
187	CLAIM ADMINISTRATOR FEIN	A/N 2/80				X	X			A/N 9
188	CLAIM ADMINISTRATOR NAME	A/N 1/35 & 1/60				X	X			A/N 40
208	MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER	A/N 1/30						X		A/N 9
209	MANAGED CARE ORGANIZATION NAME	A/N 1/35 & 1/60				X	X			A/N 40
255	EMPLOYEE LAST NAME SUFFIX	A/N 1/10	2	12						A/N 4
266	TRANSACTION TRACKING NUMBER	A/N 1/30				X	X			A/N 9
500	UNIQUE BILL ID NUMBER	A/N 1/30				X				A/N 30
501	TOTAL CHARGE PER BILL	R 1/18	28	47						$9.2
502	BILLING TYPE CODE	ID 1/2				X	X			ID 2
503	BILLING FORMAT CODE	ID 1/2				X				ID 2
504	FACILITY CODE	A/N 1/2		4						ID 2
505	BILL FREQUENCY TYPE CODE	ID 1/1		4						ID 1
506	PROVIDER SIGNATURE ON FILE INDICATOR	ID 1/1	31							ID 1
507	PROVIDER AGREEMENT CODE	ID 1/1				X	X			ID 1
508	BILL SUBMISSION REASON CODE	ID 2/2				X				ID 2
509	SERVICE BILL DATE(S) RANGE	A/N 1/35	18	6						PERIOD 16
510	DATE OF BILL	A/N 1/35	31	86						DATE 8
511	DATE INSURER RECEIVED BILL	A/N 1/35				X				DATE 8
512	DATE INSURER PAID BILL	A/N 1/35				X				DATE 8

DN	DATA ELEMENT NAME	ANSI FORMAT	CMS 1500	UB 04	IA	Payer	HCP	JLB	SNDR	IAIABC FORMAT
513	ADMISSION DATE	A/N 1/35		17						DATE 8
514	DISCHARGE DATE	A/N 1/35		33-36						DATE 8
515	CONTRACT TYPE CODE	ID 2/2				X	X			ID 2
516	TOTAL AMOUNT PAID PER BILL	R 1/18				X				$9.2
517	PATIENT ACCOUNT NUMBER	A/N 1/30	26	3						A/N 30
518	DRG CODE	A/N 1/30					X			ID 5
521	PRINCIPAL DIAGNOSIS CODE	A/N 1/30		67						ID 6
522	ICD-9 CM DIAGNOSIS CODE	A/N 1/30	21 1-4	68-75						ID 6
523	BILLING PROVIDER UNIQUE BILL IDENTIFICATION NUMBER	A/N 1/38						X		A/N 30
524	PROCEDURE DATE	A/N 1/35		81						DATE 8
525	ICD-9 CM PRINCIPAL PROCEDURE CODE	A/N 1/30		80						ID 6
526	RELEASE OF INFORMATION CODE	ID 1/1					X			ID 1
527	PRESCRIPTION BILL DATE	A/N 1/35					X			DATE 8
528	BILLING PROVIDER LAST/GROUP NAME	A/N 1/35	33	1						A/N 40
529	BILLING PROVIDER FIRST NAME	A/N 1/25	33	1						A/N 15
530	BILLING PROVIDER MIDDLE/NAME INITIAL	A.N 1/25	33	1						A/N 15
531	BILLING PROVIDER LAST NAME SUFFIX	A/N 1/10	33	1						A/N 4
532	BATCH CONTROL NUMBER	A/N 1/30							X	N/A
534	GATEKEEPER INDICATOR	ID 2/3				X	X			ID 1
535	ADMITTING DIAGNOSIS CODE	A/N 1/30		76						ID 6
537	BILLING PROVIDER PRIMARY SPECIALTY CODE	A/N 1/30				X	X			ID 10
538	BILLING PROVIDER PRIMARY ADDRESS	A/N 1/55	33	1						A/N 40
539	BILLING PROVIDER SECONDARY ADDRESS	A/N 1/55	33	1						A/N 40
540	BILLING PROVIDER CITY	A/N 2/30	33	1						A/N 30
541	BILLING PROVIDER STATE CODE	ID 2/2	33	1						ID 2
542	BILLING PROVIDER POSTAL CODE	ID 3/15	33	1						A/N 9
543	BILL ADJUSTMENT GROUP CODE	ID 1/2				X				ID 2
544	BILL ADJUSTMENT REASON CODE	ID 1/5				X				ID 3
545	BILL ADJUSTMENT AMOUNT	R 1/18				X				$9.2
546	BILL ADJUSTMENT UNITS	R 1/15				X				N 7
547	LINE NUMBER	N0 1/6				X				N 6
550	PRINCIPAL PROCEDURE DATE	A/N 1/35		80						DATE 8
551	PROCEDURE DESCRIPTION	A/N 1/80	24 D							A/N 40
552	TOTAL CHARGE PER LINE	R 1/18	24 F	47						$9.2
553	DAY(S)/UNIT(S) CODE	ID 2/2					X			ID2

DN	DATA ELEMENT NAME	ANSI FORMAT	CMS 1500	UB 04	IA	Payer	HCP	JLB	SNDR	IAIABC FORMAT
554	DAY(S) /UNIT(S) BILLED	R 1/15	24 G	46						N 7
555	PLACE OF SERVICE BILL CODE	A/N 1/2					X			ID 2
557	DIAGNOSIS POINTER	N0 1/2	24 E							A/N 1
559	REVENUE BILLED CODE	A/N 1/48		42						ID 4
560	REVENUE UNIT RATE	R 1/10		44						$9.2
561	PRESCRIPTION LINE NUMBER	A/N 1/30					X			A/N 30
562	DISPENSE AS WRITTEN CODE	ID 1/1					X			ID 1
563	DRUG NAME	A/N 1/80					X			A/N 40
564	BASIS OF COST DETERMINATION	ID 1/2				X				ID 2
565	TOTAL CHARGE PER LINE - RENTAL	R 1/18	24 F							$9.2
566	TOTAL CHARGE PER LINE - PURCHASE	R 1/18	24 F							$9.2
567	DME BILLING FREQUENCY CODE	ID 1/1					X			ID 1
568	CRNA SUPERVISION INDICATOR	ID 1/1					X			ID 1
569	BILLING PROVIDER COUNTRY CODE	ID 2/3	33	1						ID 3
570	DRUGS/SUPPLIES QUANTITY DISPENSED	R 1/15					X			N4
571	DRUGS/SUPPLIES NUMBER OF DAYS	R 1/15					X			N4
572	DRUGS/SUPPLIES BILLED AMOUNT	R 1/18					X			$9.2
574	TOTAL AMOUNT PAID PER LINE	R 1/18				X				$9.2
576	REVENUE PAID CODE	A/N 1/48				X				ID 4
577	ADMISSION TYPE CODE	ID 1/1		19						ID 1
579	DRUGS/SUPPLIES DISPENSING FEE	R 1/18					X			$9.2
580	DAY(S)/UNIT(S) PAID	R 1/15				X				N 7
581	TREATMENT AUTHORIZATION NUMBER	A/N 1/30		63						A/N 30
583	RENDERING LINE PROVIDER ANESTHESIA LICENSE NBR	A/N 1/30						X		A/N 30
584	RENDERING LINE PROVIDER CITY	A/N 2/30					X			A/N 30
585	RENDERING LINE PROVIDER COUNTRY CODE	ID 2/3					X			ID 3
586	RENDERING LINE PROVIDER FEIN	A/N 2/80					X			A/N 9
587	RENDERING LINE PROVIDER FIRST NAME	A/N 1/25					X			A/N 15
588	RENDERING LINE PROVIDER LAST NAME SUFFIX	A/N 1/10					X			A/N 4
589	RENDERING LINE PROVIDER LAST/GROUP NAME	A/N 1/35					X			A/N 40
590	RENDERING LINE PROVIDER MEDICARE NUMBER	A/N 1/30				X	X			A/N 30
591	RENDERING LINE PROVIDER MIDDLE NAME/INITIAL	A/N 1/25					X			A/N 15
592	RENDERING LINE PROVIDER NATIONAL PROVIDER ID	A/N 1/30				X	X			A/N 30
593	RENDERING LINE PROVIDER POSTAL CODE	A/N 3/15					X			A/N 9
594	RENDERING LINE PROVIDER PRIMARY ADDRESS	A/N 1/55					X			A/N 40
595	RENDERING LINE PROVIDER PRIMARY SPECIALTY CODE	A/N 1/30				X	X			ID 10

DN	DATA ELEMENT NAME	ANSI FORMAT	CMS 1500	UB 04	IA	Payer	HCP	JLB	SNDR	IAIABC FORMAT
596	RENDERING LINE PROVIDER SECONDARY ADDRESS	A/N 1/55					X			A/N 40
597	RENDERING LINE PROVIDER SPECIALTY LICENSE NBR	A/N 1/30						X		A/N 30
598	RENDERING LINE PROVIDER STATE CODE	ID 2/2					X			ID 2
599	RENDERING LINE PROVIDER STATE LICENSE NUMBER	A/N 1/30						X		A/N 30
600	PLACE OF SERVICE LINE CODE	A/N 1/2	24 B							ID 2
604	PRESCRIPTION LINE DATE	A/N 1/35					X			DATE 8
605	SERVICE LINE DATE(S) RANGE	A/N 1/35	24A	45						PERIOD 16
615	REPORTING PERIOD	A/N 1/35				X				PERIOD 16
616	INSURER POSTAL CODE	ID 3/15				X				A/N 9
622	ADMISSION HOUR	A/N 1/35		18						ID 2
623	DISCHARGE HOUR	A/N 1/35		21						ID 2
624	INITIAL AMOUNT PAID	R 1/18				X				$9.2
626	HCPCS PRINCIPAL PROCEDURE BILLED CODE	A/N 1/30		80						ID 6
629	BILLING PROVIDER FEIN	A/N 2/80	25	5						A/N 9
630	BILLING PROVIDER STATE LICENSE NUMBER	A/N 1/30						X		A/N 30
632	BILLING PROVIDER MEDICARE NUMBER	A/N 1/30		51						A/N 30
633	BILLING PROVIDER ANESTHESIA LICENSE NUMBER	A/N 1/30						X		A/N 30
634	BILLING PROVIDER NATIONAL PROVIDER ID	A/N 1/30		82,83						A/N 30
636	BILLING PROVIDER SPECIALTY LICENSE NUMBER	A/N 1/30						X		A/N 30
638	RENDERING BILL PROVIDER LAST/GROUP NAME	A/N 1/35	31	82						A/N 40
639	RENDERING BILL PROVIDER FIRST NAME	A/N 1/25	31	82						A/N 15
640	RENDERING BILL PROVIDER MIDDLE NAME/INITIAL	A/N 1/25	31	82						A/N 15
641	RENDERING BILL PROVIDER LAST NAME SUFFIX	A/N 1/10	31	82						A/N 4
642	RENDERING BILL PROVIDER FEIN	A/N 2/80	25							A/N 9
643	RENDERING BILL PROVIDER STATE LICENSE NUMBER	A/N 1/30						X		A/N 30
645	RENDERING BILL PROVIDER MEDICARE NUMBER	A/N 1/30				X	X			A/N 30
646	RENDERING BILL PROVIDER ANESTHESIA LICENSE NUMBER	A/N 1/30						X		A/N 30
647	RENDERING BILL PROVIDER NATIONAL PROVIDER ID	A/N 1/30	33	82,83		X	X			A/N 30
649	RENDERING BILL PROVIDER SPECIALTY LICENSE NUMBER	A/N 1/30						X		A/N 30
651	RENDERING BILL PROVIDER PRIMARY SPECIALTY CODE	A/N 1/30				X	X			ID 10
652	RENDERING BILL PROVIDER PRIMARY ADDRESS	A/N 1/55	32	1						A/N 40
653	RENDERING BILL PROVIDER SECONDARY ADDRESS	A/N 1/55	32	1						A/N 40
654	RENDERING BILL PROVIDER CITY	A/N 2/30	32	1						A/N 30
655	RENDERING BILL PROVIDER STATE CODE	ID 2/2	32	1						ID2

DN	DATA ELEMENT NAME	ANSI FORMAT	CMS 1500	UB 04	IA	Payer	HCP	JLB	SNDR	IAIABC FORMAT
656	RENDERING BILL PROVIDER POSTAL CODE	A/N 3/15	32	1						A/N 9
657	RENDERING BILL PROVIDER COUNTRY CODE	ID 2/3	32	1						ID 3
658	SUPERVISING PROVIDER LAST/GROUP NAME	A/N 1/35					X			A/N 40
659	SUPERVISING PROVIDER FIRST NAME	A/N 1/25					X			A/N 15
660	SUPERVISING PROVIDER MIDDLE NAME/INITIAL	A/N 1/25					X			A/N 15
661	SUPERVISING PROVIDER LAST NAME SUFFIX	A/N 1/10					X			A/N 4
662	SUPERVISING PROVIDER FEIN	A/N 2/80					X			A/N 9
663	SUPERVISING PROVIDER STATE LICENSE NUMBER	A/N 1/30						X		A/N 30
665	SUPERVISING PROVIDER MEDICARE NUMBER	A/N 1/30					X			A/N 30
666	SUPERVISING PROVIDER ANESTHESIA LICENSE NUMBER	A/N 1/30						X		A/N 30
667	SUPERVISING PROVIDER NATIONAL PROVIDER ID	A/N 1/30					X			A/N 30
669	SUPERVISING PROVIDER SPECIALITY LICENSE NUMBER	A/N 1/30						X		A/N 30
671	SUPERVISING PROVIDER PRIMARY SPECIALTY CODE	A/N 1/30					X			ID 10
672	SUPERVISING PROVIDER PRIMARY ADDRESS	A/N 1/55					X			A/N 40
673	SUPERVISING PROVIDER SECONDARY ADDRESS	A/N 1/55					X			A/N 40
674	SUPERVISING PROVIDER CITY	A/N 2/30					X			A/N 30
675	SUPERVISING PROVIDER STATE CODE	ID 2/2					X			ID 2
676	SUPERVISING PROVIDER POSTAL CODE	A/N 3/15					X			A/N 9
677	SUPERVISING PROVIDER COUNTRY CODE	ID 2/3					X			ID 3
678	FACILITY NAME	A/N 1/35 & A/N 1/60	32	1						A/N 40
679	FACILITY FEIN	A/N 2/80					X			A/N 9
680	FACILITY STATE LICENSE NUMBER	A/N 1/30					X			A/N 30
681	FACILITY MEDICARE NUMBER	A/N 1/30					X			A/N 30
682	FACILITY NATIONAL PROVIDER ID	A/N 1/30				X	X			A/N 30
684	FACILITY PRIMARY ADDRESS	A/N 1/55	32	1						A/N 40
685	FACILITY SECONDARY ADDRESS	A/N 1/55	32	1						A/N 40
686	FACILITY CITY	A/N 2/30	32	1						A/N 30
687	FACILITY STATE CODE	ID 2/2	32	1						ID 2
688	FACILITY POSTAL CODE	ID 3/15	32	1						A/N 9
689	FACILITY COUNTRY CODE	ID 2/3	32	1						ID 3
690	REFERRING PROVIDER LAST/GROUP NAME	A/N 1/35	17							A/N 40
691	REFERRING PROVIDER FIRST NAME	A/N 1/25	17							A/N 15
692	REFERRING PROVIDER MIDDLE NAME/INITIAL	A/N 1/25	17							A/N 15
693	REFERRING PROVIDER LAST NAME SUFFIX	A/N 1/10	17							A/N 4
694	REFERRING PROVIDER FEIN	A/N 2/80	17 A							A/N 9
695	REFERRING PROVIDER STATE LICENSE NUMBER	A/N 1/30						X		A/N 30

DN	DATA ELEMENT NAME	ANSI FORMAT	CMS 1500	UB 04	IA	Payer	HCP	JLB	SNDR	IAIABC FORMAT
697	REFERRING PROVIDER MEDICARE NUMBER	A/N 1/30					X			A/N 30
698	REFERRING PROVIDER ANESTHESIA LICENSE NUMBER	A/N 1/30						X		A/N 30
699	REFERRING PROVIDER NATIONAL PROVIDER ID	A/N 1/30	33	82-83		X	X			A/N 30
701	REFERRING PROVIDER PRIMARY SPECIALTY LICENSE NUMBER	A/N 1/30						X		A/N 30
704	MANAGED CARE ORGANIZATION FEIN	A/N 2/80				X	X			A/N 9
708	MANAGED CARE ORGANIZATION PRIMARY ADDRESS	A/N 1/55				X	X			A/N 40
709	MANAGED CARE ORGANIZATION SECONDARY ADDRESS	A/N 1/55				X	X			A/N 40
710	MANAGED CARE ORGANIZATION CITY	A/N 2/30				X	X			A/N 30
711	MANAGED CARE ORGANIZATION STATE CODE	ID 2/2				X	X			ID 2
712	MANAGED CARE ORGANIZATION POSTAL CODE	ID 3/15				X	X			A/N 9
713	MANAGED CARE ORGANIZATION COUNTRY CODE	ID 2/3				X	X			ID 3
714	HCPCS LINE PROCEDURE BILLED CODE	A/N 1/30	24 D	44						ID 6
715	JURISDICTION PROCEDURE BILLED CODE	A/N 1/48				X				ID 6
717	HCPCS MODIFIER BILLED CODE	A/N 2/2	24 D	44						ID2
718	JURISDICTION MODIFIER BILLED CODE	A/N 2/2	24 D							ID 2
719	ADA PROCEDURE BILLED CODE	A/N 1/48	24 D							ID 5
721	NDC BILLED CODE	A/N 1/48					X			ID 11
722	ADA PROCEDURE PAID CODE	A/N 1/48				X				ID 5
726	HCPCS LINE PROCEDURE PAID CODE	A/N 1/30				X				ID 6
727	HCPCS MODIFIER PAID CODE	A/N 2/2					X			ID 2
728	NDC PAID CODE	A/N 1/48				X				ID 11
729	JURISDICTION PROCEDURE PAID CODE	A/N 1/48				X				ID 6
730	JURISDICTION MODIFIER PAID CODE	A/N 2/2				X				ID 2
731	SERVICE ADJUSTMENT GROUP CODE	ID 1/2				X				ID 2
732	SERVICE ADJUSTMENT REASON CODE	ID 1/5				X				ID 3
733	SERVICE ADJUSTMENT AMOUNT	R 1/18				X				$9.2
734	SERVICE ADJUSTMENT UNITS	R 1/15				X				N 7
736	ICD-9 CM PROCEDURE CODE	A/N 1/30		81						ID 6
737	HCPCS BILL PROCEDURE CODE	A/N 1/30	24 D	81-85						ID 6
738	TREATMENT LINE AUTHORIZATION NUMBER	A/N 1/30		63						A/N 30
741	CONTRACT LINE TYPE CODE	ID 2				X	X			ID 2
742	PROVIDER AGREEMENT LINE CODE	ID 1/1				X	X			ID 1

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SECTION 2

MEDICAL BILL PAYMENT RECORDS
ASC X12 837 HEALTH CARE CLAIM

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837 Health Care Claim (4010)

Implementation Notes

This technical implementation guide is intended to provide information to assist in developing and executing the electronic transfer of medical bill/payment records to regulatory agencies. The hierarchy of the looping structure is the insurer, employer, patient, bill level and bill service line level. Insurers who sort bills using this hierarchy will use this transaction set more efficiently because information that applies to all lower levels in the hierarchy will not have to be repeated within the individual transactions. For workers' compensation business needs, the 837 transactions have been modified to permit the transmission of data from one or more paid bills from multiple payers. (Carriers, Claim Administrators, or Self-Insured Employers).

This guide is also recommended for the submission of similar data within a pre-paid managed care context. Referred to as capitate encounters, this data usually does not result in a payment for each submitted bill, though it is possible to submit a "mixed" bill that includes both pre-paid and request for payment services. This guide is for the submission of data from payers of health care products and services to a state jurisdiction.

This guide may be used to conduct research and data analysis across jurisdiction databases.

Payers may also use this standard as a transaction set in support of the coordination of benefits. Additional looped segments can be used within both bill level and service line levels to transfer each payer's adjudication information to subsequent payers.

Hierarchical Loop Example

ID#	Parent ID#	Level Code		Child Code
1	N/A	20	(1st Insurer)	1
2	1	EM	(1st Employer of 1st Insurer)	1
3	2	CL		0
4	2	CL		0
5	2	CL		0
6	1	EM	(2nd Employer of 1st Insurer)	1
7	6	CL		0
8	6	CL		0
9	1	EM	(3rd Employer of 1st Insurer)	1
10	9	CL		0
11	N/A	20	(2nd Insurer)	1
12	11	EM	(1st Employer of 2nd Insurer)	1
13	12	CL		0
14	12	CL		0

The information related to a claim consists of three parts: The insurer that administers the claim, the employer against whom the claim is filed, and a list of these claims.

By moving downward through the example above, the computer will always have the answer to "which insurer and which employer" the claim refers. Why? Because by the time it runs into a claim it will always encounter at least one insurer record and at least one employer record.

If multiple insurers and/or multiple employers are encountered, the last one read is the one to which the claim refers.

From a conceptual point of view it may be easier to see how this works by starting at the bottom and moving upward. All the claims belong to the first employer that is above it, and all employers belong to the first insurer that is above them.

Throughout this chapter, the user will notice that some segments call for data elements that are identified as qualifiers. The purpose of these qualifiers is to identify information that is being transmitted. If the user requires the qualifier to be sent, then the data being identified must be sent. Likewise if the user wants the data to be sent, then the user must require the qualifier be sent. An example of this would be in Loop 2310B in the REF Segment. The segment is situational so the user does not have to require the segment to be sent; however, if the user wants the segment to be sent, then the user must require all of the required elements in the segment to be sent. In the REF segment in 2310B there are four data elements REF01, REF02, REF03, REF04. Currently, REF03 and REF04 are not used in this standard. REF01 (Reference Identification Qualifier) and REF02 (Reference Identification) are used in the standard. If the user wants REF01 to be transmitted, then the user must also require that REF02 be transmitted; you cannot require one without the other. Although the segment is situational, once you require any of the data elements to be transmitted within the segment, then all of the data elements required by the standard must be sent. If a segment is situational, then the user has the right to either require the segment or not to require the segment; however, if the user requires any of the data within the segment, then all of the required data elements within the segment must be sent.

Parent child: This is the relationship between two record types. If a child record exists, (e.g. the claim) there must be a parent record (e.g. the employer). Thus, the claim is the child record of the employer. Similarly, if there is an employer record, there must be an insurer record. Thus, the employer is the child record of the insurer.

LOOP AND SEGMENT SUMMARY
R = Required. The segment must be present
S = Situational. The segment may or may not be used, based on jurisdictional direction

Transaction Set Header (Repeat 1)			Page 2-1.7
Segment	**Description**	**Usage**	**Max Use**
ST	Transaction Set Control Number	R	1
BHT	Beginning of Hierarchical Transaction	R	1

Loop ID: 1000A Sender Information (Repeat 1)			Page 2-1.8
Segment	**Description**	**Usage**	**Max Use**
NM1	Sender FEIN	R	1
N4	Sender Postal Code	R	1

Loop ID: 1000B Receiver Information (Repeat 1)			Page 2-1.10
Segment	**Description**	**Usage**	**Max Use**
NM1	Receiver FEIN	R	1
N4	Receiver Postal Code	R	1

Loop ID: 2000A Source of Hierarchical Level Information (Repeat >1)			Page 2-1.12
Segment	**Description**	**Usage**	**Max Use**
HL	Hierarchical Level	R	1
DTP	Reporting Period	S	1

Loop ID: 2010AA Insurer/Self-Insured/Claim Administrator Information (Repeat 2)			Page 2-1.14
Segment	**Description**	**Usage**	**Max Use**
NM1	Insurer/Self-Insured/Claim Administrator Information	S	1
N2	Insurer/Self-Insured/Claim Administrator Additional Name	S	1
N4	Insurer/Self-Insured/Claim Administrator Postal Code	S	1

Loop ID: 2000B Employer Hierarchical Information (Repeat >1)			Page 2-1.17
Segment	**Description**	**Usage**	**Max Use**
HL	Hierarchical Level	R	1

Loop ID: 2010BA Employer Named Insured Information (Repeat 1)			Page 2-1.19
Segment	**Description**	**Usage**	**Max Use**
NM1	Employer Name	R	1
N2	Employer's Additional Name Information	S	1
N3	Employer's Address Information	S	1
N4	Employer's City, State and Postal Code	S	1
REF	Employer's Secondary Identification Number	S	1
PER	Employer's Contact Number	S	1

Loop ID: 2000C Claimant Hierarchical Information (Repeat >1)			Page 2-1.23
Segment	**Description**	**Usage**	**Max Use**
HL	Hierarchical Level	R	1
DTP	Date of Injury	R	1

Loop ID: 2010CA Claimant Information (Repeat 1)			Page 2-1.25
Segment	**Description**	**Usage**	**Max Use**
NM1	Claimant Information	S	1
N3	Claimant Address Information	S	1
N4	Claimant City, State and Postal Code	S	1
DMG	Claimant Demographic Information	S	1
REF	Claimant Claim Number	S	1
PER	Claimant Contact Information	S	1

Loop ID: 2300 Billing Information (Repeat > 1)			Page 2-1.31
Segment	**Description**	**Usage**	**Max Use**
CLM	Billing Information	R	1
DTP	Date Insurer Received Bill	S	1
DTP	Date and Time of Admission	S	1
DTP	Date and Time of Discharge	S	1
DTP	Service Date(s) Range	S	1
DTP	Date of Prescription	S	1
DTP	Date of Bill	S	1
DTP	Date Insurer Paid Bill	S	1
CL1	Admission Type	S	1
CN1	Contract Information	S	1
AMT	Initial Amount Paid	S	1
AMT	Total Amount Paid Per Bill	S	1
REF	Unique Bill Identification Number	S	1
REF	Patient Account Number	S	1
REF	Transaction Tracking Number	S	1
HI	Diagnosis	S	1
HI	Institutional Procedure Codes	S	1

Loop ID: 2310A Billing Provider Information (Repeat 1)			Page 2-1.54
Segment	**Description**	**Usage**	**Max Use**
NM1	Billing Provider Information	S	1
PRV	Billing Provider Specialty Information	S	1
N3	Billing Provider Address Information	S	1
N4	Billing Provider City State and Postal Code	S	1
REF	Billing Provider Secondary Identification Number	S	7

Loop ID: 2310B Rendering Bill Provider Information (Repeat 1)			Page 2-1.59
Segment	**Description**	**Usage**	**Max Use**
NM1	Rendering Bill Provider Information	S	1
PRV	Rendering Bill Provider Specialty Information	S	1
N3	Rendering Bill Provider Address Information	S	1
N4	Rendering Bill Provider City State and Postal Code	S	1
REF	Rendering Bill Provider Secondary Identification Number	S	5

Loop ID: 2310C Supervising Provider Information (Repeat 1)			Page 2-1.63
Segment	**Description**	**Usage**	**Max Use**
NM1	Supervising Provider Information	S	1
PRV	Supervising Provider Specialty Information	S	1
N3	Supervising Provider Address Information	S	1
N4	Supervising Provider City State and Postal Code	S	1
REF	Supervising Provider Secondary Identification Number	S	5

Loop ID: 2310D Facility Information (Repeat 1)			Page 2-1.68
Segment	**Description**	**Usage**	**Max Use**
NM1	Facility Information	S	1
N2	Facility Additional Name Information	S	1
N3	Facility Address Information	S	1
N4	Facility City State and Postal Code	S	1
REF	Facility Secondary Identification Number	S	1

Loop ID: 2310E Referring Provider Information (Repeat 1)			Page 2-1.71
Segment	**Description**	**Usage**	**Max Use**
NM1	Referring Provider Name	S	1
REF	Referring Provider Secondary Identification Number	S	1

Loop ID: 2310F Managed Care Organization Information (Repeat 1)			Page 2-1.74
Segment	**Description**	**Usage**	**Max Use**
NM1	Managed Care Organization Information	S	1
N2	Managed Care Organization Additional Name Information	S	1
N3	Managed Care Organization Address Information	S	1
N4	Managed Care Organization City State and Postal Code	S	1
REF	Managed Care Organization Secondary Identification Number	S	1

Loop ID: 2320 Subscriber Insurance (Repeat 1)			Page 2-1.77
Segment	**Description**	**Usage**	**Max Use**
SBR	Subscriber Information	S	1
CAS	Bill Level Adjustment Reasons and Amounts	S	5

Loop ID: 2400 Service Line Information (Repeat >1)			Page 2-1.80
Segment	**Description**	**Usage**	**Max Use**
LX	Service Line Information	S	1
SV1	Procedure Code Billed	S	1
SV2	Institutional Service Revenue Procedure Code	S	1
SV3	Dental Service	S	1
SV4	Prescription Drug Service	S	1
SV5	Durable Medical Equipment Service	S	1
DTP	Service Date(s)	S	1
DTP	Prescription Date	S	1
QTY	Quantity	S	2
CN1	Contract Information	S	1
REF	Treatment Authorization Number Per Line of Service	S	2
AMT	Dispensing Fee Amount	S	1
AMT	Drug/Supply Billed Amount	S	1

Loop ID: 2420 Rendering Line Provider Name (Repeat 1)			Page 2-1.98
Segment	**Description**	**Usage**	**Max Use**
NM1	Rendering Line Provider Name	S	1
PRV	Rendering Line Provider Specialty Information	S	1
N3	Rendering Line Provider Address Information	S	1
N4	Rendering Line Provider City State and Postal Code	S	1
REF	Rendering Line Provider Secondary Identification Number	S	5

Loop ID: 2430 Service Line Adjustment (Repeat >1)			Page 2-1.103
Segment	**Description**	**Usage**	**Max Use**
SVD	Service Line Adjudication	S	1
CAS	Service Line Adjustment	S	99

Transaction Set Trailer (Repeat 1)			Page 2-1.108
Segment	**Description**	**Usage**	**Max Use**
SE	Transaction Set Trailer	R	1

LOOP AND SEGMENT DETAIL

Transaction Set Header (Repeat 1)

SEGMENT: **ST Transaction Set Header**
X12N NAME: TRANSACTION SET CONTROL NUMBER
WC NAME: TRANSACTION SET CONTROL NUMBER
LEVEL: Header
POSITION: 005
LOOP:
USAGE: Required
MAX USE: 1
PURPOSE: To indicate the start of a transaction set and to assign a control number. The transaction set Identifier (ST01) used by the translation routines of the interchange partners to select appropriate transaction set definition (e.g. 837 selects the Medical Billing Report Transaction Set).
EXAMPLE: ST*837*987654~

DATA ELEMENT SUMMARY

ST01 143 TRANSACTION SET IDENTIFIER CODE M ID 3/3
Code uniquely identifying a Transaction Set.
Required 837 = Health Care Claim (Medical Billing Report)

ST02 329 TRANSACTION SET CONTROL NUMBER M AN 4/9
Identifying control number that must be unique within the transaction set functional group assigned by the originator for transaction set. This number is for the 837 Medical Billing Report. The translator generates this number. (The Transaction Set Control Number is normally generated automatically by the EDI translator that generates the 837 Transaction Control Set.) This number may be, but does not have to be, the same as the Batch Control Number (DN532).
Required

SEGMENT: **BHT Beginning of Hierarchical Transaction**
X12N NAME: TRANSACTION SET HIERARCHY AND CONTROL INFORMATION
WC NAME: TRANSACTION SET HIERARCHY AND CONTROL INFORMATION
LEVEL: Header
POSITION: 010
LOOP:
USAGE: Required
MAX USE: 1
PURPOSE: To define the business hierarchical structure of the transaction set and to identify the business application purpose and reference data, i.e., number, date, and time.
EXAMPLE: BHT*0080*00*0123*19960618*0932~

DATA ELEMENT SUMMARY

BHT01 1005 HIERARCHICAL STRUCTURE CODE M ID 4/4
Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set.
Required 0080 = Information Source, Employer, Patient

BHT02 353 TRANSACTION SET PURPOSE CODE M ID 2/2
Code identifying purpose of the transaction set. The Transaction Set Purpose Code denotes the purpose of the entire transaction set.
Required 00 = Original

BHT03 127 REFERENCE IDENTIFICATION O AN 1/30
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system. The BCN (Batch Control Number) is controlled by the submitter and may have any data content that is meaningful to the submitter. The BCN may be, but does not have to be, the same number as the Transaction Set Control Number. The data used in the BCN is totally at the discretion of the submitter.
Situational DN532 Batch Control Number

BHT04 373 DATE O DT 8/8
Date (CCYYMMDD)
BHT04 is the date the transaction was created within the business application system.
Situational DN100 Date Transmission Sent

BHT05 337 TIME O TM 4/8
Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds: decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). BHT05 is the time the transaction was created within the business application system.
Situational DN101 Time Transmission Sent

BHT06 640 TRANSACTION TYPE CODE O ID 2/2
Code specifying the type of transaction.
Not Used

Loop ID: 1000A Sender Information (Repeat 1)

SEGMENT: NM1 Individual or Organization Name
X12N NAME: SUBMITTER INFORMATION
WC NAME: SENDER FEIN
LEVEL: Header
POSITION: 020
LOOP: 1000A Repeat: 1
USAGE: Required
MAX USE: 1
PURPOSE: To supply the identification of an individual or organizational entity.
EXAMPLE: NM1*10*2******FI*123456789~

DATA ELEMENT SUMMARY

NM101 98 ENTITY IDENTIFIER CODE M ID 2/3
Code identifying an organizational entity, a physical location, or property. The Entity Identifier in NM101 applies to all segments in loop 1000A.
Required 10 = Conduit

NM102 1065 **ENTITY TYPE QUALIFIER** **M ID 1/1**
Code qualifying the type of entity. Note: NM102 qualifies NM103.
Required **2 = Non-Person Entity**

NM103 1035 **NAME LAST OR ORGANIZATION NAME** **O AN 1/35**
Identifies the individual last name or organization name.
Not Used

NM104 1036 **NAME FIRST** **O AN 1/25**
Identifies the individual first name.
Not Used

NM105 1037 **NAME MIDDLE** **O AN 1/25**
Identifies the individual middle name or initial.
Not Used

NM106 1038 **NAME PREFIX** **O AN 1/10**
Prefix to individual name.
Not Used

NM107 1039 **NAME SUFFIX** **O AN 1/10**
Suffix to individual name.
Not Used

NM108 66 **IDENTIFICATION CODE QUALIFIER** **X ID 1/2**
Code designating the system/method of code structure used for Identification Code (67). If either NM108 or NM109 is present, then the other is required.
Required **FI = Federal Taxpayer's Identification Number (FEIN)**

NM109 67 **IDENTIFICATION CODE** **X AN 2/80**
Code identifying a party or other code. This is the FEIN of the Sending Party, which is combined with Sender Postal Code to create the Sender ID DN98.
Required **DN98 Sender ID (Partial – only FEIN)**

NM110 706 **ENTITY RELATIONSHIP CODE** **X ID 2/2**
Code describing the entity relationship.
Not Used

NM111 98 **ENTITY IDENTIFIER CODE** **O ID 2/3**
Code identifying an organization entity, a physical location, property or an individual.
Not Used

SEGMENT: **N4 Geographical Location**
X12N NAME: SUBMITTER ZIP CODE
WC NAME: SENDER POSTAL CODE
LEVEL: Header
POSITION: 035
LOOP: 1000A
USAGE: Required
MAX USE: 1
PURPOSE: To specify the geographical place of the named party.
EXAMPLE: N4***751230064~

DATA ELEMENT SUMMARY

N401 19 **CITY NAME** **O AN 2/30**
Free-form description used to identify the city name.
Not Used

N402 156 **STATE OR PROVINCE CODE** **O ID 2/2**
Code (Standard State/Province) as defined by appropriate government agency.
Not Used

N403 116 **POSTAL CODE** **O ID 3/15**
Code defining international postal zone code excluding punctuation and blanks (zip code for United States). This is the Sender's Postal Code. It will be combined with Sender's FEIN to create Sender ID DN98.
Required **DN98 Sender ID (Partial – only Postal Code)**

N404 26 **COUNTRY CODE** **O ID 2/3**
Code identifying the country.
Not Used

N405 309 **LOCATION QUALIFIER** **X ID 1/2**
Code identifying the type of location.
Not Used

N406 310 **LOCATION IDENTIFIER** **O AN 1/30**
Code identifying a specific location.
Not Used

Loop ID: 1000B Receiver Information (Repeat 1)

SEGMENT: **NM1 Individual or Organization Name**
X12N NAME: RECEIVER INFORMATION
WC NAME: RECEIVER FEIN
LEVEL: Header
POSITION: 020
LOOP: 1000B Repeat: 1
USAGE: Required
MAX USE: 1
PURPOSE: To supply the identification of an individual or organization entity. If either NM108 or NM109 is present, then the other is required.
EXAMPLE: NM1*40*2******FI*987654321~

DATA ELEMENT SUMMARY

NM101 98 **ENTITY IDENTIFIER CODE** **M ID 2/3**
Code identifying an organization entity, a physical location, property, or an individual. The Entity Identifier in NM101 applies to all segments in loop 1000B.
Required **40 = Receiver**

NM102 1065 **ENTITY TYPE QUALIFIER** **M ID 1/1**
Code qualifying the type of entity. Note: NM102 qualifies NM103.
Required **2 = Non-Person Entity**

NM103 1035 **NAME LAST OR ORGANIZATION NAME** **O AN 1/35**
Identifies the individual last name or organization name.
Not Used

NM104 1036 **NAME FIRST** **O AN 1/25**
Identifies the individual first name.
Not Used

NM105 1037 **NAME MIDDLE** **O AN 1/25**
Identifies the individual middle name or initial.
Not Used

NM106 1038 **NAME PREFIX** **O AN 1/10**
Prefix to individual name.
Not Used

NM107 1039 **NAME SUFFIX** **O AN 1/10**
Suffix to individual name.
Not Used

NM108 66 **IDENTIFICATION CODE QUALIFIER** **X ID 1/2**
Code designating the system/method of code structure used for Identification Code (67).
Required **FI = Federal Taxpayer's Identification Number (FEIN)**

NM109 67 **IDENTIFICATION CODE** **X AN 2/80**
Code identifying a party or other code. This will be the FEIN of the Receiving Party, which is combined with the Receiver's Postal Code to create the Receiver ID DN99.
Required **DN99 Receiver ID (Partial – only FEIN)**

NM110 706 **ENTITY RELATIONSHIP CODE** **X ID 2/2**
Code describing entity relationship.
Not Used

NM111 98 **ENTITY IDENTIFIER CODE** **O ID 2/3**
Code identifying an organizational entity, a physical location, property, or an individual.
Not Used

SEGMENT: **N4 Geographical Location**
X12N NAME: RECEIVER ZIP CODE
WCNAME: RECEIVER POSTAL CODE
LEVEL: Header
POSITION: 035
LOOP: 1000B
USAGE: Required
MAX USE: 1
PURPOSE: To specify the geographical place of the named party.
EXAMPLE: N4***751230064~

DATA ELEMENT SUMMARY

N401 19 **CITY NAME** **O AN 2/30**
Free-form description used for city name.
Not Used

N402 156 **STATE OR PROVINCE CODE** **O ID 2/2**
Code (Standard State/Province) as defined by appropriate government agency.
Not Used

N403 116 **POSTAL CODE** **O ID 3/15**
Code defining international postal zone code excluding punctuation and blanks (zip code for United States). This is the Receiver's Postal Code. It will be combined with the Receiver FEIN to create the Receiver ID DN99.
Required **DN99 Receiver ID (Partial – Postal Code only)**

N404 26 **COUNTRY CODE** **O ID 2/3**
Code identifying the country.
Not Used

N405 309 **LOCATION QUALIFIER** **X ID 1/2**
Code identifying type of location.
Not Used

N406 310 **LOCATION IDENTIFIER** **O AN 1/30**
Code identifying a specific location.
Not Used

Loop ID: 2000A Source of Hierarchical Level Information (Repeat >1)

SEGMENT: **HL Hierarchical Level**
X12N NAME: SOURCE OF INFORMATION HIERARCHICAL LEVEL
WCNAME: SOURCE OF INFORMATION HIERARCHICAL LEVEL
LEVEL: Detail
LOOP: 2000A Repeat: >1
USAGE: Required
MAX USE: 1
PURPOSE: To identify dependencies among and the content of hierarchically related groups of data segments. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating employee to employer, and employer to insurer. The HL segment defines a top-down/left-right ordered structure.

HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be use to indicate number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.

Hierarchical Looping Example

ID#	Parent ID#	Level Code		Child Code
1	N/A	20	(1st Insurer)	1
2	1	EM	(1st Employer of 1st Insurer)	1
3	2	CL		0
4	2	CL		0
5	2	CL		0
6	1	EM	(2nd Employer of 1st Insurer)	1
7	6	CL		0
8	6	CL		0
9	1	EM	(3rd Employer of 1st Insurer)	1
10	9	CL		0
11	N/A	20	(2nd Insurer)	1
12	11	EM	(1st Employer of 2nd Insurer)	1
13	12	CL		0
14	12	CL		0

The information related to a claim consists of three parts: The insurer that administers the claim, the employer against whom the claim is filed, and a list of claims.

By moving downward through the example above, the computer will always have the answer to "which insurer and which employer" the claims refer. Why? Because by the time it runs into a claim it will always encounter at least one insurer record and at least one employer record.

If multiple insurers and/or multiple employers are encountered, the last one read is the one to which the claim refers.

From a conceptual point of view it may be easier to see how this works by starting from the bottom and moving upward. All the claims belong to the first employer that is above it, and all employers belong to the first insurer that is above them.

Parent child: This is the relationship between two record types. If a child record exists, (e.g. the claim) there must be a parent record (e.g. the employer). Thus, the claim is the child record of the employer. Similarly, if the there is employer record there must be an insurer record. Thus, the employer is the child record of the insurer.

EXAMPLE: HL*1**20*1~

DATA ELEMENT SUMMARY

HL01 628 **HIERARCHICAL ID NUMBER** **M AN 1/12**
A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
Required

HL02 734 **HIERARCHICAL PARENT ID NUMBER** **O AN 1/12**
Identification number of the next higher hierarchical data segment that the data segment being described is subordinate.
Not Used

HL03 735 **HIERARCHICAL LEVEL CODE** **M ID 1/2**
Code defining the characteristic of a level in a hierarchical structure.
Required **20 = Information Source**

HL04 736 **HIERARCHICAL CHILD CODE** **O ID 1/1**
Code indicating if there are hierarchical child data segments subordinate to the level being described. The Bill Loop (Loop 2300) can only be used when HL04 has no subordinate levels (HL04 = 0 or " " (blank)).
Situational **0 = No Subordinate HL segment in this hierarchical structure**
1 = Additional Subordinate HL data segment in this hierarchical structure

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SEGMENT: **DTP Date or Time of Period**
X12N NAME: REPORTING PERIOD
WCNAME: REPORTING PERIOD
LEVEL: Detail
POSITION: 009
LOOP: 2000A
USAGE: Situational
MAX USE: 1
PURPOSE: To specify any or all of a date, time, or a time period.
EXAMPLE: DTP*582*RD8*19970201-19970228~

DATA EXAMPLE SUMMARY

DTP01 374 **DATE/TIME QUALIFIER** **M ID 3/3**
Code specifying type of date or time, or both date and time.
Required **582 = Reporting Period**

DTP02 1250 **DATE/TIME PERIOD FORMAT QUALIFIER** **M ID 2/3**
Code indicating the date format, time format, or date and time format. DTP02 is the date or time or period format that will appear in DTP03.
Required **D8 = Date expressed in format CCYYMMDD**
RD8 = Range of dates expressed in format CCYYMMDD-CCYYMMDD

DTP03 1251 **DATE/TIME PERIOD** **M AN 1/35**
Expression of a date, time, or range of dates, times, or dates and times.
Required **DN615 Reporting Period**

Loop ID: 2010AA Insurer/Self-Insured/Claim Administrator Information (Repeat 2)

SEGMENT: **NM1 Individual or Organizational Name**
X12N NAME: INSURER/SELF-INSURED INFORMATION
WCNAME: INSURER/SELF-INSURED/CLAIM ADMINISTRATOR INFORMATION
LEVEL: Detail
POSITION: 015
LOOP: 2010AA Repeat: 2
USAGE: Situational
MAX USE: 1
PURPOSE: To supply the full name of an individual or organizational entity. This segment can contain two loops for reporting organizations: Loop 1 = Carrier or Self-Insured, Loop 2 = Claim Administrator.
EXAMPLE: NM1*CA*2*PREMIERE INSURANCE COMPANY OF NORTH*****FI*111223333~

DATA ELEMENT SUMMARY

NM101 98 **ENTITY IDENTIFIER CODE** **M ID 2/3**
Code identifying an organization entity, a physical location, property, or an individual. The Entity Identifier in NM101 applies to all segments in loop 2010.
Required **CA = Carrier**
IR = Self Insured
CX = Claim Administrator

NM102 1065 **ENTITY TYPE QUALIFIER** **M ID 1/1**
Code qualifying the type of entity. NM102 qualifies NM103.
Required **2 = Non-Person Entity**

NM103 1035 **NAME LAST OR ORGANIZATION NAME** **O AN 1/35**
Identifies individual last name or organization name.
Situational **DN7 Insurer Name (Carrier or Self-Insured)**
DN188 Claim Administrator Name

NM104 1036 **NAME FIRST** **O AN 1/25**
Identifies individual first name.
Not Used

NM105 1037 **NAME MIDDLE** **O AN 1/25**
Identifies individual middle name or initial.
Not Used

NM106 1038 **NAME PREFIX** **O AN 1/10**
Prefix to individual name.
Not Used

NM107 1039 **NAME SUFFIX** **O AN 1/10**
Suffix to individual name.
Not Used

NM108 66 **IDENTIFICATION CODE QUALIFIER** **X ID 1/2**
Code designating the system/method of code structure used for Identification Code (67). If either NM108 or NM109 is present, then the other is required.
Situational **FI = Federal Taxpayer's Identification Number (FEIN)**

NM109 67 **IDENTIFICATION CODE** **X AN 2/80**
Code identifying a party or other code.
Situational **DN6 Insurer FEIN**
DN187 Claim Administrator FEIN

NM110 706 **ENTITY RELATIONSHIP CODE** **X ID 2/2**
Code describing entity relationship.
Not Used

NM111 98 **ENTITY IDENTIFIER CODE** **O ID 2/3**
Code identifying an organizational entity, a physical location, property, or an individual.
Not Used

SEGMENT: **N2 Individual or Organizational Name**
X12N NAME: INSURER/SELF-INSURED ADDITIONAL INFORMATION
WCNAME: INSURER/SELF-INSURED/CLAIM ADMINISTRATOR ADDITIONAL NAME INFORMATION
LEVEL: Detail
POSITION: 020
LOOP: 2010AA
USAGE: Situational
MAX USE: 1
PURPOSE: To supply additional characters from NM1 segment above. If the name in field NM103 is greater than 35 characters, additional characters are place here.
EXAMPLE: N2* AMERICA~

DATA ELEMENT SUMMARY

N201 93 **NAME** **M AN 1/60**
Free-form description for additional characters in name. Use N201 when name in NM103 is greater than 35 characters.
Required
(Additional name characters of insurer name, self-insured, or claim administrator name)

N202 93 **ADDITIONAL CHARACTERS** **O AN 1/60**
Free-form name
Not Used

SEGMENT: **N4 Geographical Location**
X12N NAME: INSURER/SELF-INSURED ZIP CODE
WC NAME: INSURER/SELF-INSURED/CLAIM ADMINISTRATOR POSTAL CODE
POSITION: 030
LEVEL: Detail
LOOP: 2010AA
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the geographical place of the named party
EXAMPLE: N4***171110064~

DATA ELEMENT SUMMARY

N401 19 **CITY NAME** **O AN 2/30**
Free-form description used for city name.
Not Used

N402 156 **STATE OR PROVINCE CODE** **O ID 2/2**
Code (Standard State/Province) as defined by appropriate government agency.
Not Used

N403 116 **POSTAL CODE** **O ID 3/15**
Code defining international postal zone code excluding punctuation and blanks (zip code for United States).
Required **DN616 Insurer Postal Code**
DN14 Claim Administrator Mailing Postal Code

N404 26	**COUNTRY CODE** Code identifying the country. **Not Used**	**O ID 2/3**
N405 309	**LOCATION QUALIFIER** Code identifying type of location. **Not Used**	**X ID 1/2**
N406 310	**LOCATION IDENTIFIER** Code identifying a specific location. **Not Used**	**O AN 1/30**

Loop ID: 2000B Employer Hierarchical Information (Repeat >1)

SEGMENT: **HL Hierarchical Level**
X12N NAME: NAMED INSURED HIERARCHICAL LEVEL
WCNAME: EMPLOYER HIERARCHICAL LEVEL
LEVEL: Detail
POSITION: 001
LOOP: 2000B Repeat: >1
USAGE: Required
MAX USE: 1
PURPOSE: To identify dependencies among and the content of hierarchically related groups of data segments. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating employee to employer, and employer to insurer. The HL segment defines a top-down/left-right ordered structure.

HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the “1” for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.

HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to insurer, employer, or employee. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Hierarchical Looping Example

ID#	Parent ID#	Level Code	Child Code
1	N/A	20 (1st Insurer)	1
2	1	EM (1st Employer of 1st Insurer)	1
3	2	CL	0
4	2	CL	0
5	2	CL	0
6	1	EM (2nd Employer of 1st Insurer)	1
7	6	CL	0
8	6	CL	0
9	1	EM (3rd Employer of 1st Insurer)	1
10	9	CL	0
11	N/A	20 (2nd Insurer)	1
12	11	EM (1st Employer of 2nd Insurer)	1
13	12	CL	0
14	12	CL	0

The information related to a claim consists of three parts: the insurer that administers the claim, the employer against whom the claim is filed, and a list of these claims.

By moving downward through the example above, the computer will always have the answer to "which insurer and which employer" the claim refers. Why? Because by the time it runs into a claim it will always encounter at least one insurer record and at least one employer record.

If multiple insurers and/or multiple employers are encountered, the last one read is the one to which the claim refers.

From a conceptual point of view it may be easier to see how this works by starting at the bottom and move upward. All the claims belong to the first employer that is above it, and all employers belong to the first insurer that is above them.

Parent child: This is the relationship between two types of records. If a child record exists (e.g. the claim) there must be a parent record (e.g. employer). Thus, the claim is a child record to the employer. Similarly, if there is an employer record there must be an insurer record. Thus, the employer is the child record of the insurer.

EXAMPLE: HL*2*1* EM*1~

DATA ELEMENT SUMMARY

HL01 628 HIERARCHICAL ID NUMBER M AN 1/12
A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
Required

HL02 734 HIERARCHICAL PARENT ID NUMBER O AN 1/12
Identification number of the next higher hierarchical data segment that the data segment being described is subordinate.
Required

HL03 735 HIERARCHICAL LEVEL CODE M ID 1/2
Code defining the characteristic of a level in a hierarchical structure.
Required EM = Employer

HL04 736 **HIERARCHICAL CHILD CODE** **O ID 1/1**
Code indicating if there are hierarchical child data segments subordinate to the level being described. The Bill Loop (Loop 2300) can only be used when HL04 has no subordinate levels (HL04 = 0 or " " (blank)).
Situational **1 = Additional subordinate HL data segment in this hierarchical structure**

Loop ID: 2010BA Employer Named Insurer Information (Repeat 1)

SEGMENT: **NM1 Individual or Organizational Name**
X12N NAME: NAMED INSURED INFORMATION
WCNAME: EMPLOYER NAME
LEVEL: Detail
POSITION: 015
LOOP: 2010BA Repeat: 1
USAGE: Required
MAX USE: 1
PURPOSE: To supply the full name of an individual or organizational entity. Identifies employer at time of injury.
EXAMPLE: NM1*36*2*PENNSYLVANIA HEATING AND COOLING RE*****FI*123456789~

DATA ELEMENT SUMMARY

NM101 98 **ENTITY IDENTIFIER CODE** **M ID 2/3**
Code identifying an organizational entity, a physical location, property, or an individual.
Required **36 = Employer**

NM102 1065 **ENTITY TYPE QUALIFIER** **M ID 1/1**
Code qualifying the type of entity. Note: NM102 qualifies NM103.
Required **2 = Non-Person Entity**

NM103 1035 **NAME LAST OR ORGANIZATION NAME** **O AN 1/35**
Individual last name or organization name Note: It is recommended that either NM103 or NM108 should be required.
Situational **DN18 Employer Name**

NM104 1036 **NAME FIRST** **O AN 1/25**
Identifies the individual first name.
Not Used

NM105 1037 **NAME MIDDLE** **O AN 1/25**
Identifies the individual middle name or initial.
Not Used

NM106 1038 **NAME PREFIX** **O AN 1/10**
Prefix to individual name.
Not Used

NM107 1039 **NAME SUFFIX** **O AN 1/10**
Suffix to individual name.
Not Used

NM108 66 **IDENTIFICATION CODE QUALIFIER** **X ID 1/2**
Code designating the system/method of code structure used for Identification Code (67). If either NM108 or NM109 is present, the other is required.
Situational **FI = Federal Taxpayer's Identification Number**

NM109 67 **IDENTIFICATION CODE** **X AN 2/80**
Code identifying a party or other code.
Situational **DN16 Employer FEIN**

NM110 706 **ENTITY RELATIONSHIP CODE** **X ID 2/2**
Code describing entity relationship.
Not Used

NM111 98 **ENTITY IDENTIFIER CODE** **O ID 2/3**
Code identifying an organizational entity, a physical location, property, or an individual.
Not Used

SEGMENT: **N2 Individual or Organizational Name**
X12N NAME: NAMED INSURED ADDITIONAL NAME INFORMATION
WC NAME: EMPLOYER'S ADDITIONAL NAME INFORMATION
LEVEL: Detail
POSITION: 020
LOOP: 2010BA
USAGE: Situational
MAX USE: 1
PURPOSE: To supply additional characters from NM1 segment above. If the name in field NM103 is greater than 35 characters, additional characters are placed here.
EXAMPLE: N2*FRIGERATION~

DATA ELEMENT SUMMARY

N201 93 **NAME** **M AN 1/60**
Free-form description used for additional characters in name. Use N201 when the name in NM103 is greater than 35 characters.
Required
(Additional name characters of employer name)

N202 93 **ADDITIONAL CHARACTERS** **O AN 1/60**
Free-form description used for additional characters in name.
Not Used

SEGMENT: **N3 Address Information**
X12N NAME: NAMED INSURED ADDRESS
WC NAME: EMPLOYER'S ADDRESS
LEVEL: Detail
POSITION: 025
LOOP: 2010BA
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the location of the named party.
EXAMPLE: N3*123 MAIN STREET~

DATA ELEMENT SUMMARY

N301 166 **ADDRESS INFORMATION** **M AN 1/55**
Free-form description used for address information.
Required **DN19 Employer Physical Primary Address**

N302 166 **ADDRESS INFORMATION** **O AN 1/55**
Free-form description used for address information.
Situational **DN20 Employer Physical Secondary Address**

SEGMENT: **N4 Geographic Location**
X12N NAME: NAMED INSURED CITY/STATE/ZIP CODE
WC NAME: EMPLOYER'S CITY, STATE, AND POSTAL CODE
LEVEL: Detail
POSITION: 030
LOOP: 2010BA
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the geographic place of the named party.
EXAMPLE: N4*CENTERVILLE*PA*17111~

DATA ELEMENT SUMMARY

N401 19 **CITY NAME** **O AN 2/15**
Free-form description used for city name.
Situational **DN21 Employer Physical City**

N402 156 **STATE OR PROVINCE CODE** **O ID 2/2**
Code (Standard State/Province) as defined by appropriate government agency.
Situational **DN22 Employer Physical State Code**

N403 116 **POSTAL CODE** **O ID 3/15**
Code defining international postal zone code excluding punctuation and blanks (zip code for United States).
Required **DN23 Employer Physical Postal Code**

N404 26 **COUNTRY CODE** **O ID 2/3**
Code identifying the country.
Situational **DN164 Employer Physical Country Code**

N405 309 **LOCATION QUALIFIER** **X ID 1/2**
Code identifying type of location.
Not Used

N406 310 **LOCATION IDENTIFIER** **O AN 1/30**
Code which identifies a specific location.
Not Used

SEGMENT: **REF Reference Identification**
X12N NAME: NAMED INSURED SECONDARY IDENTIFICATION NUMBER
WC NAME: EMPLOYER'S SECONDARY IDENTIFICATION
LEVEL: Detail
POSITION: 035
LOOP: 2010BA
USAGE: Situational
MAX USE: 1
PURPOSE: To specify identifying information. Use this REF if a secondary identification number is required.
EXAMPLE: REF*IG*WCPOL52877~

DATA ELEMENT SUMMARY

REF01 128 **REFERENCE IDENTIFICATION QUALIFIER** **M ID 2/3**
Code qualifying the Reference Identification.
Required **IG = Insurance Policy Number**

REF02 127 **REFERENCE IDENTIFICATION** **X AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
Required **DN28 Policy Number**

REF03 352 **DESCRIPTION** **X AN 1/80**
A free-form description to clarify the related data elements and their content.
Not Used

REF04 C040 **REFERENCE IDENTIFIER** **O**
To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier.
Not Used

SEGMENT: **PER Administrative Communication Contact**
X12N NAME: NAMED INSURED CONTACT INFORMATION
WC NAME: EMPLOYER'S CONTACT NUMBER
LEVEL: Detail
POSITION: 040
LOOP: 2010BA
USAGE: Situational
MAX USE: 1
PURPOSE: To identify a person or office to whom administrative communications should be directed. If either PER03 or PER04 is present, then the other is required.
EXAMPLE: PER*IC**WP*8003334444~

DATA ELEMENT SUMMARY

PER01 366 **CONTACT FUNCTION CODE** **M ID 2/2**
Code identifying the major duty or responsibility of the person or group named.
Required **IC = Information Contact**

PER02 93 **NAME** **O AN 1/60**
Free-form description used for name.
Not Used

PER03 365 **COMMUNICATION NUMBER QUALIFIER** **X ID 2/2**
Code identifying the type of communication number.
Required **WP = Work Phone Number**

PER04 364 **COMMUNICATION NUMBER** **X AN 1/80**
Complete communications number including country or area code when applicable.
Required **DN159 Employer Contact Business Phone Number**

PER05 365 **COMMUNICATION NUMBER QUALIFIER** **X ID 2/2**
Code identifying the type of communication number.
Not Used

PER06 364 **COMMUNICATION NUMBER** **X AN 1/80**
Complete communications number including country or area code when applicable.
Not Used

PER07 365 **COMMUNICATION NUMBER QUALIFIER** **X ID 2/2**
Code identifying the type of communication number.
Not Used

PER08 364 **COMMUNICATION NUMBER** **X AN 1/80**
Complete communications number including country or area code when applicable.
Not Used

PER09 443 **CONTACT INQUIRY REFERENCE** **O AN 1/20**
Additional reference number or description used to clarify a contact number.
Not Used

Loop ID: 2000C Claimant Hierarchical Information (Repeat >1)

SEGMENT: **HL Hierarchical Level**
X12N NAME: PATIENT HIERARCHICAL LEVEL
WC NAME: CLAIMANT HIERARCHICAL LEVEL
LEVEL: Detail
POSITION; 001
LOOP: 2000C Repeat: >1
USAGE: Required
MAX USE: 1
PURPOSE: To identify dependencies among and the content of hierarchically related groups of data segments. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating employee to employer, and employer to insurer. The HL segment defines a top-down/left-right ordered structure.

HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be “1” for the initial HL segment and would be incremented by one in each subsequent Hl segment within the transaction.

HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 issued to indicate that subsequent segments in the HL loop form a logical grouping of data referring to insurer, employer, or employee.

HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Hierarchical Looping Example

ID#	Parent ID#	Level Code	Child Code
1	N/A	20 (1st Insurer)	1
2	1	EM (1st Employer of 1st Insurer)	1
3	2	CL	0
4	2	CL	0
5	2	CL	0
6	1	EM (2nd Employer of 1st Insurer)	1
7	6	CL	0
8	6	CL	0
9	1	EM (3rd Employer of 1st Insurer)	1
10	9	CL	0
11	N/A	20 (2nd Insurer)	1
12	11	EM (1st Employer of 2nd Insurer)	1
13	12	CL	0
14	12	CL	0

The information related to a claim consists of three parts: the insurer that administers the claim, the employer against whom the claim is filed, and a list of these claims.

By moving downward through the example above, the computer will always have the answer to “which insurer and which employer” the claim refers. Why? Because by the time it runs into a claim it will always encounter at least one insurer record and at least one employer record.

If multiple insurers and/or employers are encountered, the last one read is the one to which the claim refers.

From a conceptual point of view, it may be easier to see how this works by starting from the bottom and move upward. All the claims belong to the first employer that is above it, and all employers belong to the first insurer above them.

Parent child: This is the relationship between two record types. If a child record exists (e.g. the claim) there must be a parent record (e.g. the employer). Thus, the claim is the child record the employer. Similarly, if there is an employer record there must be an insurer record. Thus, the employer is the child of the insurer.

EXAMPLE: HL*3*2*CL~

DATE ELEMENT SUMMARY

HL01 628 **HIERARCHICAL ID NUMBER** **M AN 1/12**
A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
Required

HL02 734 **HIERARCHICAL PARENT ID NUMBER** **O AN 1/12**
Identification number of the next higher hierarchical data segment that the data segment being described is subordinate.
Required

HL03 735 **HIERARCHICAL LEVEL CODE** **M ID 1/2**
Code defining the characteristic of a level in hierarchical structure.
Required **CL = Claimant**

HL04 736 **HIERARCHICAL CHILD CODE** **O ID 1/1**
Code identifying if there are hierarchical child data segments subordinate to the level being described. The Bill Loop (Loop 2300) can only be used when HL04 has no subordinate levels (HL04 = 0 or " " (blank)).
Situational **0 = No subordinate HL segment in this hierarchical structure.**

SEGMENT: **DTP Date or Time or Period**
X12N NAME: DATE OF INJURY
WC NAME: DATE OF INJURY
LEVEL: Detail
POSITION: 009
LOOP: 2000C
USAGE: Required
MAX USE: 1
PURPOSE: To specify any or all of a date, a time, or a time period.
EXAMPLE: DTP*558*D8*19920101~

DATA ELEMENT SUMMARY

DTP01 374 **DATE/TIME QUALIFIER** **M ID 3/3**
Code specifying type of date or time, or both date and time.
Required **558 = Injury or Illness**

DTP02 1250 **DATE TIME PERIOD FORMAT QUALIFIER** **M ID 2/3**
Code indicating the date format, time format, or data and time format.
Required **D8 = Date Expressed in Format CCYYMMDD**

DTP03 1251 **DATE TIME PERIOD** **M AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times.
Required **DN31 Date of Injury**

Loop ID: 2010CA Claimant Information (Repeat 1)

SEGMENT: **NM1 Individual or Organizational Name**
X12N NAME: PATIENT INFORMATION
WC NAME: CLAIMANT INFORMATION
LEVEL: Detail
POSITION: 015
LOOP: 2010CA Repeat: 1
USAGE: Situational
MAX USE: 1
PURPOSE: To supply the full name of an individual.
EXAMPLE: NM1*CC*1*DOE*SALLY*J***34*012345678~

DATA ELEMENT SUMMARY

NM101 98 **ENTITY IDENTIFIER CODE** **M ID 2/3**
Code identifying an organizational entity, a physical location, property, or an individual.
Required **CC = Claimant**

NM102 1065 **ENTITY TYPE QUALIFIER** **M ID 1/1**
Code qualifying the type of entity. Note: NM102 qualifies NM103.
Required **1 = Person**

NM103 1035 **NAME LAST OR ORGANIZATION NAME** **O AN 1/35**
Individual last name or organizational name.
Required **DN43 Employee Last Name**

NM104 1036 **NAME FIRST** **O AN 1/25**
Identifies individual first name.
Situational **DN44 Employee First Name**

NM105 1037 **NAME MIDDLE** **O AN 1/25**
Identifies individual middle name or initial.
Situational **DN45 Employee Middle Name/Initial**

NM106 1038 **NAME PREFIX** **O AN 1/10**
Prefix to individual name.
Not Used

NM107 1039 **NAME SUFFIX** **O AN 1/10**
Suffix to individual name.
Situational **DN255 Employee Last Name Suffix**

NM108 66 **IDENTIFICATION CODE QUALIFIER** **X ID 1/2**
Code designating the system/method of code structure used for Identification Code (67).
If either NM108 or NM109 is present, then the other is required.
Required **34 = Social Security Number**
ZY = Employee Green Card
EI = Employee ID Assigned by Jurisdiction
ZZ = Employee Passport Number
TA = Employee Employment Visa

NM109 67 **IDENTIFICATION CODE** **X AN 2/80**
Code identifying a party or other code.
Required **DN42 Employee SSN**
DN153 Employee Green Card
DN154 Employee ID Assigned by Jurisdiction
DN156 Employee Passport Number
DN152 Employee Employment Visa

NM110 706 **ENTITY RELATIONSHIP CODE** **X ID 2/2**
Code describing entity relationship.
Not Used

NM111 98 **ENTITY IDENTIFIER CODE** **O ID 2/3**
Code identifying an organizational entity, a physical location, property, or an individual.
Not Used

SEGMENT: **N3 Address Information**
X12N NAME: PATIENT ADDRESS
WC NAME: CLAIMANT ADDRESS INFORMATION
LEVEL: Detail
POSITION: 025
LOOP: 2010CA
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the location of the named party.
EXAMPLE: N3*RFD 10*100 COUNTRY LANE~

DATA ELEMENT SUMMARY

N301 166	**ADDRESS INFORMATION**	**M AN 1/55**
	Free-form description used for address information.	
	Required **DN46 Employee Mailing Primary Address**	
N302 166	**ADDRESS INFORMATION**	**O AN 1/55**
	Free-form description used for address information.	
	Situational **DN47 Employee Mailing Secondary Address**	

SEGMENT: **N4 Geographical Location**
X12N NAME: PATIENT CITY, STATE, AND ZIP CODE
WC NAME: CLAIMANT CITY, STATE, POSTAL CODE
LEVEL: Detail
POSITION: 030
LOOP: 2010CA
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the geographical place of the named party. The trading partner agreement should indicate that either the city and state, or zip code be mandatory.
EXAMPLE: N4*CORNFIELD TOWNSHIP*IA*99999~

DATA ELEMENT SUMMARY

N401 19	**CITY NAME**	**O AN 2/30**
	Free-form description used for city name.	
	Situational **DN48 Employee Mailing City**	
N402 156	**STATE OR PROVINCE CODE**	**O ID 2/2**
	Code (Standard State/Province) as defined by appropriate government agency.	
	Situational **DN49 Employee Mailing State Code**	
N403 116	**POSTAL CODE**	**O ID 3/15**
	Code defining international postal zone code excluding punctuation and blanks (zip code for the United States).	
	Situational **DN50 Employee Mailing Postal Code**	
N404 26	**COUNTRY CODE**	**O ID 2/3**
	Code identifying the country.	
	Situational **DN155 Employee Mailing Country Code**	

N405 309 **LOCATION QUALIFIER** **X ID 1/2**
Code identifying type of location.
Not Used

N406 310 **LOCATION IDENTIFIER** **O AN 1/30**
Code which identifies a specific location.
Not Used

SEGMENT: **DMG Demographic Information**
X12N NAME: PATIENT DEMOGRAPHIC INFORMATION
WC NAME: CLAIMANT DEMOGRAPHIC INFORMATION
LEVEL: Detail
POSITION: 032
LOOP: 2010CA
USAGE: Situational
MAX USE: 1
PURPOSE: To supply demographic information.
EXAMPLE: DMG*D8*19530101*F*M~

DATA ELEMENT SUMMARY

DMG01 1250 **DATE TIME PERIOD FORMAT QUALIFIER** **X ID 2/3**
Code indicating the date format, time format, or date and time format. If DMG01 or DMG02 is present, then the other is required.
Situational **D8 = Date expressed in format CCYYMMDD**

DMG02 1251 **DATE TIME PERIOD** **X AN 1/35**
Expression of a date, a time, or range of dates, times, or dates and times.
Situational **DN52 Employee Date of Birth**

DMG03 1068 **GENDER CODE** **O ID 1/1**
Code indicating the sex of the individual.
Situational **DN53 Employee Gender Code**
F = Female
M = Male
U = Unknown

DMG04 1067 **MARITAL STATUS CODE** **O ID 1/1**
Code defining the marital status of the individual.
Situational **DN54 Employee Marital Status Code**
I = Single
K = Unknown
M = Married
S = Separated
U = Unmarried (Divorced or Widowed)

DMG05 1109 **RACE OR ETHNICITY CODE** **O ID 1/1**
Code indicating the racial or ethnic background of an individual; it is normally self-reported. Under certain circumstances this information is collected for United States Government statistical purposes.
Not Used

DMG06 1066 **CITIZENSHIP STATUS CODE** **O ID 1/2**
Code indicating citizenship status.
Not Used

DMG07 26 **COUNTRY CODE** **O ID 2/3**
Code identifying the country.
Not Used

DMG08 659 **BASIS OF VERIFICATION CODE** **O ID 1/2**
Code indicating the basis of verification.
Not Used

DMG09 380 **QUANTITY** **O R 1/15**
Numeric value used for quantity.
Not Used

SEGMENT: **REF Reference Identification**
X12N NAME: CLAIM NUMBER
WC NAME: CLAIMANT CLAIM NUMBER
LEVEL: Detail
POSITION: 035
LOOP: 2010CA
USAGE: Situational
MAX USE: 2
PURPOSE: To specify identifying information. Use this REF if a second identification number is required. This segment is used to identify the employee's claim number. Repeat as needed to pass claim administrator claim number and/or jurisdiction number.
EXAMPLE: REF*Y1*528779999~

DATA ELEMENT SUMMARY

REF01 128 **REFERENCE IDENTIFICATION QUALIFIER** **M ID 2/3**
Code qualifying the Reference Identification.
Required **Y1 = Claim Administrator Claim Number**
5L = Jurisdictional Claim Number

REF02 127 **REFERENCE IDENTIFICATION** **X AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
Required **DN15 Claim Administrator Claim Number**
DN5 Jurisdiction Claim Number

REF03 352 **DESCRIPTION** **X AN 1/80**
A free-form description to clarify the related data elements and their content.
Not Used

REF04 C040 **REFERENCE IDENTIFIER** **O**
To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier.
Not Used

SEGMENT: PER Administrative Communications Contact
X12N NAME: PATIENT CONTACT INFORMATION
WC NAME: CLAIMANT CONTACT INFORMATION
LEVEL: Detail
POSITION: 040
LOOP: 2010CA
USAGE: Situational
MAX USE: 1
PURPOSE: To identify a claimant phone number. If either PER03 or PER04 is present, then the other is required.
EXAMPLE: PER*CT**TE*8885559999~

DATA ELEMENT SUMMARY

PER01 366 CONTACT FUNCTION CODE M ID 2/2
Code identifying the major duty or responsibility of the person or group named.
Required CT = Claimant

PER02 93 NAME O AN 1/60
Free-form description used for name.
Not Used

PER03 365 COMMUNICATION NUMBER QUALIFIER X ID 2/2
Code identifying the type of communication number.
Required TE = Telephone Number

PER04 364 COMMUNICATION NUMBER X AN 1/80
Complete communications number including country or area code when applicable.
Required DN51 Employee Phone Number

PER05 365 COMMUNICATION NUMBER QUALIFIER X ID 2/2
Code identifying the type of communication number.
Not Used

PER06 364 COMMUNICATION NUMBER X AN 1/80
Complete communications number including country or area code where applicable.
Not Used

PER07 365 COMMUNICATION NUMBER QUALIFIER X ID 2/2
Code identifying the type of communication number.
Not Used

PER08 364 COMMUNICATION NUMBER X AN 1/80
Complete communication number including country or area code where applicable.
Not Used

PER09 443 CONTACT INQUIRY REFERENCE O AN 1/20
Additional reference number or description to clarify a contact number.
Not Used

Loop ID: 2300 Billing Information (Repeat >1)

SEGMENT: **CLM Health Claim**
X12N NAME: BILLING INFORMATION
WC NAME: BILLING INFORMATION
LEVEL: Detail
POSITION: 130
LOOP: 2300 Repeat: 100
USAGE: Required
MAX USE: 1
PURPOSE: To specify basic data about the bill. Bill Header Information includes the billing provider unique bill identification number; total charges per bill; billing type codes; facility code value; bill format indicator; bill frequency type code; whether the provider's signature is on file; provider agreement code, and bill submission reason code.
EXAMPLE: CLM*A37YH556*500**MO*11:B*Y**********H***00~

DATA ELEMENT SUMMARY

CLM01 1028 CLAIM SUBMITTER'S IDENTIFIER M AN 1/38
Identifier used to track a bill from creation by the health care provider through payment. This is used to reference or match a specific bill or invoice number. Not all jurisdictions will require the Billing Provider Unique Identification Number (DN523). If this data element is not required, MUST use default value of all 9's. The Unique Bill ID Number (DN500) that will be passed in the REF segment listed below is required by all jurisdictions. Acknowledgments will refer to Unique Bill ID number when a bill error has occurred.
Required DN523 Billing Provider Unique Bill Identification Number

CLM02 782 MONETARY AMOUNT O R 1/18
Total amount of all submitted charges of service segments for this bill. This field is required for bills. It is not required for encounters. This is the total charge per bill unless CLM19 = "9" for an encounter. In that case, this is not used. If the amount is whole dollars only (no cents involved), do NOT pass the decimal and zeros to the right of the decimal.
Situational DN501 Total Charge Per Bill

CLM03 1032 CLAIM FILING INDICATOR CODE O ID 1/2
Code identifying type of claim.
Not Used

CLM04 1343 NON-INSTITUTIONAL CLAIM TYPE CODE O ID 1/2
Code identifying the type of provider or bill. It is recommended that non-institutional bill type be determined through procedure codes or some other method. This is used for transmission of Pharmacy, Durable Medical Equipment or Dental.
Situational DN502 Billing Type Code
DD = Dentist or Dental
DM = Durable Medical
MO = Mail Order Drug
RX = Pharmacy or Drug

CLM05 C023 HEALTH CARE SERVICE LOCATION INFORMATION O

To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered. CLM05 applies to all service lines unless it is overwritten at the line level.

Situational

CLM05-1 1331 FACILITY CODE VALUE M AN 1/2

Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type (UB04) code or the Place of Service code from the Electronic Media Claims National Standard (CMS-1500). The Place of Service Bill Code will be used as the default if the bill is not a Uniform Bill Type (UB04) or Electronic Media Claims National Standard Format (CMS-1500).

Required **DN504 Facility Code**
("A" must be passed in CLM05-2)

DN555 Place of Service Bill Code
("B" must be passed in CLM05-2)

CLM05-2 1332 FACILITY CODE QUALIFIER O ID 1/2

Code identifying the type of facility referenced. If the bill is not a Uniform Bill Type (UB04) or Electronic Media Claims National Standard Format (CMS-1500), then use "B" as the default.

Required **DN503 Billing Format Code**

A = Uniform Billing Claim Form Bill Type
B = Place of Service Code from the FAO record of the Electronic Media Claims National Standard Format

CLM05-3 1325 CLAIM FREQUENCY TYPE CODE O ID 1/1

Code specifying the frequency of the bill; this is the third position of the Uniform Billing Claim Form Bill Type (UB04). These codes are valid if CLM05-2 is equal to an "A" (UB04). This is position 3 from box 4 on the UB04.

Situational **DN505 Bill Frequency Type Code**

0 = Non-payment/zero claim
1 = Admit through Discharge claim
2 = Interim - First claim
3 = Interim - Continuing Claim
4 = Interim – Last Claim
5 = Late charge(s) only claim
6 = Adjustment of prior claim
7 = Replacement of prior claim
8 = Void/cancel of prior claim

CLM06 1073 YES/NO CONDITION OR RESPONSE CODE O ID 1/1

Code indicating a Yes or No condition or response. A "Y" value indicates the provider signature is on file. An "N" value indicates the provider signature is not on file. This element is only needed if CLM05-2 is equal to a "B" (CMS-1500).

Situational **DN506 Provider Signature on File Indicator**

N = No
Y = Yes

CLM07 1359 PROVIDER ACCEPT ASSIGNMENT CODE O ID 1/1

Code indicating whether the provider accepts assignment.

Not Used

CLM08 1073 YES/NO CONDITION OR RESPONSE CODE O ID 1/1
Code indicating a Yes or No response.
Not Used

CLM09 1363 RELEASE OF INFORMATION CODE O ID 1/1
Codes indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations.
Required DN526 Release of Information Code
A = Appropriate release of information on file at health care service provider or at utilization review organization.
I = Informed consent to release medical information for conditions or diagnoses regulated by federal statutes.
M = The provider has limited or restricted ability to release data related to a claim.
N = No, provider is not allowed to release data
O = On file at payer or at plan sponsor
Y = Yes, provider has a signed statement permitting release of medical billing data related to claim

CLM10 1351 PATIENT SIGNATURE SOURCE CODE O ID 1/1
Code indicating how the patient or subscriber authorization signatures were obtained and how the provider is retaining them.
Not Used

CLM11 C024 RELATED CAUSES INFORMATION O
To identify one or more related causes and associated state or country information.
Not Used

CLM12 1366 SPECIAL PROGRAM CODE O ID 2/3
Code indicating the Special Program under which the services rendered to the patient were performed.
Not Used

CLM13 1073 YES/NO CONDITION OR RESPONSE CODE O ID 1/1
Code indicating a Yes or No condition or response.
Not Used

CLM14 1338 LEVEL OF SERVICE CODE O ID 1/3
Code specifying the level of service rendered.
Not Used

CLM15 1073 YES/NO CONDITION OR RESPONSE CODE O ID 1/1
Code indicating a Yes or No condition or response.
Not Used

CLM16 1360 PROVIDER AGREEMENT CODE **O ID 1/1**

Code indicating provider-billing agreement that is applicable to the bill.

Situational **DN507 Provider Agreement Code**

H = **Health Maintenance Organization (HMO) Agreement**
An organized arrangement of health care professionals comprehensive health care to a group of individuals to agree to utilizing the network of providers.

N = **No Agreement**

P = **Participation Agreement**
Any agreement between the provider of service and the plan administrator.

Y = **Preferred Provider Organization (PPO) Agreement**
An agreement between the provider of service and the plan administrator where the fee for service may differ from the usual prevailing fee.

CLM17 1029 CLAIM STATUS CODE **O ID 1/2**

Code identifying the status of an entire bill as assigned by the payer, claim review organization, or repricing organization.

Not Used

CLM18 1073 YES/NO CONDITION OR RESPONSE CODE **O ID 1/1**

Code indicating a Yes or No condition or response.

Not Used

CLM19 1383 CLAIM SUBMISSION REASON CODE **O ID 2/2**

Code identifying reason for bill submission. The purpose of this code is to differentiate between different types of bills/encounters.

Situational **DN508 Bill Submission Reason Code**

00 = **Original**

01 = **Cancellation**

02 = **Corrected and Verified Original Claim**

05 = **Replace**

09 = **Encounter**

30 = **Payer Reconsideration**

31 = **Jurisdictional Reconsideration**

32 = **Judicial Reconsideration**

CLM20 1514 DELAY REASON CODE **O ID 1/2**

Code indicating the reason why a request was delayed.

Not Used

SEGMENT: **DTP Date or Time or Period**
X12N NAME: DATE BILL RECEIVED
WC NAME: DATE INSURER RECEIVED BILL
LEVEL: Detail
POSITION: 135
LOOP: 2300
USAGE: Situational
MAX USE: 1
PURPOSE: To specify any or all of a date, a time, or a time period. Dates in loop 2300 apply to all service lines within loop 2400 unless overridden at the line level.
EXAMPLE: DTP*050*D8*19970115~

DATA ELEMENT SUMMARY

DTP01 374 DATE/TIME QUALIFIER M ID 3/3
Code specifying type of date or time, or both date and time. This code indicates the date that the claim administrator received the bill.
Required 050 = Received

DTP02 1250 DATE/TIME PERIOD FORMAT QUALIFIER M ID 2/3
Code indicating the date format, time format or date and time format.
Required D8 = Date expressed in format CCYYMMDD

DTP03 1251 DATE/TIME PERIOD M AN 1/35
Expression of a date, a time, or range of dates, times or dates and times.
Required DN511 Date Insurer Received Bill

SEGMENT: DTP Date or Time or Period
X12N NAME: DATE/TIME ADMISSION
WC NAME: DATE AND TIME OF ADMISSION
LEVEL: Detail
POSITION: 135
LOOP: 2300
USAGE: Situational
MAX USE: 1
PURPOSE: To specify any or all of a date, a time, or a time period. Dates in loop 2300 apply to all service lines within loop 2400 unless overridden at line level.
EXAMPLE: DTP*435*D8*19970114~

DATA ELEMENT SUMMARY

DTP01 374 DATE/TIME QUALIFIER M ID 3/3
Code specifying type of date or time, or both date and time.
Required 435 = Admission

DTP02 1250 DATE/TIME PERIOD FORMAT QUALIFIER M ID 2/3
Code indicating the date format, time format, or date and time format.
Required D8 = Date expressed in format CCYYMMDD
DT = Date and time expressed in format CCYYMMDDHHMM

DTP03 1251 DATE/TIME PERIOD M AN 1/35
Expression of a date, a time, or range of dates, times or date and times. If DT is used then submit DN513 and DN622. If D8 is used, submit only DN513.
Required DN513 Admission Date
DN622 Admission Hour

SEGMENT: **DTP Date or Time or Period**
X12N NAME: DATE/TIME DISCHARGE
WC NAME: DATE AND TIME OF DISCHARGE
LEVEL: Detail
POSITION: 135
LOOP: 2300
USAGE: Situational
MAX USE: 1
PURPOSE: To specify any or all of a date, a time, or a time period. Dates in loop 2300 apply to all service lines within loop 2400 unless overridden at line level.
EXAMPLE: DTP*096*D8*19970115~

DATA ELEMENT SUMMARY

DTP01 374 **DATE/TIME QUALIFIER** **M ID 3/3**
Code specifying type of date or time or both date and time.
Required **096 = Discharge**

DTP02 1250 **DATE/TIME PERIOD FORMAT QUALIFIER** **M ID 2/3**
Code indicating the date format, time format, or date and time format.
Required **D8 = Date expressed in format CCYYMMDD**
DT = Date and time expressed in format CCYYMMDDHHMM

DTP03 1251 **DATE/TIME PERIOD** **M AN 1/35**
Expression of a date, a time or range of dates, times or dates and times. If DT is used, submit DN514 and DN623. If D8 is used, submit DN514 only.
Required **DN514 Discharge Date**
DN623 Discharge Hour

SEGMENT: **DTP Date or Time or Period**
X12N NAME: DATE-SERVICE DATE OR RANGE
WC NAME: SERVICE DATE (S) RANGE
LEVEL: Detail
POSITION: 135
LOOP: 2300
USAGE: Situational
MAX USE: 1
PURPOSE: To specify any or all of a date, a time or a time period. Dates in loop 2300 apply to all service lines within loop 2400 unless overridden at line level. This would be the date of, or the range of dates for services rendered for this bill.
EXAMPLE: DTP*472*D8*19970115~

DATA ELEMENT SUMMARY

DTP01 374 **DATE/TIME QUALIFIER** **M ID 3/3**
Code specifying type of date or time, or both date and time.
Required **472 = Service**

DTP02 1250 **DATE/TIME PERIOD FORMAT QUALIFIER** **M ID 2/3**
Code indicating the date format, time format, or date and time format.
Required **D8 = Date expressed in format CCYYMMDD**
RD8 = Range of dates expressed in format CCYYMMDD-CCYYMMDD

DTP03 1251 DATE/TIME PERIOD **M AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times.
Required **DN509 Service Bill Date(s) Range**

SEGMENT: **DTP Date or Time or Period**
X12N NAME: DATE-PRESCRIPTION
WC NAME: DATE OF PRESCRIPTION
LEVEL: Detail
POSITION: 135
LOOP: 2300
USAGE: Situational
MAX USE: 1
PURPOSE: To specify any or all of a date, a time, or a time period. Dates in loop 2300 apply to all service lines within loop 2400 unless overridden at the line level. This would be the date that the prescription was filled.
EXAMPLE: DTP*471*D8*19970115~

DATA ELEMENT SUMMARY

DTP01 374 DATE/TIME QUALIFIER **M ID 3/3**
Code specifying type of date or time, or both date and time.
Required **471 = Prescription**

DTP02 1250 DATE/TIME PERIOD FORMAT QUALIFIER **M ID 2/3**
Code indicating the date format, time format, or date and time format
Required **D8 = Date expressed in format CCYYMMDD**

DTP03 1251 DATE/TIME PERIOD **M AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times
Required **DN527 Prescription Bill Date**

SEGMENT: **DTP Date or Time or Period**
X12N NAME: DATE-STATEMENT
WC NAME: DATE OF BILL
LEVEL: Detail
POSITION: 135
LOOP: 2300
USAGE: Situational
MAX USE: 1
PURPOSE: To specify any or all of a date, time, or a time period. Dates in loop 2300 apply to all service lines within loop 2400 unless overridden at the line level. This is the date of the bill.
EXAMPLE: DTP*434*D8*19970115~

DATA ELEMENT SUMMARY

DTP01 374 DATE/TIME QUALIFIER **M ID 3/3**
Code specifying type of date or time, or both date and time. Code indicating the date of the provider's statement. (Box 86 on UB04 or Box 31 on CMS-1500).
Required **434 = Statement**

DTP02 1250 DATE/TIME PERIOD FORMAT QUALIFIER M ID 2/3
Code indicating the date format, time format, or date and time format.
Required D8 = Date expressed in format CCYYMMDD

DTP03 1251 DATE/TIME PERIOD M AN 1/35
Expression of a date, a time, or range of dates, times, or dates and times.
Required DN510 Date of Bill

SEGMENT: DTP Date or Time or Period
X12N NAME: DATE-DATE PAID
WC NAME: DATE INSURER PAID BILL
LEVEL: Detail
POSITION: 135
LOOP: 2300
USAGE: Situational
MAX USE: 1
PURPOSE: To specify any or all of a date, a time, or a time period. Dates in loop 2300 apply to all service lines within loop 2400 unless overridden at the line level.
EXAMPLE: DTP*666*D8*19970115~

DATA ELEMENT SUMMARY

DTP01 374 DATE/TIME QUALIFIER M ID 3/3
Code specifying type of date or time, or both date and time. Code indicating paid/credited for the bill.
Required 666 = Date Paid

DTP02 1250 DATE/TIME PERIOD FORMAT QUALIFIER M ID 2/3
Code indicating the date format, time format, or date and time format.
Required D8 = Date expressed in format CCYYMMDD

DTP03 1251 DATE/TIME PERIOD M AN 1/35
Expression of a date, a time or range of dates, times, or dates and times.
Required DN512 Date Insurer Paid Bill

SEGMENT: CL1 Claim Codes
X12N NAME: ADMISSION TYPE
WC NAME: ADMISSION TYPE
LEVEL: Detail
POSITION: 140
LOOP: 2300
USAGE: Situational
MAX USE: 1
PURPOSE: To supply information specific to hospital bills.
EXAMPLE: CL1*1~

DATA ELEMENT SUMMARY

CL101 1315 **ADMISSION TYPE CODE** **O ID 1/1**
Code indicating the priority of this admission.
Situational **DN577 Admission Type Code**
1 = Emergency
2 = Urgent
3 = Elective
9 = Information not available

CL102 1314 **ADMISSION SOURCE CODE** **O ID 1/1**
Code indicating the source of this information
Not Used

CL103 1352 **PATIENT STATUS CODE** **O ID 1/2**
Code indicating patient status as of the "statement covers through date".
Not Used

CL04 1345 **NURSING HOME RESIDENTIAL STATUS CODE** **O ID 1/1**
Code specifying the status of a nursing home resident at the time of service.
Not Used

SEGMENT: **CN1 Contract Information**
X12N NAME: CONTRACT INFORMATION
WC NAME: CONTRACT INFORMATION
LEVEL: Detail
POSITION: 160
LOOP: 2300
USAGE: Situational
MAX USE: 1
PURPOSE: To specify basic data about the contract or contract line item.
EXAMPLE: CN1*01***009~

DATA ELEMENT SUMMARY

CN101 1166 **CONTRACT TYPE CODE** **M ID 2/2**
Code identifying a contract type.
Required **DN515 Contract Type Code**
01 = Diagnosis Related Group (DRG)
02 = Per Diem
03 = Variable Per Diem
04 = Flat (Fee for service)
05 = Capitate
06 = Percent
09 = Other

CN102 782 **MONETARY AMOUNT** **O R 1/18**
Identifies the monetary amount of the contract line item.
Not Used

CN103 332 **PERCENT** **O R 1/6**
Percent expressed as a percent.
Not Used

CN104 127 **REFERENCE IDENTIFICATION** **O AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. The DRG number is only used if CN101 = 01.
Situational **DN518 DRG Code**

CN105 338 **TERMS DISCOUNT PERCENT** **O R 1/6**
Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date.
Not Used

CN106 799 **VERSION IDENTIFIER** **O AN 1/30**
Identifies the revision level of a particular format, program, technique, or algorithm.
Not Used

SEGMENT: **AMT Monetary Amount**
X12N NAME: INITIAL FEE AMOUNT PAID
WC NAME: INITIAL AMOUNT PAID
LEVEL: Detail
POSITION: 175
LOOP: 2300
USAGE: Situational
MAX USE: 1
PURPOSE: To indicate the total monetary amount of the initial fee paid.
EXAMPLE: AMT*E9*25~

DATA ELEMENT SUMMARY

AMT01 522 **AMOUNT QUALIFIER CODE** **M ID 1/3**
Code to qualify amount.
Required **E9 = Initial Fee**

AMT02 782 **MONETARY AMOUNT** **M R 1/18**
Monetary amount. If the amount is whole dollars (no cents involved), do NOT pass the decimal and zeros to the right of the decimal.
Required **DN624 Initial Amount Paid**

AMT03 478 **CREDIT/DEBIT FLAG CODE** **O ID 1/1**
Code indicating whether the amount is a credit or a debit.
Not Used

SEGMENT: **AMT Monetary Amount**
X12N NAME: TOTAL PAYMENT AMOUNT
WC NAME: TOTAL AMOUNT PAID PER BILL
LEVEL: Detail
POSITION: 175
LOOP: 2300
USAGE: Situational
MAX USE: 1
PURPOSE: To indicate the total monetary amount paid per bill.
EXAMPLE: AMT*TP*325~

DATA ELEMENT SUMMARY

AMT01 522 **AMOUNT QUALIFIER CODE** **M ID 1/3**
Code to qualify amount.
Required **TP = Total Payment Amount**

AMT02 782 **MONETARY AMOUNT** **M R 1/18**
Monetary amount. If the amount is whole dollars (no cents involved), do NOT pass the decimals and zeros to the right of the decimal.
Required **DN516 Total Amount Paid Per Bill**

AMT03 478 **CREDIT/DEBIT FLAG CODE** **O ID 1/1**
Code indicating whether amount is a credit or debit.
Not Used

SEGMENT: **REF Reference Identification**
X12N NAME: BILL TRACKING NUMBER
WC NAME: UNIQUE BILL ID NUMBER
LEVEL: Detail
POSITION: 180
LOOP: 2300
USAGE: Mandatory
MAX USE: 1
PURPOSE: To specify identifying information. Reference Numbers at this position apply to the entire bill. This is the unique bill number assigned by the insurer or the insurer's agent. Acknowledgments will refer to this number when a bill error has occurred.
EXAMPLE: REF*DD*13579~

DATA ELEMENT SUMMARY

REF01 128 **REFERENCE IDENTIFICATION QUALIFIER** **M ID 2/3**
Code qualifying the Reference Identification.
Required **DD = Document Identification Number**

REF02 127 **REFERENCE IDENTIFICATION** **X AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
Required **DN500 Unique Bill ID Number**

REF03 352 **DESCRIPTION** **X AN 1/80**
A free-form description used to clarify the related data elements and their content.
Not Used

REF04 C040 **REFERENCE IDENTIFIER** **O**
To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier.
Not Used

SEGMENT: **REF Reference Identification**
X12N NAME: PATIENT ACCOUNT NUMBER
WC NAME: PATIENT ACCOUNT NUMBER
LEVEL: Detail
POSITION: 180
LOOP: 2300
USAGE: Situational
MAX USE: 1
PURPOSE: To specify identifying information about the patient account number.
EXAMPLE: REF*EJ*13579~

DATA ELEMENT SUMMARY

REF01 128 **REFERENCE IDENTIFICATION QUALIFIER** **M ID 2/3**
Code qualifying the Reference Identification. Number assigned by the provider.
Required **EJ = Patient Account Number**

REF02 127 **REFERENCE IDENTIFICATION** **X AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
Required **DN517 Patient Account Number**

REF03 352 **DESCRIPTION** **X AN 1/80**
A free-form description to clarify the related data elements and their content.
Not Used

REF04 C040 **REFERENCE IDENTIFIER** **O**
To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier.
Not Used

SEGMENT: **REF Reference Identification**
X12N NAME: BILL TRACKING NUMBER
WC NAME: TRANSACTION TRACKING NUMBER
LEVEL: Detail
POSITION: 180
LOOP: 2300
USAGE: Situational
MAX USE: 1
PURPOSE: To specify identifying information. This is the Transaction Tracking Number. This is a forever unique number assigned by the sender to each transaction (bill) being sent. When issuing a Transaction Tracking Number, the sender should never reuse a number, even when sending another batch.
EXAMPLE: REF*2I*TJ98UU321~

DATA ELEMENT SUMMARY

REF01 128 **REFERENCE IDENTIFICATION QUALIFIER** **M ID 2/3**
Code qualifying the Reference Identification. Transaction Tracking Number or Bill Reference Identification Number.
Required **2I = Tracking Number**

REF02 127 **REFERENCE IDENTIFICATION** **X AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
Required **DN266 Transaction Tracking Number**

REF03 352 **DESCRIPTION** **X AN 1/80**
A free-form description to clarify the related data elements and their content.
Not Used

REF04 C040 **REFERENCE IDENTIFIER** **O**
To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier.
Not Used

SEGMENT: **HI Health Care Information Codes**
X12N NAME: DIAGNOSIS
WC NAME: DIAGNOSIS
LEVEL: Detail
POSITION: 231
LOOP: 2300
USAGE: Situational
MAX USE: 1
PURPOSE: To supply information related to the delivery of health care
NOTES: CMS-1500 may use H101-04 and UB04 may H101-10.
EXAMPLE: HI*BK:890.1*BF:872.00*BF:555.9~

DATA ELEMENT SUMMARY

HI01 C022 **HEALTH CARE CODE INFORMATION** **M**
To send health care codes and their associated dates, amounts and quantities. The diagnosis listed in this element is assumed to be the principal diagnosis.
Required

HI01-1 1270 **CODE LIST QUALIFIER CODE** **M ID 1/3**
Code identifying a specific industry code list.
Required **BK = Principal Diagnosis**

HI01-2 1271 **INDUSTRY CODE** **M AN 1/30**
Code indicating a code from a specific industry code list.
Required **DN522 ICD-9 CM Diagnosis Code (CMS-1500)**
DN521 Principal Diagnosis Code (UB04)

HI01-3 1250 **DATE TIME PERIOD FORMAT QUALIFIER** **X ID 2/3**
Code indicating the date format, time format, or date and time format.
Not Used

HI01-4 1251 **DATE TIME PERIOD** **X AN 1/35**
Expression of a date, a time, or range of dates, times, or dates and times.
Not Used

HI01-5 782 **MONETARY AMOUNT** **O R 1/18**
Monetary amount.
Not Used

HI01-6 380 **QUANTITY** **O R 1/15**
Numeric value used for quantity.
Not Used

HI01-7 799 **VERSION IDENTIFIER** **O AN 1/30**
Identifies the revision level a particular format, program, technique, or algorithm.
Not Used

HI02 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities
Situational

HI02-1 1270 **CODE LIST QUALIFIER CODE** **M ID 1/3**
Code identifying a specific industry code.
Required **BF = Diagnosis (CMS-1500)**
BJ = Admitting Diagnosis (UB04)

HI02-2 1271 **INDUSTRY CODE** **M AN 1/30**
Code indicating a code from a specific industry code list.
Required **DN522 ICD-9 CM Diagnosis Code (CMS-1500)**
DN535 Admitting Diagnosis Code (UB04)

HI02-3 1250 **DATE TIME PERIOD FORMAT QUALIFIER** **X ID 2/3**
Code indicating the date format, time format, or date and time format.
Not Used

HI02-4 1251 **DATE TIME PERIOD** **X AN 1/35**
Expression of date, a time, or range of dates, or dates and times.
Not Used

HI02-5 782 **MONETARY AMOUNT** **O R 1/18**
Monetary amount.
Not Used

HI02-6 380 **QUANTITY** **O R 1/15**
Numeric value used for quantity.
Not Used

HI02-7 799 **VERSION IDENTIFIER** **O AN 1/30**
Identifies the revision level of a particular format, program, technique, or algorithm.
Not Used

HI03 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Situational

HI03-1 1270 **CODE LIST QUALIFIER CODE** **M ID 1/3**
Code identifying a specific industry code list.
Required **BF = Diagnosis**

HI03-2 1271 **INDUSTRY CODE** **M AN 1/30**
Code indicating a code from a specific industry code list.
Required **DN522 ICD-9 CM Diagnosis Code**
(CMS-1500 or UB04)

HI03-3 1250 **DATE TIME PERIOD FORMAT QUALIFIER** **X ID 2/3**
Code indicating the date format, time format, or date and time format.
Not Used

HI03-4 1251 **DATE TIME PERIOD** **X AN 1/35**
Expression of a date, a time, or range of dates, times, or dates and times.
Not Used

HI03-5 782 **MONETARY AMOUNT** **O R 1/18**
Monetary amount.
Not Used

HI03-6 380 **QUANTITY** **O R 1/15**
Numeric value used for quantity.
Not Used

HI03-7 799 **VERSION IDENTIFIER** **O AN 1/30**
Identifies the revision level of a particular format, program, technique, or algorithm.
Not Used

HI04 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Situational

HI04-1 1270 **CODE LIST QUALIFIER CODE** **M ID 1/3**
Code identifying a specific industry code list.
Required **BF = Diagnosis**

HI04-2 1271 **INDUSTRY CODE** **M AN 1/30**
Code indicating a code from a specific industry code list.
Required **DN522 ICD-9 CM Diagnosis Code**
(CMS-1500 or UB04)

HI04-3 1250 **DATE TIME PERIOD FORMAT QUALIFIER** **X ID 2/3**
Code indicating the date format, time format, or date and time format.
Not Used

HI04-4 1251 **DATE TIME PERIOD** **X AN 1/35**
Expression of a date, a time, or range of dates, times, or dates and times.
Not Used

HI04-5 782 **MONETARY AMOUNT** **O R 1/18**
Monetary amount.
Not Used

HI04-6 380 **QUANTITY** **O R 1/15**
Numeric value used for quantity.
Not Used

HI04-7 799 **VERSION IDENTIFIER** **O AN 1/30**
Identifies revision level of a particular format, program, technique, or algorithm.
Not Used

HI05 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Situational

HI05-1 1270 **CODE LIST QUALIFIER CODE** **M ID 1/3**
Code identifying a specific industry code list.
Required **BF = Diagnosis**

HI05-2 1271 **INDUSTRY CODE** **M AN 1/30**
Code indicating a code from a specific industry code list.
Required **DN522 ICD-9 CM Diagnosis Code (UB04)**

HI05-3 1250 **DATE TIME PERIOD FORMAT QUALIFIER** **X ID 2/3**
Code indicating the date format, time format, or date and time format.
Not Used

HI05-4 1251 **DATE TIME PERIOD** **X AN 1/35**
Expression of a date, a time, or range of dates, times, or dates and times.
Not Used

HI05-5 782 **MONETARY AMOUNT** **O R 1/18**
Monetary amount.
Not Used

HI05-6 380 **QUANTITY** **O R 1/15**
Numeric value used for quantity.
Not Used

HI05-7 799 **VERSION IDENTIFIER** **O AN 1/30**
Identifies revision level of a particular format, program, technique, or algorithm.
Not Used

HI06 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Situational

HI06-1 1270 **CODE LIST QUALIFIER CODE** **M ID 1/3**
Code identifying a specific industry code list.
Required **BF = Diagnosis**

HI06-2 1271 **INDUSTRY CODE** **M AN 1/30**
Code indicating a code from a specific industry code list.
Required **DN522 ICD-9 CM Diagnosis Code (UB04)**

HI06-3 1250 **DATE TIME PERIOD FORMAT QUALIFIER** **X ID 2/3**
Code indicating the date format, time format, or date and time format.
Not Used

HI06-4 1251 **DATE TIME PERIOD** **X AN 1/35**
Expression of a date, a time, or range of dates, times, or dates and times.
Not Used

HI06-5 782 **MONETARY AMOUNT** **O R 1/18**
Monetary amount.
Not Used

HI06-6 380 **QUANTITY** **O R 1/15**
Numeric value used for quantity.
Not Used

HI06-7 799 **VERSION IDENTIFIER** **O AN 1/30**
Identifies revision level of a particular format, program, technique, or algorithm.
Not Used

HI07 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amount, and quantities.
Situational

HI07-1 1270 **CODE LIST QUALIFIER CODE** **M ID 1/3**
Code identifying a specific industry code list.
Required **BF = Diagnosis**

HI07-2 1271 **INDUSTRY CODE** **M AN 1/30**
Code indicating a code from a specific industry code list.
Required **DN522 ICD-9 CM Diagnosis Code (UB04)**

HI07-3 1250 **DATE TIME PERIOD FORMAT QUALIFIER** **X ID 2/3**
Code indicating the date format, time format, or date and time format.
Not Used

HI07-4 1251 **DATE TIME PERIOD** **X AN 1/35**
Expression of a date, a time, or range of dates, times, or date and times.
Not Used

HI07-5 782 **MONETARY AMOUNT** **O R 1/18**
Monetary amount.
Not Used

HI07-6 380 **QUANTITY** **O R 1/15**
Numeric value used for quantity.
Not Used

HI07-7 799 **VERSION IDENTIFIER** **O AN 1/30**
Identifies revision level of a particular format, program, technique, or algorithm
Not Used

HI08 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities.
Situational

HI08-1 1270 **CODE LIST QUALIFIER CODE** **M ID 1/3**
Code identifying a specific industry code list.
Required **BF = Diagnosis**

HI08-2 1271 **INDUSTRY CODE** **M AN 1/30**
Code indicating a code from a specific industry code list.
Required **DN522 ICD-9 CM Diagnosis Code (UB04)**

HI08-3 1250 **DATE TIME PERIOD FORMAT QUALIFIER** **X ID 2/3**
Code indicating the date format, time format, or date and time format.
Not Used

HI08-4 1251 **DATE TIME PERIOD** **X AN 1/35**
Expression of a date, a time, or range of dates, times, or dates and times.
Not Used

HI08-5 782 **MONETARY AMOUNT** **O R 1/18**
Monetary amount.
Not Used

HI08-6 380 **QUANTITY** **O R 1/15**
Numeric value used for quantity.
Not Used

HI08-7 799 **VERSION IDENTIFIER** **O AN 1/30**
Identifies revision level of a particular format, program, technique, or algorithm.
Not Used

HI09 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Situational

HI09-1 1270 **CODE LIST QUALIFIER CODE** **M ID 1/3**
Code identifying a specific industry code list.
Required **BF = Diagnosis**

HI09-2 1271 **INDUSTRY CODE** **M AN 1/30**
Code indicating a code from a specific industry code list.
Required **DN522 ICD-9 CM Diagnosis Code (UB04)**

HI09-3 1250 **DATE TIME PERIOD FORMAT QUALIFIER** **X ID 2/3**
Code indicating the date format, time format, or date and time format.
Not Used

HI09-4 1251 **DATE TIME PERIOD** **X AN 1/35**
Expression of date, time, or range of dates, or dates and times.
Not Used

HI09-5 782 **MONETARY AMOUNT** **O R 1/18**
Monetary amount.
Not Used

HI09-6 380 **QUANTITY** **O R 1/15**
Numeric value used for quantity.
Not Used

HI09-7 799 **VERSION IDENTIFIER** **O AN 1/30**
Identifies revision level of a particular format, program, technique, or algorithm.
Not Used

HI10 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Situational

HI10-1 1270 **CODE LIST QUALIFIER CODE** **M ID 1/3**
Code identifying a specific industry code list.
Required **BF = Diagnosis**

HI10-2 1271 **INDUSTRY CODE** **M AN 1/30**
Code indicating a code from a specific industry code list.
Required **DN522 ICD-9 CM Diagnosis Code (UB04)**

HI10-3 1250 **DATE TIME PERIOD FORMAT QUALIFIER** **X ID 2/3**
Code indicating the date format, time format, or date and time format.
Not Used

HI10-4 1251 **DATE TIME PERIOD** **X AN 1/35**
Expression of a date, a time or a range of dates, times, or dates and times.
Not Used

HI10-5 782 **MONETARY AMOUNT** **O R 1/18**
Monetary amount.
Not Used

HI10-6 380 **QUANTITY** **O R 1/15**
Numeric value used for quantity.
Not Used

HI10-7 799 **VERSION IDENTIFIER** **O AN 1/30**
Identifies revision level of a particular format, program, technique, or algorithm.
Not Used

HI11 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Not Used

HI12 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Not Used

SEGMENT: **HI Health Care Information Codes**
X12N NAME: PROCEDURE
WC NAME: INSTITUTIONAL PROCEDURE CODES
LEVEL: Detail
POSITION: 231
LOOP: 2300
USAGE: Situational
MAX USE: 1
PURPOSE: To supply information related to the delivery of health care. This segment is only used for UB04 Type Bills. For institutional bills, procedure codes will be reported here. For professional bills, procedure codes will be reported at the service line (SV1-5) level.
EXAMPLE: HI*BR:807:D8:19970101*BQ:8106:D8:19970103~

DATA ELEMENT SUMMARY

HI01 C022 **HEALTH CARE CODE INFORMATION** **M**
To send health care codes and their associated dates, amounts, and quantities.
Required

HI01-1 1270 CODE LIST QUALIFIER CODE M ID 1/3
Code identifying a specific industry code list. BP-HCPCS principal procedure includes level 1 CPT procedure codes.
Required BR = International Classification of Disease Clinical Modification (ICD-9 CM) Principal Procedure

BP = Health Care Financing Administration Common Procedural Coding System Principal Procedure

HI01-2 1271 INDUSTRY CODE M AN 1/30
Code indicating a code from a specific industry code list.
Required DN525 ICD-9 CM Principal Procedure Code
DN626 HCPCS Principal Procedure Billed Code

HI01-3 1250 DATE TIME PERIOD FORMAT QUALIFIER X ID 2/3
Code indicating the date format, time format, or date and time format.
Situational D8 = Date expressed in format CCYYMMDD

HI01-4 1251 DATE TIME PERIOD X AN 1/35
Expression of a date, a time, or range of dates, times, or dates and times.
Situational DN550 Principal Procedure Date

HI01-5 782 MONETARY AMOUNT O R 1/18
Monetary amount.
Not Used

HI01-6 380 QUANTITY O R 1/15
Numeric value used for quantity.
Not Used

HI01-7 799 VERSION IDENTIFIER O AN 1/30
Identifies revision level of a particular format, program, technique, or algorithm.
Not Used

HI02 C022 HEALTH CARE CODE INFORMATION O
To send health care codes and their associated dates, amounts, and quantities.
Situational

HI02-1 1270 CODE LIST QUALIFIER CODE M ID 1/3
Code identifying a specific industry code list.
Required BQ = International Classification of Disease Clinical Modification (ICD-9 CM) Procedure

BO = Health Care Financing Administration Common Procedural Coding System

HI02-2 1271 INDUSTRY CODE M AN 1/30
Code indicating a code from a specific industry code list.
Required DN736 ICD-9 CM Procedure Code
DN737 HCPCS Bill Procedure Code

HI02-3 1250 DATE TIME PERIOD FORMAT QUALIFIER X ID 2/3
Code indicating the date format, time format, or date and time format.
Situational D8 = Date expressed in format CCYYMMDD

HI02-4 1251 **DATE TIME PERIOD** **X AN 1/35**
Expression of a date, a time, or range of dates, times, or dates and times.
Situational **DN524 Procedure Date**

HI02-5 782 **MONETARY AMOUNT** **O R 1/18**
Monetary amount.
Not Used

HI02-6 380 **QUANTITY** **O R 1/15**
Numeric value used for quantity.
Not Used

HI02-7 799 **VERSION IDENTIFIER** **O AN 1/30**
Identifies revision level of a particular format, program, technique, or algorithm.
Not Used

HI03 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Situational

HI03-1 1270 **CODE LIST QUALIFIER CODE** **M ID 1/3**
Code identifying a specific industry code list.
Required **BQ = International Classification of Diseases Clinical Modification (ICD-9 CM) Procedure**

BO = Health Care Financing Administration Common Procedural Coding System

HI03-2 1271 **INDUSTRY CODE** **M AN 1/30**
Code indicating a code from a specific industry code list.
Required **DN736 ICD-9 CM Procedure Code**
DN737 HCPCS Bill Procedure Code

HI03-3 1250 **DATE TIME PERIOD FORMAT QUALIFIER** **X ID 2/3**
Code indicating the date format, time format, or date and time format.
Situational **D8 = Date expressed in format CCYYMMDD**

HI03-4 1251 **DATE TIME PERIOD** **X AN 1/35**
Expression of a date, a time, or range of dates, times, or dates and times.
Situational **DN524 Procedure Date**

HI03-5 782 **MONETARY AMOUNT** **O R 1/18**
Monetary amount.
Not Used

HI03-6 380 **QUANTITY** **O R 1/15**
Numeric value used for quantity.
Not Used

HI03-7 799 **VERSION IDENTIFIER** **O AN 1/30**
Identifies revision level of a particular format, program, technique, or algorithm.
Not Used

HI04 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Situational

HI04-1 1270 **CODE LIST QUALIFIER CODE** **M ID 1/3**
Code identifying a specific industry code list.
Required **BQ = International Classification of Diseases Clinical Modification (ICD-9 CM) Procedure**

BO = Health Care Financing Administration Common Procedural Coding System

HI04-2 1271 **INDUSTRY CODE** **M AN 1/30**
Code indicating a code from a specific industry code list.
Required **DN736 ICD-9 CM Procedure Code**
DN737 HCPCS Bill Procedure Code

HI04-3 1250 **DATE TIME PERIOD FORMAT QUALIFIER** **X ID 2/3**
Code indicating the date format, time format, or date and time format.
Situational **D8 = Date expressed in format CCYYMMDD**

HI04-4 1251 **DATE TIME PERIOD** **X AN 1/35**
Expression of a date, a time or range of dates, times, or dates and times.
Situational **DN524 Procedure Date**

HI04-5 782 **MONETARY AMOUNT** **O R 1/18**
Monetary amount.
Not Used

HI04-6 380 **QUANTITY** **O R 1/15**
Numeric value used for quantity.
Not Used

HI04-7 799 **VERSION IDENTIFIER** **O AN 1/30**
Identifies version level of a particular format, program, technique, or algorithm.
Not Used

HI05 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Situational

HI05-1 1270 **CODE LIST QUALIFIER CODE** **M ID 1/3**
Code identifying a specific industry code list.
Required **BQ = International Classification of Diseases Clinical Modification (ICD-9 CM) Procedure**

BO = Health Care Financing Administration Common Procedural Coding System

HI05-2 1271 **INDUSTRY CODE** **M AN 1/30**
Code indicating a code from a specific industry code list.
Required **DN736 ICD-9 CM Procedure Code**
DN737 HCPCS Bill Procedure Code

HI05-3 1250 **DATE TIME PERIOD FORMAT QUALIFIER** **X ID 2/3**
Code indicating the date format, time format, or date and time format.
Situational **D8 = Date expressed in format CCYYMMDD**

HI05-4 1251 **DATE TIME PERIOD** **X AN 1/35**
Expression of a date, a time or range of dates, times, or dates and times.
Situational **DN524 Procedure Date**

HI05-5 782 **MONETARY AMOUNT** **O R 1/18**
Monetary amount.
Not Used

HI05-6 380 **QUANTITY** **O R 1/15**
Numeric value used for quantity.
Not Used

HI05-7 799 **VERSION IDENTIFIER** **O AN 1/30**
Identifies revision level of a particular format, program, technique, or algorithm.
Not Used

HI06 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Situational

HI06-1 1270 **CODE LIST QUALIFIER CODE** **M ID 1/3**
Code identifying a specific industry code list.
Required **BQ= International Classification of Diseases Clinical Modification (ICD-9 CM) Procedure**

BO = Health Care Financing Administration Common Procedural Coding System

HI06-2 1271 **INDUSTRY CODE** **M AN 1/30**
Code indicating a code from a specific industry code list.
Required **DN736 ICD-9 CM Procedure Code**
DN737 HCPCS Bill Procedure Code

HI06-3 1250 **DATE TIME PERIOD FORMAT QUALIFIER** **X ID 2/3**
Code indicating the date format, time format, or date and time format.
Situational **D8 = Date expressed in format CCYYMMDD**

HI06-4 1251 **DATE TIME PERIOD** **X AN 1/35**
Expression of a date, a time, or range of dates, times, or dates and times.
Situational **DN524 Procedure Date**

HI06-5 782 **MONETARY AMOUNT** **O R 1/18**
Monetary amount.
Not Used

HI06-6 380 **QUANTITY** **O R 1/15**
Numeric value used for quantity.
Not Used

HI06-7 799 **VERSION IDENTIFIER** **O AN 1/30**
Identifies revision level of a particular format, program, technique, or algorithm.
Not Used

HI07 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Not Used

HI08 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Not Used

HI09 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Not Used

HI10 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Not Used

HI11 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Not Used

HI12 C022 **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts, and quantities.
Not Used

Loop ID: 2310A Billing Provider Information (Repeat 1)

SEGMENT: **NM1 Individual or Organization Name**
X12N NAME: BILLING PROVIDER INFORMATION
WC NAME: BILLING PROVIDER INFORMATION
LEVEL: Detail
POSITION: 250
LOOP: 2310A Repeat: 1
USAGE: Situational
MAX USE: 1
PURPOSE: To supply the identification of the billing provider. Information in loop 2310A applies to all service lines in loop 2400.
EXAMPLE: NM1*85*1*MARTENSON*TERESA*M***FI*444332222~

DATA ELEMENT SUMMARY

NM101 98 **ENTITY IDENTIFIER CODE** **M ID 2/3**
Code identifying an organizational entity, a physical location, property or an individual. The Entity Identifier in NM101 applies to all segments in loop 2310. The Billing Provider is the individual or organization receiving payment or having received payment.
Required **85 = Billing Provider**

NM102 1065 **ENTITY TYPE QUALIFIER** **M ID 1/1**
Code qualifying the type of entity. Denotes the person or organization.
Required **1 = Person**
2 = Non-Person Entity

NM103 1035 **NAME LAST OR ORGANIZATION NAME** **O AN 1/35**
Individual last name or organization name. If the billing provider is an individual, then the last name should be used. Individuals acting as an organization should have the organization's name entered on one line.
Situational **DN528 Billing Provider Last/Group Name**

NM104 1036 **NAME FIRST** **O AN 1/25**
Identifies the individual first name.
Situational **DN529 Billing Provider First Name**

NM105 1037 **NAME MIDDLE** **O AN 1/25**
Identifies the individual middle name or initial.
Situational **DN530 Billing Provider Middle Name/Initial**

NM106 1038 **NAME PREFIX** **O AN 1/10**
Prefix to individual name.
Not Used

NM107 1039 **NAME SUFFIX** **O AN 1/10**
Suffix to individual name.
Situational **DN531 Billing Provider Last Name Suffix**

NM108 66 **IDENTIFICATION CODE QUALIFIER** **X ID 1/12**
Code designating the system/method of code structure used for Identification Code (67). If either NM108 or NM109 is present, the other is required. Some providers may not have a federal taxpayer identification number for tax purposes and will use their social security number instead. Some jurisdictional computer systems may need to distinguish between social security numbers and federal taxpayer identification numbers and will use both qualifiers.
Situational **34 = Social Security Number**
FI = Federal Taxpayer's Identification Number

NM109 67 **IDENTIFICATION CODE** **X AN 2/80**
Code identifying a party or other code. Some providers may not have a Federal Employer Identification Number (FEIN); therefore their Social Security Number is used as their taxpayer identification number for tax purposes. Both FEIN and social security number will be carried in DN629 Billing Provider FEIN.
Situational **DN629 Billing Provider FEIN**

NM110 706 **ENTITY RELATIONSHIP CODE** **X ID 2/2**
Code describing entity relationship. NM110 and NM111 further define the type of entity. If NM111 is present, then NM110 is required. Technical requirements only to pass NM111 Gateway Provider Indicator. Not to indicate managed care.
Situational **34 = Managed**

NM111 98 **ENTITY IDENTIFIER CODE** **O ID 2/3**
Code identifying an organizational entity, a physical location, property, or an individual. Only used when billing provider is the gateway provider.
Situational **DN534 Gateway Provider Indicator**
GP = Gateway Provider

SEGMENT: **PRV Provider Information**
X12N NAME: BILLING PROVIDER SPECIALTY INFORMATION
WC NAME: BILLING PROVIDER SPECIALTY INFORMATION
LEVEL: Detail
POSITION: 255
LOOP: 2310A
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the identifying characteristics of a provider. The PRV segment in loop 2310 applies to the entire bill unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.

EXAMPLE: PRV*BI*S3*203BP1001Y~

DATA ELEMENT SUMMARY

PRV01 1221 **PROVIDER CODE** **M ID 1/3**
Code identifying the type of provider.
Required **BI = Billing**

PRV02 128 **REFERENCE IDENTIFICATION QUALIFIER** **M ID 2/3**
Code qualifying the Reference Identification. Use only if PRV is required to designate specialty of provider. *S3 is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. The Blue Cross Blue Shield Association and ANSI ASC X12N TG2 WG15 maintain this taxonomy.*
Required **S3 = Specification Number**

PRV03 127 **REFERENCE IDENTIFICATION** **M AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
Required **DN537 Billing Provider Primary Specialty Code**

PRV04 156 **STATE OR PROVINCE CODE** **O ID 2/2**
Code (Standard State/Province) as defined by appropriate government agency.
Not Used

PRV05 C035 **PROVIDER SPECIALTY INFORMATION** **O**
To specify the specialty information associated with the provider.
Not Used

PRV06 1223 **PROVIDER ORGANIZATION CODE** **O ID 3/3**
Code identifying the organizational structure of a provider.
Not Used

SEGMENT: **N3 Address Information**
X12N NAME: BILLING PROVIDER ADDRESS
WC NAME: BILLING PROVIDER ADDRESS
LEVEL: Detail
POSITION: 265
LOOP: 2310A
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the location of the named party.
EXAMPLE: N3*123 MAIN STREET~

DATA ELEMENT SUMMARY

N301 166 **ADDRESS INFORMATION** **M AN 1/55**
Free-form description used for address information
Required **DN538 Billing Provider Primary Address**

N302 166 **ADDRESS INFORMATION** **O AN 1/55**
Free-form description used for address information.
Situational **DN539 Billing Provider Secondary Address**

SEGMENT: **N4 Geographic Location**
X12N NAME: BILLING PROVIDER CITY/STATE/POSTAL CODE
WC NAME: BILLING PROVIDER CITY/STATE/POSTAL CODE
LEVEL: Detail
LOOP: 2310A
USAGE: Situational
MAX USE: 1
PURPOSE: To specify geographical place of the named party. It is recommended that either city and state, or postal code be required under trading partner agreements.
EXAMPLE: N4***751230064~

DATA ELEMENT SUMMARY

N401 19 **CITY NAME** **O AN 2/30**
Free-form description used for city name.
Situational **DN540 Billing Provider City**

N402 156 **STATE OR PROVINCE CODE** **O ID 2/2**
Code (Standard State/Province) as defined by appropriate government agency.
Situational **DN541 Billing Provider State Code**

N403 116 **POSTAL CODE** **O ID 3/15**
Code defining international postal zone code excluding punctuation and blanks (zip code for United States).
Situational **DN542 Billing Provider Postal Code**

N404 26 **COUNTRY CODE** **O ID 2/3**
Code identifying the country. Used if address is out of the USA.
Situational **DN569 Billing Provider Country Code**

N405 309 **LOCATION QUALIFIER** **X ID 1/2**
Code identifying type of location.
Not Used

N406 310 **LOCATION IDENTIFIER** **O AN 1/30**
Code which identifies a specific location.
Not Used

SEGMENT: **REF Reference Identification**
X12N NAME: BILLING PROVIDER SECONDARY IDENTIFICATION NUMBER
WC NAME: BILLING PROVIDER SECONDARY IDENTIFICATION NUMBER
LEVEL: Detail
POSITION: 271
LOOP: 2310A
USAGE: Situational
MAX USE: 7
PURPOSE: To specify identifying information. Use this REF only if a subsequent number is necessary to identify the provider. The primary identification number should be contained in NM109.
EXAMPLE: REF*1G*A12345~

DATA ELEMENT SUMMARY

REF01 128 **REFERENCE IDENTIFICATION QUALIFIER** **M ID 2/3**
Code qualifying the Reference Identification.
Required **0B = State License Number**
1C = Medicare Provider Number
1F = Anesthesia License Number
1G = Provider National Provider Number
G1 = Prior Authorization Number
G3 = Predetermination of Benefits Identification Number
GF = Specialty License Number

REF02 127 **REFERENCE IDENTIFICATION** **X AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
Required **If REF01 = 0B, use DN630 Billing Provider State License Number**

If REF01 = 1F, use DN633 Billing Provider Anesthesia License Number

If REF01 = GF, use DN636 Billing Provider Specialty License Number

If REF01 = 1C, use DN632 Billing Provider Medicare Number

If REF01 = G1 or G3, use DN581 Treatment Authorization Number

If REF01 = 1G, use DN634 Billing Provider National Provider ID

REF03 352 DESCRIPTION **X AN 1/80**
A free-form description used to clarify the related data elements and their content.
Not Used

REF04 C040 REFERENCE IDENTIFIER **O**
To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier.
Not Used

Loop ID: 2310B Rendering Bill Provider Information (Repeat 1)

SEGMENT: NM1 Individual or Organization Name
X12N NAME: RENDERING BILL PROVIDER INFORMATION
WC NAME: RENDERING BILL PROVIDER INFORMATION
LEVEL: Detail
POSITION: 250
LOOP: 2310B Repeat: 1
USAGE: Situational
MAX USE: 1
PURPOSE: To supply the identification of the rendering provider. If no information is provided in loop 2310B, then the Billing Provider is assumed to be the rendering provider for all services on the bill. For institutional bills, this refers to the attending physician. Information in loop 2310B applies to all service lines in loop 2400 unless information is provided in loop 2420.
EXAMPLE: NM1*82*1*WELBY*MARCUS*C**SR*FI*123456789~

DATA ELEMENT SUMMARY

NM101 98 ENTITY IDENTIFIER CODE **M ID 2/3**
Code identifying an organizational entity, a physical location, property, or an individual. The Entity Identifier in NM101 applies to all segments in loop 2310.
Required 82 = Rendering Provider

NM102 1065 ENTITY TYPE QUALIFIER **M ID 1/1**
Code qualifying the type of entity.
Required 1 = Person
2 = Non-Person Entity

NM103 1035 NAME LAST OR ORGANIZATION NAME **O AN 1/35**
Identifies the individual last name or organizational name.
Situational DN638 Rendering Bill Provider Last/Group Name

NM104 1036 NAME FIRST **O AN 1/25**
Identifies the individual first name.
Situational DN639 Rendering Bill Provider First Name

NM105 1037 NAME MIDDLE **O AN 1/25**
Identifies the individual middle name or initial.
Situational DN640 Rendering Bill Provider Middle Name/Initial

NM106 1038 NAME PREFIX **O AN 1/10**
Prefix to individual name.
Not Used

NM107 1039 NAME SUFFIX O AN 1/10
Suffix to individual name.
Situational DN641 Rendering Bill Provider Last Name Suffix

NM108 66 IDENTIFICATION CODE QUALIFIER X ID 1/2
Code designating the system/method of code structure used for Identification Code (67). If either NM108 or NM109 is present, then the other is required. Some providers may not have a federal taxpayer identification number for tax purposes and will use their social security number instead. Some jurisdictional computer systems may need to distinguish between social security numbers and federal taxpayer identification numbers and will use both qualifiers.
34 = Social Security Number
FI = Federal Taxpayer's Identification Number

NM109 67 IDENTIFICATION CODE X AN 2/80
Code identifying a party or other code. Some providers may not have a Federal Employer Identification Number (FEIN); therefore their Social Security Number is used as their taxpayer identification number for tax purposes. Both FEIN and social security number will be carried in DN642 Rendering Bill Provider FEIN.
Situational DN642 Rendering Bill Provider FEIN

NM110 706 ENTITY RELATIONSHIP CODE X ID 2/2
Code describing entity relationship. If NM111 is present, then NM110 is required. NM110 and NM111 further define the type of entity in NM101. Technical requirement only to pass NM111 Gateway Provider indicator. Not to indicate managed care.
Situational 34 = Managed

NM111 98 ENTITY IDENTIFIER CODE O ID 2/3
Code identifying an organizational entity, a physical location, property, or an individual. NM111 is only sent if this provider is the "Gateway Provider". Only one Gateway Provider is allowed per bill. Subsequent "Gateway Provider" indicators will be ignored.
Situational DN534 Gateway Provider Indicator
GP = Gateway Provider

SEGMENT: PRV Provider Information
X12N NAME: RENDERING BILL PROVIDER SPECIALTY INFORMATION
WC NAME: RENDERING BILL PROVIDER SPECIALTY INFORMATION
LEVEL: Detail
POSITION: 255
LOOP: 2310B
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the identifying characteristics of a provider. The PRV segment in loop 2310 applies to the entire bill unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01. To identify the RENDERING provider, use code "PE – Performing" in PRV01.
EXAMPLE: PRV*PE*S3*203BP0400Y~

DATA ELEMENT SUMMARY

PRV01 1221 PROVIDER CODE M ID 1/3
Code identifying the type of provider. This information relates to the Rendering Provider.
Required PE = Performing

PRV02 128 **REFERENCE IDENTIFICATION QUALIFIER** **M ID 2/3**
Code qualifying the Reference Identification. *S3 is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. The Blue Cross Blue Shield Association and ANSI ASC X12N TG2 WG15 maintain this taxonomy.*
Required **S3 = Specification Number**

PRV03 127 **REFERENCE IDENTIFICATION** **M AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
Required **DN651 Rendering Bill Provider Primary Specialty Code**

PRV04 156 **STATE OR PROVINCE CODE** **O ID 2/2**
Code (Standard State/Province) as defined by appropriate government agency.
Not Used

PRV05 C035 **PROVIDER SPECIALTY INFORMATION** **O**
To specify the specialty information associated with the provider.
Not Used

PRV06 1223 **PROVIDER ORGANIZATION CODE** **O ID 3/3**
Code identifying the organizational structure of a provider.
Not Used

SEGMENT: **N3 Address Information**
X12N NAME: RENDERING BILL PROVIDER ADDRESS
WC NAME: RENDERING BILL PROVIDER ADDRESS
LEVEL: Detail
POSITION: 265
LOOP: 2310B
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the location of the name party
EXAMPLE: N3*123 MAIN STREET~

DATA ELEMENT SUMMARY

N301 166 **ADDRESS INFORMATION** **M AN 1/55**
Free-form description used for address information.
Required **DN652 Rendering Bill Provider Primary Address**

N302 166 **ADDRESS INFORMATION** **O AN 1/55**
Free-form description used for address information.
Situational **DN653 Rendering Bill Provider Secondary Address**

SEGMENT: **N4 Geographic Location**
X12N NAME: RENDERING BILL PROVIDER CITY/STATE/POSTAL CODE
WC NAME: RENDERING BILL PROVIDER CITY/STATE/POSTAL CODE
LEVEL: Detail
POSITION: 270
LOOP: 2310B
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the geographic place of the named party. It is recommended that either city and state, or postal code is required under the trading partner agreement.
EXAMPLE: N4***751230064~

DATA ELEMENT SUMMARY

N401 19 **CITY NAME** **O AN 2/30**
Free-form description used for the city name.
Situational **DN654 Rendering Bill Provider City**

N402 156 **STATE OR PROVINCE CODE** **O ID 2/2**
Code (Standard State/Province) as defined by appropriate government agency.
Situational **DN655 Rendering Bill Provider State Code**

N403 116 **POSTAL CODE** **O ID 3/15**
Code defining international postal zone code excluding punctuation and blanks (zip code for the United States).
Situational **DN656 Rendering Bill Provider Postal Code**

N404 26 **COUNTRY CODE** **O ID 2/3**
Code identifying the country. Used if address is out of the USA.
Situational **DN657 Rendering Bill Provider Country Code**

N405 309 **LOCATION QUALIFIER** **X ID 1/2**
Code identifying type of locations.
Not Used

N406 310 **LOCATION IDENTIFIER** **O AN 1/30**
Code which identifies a specific location.
Not Used

SEGMENT: **REF Reference Identification**
X12N NAME: RENDERING BILL PROVIDER SECONDARY IDENTIFICATION NUMBER
WC NAME: RENDERING BILL PROVIDER SECONDARY IDENTIFICATION NUMBER
LEVEL: Detail
POSITION: 271
LOOP: 2310B
USAGE: Situational
MAX USE; 5
PURPOSE: To specify identifying information. Use this REF only if a subsequent number is necessary to identify the provider. The primary identification number should be contained in NM109.
EXAMPLE: REF*1G*A12345~

DATA ELEMENT SUMMARY

REF01 128 REFERENCE IDENTIFICATION QUALIFIER M ID 2/3
Code qualifying the Reference Identification.
Required
0B = State License Number
1C = Medicare State License Number
1F = Anesthesia License Number
1G = Provider National Provider Number
GF = Specialty License Number

REF02 127 REFERENCE IDENTIFICATION X AN 1/30
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
Required
If REF01 = 0B, use DN643 Rendering Bill Provider State License Number

If REF01 = 1F, use DN646 Rendering Bill Provider Anesthesia License Number

If REF01 = GF, use DN649 Rendering Bill Provider Specialty License Number

If REF01 = 1C, use DN645 Rendering Bill Provider Medicare Number

If REF01 = 1G, use DN647 Rendering Bill Provider National Provider ID

REF03 352 DESCRIPTION X AN 1/80
A free-form description to clarify the related data elements and their content.
Not Used

REF04 C040 REFERENCE IDENTIFICATION O
To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier.
Not Used

Loop ID: 2310C Supervising Provider Information (Repeat 1)

SEGMENT: NM1 Individual or Organization Name
X12N NAME: SUPERVISING PROVIDER INFORMATION
WC NAME: SUPERVISING PROVIDER INFORMATION
LEVEL: Detail
POSITION: 250
LOOP: 2310C Repeat: 1
USAGE: Situational
MAX USE: 1
PURPOSE: To supply the identification of the supervising provider. NM110 and NM111 further define the type of entity in NM101. Information in loop 2310 applies to all service lines in loop 2400. Provider direction/supervising the rendering provider. Only needed in situations where it is necessary to indicate that the rendering provider (non-licensed) is being directed/supervised by another (licensed) provider. The supervising provider must be an individual.
EXAMPLE: NM1*DQ*1*DUFFORD*CATHYANN*G***FI*123456789~

DATA ELEMENT SUMMARY

NM101 98 **ENTITY IDENTIFIER CODE** **M ID 2/3**
Code identifying an organizational entity, a physical location, property, or an individual. The Supervising Provider information identifies the provider directing or supervising the Rendering Provider. It is used to only in those situations where it is necessary to indicate that another provider who is licensed supervises the Rendering Provider, who is not licensed. The Supervising Provider must be an individual.
Required **DQ = Supervising Physician**

NM102 1065 **ENTITY TYPE QUALIFIER** **M ID 1/1**
Code qualifying the type of entity. NM102 qualifies NM103.
Required **1 = Person**

NM103 1035 **NAME LAST OR ORGANIZATION NAME** **O AN 1/35**
Identifies individual last name or organizational name.
Situational **DN658 Supervising Provider Last/Group Name**

NM104 1036 **NAME FIRST** **O AN 1/25**
Identifies individual last name or organizational name.
Situational **DN659 Supervising Provider First Name**

NM105 1037 **NAME MIDDLE** **O AN 1/25**
Identifies individual middle name or initial.
Situational **DN660 Supervising Provider Middle Name/Initial**

NM106 1038 **NAME PREFIX** **O AN 1/10**
Prefix to individual name.
Not Used

NM107 1039 **NAME SUFFIX** **O AN 1/10**
Suffix to individual name.
Situational **DN661 Supervising Provider Last Name Suffix**

NM108 66 **IDENTIFICATION QUALIFIER** **X ID 1/2**
Code designating the system/method of code structure used for Identification Code (67). If either NM108 or NM109 is present, then the other is required. Some providers may not have a federal taxpayer identification number for tax purposes and will use their social security number instead. Some jurisdictional computer systems may need to distinguish between social security numbers and federal taxpayer identification numbers and will use both qualifiers.
Situational **34 = Social Security Number**
FI = Federal Taxpayer's Identification Number

NM109 67 **IDENTIFICATION CODE** **X AN 2/80**
Code identifying a party or other code. Some providers may not have a Federal Employer Identification Number (FEIN); therefore their Social Security Number is used as their taxpayer identification number for tax purposes. Both FEIN and social security number will be carried in DN662 Supervising Provider FEIN.
Situational **DN662 Supervising Provider FEIN**

NM110 706 **ENTITY RELATIONSHIP CODE** **X ID 2/2**
Code describing entity relationship. If NM111 is present, then NM110 is required. Technical requirement only to pass NM111 Gateway Provider Indicator. Not to indicate managed care.
Situational **34 = Managed**

NM111 98 **ENTITY IDENTIFIER CODE** **O ID 2/3**
Code identifying an organization entity, a physical location, property, or an individual. NM111 is only sent if this provider is the "Gateway Provider". Only one Gateway Provider is allowed per bill. Subsequent "Gateway Provider" indicators will be ignored.
Situational **DN534 Gateway Provider Indicator**
GP = Gateway Provider

SEGMENT: **PRV Provider Information**
X12N NAME: SUPERVISING PROVIDER SPECIALTY INFORMATION
WC NAME: SUPERVISING PROVIDER SPECIALTY INFORMATION
LEVEL: Detail
POSITION: 255
LOOP: 2310C
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the identifying characteristics of a provider. The PRV segment in loop 2310 applies to the entire bill unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.
Example: PRV*SU*S3*203BP0400Y~

DATA ELEMENT SUMMARY

PRV02 1221 **PROVIDER CODE** **M ID 1/3**
Code identifying the type of provider.
Required **SU = Supervising**

PRV02 128 **REFERENCE IDENTIFICATION QUALIFIER** **M ID 2/3**
Code qualifying the Reference Identification. *S3 is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. The Blue Cross and Blue Shield and ANSI ASC X12N TG2 WG15 maintain this taxonomy.*
Required **S3 = Specification Number**

PRV03 127 **REFERENCE IDENTIFICATION** **M AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
Required **DN671 Supervising Provider Primary Specialty Code**

PRV04 156 **STATE OR PROVINCE CODE** **O ID 2/2**
Code (Standard State/Province) as defined by appropriate government agency.
Not Used

PRV05 C035 **PROVIDER SPECIALTY INFORMATION** **O**
To specify the specialty information associated with the provider.
Not Used

PRV06 1223 **PROVIDER ORGANIZATION CODE** **O ID 3/3**
Code identifying the organization structure of a provider.
Not Used

SEGMENT: **N3 Address Information**
X12N NAME: SUPERVISING PROVIDER ADDRESS
WC NAME: SUPERVISING PROVIDER ADDRESS
LEVEL: Detail
POSITION: 265
LOOP: 2310C
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the location of the name party
EXAMPLE: N3*123 MAIN STREET~

DATA ELEMENT SUMMARY

N301 166 **ADDRESS INFORMATION** **M AN 1/55**
Free-form description used for address information.
Required **DN672 Supervising Provider Primary Address**

N302 166 **ADDRESS INFORMATION** **O AN 1/55**
Free-form description used for address information.
Situational **DN673 Supervising Provider Secondary Address**

SEGMENT: **N4 Geographic Location**
X12N NAME: SUPERVISING PROVIDER CITY/STATE/POSTAL CODE
WC NAME: SUPERVISING PROVIDER CITY/STATE/POSTAL CODE
LEVEL: Detail
POSITION: 270
LOOP: 2310C
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the geographical place of the name party. It is recommended that either the city and state, or zip code be required in the trading partner agreement.
EXAMPLE: N4***887510004~

DATA ELEMENT SUMMARY

N401 19 **CITY NAME** **O AN 2/30**
Free-form description used for city name.
Situational **DN674 Supervising Provider City**

N402 156 **STATE OR PROVINCE CODE** **O ID 2/2**
Code (Standard State/Province) as defined by appropriate government agency.
Situational **DN675 Supervising Provider State Code**

N403 116 **POSTAL CODE** **O ID 3/15**
Code defining international postal zone code excluding punctuation and blanks (zip code for United States).
Situational **DN676 Supervising Provider Postal Code**

N404 26 **COUNTRY CODE** **O ID 2/3**
Code identifying the country. Used if address is out of the USA.
Situational **DN677 Supervising Provider Country Code**

N405 309 **LOCATION NUMBER** **X ID 1/2**
Code identifying type of location.
Not Used

N406 310 **LOCATION IDENTIFIER** **O AN 1/30**
Code which identifies a specific location.
Not Used

SEGMENT: **REF Reference Identification**
X12N NAME: SUPERVISING PROVIDER SECONDARY IDENTIFICATION NUMBER
WC NAME: SUPERVISING PROVIDER SECONDARY IDENTIFICATION NUMBER
LEVEL: Detail
POSITION: 271
LOOP: 2310C
USAGE: Situational
MAX USE: 5
PURPOSE: To specify identifying information. Use this REF only if a subsequent number is necessary to identify the provider. The primary identification number should be contained in NM109.
EXAMPLE: REF*1G*A12345~

DATA ELEMENT SUMMARY

REF01 128 **REFERENCE IDENTIFICATION QUALIFIER** **M ID 2/3**
Code identifying the Reference Identification.
Required **0B = State License Number**
1C = Medicare Provider Number
1F = Anesthesia License Number
1G = Provider National Provider ID
GF = Specialty License Number

REF02 127 **REFERENCE IDENTIFICATION** **X AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. At least one of REF02 or REF03 is required.
Required **If REF01 = 0B, use DN663 Supervising Provider State License Number**

If REF01 = 1F, use DN666 Supervising Provider Anesthesia License Number

If REF01 = GF, use DN669 Supervising Provider Specialty License Number

If REF01 = 1C, use DN665 Supervising Provider Medicare Number

If REF01 = 1G, use DN667 Supervising Provider National Provider ID

REF03 352 **DESCRIPTION** **X AN 1/80**
A free-form description used to clarify the related data elements.
Not Used

REF04 C040 REFERENCE IDENTIFIER **O**
To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier.
Not Used

Loop ID: 2310D Facility Information (Repeat 1)

SEGMENT: NM1 Individual or Organization Name
X12N NAME: FACILITY INFORMATION
WC NAME: FACILITY INFORMATION
LEVEL: Detail
POSITION: 250
LOOP: 2310D Repeat: 1
USAGE: Situational
MAX USE: 1
PURPOSE: To supply identification of the facility. Information in loop 2310 applies to all service lines in loop 2400.
EXAMPLE: NM1*61*2*BEAVER VALLEY HOSPITAL AND REHABILI*****FI*456789009~

DATA ELEMENT SUMMARY

NM101 98 ENTITY IDENTIFIER CODE **M ID 2/3**
Code identifying an organizational entity, a physical location, property, or an individual. This indicates the facility where the services were performed.
Required 61 = Performed At

NM102 1065 ENTITY TYPE QUALIFIER **M ID 1/1**
Code qualifying the type of entity. NM102 qualifies NM103.
Required 2 = Non-Person Entity

NM103 1035 NAME LAST OR ORGANIZATION NAME **O AN 1/35**
Identifies the individual last name or organizational name.
Situational DN678 Facility Name

NM104 1036 NAME FIRST **O AN 1/25**
Identifies the individual first name.
Not Used

NM105 1037 NAME MIDDLE **O AN 1/25**
Identifies the individual middle name or initial.
Not Used

NM106 1038 NAME PREFIX **O AN 1/10**
Prefix to individual name.
Not Used

NM107 1039 NAME SUFFIX **O AN 1/10**
Suffix to individual name.
Not Used

NM108 66 IDENTIFICATION CODE QUALIFIER **X ID 1/2**
Code designating the system/method of code structure used for Identification Code (67). If either NM108 or NM109 is present, then the other is required.
Situational FI = Federal Taxpayer's Identification Number

NM109 67 **IDENTIFICATION CODE** **X AN 2/80**
Code identifying a party or other code.
Situational **DN679 Facility FEIN**

NM110 706 **ENTITY RELATIONSHIP CODE** **X ID 2/2**
Code describing entity relationship.
Not Used

NM111 98 **ENTITY IDENTIFIER CODE** **O ID 2/3**
Code identifying an organizational entity, a physical location, property, or an individual.
Not Used

SEGMENT: **N2 Additional Name**
X12N NAME: FACILITY ADDITIONAL NAME INFORMATION
WC NAME: FACILITY ADDITIONAL NAME INFORMATION
LEVEL: Detail
POSITION: 260
LOOP: 2310D
USAGE: Situational
MAX USE: 1
PURPOSE: To supply additional characters from NM1 segment above. If the name in field NM103 is greater than 35 characters, additional characters are placed here.
EXAMPLE: N2*TATION CENTER~

DATA ELEMENT SUMMARY

N201 93 **ADDITIONAL NAME CHARACTERS** **M AN 1/60**
Free-form description used for additional characters in name. Use this field when the name in NM103 is greater than 35 characters.
Required
Additional characters used in the facility name.

N202 93 **ADDITIONAL NAME CHARACTERS** **O AN 1/60**
Free-form description used for additional characters in name.
Not Used

SEGMENT: **N3 Address Information**
X12N NAME: FACILITY ADDRESS
WC NAME: FACILITY ADDRESS
LEVEL: Detail
POSITION: 265
LOOP: 2310D
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the location of the named party.
EXAMPLE: N3*123 Main Street~

DATA ELEMENT SUMMARY

N301 166 **ADDRESS INFORMATION** **M AN 1/55**
Free-form description used for address information.
Required **DN684 Facility Primary Address**

N302 166 **ADDRESS INFORMATION** **O AN 1/55**
Free-form description used for address information.
Situational **DN685 Facility Secondary Address**

SEGMENT: **N4 Geographical Location**
X12N NAME: FACILITY CITY/STATE/POSTAL CODE
WC NAME: FACILITY CITY/STATE/POSTAL CODE
LEVEL: Detail
POSITION: 270
LOOP: 2310D
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the geographic place of the name party. It is recommended that the city and state, or the postal code be required as part of the trading partner agreement.
EXAMPLE: N4***75123~

DATA ELEMENT SUMMARY

N401 19 **CITY NAME** **O AN 2/30**
Free-form description used for city name.
Situational **DN686 Facility City**

N402 156 **STATE OR PROVINCE CODE** **O ID 2/2**
Code (Standard State/Province) as defined by appropriate government agency.
Situational **DN687 Facility State Code**

N403 116 **POSTAL CODE** **O ID 3/15**
Code defining international postal zone code excluding punctuation and blanks (zip code for United States).
Situational **DN688 Facility Postal Code**

N404 26 **COUNTRY CODE** **O ID 2/3**
Code identifying the country. Used if address is out of the USA.
Situational **DN689 Facility Country Code**

N405 309 **LOCATION QUALIFIER** **X ID 1/2**
Code identifying type of location.
Not Used

N406 310 **LOCATION IDENTIFIER** **O AN 1/30**
Code which identifies a specific location.
Not Used

SEGMENT: **REF Reference Identification**
X12N NAME: FACILITY SECONDARY IDENTIFICATION NUMBER
WC NAME: FACILITY SECONDARY IDENTIFICATION NUMBER
LEVEL: Detail
POSITION: 271
LOOP: 2310D
USAGE: Situational
MAX USE: 3
PURPOSE: To specify identifying information. Use this REF only if a subsequent number is necessary to identify the provider. The primary identification number should be contained in NM109.
EXAMPLE: REF* 1G*A12345~

DATA ELEMENT SUMMARY

REF01 128 **REFERENCE IDENTIFICATION QUALIFIER** **M ID 2/3**
Code qualifying the Reference Identification. Use only if needed to provide additional identifiers.
Required **0B = State License Number**
1C = Medicare Provider Number
1G = Provider National Provider ID

REF02 127 **REFERENCE IDENTIFICATION** **X AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. At least one of REF02 or REF03 is required.
Required **If REF01 = 0B, use DN680 Facility State License Number**

If REF01 = 1C, use DN681 Facility Medicare Number

If REF01 = 1G, use DN682 Facility National Provider ID

REF03 352 **DESCRIPTION** **X AN 1/80**
A free-form description used to clarify the related data elements and their content.
Not Used

REF04 C040 **REFERENCE IDENTIFIER** **O**
To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier.
Not Used

Loop ID: 2310E Referring Provider Information (Repeat 1)

SEGMENT: **NM1 Individual or Organizational Name**
X12N NAME: REFERRING PROVIDER'S INFORMATION
WC NAME: REFERRING PROVIDER NAME
LEVEL: Detail
POSITION: 250
LOOP: 2310E Repeat: 1
USAGE: Situational
MAX USE: 1
PURPOSE: To supply the identification of the referring provider. Information in loop 2310 applies to all service lines in loop 2400.
EXAMPLE: NM1*DN*1*WINGATE*DEBORAH****FI*123456789~

DATA ELEMENT SUMMARY

NM101 98 **ENTITY IDENTIFIER CODE** **M ID 2/3**
Code identifying an organizational entity, a physical location, property, or an individual. The Entity Identifier in NM101 applies to all segments in loop 2310. Referring Provider is the provider referring the claimant for care. Only used when needed to document that this bill results from care provided based on a referral from another provider.
Required **DN = Referring Provider**

NM102 1065 **ENTITY TYPE QUALIFIER** **M ID 1/1**
Code qualifying the type of entity. NM102 qualifies NM103.
Required **1 = Person**

NM103 1035 **NAME LAST OR ORGANIZATION NAME** **O AN 1/35**
Identifies the individual last name or organizational name.
Situational **DN690 Referring Provider Last Name/Group**

NM104 1036 **NAME FIRST** **O AN 1/25**
Identifies the individual first name.
Situational **DN691 Referring Provider First Name**

NM105 1037 **NAME MIDDLE** **O AN 1/25**
Identifies the individual middle name or initial.
Situational **DN692 Referring Provider Middle Name/Initial**

NM106 1038 **NAME PREFIX** **O AN 1/10**
Prefix to individual name.
Not Used

NM107 1039 **NAME SUFFIX** **O AN 1/10**
Suffix to individual name.
Situational **DN693 Referring Provider Last Name Suffix**

NM108 66 **IDENTIFICATION CODE QUALIFIER** **X ID 1/2**
Code designating the system/method of code structure used for Identification Code (67). If either NM108 or NM109 is present, then the other is required. Some providers may not have a federal taxpayer identification number for tax purposes and will use their social security number instead. Some jurisdictional computer systems may need to distinguish between social security numbers and federal taxpayer identification numbers and will use both qualifiers.
Situational **34 = Social Security Number**
FI = Federal Taxpayer's Identification Number

NM109 67 **IDENTIFICATION CODE** **X AN 2/80**
Code identifying a party or other code. Some providers may not have a Federal Employer Identification Number (FEIN); therefore their Social Security Number is used as their taxpayer identification number for tax purposes. Both FEIN and social security number will be carried in DN694 Referring Provider FEIN.
Situational **DN694 Referring Provider FEIN**

NM110 706 **ENTITY RELATIONSHIP CODE** **X ID 2/2**
Code describing entity relationship. NM110 and NM111 further define the type of entity in NM101. Technical requirement only to pass NM111 Gateway Provider Indicator. Not to indicate managed care.
Situational **34 = Managed**

NM111 98 **ENTITY IDENTIFIER CODE** **O ID 2/3**
Code identifying an organizational entity, a physical location, property, or an individual. If NM111 is present, then NM110 is required. NM111 is only sent if this provider is the "Gateway Provider". Only one Gateway Provider is allowed per bill. Subsequent "Gateway Provider" indicators will be ignored.
Situational **DN534 Gateway Provider Indicator**
GP = Gateway Provider

SEGMENT: **REF Reference Identification**
X12N NAME: REFERRING PROVIDER SECONDARY IDENTIFICATION NUMBER
WC NAME: REFERRING PROVIDER SECONDARY IDENTIFICATION NUMBER
LEVEL: Detail
POSITION: 271
LOOP: 2310E
USAGE: Situational
MAX USE: 5
PURPOSE: To specify identifying information. Use this REF only if a subsequent number is necessary to identify the provider. The primary identification number should be contained in NM109.
EXAMPLE: REF*1G*A12345~

DATA ELEMENT SUMMARY

REF01 128 **REFERENCE IDENTIFICATION QUALIFIER** **M ID 2/3**
Code qualifying the Reference Identification.
Required **0B = State License Number**
1C = Medicare Provider Number
1F = Anesthesia License Number
1G = Provider National Provider ID
GF = Specialty License Number

REF02 127 **REFERENCE IDENTIFICATION** **X AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. At least one of REF02 or REF03 is required.
Required **If REF01 = 0B, use DN695 Referring Provider State License Number**

If REF01 = 1C, use DN697 Referring Provider Medicare Number

If REF01 = 1F, use DN698 Referring Provider Anesthesia License Number

If REF01 = 1G, use DN699 Referring Provider National Provider ID

If REF01 = GF, use DN701 Referring Provider Specialty License Number

REF03 352 **DESCRIPTION** **X AN 1/80**
A free-form description used to clarify the related data elements and their content.
Not Used

REF04 C040 REFERENCE IDENTIFIER **O**
To identify one or more reference numbers or identification numbes as specified by the Reference Qualifier.
Not Used

Loop ID: 2310F Managed Care Organization Information (Repeat 1)

SEGMENT: **NM1 Individual or Organizational Name**
X12N NAME: MANAGED CARE ORGANIZATION INFORMATION
WC NAME: MANAGED CARE ORGANIZATION INFORMATION
LEVEL: Detail
POSITION: 250
LOOP: 2310F Repeat: 1
USAGE: Situational
MAX USE: 1
PURPOSE: To supply the identification of the managed care organization. This is used to specify a managed care organization.
EXAMPLE: NM1*Y2*2*GREATER METROPOLITAN AREA MANAGED C*****FI*999999999~

DATA ELEMENT SUMMARY

NM101 98 ENTITY IDENTIFIER QUALIFIER **M ID 2/3**
Code identifying an organizational entity a physical location, property, or an individual.
Required **Y2 = Managed Care Organization**

NM102 1065 ENTITY TYPE QUALIFIER **M ID 1/1**
Code qualifying the type of entity.
Required **2 = Non-Person Entity**

NM103 1035 NAME LAST OR ORGANIZATION NAME **O AN 1/35**
Identifies the individual last name or organizational name.
Situational **DN209 Managed Care Organization Name**

NM104 1036 NAME FIRST **O AN 1/25**
Identifies the individual first name.
Not Used

NM105 1037 NAME MIDDLE **O AN 1/25**
Identifies the individual middle name or initial.
Not Used

NM106 1038 NAME PREFIX **O AN 1/10**
Prefix to individual name.
Not Used

NM107 1039 NAME SUFFIX **O AN 1/10**
Suffix to individual name.
Not Used

NM108 66 IDENTIFICATION CODE QUALIFIER **X ID 1/2**
Code identifying the system/method of code structure used for Identification Code (67). If either NM108 or NM109 is present, then the other is required.
Situational **FI = Federal Taxpayer's Identification Number**

NM109 67 **IDENTIFICATION CODE** **X AN 2/80**
Code identifying a party or other code.
Situational **DN704 Managed Care Organization FEIN**

NM110 706 **ENTITY RELATIONSHIP CODE** **X ID 2/2**
Code describing entity relationship. NM110 and NM111 further define the type of entity in NM101 Technical requirement only to pass NM111 Gateway Provider indicator. Not to indicate managed care.
Situational **34 = Managed**

NM111 98 **ENTITY IDENTIFIER CODE** **O ID 2/3**
Code identifying an organizational entity, a physical location, property, or an individual. If NM111 is present, then NM110 required. NM111 is only sent if this provider is the "Gateway Provider". Only one Gateway Provider is allowed per bill. Subsequent "Gateway Provider" indicators will be ignored.
Situational **DN534 Gateway Provider Indicator**
GP = Gateway Provider

SEGMENT: **N2 Additional Name Information**
X12N NAME: MANAGED CARE ORGANIZATION ADDITIONAL NAME INFORMATION
WC NAME: MANAGED CARE ORGANIZATION ADDITIONAL NAME INFORMATION
LEVEL: Detail
POSITION: 260
LOOP: 2310F
USAGE: Situational
MAX USE: 1
PURPOSE: To supply additional characters from NM1 segment above. If the name in field NM103 is greater than 35 characters, additional characters are placed here.
EXAMPLE: N2*ARE ORGANIZATION~

DATA ELEMENT SUMMARY

N201 93 **ADDITIONAL NAME** **M AN 1/60**
Free-form description used for additional characters in name. Use this field when name in NM103 is greater than 35 characters; additional characters are placed here.
Required
Additional name characters of managed care organization

N202 93 **ADDITIONAL NAME** **O AN 1/60**
Free-form description used for additional characters in name.
Not Used

SEGMENT: **N3 Address Information**
X12N NAME: MANAGED CARE ORGANIZATION ADDRESS
WC NAME: MANAGED CARE ORGANIZATION ADDRESS
LEVEL: Detail
POSITION: 265
LOOP: 2310F
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the location of the named party.
EXAMPLE: N3*123 MAIN STREET~

DATA ELEMENT SUMMARY

N301 166 **ADDRESS INFORMATION** **M AN 1/55**
Free-form description used for address information.
Required **DN708 Managed Care Organization Primary Address**

N302 166 **ADDRESS INFORMATION** **O AN 1/55**
Free-form description used for address information.
Situational **DN709 Managed Care Organization Secondary Address**

SEGMENT: **N4 Geographic Location**
X12N NAME: MANAGED CARE ORGANIZATION CITY/STATE/POSTAL CODE
WC NAME: MANAGED CARE ORGANIZATION CITY/STATE/POSTAL CODE
LEVEL: Detail
POSITION: 270
LOOP: 2310F
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the geographic place of the named party. It is recommended that either city, state, or zip code be required in the trading partner agreement.
EXAMPLE: N4***751230064~

DATA ELEMENT SUMMARY

N401 19 **CITY NAME** **O AN 2/30**
Free-form description used for city name.
Situational **DN710 Managed Care Organization City**

N402 156 **STATE OR PROVINCE CODE** **O ID 2/2**
Code (Standard State/Province) as defined by appropriate government agency.
Situational **DN711 Managed Care Organization State Code**

N403 116 **POSTAL CODE** **O ID 3/15**
Code defining international postal zone code excluding punctuation and blanks (zip code for United States).
Situational **DN712 Managed Care Organization Postal Code**

N404 26 **COUNTRY CODE** **O ID 2/3**
Code identifying the country. Used if the address is out of the USA.
Situational **DN713 Managed Care Organization Country Code**

N405 309 **LOCATION QUALIFIER** **X ID 1/2**
Code identifying the type of location.
Not Used

N406 310 **LOCATION IDENTIFIER** **O AN 1/30**
Code which identifies a specific location.
Not Used

SEGMENT: **REF Reference Identification**
X12N NAME: MANAGED CARE ORGANIZATION SECONDARY IDENTIFICATION NUMBER
WC NAME: MANAGED CARE ORGANIZATION SECONDARY IDENTIFICATION NUMBER
LEVEL: Detail
POSITION: 271
LOOP: 2310F
USAGE: Situational
MAX USE: 1
PURPOSE: To specify identifying information.
EXAMPLE" REF*0B*4445556666~

DATA ELEMENT SUMMARY

REF01 128 **REFERENCE IDENTIFICATION QUALIFIER** **M ID 2/3**
Code qualifying the Reference Identification.
Required **0B = State License Number**

REF02 127 **REFERENCE IDENTIFICATION** **X AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
Required **If REF01 = 0B, use DN208 Managed Care Organization Identification Number**

REF03 352 **DESCRIPTION** **X AN 1/80**
A free-form description used to clarify the related data elements and their content.
Not Used

REF04 C040 **REFERENCE IDENTIFIER** **O**
To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier.
Not Used

Loop ID: 2320 Subscriber Insurance (Repeat 1)

SEGMENT: **SBR Subscriber Information**
X12N NAME: SUBSCRIBER INFORMATION
WC NAME: SUBSCRIBER INFORMATION
LEVEL: Detail
POSITION: 290
LOOP: 2320 Other Insurance Repeat: 1
USAGE: Situational
MAX USE: 1
PURPOSE: To record information specific to the primary insured and the insurance carrier for that insured. Loop 2320 contains insurance information about paying and other insurance carriers for that Subscriber, Subscriber of the Other Insurance Carriers. Technical requirement to pass the following CAS segment.
EXAMPLE: SBR*P~

DATA ELEMENT SUMMARY

SBR01 1138 **PAYER RESPONSIBILITY SEQUENCE NUMBER CODE** **M ID 1/1**
Code identifying the insurance carrier's level of responsibility for a payment of a bill.
Required **P = Primary**

SBR02 1069 **INDIVIDUAL RELATIONSHIP CODE** **O ID 2/2**
Code indicating the relationship between two individuals or entities.
Not Used

SBR03 127 **REFERENCE IDENTIFICATION** **O AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
Not Used

SBR04 93 **NAME** **O AN 1/60**
Free-form description used for group or plan name.
Not Used

SBR05 1336 **INSURANCE TYPE CODE** **O ID 1/3**
Code identifying the type of insurance policy within a specific insurance program.
Not Used

SBR06 1143 **COORDINATION OF BENEFITS** **O ID 1/1**
Code identifying whether there is a coordination of benefits.
Not Used

SBR07 1073 **YES/NO CONDITION OR RESPONSE CODE** **O ID 1/1**
Code indicating a Yes or No condition or response.
Not Used

SBR08 584 **EMPLOYMENT STATUS CODE** **O ID 2/2**
Code showing the general employment status of an employee/claimant.
Not Used

SBR09 1032 **CLAIM FILING INDICATOR CODE** **O ID 1/2**
Code identifying type of claim.
Not Used

SEGMENT: **CAS Claim Adjustment**
X12N NAME: BILL LEVEL ADJUSTMENT/REASONS AND AMOUNTS
WC NAME: BILL LEVEL ADJUSTMENT/REASONS AND AMOUNTS
LEVEL: Detail
POSITION: 295
LOOP: 2320
USAGE: Situational
MAX USE: 5
PURPOSE: To supply adjustment reason codes and amounts as needed for entire bill. Submitter may also use this CAS segment to report BILL level adjustments from prior payers which cause the amount paid to differ from the amount originally charged.
NOTE: A jurisdiction is not required to have both Loop 2320 CAS segment and Loop 2430 CAS segment reported. However, if they do require both to be reported, the jurisdiction should not use both segments for balancing purposes.
EXAMPLE: CAS*CO*101*7.93~
CAS*OA*89*15.06~

DATA ELEMENT SUMMARY

CAS01 1033 CLAIM ADJUSTMENT GROUP CODE M ID 1/2
Code identifying the general category of payment adjustment.
Required DN543 Bill Adjustment Group Code
CO = Contractual Obligations
OA = Other Adjustments
PI = Payer Initiated Reductions
PR = Patient Responsibility
MA = Medicare (Jurisdictional Regulatory Requirement)

CAS02 1034 CLAIM ADJUSTMENT REASON CODE M ID 1/5
Code identifying the detailed reason the adjustment was made.
Required DN544 Bill Adjustment Reason Code

CAS03 782 MONETARY AMOUNT M R 1/18
Monetary amount. Amount of adjustment due to the reason code specified in CAS02. If the amount is whole dollars (no cents involved), do NOT pass the decimal and zeros to the right of the decimal.
Required DN545 Bill Adjustment Amount

CAS04 380 QUANTITY O R 1/15
Numeric value used for quantity.
Required DN546 Bill Adjustment Unit(s)

CAS05 1034 CLAIM ADJUSTMENT REASON CODE X ID 1/5
Code identifying the detailed reason the adjustment was made. If CAS05 is present, then CAS06 is required.
Situational DN544 Bill Adjustment Reason Code

CAS06 782 MONETARY AMOUNT X R 1/18
Monetary amount. Amount due to the reason code specified in CAS05. If CAS06 is present, then CAS05 is required. If the amount is whole dollars (no cents involved), do NOT pass the decimal and zeros to the right of the decimal
Situational DN545 Bill Adjustment Amount

CAS07 380 QUANTITY X R 1/15
Numeric value used for quantity.
Situational DN546 Bill Adjustment Unit(s)

CAS08 1034 CLAIM ADJUSTMENT REASON CODE X ID 1/5
Code identifying the detailed reason code the adjustment was made. If CAS08 is present, then CAS09 is required
Situational DN544 Bill Adjustment Reason Code

CAS09 782 MONETARY AMOUNT X R 1/18
Monetary amount. Amount due to the reason code specified in CAS08. If CAS09 is present, then CAS08 is required. If the amount is whole dollars (no cents involved), do NOT pass the decimal and zeros to the right of the decimal.
Situational DN545 Bill Adjustment Amount

CAS10 380 QUANTITY X R 1/15
Numeric value used for quantity.
Situational DN546 Bill Adjustment Unit(s)

CAS11 1034 **CLAIM ADJUSTMENT REASON CODE** **X ID 1/5**
Code identifying the detailed reason the adjustment was made.
Not Used

CAS12 782 **MONETARY AMOUNT** **X R 1/18**
Monetary amount.
Not Used

CAS13 380 **QUANTITY** **X R 1/15**
Numeric value used for quantity.
Not Used

CAS14 1034 **CLAIM ADJUSTMENT REASON CODE** **X ID 1/5**
Code identifying the detailed reason the adjustment was made.
Not Used

CAS15 782 **MONETARY AMOUNT** **X R 1/18**
Monetary amount.
Not Used

CAS16 380 **QUANTITY** **X R 1/15**
Numeric value used for quantity.
Not Used

CAS17 1034 **CLAIM ADJUSTMENT REASON CODE** **X ID 1/5**
Code identifying the detailed reason the adjustment was made.
Not Used

CAS18 782 **MONETARY AMOUNT** **X R 1/18**
Monetary amount.
Not Used

CAS19 380 **QUANTITY** **X R 1/15**
Numeric value used for quantity.
Not Used

Loop ID: 2400 Service Line Information (Repeat >1)

SEGMENT: **LX Assigned Number**
X12N NAME: SERVICE LINE INFORMATION
WC NAME: SERVICE LINE INFORMATION
LEVEL: Detail
POSITION: 365
LOOP: 2400 Repeat: >1
USAGE: Situational
MAX USE: 1
PURPOSE: To reference a line number in a transaction set. The service line loop 2400 begins with the LX segment because none of the segments in the loop are mandatory for all types of bills. Therefore, since the loop starts with LX, implementers are free to choose which segments apply for each billing setting. It is preferable to use only one SV segment per line.
EXAMPLE: LX*1~

DATA ELEMENT SUMMARY

LX01 554 **ASSIGNED NUMBER** **M N0 1/6**
Number assigned for differentiation within a transaction set.
Required **DN547 Line Number**

SEGMENT: **SV1 Professional Service**
X12N NAME: PROFESSIONAL SERVICE
WC NAME: PROCEDURE CODE BILLED
LEVEL: Detail
POSITION: 370
LOOP: 2400
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the bill service detail for a Health Care professional.
EXAMPLE: SV1*HC:99213:25*100*UN*1*21**1:2:3~

DATA ELEMENT SUMMARY

SV101 C003 **COMPOSITE MEDICAL PROCEDURE IDENTIFIER** **M**
Used to identify a medical procedure by its standardized codes and applicable modifiers.
Required

SV101-1 235 **PRODUCT/SERVICE ID QUALIFIER** **M ID 2/2**
Code identifying the type/source of the descriptive number used in Product/Service ID (234). CPT or HCPCS Code will generally be used, however, under certain circumstances a state procedure or supply code may be used. CMS coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments. HCPCS procedure includes level 1-CPT procedure codes.
Required **HC = Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes**

ER = Jurisdiction Specific Procedure and Supply Code

ND = NDC Code

SV101-2 234 **PRODUCT/SERVICE ID** **M AN 1/48**
Identifying number for a product or service.
Required **If SV101-1 = HC, use DN714 HCPCS Line Procedure Billed Code**

If SV101-1 = ER, use DN715 Jurisdiction Procedure Billed Code

If SV101-1 = ND, use DN721 NDC Billed Code

SV101-3 1339 **PROCEDURE MODIFIER** **O AN 2/2**
This identifies special circumstances related to the performance of the service, as defined by trading partners. Use for the first procedure code modifier.
Situational **If SV101-1 = HC, use DN717 HCPCS Modifier Billed Code**

If SV101-1 = ER, use DN718 Jurisdiction Modifier Billed Code

SV101-4 1339 PROCEDURE MODIFIER **O AN 2/2**
This identifies special circumstances related to the performance of the services, as defined by trading partners. Use for the second procedure code modifier.
Situational **If SV101-1 = HC, use DN717 HCPCS Modifier Billed Code**

If SV101-1 = ER, use DN718 Jurisdiction Modifier Billed Code

SV101-5 1339 PROCEDURE MODIFIER **O AN 2/2**
This identifies special circumstances related to the performance of the service, as defined by trading partners. Use for the third procedure code modifier.
Situational **If SV101-1 = HC, use DN717 HCPCS Modifier Billed Code**

If SV101-1 = ER, use DN718 Jurisdiction Modifier Billed Code

SV101-6 1339 PROCEDURE MODIFIER **O AN 2/2**
This identifies special circumstances related to the performance of the service, as defined by trading partners. Use for the fourth procedure code modifier.
Situational **If SV101-1 = HC, use DN717 HCPCS Modifier Billed Code**

If SV101-1 = ER, use DN718 Jurisdiction Modifier Billed Code

SV101-7 352 DESCRIPTION **O AN 1/80**
A free-form description to clarify the related data elements and their content. Description is only to be used to describe not otherwise classified procedure codes. For generic code use only.
Situational **DN551 Procedure Description**

SV102 782 MONETARY AMOUNT **O R 1/18**
Monetary amount. The submitted charge amount. If the amount is whole dollars (no cents involved), do NOT pass the decimal and zeros to the right of the decimal.
Situational **DN552 Total Charge Per Line**

SV103 355 UNIT OR BASIS FOR MEASUREMENT CODE **X ID 2/2**
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken. If either SV103 or SV104 is present, then the other is required.
Situational **DN553 Day(s)/Unit(s) Code**
DA = Days
MJ = Minutes
UN = Unit

SV104 380 QUANTITY **X R 1/15**
Numeric value used for quantity.
Situational **DN554 Day(s)/Unit(s) Billed**

SV105 1331 FACILITY CODE VALUE **O AN 1/2**
Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format.
Situational **DN600 Place of Service Line Code**

SV106 1365 SERVICE TYPE CODE **O ID 1/2**
Code identifying the classification of service.
Not Used

SV107 C004 COMPOSITE DIAGNOSIS CODE POINTER **O**
To identify one or more diagnosis code pointers. The diagnosis code pointer only points to the first four elements in the HI-DIAGNOSIS CODES segment at the 2300 loop. Four diagnosis code pointers may be used here and should be listed in order of importance from most to least important.
Situational

SV107-1 1328 DIAGNOSIS CODE POINTER **M N0 1/2**
A pointer to the bill diagnosis code in the order of importance to this service. Use for the first diagnosis code pointer.
Required DN557 Diagnosis Pointer

SV107-2 1328 DIAGNOSIS CODE POINTER **O N0 1/2**
A pointer to the bill diagnosis code in the order of importance to this service. Use for the second diagnosis code pointer.
Situational DN557 Diagnosis Pointer

SV107-3 1328 DIAGNOSIS CODE POINTER **O N0 1/2**
A pointer to the bill diagnosis code in the order of importance to this service. Use for the third diagnosis code pointer
Situational DN557 Diagnosis Pointer

SV107-4 1328 DIAGNOSIS CODE POINTER **O N0 1/2**
A pointer to the bill diagnosis code in the order of importance to this service. Use for the fourth diagnosis code pointer.
Situational DN557 Diagnosis Pointer

SV108 782 MONETARY AMOUNT **O R 1/18**
Monetary amount.
Not Used

SV109 1073 YES/NO CONDITION OR RESPONSE CODE **O ID 1/1**
Code indicating a Yes or No condition or response. Certified Registered Nurse Anesthetist (CRNA) supervision indicator. A “Y” value indicates that services were performed personally by CRNA who was medically directed by a physician other than the operating surgeon, assistant surgeon, or attending physician. An “N” value indicates that the services were performed personally by a CRNA who was medically directed by the operating surgeon, assistant surgeon, or attending physician.
Situational DN568 CRNA Supervision Indicator
N = No
Y = Yes

SV110 1340 MULTIPLE PROCEDURE CODE **O ID 1/2**
Code indicating proper adjudication and payment determination in cases involving multiple surgical procedures during the same surgical session.
Not Used

SV111 1073 YES/NO CONDITION OR RESPONSE CODE **O ID 1/1**
Code indicating a Yes or No condition or response.
Not Used

SV112 1073 YES/NO CONDITION OR RESPONSE CODE O ID 1/1
Code indicating a Yes or No condition or response.
Not Used

SV113 1364 REVIEW CODE O ID 1/2
Code identifying extenuating circumstances or justifications, which might assist any review of the medical necessity for this service.
Not Used

SV114 1341 NATIONAL OR LOCAL ASSIGNED REVIEW VALUE O AN 1/2
Value assigned by national or local organizations for various health care data elements.
Not Used

SV115 1327 CO-PAY STATUS CODE O ID 1/1
Code indicating whether or not co-payment requirements were met on a line-by-line basis.
Not Used

SV116 1334 HEALTH CARE PROFESSIONAL SHORTAGE AREA CODE O ID 1/1
Code identifying the Health Care Professional Shortage Area Code (HPSA).
Not Used

SV117 127 REFERENCE IDENTIFICATION O AN 1/30
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
Not Used

SV118 116 POSTAL CODE O ID 3/15
Code defining international postal zone code excluding punctuation and blanks (zip code for United States).
Not Used

SV119 782 MONETARY AMOUNT O R 1/18
Monetary amount.
Not Used

SV120 1337 LEVEL OF CARE CODE O ID 1/1
Code specifying the level of care provided by a nursing home facility.
Not Used

SV121 1360 PROVIDER AGREEMENT CODE O ID 1/1 Code indicating the type of agreement under which the provider is submitting this bill.
Situational DN742 Provider Agreement Line Code

SEGMENT: SV2 Institutional Service
X12N NAME: INSTITUTIONAL SERVICE
WC NAME: INSTITUTIONAL SERVICE – REVENUE PROCEDURE CODE
LEVEL: Detail
POSITION: 375
LOOP: 2400
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the bill service detail for a Health Care institution
EXAMPLE: SV2**HC:70110*50~
SV2*120**9500*DA*5*1900~

DATA ELEMENT SUMMARY

SV201 234 PRODUCT/SERVICE ID X AN 1/48
Identifying number for a product or service. Corresponds to form locator 42 from the UB04.
Situational DN559 Revenue Billed Code

SV202 C003 COMPOSITE MEDICAL PROCEDURE IDENTIFIER X
To identify a medical procedure by its standardized codes and applicable modifiers. This is the type or source of product or service.
Situational

SV202-1 235 PRODUCT/SERVICE ID QUALIFIER M ID 2/2
Code identifying the type/source of the descriptive number used in Product Service Id (234). CMS coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory, surgical, and other diagnostic departments. HCPCS procedure includes level 1-CPT procedure codes.
Required HC = Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes

ER = Jurisdiction Specific Procedure and Supply Codes

SV202-2 234 PRODUCT/SERVICE ID M AN 1/48
Identifying number of a product or service.
Required If SV201-1 = HC, use DN714 HCPCS Line Procedure Billed Code

If SV201-1 = ER, use DN715 Jurisdiction Procedure Billed Code

SV202-3 1339 PROCEDURE MODIFIER O AN 2/2
This identifies special circumstances related to the performance of the service, as defined by trading partners.
Situational If SV201-1 = HC, use DN717 HCPCS Modifier Billed Code

If SV201-1 = ER, use DN718 Jurisdiction Modifier Billed Code

SV202-4 1339 PROCEDURE MODIFIER **O AN 2/2**
This identifies special circumstances related to the performance of the service, as defined by trading partners.
Situational **If SV201-1 = HC, use DN717 HCPCS Modifier Billed Code**

If SV201-1 = ER, use DN718 Jurisdiction Modifier Billed Code

SV202-5 1339 PROCEDURE MODIFIER **O AN 2/2**
This identifies special circumstances related to the performance of the service, as defined by trading partners.
Situational **If SV201-1 = HC, use DN717 HCPCS Modifier Billed Code**

If SV201-1 = ER, use DN718 Jurisdiction Modifier Billed Code

SV202-6 1339 PROCEDURE MODIFIER **O AN 2/2**
This identifies special circumstances related to the performance of the service, as defined by trading partners.
Situational **If SV201-1 = HC, use DN717 HCPCS Modifier Billed Code**

If SV201-1 = ER, use DN718 Jurisdiction Modifier Billed Code

SV202-7 352 DESCRIPTION **O AN 1/80**
A free-form description to clarify the related data elements and their content. Description is only used to describe not otherwise classified procedure codes. For generic code use only.
Situational **DN551 Procedure Description**

SV203 782 MONETARY AMOUNT **O R 1/18**
Monetary amount. Submitted charge amount. If the amount is whole dollars only (no cents involved), do NOT pass the decimal or zeros to the right of the decimal.
Situational **DN552 Total Charge Per Line**

SV204 355 UNIT OR BASIS FOR MEASUREMENT CODE **X ID 2/2**
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken. If either SV204 or SV205 is present, then the other is required.
Situational **DN553 Day(s)/Unit(s) Code**
DA = Days
UN = Unit

SV205 380 QUANTITY **X R 1/15**
Numeric value used for quantity.
Situational **DN554 Day(s)/Unit(s) Billed**

SV206 1371 UNIT RATE **O R 1/10**
Associate revenue rate per unit for hospital accommodation.
Situational **DN560 Revenue Unit Rate**

SV207 782 MONETARY AMOUNT **O R 1/18**
Monetary amount.
Not Used

SV208 1073 YES/NO CONDITION OR RESPONSE CODE O ID 1/1
Code indicating a Yes or No condition or response.
Not Used

SV209 1345 NURSING HOME RESIDENTIAL STATUS CODE O ID 1/1
Code specifying the status of a nursing home resident at the time of service.
Not Used

SV210 1337 LEVEL OF CARE CODE O ID 1/1
Code specifying the level of care provided by a nursing home facility.
Not Used

SEGMENT: SV3 Dental Service
X12N NAME: DENTAL SERVICE
WC NAME: DENTAL SERVICE
LEVEL: Detail
POSITION: 380
LOOP: 2400
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the bill service detail for dental work.
EXAMPLE: SV3*AD:02331*48~

DATA ELEMENT SUMMARY

SV301 C003 COMPOSITE MEDICAL PROCEDURE IDENTIFIER M
To identify a medical procedure by standardized codes and applicable modifiers.
Required

SV301-1 235 PRODUCT/SERVICE ID QUALIFIER M ID 2/2
Code identifying the type/source of the descriptive number used in Product/Service ID (234). Used for reporting dental services. This association's membership consists of US dentists. It sets standards for the dental profession.
Required **AD = American Dental Association Codes**

HC = Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes

SV301-2 234 PRODUCT/SERVICE ID M AN 1/48
Identifying number for a product or service.
Required **If SV301-1 = AD, DN719 ADA Procedure Billed Code**

If SV301-1 = HC, use DN714 HCPCS Line Procedure Billed Code

SV301-3 1339 PROCEDURE MODIFIER O AN 2/2
This identifies special circumstances related to the performance of the service, as defined by trading partners. Use for the first procedure code modifier.
Situational **If SV301-1 = HC, use DN717 HCPCS Modifier Billed Code**

If SV301-1 = AD, Do Not Use

SV301-4 1339 PROCEDURE MODIFIER **O AN 2/2**
This identifies special circumstances related to the performance of the service, as defined by trading partners.
Situational **If SV301-1 = HC, use DN717 HCPCS Modifier Billed Code**

If SV301-1 = AD, Do Not Use

SV301-5 1339 PROCEDURE MODIFIER **O AN 2/2**
This identifies special circumstances related to the performance of the service, as defined by trading partners.
Not Used

SV301-6 1339 PROCEDURE MODIFIER **O AN 2/2**
This identifies special circumstance related to the performance of the service, as defined by trading partners.
Not Used

SV301-7 352 DESCRIPTION **O AN 1/80**
A free-form description to clarify the related data elements and their content. Description is only to be used to describe not otherwise classified procedure codes.
Situational **DN551 Procedure Description**

SV302 782 MONETARY AMOUNT **O R 1/18**
Monetary amount. Submitted charge amount. If the amount is whole dollars only (no cents involved), do NOT pass the decimal and zeros to the right of the decimal.
Situational **DN552 Total Charge Per Line**

SV303 1331 FACILITY CODE VALUE **O AN 1/2**
Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format.
Situational **DN600 Place of Service Line Code**

SV304 C006 ORAL CAVITY DESIGNATION **O**
To identify one or more areas related to the oral cavity.
Not Used

SV305 1358 PROSTHESIS, CROWN OR INLAY CODE **O ID 1/1**
Code specifying the placement status for the dental work.
Not Used

SV306 380 QUANTITY **O R 1/15**
Numeric value used for quantity.
Not Used

SV307 352 DESCRIPTION **O AN 1/80**
A free-form description used to clarify the related data elements and their content.
Not Used

SV308 1327 CO-PAY STATUS CODE **O ID 1/1**
Code indicating whether or not co-payment requirements were met on a line-by-line basis.
Not Used

SV309 1360 **PROVIDER AGREEMENT CODE** **O ID 1/1**
Code indicating the type of agreement under which the provider is submitting this bill.
Situational **DN742 Provider Agreement Line Code**

SV310 1073 **YES/NO CONDITION OR RESPONSE CODE** **O ID 1/1**
Code indicating a Yes or No condition or response.
Not Used

SV311 C004 **COMPOSITE DIAGNOSIS CODE POINTER** **O**
Used to identify one or more diagnosis pointers.
Not Used

SEGMENT: **SV4 Drug Service**
X12N NAME: DRUG SERVICE
WC NAME: PRESCRIPTION DRUG SERVICE
LEVEL: Detail
POSITION: 385
LOOP: 2400
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the bill service detail for prescription drugs.
EXAMPLE: SV4*7777777*ND:12345678901***0*******1~

DATA ELEMENT SUMMARY

SV401 127 **REFERENCE IDENTIFICATION** **M AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
Required **DN561 Prescription Line Number**

SV402 C003 **COMPOSITE MEDICAL PROCEDURE IDENTIFIER** **O**
To identify a medical procedure by standardized codes and applicable modifiers.
Situational

SV402-1 235 **PRODUCT/SERVICE ID QUALIFIER** **M ID 2/2**
Code identifying the type/source of the descriptive number used in Product/Service Id (234).
Required **ND = National Drug Code (NDC)**

SV402-2 234 **PRODUCT/SERVICE ID** **M AN 1/48**
Identifying number for a product or service.
Required **DN721 NDC Billed Code**

SV402-3 1339 **PROCEDURE MODIFIER** **O AN 2/2**
This identifies special circumstances related to the performance of the service, as defined by trading partners.
Not Used

SV402-4 1339 **PROCEDURE MODIFIER** **O AN 2/2**
This identifies special circumstances related to the performance of the service, as defined by trading partners.
Not Used

SV402-5 1339 PROCEDURE MODIFIER **O AN 2/2**This identifies special circumstances related to the performance of the service, as defined by trading partners.

Not Used

SV402-6 1339 PROCEDURE MODIFIER **O AN 2/2**

This identifies special circumstances related to the performance of the service, as defined by the trading partners.

Not Used

SV402-7 352 DESCRIPTION **O AN 1/80**

A free-form description used to clarify the related data elements and their content.

Not Used

SV403 127 REFERENCE IDENTIFICATION **O AN 1/30**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

Not Used

SV404 1073 YES/NO CONDITION OR RESPONSE CODE **O ID 1/1**

Code indicating a Yes or No condition or response.

Not Used

SV405 1329 DISPENSE AS WRITTEN CODE **O ID 1/1**

Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.

Situational DN562 Dispense as Written Code

0 = Not Dispense as Written (DAW)
1 = Physician Dispense as Written (DAW)
2 = Patient Dispense as Written (DAW)
3 = Pharmacy Dispense as Written (DAW)
4 = No generic available
5 = Brand Dispensed as Generic Override
6 = Override
7 =Substitution not allowed – Brand Drug mandated by law
8 = Substitution allowed - Generic Drug not available
9 = Other

SV406 1338 LEVEL OF SERVICE CODE **O ID 1/3**

Code specifying the level of service rendered.

Not Used

SV407 1356 PRESCRIPTION ORIGIN CODE **O ID 1/1**

Code indicating the origin of a prescription.

Not Used

SV408 352 DESCRIPTION **O AN 1/80**

A free-form description used to clarify the related data elements and their content.

Situational DN563 Drug Name

SV409 1073 YES/NO CONDITION OR RESPONSE CODE **O ID 1/1**

Code indicating a Yes or No condition or response.

Not Used

SV410 1073 **YES/NO CONDITION OR RESPONSE CODE** **O ID 1/1**
Code indicating a Yes or No condition or response.
Not Used

SV411 1370 **UNIT DOSE CODE** **O ID 1/1**
Code indicating the type of unit dose dispensing done.
Not Used

SV412 1319 **BASIS OF COST DETERMINATION CODE** **O ID 1/2**
Code indicating the method by which the ingredient cost was calculated.
Situational **DN564 Basis of Cost Determination**
0 = Not specified
1 = Average Wholesale Price (AWP)
2 = Local Wholesaler
3 = Direct
4 = Estimated Acquisition Cost
5 = Acquisition Cost
6 = Maximum Allowable Cost (MAC)
7 = Usual, Customary and Reasonable (UCR)
8 = Unit Dose
9 = Brand Medically Necessary

SV413 1320 **BASIS OF DAYS SUPPLY DETERMINATION CODE** **O ID 1/1**
Code specifying the method by which the days supply was determined.
Not Used

SV414 1330 **DOSAGE FORM CODE** **O ID 2/2**
Code indicating the form in which the drug is dispensed.
Not Used

SV415 1327 **CO-PAY STATUS CODE** **O ID 1/1**
Code indicating whether or not co-payment requirements were met on a line-by-line basis.
Not Used

SV416 1384 **PATIENT LOCATION CODE** **O ID 1/1**
Code identifying the location where patient is receiving medical treatment.
Not Used

SV417 1337 **LEVEL OF CARE CODE** **O ID 1/1**
Code specifying the level of care provided by a nursing home facility.
Not Used

SV418 1357 **PRIOR AUTHORIZATION TYPE CODE** **O ID 1/1**
Code indicating the type of prior authorization or medical certification that has occurred.
Not Used

SEGMENT: SV5 Durable Medical Equipment Service
X12N NAME: DURABLE MEDICAL EQUIPMENT SERVICE
WC NAME: DURABLE MEDICAL EQUIPMENT SERVICE
LEVEL: Detail
POSITION: 400
LOOP: 2400
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the bill service detail for durable medical.
EXAMPLE: SV5*HC:K0021:RR*UN*3*24.55**4~

DATA ELEMENT SUMMARY

SV501 C003 COMPOSITE MEDICAL PROCEDURE IDENTIFIER M
To identify a medical procedure by standardized codes and applicable modifiers.
Required

SV501-1 235 PRODUCT/SERVICE ID QUALIFIER M ID 2/2
Code identifying the type/source of the descriptive number used in Product Service ID (234). CMS coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory, surgical, and other diagnostic departments.
Required HC = Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes

SV501-2 234 PRODUCT/SERVICE ID M AN 1/48
Identifying number for a product or service.
Required If SV501-1 = HC, use DN714 HCPCS Line Procedure Billed Code

SV501-3 1339 PROCEDURE MODIFIER O AN 2/2
This identifies special circumstances related to the performance of the service as defined by the trading partners.
Situational If SV501-1 = HC, use DN717 HCPCS Modifier Billed Code

SV501-4 1339 PROCEDURE MODIFIER O AN 2/2
This identifies special circumstance related to the performance of the service as defined by the trading partners.
Situational If SV501-1 = HC, use DN717 HCPCS Modifier Billed Code

SV501-5 1339 PROCEDURE MODIFIER O AN 2/2
This identifies special circumstances related to the performance of the service as defined by the trading partners.
Not Used

SV501-6 1339 PROCEDURE MODIFIER O AN 2/2
This identifies special circumstances related to the performance of the service as defined by the trading partners.
Not Used

SV501-7 352 DESCRIPTION O AN 1/80
A free-form description used to clarify the related data elements and their content. Description is only to be used to describe not otherwise classified procedure codes.
Situational DN551 Procedure Description

SV502 355 **UNIT OR BASIS FOR MEASUREMENT CODE** **M ID 2/2**
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken.
Required **DN553 Day(s)/Unit(s) Code**
DA = Day
UN = Unit

SV503 380 **QUANTITY** **M R 1/15**
Numeric value used for quantity.
Required **DN554 Day(s)/Unit(s) Billed**

SV504 782 **MONETARY AMOUNT** **X R 1/18**
Monetary amount. At least one of SV504 or SV505 is required. If the amount is whole dollars (no cents involved), do NOT pass the decimal and zeros to the right of the decimal.
Situational **DN565 Total Charge Per Line Rental**

SV505 782 **MONETARY AMOUNT** **X R 1/18**
Monetary amount. If the amount is whole dollars (no cents involved), do NOT pass the decimal and zeros to the right of the decimal.
Situational **DN566 Total Charge Per Line Purchase**

SV506 594 **FREQUENCY CODE** **O ID 1/1**
Code indicating frequency or type of payment. This code is only used when the equipment is being rented. If SV506 is present, then SV504 is required. Frequency at which the rental equipment is billed.
Situational **DN567 DME Billing Frequency Code**
1 = Weekly
4 = Monthly
6 = Daily

SV507 923 **PROGNOSIS CODE** **O ID 1/1**
Code specifying the patient's prognosis.
Not Used

SEGMENT: **DTP Date or Time or Period**
X12N NAME: DATE – SERVICE DATE(S)
WC NAME: DATE – SERVICE(S) DATE(S)
LEVEL: Detail
POSITION: 455
LOOP: 2400
USAGE: Situational
MAX USE: 1
PURPOSE: To specify any or all of a date, a time, or a time period. Specifies the service line date range. This segment applies to all SV segments previously reported.
EXAMPLE: DTP*472*RD8*19970607-19970608~

DATA ELEMENT SUMMARY

DTP01 374 **DATE/TIME QUALIFIER** **M ID 3/3**
Code specifying type of date or time, or both date and time. Use RD8 in DTP02 to indicate Begin/End or From/To dates.
Required **472 = Service**

DTP02 1250 DATE TIME PERIOD FORMAT QUALIFIER M ID 2/3
Code indicating the date format, time format, or date and time format.

Required D8 = Date expressed in format CCYYMMDD
RD8 = Range of dates expressed in format CCYYMMDD-CCYYMMDD

DTP03 1251 DATE TIME PERIOD M AN 1/35
Expression of a date, a time, or range of dates, times, or dates and times.
Required DN605 Service Line Date Range

SEGMENT: DTP Date or Time or Period
X12N NAME: DATE – PRESCRIPTION
WC NAME: DATE – PRESCRIPTION
LEVEL: Detail
POSITION: 455
LOOP: 2400
USAGE: Situational
MAX USE: 1
PURPOSE: To specify any or all of a date, a time, or a time period.
EXAMPLE: DTP*471*D8*19970607~

DATA ELEMENT SUMMARY

DTP01 374 DATE/TIME QUALIFIER M ID 3/3
Code specifying type of date or time, or both date and time. Date prescription was written.
Required 471 = Prescription

DTP02 1250 DATE TIME PERIOD FORMAT QUALIFIER M ID 2/3
Code indicating the date format, time format, or date and time format.
Required D8 = Date expressed in format CCYYMMDD

DTP03 1251 DATE TIME PERIOD M AN 1/35
Expression of a date, a time, or range of dates, times or dates and times.
Required DN604 Prescription Line Date

SEGMENT: QTY Quantity
X12N NAME: QUANTITY
WC NAME: QUANTITY
LEVEL: Detail
POSITION: 460
LOOP: 2400
USAGE: Situational
MAX USE: 2
EXAMPLE: QTY*QB*3~

DATA ELEMENT SUMMARY

QTY01 673 **QUANTITY QUALIFIER** **M ID 2/2**
Code specifying the type of quantity.
Required **QB = Quantity Dispensed**
SP = Days Supply

QTY02 380 **QUANTITY** **X R 1/15**
Numeric value used for quantity.
Required **If QTY01 = QB, use DN570 Drugs/Supplies Quantity Dispensed**
If QTY01 = SP, use DN571 Drugs/Supplies Number of Days

QTY03 C001 **COMPOSITE UNIT OF MEASURE** **O**
Used to identify a composite unit of measure. (See Figures Appendix for examples of use)
Not Used

QTY04 61 **FREE-FORM MESSAGE** **X AN 1/30**
Free-form description used for information.
Not Used

SEGMENT: **CN1 Contract Information**
X12N NAME: CONTRACT INFORMATION
WC NAME: CONTRACT INFORMATION
LEVEL: Detail
POSITION: 465
LOOP: 2400
USAGE: Situational
MAX USE: 1
PURPOSE: To specify basic data about the contract or contract line item. Recommend that the CN1 always be provided for encounters that include only capitate services. Information contained at this level will overwrite CN1 information at the bill level. This CN segment should be used only if contract information is different from the bill header.
EXAMPLE: CN1*04~

DATA ELEMENT SUMMARY

CN101 1166 CONTRACT TYPE CODE **M ID 2/2**
Code identifying a contract type. For capitated encounters, IAIABC recommends that CN101 always be provided.

Diagnosis Related Group (DRG) is a patient classification scheme, which provides means of relating the type of patients a hospital treats to the costs incurred by the hospital, to determine quality of care and utilization of services in a hospital setting.

Per Diem is a contract which allows certain charges to be on a rate per day basis.

Variable Per Diem is a contract which allows certain charges to be on a rate per day basis, where the rate may not remain constant.

Flat is a contract between the provider of service and the destination payer whereby the flat rate charges may differ from the total itemized charges.

Capitation is a contract between the provider of service and the destination payer which allows payment to the provider of service on a per member per month basis.

Required DN741 Contact Line Type Code
01 = Diagnosis Related Group (DRG)
02 = Per Diem
03 = Variable Per Diem
04 = Flat
05 = Capitated
06 = Percent
09 = Other

CN102 782 MONETARY AMOUNT **O R 1/18**
Monetary amount.
Not Used

CN103 332 PERCENT **O R 1/6**
Percent expressed as a percent.
Not Used

CN104 127 REFERENCE IDENTIFICATION **O AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
Not Used

CN105 338 TERMS DISCOUNT PERCENT **O R 1/16**
Terms discount percentage, expressed as a percent, available to the purchase if an invoice is paid on or before the Terms Discount Due Date.
Not Used

CN106 799 VERSION IDENTIFIER **O AN 1/30**
Identifies revision level of a particular format, program, technique, or algorithm.
Not Used

SEGMENT: **REF Reference Identification**
X12N NAME: RECEIVED LINE ITEM AUTHORIZATION NUMBER
WC NAME: TREATMENT AUTHORIZATION NUMBER PER LINE OF SERVICE
LEVEL: Detail
POSITION: 470
LOOP: 2400
USAGE: Situational
MAX USE: 2
PURPOSE: To specify identifying information.
EXAMPLE: REF*G1*444444~

DATA ELEMENT SUMMARY

REF01 128 **REFERENCE IDENTIFICATION QUALIFIER** **M ID 2/3**
Code qualifying the Reference Identification.
Prior Authorization Number is an authorization number acquired prior to the submission of a bill.

Predetermination of Benefits Identification Number is a number assigned by a third party identifying the pre-treatment estimate.

Required **G1 = Prior Authorization**
G3 = Predetermination of Benefits Identification Number

REF02 127 **REFERENCE IDENTIFICATION** **X AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

Required **DN738 Treatment Line Authorization Number**

REF03 352 **DESCRIPTION** **X AN 1/80**
A free-form description to clarify the related data elements and their content.

Not Used

REF04 C040 **REFERENCE IDENTIFIER** **O**
To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier.

Not Used

SEGMENT: **AMT Monetary Amount**
X12N NAME: DISPENSING FEE AMOUNT
WC NAME: DISPENSING FEE AMOUNT
LEVEL: Detail
POSITION: 475
LOOP: 2400
USAGE: Situational
MAX USE: 1
PURPOSE: To indicate the total monetary amount. The segment applies to SV4 (Drug Services) only.
EXAMPLE: AMT*D7*45.63~

DATA ELEMENT SUMMARY

AMT01 522 **AMOUNT QUALIFIER CODE** **M ID 1/3**
Code to qualify amount. A fee charged to prepare and dispense medicine.
Required **D7 = Dispensing Fee**

AMT02 782 **MONETARY AMOUNT** **M R 1/18**
Monetary amount. If the amount is whole dollars (no cents involved), do NOT pass the decimal or zeros to the right of the decimal.
Required **DN579 Drugs/Supplies Dispensing Fee**

AMT03 478 **CREDIT/DEBIT FLAG CODE** **O ID 1/1**
Code indicating whether amount is a credit or debit.
Not Used

SEGMENT: **AMT Monetary Amount**
X12N NAME: DRUG BILLED AMOUNT
WC NAME: DRUG/SUPPLY BILLED AMOUNT
LEVEL: Detail
POSITION: 475
LOOP: 2400
USAGE: Situational
MAX USE: 1
PURPOSE: To indicate the total monetary amount. This segment applies to SV4 (Drug Services) only.
EXAMPLE: AMT*PB*56.73~

DATA ELEMENT SUMMARY

AMT01 522 **AMOUNT QUALIFIER CODE** **M ID 1/3**
Code to qualify amount.
Required **PB = Billed Amount**

AMT02 782 **MONETARY AMOUNT** **M R 1/18**
Monetary amount. If the amount is whole dollars (no cents involved), do NOT pass the decimal or zeros to the right of the decimal.
Required **DN572 Drugs/Supplies Billed Amount**

AMT03 478 **CREDIT/DEBIT FLAG CODE** **O ID 1/1**
Code indicating whether amount is a credit or debit.
Not Used

Loop ID: 2420 Rendering Line Provider Name (Repeat 1)

SEGMENT: **NM1 Individual or Organizational Name**
X12N NAME: RENDERING PROVIDER INFORMATION
WC NAME: RENDERING LINE PROVIDER NAME
LEVEL: Detail
POSITION: 500
LOOP: 2420 Repeat: 1
USAGE: Situational
MAX USE: 1
PURPOSE: To supply the identification of the rendering provider. If this loop is used, it overrides the rendering bill provider information in loop 2310.
EXAMPLE: NM1*82*1*VERNON*DARLES****FI*098765432~

DATA ELEMENT SUMMARY

NM101 98 **ENTITY IDENTIFIER CODE** **M ID 2/3**
Code identifying an organizational entity, a physical location, property, or an individual. The Entity Identifier in NM101 applies to all segments in loop 2420.
Required **82 = Rendering Provider**

NM102 1065 **ENTITY TYPE QUALIFIER** **M ID 1/1**
Code qualifying the type of entity.
Required **1 = Person**
2 = Non-Person Entity

NM103 1035 **NAME LAST OR ORGANIZATION NAME** **O AN 1/35**
Individual last name or organizational name. Organization should be entered as a non-person entity on one line.
Situational **DN589 Rendering Line Provider Last/Group Name**

NM104 1036 **NAME FIRST** **O AN 1/25**
Identifies individual first name.
Situational **DN587 Rendering Line Provider First Name**

NM105 1037 **NAME MIDDLE** **O AN 1/25**
Identifies individual middle name or initial.
Situational **DN591 Rendering Line Provider Middle Name/Initial**

NM106 1038 **NAME PREFIX** **O AN 1/10**
Prefix to individual name.
Not Used

NM107 1039 **NAME SUFFIX** **O AN 1/10**
Suffix to individual name.
Situational **DN588 Rendering Line Provider Last Name Suffix**

M108 66 **IDENTIFICATION CODE QUALIFIER** **X ID 1/2**
Code designating the system/method of code structure used for Identification Code (67). If either NM108 or NM109 is present, then the other is required. Some providers may not have a federal taxpayer identification number for tax purposes and will use their social security number instead. Some jurisdictional computer systems may need to distinguish between social security numbers and federal taxpayer identification numbers and will use both qualifiers
Situational **34 = Social Security Number**
FI = Federal Taxpayer's Identification Number

NM109 67 **IDENTIFICATION CODE** **X AN 2/80**
Code identifying a party or other code.
Situational **DN586 Rendering Line Provider FEIN**

NM110 706 **ENTITY RELATIONSHIP CODE** **X ID 2/2**
Code describing entity relationship. NM110 and NM111 further define the type of entity in NM101. Technical requirement only to pass NM111 Gateway Provider indicator. Not to indicate managed care.
Situational **34 = Managed**

NM111 98 **ENTITY IDENTIFIER CODE** **O ID 2/3**
Code identifying an organizational entity, a physical location, property, or an individual. If NM111 is present, then NM110 is required. NM111 is only sent if this provider is the "Gateway Provider". Only one Gateway Provider is allowed per bill. Subsequent "Gateway Provider" indicators will be ignored.
Situational **DN534 Gateway Provider Indicator**
GP = Gateway Provider

SEGMENT: **PRV Provider Information**
X12N NAME: RENDERING PROVIDER SPECIALTY INFORMATION
WC NAME: RENDERING LINE PROVIDER SPECIALTY INFORMATION
LEVEL: Detail
POSITION: 505
LOOP: 2420
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the identifying characteristics of a provider.
EXAMPLE: PRV*PE*S3*203BP0400Y~

DATA ELEMENT SUMMARY

PRV01 1221 **PROVIDER CODE** **M ID 1/3**
Code identifying the type of provider.
Required **PE = Performing**

PRV02 128 **REFERENCE IDENTIFICATION QUALIFIER** **M ID 2/3**
Code qualifying the Reference Identification. *S3 is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company website: http://www.wpc-edi.com. Blue Cross/Blue Shield Association and ANSI ASC X12N TG2 WG15 maintain this taxonomy.*
Situational **S3 = Specification Number**

PRV03 127 **REFERENCE IDENTIFICATION** **M AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
Required **DN595 Rendering Line Provider Primary Specialty Code**

PRV04 156 **STATE OR PROVINCE CODE** **O ID 2/2**
Code (Standard State/Province) as defined by appropriate government agency.
Not Used

PRV05 C035 **PROVIDER SPECIALTY INFORMATION** **O**
Used to supply provider specialty information.
Not Used

PRV06 1223 **PROVIDER ORGANIZATION CODE** **O ID 3/3**
Code identifying the organizational structure of a provider.
Not Used

SEGMENT: **N3 Address information**
X12N NAME: RENDERING PROVIDER ADDRESS
WC NAME: RENDERING PROVIDER ADDRESS
LEVEL: Detail
POSITION: 514
LOOP: 2420
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the location of the named party
EXAMPLE: N3*2400 HEALTHY WAY~

DATA ELEMENT SUMMARY

N301 166 **ADDRESS INFORMATION** **M AN 1/55**
Free-form description used for address information.
Required **DN594 Rendering Line Provider Primary Address**

N302 166 **ADDRESS INFORMATION** **O AN 1/55**
Free-form description used for address information.
Situational **DN596 Rendering Line Provider Secondary Address**

SEGMENT: **N4 Geographic Location**
X12N NAME: RENDERING PROVIDER ZIP CODE
WC NAME: RENDERING LINE PROVIDER CITY/STATE/POSTAL CODE
LEVEL: Detail
POSITION: 520
LOOP: 2420
USAGE: Situational
MAX USE: 1
PURPOSE: To specify the geographic place of the named party. It is recommended that either city and state, or postal code is required in the trading partner agreement.
EXAMPLE: N4*Hyannis*MA*02601~

DATA ELEMENT SUMMARY

N401 19 **CITY NAME** **O AN 2/30**
Free-form description used for city name.
Situational **DN584 Rendering Line Provider City**

N402 156 **STATE OR PROVINCE CODE** **O ID 2/2**
Code (Standard State/Province) as defined by appropriate government agency.
Situational **DN598 Rendering Line Provider State Code**

N403 116 **POSTAL CODE** **O ID 3/15**
Code defining international postal zone code excluding punctuation and blanks (zip code for United States).
Situational **DN593 Rendering Line Provider Postal Code**

N404 26 **COUNTRY CODE** **O ID 2/3**
Code identifying the country. Used if the address is out of the USA.
Situational **DN585 Rendering Line Provider Country Code**

N405 309 **LOCATION QUALIFIER** **X ID 1/2**
Code identifying type of location.
Not Used

N406 310 **LOCATION IDENTIFIER** **O AN 1/30**
Code which identifies a specific location
Not Used

SEGMENT: **REF Reference Identification**
X12N NAME: RENDERING PROVIDER SECONDARY IDENTIFICATION NUMBER
WC NAME: RENDERING LINE PROVIDER SECONDARY IDENTIFICATION NUMBER
LEVEL: Detail
POSITION: 525
LOOP: 2420
USAGE: Situational
MAX USAGE: 5
PURPOSE: To specify identifying information. Use this REF only if a subsequent number is necessary to identify the provider. The primary identification number should be contained in NM109. Use and repeat as needed to provide additional identification numbers.
EXAMPLE: REF*1G*A12345~

DATA ELEMENT SUMMARY

REF01 128 **REFERENCE IDENTIFICATION QUALIFIER** **M ID 2/3**
Code qualifying the Reference Identification
Required **0B = State License Number**
1C = Medicare Provider Number
1F = Anesthesia License Number
1G = Provider National Provider ID
GF = Specialty License Number

REF02 127 REFERENCE IDENTIFICATION X AN 1/30
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. At least one of REF02 or REF03 is required.
Required **If REF01 = 0B, use DN599 Rendering Line Provider State License Number**

If REF01 = 1C, use DN590 Rendering Line Provider Medicare Number

If REF01 = 1F, use DN583 Rendering Line Provider Anesthesia License Number

If REF01 = 1G, use DN592 Rendering Line Provider National Provider ID

If REF01 = GF, use DN597 Rendering Line Provider Specialty License Number

REF03 352 DESCRIPTION X AN 1/80
A free-form description used to clarify the related data elements and their content.
Not Used

REF04 C040 REFERENCE IDENTIFIER O
To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier.
Not Used

Loop ID: 2430 Service Line Adjustment (Repeat >1)

SEGMENT: SVD Service Line Adjudication
X12N NAME: SERVICE LINE ADJUDICATION
WC NAME: SERVICE LINE ADJUDICATION
LEVEL: Detail
POSITION: 540
LOOP: 2430 Repeat: >1
USAGE: Situational
MAX USE: 1
PURPOSE: To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers. SVD03 represents the medical procedure code upon which adjudication of this service line was based. This may be different than the submitted medical procedure code. SVD06 is only used for bundling of service lines. It references the LX Assigned Number of the service line into which this service line was bundled. Use the LX from this transaction which points to the bundled line. Required if payer bundled this service line.
EXAMPLE: SVD*XX*100*HC:84550**3~

DATA ELEMENT SUMMARY

SVD01 67 IDENTIFICATION CODE M AN 2/80
Code identifying a party or other code.
Required **Place "XX" in this field as space holder.**

SVD02 782 MONETARY AMOUNT M R 1/18
Monetary amount. If the amount is whole dollars only (no cents involved), do NOT pass the decimal or zeros to the right of the decimal.
Required DN574 Total Amount Paid Per Line

SVD03 C003 COMPOSITE MEDICAL PROCEDURE IDENTIFIER O
To identify a medical procedure by standardized codes and applicable modifiers.
Situational

SVD03-1 235 PRODUCT/SERVICE ID QUALIFIER M ID 2/2
Code identifying the type/source of the descriptive number used in Product/Service ID (234). American Dental Association consists of US dentists. It set standards for the dental profession. Since AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.
Required AD = American Dental Association Codes
HC = Health Care Financing Administration Common Procedural
ND = National Drug Code (NDC)
ER = Jurisdiction Specific Procedure and Supply Codes (state procedure and supply codes, which are not part of HCPCS codes)

SVD03-2 234 PRODUCT/SERVICE ID M AN 1/48
Identifying number for a product or service Billing Codes may differ from Paid Procedure Codes. Required if different from Billed Procedure Code (loop 2400 SV segments).
Required If SVD03-1 = AD, use DN722 ADA Procedure Paid Code

If SVD03-1 = HC, use DN726 HCPCS Line Procedure Paid Code

If SVD03-1 = ND, use DN728 NDC Paid Code

If SVD03-1 = ER, use DN729 Jurisdiction Procedure Paid Code

SVD03-3 1339 PROCEDURE MODIFIER O AN 2/2
This identifies special circumstances related to the performance of the service, as defined by trading partners. Use for the first procedure code modifier.
Situational If SVD03-1 = HC, use DN727 HCPCS Modifier Paid Code

If SVD03-1 = ND, do not use

If SVD03-1 = ER, use DN730 Jurisdiction Modifier Paid Code

SVD03-4 1339 PROCEDURE MODIFIER O AN 2/2
This identifies special circumstances related to the performance of the service, as defined by trading partners. Use for the second procedure code modifier.
Situational If SVD03-1 = HC, use DN727 HCPCS Modifier Paid Code

If SVD03-1 = ND, do not use

If SVD03-1 = ER, use DN730 Jurisdiction Modifier Paid Code

SVD03-5 1339 PROCEDURE MODIFIER **O AN 2/2**
This identifies special circumstances related to the performance of the service, as defined by trading partners.
Not Used

SVD03-6 1339 PROCEDURE MODIFIER **O AN 2/2**
This identifies special circumstances related to the performance of the service, as defined by trading partners.
Not Used

SVD03-7 352 DESCRIPTION **O AN 1/80**
A free-form description used to clarify the related data elements and their content.
Not Used

SVD04 234 PRODUCT/SERVICE ID **O AN 1/48**
Identifying number for a product or service.
Situational DN576 Revenue Paid Code

SVD05 380 QUANTITY **O R 1/15**
Numeric value used for quantity.
Situational DN580 Day(s)/Unit(s) Paid

SVD06 554 ASSIGNED NUMBER **O N0 1/6**
Number assigned for differentiation within a transaction set. SVD06 is only used for bundling of service lines. It references the LX Assigned Number of the service line into which this service line was bundled. Use the LX from this transaction which points to the bundled line. Required if payer bundled this service line.
Situational DN547 Line Number

SEGMENT: CAS Claims Adjustment
X12N NAME: CLAIM ADJUSTMENT
WC NAME: SERVICE LINE ADJUSTMENT
LEVEL: Detail
POSITION: 545
LOOP: 2430
USAGE: Situational
MAX USE: 99 (Multiple service adjustment reason codes are permitted per line item)
PURPOSE: To supply adjustment reason codes and amounts as needed for an entire bill or for a particular service within the bill being paid. Submitter may also use this CAS segment to report LINE level adjustment from prior payers which cause the amount paid to differ from the amount originally charged.
NOTE: A jurisdiction is not required to have both Loop 2320 CAS segment and Loop 2430 CAS segment reported. However, if they do require both to be reported, the jurisdiction should not use both segments for balancing purposes.
EXAMPLE: CAS*CO*100*7.93~
CAS*OA*86*15.06~

DATA ELEMENT SUMMARY

CAS01 1033 CLAIM ADJUSTMENT GROUP CODE M ID 1/2
Code identifying the general category of payment adjustment.
Required DN731 Service Adjustment Group Code
CO = Contractual Obligations
OA = Other Adjustments
PI = Payer Initiated Reductions
PR = Patient Responsibility
MA = Medicare
(Jurisdiction Regulatory Requirement)

CAS02 1034 CLAIM ADJUSTMENT REASON CODE M ID 1/5
Code identifying the detailed reason the adjustment was made.
Required DN732 Service Adjustment Reason Code

CAS03 782 MONETARY AMOUNT M R 1/18
Monetary amount. Adjustment amount due to the reason code in CAS02. If the amount is whole dollars only (no cents involved), do NOT pass the decimal and the zeros to the right of the decimal.
Required DN733 Service Adjustment Amount

CAS04 380 QUANTITY O R 1/15
Numeric value used for quantity.
Situational DN734 Service Adjustment Units

CAS05 1034 CLAIM ADJUSTMENT REASON CODE X ID 1/5
Code identifying the detailed reason the adjustment was made. If CAS05 is present, then CAS06 is required.
Situational DN732 Service Adjustment Reason Code

CAS06 782 MONETARY AMOUNT X R 1/18
Monetary amount. Adjustment amount due to reason code in CAS05. If CAS06 is present, then CAS05 is required. If the amount is whole dollars only (no cents involved), do NOT pass the decimal and zeros to the right of the decimal.
Situational DN733 Service Adjustment Amount

CAS07 380 QUANTITY X R 1/15
Numeric value used for quantity.
Situational DN734 Service Adjustment Units

CAS08 1034 CLAIM ADJUSTMENT REASON CODE X ID 1/5
Code identifying the detailed reason the adjustment was made. If CAS08 is present, then CAS09 is required.
Situational DN732 Service Adjustment Reason Code

CAS09 782 MONETARY AMOUNT X R 1/18
Monetary amount. Adjustment amount due to reason code in CAS08. If CAS09 is present, then CAS08 is required. If the amount is whole dollars only (no cents involved), do NOT pass the decimal and the zeros to the right of the decimal.
Situational DN733 Service Adjustment Amount

CAS10 380 QUANTITY X R 1/15
Numeric value used for quantity.
Situational DN734 Service Adjustment Units

CAS11 1034 CLAIM ADJUSTMENT REASON CODE X ID 1/5
Code identifying the detailed reason the adjustment was made. If CAS11 is present, then CAS12 is required.
Situational DN732 Service Adjustment Reason Code

CAS12 782 MONETARY AMOUNT X R 1/18
Monetary amount. Adjustment amount due to reason code in CAS11. If CAS12 is present, then CAS11 is required. If the amount is whole dollars (no cents, involved), do NOT pass the decimal and zeros to the right of the decimal.
Situational DN733 Service Adjustment Amount

CAS13 380 QUANTITY X R 1/15
Numeric value used for quantity.
Situational DN734 Service Adjustment Units

CAS14 1034 CLAIM ADJUSTMENT REASON CODE X ID 1/5
Code identifying the detailed reason the adjustment was made. If CAS14 is present, then at least one of CAS15 or CAS16 is required.
Situational DN732 Service Adjustment Reason Code

CAS15 782 MONETARY AMOUNT X R 1/18
Monetary amount. Adjustment amount due to the reason in CAS14. If CAS15 is present, then CAS14 is required. If the amount is whole dollars (no cents involved), do NOT pass the decimal and zeros the right of the decimal.
Situational DN733 Service Adjustment Amount

CAS16 380 QUANTITY X R 1/15
Numeric value used for quantity.
Situational DN734 Service Adjustment Units

CAS17 1034 CLAIM ADJUSTMENT REASON CODE X ID 1/5
Code identifying the detailed reason the adjustment was made.
Not Used

CAS18 782 MONETARY AMOUNT X R 1/18
Monetary amount.
Not Used

CAS19 380 QUANTITY X R 1/15
Numeric value used for quantity.
Not Used

Transaction Set Trailer (Repeat 1)

SEGMENT: **SE Transaction Set Trailer**
X12N NAME: TRANSACTION SET TRAILER
WC NAME: TRANSACTION SET TRAILER
LEVEL: Detail
POSITION: 555
LOOP:
USAGE: Required
MAX USE: 1
PURPOSE: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments. SE is the last segment of each transaction set.
EXAMPLE: SE*211*987654~

DATA ELEMENT SUMMARY

SE01 96 **NUMBER OF INCLUDED SEGMENTS** **M N0 1/10**
Total number of segments included in a transaction set including ST and SE segments.
Required

SE02 329 **TRANSACTION SET CONTROL NUMBER** **M AN 4/9**
Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. SE02 must match ST02.
Required

		837 HEALTH CARE CLAIM (X12.124)														
		Version 4010														
	Pos. #	Seg ID			ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
						TABLE 1									**TRANSACTION ID**	
															HEADER	
	005	**ST**				**TRANSACTION SET HEADER**	R	1								
		ST	0	1	143	Transaction Set Identifier Code					M	ID	3/3	837	TRANSACTION SET ID	
		ST	0	2	329	Transaction Set Control Number					M	AN	4/9		NUMBER ASSIGNED BY THE TRANSLATOR	
	010	**BHT**				**BEGINNING OF HIERARCHICAL TRANSACTION**	R	1								
		BHT	0	1	1005	Hierarchical Structure Code					M	ID	4/4	0080		
		BHT	0	2	353	Transaction Set Purpose Code					M	ID	2/2	00		
		BHT	0	3	127	Reference Identification					O	AN	1/30		BATCH CONTROL NUMBER	DN532
		BHT	0	4	373	Date					O	DT	8/8		DATE TRANSMISSION SENT	DN100
		BHT	0	5	337	Time					O	TM	4/8		TIME TRANSMISSION SENT	DN101
		BHT	0	6	640	Transaction Type Code					O	ID	2/2			
N						**LOOP ID - 1000A**			1	1					**SENDER**	
	020	**NM1**				**INDIVIDUAL OR ORGANIZATIONAL NAME**	R	1								
		NM1	0	1	98	Entity Identifier Code					M	ID	2/3	10		
		NM1	0	2	1065	Entity Type Qualifier					M	ID	1/1	2		
		NM1	0	3	1035	Name Last or Organization Name					O	AN	1/35			
		NM1	0	4	1036	Name First					O	AN	1/25			
		NM1	0	5	1037	Name Middle					O	AN	1/25			
		NM1	0	6	1038	Name Prefix					O	AN	1/10			
		NM1	0	7	1039	Name Suffix					O	AN	1/10			
		NM1	0	8	66	Identification Code Qualifier					X	ID	1/2	FI		
		NM1	0	9	67	Identification Code					X	AN	2/80		SENDER ID (FEIN)	DN98
		NM1	1	0	706	Entity Relationship Code					X	ID	2/2			
		NM1	1	1	98	Entity Identifier Code					O	ID	2/3			
	035	**N4**				**GEOGRAPHICAL LOCATION**	R	1								
		N4	0	1	19	City Name					O	AN	2/30			
		N4	0	2	156	State or Province Code					O	ID	2/2			
		N4	0	3	116	Postal Code					O	ID	3/15		SENDER ID (POSTAL CODE)	DN98
		N4	0	4	26	Country Code					O	ID	2/3			
		N4	0	5	309	Location Qualifier					X	ID	1/2			
		N4	0	6	310	Location Identification					O	AN	1/30			
N						**LOOP ID - 1000B**			1	1						
	020	**NM1**				**INDIVIDUAL OR ORGANIZATIONAL NAME**	R	1							**RECEIVER**	
		NM1	0	1	98	Entity Identifier Code					M	ID	2/3	40		
		NM1	0	2	1065	Entity Type Qualifier					M	ID	1/1	2		
		NM1	0	3	1035	Name Last or Organization Name					O	AN	1/35			
		NM1	0	4	1036	Name First					O	AN	1/25			
		NM1	0	5	1037	Name Middle					O	AN	1/25			
		NM1	0	6	1038	Name Prefix					O	AN	1/10			
		NM1	0	7	1039	Name Suffix					O	AN	1/10			
		NM1	0	8	66	Identification Code Qualifier					X	ID	1/2	FI		
		NM1	0	9	67	Identification Code					X	AN	2/80		RECEIVER ID (FEIN)	DN99
		NM1	1	0	706	Entity Relationship Code					X	ID	2/2			
		NM1	1	1	98	Entity Identifier Code					O	ID	2/3			
	035	**N4**				**GEOGRAPHICAL LOCATION**	R	1								
		N4	0	1	19	City Name					O	AN	2/30			
		N4	0	2	156	State or Province Code					O	ID	2/2			
		N4	0	3	116	Postal Code					O	ID	3/15		RECEIVER ID (POSTAL CODE)	DN99
		N4	0	4	26	Country Code					O	ID	2/3			
		N4	0	5	309	Location Qualifier					X	ID	1/2			
		N4	0	6	310	Location Identifier					O	AN	1/30			
						TABLE 2									**TRANSACTION DATA**	
N						**LOOP ID - 2000A**			>1	1					**INSURER/SELF INSURED AND CLAIM ADMINISTRATOR**	

		837 HEALTH CARE CLAIM (X12.124)														
		Version 4010														
	Pos. #	Seg ID			ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
	001	**HL**				**HIERARCHICAL LEVEL**	R	1							**INSURER/SELF INSURED AND CLAIM ADMINISTRATOR HIERARCHICAL LEVEL**	
		HL	0	1	628	Hierarchical ID Number					M	AN	1/12	SEQ.#		
		HL	0	2	734	Hierarchical Parent ID Number					O	AN	1/12			
		HL	0	3	735	Hierarchical Level Code					M	ID	1/2	20		
		HL	0	4	736	Hierarchical Child Code					O	ID	1/1	0/1		
	009	**DTP**				**DATE OR TIME OR PERIOD**	S	1							**REPORTING PERIOD**	
		DTP	0	1	374	Date/Time Qualifier					M	ID	3/3	582		
		DTP	0	2	1250	Date/Time Period Format Qualifier					M	ID	2/3	RD8		
														D8		
		DTP	0	3	1251	Date/Time Period					M	AN	1/35		REPORTING PERIOD	DN615
N						**LOOP ID - 2010AA**			2	1					**INSURER/SELF INSURED AND CLAIM ADMINISTRATOR NAME**	
	015	**NM1**				**INDIVIDUAL OR ORGANIZATION NAME**	S	1								
		NM1	0	1	98	Entity Identifier Code					M	ID	2/3	CA		
														CX		
														IR		
		NM1	0	2	1065	Entity Type Qualifier					M	ID	1/1	2		
		NM1	0	3	1035	Name Last or Organization Name					O	AN	1/35		INSURER NAME	DN7
															CLAIM ADMINISTRATOR NAME	DN188
		NM1	0	4	1036	Name First					O	AN	1/25			
		NM1	0	5	1037	Name Middle					O	AN	1/25			
		NM1	0	6	1038	Name Prefix					O	AN	1/10			
		NM1	0	7	1039	Name Suffix					O	AN	1/10			
		NM1	0	8	66	Identification Code Qualifier					X	ID	1/2	FI		
		NM1	0	9	67	Identification Code					X	AN	2/80		INSURER FEIN	DN6
															CLAIM ADMINISTRATOR FEIN	DN187
		NM1	1	0	706	Entity Relationship Code					X	ID	2/2			
		NM1	1	1	98	Entity Identifier Code					O	ID	2/3			
	020	**N2**				**ADDITIONAL NAME INFORMATION**	S	1							**INSURER/SELF INSURED AND CLAIM ADMINISTRATOR ADDITIONAL NAME**	
		N2	0	1	93	Name					M	AN	1/60		ADDITIONAL CHARACTERS OF NAME	
		N2	0	2	93	Name					O	AN	1/60			
	030	**N4**				**GEOGRAPHICAL LOCATION**	S	1								
		N4	0	1	19	City Name					O	AN	2/30			
		N4	0	2	156	State or Province Code					O	ID	2/2			
		N4	0	3	116	Postal Code					O	ID	3/15		INSURER POSTAL CODE	DN616
															CLAIM ADMINISTRATOR MAILING POSTAL CODE	DN14
		N4	0	4	26	Country Code					O	ID	2/3			
		N4	0	5	309	Location Qualifier					X	ID	1/2			
		N4	0	6	310	Location Identifier					O	AN	1/30			
															EMPLOYER	
N						**LOOP ID - 2000B**			>1	2						
	001	**HL**				**HIERARCHICAL LEVEL**	R	1							**EMPLOYER HIERARCHICAL LEVEL**	
		HL	0	1	628	Hierarchical ID Number					M	AN	1/12	SEQ#		
		HL	0	2	734	Hierarchical Parent ID Number					O	AN	1/12	PARENT #		
		HL	0	3	735	Hierarchical Level Code					M	ID	1/2	EM		
		HL	0	4	736	Hierarchical Child Code					O	ID	1/1	1		
N						**LOOP ID - 2010BA**			1	1					**EMPLOYER NAME**	
	015	**NM1**				**INDIVIDUAL OR ORGANIZATIONAL NAME**	R	1								
		NM1	0	1	98	Entity Identifier Code					M	ID	2/3	36		
		NM1	0	2	1065	Entity Type Qualifier					M	ID	1/1	2		
		NM1	0	3	1035	Name Last or Organization Name					O	AN	1/35		EMPLOYER NAME	DN18
		NM1	0	4	1036	Name First					O	AN	1/25			
		NM1	0	5	1037	Name Middle					O	AN	1/25			
		NM1	0	6	1038	Name Prefix					O	AN	1/10			
		NM1	0	7	1039	Name Suffix					O	AN	1/10			
		NM1	0	8	66	Identification Code Qualifier					X	ID	1/2	FI		

		837 HEALTH CARE CLAIM (X12.124)														
		Version 4010														
	Pos. #	Seg ID			ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
		NM1	0	9	67	Identification Code					X	AN	2/80		EMPLOYER FEIN	DN16
		NM1	1	0	706	Entity Relationship Code					O	ID	2/2			
		NM1	1	1	98	Entity Identifier Code					O	ID	2/3			
	020	N2				ADDITIONAL NAME INFORMATION	S	1							EMPLOYER ADDITIONAL NAME	
		N2	0	1	93	Name					M	AN	1/60		ADDITIONAL CHARACTERS OF NAME	
		N2	0	2	93	Name					O	AN	1/60			
	025	N3				ADDRESS INFORMATION	S	1							EMPLOYER LOCATION	
		N3	0	1	166	Address Information					M	AN	1/55		EMPLOYER PHYSICAL PRIMARY ADDRESS	DN19
		N3	0	2	166	Address Information					O	AN	1/55		EMPLOYER PHYSICAL SECONDARY ADDRESS	DN20
	030					GEOGRAPHICAL LOCATION	S	1								
		N4	0	1	19	City Name					O	AN	2/3		EMPLOYER PHYSICAL CITY	DN21
		N4	0	2	156	State or Province Code					O	ID	2/2		EMPLOYER PHYSICAL STATE CODE	DN22
		N4	0	3	116	Postal Code					O	ID	3/15		EMPLOYER PHYSICAL POSTAL CODE	DN23
		N4	0	4	26	Country Code					O	ID	2/3		EMPLOYER PHYSICAL COUNTRY CODE	DN164
		N4	0	5	309	Location Qualifier					X	ID	1/2			
		N4	0	6	310	Location Identifier					O	AN	1/30			
	035	REF				REFERENCE IDENTIFICATION	S	1			O				EMPLOYER SECONDARY IDENTIFICATION	
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	IG		
		REF	0	2	127	Reference Identification					X	AN	1/30		POLICY NUMBER	DN28
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	040	PER				ADMINISTRATIVE COMMUNICATIONS CONTACT	S	2							EMPLOYER CONTACT INFORMATION	
		PER	0	1	366	Contact Function Code					M	ID	2/2	IC		
		PER	0	2	93	Name					O	AN	1/60			
		PER	0	3	365	Communication Number Qualifier					X	ID	2/2	WP		
		PER	0	4	364	Communication Number					X	AN	1/80		EMPLOYER CONTACT BUSINESS PHONE NUMBER	DN159
		PER	0	5	365	Communication Number Qualifier					X	ID	2/2			
		PER	0	6	364	Communication Number					X	AN	1/80			
		PER	0	7	365	Communication Number Qualifier					X	ID	2/2			
		PER	0	8	364	Communication Number					X	AN	1/80			
		PER	0	9	443	Contact Inquiry Reference					O	AN	1/20			
															CLAIMANT	
N						LOOP ID - 2000C			>1	3						
	001	HL				Hierarchical Level	R	1								
		HL	0	1	628	Hierarchical ID Number					M	AN	1/12	SEQ #		
		HL	0	2	734	Hierarchical Parent ID Number					O	AN	1/12	PARENT #		
		HL	0	3	735	Hierarchical Level Code					M	ID	1/2	CL		
		HL	0	4	736	Hierarchical Child Code					O	ID	1/1	0		
	009	DTP				DATE OR TIME OR PERIOD	R	1							DATE OF INJURY	
		DTP	0	1	374	Date/Time Qualifier					M	ID	3/3	558		
		DTP	0	2	1250	Date/Time Period Format Qualifier					M	ID	2/3	D8		
		DTP	0	3	1251	Date/Time Period					M	AN	1/35		DATE OF INJURY	DN31
N						LOOP ID - 2010CA			1	1					CLAIMANT INFORMATION	
	015	NM1				INDIVIDUAL OR ORGANIZATION	S	1								
		NM1	0	1	98	Entity Identifier Code					M	ID	2/3	CC		
		NM1	0	2	1065	Entity Type Qualifier					M	ID	1/1	1		
		NM1	0	3	1035	Name Last or Organization Name					O	AN	1/35		EMPLOYEE LAST NAME	DN43
		NM1	0	4	1036	Name First					O	AN	1/25		EMPLOYEE FIRST NAME	DN44
		NM1	0	5	1037	Name Middle					O	AN	1/25		EMPLOYEE MIDDLE NAME/INITIAL	DN45
		NM1	0	6	1038	Name Prefix					O	AN	1/10			
		NM1	0	7	1039	Name Suffix					O	AN	1/10		EMPLOYEE LAST NAME SUFFIX	DN255
		NM1	0	8	66	Identification Code Qualifier					X	ID	1/2	34		
														ZY		
														EI		
														ZZ		
														TA		
		NM1	0	9	67	Identification Code					X	AN	2/80		EMPLOYEE SSN	DN42
															EMPLOYEE GREEN CARD	DN153

		837 HEALTH CARE CLAIM (X12.124)														
		Version 4010														
	Pos. #	Seg ID			ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
															EMPLOYEE ID ASSIGNED BY JURISDICTION	DN154
															EMPLOYEE PASSPORT NUMBER	DN156
															EMPLOYEE EMPLOYMENT VISA	DN152
		NM1	1	0	706	Entity Relationship Code					X	ID	2/2			
		NM1	1	1	98	Entity Identifier Code					O	ID	2/3			
	025	**N3**				**ADDRESS INFORMATION**	S	1								
		N3	0	1	166	Address Information					M	AN	1/55		EMPLOYEE MAILING PRIMARY ADDRESS	DN46
		N3	0	2	166	Address Information					O	AN	1/55		EMPLOYEE MAILING SECONDARY ADDRESS	DN47
	030	**N4**				**GEOGRAPHICAL LOCATION**	S	1							**CLAIMANT LOCATION**	
		N4	0	1	19	City Name					O	AN	2/30		EMPLOYEE MAILING CITY	DN48
		N4	0	2	156	State/Province Code					O	ID	2/2		EMPLOYEE MAILING STATE CODE	DN49
		N4	0	3	116	Postal Code					O	ID	3/15		EMPLOYEE MAILING POSTAL CODE	DN50
		N4	0	4	26	Country Code					O	ID	2/3		EMPLOYEE MAILING COUNTRY CODE	DN155
		N4	0	5	309	Location Qualifier					X	ID	1/2			
		N4	0	6	310	Location Identifier					O	AN	1/30			
	032	**DMG**				**DEMOGRAPHIC INFORMATION**	S	1							**CLAIMANT DEMOGRAPHICS**	
		DMG	0	1	1250	Date Time Period Format Qualifier					X	ID	2/3	D8		
		DMG	0	2	1251	Date Time Period					X	AN	1/35		EMPLOYEE DATE OF BIRTH	DN52
		DMG	0	3	1068	Gender Code					O	ID	1/1		EMPLOYEE GENDER CODE	DN53
														F		
														M		
														U		
		DMG	0	4	1067	Marital Status Code					O	ID	1/1		EMPLOYEE MARITAL STATUS CODE	DN54
														I		
														K		
														M		
														S		
														U		
		DMG	0	5	1109	Race or Ethnicity Code					O	ID	1/1			
		DMG	0	6	1066	Citizenship Status Code					O	ID	1/2			
		DMG	0	7	26	County Code					O	ID	2/3			
		DMG	0	8	659	Basis of Verification Code					O	ID	1/2			
		DMG	0	9	380	Quantity					O	R	1/15			
	035	**REF**				**REFERENCE IDENTIFICATION**	S	2	1							
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	Y1		
		REF	0	2	127	Reference Identification					X	AN	1/30		CLAIM ADMINISTRATOR CLAIM NUMBER	DN15
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	035	**REF**				**REFERENCE IDENTIFICATION**	S	2	2							
		REF	0	1	128	Reference Identification Qualifier					O	ID	2/3	5L		
		REF	0	2	127	Reference Identification					X	AN	1/30		JURISDICTION CLAIM NUMBER	DN5
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	040	**PER**				**ADMINISTRATIVE COMMUNICATIONS CONTACT**	S	1							**CLAIMANT CONTACT INFORMATION**	
		PER	0	1	366	Contact Function Code					M	ID	2/2	CT		
		PER	0	2	93	Name					O	AN	1/60			
		PER	0	3	365	Communication Number Qualifier					X	ID	2/2	TE		
		PER	0	4	364	Communication Number					X	AN	1/80		EMPLOYEE PHONE NUMBER	DN51
		PER	0	5	365	Communication Number Qualifier					X	ID	2/2			
		PER	0	6	364	Communication Number					X	AN	1/80			
		PER	0	7	365	Communication Number Qualifier					X	ID	2/2			
		PER	0	8	364	Communication Number					X	AN	1/80			
		PER	0	9	443	Contact Inquiry Reference					O	AN	1/20			
N						**LOOP ID - 2300**			100						**BILL INFORMATION**	
	130	**CLM**				**HEALTH CLAIM**	R	1								
		CLM	0	1	1028	Claim Submitter's Identifier					M	AN	1/38		BILLING PROVIDER UNIQUE BILL IDENTIFICATION NUMBER	DN523
		CLM	0	2	782	Monetary Amount					O	R	1/18		TOTAL CHARGE PER BILL	DN501
		CLM	0	3	1032	Claim Filing Indicator Code					O	ID	1/2			
		CLM	0	4	1343	Non-Institutional Claim Type Code					O	ID	1/2		BILLING TYPE CODE	DN502
														DM		
														MO		

Pos. #	Seg ID			ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
	837 HEALTH CARE CLAIM (X12.124)														
	Version 4010														
													RX		
													DD		
	CLM	0	5	C023	Health Care Service Location Information										
			01	1331	Facility Code Value					M	AN	1/2		FACILITY CODE	DN504
														PLACE OF SERVICE BILL CODE	DN555
			02	1332	Facility Code Qualifier					O	ID	1/2		BILLING FORMAT CODE	DN503
													A		
													B		
			03	1325	Claim Frequency Type Code					O	ID	1/1		BILL FREQUENCY TYPE CODE	DN505
													0		
													1		
													2		
													3		
													4		
													5		
													6		
													7		
													8		
	CLM	0	6	1073	Yes/No Condition or Response Code					O	ID	1/1		PROVIDER SIGNATURE ON FILE INDICATOR	DN506
													Y		
													N		
	CLM	0	7	1359	Provider Accept Assignment Code					O	ID	1/1			
	CLM	0	8	1073	Yes/No Condition or Response Code					O	ID	1/1			
	CLM	0	9	1363	Release of Information Code					O	ID	1/1		RELEASE OF INFORMATION CODE	DN526
													A		
													I		
													M		
													N		
													O		
													Y		
	CLM	1	0	1351	Patient Signature Source Code					O	ID	1/1			
	CLM	1	1	C024	Related Causes Information					O					
	CLM	1	2	1366	Special Program Code					O	ID	2/3			
	CLM	1	3	1073	Yes/No Condition or Response Code					O	ID	1/1			
	CLM	1	4	1338	Level of Service Code					O	ID	1/3			
	CLM	1	5	1073	Yes/No Condition or Response Code					O	ID	1/1			
	CLM	1	6	1360	Provider Agreement Code					O	ID	1/1		PROVIDER AGREEMENT CODE	DN507
													H		
													N		
													P		
													Y		
	CLM	1	7	1029	Claim Status Code					O	ID	1/2			
	CLM	1	8	1073	Yes/No Condition or Response Code					O	ID	1/1			
	CLM	1	9	1383	Claim Submission Reason Code					O	ID	2/2		BILL SUBMISSION REASON CODE	DN508
													00		
													01		
													02		
													05		
													09		
													30		
													31		
													32		
	CLM	2	0	1514	Delay Reason Code					O	ID	1/2			
135	**DTP**				**DATE OR TIME OR PERIOD**	S	1	1						**BILLING DATES**	
	DTP	0	1	374	Date/Time Qualifier					M	ID	3/3	050		
	DTP	0	2	1250	Date/Time Period Format Qualifier					M	ID	2/3	D8		
	DTP	0	3	1251	Date/Time Period					M	AN	1/35		DATE INSURER RECEIVED BILL	DN511
135	**DTP**				**DATE OR TIME OR PERIOD**	S	1	1							
	DTP	0	1	374	Date/Time Qualifier					M	ID	3/3	435		
	DTP	0	2	1250	Date/Time Period Format Qualifier					M	ID	2/3	D8		
													DT		
	DTP	0	3	1251	Date/Time Period					M	AN	1/35		ADMISSION DATE	DN513

		837 HEALTH CARE CLAIM (X12.124)														
		Version 4010														
	Pos. #	Seg ID			ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
															ADMISSION HOUR	DN622
	135	**DTP**				**DATE OR TIME OR PERIOD**	S	1	1							
		DTP	0	1	374	Date/Time Qualifier					M	ID	3/3	096		
		DTP	0	2	1250	Date/Time Period Format Qualifier					M	ID	2/3	D8		
														DT		
		DTP	0	3	1251	Date/Time Period					M	AN	1/35		DISCHARGE DATE	DN514
															DISCHARGE HOUR	DN623
	135	**DTP**				**DATE OR TIME OR PERIOD**	S	1	1							
		DTP	0	1	374	Date/Time Qualifier					M	ID	3/3	472		
		DTP	0	2	1250	Date/Time Period Format Qualifier					M	ID	2/3	RD8		
														D8		
		DTP	0	3	1251	Date/Time Period					M	AN	1/35		SERVICE BILL DATE(S) RANGE	DN509
	135	**DTP**				**DATE OR TIME OR PERIOD**	S	1	1							
		DTP	0	1	374	Date/Time Qualifier					M	ID	3/3	471		
		DTP	0	2	1250	Date/Time Period Format Qualifier					M	ID	2/3	D8		
		DTP	0	3	1251	Date/Time Period					M	AN	1/35		PRESCRIPTION BILL DATE	DN527
	135	**DTP**				**DATE OR TIME OR PERIOD**	S	1	1							
		DTP	0	1	374	Date/Time Qualifier					M	ID	3/3			
														434		
		DTP	0	2	1250	Date/Time Period Format Qualifier					M	ID	2/3	D8		
		DTP	0	3	1251	Date/Time Period					M	AN	1/35		DATE OF BILL	DN510
	135	**DTP**				**DATE OR TIME OR PERIOD**	S	1	1							
		DTP	0	1	374	Date/Time Qualifier					M	ID	3/3	666		
		DTP	0	2	1250	Date/Time Period Format Qualifier					M	ID	2/3	D8		
		DTP	0	3	1251	Date/Time Period					M	AN	1/35		DATE INSURER PAID BILL	DN512
	140	**CL1**				**CLAIM CODES**	S	1							**INSTITUTIONAL INFORMATION**	
		CL1	0	1	1315	Admission Type Code					O	ID	1/1		ADMISSION TYPE CODE	DN577
														1		
														2		
														3		
														9		
		CL1	0	2	1314	Admission Source Code					O	ID	1/1			
		CL1	0	3	1352	Patient Status Code					O	ID	1/2			
		CL1	0	4	1345	Nursing Home Residential Status Code					O	ID	1/1			
	160	**CN1**				**CONTRACT INFORMATION**	S	1							**CONTRACT INFORMATION**	
		CN1	0	1	1166	Contract Type Code					M	ID	2/2		CONTRACT TYPE CODE	DN515
														01		
														02		
														03		
														04		
														05		
														06		
														09		
		CN1	0	2	782	Monetary Amount					O	R	1/18			
		CN1	0	3	332	Percent					O	R	1/6			
		CN1	0	4	127	Reference Identification					O	AN	1/30		DRG CODE	DN518
		CN1	0	5	338	Terms Discount Percent					O	R	1/6			
		CN1	0	6	799	Version Identifier					O	AN	1/30			
	175	**AMT**				**MONETARY AMOUNT**	S	1							**BILL AMOUNTS**	
		AMT	0	1	522	Amount Qualifier Code					M	ID	1/3	E9		
		AMT	0	2	782	Monetary Amount					M	R	1/18		INITIAL AMOUNT PAID	DN624
		AMT	0	3	478	Credit/Debit Flag Code					O	ID	1/1			
	175	**AMT**				**MONETARY AMOUNT**	S	1								
		AMT	0	1	522	Amount Qualifier Code					M	ID	1/3	TP		
		AMT	0	2	782	Monetary Amount					M	R	1/18		TOTAL AMOUNT PAID PER BILL	DN516
		AMT	0	3	478	Credit/Debit Flag Code					O	ID	1/1			
	180	**REF**				**REFERENCE IDENTIFICATION**	M	3		1					**BILL TRACKING NUMBERS**	
		REF	0	1	128	Reference Number Qualifier					M	ID	2/3	DD		
		REF	0	2	127	Reference Identification Qualifier					X	AN	1/30		UNIQUE BILL ID NUMBER	DN500
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identifier					O					
	180	**REF**				**REFERENCE IDENTIFICATION**	S	3		2						

837 HEALTH CARE CLAIM (X12.124)
Version 4010

Pos. #	Seg ID		ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
	REF	01	128	Reference Number Qualifier					M	ID	2/3	EJ		
	REF	02	127	Reference Identification					X	AN	1/30		PATIENT ACCOUNT NUMBER	DN517
	REF	03	352	Description					X	AN	1/80			
	REF	04	C040	Reference Identification					O					
180	**REF**			**REFERENCE IDENTIFICATION**	S	3		3						
	REF	01	128	Reference Identification Qualifier					M	ID	2/3	2I		
	REF	02	127	Reference Identification					X	AN	1/30		TRANSACTION TRACKING NUMBER	DN266
	REF	03	352	Description					X	AN	1/80			
	REF	04	C040	Reference Identification					O					
231	**HI**			**HEALTH CARE INFORMATION CODES**	R	1	1						**DIAGNOSIS**	
	HI	01	C022	Health Care Code Information					M					
		01	1270	Code List Qualifier Code					M	ID	1/3	BK		
		02	1271	Industry Code					M	AN	1/30		ICD-9 CM DIAGNOSIS CODE	DN522
													PRINCIPAL DIAGNOSIS CODE	DN521
		03	1250	Date Time Period Format Qualifier					X	ID	2/3			
		04	1251	Date Time Period					X	AN	1/35			
		05	782	Monetary Amount					O	R	1/18			
		06	380	Quantity					O	R	1/15			
		07	799	Version Identifier					O	AN	1/30			
	HI	02	C022	Health Care Code Information					O					
		01	1270	Code List Qualifier Code					M	ID	1/3	BF		
												BJ		
		02	1271	Industry Code					M	AN	1/30		ICD-9 CM DIAGNOSIS CODE	DN522
													ADMITTING DIAGNOSIS CODE	DN535
		03	1250	Date Time Period Format Qualifier					X	ID	2/3			
		04	1251	Date Time Period					X	AN	1/35			
		05	782	Monetary Amount					O	R	1/18			
		06	380	Quantity					O	R	1/15			
		07	799	Version Identifier					O	AN	1/30			
	HI	03	C022	Health Care Code Information					O					
		01	1270	Code List Qualifier Code					M	ID	1/3	BF		
		02	1271	Industry Code					M	AN	1/30		ICD-9 CM DIAGNOSIS CODE	DN522
		03	1250	Date Time Period Format Qualifier					M	ID	2/3			
		04	1251	Date Time Period					X	AN	1/35			
		05	782	Monetary Amount					O	R	1/18			
		06	380	Quantity					O	R	1/15			
		07	799	Version Identifier					O	AN	1/30			
	HI	04	C022	Health Care Code Information					O					
		01	1270	Code List Qualifier Code					M	ID	1/3	BF		
		02	1271	Industry Code					M	AN	1/30		ICD-9 CM DIAGNOSIS CODE	DN522
		03	1250	Date Time Period Format Qualifier					M	ID	2/3			
		04	1251	Date Time Period					X	AN	1/35			
		05	782	Monetary Amount					O	R	1/18			
		06	380	Quantity					O	R	1/15			
		07	799	Version Identifier					O	AN	1/30			
	HI	05	C022	Health Care Code Information					O					
		01	1270	Code List Qualifier Code					M	ID	1/3	BF		
		02	1271	Industry Code					M	AN	1/30		ICD-9 CM DIAGNOSIS CODE	DN522
		03	1250	Date Time Period Format Qualifier					X	ID	2/3			
		04	1251	Date Time Period					X	AN	1/35			
		05	782	Monetary Amount					O	R	1/18			
		06	380	Quantity					O	R	1/15			
		07	799	Version Identifier					O	AN	1/30			
	HI	06	C022	Health Care Code Information					O					
		01	1270	Code List Qualifier Code					M	ID	1/3	BF		
		02	1271	Industry Code					M	AN	1/30		ICD-9 CM DIAGNOSIS CODE	DN522
		03	1250	Date Time Period Format Qualifier					X	ID	2/3			
		04	1251	Date Time Period					X	AN	1/35			
		05	782	Monetary Amount					O	R	1/18			
		06	380	Quantity					O	R	1/15			
		07	799	Version Identifier					O	AN	1/30			
	HI	07	C022	Health Care Code Information					O					
		01	1270	Code List Qualifier Code					M	ID	1/3	BF		

Pos. #	Seg ID		ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
	837 HEALTH CARE CLAIM (X12.124)													
	Version 4010													
		02	1271	Industry Code					M	AN	1/30		ICD-9 CM DIAGNOSIS CODE	DN522
		03	1250	Date Time Period Format Qualifier					X	ID	2/3			
		04	1251	Date Time Period					X	AN	1/35			
		05	782	Monetary Amount					O	R	1/18			
		06	380	Quantity					O	R	1/15			
		07	799	Version Identifier					O	AN	1/30			
	HI	0 8	C022	Health Care Code Information					O					
		01	1270	Code List Qualifier Code					M	ID	1/3	BF		
		02	1271	Industry Code					M	AN	1/30		ICD-9 CM DIAGNOSIS CODE	DN522
		03	1250	Date Time Period Format Qualifier					X	ID	2/3			
		04	1251	Date Time Period					X	AN	1/35			
		05	782	Monetary Amount					O	R	1/18			
		06	380	Quantity					O	R	1/15			
		07	799	Version Identifier					O	AN	1/30			
	HI	0 9	C022	Health Care Code Information					O					
		01	1270	Code List Qualifier Code					M	ID	1/3	BF		
		02	1271	Industry Code					M	AN	1/30		ICD-9 CM DIAGNOSIS CODE	DN522
		03	1250	Date Time Period Format Qualifier					X	ID	2/3			
		04	1251	Date Time Period					X	AN	1/35			
		05	782	Monetary Amount					O	R	1/18			
		06	380	Quantity					O	R	1/15			
		07	799	Version Identifier					O	AN	1/30			
	HI	1 0	C022	Health Care Code Information					O					
		01	1270	Code List Qualifier Code					M	ID	1/3	BF		
		02	1271	Industry Code					M	AN	1/30		ICD-9 CM DIAGNOSIS CODE	DN522
		03	1250	Date Time Period Format Qualifier					X	ID	2/3			
		04	1251	Date Time Period					X	AN	1/35			
		05	782	Monetary Amount					O	R	1/18			
		06	380	Quantity					O	R	1/15			
		07	799	Version Identifier					O	AN	1/30			
	HI	1 1	C022	Health Care Code Information					O					
	HI	1 2	C022	Health Care Code Information					O					
231	**HI**	0 1		**HEALTH CARE INFORMATION CODES**	O	1							**INSTITUTIONAL PROCEDURE-BILL LEVEL**	
	HI	0 1	C022	Health Care Code Information					M					
		01	1270	Code List Qualifier Code					M	ID	1/3	BR		
												BP		
		02	1271	Industry Code					M	AN	1/30		ICD-9 CM PRINCIPAL PROCEDURE CODE	DN525
													HCPCS PRINCIPAL PROCEDURE BILLED CODE	DN626
		03	1250	Date Time Period Format Qualifier					X	ID	2/3	D8		
		04	1251	Date Time Period					X	AN	1/35		PRINCIPAL PROCEDURE DATE	DN550
		05	782	Monetary Amount					O	R	1/18			
		06	380	Quantity					O	R	1/15			
		07	799	Version Identifier					O	AN	1/30			
	HI	0 2	C022	Health Care Code Information					O					
		01	1270	Code List Qualifier Code					M	ID	1/3	BQ		
												BO		
		02	1271	Industry Code					M	AN	1/30		ICD-9 CM PROCEDURE CODE	**DN736**
													HCPCS BILL PROCEDURE CODE	**DN737**
		03	1250	Date Time Period Format Qualifier					X	ID	2/3	D8		
		04	1251	Date Time Period					X	AN	1/35		PROCEDURE DATE	**DN524**
		05	782	Monetary Amount					O	R	1/18			
		06	380	Quantity					O	R	1/15			
		07	799	Version Identifier					O	AN	1/30			
	HI	0 3	C022	Health Care Code Information					O					
		01	1270	Code List Qualifier Code					M	ID	1/3	BQ		
												BO		
		02	1271	Industry Code					M	AN	1/30		ICD-9 CM PROCEDURE CODE	**DN736**
													HCPCS BILL PROCEDURE CODE	**DN737**
		03	1250	Date Time Period Format Qualifier					X	ID	2/3	D8		
		04	1251	Date Time Period					X	AN	1/35		PROCEDURE DATE	**DN524**
		05	782	Monetary Amount					O	R	1/18			
		06	380	Quantity					O	R	1/15			
		07	799	Version Identifier					O	AN	1/30			

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Pos. #	Seg ID		ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
	HI	04	C022	Health Care Code Information					O					
		01	1270	Code List Qualifier Code					M	ID	1/3	BQ		
												BO		
		02	1271	Industry Code					M	AN	1/30		ICD-9 CM PROCEDURE CODE	**DN736**
													HCPCS BILL PROCEDURE CODE	**DN737**
		03	1250	Date Time Period Format Qualifier					X	ID	2/3	D8		
		04	1251	Date Time Period					X	AN	1/35		PROCEDURE DATE	**DN524**
		05	782	Monetary Amount					O	R	1/18			
		06	380	Quantity					O	R	1/15			
		07	799	Version Identifier					O	AN	1/30			
	HI	05	C022	Health Care Code Information					O					
		01	1270	Code List Qualifier Code					M	ID	1/3	BQ		
												BO		
		02	1271	Industry Code					M	AN	1/30		ICD-9 CM PROCEDURE CODE	**DN736**
													HCPCS BILL PROCEDURE CODE	**DN737**
		03	1250	Date Time Period Format Qualifier					X	ID	2/3	D8		
		04	1251	Date Time Period					X	AN	1/35		PROCEDURE DATE	**DN524**
		05	782	Monetary Amount					O	R	1/18			
		06	380	Quantity					O	R	1/15			
		07	799	Version Identifier					O	AN	1/30			
	HI	06	C022	Health Care Code Information					O					
		01	1270	Code List Qualifier Code					M	ID	1/3	BQ		
												BO		
		02	1271	Industry Code					M	AN	1/30		ICD-9 CM PROCEDURE CODE	**DN736**
													HCPCS BILL PROCEDURE CODE	**DN737**
		03	1250	Date Time Period Format Qualifier					X	ID	2/3	D8		
		04	1251	Date Time Period					X	AN	1/35		PROCEDURE DATE	**DN524**
		05	782	Monetary Amount					O	R	1/18			
		06	380	Quantity					O	R	1/15			
		07	799	Version Identifier					O	AN	1/30			
	HI	07	C022	Health Care Code Information					O					
	HI	08	C022	Health Care Code Information					O					
	HI	09	C022	Health Care Code Information					O					
	HI	10	C022	Health Care Code Information					O					
	HI	11	C022	Health Care Code Information					O					
	HI	12	C022	Health Care Code Information					O					
N				**LOOP ID - 2310A**			1	1					**BILLING PROVIDER INFORMATION**	
250	**NM1**			**INDIVIDUAL OR ORGANIZATIONAL NAME**	S	1							**BILLING PROVIDER NAME**	
	NM1	01	98	Entity Identifier Code					M	ID	2/3	85		
	NM1	02	1065	Entity Type Qualifier					M	ID	1/1	1		
												2		
	NM1	03	1035	Name Last or Organization Name					O	AN	1/35		BILLING PROVIDER LAST/GROUP NAME	DN528
	NM1	04	1036	Name First					O	AN	1/25		BILLING PROVIDER FIRST NAME	DN529
	NM1	05	1037	Name Middle					O	AN	1/25		BILLING PROVIDER MIDDLE NAME/INITIAL	DN530
	NM1	06	1038	Name Prefix					O	AN	1/10			
	NM1	07	1039	Name Suffix					O	AN	1/10		BILLING PROVIDER LAST NAME SUFFIX	DN531
	NM1	08	66	Identification Code Qualifier					X	ID	1/2	34		
												FI		
	NM1	09	67	Identification Code					X	AN	2/80		BILLING PROVIDER FEIN	DN629
	NM1	10	706	Entity Relationship Code					X	ID	2/2	34		
	NM1	11	98	Entity Identifier Code					O	ID	2/3		GATEKEEPER INDICATOR	DN534
												GP		
255	**PRV**			**PROVIDER INFORMATION**	S	1							**BILLING PROVIDER CHARACTERISTICS**	
	PRV	01	1221	Provider Code					M	ID	1/3	BI		
	PRV	02	128	Reference Identification Qualifier					M	ID	2/3	S3		
	PRV	03	127	Reference Identification					M	AN	1/30		BILLING PROVIDER PRIMARY SPECIALTY CODE	DN537
	PRV	04	156	State or Province Code					O	ID	2/2			
	PRV	05	C035	Provider Specialty Information					O					
	PRV	06	1223	Provider Organization Code					O	ID	3/3			
265	**N3**			**ADDRESS INFORMATION**	S	1							**BILLING PROVIDER LOCATION**	

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	Pos. #	Seg ID			ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
		N3	0	1	166	Address Information					M	AN	1/55		BILLING PROVIDER PRIMARY ADDRESS	DN538
		N3	0	2	166	Address Information					O	AN	1/55		BILLING PROVIDER SECONDARY ADDRESS	DN539
	270	N4				GEOGRAPHICAL LOCATION	S	1								
		N4	0	1	19	City Name					O	AN	2/30		BILLING PROVIDER CITY	DN540
		N4	0	2	156	State or Province Code					O	ID	2/2		BILLING PROVIDER STATE CODE	DN541
		N4	0	3	116	Postal Code					O	ID	3/15		BILLING PROVIDER POSTAL CODE	DN542
		N4	0	4	26	Country Code					O	ID	2/3		BILLING PROVIDER COUNTRY CODE	DN569
		N4	0	5	309	Location Qualifier					X	ID	1/2			
		N4	0	6	310	Location Identifier					O	AN	1/30			
	271	REF				REFERENCE IDENTIFICATION	S	6		1					BILLING PROVIDER IDENTIFICATION NUMBERS	
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	0B		
		REF	0	2	127	Reference Identification					X	AN	1/30		BILLING PROVIDER STATE LICENSE NUMBER	DN630
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	271	REF				REFERENCE IDENTIFICATION	S	6		2						
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	1C		
		REF	0	2	127	Reference Identification					X	AN	1/30		BILLING PROVIDER MEDICARE NUMBER	DN632
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	271	REF				REFERENCE IDENTIFICATION	S	6		3						
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	1F		
		REF	0	2	127	Reference Identification					X	AN	1/30		BILLING PROVIDER ANESTHESIA LICENSE NUMBER	DN633
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	271	REF				REFERENCE IDENTIFICATION	S	6		4						
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	1G		
		REF	0	2	127	Reference Identification					X	AN	1/30		BILLING PROVIDER NATIONAL PROVIDER ID	DN634
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	271	REF				REFERENCE IDENTIFICATION	S	6		5						
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	GF		
		REF	0	2	127	Reference Identification					X	AN	1/30		BILLING PROVIDER SPECIALTY LICENSE NUMBER	DN636
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	271	REF				REFERENCE IDENTIFICATION	S	6		6						
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	G1		
														G3		
		REF	0	2	127	Reference Identification					X	AN	1/30		TREATMENT AUTHORIZATION NUMBER	DN581
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
N	N					LOOP ID - 2310B			1	1					RENDERING BILL PROVIDER	
	250	NM1				INDIVIDUAL OR ORGANIZATIONAL NAME	O	1							RENDERING BILL PROVIDER NAME	
		NM1	0	1	98	Entity Identifier Code					M	ID	2/3	82		
		NM1	0	2	1065	Entity Type Qualifier					M	ID	1/1	1		
														2		
		NM1	0	3	1035	Name Last or Organization Name					O	AN	1/35		RENDERING BILL PROVIDER LAST/GROUP NAME	DN638
		NM1	0	4	1036	Name First					O	AN	1/25		RENDERING BILL PROVIDER FIRST NAME	DN639
		NM1	0	5	1037	Name Middle					O	AN	1/25		RENDERING BILL PROVIDER MIDDLE NAME/INITIAL	DN640
		NM1	0	6	1038	Name Prefix					O	AN	1/10			
		NM1	0	7	1039	Name Suffix					O	AN	1/10		RENDERING BILL PROVIDER LAST NAME SUFFIX	DN641
		NM1	0	8	66	Identification Code Qualifier					X	ID	1/2	34		
														FI		
		NM1	0	9	67	Identification Code					X	AN	2/80		RENDERING BILL PROVIDER FEIN	DN642
		NM1	1	0	706	Entity Relationship Code					X	ID	2/2	34		
		NM1	1	1	98	Entity Identifier Code					O	ID	2/3	GP	GATEKEEPER INDICATOR	DN534
	255	PRV				PROVIDER INFORMATION	O	1							RENDERING BILL PROVIDER CHARACTERISTICS	
		PRV	0	1	1221	Provider Code					M	ID	1/3	PE		
		PRV	0	2	128	Reference Identification Qualifier					M	ID	2/3	S3		
		PRV	0	3	127	Reference Identification					M	AN	1/30		RENDERING BILL PROVIDER PRIMARY SPECIALTY CODE	DN651
		PRV	0	4	156	State or Province Code					O	ID	2/2			
		PRV	0	5	C035	Provider Specialty Information					O					
		PRV	0	6	1223	Provider Organization Code					O	ID	3/3			

		837 HEALTH CARE CLAIM (X12.124)														
		Version 4010														
	Pos. #	Seg ID			ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
	265	**N3**				**ADDRESS INFORMATION**	O	1							**RENDERING BILL PROVIDER LOCATION**	
		N3	0	1	166	Address Information					M	AN	1/55		RENDERING BILL PROVIDER PRIMARY ADDRESS	DN652
		N3	0	2	166	Address Information					O	AN	1/55		RENDERING BILL PROVIDER SECONDARY ADDRESS	DN653
	270	**N4**				**GEOGRAPHICAL LOCATION**	O	1								
		N4	0	1	19	City Name					O	AN	2/30		RENDERING BILL PROVIDER CITY	DN654
		N4	0	2	156	State/Province Code					O	ID	2/2		RENDERING BILL PROVIDER STATE CODE	DN655
		N4	0	3	116	Postal Code					O	ID	3/15		RENDERING BILL PROVIDER POSTAL CODE	DN656
		N4	0	4	26	Country Code					O	ID	2/3		RENDERING BILL PROVIDER COUNTRY CODE	DN657
		N4	0	5	309	Location Qualifier					X	ID	1/2			
		N4	0	6	310	Location Identification					O	AN	1/30			
	271	**REF**				**REFERENCE IDENTIFICATION**	O	5		1					**RENDERING BILL PROVIDER IDENTIFICATION NUMBERS**	
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	0B		
		REF	0	2	127	Reference Identification					X	AN	1/30		RENDERING BILL PROVIDER STATE LICENSE NUMBER	DN643
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identifier					O					
	271	**REF**				**REFERENCE IDENTIFICATION**	O	5		2						
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	1C		
		REF	0	2	127	Reference Identification					X	AN	1/30		RENDERING BILL PROVIDER MEDICARE NUMBER	DN645
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	271	**REF**				**REFERENCE IDENTIFICATION**	O	5		3						
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	1F		
		REF	0	2	127	Reference Identification					X	AN	1/30		RENDERING BILL PROVIDER ANESTHESIA LICENSE NUMBER	DN646
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	271	**REF**				**REFERENCE IDENTIFICATION**	O	5		4						
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	1G		
		REF	0	2	127	Reference Identification					X	AN	1/30		RENDERING BILL PROVIDER NATIONAL PROVIDER ID	DN647
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	271	**REF**				**REFERENCE IDENTIFICATION**	O	5		5						
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	GF		
		REF	0	2	127	Reference Identification					X	AN	1/30		RENDERING BILL PROVIDER SPECIALTY LICENSE NUMBER	DN649
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
N						**LOOP ID - 2310C**			1	1					**SUPERVISING PROVIDER**	
	250	**NM1**				**INDIVIDUAL OR ORGANIZATIONAL NAME**	O	1							**SUPERVISING PROVIDER NAME**	
		NM1	0	1	98	Entity Identifier Code					M	ID	2/3	DQ		
		NM1	0	2	1065	Entity Type Qualifier					M	ID	1/1	1		
		NM1	0	3	1035	Name Last or Organization Name					O	AN	1/35		SUPERVISING PROVIDER LAST/GROUP NAME	DN658
		NM1	0	4	1036	Name First					O	AN	1/25		SUPERVISING PROVIDER FIRST NAME	DN659
		NM1	0	5	1037	Name Middle					O	AN	1/25		SUPERVISING PROVIDER MIDDLE NAME/INITIAL	DN660
		NM1	0	6	1038	Name Prefix					O	AN	1/10			
		NM1	0	7	1039	Name Suffix					O	AN	1/10		SUPERVISING PROVIDER LAST NAME SUFFIX	DN661
		NM1	0	8	66	Identification Code Qualifier					X	ID	1/2	34		
														FI		
		NM1	0	9	67	Identification Code					X	AN	2/80		SUPERVISING PROVIDER FEIN	DN662
		NM1	1	0	706	Entity Relationship Code					X	ID	2/2	34		
		NM1	1	1	98	Entity Identifier Code					O	ID	2/3		GATEKEEPER INDICATOR	DN534
														GP		
	255	**PRV**				**PROVIDER INFORMATION**	O	1							**SUPERVISING PROVIDER CHARACTERISTICS**	
		PRV	0	1	1221	Provider Code					M	ID	1/3	SU		
		PRV	0	2	128	Reference Identification Qualifier					M	ID	2/3	S3		
		PRV	0	3	127	Reference Identification					M	AN	1/30		SUPERVISING PROVIDER PRIMARY SPECIALTY CODE	DN671
		PRV	0	4	156	State or Province Code					O	ID	2/2			
		PRV	0	5	C035	Provider Specialty Information					O					
		PRV	0	6	1223	Provider Organization Code					O	ID	3/3			
	265	**N3**				**ADDRESS INFORMATION**	O	2							**SUPERVISING PROVIDER LOCATION**	
		N3	0	1	166	Address Information					M	AN	1/55		SUPERVISING PROVIDER PRIMARY ADDRESS	DN672
		N3	0	2	166	Address Information					O	AN	1/55		SUPERVISING PROVIDER SECONDARY ADDRESS	DN673
	270	**N4**				**GEOGRAPHICAL LOCATION**	O	1								
		N4	0	1	19	City Name					O	AN	2/30		SUPERVISING PROVIDER CITY	DN674

		837 HEALTH CARE CLAIM (X12.124)														
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	Pos. #	Seg ID			ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
		N4	0	2	156	State/Province Code					O	ID	2/2		SUPERVISING PROVIDER STATE CODE	DN675
		N4	0	3	116	Postal Code					O	ID	3/15		SUPERVISING PROVIDER POSTAL CODE	DN676
		N4	0	4	26	Country Code					O	ID	2/3		SUPERVISING PROVIDER COUNTRY CODE	DN677
		N4	0	5	309	Location Qualifier					X	ID	1/2			
		N4	0	6	310	Location Identification					O	AN	1/30			
	271	**REF**				**REFERENCE IDENTIFICATION**	O	5	1						**SUPERVISING PROVIDER IDENTIFICATION NUMBERS**	
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	0B		
		REF	0	2	127	Reference Identification					X	AN	1/30		SUPERVISING PROVIDER STATE LICENSE NUMBER	DN663
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identifier					O					
	271	**REF**				**REFERENCE IDENTIFICATION**	O	5	2							
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	1C		
		REF	0	2	127	Reference Identification					X	AN	1/30		SUPERVISING PROVIDER MEDICARE NUMBER	DN665
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	271	**REF**				**REFERENCE IDENTIFICATION**	O	5	3							
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	1F		
		REF	0	2	127	Reference Identification					X	AN	1/30		SUPERVISING PROVIDER ANESTHESIA LICENSE NUMBER	DN666
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	271	**REF**				**REFERENCE IDENTIFICATION**	O	5	4							
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	1G		
		REF	0	2	127	Reference Identification					X	AN	1/30		SUPERVISING PROVIDER NATIONAL PROVIDER ID	DN667
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	271	**REF**				**REFERENCE IDENTIFICATION**	O	5	5							
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	GF		
		REF	0	2	127	Reference Identification					X	AN	1/30		SUPERVISING PROVIDER SPECIALTY LICENSE NUMBER	DN669
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
N						**LOOP ID - 2310D**			1	1					**FACILITY RENDERING SERVICE(S)**	
	250	**NM1**				**INDIVIDUAL OR ORGANIZATIONAL NAME**	O	1								
		NM1	0	1	98	Entity Identifier Code					M	ID	2/3	61		
		NM1	0	2	1065	Entity Type Qualifier					M	ID	1/1	2		
		NM1	0	3	1035	Name Last or Organization Name					O	AN	1/35		FACILITY NAME	DN678
		NM1	0	4	1036	Name First					O	AN	1/25			
		NM1	0	5	1037	Name Middle					O	AN	1/25			
		NM1	0	6	1038	Name Prefix					O	AN	1/10			
		NM1	0	7	1039	Name Suffix					O	AN	1/10			
		NM1	0	8	66	Identification Code Qualifier					X	ID	1/2	FI		
		NM1	0	9	67	Identification Code					X	AN	2/80		FACILITY FEIN	DN679
		NM1	1	0	706	Entity Relationship Code					X	ID	2/2			
		NM1	1	1	98	Entity Identifier Code					O	ID	2/3			
	260	**N2**				**ADDITIONAL NAME INFORMATION**	O	1							**FACILITY ADDITIONAL NAME INFORMATION**	
		N2	0	1	93	Name					M	AN	1/60		ADDITIONAL CHARACTER OF NAME	
		N2	0	2	93	Name					O	AN	1/60			
	265	**N3**				**ADDRESS INFORMATION**	O	1							**FACILITY RENDERING SERVICE LOCATION**	
		N3	0	1	166	Address Information					M	AN	1/55		FACILITY PRIMARY ADDRESS	DN684
		N3	0	2	166	Address Information					O	AN	1/55		FACILITY SECONDARY ADDRESS	DN685
	270	**N4**				**GEOGRAPHICAL LOCATION**	O	1								
		N4	0	1	19	City Name					O	AN	2/30		FACILITY CITY	DN686
		N4	0	2	156	State/Province Code					O	ID	2/2		FACILITY STATE CODE	DN687
		N4	0	3	116	Postal Code					O	ID	3/15		FACILITY POSTAL CODE	DN688
		N4	0	4	26	Country Code					O	ID	2/3		FACILITY COUNTRY CODE	DN689
		N4	0	5	309	Location Qualifier					X	ID	1/2			
		N4	0	6	310	Location Identifier					O	AN	1/30			
	271	**REF**				**REFERENCE IDENTIFICATION**	O								**FACILITY IDENTIFICATION NUMBERS**	
		REF	0	1	128	Reference Identification Qualifier	O	3	1		M	ID	2/3	0B		
		REF	0	2	127	Reference Identification					X	AN	1/30		FACILITY STATE LICENSE NUMBER	DN680
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identifier					O					
	271	**REF**				**REFERENCE IDENTIFICATION**	O	3	2							
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	1C		

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		Version 4010														
	Pos. #	Seg ID			ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
		REF	0	2	127	Reference Identification					X	AN	1/30		FACILITY MEDICARE NUMBER	DN681
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	271	**REF**				**REFERENCE IDENTIFICATION**	O	3	3							
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	1G		
		REF	0	2	127	Reference Identification					X	AN	1/30		FACILITY NATIONAL PROVIDER ID	DN682
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
N						**LOOP ID - 2310E**			1	1					**REFERRING PROVIDER**	
	250	**NM1**				**INDIVIDUAL OR ORGANIZATIONAL NAME**	O	1								
		NM1	0	1	98	Entity Identifier Code					M	ID	2/3	DN		
		NM1	0	2	1065	Entity Type Qualifier					M	ID	1/1	1		
		NM1	0	3	1035	Name Last or Organization Name					O	AN	1/35		REFERRING PROVIDER LAST NAME/GROUP	DN690
		NM1	0	4	1036	Name First					O	AN	1/25		REFERRING PROVIDER FIRST NAME	DN691
		NM1	0	5	1037	Name Middle					O	AN	1/25		REFERRING PROVIDER MIDDLE NAME/INITIAL	DN692
		NM1	0	6	1038	Name Prefix					O	AN	1/10			
		NM1	0	7	1039	Name Suffix					O	AN	1/10		REFERRING PROVIDER LAST NAME SUFFIX	DN693
		NM1	0	8	66	Identification Code Qualifier					X	ID	1/2	34		
														FI		
		NM1	0	9	67	Identification Code					X	AN	2/80		REFERRING PROVIDER FEIN	DN694
		NM1	1	0	706	Entity Relationship Code					X	ID	2/2	34		
		NM1	1	1	98	Entity Identifier Code					O	ID	2/3	GP	GATEKEEPER INDICATOR	DN534
	271	**REF**				**REFERENCE IDENTIFICATION**	O	5	1							
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	0B		
		REF	0	2	127	Reference Identification					X	AN	1/30		REFERRING PROVIDER STATE LICENSE NUMBER	DN695
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	271	**REF**				**REFERENCE IDENTIFICATION**	O	5	2						**REFERRING PROVIDER IDENTIFICATION NUMBERS**	
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	1C		
		REF	0	2	127	Reference Identification					X	AN	1/30		REFERRING PROVIDER MEDICARE NUMBER	DN697
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	271	**REF**				**REFERENCE IDENTIFICATION**	O	5	3							
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	1F		
		REF	0	2	127	Reference Identification					X	AN	1/30		REFERRING PROVIDER ANESTHESIA LICENSE NUMBER	DN698
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	271	**REF**				**REFERENCE IDENTIFICATION**	O	5	4							
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	1G		
		REF	0	2	127	Reference Identification					X	AN	1/30		REFERRING PROVIDER NATIONAL PROVIDER ID	DN699
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	271	**REF**				**REFERENCE IDENTIFICATION**	O	5	5							
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	GF		
		REF	0	2	127	Reference Identification					X	AN	1/30		REFERRING PROVIDER SPECIALTY LICENSE NUMBER	DN701
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
N						**LOOP ID - 2310F**			1	1					**MANAGED CARE ORGANIZATION**	
	250	**NM1**				**INDIVIDUAL OR ORGANIZATIONAL NAME**	O	1								
		NM1	0	1	98	Entity Identifier Code					M	ID	2/3	Y2		
		NM1	0	2	1065	Entity Type Qualifier					M	ID	1/1	2		
		NM1	0	3	1035	Name Last or Organization Name					O	AN	1/35		MANAGED CARE ORGANIZATION NAME	DN209
		NM1	0	4	1036	Name First					O	AN	1/25			
		NM1	0	5	1037	Name Middle					O	AN	1/25			
		NM1	0	6	1038	Name Prefix					O	AN	1/10			
		NM1	0	7	1039	Name Suffix					O	AN	1/10			
		NM1	0	8	66	Identification Code Qualifier					X	ID	1/2	FI		
		NM1	0	9	67	Identification Code					X	AN	2/80		MANAGED CARE ORGANIZATION FEIN	DN704
		NM1	1	0	706	Entity Relationship Code					X	ID	2/2	34		
		NM1	1	1	98	Entity Identifier Code					O	ID	2/3		GATEKEEPER INDICATOR	DN534
														GP		
	260	**N2**				**ADDITIONAL NAME INFORMATION**	O	1							**MANAGED CARE ORGANIZATION ADDITIONAL NAME**	
		N2	0	1	93	Name					M	AN	1/60		ADDITIONAL CHARACTERS OF NAME	

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	Pos. #	Seg ID			ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
		N2	0	2	93	Name					O	AN	1/60			
	265	N3				ADDRESS INFORMATION	O	1							MANAGED CARE ORGANIZATION LOCATION	
		N3	0	1	166	Address Information					M	AN	1/55		MANAGED CARE ORGANIZATION PRIMARY ADDRESS	DN708
		N3	0	2	166	Address Information					O	AN	1/55		MANAGED CARE ORGANIZATION SECONDARY ADDRESS	DN709
	270	N4				GEOGRAPHICAL LOCATION	O	1								
		N4	0	1	19	City Name					O	AN	2/30		MANAGED CARE ORGANIZATION CITY	DN710
		N4	0	2	156	State/Province Code					O	ID	2/2		MANAGED CARE ORGANIZATION STATE CODE	DN711
		N4	0	3	116	Postal Code					O	ID	3/15		MANAGED CARE ORGANIZATION POSTAL CODE	DN712
		N4	0	4	26	Country Code					O	ID	2/3		MANAGED CARE ORGANIZATION COUNTRY CODE	DN713
		N4	0	5	309	Location Qualifier					X	ID	1/2			
		N4	0	6	310	Location Identifier					O	AN	1/30			
	271	REF				REFERENCE IDENTIFICATION	O	1	1						MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER	
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	0B		
		REF	0	2	127	Reference Identification					X	AN	1/30		MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER	DN208
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
N						LOOP ID - 2320			10						BILL ADJUSTMENT REASONS	
	290	SBR				SUBSCRIBER INFORMATION	O	1								
		SBR	0	1	1138	Payer Responsibility Sequence # Code					M	ID	1/1	P		
		SBR	0	2	1069	Individual Relationship Code					O	ID	2/2			
		SBR	0	3	127	Reference Identification					O	AN	1/30			
		SBR	0	4	93	Name					O	AN	1/60			
		SBR	0	5	1336	Insurance Type Code					O	ID	1/3			
		SBR	0	6	1143	Coordination of Benefits Code					O	ID	1/1			
		SBR	0	7	1073	Yes/No Condition or Response Code					O	ID	1/1			
		SBR	0	8	584	Employment Status Code					O	ID	2/2			
		SBR	0	9	1032	Claim Filing Indicator Code					O	ID	1/2			
	295	CAS				CLAIMS ADJUSTMENT	O	5								
		CAS	0	1	1033	Claim Adjustment Group Code					M	ID	1/2		BILL ADJUSTMENT GROUP CODE	DN543
														CO		
														OA		
														PI		
														PR		
														MA		
		CAS	0	2	1034	Claim Adjustment Reason Code					M	ID	1/5		BILL ADJUSTMENT REASON CODE	DN544
		CAS	0	3	782	Monetary Amount					M	R	1/18		BILL ADJUSTMENT AMOUNT	DN545
		CAS	0	4	380	Quantity					O	R	1/15		BILL ADJUSTMENT UNITS	DN546
		CAS	0	5	1034	Claim Adjustment Reason Code					X	ID	1/5		BILL ADJUSTMENT REASON CODE	DN544
		CAS	0	6	782	Monetary Amount					X	R	1/18		BILL ADJUSTMENT AMOUNT	DN545
		CAS	0	7	380	Quantity					X	R	1/15		BILL ADJUSTMENT UNITS	DN546
		CAS	0	8	1034	Claim Adjustment Reason Code					X	ID	1/5		BILL ADJUSTMENT REASON CODE	DN544
		CAS	0	9	782	Monetary Amount					X	R	1/18		BILL ADJUSTMENT AMOUNT	DN545
		CAS	1	0	380	Quantity					X	R	1/15		BILL ADJUSTMENT UNITS	DN546
		CAS	1	1	1034	Claim Adjustment Reason Code					X	ID	1/5			
		CAS	1	2	782	Monetary Amount					X	R	1/18			
		CAS	1	3	380	Quantity					X	R	1/15			
		CAS	1	4	1034	Claim Adjustment Reason Code					X	ID	1/5			
		CAS	1	5	782	Monetary Amount					X	R	1/18			
		CAS	1	6	380	Quantity					X	R	1/15			
		CAS	1	7	1034	Claim Adjustment Reason Code					X	ID	1/5			
		CAS	1	8	782	Monetary Amount					X	R	1/18			
		CAS	1	9	380	Quantity					X	R	1/15			
N						LOOP ID - 2400			>1						SERVICES	
	365	LX				ASSIGNED NUMBER	S	1	NA							
			0	1	554	Assigned Number					M	N0	1/6		LINE NUMBER	DN547
	370	SV1				PROFESSIONAL SERVICES	S	1							PROFESSIONAL SERVICES	
		SV1	0	1	C003	Composite Medical Procedure Identifier					M					
				01	235	Product/Service ID Qualifier					M	ID	2/2	ER		
														HC		
														ND		
				02	234	Product/Service ID					M	AN	1/48		JURISDICTION PROCEDURE BILLED CODE	DN715
															HCPCS LINE PROCEDURE BILLED CODE	DN714
															NDC BILLED CODE	DN721

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Pos. #	Seg ID		ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
		03	1339	Procedure Modifier					O	AN	2/2		HCPCS MODIFIER BILLED CODE	DN717
													JURISDICTION MODIFIER BILLED CODE	DN718
		04	1339	Procedure Modifier					O	AN	2/2		HCPCS MODIFIER BILLED CODE	DN717
													JURISDICTION MODIFIER BILLED CODE	DN718
		05	1339	Procedure Modifier					O	AN	2/2		HCPCS MODIFIER BILLED CODE	
													JURISDICTION MODIFIER BILLED CODE	
		06	1339	Procedure Modifier					O	AN	2/2		HCPCS MODIFIER BILLED CODE	
													JURISDICTION MODIFIER BILLED CODE	
		07	352	Description					O	AN	1/80		PROCEDURE DESCRIPTION	DN551
	SV1	02	782	Monetary Amount					O	R	1/18		TOTAL CHARGE PER LINE	DN552
	SV1	03	355	Unit or Basis for Measurement Code					X	ID	2/2		DAY(S) /UNIT (S) CODE	DN553
												DA		
												MJ		
												UN		
	SV1	04	380	Quantity					X	R	1/15		DAY(S)/UNIT(S) BILLED	DN554
	SV1	05	1331	Facility Code Value					O	AN	1/2		PLACE OF SERVICE LINE CODE	DN600
	SV1	06	1365	Service Type Code					O	ID	1/2			
	SV1	07	C004	Composite Diagnosis Code Pointer					O					
		01	1328	Diagnosis Code Pointer					M	N0	1/2		DIAGNOSIS POINTER	DN557
		02	1328	Diagnosis Code Pointer					O	N0	1/2		DIAGNOSIS POINTER	DN557
		03	1328	Diagnosis Code Pointer					O	N0	1/2		DIAGNOSIS POINTER	DN557
		04	1328	Diagnosis Code Pointer					O	N0	1/2		DIAGNOSIS POINTER	DN557
	SV1	08	782	Monetary Amount					O	R	1/18			
	SV1	09	1073	Yes/No Condition or Response Code					O	ID	1/1		CRNA SUPERVISION INDICATOR	DN568
												Y		
												N		
	SV1	10	1340	Multiple Procedure Code					O	ID	1/2			
	SV1	11	1073	Yes/No Condition or Response Code					O	ID	1/1			
	SV1	12	1073	Yes/No Condition or Response Code					O	ID	1/1			
	SV1	13	1364	Review Code					O	ID	1/2			
	SV1	14	1341	National or Local Assigned Review Value					O	AN	1/2			
	SV1	15	1327	Copay Status Code					O	ID	1/1			
	SV1	16	1334	Healthcare Manpower Shortage Area Code					O	ID	1/1			
	SV1	17	127	Reference Identification					O	AN	1/30			
	SV1	18	116	Postal Code					O	ID	3/15			
	SV1	19	782	Monetary Amount					O	R	1/18			
	SV1	20	1337	Level of Care Code					O	ID	1/1			
	SV1	21	1360	Provider Agreement Code					O	ID	1/1		PROVIDER AGREEMENT LINE CODE	DN742
375	**SV2**			**INSTITUTIONAL SERVICE**	S	1							**INSTITUTIONAL SERVICES**	
	SV2	01	234	Product/Service ID					X	AN	1/48		REVENUE BILLED CODE	DN559
	SV2	02	C003	Composite Medical Procedure Identifier					X					
		01	235	Product/Service ID Qualifier					M	ID	2/2	HC		
												ER		
		02	234	Product/Service ID					M	AN	1/48		HCPCS LINE PROCEDURE BILLED CODE	DN714
													JURISDICTION PROCEDURE BILLED CODE	DN715
		03	1339	Procedure Modifier					O	AN	2/2		HCPCS MODIFIER BILLED CODE	DN717
													JURISDICTION MODIFIER BILLED CODE	
														DN718
		04	1339	Procedure Modifier					O	AN	2/2		HCPCS MODIFIER BILLED CODE	DN717
													JURISDICTION MODIFIER BILLED CODE	
														DN718
		05	1339	Procedure Modifier					O	AN	2/2		HCPCS MODIFIER BILLED CODE	
													JURISDICTION MODIFIER BILLED CODE	
		06	1339	Procedure Modifier					O	AN	2/2		HCPCS MODIFIER BILLED CODE	
													JURISDICTION MODIFIER BILLED CODE	
		07	352	Description					O	AN	1/80		PROCEDURE DESCRIPTION	DN551
	SV2	03	782	Monetary Amount					O	R	1/18		TOTAL CHARGE PER LINE	DN552

Pos. #	Seg ID		ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
	837 HEALTH CARE CLAIM (X12.124)													
	Version 4010													
	SV2	04	355	Unit or Basis for Measurement Code					X	ID	2/2		DAY(S)/UNIT(S) CODE	DN553
												DA		
												UN		
	SV2	05	380	Quantity					X	R	1/15		DAY(S)/UNIT(S) BILLED	DN554
	SV2	06	1371	Unit Rate					O	R	1/10		REVENUE UNIT RATE	DN560
	SV2	07	782	Monetary Amount					O	R	1/18			
	SV2	08	1073	Yes/No Condition or Response Code					O	ID	1/1			
	SV2	09	1345	Nursing Home Residential Status Code					O	ID	1/1			
	SV2	10	1337	Level of Care Code					O	ID	1/1			
380	**SV3**			**DENTAL SERVICE**	S	1			O					
	SV3	01	C003	Composite Medical Procedure Identifier					M				**DENTAL SERVICES**	
		01	235	Product/Service ID Qualifier					M	ID	2/2	AD		
												HC		
		02	234	Product/Service ID					M	AN	1/48		ADA PROCEDURE BILLED CODE	DN719
													HCPCS LINE PROCEDURE BILLED CODE	DN714
		03	1339	Procedure Modifier					O	AN	2/2		HCPCS MODIFIER BILLED CODE	DN717
		04	1339	Procedure Modifier					O	AN	2/2		HCPCS MODIFIER BILLED CODE	DN717
		05	1339	Procedure Modifier					O	AN	2/2			
		06	1339	Procedure Modifier					O	AN	2/2			
		07	352	Description					O	AN	1/80		PROCEDURE DESCRIPTION	DN551
	SV3	02	782	Monetary Amount					O	R	1/18		TOTAL CHARGE PER LINE	DN552
	SV3	03	1331	Facility Code Value					O	AN	1/2		PLACE OF SERVICE LINE CODE	DN600
	SV3	04	C006	Oral Cavity Designator					O					
	SV3	05	1358	Prosthesis, Crown or Inlay Code					O	ID	1/1			
	SV3	06	380	Quantity					O	R	1/15			
	SV3	07	352	Description					O	AN	1/80			
	SV3	08	1327	Copay Status Code					O	ID	1/1			
	SV3	09	1360	Provider Agreement Code					O	ID	1/1		PROVIDER AGREEMENT LINE CODE	DN742
	SV3	10	1073	Yes/No Condition or Response Code					O	ID	1/1			
	SV3	11	C004	Composite Diagnosis Code Pointer					O	ID	1/1			
				DRUG SERVICE									**DRUG SERVICE**	
	SV4	01	127	Reference Identification					M	AN	1/30		PRESCRIPTION LINE NUMBER	DN561
	SV4	02	C003	Composite Medical Procedure Identifier					O					
		01	235	Product/Service ID Qualifier					M	ID	2/2	ND		
		02	234	Product/Service ID					M	AN	1/48		NDC BILLED CODE	DN721
		03	1339	Procedure Modifier					O	AN	2/2			
		04	1339	Procedure Modifier					O	AN	2/2			
		05	1339	Procedure Modifier					O	AN	2/2			
		06	1339	Procedure Modifier					O	AN	2/2			
		07	352	Description					O	AN	1/80			
	SV4	03	127	Reference Identification					O	AN	1/30			
	SV4	04	1073	Yes/No Condition or Response Code					O	ID	1/1			
	SV4	05	1329	Dispense as Written Code					O	ID	1/1		DISPENSE AS WRITTEN CODE	DN562
												0		
												1		
												2		
												3		
												4		
												5		
												6		
												7		
												8		
												9		
	SV4	06	1338	Level of Service Code					O	ID	1/3			
	SV4	07	1356	Prescription Origin Code					O	ID	1/1			
	SV4	08	352	Description					O	AN	1/80		DRUG NAME	DN563
	SV4	09	1073	Yes/No Condition or Response Code					O	ID	1/1			
	SV4	10	1073	Yes/No Condition or Response Code					O	ID	1/1			
	SV4	11	1370	Unit Dose Code					O	ID	1/1			
	SV4	12	1319	Basis of Cost Determination Code					O	ID	1/2		BASIS OF COST DETERMINATION	DN564
												0		
												1		
												2		

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Pos. #	Seg ID			ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
													3		
													4		
													5		
													6		
													7		
													8		
													9		
	SV4	1	3	1320	Basis of Days Supply Determination Code					O	ID	1/1			
	SV4	1	4	1330	Dosage Form Code					O	ID	2/2			
	SV4	1	5	1327	Copay Status Code					O	ID	1/1			
	SV4	1	6	1384	Patient Location Code					O	ID	1/1			
	SV4	1	7	1337	Level of Care Code					O	ID	1/1			
	SV4	1	8	1357	Prior Authorization Type Code					O	ID	1/1			
400	**SV5**				**DURABLE MEDICAL EQUIPMENT SERVICE**	S	1							**DURABLE MEDICAL EQUIPMENT SERVICE**	
	SV5	0	1	C003	Composite Medical Procedure Identifier					M					
			01	235	Product/Service ID Qualifier					M	ID	2/2	HC		
			02	234	Product/Service ID					M	AN	1/48		HCPCS LINE PROCEDURE BILLED CODE	DN714
			03	1339	Procedure Modifier					O	AN	2/2		HCPCS MODIFIER BILLED CODE	DN717
			04	1339	Procedure Modifier					O	AN	2/2		HCPCS MODIFIER BILLED CODE	DN717
			05	1339	Procedure Modifier					O	AN	2/2			
			06	1339	Procedure Modifier					O	AN	2/2			
			07	352	Description					O	AN	1/80		PROCEDURE DESCRIPTION	DN551
	SV5	0	2	355	Unit or Basis of Measurement Code					M	ID	2/2		DAY(S)/UNIT(S) CODE	DN553
													UN		
													DA		
	SV5	0	3	380	Quantity					M	R	1/15		DAY(S)/UNIT(S) BILLED	DN554
	SV5	0	4	782	Monetary Amount					X	R	1/18		TOTAL CHARGE PER LINE - RENTAL	DN565
	SV5	0	5	782	Monetary Amount					X	R	1/18		TOTAL CHARGE PER LINE - PURCHASE	DN566
	SV5	0	6	594	Frequency Code					O	ID	1/1		DME BILLING FREQUENCY CODE	DN567
	SV5	0	7	923	Prognosis Code					O	ID	1/1			
455	**DTP**				**DATE TIME PERIOD DETAIL**	S	1	1						**SERVICE DATES**	
	DTP	0	1	374	Date/Time Qualifier					M	ID	3/3	472		
		0	2	1250	Date Time Period Format Qualifier					M	ID	2/3	D8		
													RD8		
	DTP	0	3	1251	Date Time Period					M	AN	1/35		SERVICE LINE DATE(S) RANGE	DN605
455	**DTP**				**DATE TIME PERIOD DETAIL**	S	1	1						**SERVICE DATES**	
	DTP	0	1	374	Date/Time Qualifier					M	ID	3/3	471		
		0	2	1250	Date Time Period Format Qualifier					M	ID	2/3	D8		
	DTP	0	3	1251	Date Time Period					M	AN	1/35		PRESCRIPTION LINE DATE	DN604
460	**QTY**				**QUANTITY**	S	2								
	QTY	0	1	673	Quantity Qualifier					M	ID	2/2	QB		
													SP		
	QTY	0	2	380	Quantity					M	R	1/15		DRUGS/SUPPLIES QUANTITY DISPENSED	DN570
														DRUGS/SUPPLIES NUMBER OF DAYS	DN571
	QTY	0	3	C001	Composite Unit of Measure					O					
	QTY	0	4	61	Free - Form Message					X	AN	1/30			
465	**CN1**				**CONTRACT INFORMATION**	S	1	1						**CONTRACT INFORMATION**	
	CN1	0	1	1166	Contract Type Code					M	ID	2/2		CONTRACT LINE TYPE CODE	DN741
													01		
													02		
													03		
													04		
													05		
													06		
													09		
	CN1	0	2	782	Monetary Amount					O	R	1/18			
	CN1	0	3	332	Percent					O	R	1/6			
	CN1	0	4	127	Reference Identification					O	AN	1/30			
	CN1	0	5	388	Terms Discount Percent					O	R	1/16			
	CN1	0	6	799	Version Identifier					O	AN	1/30			
470	**REF**				**REFERENCE IDENTIFICATION**	S	1							**TREATMENT LINE AUTHORIZATION**	

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	Pos. #	Seg ID			ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	G1		
														G3		
		REF	0	2	127	Reference Identification					X	AN	1/30		TREATMENT LINE AUTHORIZATION NUMBER	DN738
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identifier					O	AN	1/80			
	475	AMT				MONETARY AMOUNT	0	1							DRUG BILLING	
		AMT	0	1	522	Amount Qualifier Code					M	ID	1/3	D7		
		AMT	0	2	782	Monetary Amount					M	R	1/18		DRUGS/SUPPLIES DISPENSING FEE	DN579
		AMT	0	3	478	Credit/Debit Flag Code					O	ID	1/1			
	475	AMT				MONETARY AMOUNT	0	1								
		AMT	0	1	522	Amount Qualifier Code					M	ID	1/3	PB		
		AMT	0	2	782	Monetary Amount					M	R	1/18		DRUGS/SUPPLIES BILLED AMOUNT	DN572
		AMT	0	3	478	Credit/Debit Flag Code					O	ID	1/1			
N						LOOP ID - 2420			1						RENDERING LINE PROVIDER INFORMATION	
	500	NM1				INDIVIDUAL OR ORGANIZATIONAL NAME	S	1								
		NM1	0	1	98	Entity Identifier Code					M	ID	2/3	82		
		NM1	0	2	1065	Entity Type Qualifier					M	ID	1/1	1		
														2		
		NM1	0	3	1035	Name Last or Organization Name					O	AN	1/35		RENDERING LINE PROVIDER LAST/GROUP NAME	DN589
		NM1	0	4	1036	Name First					O	AN	1/25		RENDERING LINE PROVIDER FIRST NAME	DN587
		NM1	0	5	1037	Name Middle					O	AN	1/25		RENDERING LINE PROVIDER MIDDLE NAME/INITIAL	DN591
		NM1	0	6	1038	Name Prefix					O	AN	1/10			
		NM1	0	7	1039	Name Suffix					O	AN	1/10		RENDERING LINE PROVIDER LAST NAME SUFFIX	DN588
		NM1	0	8	66	Identification Code Qualifier					X	ID	1/2	34		
														FI		
		NM1	0	9	67	Identification Code					X	AN	2/80		RENDERING LINE PROVIDER FEIN	DN586
		NM1	1	0	706	Entity Relationship Code					X	ID	2/2	34		
		NM1	1	1	98	Entity Identifier Code					O	ID	2/3		GATEKEEPER INDICATOR	DN534
														GP		
	505	PRV				PROVIDER INFORMATION	S	1								
		PRV	0	1	1221	Provider Code					M	ID	1/3	PE		
		PRV	0	2	128	Reference Identification Qualifier					M	ID	2/3	S3		
		PRV	0	3	127	Reference Identification					M	AN	1/30		RENDERING LINE PROVIDER PRIMARY SPECIALTY CODE	DN595
		PRV	0	4	156	State or Province Code					O	ID	2/2			
		PRV	0	5	C035	Provider Specialty Information					O					
		PRV	0	6	1223	Provider Organization Code					O	ID	3/3			
	514	N3				ADDRESS INFORMATION	S	1								
		N3	0	1	166	Address Information					M	AN	1/55		RENDERING LINE PROVIDER PRIMARY ADDRESS	DN594
		N3	0	2	166	Address Information					O	AN	1/55		RENDERING LINE PROVIDER SECONDARY ADDRESS	DN596
	520	N4				GEOGRAPHICAL LOCATION	S	1								
		N4	0	1	19	City Name					O	AN	2/30		RENDERING LINE PROVIDER CITY	DN584
		N4	0	2	156	State or Province Code					O	ID	2/2		RENDERING LINE PROVIDER STATE CODE	DN598
		N4	0	3	116	Postal Code					O	ID	3/15		RENDERING LINE PROVIDER POSTAL CODE	DN593
		N4	0	4	26	Country Code					O	ID	2/3		RENDERING LINE PROVIDER COUNTRY CODE	DN585
		N4	0	5	309	Location Qualifier					X	ID	1/2			
		N4	0	6	310	Location Identification					O	AN	1/30			
	525	REF				REFERENCE IDENTIFICATION	S	5	1						RENDERING LINE PROVIDER IDENTIFICATION NUMBERS	
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	0B		
		REF	0	2	127	Reference Identification					X	AN	1/30		RENDERING LINE PROVIDER STATE LICENSE NUMBER	DN599
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	525	REF				REFERENCE IDENTIFICATION	O	5	2							
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	1C		
		REF	0	2	127	Reference Identification					X	AN	1/30		RENDERING LINE PROVIDER MEDICARE NUMBER	DN590
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	525	REF				REFERENCE IDENTIFICATION	O	5	3							
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	1F		
		REF	0	2	127	Reference Identification					X	AN	1/30		RENDERING LINE PROVIDER ANESTHESIA LICENSE NUMBER	DN583
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	525	REF				REFERENCE IDENTIFICATION	O	5	4							

		837 HEALTH CARE CLAIM (X12.124)														
		Version 4010														
	Pos. #	Seg ID			ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	1G		
		REF	0	2	127	Reference Identification					X	AN	1/30		RENDERING LINE PROVIDER NATIONAL PROVIDER ID	DN592
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
	525	REF				**REFERENCE IDENTIFICATION**	O	5	5							
		REF	0	1	128	Reference Identification Qualifier					M	ID	2/3	GF		
		REF	0	2	127	Reference Identification					X	AN	1/30		RENDERING LINE PROVIDER SPECIALTY LICENSE NUMBER	DN597
		REF	0	3	352	Description					X	AN	1/80			
		REF	0	4	C040	Reference Identification					O					
N						**LOOP ID - 2430**			>1						**SERVICE ADJUDICATIONS**	
	540	SVD				**SERVICE LINE ADJUDICATION**	S	1								
		SVD	0	1	67	Identification Code					M	AN	2/80	XX		
		SVD	0	2	782	Monetary Amount					M	R	1/18		TOTAL AMOUNT PAID PER LINE	DN574
		SVD	0	3	C003	Composite Medical Procedure Identifier					O					
				01	235	Product/Service ID Qualifier					M	ID	2/2	AD		
														ER		
														HC		
														ND		
				02	234	Product/Service ID					M	AN	1/48		ADA PROCEDURE PAID CODE	DN722
															JURISDICTION PROCEDURE PAID CODE	DN729
															HCPCS PROCEDURE PAID CODE	DN726
															NDC PAID CODE	DN728
				03	1339	Procedure Modifier					O	AN	2/2			
															HCPCS MODIFIER PAID CODE	DN727
															JURISDICTION MODIFIER PAID CODE	DN730
				04	1339	Procedure Modifier					O	AN	2/2			
															HCPCS MODIFIER PAID CODE	DN727
															JURISDICTION MODIFIER PAID CODE	DN730
				05	1339	Procedure Modifier					O	AN	2/2			
				06	1339	Procedure Modifier					O	AN	2/2			
				07	352	Description					O	AN	1/80			
		SVD	0	4	234	Product/Service ID					O	AN	1/48		REVENUE PAID CODE	DN576
		SVD	0	5	380	Quantity					O	R	1/15		DAY(S)/UNIT(S) PAID	DN580
		SVD	0	6	554	Assigned Number					O	N0	1/6		LINE NUMBER	DN547
	545	CAS				**CLAIMS ADJUSTMENT**	S	99				N0			**SERVICE LINE ADJUSTMENTS**	
		CAS	0	1	1033	Claim Adjustment Group Code					M	ID	1/2		SERVICE ADJUSTMENT GROUP CODE	DN731
														CO		
														OA		
														PI		
														PR		
														MA		
		CAS	0	2	1034	Claim Adjustment Reason Code					M	ID	1/5		SERVICE ADJUSTMENT REASON CODE	DN732
		CAS	0	3	782	Monetary Amount					M	R	1/18		SERVICE ADJUSTMENT AMOUNT	DN733
		CAS	0	4	380	Quantity					O	R	1/15		SERVICE ADJUSTMENT UNITS	DN734
		CAS	0	5	1034	Claim Adjustment Reason Code					X	ID	1/5		SERVICE ADJUSTMENT REASON CODE	DN732
		CAS	0	6	782	Monetary Amount					X	R	1/18		SERVICE ADJUSTMENT AMOUNT	DN733
		CAS	0	7	380	Quantity					X	R	1/15		SERVICE ADJUSTMENT UNITS	DN734
		CAS	0	8	1034	Claim Adjustment Reason Code					X	ID	1/5		SERVICE ADJUSTMENT REASON CODE	DN732
		CAS	0	9	782	Monetary Amount					X	R	1/18		SERVICE ADJUSTMENT AMOUNT	DN733
		CAS	1	0	380	Quantity					X	R	1/15		SERVICE ADJUSTMENT UNITS	DN734
		CAS	1	1	1034	Claim Adjustment Reason Code					X	ID	1/5		SERVICE ADJUSTMENT REASON CODE	DN732
		CAS	1	2	782	Monetary Amount					X	R	1/18		SERVICE ADJUSTMENT AMOUNT	DN733
		CAS	1	3	380	Quantity					X	R	1/15		SERVICE ADJUSTMENT UNITS	DN734
		CAS	1	4	1034	Claim Adjustment Reason Code					X	ID	1/5		SERVICE ADJUSTMENT REASON CODE	DN732
		CAS	1	5	782	Monetary Amount					X	R	1/18		SERVICE ADJUSTMENT AMOUNT	DN733
		CAS	1	6	380	Quantity					X	R	1/15		SERVICE ADJUSTMENT UNITS	DN734
		CAS	1	7	1034	Claim Adjustment Reason Code					X	ID	1/5			

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Pos. #	Seg ID		ANSI Data Elem#	Name	Req. Des.	Max Use	Loop Repeat	Seg/ Loop Count	Req.	Type	Min/Max	ANSI Code Values	IAIABC Data Name	IAIABC DATA NBR
	CAS	1 8	782	Monetary Amount					X	R	1/18			
	CAS	1 9	380	Quantity					X	R	1/15			
N 555	**SE**			**TRANSACTION SET TRAILER**	M	1								
	SE	0 1	96	Number of Included Segments					M	N0	1/10			
	SE	0 2	329	Transaction Set Control Number					M	AN	4/9			

SECTION 3

MEDICAL BILL PAYMENT RECORDS
ASC X12 837 SCENARIOS

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Scenario 1 – Doctor's Office

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria, VA 62309. Her telephone number is (703) 836-5527 and her Social Security Number is 224-17-3272. Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, VA 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and their FEIN is 59-7654321.

On 07/24/98, Darlene lacerated her left index finger while cutting a bagel. Her supervisor, Jonathan Grimes, instructed her to go to Dr. Richard M. Smith for treatment. He examined her and repaired the lacerated finger. He instructed her to come back on 07/26/98 for suture removal and at that time noted a slight infection. He scheduled another follow-up visit for 08/02/98 for wound re-check. Dr. Smith's office is located at 2700 Medical Drive in Arlington, VA 62311. His FEIN is 34-5678912, his Virginia state license number is ME0029387, and his primary specialty is Family Practice with a specialty code of 203BF00100Y. Dr. Smith billed patient's account number 470077 for $110.00 on 8/3/98. Dr. Smith forwarded the bill with the unique identification number 02735 to WorkComp Insurance Company, Darlene's employer's workers' compensation carrier, for payment.

Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, IL 60606-1234. WorkComp Insurance Company's telephone number is (312) 555-1470 and their FEIN is 98-7654321. Bagels, Etc. is covered under policy number 147643A472. WorkComp Insurance Company received the invoice from Dr. Smith on 08/05/98 and paid it on 08/17/98 under their claim administrator claim number 14000714D. The applicable jurisdiction is Virginia, who assigned state claim number 98-778642 to Darlene's claim.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company's state ID is 263148001. WorkComp Insurance Company sent a transaction to the Virginia Department of Labor on 08/23/98, covering a reporting period of 08/15/98 to 08/22/98. The unique bill number assigned by WorkComp Insurance Company for Darlene's bill was 111123.

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
ST*837*92341~							
	ST01	Transaction Set Identifier Code					837
	ST02	Transaction Set Control Number					92341
BHT*0080*00*12345*19980823*1900~							
	BHT01	Hierarchical Structure Code					0080
	BHT02	Transaction Set Purpose Code					00
	BHT03	Reference Identification	532	Batch Control Number			12345
	BHT04	Date	100	Date Transmission Sent			19980823
	BHT05	Time	101	Time Transmission Sent			1900
	BHT06	Transaction Type Code					
NM1*10*2******FI*987654321~							
	NM101	Entity Identifier Code					10
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	98	Sender ID (combined with postal code)			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	98	Sender ID (combined with FEIN)			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
NM1*40*2******FI*123456789~							
	NM101	Entity Identifier Code					40
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	99	Receiver ID (combined with postal code)			123456789
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***623014311~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	99	Receiver ID (combined with FEIN)			623014311
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*1**20*1~							
	HL01	Hierarchical ID Number					1
	HL02	Hierarchical Parent Number					
	HL03	Hierarchical Level Number					20
	HL04	Hierarchical Child Code					1
DTP*582*RD8*19980815-19980822~							
	DTP01	Date/Time Qualifier					582
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	615	Reporting Period			19980815-19980822
NM1*CA*2*WorkComp Insurance Company*****FI*987654321~							

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM101	Entity Identifier Code					CA
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	7	Insurer Name			WorkComp Insurance Company
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	6	Insurer FEIN			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	616	Insurer Postal Code			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*2*1*EM*1~							
	HL01	Hierarchical ID Number					2
	HL02	Hierarchical Parent Number					1
	HL03	Hierarchical Level Number					EM
	HL04	Hierarchical Child Code					1
NM1*36*2*Bagels Etc.*****FI*597654321~							
	NM101	Entity Identifier Code					36
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	18	Employer Name			Bagels, Etc.
	NM104	Name First					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	16	Employer FEIN			597654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*234 Main Street~							
	N301	Address Information	19	Employer Physical Primary Address			234 Main Street
	N302	Address Information					
N4*Arlington*Val*62314~							
	N401	City Name	21	Employer Physical City			Arlington
	N402	State or Province Code	22	Employer Physical State Code			VA
	N403	Postal Code	23	Employer Physical Postal Code			62314
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
REF*IG*147643A472~							
	REF01	Reference Identification Qualifier					IG
	REF02	Reference Identification	28	Policy Number			147643A472
	REF03	Description					
	REF04	Reference Identifier					
PER*IC**WP*7034721462~							
	PER01	Contact Function Code					IC
	PER02	Name					
	PER03	Communication Number Qualifier					WP
	PER04	Communication Number	159	Employer Contact Business Phone Number			7034721462
	PER05	Communication Number Qualifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	PER06	Communication Number					
	PER07	Communication Number Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					
HL*3*2*CL*0~							
	HL01	Hierarchical ID Number					3
	HL02	Hierarchical Parent Number					2
	HL03	Hierarchical Level Number					CL
	HL04	Hierarchical Child Code					0
DTP*558*D8*19980724~							
	DTP01	Date/Time Qualifier					558
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	31	Date of Injury			19980724
NM1*CC*1*Davidson*Darlene****34*224173272~							
	NM101	Entity Identifier Code					CC
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	43	Employee Last Name			Davidson
	NM104	Name First	44	Employee First Name			Darlene
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					34
	NM109	Identification Code	42	Employee SSN			224173272
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*5720 Green Dr.~							
	N301	Address Information	46	Employee Mailing Primary Address			5720 Green Dr.
	N302	Address Information					
N4*Alexandria*Val*62309~							

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	N401	City Name	48	Employee Mailing City			Alexandria
	N402	State or Province Code	49	Employee Mailing State Code			VA
	N403	Postal Code	50	Employee Mailing Postal Code			62309
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
DMG*D8*19690604*F*U~							
	DMG01	Date Time Period Format Qualifier					D8
	DMG02	Date Time Period	52	Employee Date of Birth			19690604
	DMG03	Gender Code	53	Employee Gender Code			F
	DMG04	Marital Status Code	54	Employee Marital Status Code			U
	DMG05	Race of Ethnicity Code					
	DMG06	Citizenship Status Code					
	DMG07	Country Code					
	DMG08	Basis of Verification Code					
	DMG09	Quantity					
REF*Y1*14000714D~							
	REF01	Reference Identification Qualifier					Y1
	REF02	Reference Identification	15	Claim Administrator Claim Number			14000714D
	REF03	Description					
	REF04	Reference Identifier					
PER*CT**TE*7038365527~							
	PER01	Contact Function Code					CT
	PER02	Name					
	PER03	Communication Number Qualifier					TE
	PER04	Communication Number	51	Employee Phone Number			7038365527
	PER05	Communication Number Qualifier					
	PER06	Communication Number					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	PER07	Communication Number Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					
CLM*02735*110****11:B**Y***Y*******N***00~							
	CLM01	Claim Submitter's Identifier	523	Billing Provider Unique Bill Identification No.			02735
	CLM02	Monetary Amount	501	Total Charge Per Bill	28		110
	CLM03	Claim Filing Indicator Code					
	CLM04	Non-Institutional Claim Type Code					
	CLM05	Health Care Service Location Information					
	CLM05-1	Facility Code Value	555	Place of Service Bill Code			11
	CLM05-2	Facility Code Qualifier	503	Billing Format Code			B
	CLM05-3	Claim Frequency Type Code					
	CLM06	Yes/No Condition or Response Code	506	Provider Signature on File Indicator	12		Y
	CLM07	Provider Accept Assignment Code					
	CLM08	Yes/No Condition or Response Code					
	CLM09	Release of Information Code	526	Release of Information Code			Y
	CLM10	Patient Signature Source Code					
	CLM11	Related Causes Information					
	CLM12	Special Program Code					
	CLM13	Yes/No Condition or Response Code					
	CLM14	Level of Service Code					
	CLM15	Yes/No Condition or Response Code					
	CLM16	Provider Agreement Code	507	Provider Agreement Code			N
	CLM17	Claim Status Code					
	CLM18	Yes/No Condition or Response Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CLM19	Claim Submission Reason Code	508	Bill Submission Reason Code			00
	CLM20	Delay Reason Code					
DTP*050*D8*19980805~							
	DTP01	Date/Time Qualifier					050
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	511	Date Insurer Received Bill			19980805
DTP*472*RD8*19980724-19980802~							
	DTP01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	509	Service Bill Date(s) Range	24a		19980724-19980802
DTP*434*D8*19980803~							
	DTP01	Date/Time Qualifier					434
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	510	Date of Bill	31		19980803
DTP*666*D8*19980817~							
	DTP01	Date/Time Qualifier					666
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	512	Date Insurer Paid Bill			19980817
AMT*TP*110~							
	AMT01	Amount Qualifier Code					TP
	AMT02	Monetary Amount	516	Total Amount Paid Per Bill			110
	AMT03	Debit/Credit Flag					
REF*DD*111123~							
	REF01	Reference Identification Qualifier					DD
	REF02	Reference Identification	500	Unique Bill ID Number			02735
	REF03	Description					
	REF04	Reference Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
REF*EJ*470077~							
	REF01	Reference Identification Qualifier					EJ
	REF02	Reference Identification	517	Patient Account Number	26		470077
	REF03	Description					
	REF04	Reference Identifier					
REF*2I*76543210~							
	REF01	Reference Identification Qualifier					2I
	REF02	Reference Identification	266	Transaction Tracking Number			76543210
	REF03	Description					
	REF04	Reference Identifier					
HI*BK:883*BF:883.1~							
	HI01	Health Care Code Information					
	HI01-1	Code List Qualifier					BK
	HI01-2	Industry Code	522	ICD-9 CM Diagnosis Code	21		883
	HI01-3	Date Time Period Format Qualifier					
	HI01-4	Date Time Period					
	HI01-5	Monetary Amount					
	HI01-6	Quantity					
	HI01-7	Version Identifier					
	HI02	Health Care Code Information					
	HI02-1	Code List Qualifier					BF
	HI02-2	Industry Code	522	ICD-9 CM Diagnosis Code	21		883.1
	HI02-3	Date Time Period Format Qualifier					
	HI02-4	Date Time Period					
	HI02-5	Monetary Amount					
	HI02-6	Quantity					
	HI02-7	Version Identifier					
	HI03	Health Care Code Information					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	HI04	Health Care Code Information					
	HI05	Health Care Code Information					
	HI06	Health Care Code Information					
	HI07	Health Care Code Information					
	HI08	Health Care Code Information					
	HI09	Health Care Code Information					
	HI10	Health Care Code Information					
	HI11	Health Care Code Information					
	HI12	Health Care Code Information					
NM1*85*1*Smith*Richard*M**MD*FI*345678912~							
	NM101	Entity Identifier Code					85
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	528	Billing Provider Last/Group Name	33		Smith
	NM104	Name First	529	Billing Provider First Name	33		Richard
	NM105	Name Middle	530	Billing Provider Middle Name/Initial	33		M
	NM106	Name Prefix					
	NM107	Name Suffix	531	Billing Provider Last Name Suffix	33		MD
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	629	Billing Provider FEIN	25		345678912
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
PRV*BI*S3*203BF00100Y~							
	PRV01	Provider Code					BI
	PRV02	Reference Identification Qualifier					S3
	PRV03	Reference Identification	537	Billing Provider Primary Specialty Code			203BF00100Y
	PRV04	State or Province Code					
	PRV05	Provider Specialty Information					
	PRV05-1	Provider Specialty Code					
	PRV05-2	Agency Qualifier Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	PRV05-3	Yes/No Condition or Response Code					
	PRV06	Provider Organization Code					
N3*2700 Medical Dr.~							
	N301	Address Information	538	Billing Provider Primary Address	33		2700 Medical Dr.
	N302	Address Information					
N4*Arlington*Val*62311~							
	N401	City Name	540	Billing Provider City	33		Arlington
	N402	State or Province Code	541	Billing Provider State Code	33		VA
	N403	Postal Code	542	Billing Provider Postal Code	33		62311
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
REF*0B*ME0029387~							
	REF01	Reference Identification Qualifier					0B
	REF02	Reference Identification	630	Billing Provider State License Number	33		ME0029387
	REF03	Description					
	REF04	Reference Identifier					
LX*1~							
	LX01	Assigned Number	547	Line Number			1
SV1*HC:12001*75*UN*1*11**1~							
	SV101	Composite Medical Procedure Identifier					
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		12001
	SV101-3	Procedure Modifier					
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV102	Monetary Amount	552	Total Charge Per Line	24f		75
	SV103	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV104	Quantity	554	Day(s)/Unit(s) Billed	24g		1
	SV105	Facility Code Value	600	Place of Service Line Code	24b		11
	SV106	Service Type Code					
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19980724-19980724~							
	DPT01	Date/Time Qualifier					472

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	605	Service Line Date(s) Range	24a		19980724-19980724
SVD*XX*75**HC:12001**1~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			75
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service ID Qualifier					HC
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			12001
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			1
	SVD06	Assigned Number					
LX*2~							
	LX01	Assigned Number	547	Line Number			2
SV1*HC:99202*25*UN*1*11**1~							
	SV101	Composite Medical Procedure Identifier					
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		99202
	SV101-3	Procedure Modifier					
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					
	SV102	Monetary Amount	552	Total Charge Per Line	24f		25

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV103	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV104	Quantity	554	Day(s)/Unit(s) Billed	24g		1
	SV105	Facility Code Value	600	Place of Service Line Code	24b		11
	SV106	Service Type Code					
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19980724-19980724~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	DTP03	Date Time Period	605	Service Line Date(s) Range	24a		19980724-19980724
SVD*XX*25**HC:99202**1~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			25
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service ID Qualifier					HC
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			99202
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Days/Units Paid			1
	SVD06	Assigned Number					
LX*3~							
	LX01	Assigned Number	547	Line Number			3
SV1*HC:99211*10*UN*1*11**1~							
	SV101	Composite Medical Procedure Identifier					
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		99211
	SV101-3	Procedure Modifier					
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					
	SV102	Monetary Amount	552	Total Charge Per Line	24f		10
	SV103	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV104	Quantity	554	Day(s)/Unit(s) Billed	24g		1

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV105	Facility Code Value	600	Place of Service Line Code	24b		11
	SV106	Service Type Code					
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19980726-19980726~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	605	Service Line Date(s) Range	24a		19980726-19980726
SVD*XX*10**HC:99211**1~							
	SVD01	Identification Code					XX

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			10
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service ID Qualifier					HC
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			99211
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			1
	SVD06	Assigned Number					
LX*4~							
	LX01	Assigned Number	547	Line Number			4
SV1*HC:99211*0*UN*1*11**1~							
	SV101	Composite Medical Procedure Identifier					
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		99211
	SV101-3	Procedure Modifier					
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					
	SV102	Monetary Amount	552	Total Charge Per Line	24f		0
	SV103	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV104	Quantity	554	Day(s)/Unit(s) Billed	24g		1
	SV105	Facility Code Value	600	Place of Service Line Code	24b		11
	SV106	Service Type Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19980802-19980802~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	605	Service Line Date(s) Range	24a		19980802-19980802
SVD*XX*0*HC:99211**1~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			0

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service ID Qualifier					HC
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			99211
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Days/Units Paid			1
	SVD06	Assigned Number					
SE*56*92341~							
	SE01	Number of Included Segments					56
	SE02	Transaction Set Control Number					92341

NOTE: SVD SEGMENTS ARE OPTIONAL IN THIS EXAMPLE BECAUSE AMOUNT PAID IS EQUAL TO AMOUNT BILLED AND THE PROCEDURE PAID IS EQUAL TO THE PROCEDURE BILLED.

Scenario 2 – Hospital (Charges exceeded the U.C.R.)

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria, VA 62309. Her telephone number is (703) 836-5527 and Social Security Number is 224-17-3272. Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, VA 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and their FEIN is 59-7654321.

On 02/15/98, Darlene hurt her lower back while lifting boxes. Her supervisor, Jonathan Grimes, instructed her to go to General Hospital located at 2221 Medical Blvd, Arlington, VA 62314 whose FEIN is 21-9999998. Dr. James Herts, license number ME0909090, treated her in the Emergency Room and ordered x-rays on her lower back. The Patient Account Number is 7654322. The total bill of $338.00 with the unique identification number of GH51234 was forwarded to WorkComp Insurance Company, the workers' compensation carrier for Bagels, Etc.

Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, IL 60606-1234. WorkComp Insurance Company's telephone number is (312) 555-1470 and their FEIN is 98-7654321. Bagels, Etc. is covered under policy number 147643A472. WorkComp Insurance received the invoice from General Hospital on 02/20/98 and paid it on 04/03/98 under claim administrator claim number 14000714D. The bill was adjusted because the charges exceeded the cost allowed. The total amount paid after the adjustment was $236.60. The applicable jurisdiction is Virginia, who assigned state claim number 98-778642 to Darlene's claim.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company's state ID is 263148001. WorkComp Insurance Company sent a transaction to the Virginia Department of Labor on 05/01/98, covering a reporting period of 04/01/98 to 04/30/98. The unique bill number assigned by WorkComp Insurance Company for Darlene's bill was 222123.

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
ST*837*92342~							
	ST01	Transaction Set Identifier Code					837
	ST02	Transaction Set Control Number					92342
BHT*0080*00*23456*19980501*1900~							
	BHT01	Hierarchical Structure Code					0080
	BHT02	Transaction Set Purpose Code					00
	BHT03	Reference Identification	532	Batch Control Number			23456
	BHT04	Date	100	Date Transmission Sent			19980501
	BHT05	Time	101	Time Transmission Sent			1900
	BHT06	Transaction Type Code					
NM1*10*2******FI*987654321~							
	NM101	Entity Identifier Code					10
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	98	Sender ID (combined with postal code)			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	98	Sender ID (combined with FEIN)			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
NM1*40*2******FI*123456789~							

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM101	Entity Identifier Code					40
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	99	Receiver ID (combined with postal code)			123456789
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***623014311~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	99	Receiver ID (combined with FEIN)			623014311
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*1**20*1~							
	HL01	Hierarchical ID Number					1
	HL02	Hierarchical Parent Number					
	HL03	Hierarchical Level Number					20
	HL04	Hierarchical Child Code					1
DTP*582*RD8*19980401-19980430~							
	DTP01	Date/Time Qualifier					582
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	615	Reporting Period			19980401-19980430
NM1*CA*2*WorkComp Insurance Company*****FI*987654321~							
	NM101	Entity Identifier Code					CA

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	7	Insurer Name			WorkComp Insurance Company
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	6	Insurer FEIN			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	616	Insurer Postal Code			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*2*1*EM*1~							
	HL01	Hierarchical ID Number					2
	HL02	Hierarchical Parent Number					1
	HL03	Hierarchical Level Number					EM
	HL04	Hierarchical Child Code					1
NM1*36*2*Bagels Etc.*****FI*597654321~							
	NM101	Entity Identifier Code					36
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	18	Employer Name			Bagels Etc.
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	16	Employer FEIN			597654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*234 Main Street~							
	N301	Address Information	19	Employer Physical Primary Address			234 Main Street
	N302	Address Information					
N4*Arlington*Val*62314~							
	N401	City Name	21	Employer Physical City			Arlington
	N402	State or Province Code	22	Employer Physical State Code			VA
	N403	Postal Code	23	Employer Physical Postal Code			62314
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
REF*IG*147643A472~							
	REF01	Reference Identification Qualifier					IG
	REF02	Reference Identification	28	Policy Number			147643A472
	REF03	Description					
	REF04	Reference Identifier					
PER*IC**WP*7034721462~							
	PER01	Contact Function Code					IC
	PER02	Name					
	PER03	Communication Number Qualifier					WP
	PER04	Communication Number	159	Employer Contact Business Phone Number			7034721462
	PER05	Communication Number Qualifier					
	PER06	Communication Number					
	PER07	Communication Number Qualifier					
	PER08	Communication Number					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	PER09	Contact Inquiry Reference					
HL*3*2*CL*0~							
	HL01	Hierarchical ID Number					3
	HL02	Hierarchical Parent Number					2
	HL03	Hierarchical Level Number					CL
	HL04	Hierarchical Child Code					0
DTP*558*D8*19980215~							
	DTP01	Date/Time Qualifier					558
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	31	Date of Injury			19980215
NM1*CC*1*Davidson*Darlene****34*224173272~							
	NM101	Entity Identifier Code					CC
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	43	Employee Last Name			Davidson
	NM104	Name First	44	Employee First Name			Darlene
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					34
	NM109	Identification Code	42	Employee SSN			224173272
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*5720 Green Dr.~							
	N301	Address Information	46	Employee Mailing Primary Address			5720 Green Dr.
	N302	Address Information					
N4*Alexandria*Val*62309~							
	N401	City Name	48	Employee Mailing City			Alexandria
	N402	State or Province Code	49	Employee Mailing State Code			VA
	N403	Postal Code	50	Employee Mailing Postal Code			62309
	N404	Country Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	N405	Location Qualifier					
	N406	Location Identifier					
DMG*D8*19690604*F*U~							
	DMG01	Date Time Period Format Qualifier					D8
	DMG02	Date Time Period	52	Employee Date of Birth			19690604
	DMG03	Gender Code	53	Employee Gender Code			F
	DMG04	Marital Status Code	54	Employee Marital Status Code			U
	DMG05	Race of Ethnicity Code					
	DMG06	Citizenship Status Code					
	DMG07	Country Code					
	DMG08	Basis of Verification Code					
	DMG09	Quantity					
REF*Y1*14000714D~							
	REF01	Reference Identification Qualifier					Y1
	REF02	Reference Identification	15	Claim Administrator Claim Number			14000714D
	REF03	Description					
	REF04	Reference Identifier					
PER*CT**TE*7038365527~							
	PER01	Contact Function Code					CT
	PER02	Name					
	PER03	Communication Number Qualifier					TE
	PER04	Communication Number	51	Employee Phone Number			7038365527
	PER05	Communication Number Qualifier					
	PER06	Communication Number					
	PER07	Communication Number Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					
CLM*GH51234*338****13:A:1*Y***Y*******N***00~							
	CLM01	Claim Submitter's Identifier	523	Billing Provider Unique Bill Identification No.			GH51234

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CLM02	Monetary Amount	501	Total Charge Per Bill		55	338
	CLM03	Claim Filing Indicator Code					
	CLM04	Non-Institutional Claim Type Code					
	CLM05	Health Care Service Location Info.					
	CLM05-1	Facility Code Value	504	Facility Code		4	13
	CLM05-2	Facility Code Qualifier	503	Billing Format Code			A
	CLM05-3	Claim Frequency Type Code	505	Bill Frequency Type Code		4	1
	CLM06	Yes/No Condition or Response Code	506	Provider Signature on File Indicator			Y
	CLM07	Provider Accept Assignment Code					
	CLM08	Yes/No Condition or Response Code					
	CLM09	Release of Information Code	526	Release of Information Code			Y
	CLM10	Patient Signature Source Code					
	CLM11	Related Causes Information					
	CLM12	Special Program Code					
	CLM13	Yes/No Condition or Response Code					
	CLM14	Level of Service Code					
	CLM15	Yes/No Condition or Response Code					
	CLM16	Provider Agreement Code	507	Provider Agreement Code			N
	CLM17	Claim Status Code					
	CLM18	Yes/No Condition or Response Code					
	CLM19	Claim Submission Reason Code	508	Bill Submission Reason Code			00
	CLM20	Delay Reason Code					
DTP*050*D8*19980220~							
	DTP01	Date/Time Qualifier					050
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	511	Date Insurer Received Bill			19980220
DTP*435*DT*199802151300~							
	DTP01	Date/Time Qualifier					435

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	DTP02	Date Time Period Format Qualifier					DT
	DTP03	Date Time Period	513	Admission Date		17	19980215
			622	Admission Hour		18	1300
DTP*096*DT*199802151500~							
	DTP01	Date/Time Qualifier					096
	DTP02	Date Time Period Format Qualifier					DT
	DTP03	Date Time Period	514	Discharge Date		6	19980215
			623	Discharge Hour		21	1500
DTP*472*RD8*19980215-19980215~							
	DTP01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	509	Service Bill Date(s) Range		6	19980215-19980215
DTP*434*D8*19980217~							
	DTP01	Date/Time Qualifier					434
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	510	Date of Bill		85	19980217
DTP*666*D8*19980403~							
	DTP01	Date/Time Qualifier					666
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	512	Date Insurer Paid Bill			19980403
AMT*TP*236.60~							
	AMT01	Amount Qualifier Code					TP
	AMT02	Monetary Amount	516	Total Amount Paid Per Bill			236.60
	AMT03	Debit/Credit Flag					
REF*DD*222123~							
	REF01	Reference Identification Qualifier					DD
	REF02	Reference Identification	500	Unique Bill ID Number			222123
	REF03	Description					
	REF04	Reference Identifier					
REF*EJ*7654322~							

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	REF01	Reference Identification Qualifier					EJ
	REF02	Reference Identification	517	Patient Account Number		3	7654322
	REF03	Description					
	REF04	Reference Identifier					
REF*2I*47654321~							
	REF01	Reference Identification Qualifier					2I
	REF02	Reference Identification	266	Transaction Tracking Number			47654321
	REF03	Description					
	REF04	Reference Identifier					
HI*BK:847.2~							
	HI01	Health Care Code Information					
	HI01-1	Code List Qualifier					BK
	HI01-2	Industry Code	521	Principal Diagnosis Code		67	847.2
	HI01-3	Date Time Period Format Qualifier					
	HI01-4	Date Time Period					
	HI01-5	Monetary Amount					
	HI01-6	Quantity					
	HI01-7	Version Identifier					
	HI02	Health Care Code Information					
	HI03	Health Care Code Information					
	HI04	Health Care Code Information					
	HI05	Health Care Code Information					
	HI06	Health Care Code Information					
	HI07	Health Care Code Information					
	HI08	Health Care Code Information					
	HI09	Health Care Code Information					
	HI10	Health Care Code Information					
	HI11	Health Care Code Information					
	HI12	Health Care Code Information					
NM1*85*2*General Hospital*****FI*219999998~							

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM101	Entity Identifier Code					85
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	528	Billing Provider Last/Group Name		1	General Hospital
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	629	Billing Provider FEIN		5	219999998
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*2221 Medical Blvd~							
	N301	Address Information	538	Billing Provider Primary Address		1	2221 Medical Blvd
	N302	Address Information					
N4*Arlington*Val*62314~							
	N401	City Name	540	Billing Provider City		1	Arlington
	N402	State or Province Code	541	Billing Provider State Code		1	VA
	N403	Postal Code	542	Billing Provider Postal Code		1	62314
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
NM1*82*1*Herts*James***MD~							
	NM101	Entity Identifier Code					82
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	638	Rendering Bill Provider Last/Group Name		82	Herts
	NM104	Name First	639	Rendering Bill Provider First Name		82	James
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix	641	Rendering Bill Provider Last Name Suffix		82	MD

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM108	Identification Code Qualifier					
	NM109	Identification Code					
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
PRV*PE*S3*203BE0004Y~							
	PRV01	Provider Code					PE
	PRV02	Reference Identification Qualifier					S3
	PRV03	Reference Identification	651	Rendering Bill Provider Primary Specialty Code			203BE0004Y
	PRV04	State or Province Code					
	PRV05	Provider Specialty Information					
	PRV05-1	Provider Specialty Code					
	PRV05-2	Agency Qualifier Code					
	PRV05-3	Yes/No Condition or Response Code					
	PRV06	Provider Organization Code					
SBR*P~							
	SBR01	Payer Responsibility Sequence Number Code					P
	SBR02	Individual Relationship Code					
	SBR03	Reference Identification					
	SBR04	Name					
	SBR05	Insurance Type Code					
	SBR06	Coordination of Benefits					
	SBR07	Yes/No Condition or Response Code					
	SBR08	Employment Status Code					
	SBR09	Claim Filing Indicator Code					
CAS*PI*42*101.40*2~							
	CAS01	Claim Adjustment Group Code	543	Bill Adjustment Group Code			PI
	CAS02	Claim Adjustment Reason Code	544	Bill Adjustment Reason Code			42
	CAS03	Monetary Amount	545	Bill Adjustment Amount			101.40

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CAS04	Quantity	546	Bill Adjustment Units			2
	CAS05	Claim Adjustment Reason Code					
	CAS06	Monetary Amount					
	CAS07	Quantity					
	CAS08	Claim Adjustment Reason Code					
	CAS09	Monetary Amount					
	CAS10	Quantity					
	CAS11	Claim Adjustment Reason Code					
	CAS12	Monetary Amount					
	CAS13	Quantity					
	CAS14	Claim Adjustment Reason Code					
	CAS15	Monetary Amount					
	CAS16	Quantity					
	CAS17	Claim Adjustment Reason Code					
	CAS18	Monetary Amount					
	CAS19	Quantity					
LX*1~							
	LX01	Assigned Number	547	Line Number			1
SV2*450**HC:99282*125*UN*1~							
	SV201	Product/Service ID	559	Revenue Billed Code		42	450
	SV202	Composite Medical Procedure Identifier					
	SV202-1	Product/Service ID Qualifier					HC
	SV202-2	Product/Service ID	714	HCPCS Line Procedure Billed Code		44	99282
	SV202-3	Procedure Modifier					
	SV202-4	Procedure Modifier					
	SV202-5	Procedure Modifier					
	SV202-6	Procedure Modifier					
	SV202-7	Description					
	SV203	Monetary Amount	552	Total Charge Per Line		47	125

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV204	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV205	Quantity	554	Day(s)/Unit(s) Billed		46	1
	SV206	Unit Rate					
	SV207	Monetary Amount					
	SV208	Yes/No Condition or Response Code					
	SV209	Nursing Home Residential Status Code					
	SV210	Level of Care Code					
SVD*XX*94.90*HC:99282*450*1~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			94.90
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service ID Qualifier					HC
	SVD03-2	Product/Service ID	726	HCPCS Line Procedure Paid Code			99282
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID	576	Revenue Paid Code			450
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			1
	SVD06	Assigned Number					
CAS*PI*42*30.10*1~							
	CAS01	Claim Adjustment Group Code	731	Service Adjustment Group Code			PI
	CAS02	Claim Adjustment Reason Code	732	Service Adjustment Reason Code			42
	CAS03	Monetary Amount	733	Service Adjustment Amount			30.10
	CAS04	Quantity	734	Service Adjustment Units			1
	CAS05	Claim Adjustment Reason Code					
	CAS06	Monetary Amount					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CAS07	Quantity					
	CAS08	Claim Adjustment Reason Code					
	CAS09	Monetary Amount					
	CAS10	Quantity					
	CAS11	Claim Adjustment Reason Code					
	CAS12	Monetary Amount					
	CAS13	Quantity					
	CAS14	Claim Adjustment Reason Code					
	CAS15	Monetary Amount					
	CAS16	Quantity					
	CAS17	Claim Adjustment Reason Code					
	CAS18	Monetary Amount					
	CAS19	Quantity					
LX*2~							
	LX01	Assigned Number	547	Line Number			2
SV2*320**213*UN*1~							
	SV201	Product/Service ID	559	Revenue Billed Code		42	320
	SV202	Composite Medical Procedure Identifier					
	SV103	Monetary Amount	552	Total Charge Per Line		47	213
	SV104	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV105	Quantity	554	Day(s)/Unit(s) Billed		46	1
	SV106	Unit Rate					
	Sv207	Monetary Amount					
	SV208	Yes/No Condition or Response Code					
	SV209	Nursing Home Residential Status Code					
	SV210	Level of Care Code					
SVD*XX*141.70**320*1~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			141.70

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SVD03	Composite Medical Procedure Qualifier					
	SVD04	Product/Service ID	576	Revenue Paid Code			320
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			1
	SVD06	Assigned Number					
CAS*PI*42*71.30*1~							
	CAS01	Claim Adjustment Group Code	731	Service Adjustment Group Code			PI
	CAS02	Claim Adjustment Reason Code	732	Service Adjustment Reason Code			42
	CAS03	Monetary Amount	733	Service Adjustment Amount			71.30
	CAS04	Quantity	734	Service Adjustment Units			1
	CAS05	Claim Adjustment Reason Code					
	CAS06	Monetary Amount					
	CAS07	Quantity					
	CAS08	Claim Adjustment Reason Code					
	CAS09	Monetary Amount					
	CAS10	Quantity					
	CAS11	Claim Adjustment Reason Code					
	CAS12	Monetary Amount					
	CAS13	Quantity					
	CAS14	Claim Adjustment Reason Code					
	CAS15	Monetary Amount					
	CAS16	Quantity					
	CAS17	Claim Adjustment Reason Code					
	CAS18	Monetary Amount					
	CAS19	Quantity					
SE*52*92342~							
	SE01	Number of Included Segments					52
	SE02	Transaction Set Control Number					92342

Scenario 3 – Physical Therapy

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria, VA 62309. Her telephone number is (703) 836-5527 and Social Security Number is 224-17-3272. Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, VA. 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and their FEIN is 59-7654321.

On 02/15/98, Darlene hurt her lower back while lifting boxes. Darlene signed a medical release of information prior to treatment. She received physical therapy from 02/19/98 through 02/28/98 from Carl Bones, a physical therapist, license number PT0000432 who worked for Spines R Us, located at 345 Lower Level, Fairfax, VA 62308. FEIN is 43-5621987. The total bill for physical therapy was $520.00. After treatment, Spines R Us assigned unique bill identification number SRU3812 to Darlene's bill and forwarded it to WorkComp Insurance Company, Darlene's employer's workers' compensation carrier, for payment.

Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, IL 60606-1234. WorkComp Insurance Company's telephone number is (312) 555-1470 and their FEIN is 98-7654321. Bagels, Etc. is covered under policy number 147643A472. WorkComp Insurance Company received the invoice from Spines R Us on 03/07/98 and paid it on 03/21/98 under claim administrator claim number 14000714D. The applicable jurisdiction is Virginia, who assigned state claim number 98-778642 to Darlene's claim.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company's state ID is 263148001. WorkComp Insurance Company sent a transaction to the Virginia Department of Labor on 05/01/98, covering a reporting period of 02/01/98 to 03/31/98. The unique bill number assigned by WorkComp Insurance Company for Darlene's bill was 333123.

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
ST*837*92343							
	ST01	Transaction Set Identifier Code					837
	ST02	Transaction Set Control Number					92343
BHT*0080*00*92343*19980501*1900~							
	BHT01	Hierarchical Structure Code					0080
	BHT02	Transaction Set Purpose Code					00
	BHT03	Reference Identification	532	Batch Control Number			92343
	BHT04	Date	100	Date Transmission Sent			19980501
	BHT05	Time	101	Time Transmission Sent			1900
	BHT06	Transaction Type Code					
NM1*10*2******FI*987654321~							
	NM101	Entity Identifier Code					10
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	98	Sender ID (combined with postal code)			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	98	Sender ID (combined with FEIN)			606061234
	N404	Country Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	N405	Location Qualifier					
	N406	Location Identifier					
NM1*40*2******FI*123456789~							
	NM101	Entity Identifier Code					40
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	99	Receiver ID (combined with postal code)			123456789
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***623014311~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	99	Receiver ID (combined with FEIN)			623014311
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*1**20*1~							
	HL01	Hierarchical ID Number					1
	HL02	Hierarchical Parent Number					
	HL03	Hierarchical Level Number					20
	HL04	Hierarchical Child Code					1
DTP*582*RD8*19980201-19980331~							
	DTP01	Date/Time Qualifier					582

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	615	Reporting Period			19980201-19980331
NM1*CA*2*WorkComp Insurance Company*****FI*987654321~							
	NM101	Entity Identifier Code					CA
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	7	Insurer Name			WorkComp Insurance Company
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	6	Insurer FEIN			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	616	Insurer Postal Code			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*2*1*EM*1~							
	HL01	Hierarchical ID Number					2
	HL02	Hierarchical Parent Number					1
	HL03	Hierarchical Level Number					EM
	HL04	Hierarchical Child Code					1
NM1*36*2*Bagels Etc.*****FI*597654321~							

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM101	Entity Identifier Code					36
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	18	Employer Name			Bagels Etc.
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	16	Employer FEIN			597654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*234 Main Street~							
	N301	Address Information	19	Employer Physical Primary Address			234 Main Street
	N302	Address Information					
N4*Arlington*Val*62314~							
	N401	City Name	21	Employer Physical City			Arlington
	N402	State or Province Code	22	Employer Physical State Code			VA
	N403	Postal Code	23	Employer Physical Postal Code			62314
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
REF*IG*147643A472~							
	REF01	Reference Identification Qualifier					IG
	REF02	Reference Identification	28	Policy Number			147643A472
	REF03	Description					
	REF04	Reference Identifier					
PER*IC**WP*7034721462~							
	PER01	Contact Function Code					IC
	PER02	Name					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	PER03	Communication Number Qualifier					WP
	PER04	Communication Number	159	Employer Contact Business Phone Number			7034721462
	PER05	Communication Number Qualifier					
	PER06	Communication Number					
	PER07	Communication Number Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					
HL*3*2*CL*0~							
	HL01	Hierarchical ID Number					3
	HL02	Hierarchical Parent Number					2
	HL03	Hierarchical Level Number					CL
	HL04	Hierarchical Child Code					0
DTP*558*D8*19980215~							
	DTP01	Date/Time Qualifier					558
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	31	Date of Injury			19980215
NM1*CC*1*Davidson*Darlene****34*224173272~							
	NM101	Entity Identifier Code					CC
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	43	Employee Last Name			Davidson
	NM104	Name First	44	Employee First Name			Darlene
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					34
	NM109	Identification Code	42	Employee SSN			224173272

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*5720 Green Dr.~							
	N301	Address Information	46	Employee Mailing Primary Address			5720 Green Dr.
	N302	Address Information					
N4*Alexandria*Val*62309~							
	N401	City Name	48	Employee Mailing City			Alexandria
	N402	State or Province Code	49	Employee Mailing State Code			VA
	N403	Postal Code	50	Employee Mailing Postal Code			62309
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
DMG*D8*19690604*F*U~							
	DMG01	Date Time Period Format Qualifier					D8
	DMG02	Date Time Period	52	Employee Date of Birth			19690604
	DMG03	Gender Code	53	Employee Gender Code			F
	DMG04	Marital Status Code	54	Employee Marital Status Code			U
	DMG05	Race of Ethnicity Code					
	DMG06	Citizenship Status Code					
	DMG07	Country Code					
	DMG08	Basis of Verification Code					
	DMG09	Quantity					
REF*Y1*14000714D~							
	REF01	Reference Identification Qualifier					Y1
	REF02	Reference Identification	15	Claim Administrator Claim Number			14000714D
	REF03	Description					
	REF04	Reference Identifier					
PER*CT**TE*7038365527~							
	PER01	Contact Function Code					CT

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	PER02	Name					
	PER03	Communication Number Qualifier					TE
	PER04	Communication Number	51	Employee Phone Number			7038365527
	PER05	Communication Number Qualifier					
	PER06	Communication Number					
	PER07	Communication Number Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					
CLM*SRU3812*520****11:B*Y***Y*******N***00~							
	CLM01	Claim Submitter's Identifier	523	Billing Provider Unique Bill Identification No.			SRU3812
	CLM02	Monetary Amount	501	Total Charge Per Bill	28		520
	CLM03	Claim Filing Indicator Code					
	CLM04	Non-Institutional Claim Type Code					
	CLM05	Health Care Service Location Information					
	CLM05-1	Facility Code Value	555	Place of Service Bill Code			11
	CLM05-2	Facility Code Qualifier	503	Billing Format Code			B
	CLM05-3	Claim Frequency Type Code					
	CLM06	Yes/No Condition or Response Code	506	Provider Signature on File Indicator	12		Y
	CLM07	Provider Accept Assignment Code					
	CLM08	Yes/No Condition or Response Code					
	CLM09	Release of Information Code	526	Release of Information Code			Y
	CLM10	Patient Signature Source Code					
	CLM11	Related Causes Information					
	CLM12	Special Program Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CLM13	Yes/No Condition or Response Code					
	CLM14	Level of Service Code					
	CLM15	Yes/No Condition or Response Code					
	CLM16	Provider Agreement Code	507	Provider Agreement Code			N
	CLM17	Claim Status Code					
	CLM18	Yes/No Condition or Response Code					
	CLM19	Claim Submission Reason Code	508	Bill Submission Reason Code			00
	CLM20	Delay Reason Code					
DTP*050*D8*19980307~							
	DTP01	Date/Time Qualifier					050
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	511	Date Insurer Received Bill			19980307
DTP*472*RD8*19980219-19980228~							
	DTP01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	509	Service Bill Date(s) Range	24a		19980219-19980228
DTP*434*D8*19980301~							
	DTP01	Date/Time Qualifier					434
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	510	Date of Bill	31		19980301
DTP*666*D8*19980321~							
	DTP01	Date/Time Qualifier					666
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	512	Date Insurer Paid Bill			19980321
AMT*TP*520~							
	AMT01	Amount Qualifier Code					TP

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	AMT02	Monetary Amount	516	Total Amount Paid Per Bill	29		520
	AMT03	Debit/Credit Flag					
REF*DD*333123~							
	REF01	Reference Identification Qualifier					DD
	REF02	Reference Identification	500	Unique Bill ID Number			333123
	REF03	Description					
	REF04	Reference Identifier					
REF*EJ*06375~							
	REF01	Reference Identification Qualifier					EJ
	REF02	Reference Identification	517	Patient Account Number	26		06375
	REF03	Description					
	REF04	Reference Identifier					
REF*2I*76543210~							
	REF01	Reference Identification Qualifier					2I
	REF02	Reference Identification	266	Transaction Tracking Number			76543210
	REF03	Description					
	REF04	Reference Identifier					
HI*BK:847.2~							
	HI01	Health Care Code Information					
	HI01-1	Code List Qualifier					BK
	HI01-2	Industry Code	522	ICD-9 CM Diagnosis Code	21		847.2
	HI01-3	Date Time Period Format Qualifier					
	HI01-4	Date Time Period					
	HI01-5	Monetary Amount					
	HI01-6	Quantity					
	HI01-7	Version Identifier					
	HI02	Health Care Code Information					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	HI03	Health Care Code Information					
	HI04	Health Care Code Information					
	HI05	Health Care Code Information					
	HI06	Health Care Code Information					
	HI07	Health Care Code Information					
	HI08	Health Care Code Information					
	HI09	Health Care Code Information					
	HI10	Health Care Code Information					
	HI11	Health Care Code Information					
	HI12	Health Care Code Information					
NM1*85*2*Spines R Us****FI*435621987~							
	NM101	Entity Identifier Code					85
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	528	Billing Provider Last/Group Name	33		Spines R Us
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	629	Billing Provider FEIN	25		435621987
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*345 Lower Level~							
	N301	Address Information	538	Billing Provider Primary Address	33		345 Lower Level

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	N302	Address Information					
N4*Fairfax*Val*62308~							
	N401	City Name	540	Billing Provider City	33		Fairfax
	N402	State or Province Code	541	Billing Provider State Code	33		VA
	N403	Postal Code	542	Billing Provider Postal Code	33		62308
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
NM1*82*1*Bones*Carl***PT*FI*435621987~							
	NM101	Entity Identifier Code					82
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	638	Rendering Bill Provider Last/Group Name	31		Bones
	NM104	Name First	639	Rendering Bill Provider First Name	31		Carl
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix	641	Rendering Bill Provider Last Name Suffix	31		PT
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	642	Rendering Bill Provider FEIN			435621987
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
LX*1~							
	LX01	Assigned Number	547	Line Number			1
SV1*HC:97701*100*UN*1*11**1~							
	SV101	Composite Medical Procedure Identifier					
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		97701
	SV101-3	Procedure Modifier					
	SV101-4	Procedure Modifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					
	SV102	Monetary Amount	552	Total Charge Per Line	24f		100
	SV103	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV104	Quantity	554	Day(s)/Unit(s) Billed	24g		1
	SV105	Facility Code Value	600	Place of Service Line Code	24b		11
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19980219-19980219~							

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	605	Service Line Date(s) Range	24a		19980219-19980219
SVD*XX*100**HC:97701**1~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			100
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service Id Qualifier					HC
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			97701
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			1
	SVD06	Assigned Number					
LX*2~							
	LX01	Assigned Number	547	Line Number			2
SV1*HC:97110*60*UN*2*11**1~							
	SV101	Composite Medical Procedure Identifier					
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		97110
	SV101-3	Procedure Modifier					
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV102	Monetary Amount	552	Total Charge Per Line	24f		60
	SV103	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV104	Quantity	554	Day(s)/Unit(s) Billed	24g		2
	SV105	Facility Code Value	600	Place of Service Line Code	24b		11
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19980219-19980219~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	DTP03	Date Time Period	605	Service Line Date(s) Range	24a		19980219-19980219
SVD*XX*60*HC:97110**2~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			60
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service Id Qualifier					HC
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			97110
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			2
	SVD06	Assigned Number					
LX*3~							
	LX01	Assigned Number	547	Line Number			3
SV1*HC:97033*30*UN*1*11**1~							
	SV101	Composite Medical Procedure Identifier					
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		97033
	SV101-3	Procedure Modifier					
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					
	SV102	Monetary Amount	552	Total Charge Per Line	24f		30
	SV103	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV104	Quantity	554	Day(s)/Unit(s) Billed	24g		1
	SV105	Facility Code Value	600	Place of Service Line Code	24b		11
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19980219-19980219~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	605	Service Line Date(s) Range	24a		19980219-19980219
SVD*XX*30*HC:97033**1~							
	SVD01	Identification Code					XX

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			30
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service Id Qualifier					HC
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			97033
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			1
	SVD06	Assigned Number					
LX*4~							
	LX01	Assigned Number	547	Line Number			4
SV1*HC:97110*20*UN*1*11**1~							
	SV101	Composite Medical Procedure Identifier					
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		97110
	SV101-3	Procedure Modifier					
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					
	SV102	Monetary Amount	552	Total Charge Per Line	24f		20
	SV103	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV104	Quantity	554	Day(s)/Unit(s) Billed	24g		1
	SV105	Facility Code Value	600	Place of Service Line Code	24b		11

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19980219-19980219~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	605	Service Line Date(s) Range	24a		19980219-19980219
SVD*XX*20*HC:97110**1~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			20

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service Id Qualifier					HC
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			97110
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			1
	SVD06	Assigned Number					
LX*5~							
	LX01	Assigned Number	547	Line Number			5
SV1*HC:97110*60*UN*2*11**1~							
	SV101	Composite Medical Procedure Identifier					
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		97110
	SV101-3	Procedure Modifier					
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					
	SV102	Monetary Amount	552	Total Charge Per Line	24f		60
	SV103	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV104	Quantity	554	Day(s)/Unit(s) Billed	24g		2
	SV105	Facility Code Value	600	Place of Service Line Code	24b		11
	SV107	Composite Diagnosis Code Pointer					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19980221-19980221~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	605	Service Line Date(s) Range	24a		19980221-19980221
SVD*XX*60*HC:97110**2~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			60
	SVD03	Composite Medical Procedure Qualifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SVD03-1	Product/Service Id Qualifier					HC
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			97110
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			2
	SVD06	Assigned Number					
LX*6~							
	LX01	Assigned Number	547	Line Number			6
SV1*HC:97033*30*UN*1*11**1~							
	SV101	Composite Medical Procedure Identifier					
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		97033
	SV101-3	Procedure Modifier					
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					
	SV102	Monetary Amount	552	Total Charge Per Line	24f		30
	SV103	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV104	Quantity	554	Day(s)/Unit(s) Billed	24g		1
	SV105	Facility Code Value	600	Place of Service Line Code	24b		11
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19980221-19980221~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	605	Service Line Date(s) Range	24a		19980221-19980221
SVD*XX*30*HC:97033**1~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			30
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service Id Qualifier					HC
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			97033

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			1
	SVD06	Assigned Number					
LX*7~							
	LX01	Assigned Number	547	Line Number			7
SV1*HC:97010*20*UN*1*11**1~							
	SV101	Composite Medical Procedure Identifier					
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		97010
	SV101-3	Procedure Modifier					
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					
	SV102	Monetary Amount	552	Total Charge Per Line	24f		20
	SV103	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV104	Quantity	554	Day(s)/Unit(s) Billed	24g		1
	SV105	Facility Code Value	600	Place of Service Line Code	24b		11
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19980221-19980221~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	509	Service Line Date(s) Range	24a		19980221-19980221
SVD*XX*20*HC:97010**1~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			20
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service Id Qualifier					HC
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			97010
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			1
	SVD06	Assigned Number					
LX*8~							
	LX01	Assigned Number	547	Line Number			8
SV1*HC:97110*60*UN*1*11**1~							
	SV101	Composite Medical Procedure Identifier					
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		97110
	SV101-3	Procedure Modifier					
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					
	SV102	Monetary Amount	552	Total Charge Per Line	24f		60
	SV103	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV104	Quantity	554	Day(s)/Unit(s) Billed	24g		1
	SV105	Facility Code Value	600	Place of Service Line Code	24b		11
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19980223-19980223~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	605	Service Line Date(s) Range	24a		19980223-19980223
SVD*XX*60*HC:97110**1~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			60
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service Id Qualifier					HC
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			97110
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			1
	SVD06	Assigned Number					
LX*9~							
	LX01	Assigned Number	547	Line Number			9
SV1*HC:97033*30*UN*1*11**1~							
	SV101	Composite Medical Procedure Identifier					
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		97033
	SV101-3	Procedure Modifier					
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					
	SV102	Monetary Amount	552	Total Charge Per Line	24f		30
	SV103	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV104	Quantity	554	Day(s)/Unit(s) Billed	24g		1
	SV105	Facility Code Value	600	Place of Service Line Code	24b		11
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19980223-19980223~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	605	Service Line Date Range	24a		19980223-19980223
SVD*XX*30*HC:97033**1~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			30
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service Id Qualifier					HC
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			97033
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			1

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SVD06	Assigned Number					
LX*10~							
	LX01	Assigned Number	547	Line Number			10
SV1*HC:97110*20*UN*1*11**1~							
	SV101	Composite Medical Procedure Identifier					
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		97110
	SV101-3	Procedure Modifier					
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					
	SV102	Monetary Amount	552	Total Charge Per Line	24f		20
	SV103	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV104	Quantity	554	Day(s)/Unit(s) Billed	24g		1
	SV105	Facility Code Value	600	Place of Service Line Code	24b		11
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19980223-19980223~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	605	Service Line Date Range	24a		19980223-19980223
SVD*XX*20*HC:97110**1~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			20
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service Id Qualifier					HC
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			97110
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			1
	SVD06	Assigned Number					
LX*11~							
	LX01	Assigned Number	547	Line Number			11

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
SV1*HC:97110*60*UN*2*11**1~							
	SV101	Composite Medical Procedure Identifier					
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		97110
	SV101-3	Procedure Modifier					
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					
	SV102	Monetary Amount	552	Total Charge Per Line	24f		60
	SV103	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV104	Quantity	554	Day(s)/Unit(s) Billed	24g		2
	SV105	Facility Code Value	600	Place of Service Line Code	24b		11
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19980228-19980228~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	605	Service Line Date(s) Range	24a		19980228-19980228
SVD*XX*60*HC:97110**2~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			60
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service Id Qualifier					HC
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			97110
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			2
	SVD06	Assigned Number					
LX*12~							
	LX01	Assigned Number	547	Line Number			12
SV1*HC:97033*30*UN*1*11**1~							
	SV101	Composite Medical Procedure Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		97033
	SV101-3	Procedure Modifier					
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					
	SV102	Monetary Amount	552	Total Charge Per Line	24f		30
	SV103	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV104	Quantity	554	Day(s)/Unit(s) Billed	24g		1
	SV105	Facility Code Value	600	Place of Service Line Code	24b		11
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19980228-19980228~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	605	Service Line Date(s) Range	24a		19980228-19980228
SVD*XX*30*HC:97033**1~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			30
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service Id Qualifier					HC
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			97033
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			1
	SVD06	Assigned Number					
SE*87*92343~							
	SE01	Number of Included Segments					87
	Se02	Transaction Set Control Number					92343
NOTE: SVD SEGMENTS ARE OPTIONAL IN THIS EXAMPLE BECAUSE AMOUNT PAID IS EQUAL TO AMOUNT BILLED AND THE PROCEDURE PAID IS EQUAL TO THE PROCEDURE BILLED.							

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Scenario 4 – Pharmacy/Durable Medical Equipment

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria, VA 62309. Her telephone number is (703) 836-5527 and Social Security Number is 224-17-3272. Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, VA 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and their FEIN is 59-7654321.

On 02/15/98, Darlene hurt her lower back while lifting boxes. She saw Dr. Charles Femur, license number ME0005555 who prescribed some medications and supplies. She received the medications on 02/18/98 at High Family Pharmacy located on 570 Davis Rd in Arlington, VA 62314, FEIN 59-8877660 and the pharmacist license number is PH0000475. The total pharmacy bill was $75.00. The pharmacy bill was reduced to $55.00 because of an ingredient cost adjustment.

Supplies were obtained on 2/18/1998 from Jones Medical Supply located at 57 Rosewood Dr in Arlington, VA 62314, FEIN 596666666. The total durable medical bill was for $40.00. The durable medical bill was paid in full. Darlene forwarded both bills to WorkComp Insurance Company, her employer's workers' compensation carrier, for payment.

Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, IL 60606-1234. WorkComp Insurance Company's telephone number is (312) 555-1470 and their FEIN is 98-7654321. Bagels, Etc. is covered under policy number 147643A472. WorkComp Insurance Company received the invoice from Darlene on 03/07/98 and paid it on 03/21/98 under claim administrator claim number 14000714D. The applicable jurisdiction is Virginia, who assigned state claim number 98-778642 to Darlene's claim.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company's state ID is 263148001. WorkComp Insurance Company sent a transaction to the Virginia Department of Labor on 04/01/98, covering a reporting period of 02/01/98 to 03/31/98. The unique bill number assigned by WorkComp Insurance Company for Darlene's pharmacy bill was 444123 and for her durable medical bill was 444124.

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
ST*837*92344~							
	ST01	Transaction Set Identifier Code					837
	ST02	Transaction Set Control Number					92344
BHT*0080*00*12345*19980401*1900~							
	BHT01	Hierarchical Structure Code					0080
	BHT02	Transaction Set Purpose Code					00
	BHT03	Reference Identification	532	Batch Control Number			12345
	BHT04	Date	100	Date Transmission Sent			19980401
	BHT05	Time	101	Time Transmission Sent			1900
	BHT06	Transaction Type Code					
NM1*10*2******FI*987654321~							
	NM101	Entity Identifier Code					10
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	98	Sender ID (combined with postal code)			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	98	Sender ID (combined with FEIN)			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
NM1*40*2******FI*123456789~							

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM101	Entity Identifier Code					40
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	99	Receiver ID (combined with postal code)			123456789
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	99	Receiver ID (combined with FEIN)			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*1**20*1~							
	HL01	Hierarchical ID Number					1
	HL02	Hierarchical Parent Number					
	HL03	Hierarchical Level Number					20
	HL04	Hierarchical Child Code					1
DTP*582*RD8*19980201-19980331~							
	DTP01	Date/Time Qualifier					582
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	615	Reporting Period			19980201-19980331
NM1*CA*2*WorkComp Insurance Company*****FI*987654321~							
	NM101	Entity Identifier Code					CA
	NM102	Entity Type Qualifier					2

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM103	Name Last or Organization Name	7	Insurer Name			WorkComp Insurance Company
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	6	Insurer FEIN			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	616	Insurer Postal Code			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*2*1*EM*1~							
	HL01	Hierarchical ID Number					2
	HL02	Hierarchical Parent Number					1
	HL03	Hierarchical Level Number					EM
	HL04	Hierarchical Child Code					1
NM1*36*2*Bagels Etc*****FI*597654321~							
	NM101	Entity Identifier Code					36
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	18	Employer Name			Bagels Etc.
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	16	Employer FEIN			597654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*234 Main Street~							
	N301	Address Information	19	Employer Physical Primary Address			234 Main Street
	N302	Address Information					
N4*Arlington*VA*62314~							
	N401	City Name	21	Employer Physical City			Arlington
	N402	State or Province Code	22	Employer Physical State Code			VA
	N403	Postal Code	23	Employer Physical Postal Code			62314
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
REF*IG*147643A472~							
	REF01	Reference Identification Qualifier					IG
	REF02	Reference Identification	28	Policy Number			147643A472
	REF03	Description					
	REF04	Reference Identifier					
PER*IC**WP*7034721462~							
	PER01	Contact Function Code					IC
	PER02	Name					
	PER03	Communication Number Qualifier					WP
	PER04	Communication Number	159	Employer Contact Business Phone Number			7034721462
	PER05	Communication Number Qualifier					
	PER06	Communication Number					
	PER07	Communication Number Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					
HL*3*2*CL*0~							

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	HL01	Hierarchical ID Number					3
	HL02	Hierarchical Parent Number					2
	HL03	Hierarchical Level Number					CL
	HL04	Hierarchical Child Code					0
DTP*558*D8*19980215~							
	DTP01	Date/Time Qualifier					558
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	31	Date of Injury			19980215
NM1*CC*1*Davidson*Darlene****34*224173272~							
	NM101	Entity Identifier Code					CC
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	43	Employee Last Name			Davidson
	NM104	Name First	44	Employee First Name			Darlene
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					34
	NM109	Identification Code	42	Employee SSN			224173272
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*5720 Green Dr.~							
	N301	Address Information	46	Employee Mailing Primary Address			5720 Green Dr.
	N302	Address Information					
N4*Alexandria*VA*62309~							
	N401	City Name	48	Employee Mailing City			Alexandria
	N402	State or Province Code	49	Employee Mailing State Code			VA
	N403	Postal Code	50	Employee Mailing Postal Code			62309
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
DMG*D8*19690604*F*U~							
	DMG01	Date Time Period Format Qualifier					D8
	DMG02	Date Time Period	52	Employee Date of Birth			19690604
	DMG03	Gender Code	53	Employee Gender Code			F
	DMG04	Marital Status Code	54	Employee Marital Status Code			U
	DMG05	Race of Ethnicity Code					
	DMG06	Citizenship Status Code					
	DMG07	Country Code					
	DMG08	Basis of Verification Code					
	DMG09	Quantity					
REF*Y1*14000714D~							
	REF01	Reference Identification Qualifier					Y1
	REF02	Reference Identification	15	Claim Administrator Claim Number			14000714D
	REF03	Description					
	REF04	Reference Identifier					
PER*CT**TE*7038365527~							
	PER01	Contact Function Code					CT
	PER02	Name					
	PER03	Communication Number Qualifier					TE
	PER04	Communication Number	51	Employee Phone Number			7038365527
	PER05	Communication Number Qualifier					
	PER06	Communication Number					
	PER07	Communication Number Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					
CLM*999*75**RX**99:B**Y***Y*******N***00~							
	CLM01	Claim Submitter's Identifier	523	Billing Provider Unique Bill Identification Number			999(as a placeholder)
	CLM02	Monetary Amount	501	Total Charge Per Bill			75
	CLM03	Claim Filing Indicator Code					
	CLM04	Non-Institutional Claim Type Code	502	Billing Type Code			RX

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CLM05	Health Care Service Location Info.					
	CLM05-1	Facility Code Value	555	Place of Service Bill Code			99
	CLM05-2	Facility Code Qualifier	503	Billing Format Code			B
	CLM05-3	Claim Frequency Type Code					
	CLM06	Yes/No Condition or Response Code	506	Provider Signature on File Indicator			Y
	CLM07	Provider Accept Assignment Code					
	CLM08	Yes/No Condition or Response Code					
	CLM09	Release of Information Code	526	Release of Information Code			Y
	CLM10	Patient Signature Source Code					
	CLM11	Related Causes Information					
	CLM12	Special Program Code					
	CLM13	Yes/No Condition or Response Code					
	CLM14	Level of Service Code					
	CLM15	Yes/No Condition or Response Code					
	CLM16	Provider Agreement Code	507	Provider Agreement Code			N
	CLM17	Claim Status Code					
	CLM18	Yes/No Condition or Response Code					
	CLM19	Claim Submission Reason Code	508	Bill Submission Reason Code			00
	CLM20	Delay Reason Code					
DTP*050*D8*19980307~							
	DTP01	Date/Time Qualifier					050
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	511	Date Insurer Received Bill			19980307
DTP*472*RD8*19980218-1							
	DTP01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	509	Service Bill Date(s) Range			19980218-19980218
DTP*434*D8*19980218~							

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	DTP01	Date/Time Qualifier					434
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	510	Date of Bill			19980218
DTP*666*D8*19980321~							
	DTP01	Date/Time Qualifier					666
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	512	Date Insurer Paid Bill			19980321
AMT*TP*55.00~							
	AMT01	Amount Qualifier Code					TP
	AMT02	Monetary Amount	516	Total Amount Paid Per Bill			55
	AMT03	Debit/Credit Flag					
REF*DD*444123~							
	REF01	Reference Identification Qualifier					DD
	REF02	Reference Identification	500	Unique Bill Id Number			444123
	REF03	Description					
	REF04	Reference Identifier					
REF*2I*76543210~							
	REF01	Reference Identification Qualifier					2I
	REF02	Reference Identification	266	Transaction Tracking Number			76543210
	REF03	Description					
	REF04	Reference Identifier					
NM1*85*2*High Family Pharmacy*****FI*598877660~							
	NM101	Entity Identifier Code					85
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	528	Billing Provider Last/Group Name			High Family Pharmacy
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM109	Identification Code	629	Billing Provider FEIN			598877660
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*570 Davis Road~							
	N301	Address Information	538	Billing Provider Primary Address			570 Davis Road
	N302	Address Information					
N4*Arlington*VA*62314~							
	N401	City Name	540	Billing Provider City			Arlington
	N402	State or Province Code	541	Billing Provider State Code			VA
	N403	Postal Code	542	Billing Provider Postal Code			62314
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
LX*1~							
	LX01	Assigned Number	547	Line Number			1
SV4*1**ND:00140000601***1~							
	SV401	Reference Identification	561	Prescription Line Number			1
	SV402	Composite Medical Procedure Identifier					
	SV402-1	Product/Service ID Qualifier					ND
	SV402-2	Product/Service ID	721	NDC Billed Code			00140000601
	SV402-3	Procedure Modifier					
	SV402-4	Procedure Modifier					
	SV402-5	Procedure Modifier					
	SV402-6	Procedure Modifier					
	SV402-7	Description					
	SV403	Reference Identification					
	SV404	Yes/No Condition or Response Code					
	SV405	Dispense As Written Code	562	Dispense As Written Code			1
	SV406	Level of Service Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV407	Prescription Origin Code					
	SV408	Description					
	SV409	Yes/No Condition or Response Code					
	SV410	Yes/No Condition or Response Code					
	SV411	Unit Dose Code					
	SV412	Basis of Cost Determination Code					
	SV413	Basis of Days Supply Determination Code					
	SV414	Dosage Form Code					
	SV415	Co-Pay Status Code					
	SV416	Patient Location Code					
	SV417	Level of Care Code					
	SV418	Prior Authorization Type Code					
DTP*471*D8*19980218~							
	DPT01	Date/Time Qualifier					471
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	604	Prescription Line Date			19980218
QTY*SP*14~							
	QTY01	Quantity Qualifier					SP
	QTY02	Quantity	571	Drugs/Supplies Number of Days			14
	QTY03	Composite Unit of Measure					
	QTY04	Free-Form Message					
AMT*PB*25~							
	AMT01	Amount Qualifier Code					PB
	AMT02	Monetary Amount	572	Drugs/Supplies Billed Amount			25
	AMT03	Credit/Debit Flag Code					
SVD*XX*25**ND:00140000601**14~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			25

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service Id Qualifier					ND
	SVD03-2	Product Service ID	728	NDC Paid Code			00140000601
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			14
	SVD06	Assigned Number					
CAS*PI*90*10.00*1~							
	CAS01	Claim Adjustment Group Code	731	Service Adjustment Group			PI
	CAS02	Claim Adjustment Reason Code	732	Service Adjustment Reason Code			90
	CAS03	Monetary Amount	733	Service Adjustment Amount			10
	CAS04	Quantity	734	Service Adjustment Unit			1
	CAS05	Claim Adjustment Reason Code					
	CAS06	Monetary Amount					
	CAS07	Quantity					
	CAS08	Claim Adjustment Reason Code					
	CAS09	Monetary Amount					
	CAS10	Quantity					
	CAS11	Claim Adjustment Reason Code					
	CAS12	Monetary Amount					
	CAS13	Quantity					
	CAS14	Claim Adjustment Reason Code					
	CAS15	Monetary Amount					
	CAS16	Quantity					
	CAS17	Claim Adjustment Reason Code					
	CAS18	Monetary Amount					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CAS19	Quantity					
LX*2~							
	LX01	Assigned Number	547	Line Number			2
SV4*2**ND:00069322066~							
	SV401	Reference Identification	561	Prescription Line Number			2
	SV402	Composite Medical Procedure Identifier					
	SV402-1	Product/Service ID Qualifier					ND
	SV402-2	Product/Service ID	721	NDC Billed Code			00069322066
	SV402-3	Procedure Modifier					
	SV402-4	Procedure Modifier					
	SV402-5	Procedure Modifier					
	SV402-6	Procedure Modifier					
	SV402-7	Description					
	SV403	Reference Identification					
	SV404	Yes/No Condition or Response Code					
	SV405	Dispense As Written Code					
	SV406	Level of Service Code					
	SV407	Prescription Origin Code					
	SV408	Description					
	SV409	Yes/No Condition or Response Code					
	SV410	Yes/No Condition or Response Code					
	SV411	Unit Dose Code					
	SV412	Basis of Cost Determination Code					
	SV413	Basis of Days Supply Determination Code					
	SV414	Dosage Form Code					
	SV415	Co-Pay Status Code					
	SV416	Patient Location Code					
	SV417	Level of Care Code					
	SV418	Prior Authorization Type Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
DTP*471*D8*19980218~							
	DPT01	Date/Time Qualifier					471
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	604	Prescription Line Date			19980218
QTY*SP*14~							
	QTY01	Quantity Qualifier					SP
	QTY02	Quantity	571	Drugs/Supplies Number of Days			14
	QTY03	Composite Unit of Measure					
	QTY04	Free-Form Message					
AMT*PB*50~							
	AMT01	Amount Qualifier Code					PB
	AMT02	Monetary Amount	572	Drugs/Supplies Billed Amount			50
	AMT03	Credit/Debit Flag Code					
SVD*XX*30**ND:00069322066**14~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			30
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service Id Qualifier					ND
	SVD03-2	Product Service ID	728	NDC Paid Code			00069322066
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			14
	SVD06	Assigned Number					
CAS*PI*90*20*1~							
	CAS01	Claim Adjustment Group Code	731	Service Adjustment Group			PI
	CAS02	Claim Adjustment Reason Code	732	Service Adjustment Reason Code			90

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CAS03	Monetary Amount	733	Service Adjustment Amount			20
	CAS04	Quantity	734	Service Adjustment Unit			1
	CAS05	Claim Adjustment Reason Code					
	CAS06	Monetary Amount					
	CAS07	Quantity					
	CAS08	Claim Adjustment Reason Code					
	CAS09	Monetary Amount					
	CAS10	Quantity					
	CAS11	Claim Adjustment Reason Code					
	CAS12	Monetary Amount					
	CAS13	Quantity					
	CAS14	Claim Adjustment Reason Code					
	CAS15	Monetary Amount					
	CAS16	Quantity					
	CAS17	Claim Adjustment Reason Code					
	CAS18	Monetary Amount					
	CAS19	Quantity					
CLM*999*40**DM**99:B*Y*********N***00~							
	CLM01	Claim Submitter's Identifier	523	Billing Provider Unique Bill Identification Number			999(as a placeholder)
	CLM02	Monetary Amount	501	Total Charge Per Bill			40
	CLM03	Claim Filing Indicator Code					
	CLM04	Non-Institutional Claim Type Code	502	Billing Type Code			DM
	CLM05	Health Care Service Location Info.					
	CLM05-1	Facility Code Value	555	Place of Service Bill Code			99
	CLM05-2	Facility Code Qualifier	503	Billing Format Code			B
	CLM05-3	Claim Frequency Type Code					
	CLM06	Yes/No Condition or Response Code	506	Provider Signature on File Indicator			Y
	CLM07	Provider Accept Assignment Code					
	CLM08	Yes/No Condition or Response Code					
	CLM09	Release of Information Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CLM10	Patient Signature Source Code					
	CLM11	Related Causes Information					
	CLM12	Special Program Code					
	CLM13	Yes/No Condition or Response Code					
	CLM14	Level of Service Code					
	CLM15	Yes/No Condition or Response Code					
	CLM16	Provider Agreement Code	507	Provider Agreement Code			N
	CLM17	Claim Status Code					
	CLM18	Yes/No Condition or Response Code					
	CLM19	Claim Submission Reason Code	508	Bill Submission Reason Code			00
	CLM20	Delay Reason Code					
DTP*050*D8*19980307~							
	DTP01	Date/Time Qualifier					050
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	511	Date Insurer Received Bill			19980307
DTP*472*RD8*19980218-19980218~							
	DTP01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	509	Service Bill Date(s) Range			19980218-19980218
DTP*434*D8*19980218~							
	DTP01	Date/Time Qualifier					434
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	510	Date of Bill			19980218
DTP*666*D8*19980321~							
	DTP01	Date/Time Qualifier					666
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	512	Date Insurer Paid Bill			19980321
AMT*TP*40.00~							
	AMT01	Amount Qualifier Code					TP
	AMT02	Monetary Amount	516	Total Amount Paid Per Bill			40.00

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	AMT03	Debit/Credit Flag					
REF*DD*444124~							
	REF01	Reference Identification Qualifier					DD
	REF02	Reference Identification	500	Unique Bill Id Number			444124
	REF03	Description					
	REF04	Reference Identifier					
REF*2I*76543210~							
	REF01	Reference Identification Qualifier					2I
	REF02	Reference Identification	266	Transaction Tracking Number			76543210
	REF03	Description					
	REF04	Reference Identifier					
NM1*85*2*Jones Medical Supply*****FI*596666666~							
	NM101	Entity Identifier Code					85
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	528	Billing Provider Last/Group Name			Jones Medical Supply
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	629	Billing Provider FEIN			596666666
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*57 Rosewood Drive~							
	N301	Address Information	538	Billing Provider Primary Address			57 Rosewood Drive
	N302	Address Information					
N4*Arlington*VA*62314~							
	N401	City Name	540	Billing Provider City			Arlington
	N402	State or Province Code	541	Billing Provider State Code			VA
	N403	Postal Code	542	Billing Provider Postal Code			62314

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
LX*1~							
	LX01	Assigned Number	547	Line Number			1
SV5*HC:E0930*UN*1**15~							
	SV501	Composite Medical Procedure Identifier					
	SV501-1	Product/Service ID Qualifier					HC
	SV501-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		E0930
	SV501-3	Procedure Modifier					
	SV501-4	Procedure Modifier					
	SV501-5	Procedure Modifier					
	SV501-6	Procedure Modifier					
	SV501-7	Description					
	SV502	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV503	Quantity	554	Day(s)/Unit(s) Billed	24g		1
	SV504	Monetary Amount					
	SV505	Monetary Amount	566	Total Charge Per Line Purchase			15
	SV506	Frequency Code					
	SV507	Prognosis Code					
DTP*472*RD8*19980218-19980218~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	605	Service Line Date(s) Range	24a		19980218-19980218
SVD*XX*15*HC:E0930**1~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			15
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service Id Qualifier					HC

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			E0930
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			1
	SVD06	Assigned Number					
LX*2~							
	LX01	Assigned Number	547	Line Number			2
SV5*HC:E0944*UN*1**25~							
	SV501	Composite Medical Procedure Identifier					
	SV501-1	Product/Service ID Qualifier					HC
	SV501-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		E0944
	SV501-3	Procedure Modifier					
	SV501-4	Procedure Modifier					
	SV501-5	Procedure Modifier					
	SV501-6	Procedure Modifier					
	SV501-7	Description					
	SV502	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV503	Quantity	554	Day(s)/Unit(s) Billed	24g		1
	SV504	Monetary Amount					
	SV505	Monetary Amount	566	Total Charge Per Line Purchase			25
	SV506	Frequency Code					
	SV507	Prognosis Code					
DTP*472*RD8*19980218-19980218~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	DTP03	Date Time Period	605	Service Line Date(s) Range	24a		19980218-19980218
SVD*XX*25*HC:E0944**1~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			25
	SVD03	Composite Medical Procedure Qualifier					
	SVD03-1	Product/Service Id Qualifier					HC
	SVD03-2	Product Service ID	726	HCPCS Line Procedure Paid Code			E0944
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID					
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			1
	SVD06	Assigned Number					
SE*69*92344~							
	SE01	Number of Included Segments					69
	SE02	Transaction Set Control Number					92344

Scenario 5 – Emergency Room Physician's Bill (Visit – Bill Disallowed)

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria, VA 62309. Her telephone number is (703) 836-5527 and Social Security Number is 224-17-3272. Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, VA 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and their FEIN is 59-7654321.

On 02/15/98, Darlene hurt her lower back while lifting boxes. Her supervisor, Jonathan Grimes, instructed her to go to Hospital Medical Center located at 2001 Medical Blvd in Arlington, VA 62314. She immediately went to the hospital and was treated in the emergency room by Dr. John Johnson, license number ME0099999. Prior to ER treatment, Darlene signed a medical release of information. The total bill for the emergency room physician's service of $110.00 was submitted by ER Physician Association, FEIN 21-1111113, with unique bill identification number 654321 to WorkComp Insurance Company, Darlene's employer's workers' compensation carrier, for payment.

Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, IL 60606-1234. WorkComp Insurance Company's phone number is (312) 555-1470 and their FEIN is 98-7654321. Bagels, Etc. is covered under policy number 147643A472. WorkComp Insurance Company received the bill from ER Physicians Assoc. on 02/20/98. WorkComp Insurance Company assigned claim administrator claim number 14000714D. WorkComp Insurance Company disallowed the bill on 04/10/98 due to insufficient information. The applicable jurisdiction is Virginia, who assigned state claim number 98-778642 to Darlene's claim.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company's state ID is 263148001. WorkComp Insurance Company sent a transaction to the Virginia Department of Labor on 05/01/98, covering a reporting period of 04/01/98 to 04/30/98. The unique bill number assigned by WorkComp Insurance Company for Darlene's bill was 555123

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
ST*837*92345~							
	ST01	Transaction Set Identifier Code					837
	ST02	Transaction Set Control Number					92345
BHT*0080*00*12345*19980501*1900~							
	BHT01	Hierarchical Structure Code					0080
	BHT02	Transaction Set Purpose Code					00
	BHT03	Reference Identification	532	Batch Control Number			12345
	BHT04	Date	100	Date Transmission Sent			19980501
	BHT05	Time	101	Time Transmission Sent			1900
	BHT06	Transaction Type Code					
NM1*10*2******FI*987654321~							
	NM101	Entity Identifier Code					10
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	98	Sender ID (combined with postal code)			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	98	Sender ID (combined with FEIN)			606061234

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
NM1*40*2******FI*123456789~							
	NM101	Entity Identifier Code					40
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	99	Receiver ID (combined with postal code)			123456789
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***623014311~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	99	Receiver ID (combined with FEIN)			623014311
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*1**20*1~							
	HL01	Hierarchical ID Number					1
	HL02	Hierarchical Parent Number					
	HL03	Hierarchical Level Number					20
	HL04	Hierarchical Child Code					1
DTP*582*RD8*19980401-19980430~							

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	DTP01	Date/Time Qualifier					582
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	615	Reporting Period			19980401-19980430
NM1*CA*2*WorkComp Insurance Company*****FI*987654321~							
	NM101	Entity Identifier Code					CA
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	7	Insurer Name			WorkComp Insurance Company
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	6	Insurer FEIN			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	616	Insurer Postal Code			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*2*1*EM*1~							
	HL01	Hierarchical ID Number					2
	HL02	Hierarchical Parent Number					1
	HL03	Hierarchical Level Number					EM

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	HL04	Hierarchical Child Code					1
NM1*36*2*Bagels Etc.*****FI*597654321~							
	NM101	Entity Identifier Code					36
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	18	Employer Name			Bagels Etc.
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	16	Employer FEIN			597654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*234 Main Street~							
	N301	Address Information	19	Employer Physical Primary Address			234 Main Street
	N302	Address Information					
N4*Arlington*VA*62314~							
	N401	City Name	21	Employer Physical City			Arlington
	N402	State or Province Code	22	Employer Physical State Code			VA
	N403	Postal Code	23	Employer Physical Postal Code			62314
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
REF*IG*147643A472~							
	REF01	Reference Identification Qualifier					IG
	REF02	Reference Identification	28	Policy Number			147643A472
	REF03	Description					
	REF04	Reference Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
PER*IC**WP*7034721462~							
	PER01	Contact Function Code					IC
	PER02	Name					
	PER03	Communication Number Qualifier					WP
	PER04	Communication Number	159	Employer Contact Business Phone Number			7034721462
	PER05	Communication Number Qualifier					
	PER06	Communication Number					
	PER07	Communication Number Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					
HL*3*2*CL*0~							
	HL01	Hierarchical ID Number					3
	HL02	Hierarchical Parent Number					2
	HL03	Hierarchical Level Number					CL
	HL04	Hierarchical Child Code					0
DTP*558*D8*19980215~							
	DTP01	Date/Time Qualifier					558
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	31	Date of Injury			19980215
NM1*CC*1*Davidson*Darlene****34*224173272~							
	NM101	Entity Identifier Code					CC
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	43	Employee Last Name			Davidson
	NM104	Name First	44	Employee First Name			Darlene
	NM105	Name Middle					
	NM106	Name Prefix					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					34
	NM109	Identification Code	42	Employee SSN			224173272
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*5720 Green Dr.~							
	N301	Address Information	46	Employee Mailing Primary Address			5720 Green Dr.
	N302	Address Information					
N4*Alexandria*VA*62309~							
	N401	City Name	48	Employee Mailing City			Alexandria
	N402	State or Province Code	49	Employee Mailing State Code			VA
	N403	Postal Code	50	Employee Mailing Postal Code			62309
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
DMG*D8*19690604*F*U~							
	DMG01	Date Time Period Format Qualifier					D8
	DMG02	Date Time Period	52	Employee Date of Birth			19690604
	DMG03	Gender Code	53	Employee Gender Code			F
	DMG04	Marital Status Code	54	Employee Marital Status Code			U
	DMG05	Race of Ethnicity Code					
	DMG06	Citizenship Status Code					
	DMG07	Country Code					
	DMG08	Basis of Verification Code					
	DMG09	Quantity					
REF*Y1*14000714D~							
	REF01	Reference Identification Qualifier					Y1

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	REF02	Reference Identification	15	Claim Administrator Claim Number			14000714D
	REF03	Description					
	REF04	Reference Identifier					
REF*5L*98778642~							
	REF01	Reference Identification Qualifier					5L
	REF02	Reference Identification	5	Jurisdiction Claim Number			98778642
	REF03	Description					
	REF04	Reference Identifier					
PER*CT**TE*7038365527~							
	PER01	Contact Function Code					CT
	PER02	Name					
	PER03	Communication Number Qualifier					TE
	PER04	Communication Number	51	Employee Phone Number			7038365527
	PER05	Communication Number Qualifier					
	PER06	Communication Number					
	PER07	Communication Number Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					
CLM*654321*110****23:B*Y**********N***00~							
	CLM01	Claim Submitter's Identifier	523	Billing Provider Unique Bill Identification Number			654321
	CLM02	Monetary Amount	501	Total Charge Per Bill	28		110
	CLM03	Claim Filing Indicator Code					
	CLM04	Non-Institutional Claim Type Code					
	CLM05	Health Care Service Location Info.					
	CLM05-1	Facility Code Value	555	Place of Service Bill Code			23

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CLM05-2	Facility Code Qualifier	503	Billing Format Code			B
	CLM05-3	Claim Frequency Type Code					
	CLM06	Yes/No Condition or Response Code	506	Provider Signature on File Indicator	12		Y
	CLM07	Provider Accept Assignment Code					
	CLM08	Yes/No Condition or Response Code					
	CLM09	Release of Information Code					
	CLM10	Patient Signature Source Code					
	CLM11	Related Causes Information					
	CLM12	Special Program Code					
	CLM13	Yes/No Condition or Response Code					
	CLM14	Level of Service Code					
	CLM15	Yes/No Condition or Response Code					
	CLM16	Provider Agreement Code	507	Provider Agreement Code			N
	CLM17	Claim Status Code					
	CLM18	Yes/No Condition or Response Code					
	CLM19	Claim Submission Reason Code	508	Bill Submission Reason Code			00
	CLM20	Delay Reason Code					
DTP*050*D8*19980220~							
	DTP01	Date/Time Qualifier					050
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	511	Date Insurer Received Bill			19980220
DTP*472*RD8*19980215-19980215~							
	DTP01	Date/Time Qualifier					472

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	509	Service Bill Date(s) Range	24a		19980215-19980215
DTP*434*D8*19980215~							
	DTP01	Date/Time Qualifier					434
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	510	Date of Bill	31		19980215
DTP*666*D8*19980410~							
	DTP01	Date/Time Qualifier					666
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	512	Date Insurer Paid Bill			19980410
AMT*TP*0~							
	AMT01	Amount Qualifier Code					TP
	AMT02	Monetary Amount	516	Total Amount Paid Per Bill			0
	AMT03	Debit/Credit Flag					
REF*DD*654321~							
	REF01	Reference Identification Qualifier					DD
	REF02	Reference Identification	500	Unique Bill ID Number			654321
	REF03	Description					
	REF04	Reference Identifier					
REF*2I*76543210~							
	REF01	Reference Identification Qualifier					2I
	REF02	Reference Identification	266	Transaction Tracking Number			76543210
	REF03	Description					
	REF04	Reference Identifier					
HI*BK:847.2~							
	HI01	Health Care Code Information					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	HI01-1	Code List Qualifier					BK
	HI01-2	Industry Code	522	ICD-9 CM Diagnosis Code	21		847.2
	HI01-3	Date Time Period Format Qualifier					
	HI01-4	Date Time Period					
	HI01-5	Monetary Amount					
	HI01-6	Quantity					
	HI01-7	Version Identifier					
	HI02	Health Care Code Information					
	HI03	Health Care Code Information					
	HI04	Health Care Code Information					
	HI05	Health Care Code Information					
	HI06	Health Care Code Information					
	HI07	Health Care Code Information					
	HI08	Health Care Code Information					
	HI09	Health Care Code Information					
	HI10	Health Care Code Information					
	HI11	Health Care Code Information					
	HI12	Health Care Code Information					
NM1*85*2*ER Physician Association*****FI*211111113~							
	NM101	Entity Identifier Code					85
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	528	Billing Provider Last/Group Name	33		ER Physician Association
	NM104	Name First					
	NM105	Name Middle					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	629	Billing Provider FEIN	25		211111113
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*Hospital Medical Center*2001 Medical Blvd~							
	N301	Address Information	538	Billing Provider Primary Address	33		Hospital Medical Center
	N302	Address Information	539	Billing Provider Secondary Address	33		2001 Medical Blvd
N4*Arlington*VA*62314~							
	N401	City Name	540	Billing Provider City	33		Arlington
	N402	State or Province Code	541	Billing Provider State Code	33		VA
	N403	Postal Code	542	Billing Provider Postal Code	33		62314
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
NM1*82*1*Johnson*John~							
	NM101	Entity Identifier Code					82
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	638	Rendering Provider Last/Group Name	31		Johnson
	NM104	Name First	639	Rendering Provider First Name	31		John
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					
	NM109	Identification Code					
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
PRV*PE*S3*203BE0004Y~							
	PVR01	Provider Code					PE
	PRV02	Reference Identification Qualifier					S3
	PRV03	Reference Identification	651	Rendering Bill Provider Primary Specialty Code			203BE0004Y
	PRV04	State or Province Code					
	PRV05	Provider Specialty Information					
	PRV05-1	Provider Specialty Code					
	PRV05-2	Agency Qualifier Code					
	PRV05-3	Yes/no Condition or Response Code					
	PRV06	Provider Organization Code					
NM1*61*2*Hospital Medical Center~							
	NM101	Entity Identifier Code					61
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	678	Facility Name	32		Hospital Medical Center
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					
	NM109	Identification Code					
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*2001 Medical Blvd~							
	N301	Address Information	684	Facility Primary Address	32		2001 Medical Blvd
	N302	Address Information					
N4*Arlington*VA*62314~							

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	N401	City Name	686	Facility City	32		Arlington
	N402	State or Province Code	687	Facility State Code	32		VA
	N403	Postal Code	688	Facility Postal Code	32		62314
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
SBR*P							
	SBR01	Payer Responsibility Seq No Code					P
	SBR02	Individual Relationship Code					
	SBR03	Reference Identification					
	SBR04	Name					
	SBR05	Insurance Type Code					
	SBR06	Coordination of Benefits					
	SBR07	Yes/No Condition or Response Code					
	SBR08	Employment Status Code					
	SBR09	Claim Filing Indicator Code					
CAS*PI*17*110*1~							
	CAS01	Claim Adjustment Group Code	543	Bill Adjustment Group Code			PI
	CAS02	Claim Adjustment Reason Code	544	Bill Adjustment Reason Code			17
	CAS03	Monetary Amount	545	Bill Adjustment Amount			110
	CAS04	Quantity	546	Bill Adjustment Units			1
	CAS05	Claim Adjustment Reason Code					
	CAS06	Monetary Amount					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CAS07	Quantity					
	CAS08	Claim Adjustment Reason Code					
	CAS09	Monetary Amount					
	CAS10	Quantity					
	CAS11	Claim Adjustment Reason Code					
	CAS12	Monetary Amount					
	CAS13	Quantity					
	CAS14	Claim Adjustment Reason Code					
	CAS15	Monetary Amount					
	CAS16	Quantity					
	CAS17	Claim Adjustment Reason Code					
	CAS18	Monetary Amount					
	CAS19	Quantity					
SE*45*92345~							
	SE01	Number of Included Segments					45
	SE02	Transaction Set Control Number					92345

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Scenario 6 – Clinic (Bill Adjustment)

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria, VA 62309. Her telephone number is (703) 836-5527 and Social Security Number is 224-17-3272. Darlene works at Bagels, Etc., located at 234 Main Street in Arlington, VA 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and their FEIN is 59-7654321.

On 02/15/98, Darlene hurt her lower back while lifting boxes. Her supervisor, Jonathan Grimes, instructed her to go to All Help Clinic, located at 507 Frontage Rd., Suite 700, Arlington, VA 62311, FEIN 59-9728007, where she was evaluated and treated by Dr. I. Feelgood, license number ME0004470. The total bill for the services was $284.00. All Help Clinic assigned unique bill identification number AHC123 to Darlene's bill and forwarded it to WorkComp Insurance Company, Darlene's employer's workers' compensation carrier, for payment.

Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, Il 60606-1234. WorkComp Insurance Company's phone number is (312) 555-1470 and their FEIN is 98-7654321. Bagels, Etc. is covered under policy number 147643A472. WorkComp Insurance Company received All Help Clinic's invoice on 03/06/98 and paid it on 04/02/98 under claim administrator claim number 14000714D. The bill was adjusted to $200.00 because the charges exceeded the fee schedule. The applicable jurisdiction is Virginia, who assigned state claim number 98-77862 to Darlene's claim.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company sent a transaction the Virginia Department of Labor on 05/01/98, covering a reporting period of 04/01/98 to 04/30/98. The unique bill number assigned by WorkComp Insurance Company for Darlene's bill was 666123.

This example illustrates a bill level adjustment. The line level information is passed for detail only.

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
ST*837*92346~							
	ST01	Transaction Set Identifier Code					837
	ST02	Transaction Set Control Number					92346
BHT*0080*00*12345*19980501*1900~							
	BHT01	Hierarchical Structure Code					0080
	BHT02	Transaction Set Purpose Code					00
	BHT03	Reference Identification	532	Batch Control Number			12345
	BHT04	Date	100	Date Transmission Sent			19980501
	BHT05	Time	101	Time Transmission Sent			1900
	BHT06	Transaction Type Code					
NM1*10*2******FI*987654321~							
	NM101	Entity Identifier Code					10
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	98	Sender ID (combined with postal code)			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	98	Sender ID (combined with FEIN)			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
NM1*40*2******FI*123456789~							
	NM101	Entity Identifier Code					40
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	99	Receiver ID (combined with postal code)			123456789
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***623014311~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	99	Receiver ID (combined with FEIN)			623014311
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*1**20*1~							
	HL01	Hierarchical ID Number					1
	HL02	Hierarchical Parent Number					
	HL03	Hierarchical Level Number					20
	HL04	Hierarchical Child Code					1
DTP*582*RD8*19980401-19980430~							
	DTP01	Date/Time Qualifier					582
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	615	Reporting Period			19980401-19980430
NM1*CA*2*WorkComp Insurance Company*****FI*987654321~							

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM101	Entity Identifier Code					CA
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	7	Insurer Name			WorkComp Insurance C
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	6	Insurer FEIN			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	616	Insurer Postal Code			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*2*1*EM*1~							
	HL01	Hierarchical ID Number					2
	HL02	Hierarchical Parent Number					1
	HL03	Hierarchical Level Number					EM
	HL04	Hierarchical Child Code					1
NM1*36*2*Bagels Etc.*****FI*594756712~							
	NM101	Entity Identifier Code					36
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	18	Employer Name			Bagels Etc.
	NM104	Name First					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	16	Employer FEIN			597654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*234 Main Street~							
	N301	Address Information	19	Employer Physical Primary Address			234 Main Street
	N302	Address Information					
N4*Arlington*VA*62314~							
	N401	City Name	21	Employer Physical City			Arlington
	N402	State or Province Code	22	Employer Physical State Code			VA
	N403	Postal Code	23	Employer Physical Postal Code			62314
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
REF*IG*147643A472~							
	REF01	Reference Identification Qualifier					IG
	REF02	Reference Identification	28	Policy Number			147643A472
	REF03	Description					
	REF04	Reference Identifier					
PER*IC**WP*7034721462~							
	PER01	Contact Function Code					IC
	PER02	Name					
	PER03	Communication Number Qualifier					WP
	PER04	Communication Number	159	Employer Contact Business Phone Number			7034721462
	PER05	Communication Number Qualifier					
	PER06	Communication Number					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	PER07	Communication Number Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					
HL*3*2*CL*0~							
	HL01	Hierarchical ID Number					3
	HL02	Hierarchical Parent Number					2
	HL03	Hierarchical Level Number					CL
	HL04	Hierarchical Child Code					0
DTP*558*D8*19980215~							
	DTP01	Date/Time Qualifier					558
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	31	Date of Injury			19980215
NM1*CC*1*Davidson*Darlene****34*224173272~							
	NM101	Entity Identifier Code					CC
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	43	Employee Last Name			Davidson
	NM104	Name First	44	Employee First Name			Darlene
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					34
	NM109	Identification Code	42	Employee SSN			224173272
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*5720 Green Dr.~							
	N301	Address Information	46	Employee Mailing Primary Address			5720 Green Dr.
	N302	Address Information					
N4*Alexandria*VA*62309~							
	N401	City Name	48	Employee Mailing City			Alexandria

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	N402	State or Province Code	49	Employee Mailing State Code			VA
	N403	Postal Code	50	Employee Mailing Postal Code			62309
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
DMG*D8*19690604*F*U~							
	DMG01	Date Time Period Format Qualifier					D8
	DMG02	Date Time Period	52	Employee Date of Birth			19690604
	DMG03	Gender Code	53	Employee Gender Code			F
	DMG04	Marital Status Code	54	Employee Marital Status Code			U
	DMG05	Race of Ethnicity Code					
	DMG06	Citizenship Status Code					
	DMG07	Country Code					
	DMG08	Basis of Verification Code					
	DMG09	Quantity					
REF*Y1*14000714D~							
	REF01	Reference Identification Qualifier					Y1
	REF02	Reference Identification	15	Claim Administrator Claim Number			14000714D
	REF03	Description					
	REF04	Reference Identifier					
REF*5L*9877862~							
	REF01	Reference Identification Qualifier					5L
	REF02	Reference Identification	5	Jurisdiction Claim Number			9877862
	REF03	Description					
	REF04	Reference Identifier					
PER*CT**TE*7038365527~							
	PER01	Contact Function Code					CT
	PER02	Name					
	PER03	Communication Number Qualifier					TE

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	PER04	Communication Number	51	Employee Phone Number			7038365527
	PER05	Communication Number Qualifier					
	PER06	Communication Number					
	PER07	Communication Number Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					
CLM*AHC123*284****11:B*Y**********N***00~							
	CLM01	Claim Submitter's Identifier	523	Billing Provider Unique Bill Identification Number			AHC123
	CLM02	Monetary Amount	501	Total Charge Per Bill	28		284
	CLM03	Claim Filing Indicator Code					
	CLM04	Non-Institutional Claim Type Code					
	CLM05	Health Care Service Location Info.					
	CLM05-1	Facility Code Value	555	Place of Service Bill Code			11
	CLM05-2	Facility Code Qualifier	503	Billing Format Code			B
	CLM05-3	Claim Frequency Type Code					
	CLM06	Yes/No Condition or Response Code	506	Provider Signature on File Indicator	12		Y
	CLM07	Provider Accept Assignment Code					
	CLM08	Yes/No Condition or Response Code					
	CLM09	Release of Information Code					
	CLM10	Patient Signature Source Code					
	CLM11	Related Causes Information					
	CLM12	Special Program Code					
	CLM13	Yes/No Condition or Response Code					
	CLM14	Level of Service Code					
	CLM15	Yes/No Condition or Response Code					
	CLM16	Provider Agreement Code	507	Provider Agreement Code			N

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CLM17	Claim Status Code					
	CLM18	Yes/No Condition or Response Code					
	CLM19	Claim Submission Reason Code	508	Bill Submission Reason Code			00
	CLM20	Delay Reason Code					
DTP*050*D8*19980306~							
	DTP01	Date/Time Qualifier					050
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	511	Date Insurer Received Bill			19980306
DTP*472*RD8*19980218-19980304~							
	DTP01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	509	Service Bill Date(s) Range	24a		19980218-19980304
DTP*434*D8*19980304~							
	DTP01	Date/Time Qualifier					434
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	510	Date of Bill	31		19980304
DTP*666*D8*19980402~							
	DTP01	Date/Time Qualifier					666
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	512	Date Insurer Paid Bill			19980402
AMT*TP*200~							
	AMT01	Amount Qualifier Code					TP
	AMT02	Monetary Amount	516	Total Amount Paid Per Bill			200
	AMT03	Debit/Credit Flag					
REF*DD*666123~							
	REF01	Reference Identification Qualifier					DD
	REF02	Reference Identification	500	Unique Bill ID Number			666123

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	REF03	Description					
	REF04	Reference Identifier					
REF*EJ*0197005~							
	REF01	Reference Identification Qualifier					EJ
	REF02	Reference Identification	517	Patient Account Number	26		0197005
	REF03	Description					
	REF04	Reference Identifier					
REF*2I*76543210~							
	REF01	Reference Identification Qualifier					2I
	REF02	Reference Identification	266	Transaction Tracking Number			76543210
	REF03	Description					
	REF04	Reference Identifier					
HI*BK:847.2~							
	HI01	Health Care Code Information					
	HI01-1	Code List Qualifier					BK
	HI01-2	Industry Code	522	ICD-9 CM Diagnosis Code	21		847.2
	HI01-3	Date Time Period Format Qualifier					
	HI01-4	Date Time Period					
	HI01-5	Monetary Amount					
	HI01-6	Quantity					
	HI01-7	Version Identifier					
	HI02	Health Care Code Information					
	HI03	Health Care Code Information					
	HI04	Health Care Code Information					
	HI05	Health Care Code Information					
	HI06	Health Care Code Information					
	HI07	Health Care Code Information					
	HI08	Health Care Code Information					
	HI09	Health Care Code Information					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	HI10	Health Care Code Information					
	HI11	Health Care Code Information					
	HI12	Health Care Code Information					
NM1*85*2*All Help Clinic*****FI*599728007~							
	NM101	Entity Identifier Code					85
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	528	Billing Provider Last/Group Name	33		All Help Clinic
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	629	Billing Provider FEIN	25		599728007
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*507 Frontage Road*Suite 700~							
	N301	Address Information	538	Billing Provider Primary Address	33		507 Frontage Road
	N302	Address Information	539	Billing Provider Secondary Address	33		Suite 700
N4*Arlington*VA*62311~							
	N401	City Name	540	Billing Provider City	33		Arlington
	N402	State or Province Code	541	Billing Provider State Code	33		VA
	N403	Postal Code	542	Billing Provider Postal Code	33		62311
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
REF*0B*ME0004470~							
	REF01	Reference Identification Qualifier					0B
	REF02	Reference Identification	630	Billing Provider State License Number	33		ME0004470
	REF03	Description					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	REF04	Reference Identifier					
NM1*82*1*Feelgood*I~							
	NM101	Entity Identifier Code					82
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	638	Rendering Bill Provider Last/Group Name	31		Feelgood
	NM104	Name First	639	Rendering Bill Provider First Name	31		I
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					
	NM109	Identification Code					
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
PRV*PE*S3*203BF0100Y~							
	PVR01	Provider Code					PE
	PRV02	Reference Identification Qualifier					S3
	PRV03	Reference Identification	651	Rendering Bill Provider Primary Specialty Code			203BF0100Y
	PRV04	State or Province Code					
	PRV05	Provider Specialty Information					
	PRV05-1	Provider Specialty Code					
	PRV05-2	Agency Qualifier Code					
	PRV05-3	Yes/no Condition or Response Code					
	PRV06	Provider Organization Code					
SBR*P~							
	SBR01	Payer Responsibility Sequence Number Code					P
	SBR02	Individual Relationship Code					
	SBR03	Reference Identification					
	SBR04	Name					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SBR05	Insurance Type Code					
	SBR06	Coordination of Benefits					
	SBR07	Yes/No Condition or Response Code					
	SBR08	Employment Status Code					
	SBR09	Claim Filing Indicator Code					
CAS*PI*42*84*1~							
	CAS01	Claim Adjustment Group Code	543	Bill Adjustment Group Code			PI
	CAS02	Claim Adjustment Reason Code	544	Bill Adjustment Reason Code			42
	CAS03	Monetary Amount	545	Bill Adjustment Amount			84
	CAS04	Quantity	546	Bill Adjustment Units			1
	CAS05	Claim Adjustment Reason Code					
	CAS06	Monetary Amount					
	CAS07	Quantity					
	CAS08	Claim Adjustment Reason Code					
	CAS09	Monetary Amount					
	CAS10	Quantity					
	CAS11	Claim Adjustment Reason Code					
	CAS12	Monetary Amount					
	CAS13	Quantity					
	CAS14	Claim Adjustment Reason Code					
	CAS15	Monetary Amount					
	CAS16	Quantity					
	CAS17	Claim Adjustment Reason Code					
	CAS18	Monetary Amount					
	CAS19	Quantity					
SE*44*92346~							
	SE01	Number of Included Segments					44
	SE02	Transaction Set Control Number					92346

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Scenario 7 – Ambulance Charges

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria VA 62309. Her telephone number is (703) 836-5527 and Social Security Number is 224-17-3272. Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, VA 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and their FEIN is 59-7654321.

On 11/14/98, Darlene hurt her lower back while lifting boxes. Her supervisor, Jonathan Grimes, called the Gallatan County Metro Ambulance Service located at 845 4th Ave., Suite 405 in Arlington, VA 32312 to transport Darlene from Bagels, Etc. to Hospital Medical Center, located at 2001 Medical Blvd. Arlington, VA 62314, for treatment. The total bill for ambulance services was $240.00. Gallatan County Metro Ambulance Services assigned unique bill identification number GMAS911 to Darlene's bill and forwarded it to WorkComp Insurance Company, Darlene's employer's workers' compensation carrier, for payment.

Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, IL 60606-1234. WorkComp Insurance Company's phone number is (312) 555-1470 and their FEIN is 98-7654321. Bagels, Etc. is covered under policy number 147643A472. WorkComp Insurance received the invoice from Gallatan County Metro Ambulance Services on 01/15/99 and paid it on 01/20/99 under claim administrator claim number 14000714D. The applicable jurisdiction is Virginia, who assigned claim number 98-778642 to Darlene's claim.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company sent a transaction to the Virginia Department of Labor on 01/20/99, covering a reporting period from 01/01/99 to 01/20/99. The unique bill number assigned by WorkComp Insurance Company for Darlene's bill was 777123.

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
ST*837*92347~							
	ST01	Transaction Set Identifier Code					837
	ST02	Transaction Set Control Number					92347
BHT*0080*00*12345*19990115*1900~							
	BHT01	Hierarchical Structure Code					0080
	BHT02	Transaction Set Purpose Code					00
	BHT03	Reference Identification	532	Batch Control Number			12345
	BHT04	Date	100	Date Transmission Sent			19990115
	BHT05	Time	101	Time Transmission Sent			1900
	BHT06	Transaction Type Code					
NM1*10*2******FI*987654321~							
	NM101	Entity Identifier Code					10
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	98	Sender ID (combined with postal code)			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	98	Sender ID (combined with FEIN)			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
NM1*40*2*****FI*123456789~							
	NM101	Entity Identifier Code					40
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	99	Receiver ID (combined with postal code)			123456789
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***623014311~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	99	Receiver ID (combined with FEIN)			623014311
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*1**20*1~							
	HL01	Hierarchical ID Number					1
	HL02	Hierarchical Parent Number					
	HL03	Hierarchical Level Number					20
	HL04	Hierarchical Child Code					1
DTP*582*RD8*19990101-19990115~							
	DTP01	Date/Time Qualifier					582
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	615	Reporting Period			19990101-19990115
NM1*CA*2*WorkComp Insurance Company*****FI*987654321~							

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM101	Entity Identifier Code					CA
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	7	Insurer Name			WorkComp Insurance Company
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	6	Insurer FEIN			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	616	Insurer Postal Code			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*2*1*EM*1~							
	HL01	Hierarchical ID Number					2
	HL02	Hierarchical Parent Number					1
	HL03	Hierarchical Level Number					EM
	HL04	Hierarchical Child Code					1
NM1*36*2*Bagels Etc.*****FI*597654321~							
	NM101	Entity Identifier Code					36
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	18	Employer Name			Bagels Etc.
	NM104	Name First					
	NM105	Name Middle					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	16	Employer FEIN			597654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*234 Main Street~							
	N301	Address Information	19	Employer Physical Primary Address			234 Main Street
	N302	Address Information					
N4*Arlington*VA*62314~							
	N401	City Name	21	Employer Physical City			Arlington
	N402	State or Province Code	22	Employer Physical State Code			VA
	N403	Postal Code	23	Employer Physical Postal Code			62314
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
REF*IG*147643A472~							
	REF01	Reference Identification Qualifier					IG
	REF02	Reference Identification	28	Policy Number			147643A472
	REF03	Description					
	REF04	Reference Identifier					
PER*IC**WP*7034721462~							
	PER01	Contact Function Code					IC
	PER02	Name					
	PER03	Communication Number Qualifier					WP
	PER04	Communication Number	159	Employer Contact Business Phone Number			7034721462
	PER05	Communication Number Qualifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	PER06	Communication Number					
	PER07	Communication Number Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					
HL*3*2*CL*0~							
	HL01	Hierarchical ID Number					3
	HL02	Hierarchical Parent Number					2
	HL03	Hierarchical Level Number					CL
	HL04	Hierarchical Child Code					0
DTP*558*D8*19981114~							
	DTP01	Date/Time Qualifier					558
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	31	Date of Injury			19981114
NM1*CC*1*Davidson*Darlene****34*224173272~							
	NM101	Entity Identifier Code					CC
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	43	Employee Last Name			Davidson
	NM104	Name First	44	Employee First Name			Darlene
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					34
	NM109	Identification Code	42	Employee SSN			224173272
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*5720 Green Dr.~							
	N301	Address Information	46	Employee Mailing Primary Address			5720 Green Dr.
	N302	Address Information					
N4*Alexandria*VA*62309~							
	N401	City Name	48	Employee Mailing City			Alexandria

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	N402	State or Province Code	49	Employee Mailing State Code			VA
	N403	Postal Code	50	Employee Mailing Postal Code			62309
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
DMG*D8*19690604*F*U~							
	DMG01	Date Time Period Format Qualifier					D8
	DMG02	Date Time Period	52	Employee Date of Birth			19690604
	DMG03	Gender Code	53	Employee Gender Code			F
	DMG04	Marital Status Code	54	Employee Marital Status Code			U
	DMG05	Race of Ethnicity Code					
	DMG06	Citizenship Status Code					
	DMG07	Country Code					
	DMG08	Basis of Verification Code					
	DMG09	Quantity					
REF*Y1*14000714D~							
	REF01	Reference Identification Qualifier					Y1
	REF02	Reference Identification	15	Claim Administrator Claim Number			14000714D
	REF03	Description					
	REF04	Reference Identifier					
REF*5L*98778642~							
	REF01	Reference Identification Qualifier					5L
	REF02	Reference Identification	5	Jurisdiction Claim Number			98778642
	REF03	Description					
	REF04	Reference Identifier					
PER*CT**TE*7038365527~							
	PER01	Contact Function Code					CT
	PER02	Name					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	PER03	Communication Number Qualifier					TE
	PER04	Communication Number	51	Employee Phone Number			7038365527
	PER05	Communication Number Qualifier					
	PER06	Communication Number					
	PER07	Communication Number Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					
CLM*GMAS911*240****41:B*Y**********N***00~							
	CLM01	Claim Submitter's Identifier	523	Billing Provider Unique Bill Identification Number			GMAS911
	CLM02	Monetary Amount	501	Total Charge Per Bill	28		240
	CLM03	Claim Filing Indicator Code					
	CLM04	Non-Institutional Claim Type Code					
	CLM05	Health Care Service Location Info.					
	CLM05-1	Facility Code Value	555	Place of Service Bill Code			41
	CLM05-2	Facility Code Qualifier	503	Billing Format Code			B
	CLM05-3	Claim Frequency Type Code					
	CLM06	Yes/No Condition or Response Code	506	Provider Signature on File Indicator	12		Y
	CLM07	Provider Accept Assignment Code					
	CLM08	Yes/No Condition or Response Code					
	CLM09	Release of Information Code					
	CLM10	Patient Signature Source Code					
	CLM11	Related Causes Information					
	CLM12	Special Program Code					
	CLM13	Yes/No Condition or Response Code					
	CLM14	Level of Service Code					
	CLM15	Yes/No Condition or Response Code					
	CLM16	Provider Agreement Code	507	Provider Agreement Code			N

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CLM17	Claim Status Code					
	CLM18	Yes/No Condition or Response Code					
	CLM19	Claim Submission Reason Code	508	Bill Submission Reason Code			00
	CLM20	Delay Reason Code					
DTP*050*D8*19990115~							
	DTP01	Date/Time Qualifier					050
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	511	Date Insurer Received Bill			19990115
DTP*472*RD8*19981114-19981114~							
	DTP01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	509	Service Bill Date(s) Range	24a		19981114-19981114
DTP*434*D8*19981114~							
	DTP01	Date/Time Qualifier					434
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	510	Date of Bill	31		19981114
DTP*666*D8*19990120~							
	DTP01	Date/Time Qualifier					666
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	512	Date Insurer Paid Bill			19990120
AMT*TP*240~							
	AMT01	Amount Qualifier Code					TP
	AMT02	Monetary Amount	516	Total Amount Paid Per Bill			240
	AMT03	Debit/Credit Flag					
REF*DD*777123~							
	REF01	Reference Identification Qualifier					DD
	REF02	Reference Identification	500	Unique Bill Id Number			777123
	REF03	Description					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	REF04	Reference Identifier					
REF*EJ*01270~							
	REF01	Reference Identification Qualifier					EJ
	REF02	Reference Identification	517	Patient Account Number	26		01270
	REF03	Description					
	REF04	Reference Identifier					
REF*2I*76543210~							
	REF01	Reference Identification Qualifier					2I
	REF02	Reference Identification	266	Transaction Tracking Number			76543210
	REF03	Description					
	REF04	Reference Identifier					
HI*BK:724.5~							
	HI01	Health Care Code Information					
	HI01-1	Code List Qualifier					BK
	HI01-2	Industry Code	522	ICD-9 CM Diagnosis Code	21		724.5
	HI01-3	Date Time Period Format Qualifier					
	HI01-4	Date Time Period					
	HI01-5	Monetary Amount					
	HI01-6	Quantity					
	HI01-7	Version Identifier					
	HI02	Health Care Code Information					
	HI03	Health Care Code Information					
	HI04	Health Care Code Information					
	HI05	Health Care Code Information					
	HI06	Health Care Code Information					
	HI07	Health Care Code Information					
	HI08	Health Care Code Information					
	HI09	Health Care Code Information					
	HI10	Health Care Code Information					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	HI11	Health Care Code Information					
	HI12	Health Care Code Information					
NM1*85*2*Gallatan County Metro Ambul		FI*592731500~					
	NM101	Entity Identifier Code					85
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	528	Billing Provider Last/Group Name	33		Gallatan County Metro Ambulance Services
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	629	Billing Provider FEIN	25		592731500
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*845 4th Avenue*Suite 405~							
	N301	Address Information	538	Billing Provider Primary Address	33		845 4th Avenue
	N302	Address Information	539	Billing Provider Secondary Address	33		Suite 405
N4*Arlington*VA*32312~							
	N401	City Name	540	Billing Provider City	33		Arlington
	N402	State or Province Code	541	Billing Provider State Code	33		VA
	N403	Postal Code	542	Billing Provider Postal Code	33		32312
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
LX*1~							
	LX01	Assigned Number	547	Line Number			1
SV1*HC:A0362:SH*150*UN*1*41**1~							
	SV101	Composite Medical Procedure Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		A0362
	SV101-3	Procedure Modifier	717	HCPCS Modifier Billed Code	24d		SH
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					
	SV102	Monetary Amount	552	Total Charge Per Line	24f		150
	SV103	Unit or Basis for Measurement Code	553	Day(s)/Unit(s) Code			UN
	SV104	Quantity	554	Day(s)/Unit(s) Billed	24g		1
	SV105	Facility Code Value	600	Place of Service Line Code	24b		41
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19981114-19981114~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	605	Service Line Date(s) Range	24a		19981114-19981114
LX*2~							
	LX01	Assigned Number	547	Line Number			2
SV1*HC:A0380:SH*90*UN*30*41**1~							
	SV101	Composite Medical Procedure Identifier					
	SV101-1	Product/Service ID Qualifier					HC
	SV101-2	Product/Service ID	714	HCPCS Line Procedure Billed Code	24d		A0380
	SV101-3	Procedure Modifier	717	HCPCS Modifier Billed Code	24d		SH
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					
	SV102	Monetary Amount	552	Total Charge Per Line	24f		90
	SV103	Unit or Basis for Measurement Code	553	Day/Unit Code			UN
	SV104	Quantity	554	Days/Units Billed	24g		30
	SV105	Facility Code Value	600	Place of Service Line Code	24b		41
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer	557	Diagnosis Pointer	24e		1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Code					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					
DTP*472*RD8*19981114-19981114~							
	DPT01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	605	Service Line Date(s) Range	24a		19981114-19981114
SE*45*92347~							
	SE01	Number of Included Segments					45
	SE02	Transaction Set Control Number					92347

Scenario 8 – Bill Cancellation

WorkComp Insurance Company has determined that the Unique Bill ID 111123 as described in Scenario 1, is not a workers' compensation claim. Therefore, WorkComp Insurance Company is transmitting a cancellation to the jurisdiction.

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
ST*837*92341~							
	ST01	Transaction Set Identifier Code					837
	ST02	Transaction Set Control Number					92341
BHT*0080*00*12345*19980823*1900~							
	BHT01	Hierarchical Structure Code					0080
	BHT02	Transaction Set Purpose Code					00
	BHT03	Reference Identification	532	Batch Control Number			12345
	BHT04	Date	100	Date Transmission Sent			19980823
	BHT05	Time	101	Time Transmission Sent			1900
	BHT06	Transaction Type Code					
NM1*10*2*****FI*987654321~							
	NM101	Entity Identifier Code					10
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	98	Sender ID (combined with postal code)			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	98	Sender ID (combined with FEIN)			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
NM1*40*2******FI*123456789~							
	NM101	Entity Identifier Code					40
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	99	Receiver ID (combined with postal code)			123456789
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***623014311~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	99	Receiver ID (combined with FEIN)			623014311
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*1**20*1~							
	HL01	Hierarchical ID Number					1
	HL02	Hierarchical Parent Number					
	HL03	Hierarchical Level Number					20
	HL04	Hierarchical Child Code					1
DTP*582*RD8*19980815-19980822~							
	DTP01	Date/Time Qualifier					582
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	615	Reporting Period			19980815-19980822

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
NM1*CA*2*WorkComp Insurance Company*****FI*987654321~							
	NM101	Entity Identifier Code					CA
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	7	Insurer Name			WorkComp Insurance Company
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	6	Insurer FEIN			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	616	Insurer Postal Code			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*2*1*EM*1~							
	HL01	Hierarchical ID Number					2
	HL02	Hierarchical Parent Number					1
	HL03	Hierarchical Level Number					EM
	HL04	Hierarchical Child Code					1
NM1*36*2*Bagels Etc.*****FI*597654321~							
	NM101	Entity Identifier Code					36
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	18	Employer Name			Bagels Etc.

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	16	Employer FEIN			597654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*234 Main Street~							
	N301	Address Information	19	Employer Physical Primary Address			234 Main Street
	N302	Address Information					
N4*Arlington*VA*62314~							
	N401	City Name	21	Employer Physical City			Arlington
	N402	State or Province Code	22	Employer Physical State Code			VA
	N403	Postal Code	23	Employer Physical Postal Code			62314
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
REF*IG*147643A472~							
	REF01	Reference Identification Qualifier					IG
	REF02	Reference Identification	28	Policy Number			147643A472
	REF03	Description					
	REF04	Reference Identifier					
PER*IC**WP*7034721462~							
	PER01	Contact Function Code					IC
	PER02	Name					
	PER03	Communication Number Qualifier					WP
	PER04	Communication Number	159	Employer Contact Business Phone Number			7034721462

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	PER05	Communication Number Qualifier					
	PER06	Communication Number					
	PER07	Communication Number Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					
HL*3*2*CL*0~							
	HL01	Hierarchical ID Number					3
	HL02	Hierarchical Parent Number					2
	HL03	Hierarchical Level Number					CL
	HL04	Hierarchical Child Code					0
DTP*558*D8*19980724~							
	DTP01	Date/Time Qualifier					558
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	31	Date of Injury			19980724
NM1*CC*1*Davidson*Darlene****34*224173272~							
	NM101	Entity Identifier Code					CC
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	43	Employee Last Name			Davidson
	NM104	Name First	44	Employee First Name			Darlene
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					34
	NM109	Identification Code	42	Employee SSN			224173272
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*5720 Green Dr.~							
	N301	Address Information	48	Employee Mailing Primary Address			5720 Green Dr.

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	N302	Address Information					
N4*Alexandria*VA*62309~							
	N401	City Name	48	Employee Mailing City			Alexandria
	N402	State or Province Code	49	Employee Mailing State Code			VA
	N403	Postal Code	50	Employee Mailing Postal Code			62309
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
DMG*D8*19690604*F*U~							
	DMG01	Date Time Period Format Qualifier					D8
	DMG02	Date Time Period	52	Employee Date of Birth			19690604
	DMG03	Gender Code	53	Employee Gender Code			F
	DMG04	Marital Status Code	54	Employee Marital Status Code			U
	DMG05	Race of Ethnicity Code					
	DMG06	Citizenship Status Code					
	DMG07	Country Code					
	DMG08	Basis of Verification Code					
	DMG09	Quantity					
REF*Y1*14000714D~							
	REF01	Reference Identification Qualifier					Y1
	REF02	Reference Identification	15	Claim Administrator Claim Number			14000714D
	REF03	Description					
	REF04	Reference Identifier					
PER*CT**TE*7038365527~							
	PER01	Contact Function Code					CT
	PER02	Name					
	PER03	Communication Number Qualifier					TE
	PER04	Communication Number	51	Employee Phone Number			7038365527

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	PER05	Communication Number Qualifier					
	PER06	Communication Number					
	PER07	Communication Number Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					
CLM*02735*110***11:B*Y***Y*******N***00~							
	CLM01	Claim Submitter's Identifier	523	Billing Provider Unique Bill Identification Number			02735
	CLM02	Monetary Amount	501	Total Charge Per Bill	28		110
	CLM03	Claim Filing Indicator Code					
	CLM04	Non-Institutional Claim Type Code					
	CLM05	Health Care Service Location Info.					
	CLM05-1	Facility Code Value	555	Place of Service Bill Code			11
	CLM05-2	Facility Code Qualifier	503	Billing Format Code			B
	CLM05-3	Claim Frequency Type Code					
	CLM06	Yes/No Condition or Response Code	506	Provider Signature on File Indicator	12		Y
	CLM07	Provider Accept Assignment Code					
	CLM08	Yes/No Condition or Response Code					
	CLM09	Release of Information Code	526	Release of Information Code			Y
	CLM10	Patient Signature Source Code					
	CLM11	Related Causes Information					
	CLM12	Special Program Code					
	CLM13	Yes/No Condition or Response Code					
	CLM14	Level of Service Code					
	CLM15	Yes/No Condition or Response Code					
	CLM16	Provider Agreement Code	507	Provider Agreement Code			N

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CLM17	Claim Status Code					
	CLM18	Yes/No Condition or Response Code					
	CLM19	Claim Submission Reason Code	508	Bill Submission Reason Code			01
	CLM20	Delay Reason Code					
DTP*050*D8*19980805~							
	DTP01	Date/Time Qualifier					050
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	511	Date Insurer Received Bill			19980805
DTP*472*RD8*19980724-19980802~							
	DTP01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	509	Service Bill Date(s) Range	24a		19980724-19980802
DTP*434*D8*19980803~							
	DTP01	Date/Time Qualifier					434
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	510	Date of Bill	31		19980803
DTP*666*D8*19980817~							
	DTP01	Date/Time Qualifier					666
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	512	Date Insurer Paid Bill			19980817
AMT*TP*110~							
	AMT01	Amount Qualifier Code					TP
	AMT02	Monetary Amount	516	Total Amount Paid Per Bill			110
	AMT03	Debit/Credit Flag					
REF*DD*02735~							
	REF01	Reference Identification Qualifier					DD
	REF02	Reference Identification	500	Unique Bill ID Number			02735

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	REF03	Description					
	REF04	Reference Identifier					
REF*EJ*470077~							
	REF01	Reference Identification Qualifier					EJ
	REF02	Reference Identification	517	Patient Account Number	26		470077
	REF03	Description					
	REF04	Reference Identifier					
REF*2I*76543210~							
	REF01	Reference Identification Qualifier					2I
	REF02	Reference Identification	266	Transaction Tracking Number			76543210
	REF03	Description					
	REF04	Reference Identifier					
SE*34*92341~							
	SE01	Number of Included Segments					34
	SE02	Transaction Set Control Number					92341

Scenario 9 – Bill Replacement

WorkComp Insurance Company has determined the wrong Patient Account Number 1234567 has been transmitted for unique bill ID 222123 as described in scenario 2. WorkComp Insurance is transmitting a bill replacement updating the record with the correct Patient Account Number 7654322.

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
ST*837*92342~							
	ST01	Transaction Set Identifier Code					837
	ST02	Transaction Set Control Number					92342
BHT*0080*00*23456*19980501*1900~							
	BHT01	Hierarchical Structure Code					0080
	BHT02	Transaction Set Purpose Code					00
	BHT03	Reference Identification	532	Batch Control Number			23456
	BHT04	Date	100	Date Transmission Sent			19980501
	BHT05	Time	101	Time Transmission Sent			1900
	BHT06	Transaction Type Code					
NM1*10*2******FI*987654321~							
	NM101	Entity Identifier Code					10
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	98	Sender ID (combined with postal code)			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	98	Sender ID (combined with FEIN)			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
NM1*40*2******FI*123456789~							

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM101	Entity Identifier Code					40
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	99	Receiver ID (combined with postal code)			123456789
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***623014311~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	99	Receiver ID (combined with FEIN)			623014311
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*1**20*1~							
	HL01	Hierarchical ID Number					1
	HL02	Hierarchical Parent Number					
	HL03	Hierarchical Level Number					20
	HL04	Hierarchical Child Code					1
DTP*582*RD8*19980401-19980430~							
	DTP01	Date/Time Qualifier					582
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	615	Reporting Period			19980401-19980430
NM1*CA*2*WorkComp Insurance Company*****FI*987654321~							
	NM101	Entity Identifier Code					CA

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	7	Insurer Name			WorkComp Insurance Company
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	6	Insurer FEIN			987654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	616	Insurer Postal Code			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
HL*2*1*EM*1~							
	HL01	Hierarchical ID Number					2
	HL02	Hierarchical Parent Number					1
	HL03	Hierarchical Level Number					EM
	HL04	Hierarchical Child Code					1
NM1*36*2*Bagels Etc.*****FI*597654321~							
	NM101	Entity Identifier Code					36
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	18	Employer Name			Bagels Etc.
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	16	Employer FEIN			597654321
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*234 Main Street~							
	N301	Address Information	19	Employer Physical Primary Address			234 Main Street
	N302	Address Information					
N4*Arlington*VA*62314~							
	N401	City Name	21	Employer Physical City			Arlington
	N402	State or Province Code	22	Employer Physical State Code			VA
	N403	Postal Code	23	Employer Physical Postal Code			62314
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
REF*IG*147643A472~							
	REF01	Reference Identification Qualifier					IG
	REF02	Reference Identification	28	Policy Number			147643A472
	REF03	Description					
	REF04	Reference Identifier					
PER*IC**WP*7034721462~							
	PER01	Contact Function Code					IC
	PER02	Name					
	PER03	Communication Number Qualifier					WP
	PER04	Communication Number	159	Employer Contact Business Phone Number			7034721462
	PER05	Communication Number Qualifier					
	PER06	Communication Number					
	PER07	Communication Number Qualifier					
	PER08	Communication Number					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	PER09	Contact Inquiry Reference					
HL*3*2*CL*0~							
	HL01	Hierarchical ID Number					3
	HL02	Hierarchical Parent Number					2
	HL03	Hierarchical Level Number					CL
	HL04	Hierarchical Child Code					0
DTP*558*D8*19980215~							
	DTP01	Date/Time Qualifier					558
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	31	Date of Injury			19980215
NM1*CC*1*Davidson*Darlene****34*224173272~							
	NM101	Entity Identifier Code					CC
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	43	Employee Last Name			Davidson
	NM104	Name First	44	Employee First Name			Darlene
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					34
	NM109	Identification Code	42	Employee SSN			224173272
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*5720 Green Dr.~							
	N301	Address Information	48	Employee Mailing Primary Address			5720 Green Dr.
	N302	Address Information					
N4*Alexandria*VA*62309~							
	N401	City Name	48	Employee Mailing City			Alexandria
	N402	State or Province Code	49	Employee Mailing State Code			VA
	N403	Postal Code	50	Employee Mailing Postal Code			62309
	N404	Country Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	N405	Location Qualifier					
	N406	Location Identifier					
DMG*D8*19690604*F*U~							
	DMG01	Date Time Period Format Qualifier					D8
	DMG02	Date Time Period	52	Employee Date of Birth			19690604
	DMG03	Gender Code	53	Employee Gender Code			F
	DMG04	Marital Status Code	54	Employee Marital Status Code			U
	DMG05	Race of Ethnicity Code					
	DMG06	Citizenship Status Code					
	DMG07	Country Code					
	DMG08	Basis of Verification Code					
	DMG09	Quantity					
REF*Y1*14000714D~							
	REF01	Reference Identification Qualifier					Y1
	REF02	Reference Identification	15	Claim Administrator Claim Number			14000714D
	REF03	Description					
	REF04	Reference Identifier					
PER*CT**TE*7038365527~							
	PER01	Contact Function Code					CT
	PER02	Name					
	PER03	Communication Number Qualifier					TE
	PER04	Communication Number	51	Employee Phone Number			7038365527
	PER05	Communication Number Qualifier					
	PER06	Communication Number					
	PER07	Communication Number Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					
CLM*GH51234*338****13:A:1*Y***Y*******N***05~							
	CLM01	Claim Submitter's Identifier	523	Billing Provider Unique Bill Identification Number			GH51234

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CLM02	Monetary Amount	501	Total Charge Per Bill	28		338
	CLM03	Claim Filing Indicator Code					
	CLM04	Non-Institutional Claim Type Code					
	CLM05	Health Care Service Location Info.					
	CLM05-1	Facility Code Value	555	Place of Service Bill Code			13
	CLM05-2	Facility Code Qualifier	503	Billing Format Code			A
	CLM05-3	Claim Frequency Type Code					1
	CLM06	Yes/No Condition or Response Code	506	Provider Signature on File Indicator	31		Y
	CLM07	Provider Accept Assignment Code					
	CLM08	Yes/No Condition or Response Code					
	CLM09	Release of Information Code	526	Release of Information Code			Y
	CLM10	Patient Signature Source Code					
	CLM11	Related Causes Information					
	CLM12	Special Program Code					
	CLM13	Yes/No Condition or Response Code					
	CLM14	Level of Service Code					
	CLM15	Yes/No Condition or Response Code					
	CLM16	Provider Agreement Code	507	Provider Agreement Code			N
	CLM17	Claim Status Code					
	CLM18	Yes/No Condition or Response Code					
	CLM19	Claim Submission Reason Code	508	Bill Submission Reason Code			05
	CLM20	Delay Reason Code					
DTP*050*D8*19980220~							
	DTP01	Date/Time Qualifier					050
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	511	Date Insurer Received Bill			19980220
DTP*435*DT*199802151300~							
	DTP01	Date/Time Qualifier					435

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	DTP02	Date Time Period Format Qualifier					DT
	DTP03	Date Time Period	513	Date of Admission		17	19980215
			622	Admission Hour		18	1300
DTP*096*DT*199802151							
	DTP01	Date/Time Qualifier					
	DTP02	Date Time Period Format Qualifier					
	DTP03	Date Time Period	514	Date of Discharge		6	
			623	Discharge Time		21	
DTP*472*RD8*19980215-19980215~							
	DTP01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	509	Service Bill Date(s) Range		6	19980215-19980215
DTP*434*D8*19980217~							
	DTP01	Date/Time Qualifier					434
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	510	Date of Bill		85	19980217
DTP*666*D8*19980403~							
	DTP01	Date/Time Qualifier					666
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	512	Date Insurer Paid Bill			19980403
AMT*TP*236.60~							
	AMT01	Amount Qualifier Code					TP
	AMT02	Monetary Amount	516	Total Amount Paid Per Bill			236.60
	AMT03	Debit/Credit Flag					
REF*DD*222123~							
	REF01	Reference Identification Qualifier					DD
	REF02	Reference Identification	500	Unique Bill ID Number			222123
	REF03	Description					
	REF04	Reference Identifier					
REF*EJ*7654322~							

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	REF01	Reference Identification Qualifier					EJ
	REF02	Reference Identification	517	Patient Account Number		3	7654322
	REF03	Description					
	REF04	Reference Identifier					
REF*2I*47654321~							
	REF01	Reference Identification Qualifier					2I
	REF02	Reference Identification	266	Transaction Tracking Number			47654321
	REF03	Description					
	REF04	Reference Identifier					
HI*BK:847.2~							
	HI01	Health Care Code Information					
	HI01-1	Code List Qualifier					BK
	HI02-1	Industry Code	521	Principal Diagnosis Code		67	847.2
	HI03-1	Date Time Period Format Qualifier					
	HI04-1	Date Time Period					
	HI05-1	Monetary Amount					
	HI06-1	Quantity					
	HI07-1	Version Identifier					
	HI02	Health Care Code Information					
	HI03	Health Care Code Information					
	HI04	Health Care Code Information					
	HI05	Health Care Code Information					
	HI06	Health Care Code Information					
	HI07	Health Care Code Information					
	HI08	Health Care Code Information					
	HI09	Health Care Code Information					
	HI10	Health Care Code Information					
	HI11	Health Care Code Information					
	HI12	Health Care Code Information					
NM1*85*2General Hospital*****FI*219999998~							

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM101	Entity Identifier Code					85
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	528	Billing Provider Last/Group Name		1	General Hospital
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	629	Billing Provider FEIN		5	219999998
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*2221 Medical Blvd~							
	N301	Address Information	538	Billing Provider Primary Address		1	2221 Medical Blvd
	N302	Address Information					
N4*Arlington*VA*62314~							
	N401	City Name	540	Billing Provider City		1	Arlington
	N402	State or Province Code	541	Billing Provider State Code		1	VA
	N403	Postal Code	542	Billing Provider Postal Code		1	62314
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
NM1*82*1*Herts*James***MD~							
	NM101	Entity Identifier Code					82
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	638	Rendering Bill Provider Last Name		82	Herts
	NM104	Name First	639	Rendering Bill Provider First Name		82	James
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix	641	Rendering Bill Provider Last Name Suffix		82	MD

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM108	Identification Code Qualifier					
	NM109	Identification Code					
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
PRV*PE*S3*203BE0004Y~							
	PRV01	Provider Code					PE
	PRV02	Reference Identification Qualifier					S3
	PRV03	Reference Identification	651	Rendering Bill Provider Specialty Code			203BE0004Y
	PRV04	State or Province Code					
	PRV05	Provider Specialty Information					
	PRV05-1	Provider Specialty Code					
	PRV05-2	Agency Qualifier Code					
	PRV05-3	Yes/No Condition or Response Code					
	PRV06	Provider Organization Code					
SBR*P~							
	SBR01	Payer Responsibility Sequence Number Code					P
	SBR02	Individual Relationship Code					
	SBR03	Reference Identification					
	SBR04	Name					
	SBR05	Insurance Type Code					
	SBR06	Coordination of Benefits					
	SBR07	Yes/No Condition or Response Code					
	SBR08	Employment Status Code					
	SBR09	Claim Filing Indicator Code					
CAS*PI*42*101.40*2							
	CAS01	Claim Adjustment Group Code	543	Bill Adjustment Group Code			PI
	CAS02	Claim Adjustment Reason Code	544	Bill Adjustment Reason Code			42
	CAS03	Monetary Amount	545	Bill Adjustment Amount			101.40

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CAS04	Quantity	546	Bill Adjustment Units			2
	CAS05	Claim Adjustment Reason Code					
	CAS06	Monetary Amount					
	CAS07	Quantity					
	CAS08	Claim Adjustment Reason Code					
	CAS09	Monetary Amount					
	CAS10	Quantity					
	CAS11	Claim Adjustment Reason Code					
	CAS12	Monetary Amount					
	CAS13	Quantity					
	CAS14	Claim Adjustment Reason Code					
	CAS15	Monetary Amount					
	CAS16	Quantity					
	CAS17	Claim Adjustment Reason Code					
	CAS18	Monetary Amount					
	CAS19	Quantity					
LX*1~							
	LX01	Assigned Number	547	Line Number			1
SV2*450**HC:99282*125*UN*1~							
	SV201	Product/Service ID	559	Revenue Billed Code		42	450
	SV202	Composite Medical Procedure Identifier					
	SV202-1	Product/Service ID Qualifier					HC
	SV202-2	Product/Service ID	714	HCPCS Line Procedure Billed Code		44	99282
	SV202-3	Procedure Modifier					
	SV202-4	Procedure Modifier					
	SV202-5	Procedure Modifier					
	SV202-6	Procedure Modifier					
	SV202-7	Description					
	SV203	Monetary Amount	552	Total Charge Per Line		47	125

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SV204	Unit or Basis for Monetary Code	553	Day(s)/Unit(s) Code			UN
	SV205	Quantity	554	Day(s)/Unit(s) Billed		46	1
	SV206	Unit Rate					
	SV207	Monetary Amount					
	SV208	Yes/No Condition or Response Code					
	SV209	Nursing Home Residential Status Code					
	SV210	Level of Care Code					
SVD*XX*94.90*HC:99282*450*1~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			94.9
	SVD03	Composite Medical Procedure Identifier					
	SVD03-1	Product/Service ID Qualifier					HC
	SVD03-2	Product/Service ID	726	HCPCS Line Procedure Paid Code			99282
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product/Service ID	576	Revenue Paid Code			450
	SVD05	Quantity	580	Days/Units Paid			1
	SVD06	Assigned Number					
CAS*PI*42*30.10*1~							
	CAS01	Claim Adjustment Group Code	731	Service Adjustment Group Code			PI
	CAS02	Claim Adjustment Reason Code	732	Service Adjustment Reason Code			42
	CAS03	Monetary Amount	733	Service Adjustment Amount			30.10
	CAS04	Quantity	734	Service Adjustment Units			1
	CAS05	Claim Adjustment Reason Code					
	CAS06	Monetary Amount					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CAS07	Quantity					
	CAS08	Claim Adjustment Reason Code					
	CAS09	Monetary Amount					
	CAS10	Quantity					
	CAS11	Claim Adjustment Reason Code					
	CAS12	Monetary Amount					
	CAS13	Quantity					
	CAS14	Claim Adjustment Reason Code					
	CAS15	Monetary Amount					
	CAS16	Quantity					
	CAS17	Claim Adjustment Reason Code					
	CAS18	Monetary Amount					
	CAS19	Quantity					
LX*2~							
	LX01	Assigned Number	547	Line Number			2
SV2*320**213*UN*1~							
	SV201	Product/Service ID	559	Revenue Billed Code		42	320
	SV202	Composite Medical Procedure Identifier					
	SV203	Monetary Amount	552	Total Charge Per Line		47	213
	SV204	Unit or Basis for Monetary Code	553	Day(s)/Unit(s) Code			UN
	SV205	Quantity	554	Day(s)/Unit(s) Billed		46	1
	SV206	Unit Rate					
	SV207	Monetary Amount					
	SV208	Yes/No Condition or Response Code					
	SV209	Nursing Home Residential Status Code					
	SV210	Level of Care Code					
SVD*XX*141.70**320*1~							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			141.7

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	SVD03	Composite Medical Procedure Identifier					
	SVD04	Product/Service ID	576	Revenue Paid Code			320
	SVD05	Quantity	580	Day(s)/Unit(s) Paid			1
	SVD06	Assigned Number					
CAS*PI*42*71.30*1~							
	CAS01	Claim Adjustment Group Code	731	Service Adjustment Group Code			PI
	CAS02	Claim Adjustment Reason Code	732	Service Adjustment Reason Code			42
	CAS03	Monetary Amount	733	Service Adjustment Amount			71.30
	CAS04	Quantity	734	Service Adjustment Units			1
	CAS05	Claim Adjustment Reason Code					
	CAS06	Monetary Amount					
	CAS07	Quantity					
	CAS08	Claim Adjustment Reason Code					
	CAS09	Monetary Amount					
	CAS10	Quantity					
	CAS11	Claim Adjustment Reason Code					
	CAS12	Monetary Amount					
	CAS13	Quantity					
	CAS14	Claim Adjustment Reason Code					
	CAS15	Monetary Amount					
	CAS16	Quantity					
	CAS17	Claim Adjustment Reason Code					
	CAS18	Monetary Amount					
	CAS19	Quantity					
SE*52*92342~							
	SE01	Number of Included Segments					52
	SE02	Transaction Set Control Number					92342

Scenario 10 - Lump Sum Settlement Payment - Physician Bill

Daisy Brown is a single female, born 06/04/69. She lives at 5322 Fulton Drive in Amarillo, TX 79109. Her telephone number is (806) 352-3847 and her Social Security Number is 234-56-7891. Darlene works at Move You Today, Inc. located at 234 Main Street in Amarillo, TX 79102. Move You Today, Inc's telephone number is (806) 472-1462 and their FEIN is 59-7654321.

On 12/15/2004, Daisy broke her left knee while moving a piano and cutting a bagel. Her supervisor, Chopper Brown, instructed her to go to Dr. Buttons Brown for treatment. Dr. Buttons Brown examined Daisy Brown and scheduled her for surgery. Dr. Brown completed treatment and submitted bills to Daisy Brown's carrier, California Comp Carrier Group, for reimbursement. California Comp Carrier Group reimbursed Dr. Brown for the services rendered according to the state's fee schedule.

Originally, Dr. Brown submitted ten bills to the carrier for charges totaling $55,000. The carrier reimbursed Dr. Brown, in accordance with the fee schedule, a total of $50,000. Dr. Brown disputed the amount of reimbursement received from the carrier and requested additional payment in the amount of $5,000. California Comp Carrier Group reviewed Dr. Brown's request for additional reimbursement in the amount of $5,000 and denied additional payment. Dr. Brown filed a lien against the workers' compensation claim.

Dr. Brown offered to settle the lien if California Comp Carrier Group would agree to pay an additional $2,500. California Comp Carrier Group declined to settle. Dr. Brown and California Comp Carrier Group went to hearing before the Board. After the hearing, the Board ruled that Dr. Brown is entitled to an additional $1,500 in compensation for services provided and ordered California Comp Carrier Group to pay that amount. After the hearing, California Comp Carrier Group, in accordance with the order, paid Dr. Brown an additional $1,500.

Scenario 10 - Lump Sum Settlement Payment - Physician Bill

ISA*00* *00* *ZZ*202036689 *ZZ*943160882 *070322*1652*U*0041 *000000003*0*P*:
GS*HC*202036689*943160882*20070322*165233*3*X*004010
ST*837*30001
BHT*0080*00*30001*20070322*1652
NM1*10*2******FI*123456789
N4***123456784
NM1*40*2******FI*943160882
N4***941023677
HL*1**20*1
DTP*582*RD8*20070322-20070322
NM1*CA*2*California Comp Carrier Group*****FI*999999999
N4***10005
NM1*CX*2*Adjust It Right*****FI*999999999
N4***000010001
HL*2*1*EM*1
NM1*36*2*Move You Today Inc
HL*2**CL*0
DTP*558*D8*20041215
NM1*CC*1*Brown*Daisy****34*234567891
REF*Y1*AAA123456
REF*5L* 20041215111222333444
CLM*885372*5000***11: B**********N***00
DTP*050*D8*20060922
DTP*472*RD8*20060915-20060915
DTP*666*D8*20061016
AMT*TP*1500
REF*DD*0123456789
REF*2I*004424516
HI*BK: 729.1
NM1*85*2*Medical Arts Inc*****FI*880586865
N4***933111001
NM1*82*1*Brown*Buttons***MD*FI*880586865
PRV*PE*S3*2085R0202X
N4***93309
REF*0B*MD0187220
REF*GF*GF99999
NM1*61*2*Medical Arts Clinic
N4***93309
CAS*MA*131*3500*1
LX*1
SV1*ER: MDO10*5000*UN*1*11**1
DTP*472*D8*20070322
SVD*XX*1500*ER:MDO10***1
CAS*MA*131*3500*1
SE*45*30001

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
ST*837*30001							
	ST01	Transaction Set Identifier Code					837
	ST01	Transaction Set Control Number					30001
BHT*0080*00*30001*20070322*1652							
	BHT01	Hierarchical Structure Code					0080
	BHT02	Transaction Set Purpose					00
	BHT03	Reference Identification	532	Batch Control Number			30001
	BHT04	Date	100	Date Transmission Sent			20070322
	BHT05	Time	101	Time Transmission Sent			1652
	BHT06						
NM1*10*2******FI*123456789							
	NM101	Entity Identifier Code					10
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	98	Sender ID (combined with postal code)			123456789
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***123456789							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	98	Sender ID (combined with FEIN)			123456789
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Qualifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
NM1*40*2******FI*943160882							
	NM101	Entity Identifier Code					40
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	99	Receiver ID (combined with postal code)			943160882
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***941023677							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	99	Receiver ID (combined with FEIN)			941023677
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Qualifier					
HL*1**20*1							
	HL01	Hierarchical ID					1
	HL02	Hierarchical Parent Number					
	HL03	Hierarchical Level Number					20
	HL04	Hierarchical Child Number					1
DTP*582*RD8*20070322-20070322							
	DTP01	Date/Time Qualifier					582
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period					20070322-20070322

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
NM1*CA*2*California Comp Carrier Group*****FI*999999999							
	NM101	Entity Identifier Code					CA
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	7	Insurer			California Comp Carrier Group
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	6	Insurer FEIN			999999999
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***10005							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	616	Insurer Postal Code			10005
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
NM1*CX*2*Adjust It Right*****FI*999999999							
	NM101	Entity Identifier Code					CX
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	188	Claim Administrator Name			Adjust It Right
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	187	Claim Administrator FEIN			999999999
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
N4***000010001							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	14	Claim Administrator Mailing Postal Code			000010001
	N404	Country Code					
	N405	Locational Qualifier					
	N406	Location Identifier					
HL*2*1*EM*1							
	HL01	Hierarchical ID Number					2
	HL02	Hierarchical Parent Number					1
	HL03	Hierarchical Level					EM
	HL04	Hierarchical Child Code					1
NM1*36*2*Move You Today Inc							
	NM101	Entity Identifier Code					36
	NM102	Entity Type Qualifier					2
	NM103	Last Name or Organizational Name	18	Employer Name			Move You Today Inc
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					
	NM109	Identification Code					
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
HL*2**CL*0							
	HL01	Hierarchical ID Number					2
	HL02	Hierarchical Parent Number					
	HL03	Hierarchical Level					CL
	HL04	Hierarchical Child Code					0
DTP*558*D8*20041215							
	DTP01	Date/Time Qualifier					558
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	31	Date of Injury			20041215

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
NM1*CC*1*BROWN*DAISY****34*234567891							
	NM101	Entity Identifier Code					CC
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	43	Employee Last Name			Brown
	NM104	Name First	44	Employee First Name			Daisy
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					34
	NM109	Identification Code	42	Employee SSN			234567891
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
REF*Y1*AAA123456							
	REF01	Reference Identification Qualifier					Y1
	REF02	Reference Identification	15	Claim Administrator Claim Number			AAA123456
	REF03	Description					
	REF04	Reference Identifier					
REF*5L*20412151111222333444							
	REF01	Reference Identification Qualifier					5L
	REF02	Reference Identification	5	Jurisdictional Claim Number			20041215111222333444
	REF03	Description					
	REF04	Reference Identifier					
CLM*885372*5000***11:B**********N***00							
	CLM01	Claim Submitter's Identification	523	Billing Provider Unique Bill Identification Number			885372
	CLM02	Monetary Amount	501	Total Charge Per Bill			5000
	CLM03	Claim Filing Indicator Code					
	CLM04	Non-Institutional Claim Type Code					
	CLM05	Health Care Service Location Information					
	CLM05-1	Facility Code Value	555	Place of Service Bill Code			11
	CLM05-2	Facility Qualifier Code	503	Billing Format Code			B
	CLM05-3	Claim Frequency Type Code					
	CLM06	Yes/No Condition or Response Code	506	Provider Signature on File			
	CLM07	Provider Accept Assignment Code					
	CLM08	Yes/No Condition or Response Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CLM09	Release of Information Code	526	Release of Information Code			
	CLM10	Patient Signature Source Code					
	CLM11	Related Causes Code					
	CLM12	Special Program Code					
	CLM13	Yes/No Condition or Response Code					
	CLM14	Level of Service Code					
	CLM15	Yes/No Condition or Response Code					
	CLM16	Provider Agreement Code	507	Provider Agreement Code			N
	CLM17	Claim Status Code					
	CLM18	Yes/No Condition or Response Code					
	CLM19	Claim Submission Reason Code	508	Bill Submission Reason Code			00
	CLM20	Delay Reason Code					
DTP*050*D8*20060922							
	DTP01	Date/Time Qualifier					50
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	511	Date Insurer Received Bill			20060922
DTP*472*RD8*20060915-20060915							
	DTP01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	509	Service Bill Date(s) Range			20060915-20060915
DTP*666*D8*20061016							
	DTP01	Date/Time Qualifier					666
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	512	Date Insurer Paid Bill			20061016
AMT*TP*1500							
	AMT01	Amount Qualifier Code					TP
	AMT02	Monetary Amount	516	Total Amount Paid Per Bill			1500
	AMT03	Debit/Credit Flag					
REF*DD*0123456789							
	REF01	Reference Identification Qualifier					DD
	REF02	Reference Identification					
	REF03	Description	500	Unique Bill ID Number			0123456789
	REF04	Reference Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
REF*2I*004424516							
	REF01	Reference Identification Qualifier					21
	REF02	Reference Identification					
	REF03	Description	266	Transaction Tracking Number			004424516
	REF04	Reference Identifier					
HI*BK:729.1							
	HI01	Health Care Code Information					
	HI01-01	Code List Qualifier					BK
	HI01-02	Industry Code	522	ICD-9 CM Diagnosis Code			729.1
NM1*85*2*Medical Arts Inc*****FI*880586865							
	NM101	Entity Identifier Code					85
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	528	Billing Provider Last/Group Name			Medical Arts Inc
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	629	Billing Provider FEIN			880586865
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***933111001							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	542	Billing Provider Postal Code			933111001
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
NM1*82*1*Brown*Buttons***MD*FI*880586865							
	NM101	Entity Identifier Code					82
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	638	Rendering Bill Provider Last/Group Name			Brown
	NM104	Name First	639	Rendering Bill Provider Name First			Buttons
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name suffix	641	Rendering Bill Provider Last Name Suffix			MD
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code					880586865
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
PRV*PE*S3*2085R0202X							
	PRV01	Provider Code					PE
	PRV02	Reference Identification Qualifier					S3
	PRV03	Reference Identification	651	Rendering Bill Provider Primary Specialty Code			2085R0202X
	PRV04	State or Province Code					
	PRV05	Provider Specialty Information					
	PRV05-1	Provider Specialty Code					
	PRV05-2	Agency Qualifier Code					
	PRV05-3	Yes/No Condition or Response Code					
	PRV06	Provider Organization Code					
N4***93309							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	656	Rendering Bill Provider Postal Code			93309
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
REF*0B*MD0187220							
	REF01	Reference Identification Qualifier					0B
	REF02	Reference Identification	630	Rendering Bill Provider State License Number			MD0187220
	REF03	Description					
	REF04	Reference Identifier					
REF*GF*GF99999							
	REF01	Reference Identification Qualifier					GF
	REF02	Reference Identification	636	Rendering Bill Provider Specialty License Number			99999
	REF03	Description					
	REF04	Reference Identifier					
NM1*61*2*Medical Arts Clinic							
	NM101	Entity Identifier Code					61
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	678	Facility Name			Medical Arts Clinic
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name suffix					
	NM108	Identification Code Qualifier					
	NM109	Identification Code					
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***93309							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	688	Facility Postal Code			93309
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
CAS*MA*131*3500*1							
	CAS01	Claim Adjustment Group Code	543	Bill Adjustment Group Code			MA
	CAS02	Claim Adjustment Code	544	Bill Adjustment Reason Code			131
	CAS03	Monetary Amount	545	Bill Adjustment Amount			3500
	CAS04	Quantity	546	Bill Adjustment Units			1

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
LX*1							
	LX01	Assigned Number	547	Line Number			1
SV1*ER:MDO10******5000*UN*1*11**1							
	SV101	Composite Medical Procedure Identifier					
	SV101-1	Product/Service Id Qualifier					ER
	SV101-2	Product/Service ID	715	Jurisdictional Line Procedure Billed Code			MDO10
	SV101-3	Procedure Modifier					
	SV101-4	Procedure Modifier					
	SV101-5	Procedure Modifier					
	SV101-6	Procedure Modifier					
	SV101-7	Description					
	SV102	Monetary Amount	552	Total Charge Per Line			5000
	SV103	Unit or Basis for Measurement Code	553	Day/Unit Code			UN
	SV104	Quantity	554	Days/Unit Billed			1
	SV105	Facility Code Value	600	Place of Service Line Code			11
	SV106	Service Type Code					
	SV107	Composite Diagnosis Code Pointer					
	SV107-1	Diagnosis Code Pointer					1
	SV107-2	Diagnosis Code Pointer					
	SV107-3	Diagnosis Code Pointer					
	SV107-4	Diagnosis Code Pointer					
	SV108	Monetary Amount					
	SV109	Yes/No Condition or Response Code					
	SV110	Multiple Procedure Code					
	SV111	Yes/No Condition or Response Code					
	SV112	Yes/No Condition or Response Code					
	SV113	Review Code					
	SV114	National or Local Assigned Review Value					
	SV115	Co-Pay Status Code					
	SV116	Health Care Professional Shortage Area Code					
	SV117	Reference Identification					
	SV118	Postal Code					
	SV119	Monetary Amount					
	SV120	Level of Care Code					
	SV121	Provider Agreement Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
DTP*472*D8*20070322							
	DTP01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	605	Service Line Date(s) range			20070322
SVD*XX*1500*ER:MDO10********1							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			1500
	SVD03	Composite Medical Procedure Identifier					
	SVD03-1	Product Service Identification Qualifier					ER
	SVD03-2	Product Service Identifier					MDO10
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product Service Identification					
	SVD05	Quantity					
	SVD06	Assigned Number	547	Line Number			1
CAS*MA*131*3500*1							
	CAS01	Service Adjustment Group Code					MA
	CAS02	Claim Adjustment Reason Code	732	Service Adjustment Reason Code			131
	CAS03	Monetary Amount	733	Service Adjustment Amount			3500
	CAS04	Quantity	734	Service Adjustment Unit(s)			1
SE*45*30001							
	SE01	Number of Included Segments					45
	SE02	Transaction Set Control Number					30001

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Scenario 11 – Lump Sum Settlement Payment - Hospital Bill

Bekah Brown is a single female, born 06/04/69. She lives at 5322 Fulton Drive in Amarillo, TX 79109. Her telephone number is (806) 353-3747 and her Social Security Number is 234-5677891. Bekah works at Helper Staff for You located at 2626 Industrial Drive in Beverly Hills, CA 90210. Helper Staff for You's telephone number is (806) 472-1462 and their FEIN is 12-3456789.

On 12/15/2004, Bekah strained her back while moving a piano. Her supervisor, Chopper Brown instructed her to go to Dr. Haley Brown for treatment. She examined her and scheduled her for surgery to repair an injured disk. Dr Brown had Bekah admitted to Medical Arts Hospital on 4/23/2002 and discharged her on the same day.

Medical Arts submitted a bill to the carrier for charges totaling $60,000. The carrier reimbursed Medical Arts, in accordance with the fee schedule, a total of $52,500. Medical Arts disputed the amount of reimbursement received from the carrier and requested additional payment in the amount of $7,500. California Comp Carrier Group reviewed Medical Arts' request for additional reimbursement in the amount of $7,500 and denied additional payment. Medical Arts filed a lien against the claim.

Medical Arts offered to settle the lien if California Comp Carrier Group would agree to pay an additional $5,000. California Comp Carrier Group declined to settle. Medical Arts and California Comp Carrier Group went to hearing before the Board. After the hearing, the Board ruled that Medical Arts is entitled to an additional $3,000 in compensation for services provided and ordered California Comp Carrier Group to pay that amount. After the hearing, California Comp Carrier Group, in accordance with the order, paid Medical Arts an additional $3,000.

Scenario 11 - Lump Sum Settlement Payment - Hospital Bill

ISA*00* *00* *ZZ*123456789 *ZZ*987654321 *070322*1652*U*0041 *000000003*0*P*:
GS*HC*123456789*987654321*20070322*165233*3*X*004010
ST*837*30001
BHT*0080*00*30001*20070322*1652
NM1*10*2******FI*123456789
N4***123456789
NM1*40*2******FI*943160882
N4***941023677
HL*1**20*1
DTP*582*RD8*20070322-20070322
NM1*CA*2*California Comp Carrier Group*****FI*999999999
N4***10005
NM1*CX*2*Adjust It Right*****FI*999999999
N4***20005
HL*2*1*EM*1
NM1*36*2*Helper Staff for You*****FI*123456789
N3*2626 Industrial Drive
N4*Beverly Hills*CA*90210
REF*IG*16359223
PER*IC**WP*9035563261
HL*3*2*CL*0
DTP*558*D8*20011215
NM1*CC*1*Brown*Bekah****34*234567891
N3*2201 Starpower Drive
N4* Beverly Hills*CA*90210
DMG*D8*19830226*F*U
REF*Y1*AAA123456
REF*5L*2041215111222333444
PER*CT**TE*9036236514
CLM*885372*7500***13: A: 1*Y***Y*******P***00
DTP*050*D8*20060922
DTP*435*DT*20020423
DTP*096*D8*20020426
DTP*472*RD8*20020423-20020426
DPT*434*D8*20020427
DTP*666*D8*20061016
AMT*TP*3000
REF*DD*0123456789
REF*EJ*7654322
REF*2I*004424516
HI*BK: 721.0
HI*BR:MDO10
NM1*85*2*Medical Arts Inc*****FI*880586865
N3*6501 Surgery Blvd
N4*Beverly Hills*CA*90210
NM1*82*1*Brown*Haley***MD*FI*880586865
PRV*PE*S3*2085R0202X
N4***93309
REF*0B*MD0187220
REF*GF*GF99999
NM1*61*2*Medical Arts Hospital

Scenario 11 – Lump Sum Settlement Payment - Hospital Bill (continued)

N4***90210
NM1*Y2*2*Chelsea Managed Care*****FI*567891234
CAS*MA*131*4500*1
LX*1
SV2*ER:MDO10*7500*UN*1
DTP*472*D8*20070322
SVD*XX*3000*ER:MDO10***1
CAS*MA*131*4500*1
SE*45*30001

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
ST*837*30001							
	ST01	Transaction Set Identifier Code					837
	ST01	Transaction Set Control Number					30001
BHT*0080*00*30001*20070322*1652							
	BHT01	Hierarchical Structure Code					0080
	BHT02	Transaction Set Purpose					00
	BHT03	Reference Identification	532	Batch Control Number			30001
	BHT04	Date	100	Date Transmission Sent			20070322
	BHT05	Time	101	Time Transmission Sent			1652
	BHT06						
NM1*10*2******FI*123456789							
	NM101	Entity Identifier Code					10
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	98	Sender ID (combined with postal code)			123456789
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
N4***123456789							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	98	Sender ID (combined with FEIN)			123456789
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Qualifier					
NM1*40*2******FI*943160882							
	NM101	Entity Identifier Code					40
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	99	Receiver ID (combined with postal code)			943160882
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
N4***941023677							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	99	Receiver ID (combined with FEIN)			941023677
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Qualifier					
HL*1**20*1							
	HL01	Hierarchical ID					1
	HL02	Hierarchical Parent Number					
	HL03	Hierarchical Level Number					20
	HL04	Hierarchical Child Number					1
DTP*582*RD8*20070322-20070322							
	DTP01	Date/Time Qualifier					582
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period					20070322-20070322
NM1*CA*2*California Comp Carrier Group*****FI*999999999							
	NM101	Entity Identifier Code					CA
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	7	Insurer			California Comp Carrier Group
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	6	Insurer FEIN			999999999
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***10005							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	616	Insurer Postal Code			10005
	N404	Location Qualifier					
	N405	Location Identifier					
NM1*CX*2*Adjust It Right*****FI*999999999							
	NM101	Entity Identifier Code					CX
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	188	Claim Administrator Name			Adjust It Right
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	187	Claim Administrator FEIN			999999999
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
N4***20005							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	14	Claim Administrator Mailing Postal Code			20005
	N404	Country Code					
	N405	Locational Qualifier					
	N406	Location Identifier					
HL*2*1*EM*1							
	HL01	Hierarchical ID Number					2
	HL02	Hierarchical Parent Number					1
	HL03	Hierarchical Level					EM
	HL04	Hierarchical Child Code					1
NM1*36*2*Helper Staff for You*****FI*123456789							
	NM1	Entity Identifier Code					36
	NM2	Entity Type Qualifier					2
	NM3	Last Name or Organizational Name	18	Employer Name			Helper Staff for You
	NM4	Name First					
	NM5	Name Middle					
	NM6	Name Prefix					
	NM7	Name Suffix					
	NM8	Identification Code Qualifier					FI
	NM9	Identification Code					123456789
	NM10	Entity Relationship Code					
	NM11	Entity Identifier Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
N3*2626 Industrial Drive							
	N301	Address Information	28	Employer Physical Primary Address			2626 Industrial Drive
	N302	Address Information					
N4* Beverly Hills*CA*90210							
	N401	City Name	21	Employer Physical City			Beverly Hills
	N402	State or Province Code	22	Employer Physical State Code			CA
	N403	Postal Code	23	Employer Physical Postal Code			90210
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
REF*IG*16359223							
	REF01	Reference identification Qualifier					IG
	REF02	Reference Identification	28	Policy Number			16359223
	REF03	Description					
	REF04	Reference identifier					
PER*IC**WP*9035563261							
	PER01	Contact Function Code					IC
	PER02	Name					
	PER03	Communication Qualifier					WP
	PER04	Communication Number	159	Employer Contact Business Phone Number			9035563261
	PER05	Communication Qualifier					
	PER06	Communication Number					
	PER07	Communication Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
HL*3*2*CL*0							
	HL01	Hierarchical ID Number					3
	HL02	Hierarchical Parent Number					2
	HL03	Hierarchical Level					CL
	HL04	Hierarchical Child Code					0
DTP*558*D8*20011215							
	DTP01	Date/Time Qualifier					558
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	31	Date of Injury			20011215
NM1*CC*1*Brown*Bekah****34*234567891							
	NM101	Entity Identifier Code					CC
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	43	Employee Last Name			Brown
	NM104	Name First	44	Employee First Name			Bekah
	NM105	Name Middle					
	NM106	Name Prefix					
	MN107	Name Suffix					
	NM108	Identification Code Qualifier					34
	NM109	Identification Code	42	Employee SSN			234567891
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*2201 Starpower Drive							
	N301	Address Information	46	Employee Mailing Primary Address			2201 Starpower Drive
	N302	Address Information					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
N4* Beverly Hills*CA*90210							
	N401	City Name	48	Employee Mailing City			Beverly Hills
	N402	State or Province Code	49	Employee Mailing State Code			CA
	N403	Postal Code	50	Employee Mailing Postal Code			90210
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
DMG*D8*19830226*F*U							
	DMG01	Date Time Period Format Qualifier					D8
	DMG02	Date Time Period	52	Employee Date of Birth			19860226
	DMG03	Gender Code	53	Employee Gender Code			F
	DMG04	Marital Status	54	Employee Marital Status Code			U
	DMG05	Race or Ethnicity Code					
	DMG06	Citizenship Status					
	DMG07	Country Code					
	DMG08	Basis of Verification Code					
	DMG09	Quantity					
REF*Y1*AAA123456							
	REF01	Reference Identification Qualifier					Y1
	REF02	Reference Identification	159	Claim Administrator Claim Number			AAA123456
	REF03	Description					
	REF04	Reference Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
REF*5L*2041215111222333444							
	REF01	Reference Identification Qualifier					5L
	REF02	Reference Identification	5	Jurisdictional Claim Number			20041215111222333444
	REF03	Description					
	REF04	Reference Identifier					
PER*CT**TE*9036236514							
	PER01	Contact Function Code					CT
	PER02	Name					
	PER03	Communication Number Qualifier					TE
	PEr04	Communication Number	51	Employee Phone Number			9036236514
	PER05	Communication Number Qualifier					
	PER06	Communication Number					
	PER07	Communication Number Qualifier					
	PER08	Communication Number					
	PER09	Contact Inquiry Reference					
CLM*885372*7500***11:A:1*Y***Y*******P***00							
	CLM01	Claim Submitter's Identification	523	Billing Provider Unique Bill Identification Number			885372
	CLM02	Monetary Amount	501	Total Charge Per Bill			7500
	CLM03	Claim Filing Indicator Code					
	CLM04	Non-Institutional Claim Type Code					
	CLM05	Health Care Service Location Information					
	CLM05-1	Facility Code Value	504	Facility Code			13
	CLM05-2	Facility Qualifier Code	503	Billing Format Code			A
	CLM05-3	Claim Frequency Type Code	505	Bill Frequency Type Code			1
	CLM06	Yes/No Condition or Response Code	506	Provider Signature on File			Y

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	CLM07	Provider Accept Assignment Code					
	CLM08	Yes/No Condition or Response Code					
	CLM09	Release of Information Code	526	Release of Information Code			Y
	CLM10	Patient Signature Source Code					
	CLM 11	Related Causes Code					
	CLM12	Special Program Code					
	CLM13	Yes/No Condition or Response Code					
	CLM14	Level of Service Code					
	CLM15	Yes/No Condition or Response Code					
	CLM16	Provider Agreement Code	507	Provider Agreement Code			P
	CLM17	Claim Status Code					
	CLM18	Yes/No Condition or Response Code					
	CLM19	Claim Submission Reason Code	508	Bill Submission Reason Code			00
	CLM20	Delay Reason Code					
DTP*050*D8*20060922							
	DTP01	Date/Time Qualifier					50
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	511	Date Insurer Received Bill			20060922
DTP*435*DT*20020423							
	DTP01	Date/Time Qualifier					435
	DTP02	Date Time Period Format Qualifier					DT
	DTP03	Date Time Period	513	Admission Date			20020423
DTP*096*D8*20020426							
	DTP01	Date/Time Qualifier					096
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	514	Discharge Date			20020423

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
DTP*472*RD8*20020423-20020426							
	DTP01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	509	Service Bill Date(s) Range			20020423-20020426
DPT*434*D8*20020427							
	DPT01	Date/Time Qualifier					434
	DPT02	Date Time Period Format Qualifier					D8
	DPT03	Date Time Period	510	Date of Bill			20020427
DTP*666*D8*20061016							
	DTP01	Date/Time Qualifier					666
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	512	Date Insurer Paid Bill			20061016
AMT*TP*3000							
	AMT01	Amount Qualifier Code					TP
	AMT02	Monetary Amount	516	Total Amount Paid Per Bill			3000
	AMT03	Debit/Credit Flag					
REF*DD*0123456789							
	REF01	Reference Identification Qualifier					DD
	REF02	Description	500	Unique Bill ID Number			0123456789
	REF03	Reference Identifier					
REF*EJ*7654322							
	REF01	Reference Identification Qualifier					EJ
	REF02	Reference Identification	517	Patient Account Number			7654322
	REF03	Description					
	REF04	Reference Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
REF*2I*004424516							
	REF01	Reference Identification Qualifier					21
	REF02	Description	266	Transaction Tracking Number			004424516
	REF03	Reference Identifier					
HI*BK:721.0							
	HI01	Health Care Code Information					
	HI01-01	Code List Qualifier					BK
	HI01-02	Industry Code	521	Principal Diagnosis Code			721.0
	HI01-03	Date/Time Period Format Qualifier					
	HI01-04	Date Time Period					
	HI01-05	Monetary Amount					
	HI01-06	Quantity					
	HI01-07	Version Identifier					
	HI02	Health Care Code Information					
	HI03	Health Care Code Information					
	HI04	Health Care Code Information					
	HI05	Health Care Code Information					
	HI06	Health Care Code Information					
	HI07	Health Care Code Information					
	HI08	Health Care Code Information					
	HI09	Health Care Code Information					
	HI10	Health Care Code Information					
	HI11	Health Care Code Information					
	HI12	Health Care Code Information					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
HI*BR:MDO10							
	HI01	Health Care Code Information					
	HI01-01	Code List Qualifier					BR
	HI01-02	Industry Code	521	Principal Procedure Code			MDO10
	HI01-03	Date Time Period Format Qualifier					
	HI01-04	Date Time Period					
	HI01-05	Monetary Amount					
	HI01-06	Quantity					
	HI01-07	Version Identifier					
	HI02	Health Care Code Information					
	HI03	Health Care Code Information					
	HI04	Health Care Code Information					
	HI05	Health Care Code Information					
	HI06	Health Care Code Information					
	HI07	Health Care Code Information					
	HI08	Health Care Code Information					
	HI09	Health Care Code Information					
	HI10	Health Care Code Information					
	HI11	Health Care Code Information					
	HI12	Health Care Code Information					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
NM1*85*2*Medical Arts Inc*****FI*880586865							
	NM101	Entity Identifier Code					85
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	528	Billing Provider Last/Group Name			Medical Arts Inc
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	MN107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	629	Billing Provider FEIN			880586865
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N3*6501 Surgery Blvd							
	N301	Address Information	538	Billing Provider Primary Address			6501 Surgery Blvd
	N302	Address Information					
N4*Beverly Hills*CA*902101							
	N401	City Name	540	Billing Provider City			Beverly Hills
	N402	State or Province Code	541	Billing Provider State Code			CA
	N403	Postal Code	542	Billing Provider Postal Code			90210
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
NM1*82*1*Brown*Haley***MD*FI*880586865							
	NM101	Entity Identifier Code					82
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	638	Rendering Bill Provider Last/Group Name			Brown
	NM104	Name First	639	Rendering Bill Provider Name First			Haley
	NM105	Name Middle					
	NM106	Name Prefix					
	MN107	Name Suffix	641	Rendering Bill Provider Last Name Suffix			MD
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code					880586865
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
PRV*PE*S3*2085R0202X							
	PRV01	Provider Code					PE
	PRV02	Reference Identification Qualifier					S3
	PRV03	Reference Identification	651	Rendering Bill Provider Primary Specialty Code			2085R0202X
	PRV04	State or Province Code					
	PRV05	Provider Specialty Information					
	PRV05-1	Provider Specialty Code					
	PRV05-2	Agency Qualifier Code					
	PRV05-3	Yes/No Condition or Response Code					
	PRV06	Provider Organization Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
N4***90210							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	656	Render Bill Provider Postal Code			93309
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
REF*0B*MD0187220							
	REF01	Reference Identification Qualifier					0B
	REF02	Reference Identification	630	Rendering Bill Provider State License Number			MD0187220
	REF03	Description					
	REF04	Reference Identifier					
REF*GF*GF99999							
	REF01	Reference Identification Qualifier					GF
	REF02	Reference Identification	636	Rendering Bill Provider Specialty License Number			99999
	REF03	Description					
	REF04	Reference Identifier					
NM1*61*2*Medical Arts Hospital							
	NM101	Entity Identifier Code					61
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	678	Facility Name			Medical Arts Hospital
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	MN107	Name Suffix					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	NM108	Identification Code Qualifier					
	NM109	Identification Code					
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***90210							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	688	Facility Postal Code			90210
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
NM1*Y2*2*Chelsea Managed Care*****FI*567891234							
	NM101	Entity Identifier Code					Y2
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					Chelsea Managed Care
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	MN107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	704	Managed Care Organization FEIN			678912345
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
CAS*MA*131*4500*1							
	CAS01	Claim Adjustment Group Code	543	Bill Adjustment Group Code			MA
	CAS02	Claim Adjustment Code	544	Bill Adjustment Reason Code			131
	CAS03	Monetary Amount	545	Bill Adjustment Amount			4500
	CAS04	Quantity	546	Bill Adjustment Units			1
LX*1							
	LX01	Assigned Number	547	Line Number			1
SV2**ER:MDO10*7500*UN*1							
	SV201	Product/Service ID					
	SV202	Composite Medical Procedure Identifier					
	SV202-1	Product/Service ID Qualifier					ER
	SV202-2	Product Service ID	715	Jurisdictional Line Procedure Billed Code			MDO10
	SV202-3	Procedure Modifier					
	SV202-4	Procedure Modifier					
	SV202-5	Procedure Modifier					
	SV202-6	Procedure Modifier					
	SV202-7	Description					
	SV203	Monetary Amount	522	Total Charge Per Line			7500
	SV204	Unit or Basis for Measurement Code	553	Day/Unit Code			UN
	SV205	Quantity	554	Days/Unit Billed			1
	SV206	Unit Rate					
	SV207	Monetary Amount					
	SV208	Yes/No Condition or Response Code					
	SV209	Nursing Home Residential Status Code					
	SV210	Level of Care Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
DTP*472*D8*20070322							
	DTP01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	605	Service Line Date(s)) range			20070322
SVD*XX*3000*ERMD010***1							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			3000
	SVD03	Composite Medical Procedure Identifier					
	SVD03-1	Product Service Identification Qualifier					ER
	SVD03-2	Product Service Identifier	729				MDO10
	SVD03-3	Procedure Modifier					
	SVD03-4	Procedure Modifier					
	SVD03-5	Procedure Modifier					
	SVD03-6	Procedure Modifier					
	SVD03-7	Description					
	SVD04	Product Service Identification					
	SVD05	Quantity					
	SVD06	Assigned Number	547	Line Number			1
CAS*MA*131*4500*1							
	CAS01	Service Adjustment Group Code					MA
	CAS02	Claim Adjustment Reason Code	732	Service Adjustment Reason Code			131
	CAS03	Monetary Amount	733	Service Adjustment Amount			4500
	CAS04	Quantity	734	Service Adjustment Unit(s)			1
SE*45*30001							
	SE01	Number of Included Segments					45
	SE02	Transaction Set Control Number					30001

Scenario 12 – Lump Sum Settlement Payment - Mixed Bill Types

John White, a single male, was born on July 4, 1968 and currently resides at 1776 Patriot Drive, Smallville, California, 95995. His telephone number is (530) 456-2867; his Social Security Number is 345-67-8912. John is employed at Fix It Up, Inc., located at 2008 Industrial Drive in Goldrush, California 96723. Fix It Up, Inc.'s telephone number is (530) 274-2641; their Federal Employer's Identification Number (FEIN) is 89-1357246.

On July 14, 2005, John incurred a stress fracture to his right leg and severely tore the anterior cruciate ligament while fixing a broken widget at Fix It Up, Inc. His supervisor, Helen Brown, instructed him to go to Dr. Charles Black for treatment. Dr. Black examined John and provided him with prescriptions for a nonsteroidal anti-inflammatory, muscle relaxants, and pain drugs. Dr. Black then referred John to an orthopedic surgeon, Dr William Green, who scheduled John for arthroscopic surgery. John's post surgical treatment included physical therapy and a durable medical equipment knee brace. Dr. Black and Dr. Green, as well as the treating physical therapist and the pharmacist, are within Fix It Up, Inc.'s medical provider network (MPN) and are employed by One Stop Shop Medical Services, Inc. (One Stop Shop), located in Goldrush, California. All the itemized bills, including those for professional services, institutional fees, pharmacy, and durable medical equipment, were submitted to Fix It Up, Inc.'s workers' compensation insurance carrier, California Compensation Carrier Group (CCCG), for reimbursement. CCCG reimbursed One Stop Shop for the services rendered according to California's official Medical Fee Schedule.

Originally, One Stop Shop submitted 37 itemized bills to the insurance carrier for charges totaling $255,000 for services rendered between July 14, 2005, and March 2, 2006. CCCG timely reimbursed One Stop Shop in accordance with the fee schedule, a total of $175,000. One Stop Shop disputed the amount of reimbursement received from the carrier and requested an additional payment in the amount of $80,000. CCCG subsequently reviewed One Stop Shop's request for additional reimbursement and recompensed an additional amount of $50,000. On July 14, 2006, One Stop Shop filed a lien against the claim with the Workers' Compensation Appeals Board (WCAB), utilizing the DWC WCAB Form 6, for the amount of $30,000.

One Stop Shop offered to settle the lien if CCCG would agree to pay an additional $25,000. CCCG declined to settle. Following a hearing, a Workers' Compensation Administrative Law Judge ruled that One Stop Shop was entitled to an additional $15,000 in compensation for services provided and issued an order for CCCG to pay that amount. On July 14, 2007, CCCG, in accordance with the final WCAB order, paid One Stop Shop an additional $15,000.

Scenario 12 – Lump Sum Settlement Payment - Mixed Bill Types ANSI Mapped

ISA*00* *00* *ZZ*202036689 *ZZ*943160882 *070322*1652*U*0041 *000000003*0*P*:
GS*HC*202036689*943160882*20070322*165233*3*X*004010
ST*837*30001
BHT*0080*00*30001*20070322*1652
NM1*10*2******FI*123456789
N4***123456784
NM1*40*2******FI*943160882
N4***941023677
HL*1**20*1
DTP*582*RD8*20070322-20070322
NM1*CA*2*California Comp Carrier Group*****FI*999999999
N4***10005
NM1*CX*2*Adjust It Right*****FI*999999999
N4***000010001
HL*2*1*EM*1
NM1*36*2
HL*2**CL*0
DTP*558*D8*20050714
NM1*CC*1*White*John****34*345678912
REF*Y1*AAA123456
CLM*885372*30000**********P***00
DTP*050*D8*20060714
DTP*472*RD8*20050714-20060302
DTP*666*D8*20070714
AMT*TP*15000
REF*DD*0123456789
REF*2I*004424516
HI*BK: 844.2
NM1*85*2*One Stop Shop Medical Services, Inc*****FI*880586865
N4***933111001
NM1*82*1*One Stop Shop Medical Services, Inc****FI*880586865
N4***96723
LX*00
SVD*XX*15000**ER:MDO10
SE*31*30001

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
ST*837*30001							
	ST01	Transaction Set Identifier Code					837
	ST01	Transaction Set Control Number					30001
BHT*0080*00*30001*20070322*1652							
	BHT01	Hierarchical Structure Code					0080
	BHT02	Transaction Set Purpose					00
	BHT03	Reference Identification	532	Batch Control Number			30001
	BHT04	Date	100	Date Transmission Sent			20070322
	BHT05	Time	101	Time Transmission Sent			1652
	BHT06						
NM1*10*2******FI*123456789							
	NM101	Entity Identifier Code					10
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	98	Sender ID (combined with postal code)			123456789
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***123456789							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	98	Sender ID (combined with FEIN)			123456789
	N404	Country Code					
	N405	Location Qualifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
	N406	Location Qualifier					
NM1*40*2******FI*943160882							
	NM101	Entity Identifier Code					40
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name					
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	99	Receiver ID (combined with postal code)			943160882
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***941023677							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	99	Receiver ID (combined with FEIN)			943160882
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Qualifier					
HL*1**20*1							
	HL01	Hierarchical ID					1
	HL02	Hierarchical Parent Number					
	HL03	Hierarchical Level Number					20
	HL04	Hierarchical Child Number					1

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
DTP*582*RD8*20070322-20070322							
	DTP01	Date/Time Qualifier					582
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period					20070322-20070322
NM1*CA*2*California Comp Carrier Group*****FI*999999999							
	NM101	Entity Identifier Code					CA
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	7	Insurer			California Comp Carrier Group
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	6	Insurer FEIN			999999999
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***10005							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	616	Insurer Postal Code			000050005
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
NM1*CX*2*Adjust It Right*****FI*999999999							
	NM101	Entity Identifier Code					CX
	NM102	Entity Type Qualifier					2
	NM103	Name Last or Organization Name	188	Claim Administrator Name			Adjust It Right
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	187	Claim Administrator FEIN			999999999
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***000010001							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	14	Claim Administrator Mailing Postal Code			000010001
	N404	Country Code					
	N405	Locational Qualifier					
	N406	Location Identifier					
HL*2*1*EM*1							
	HL01	Hierarchical ID Number					2
	HL02	Hierarchical Parent Number					1
	HL03	Hierarchical Level					EM
	HL04	Hierarchical Child Code					1
NM1*36*2							
	NM101	Entity Identifier Code					36
	NM202	Entity Type Qualifier					2

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
HL*2**CL*0							
	HL01	Hierarchical ID Number					2
	HL02	Hierarchical Parent Number					
	HL03	Hierarchical Level					CL
	HL04	Hierarchical Child Code					0
DTP*558*D8*20041215							
	DTP01	Date/Time Qualifier					558
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	31	Date of Injury			20050714
NM1*CC*1*WHITE*JOHN****34*345678912							
	NM101	Entity Identifier Code					CC
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	43	Employee Last Name			White
	NM104	Name First	44	Employee First Name			John
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					34
	NM109	Identification Code	42	Employee SSN			345678912
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
REF*Y1*AAA123456							
	REF01	Reference Identification Qualifier					Y1
	REF02	Reference Identification	15	Claim Administrator Claim Number			AAA123456
	REF03	Description					
	REF04	Reference Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
CLM*885372*5000**********P***00							
	CLM01	Claim Submitter's Identification	523	Billing Provider Unique Bill Identification Number			885372
	CLM02	Monetary Amount	501	Total Charge Per Bill			30000
	CLM03	Claim Filing Indicator Code					
	CLM04	Non-Institutional Claim Type Code					
	CLM05	Health Care Service Location Information					
	CLM05-1	Facility Code Value	504	Facility Code			
	CLM05-2	Facility Qualifier Code	503	Billing Format Code			
	CLM05-3	Claim Frequency Type Code					
	CLM06	Yes/No Condition or Response Code	506	Provider Signature on File			
	CLM07	Provider Accept Assignment Code					
	CLM08	Yes/No Condition or Response Code					
	CLM09	Release of Information Code	526	Release of Information Code			
	CLM10	Patient Signature Source Code					
	CLM11	Related Causes Code					
	CLM12	Special Program Code					
	CLM13	Yes/No Condition or Response Code					
	CLM14	Level of Service Code					
	CLM15	Yes/No Condition or Response Code					
	CLM16	Provider Agreement Code	507	Provider Agreement Code			P
	CLM17	Claim Status Code					
	CLM18	Yes/No Condition or Response Code					
	CLM19	Claim Submission Reason Code	507	Bill Submission Reason Code			00
	CLM20	Delay Reason Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
DTP*050*D8*20060714							
	DTP01	Date/Time Qualifier					50
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	511	Date Insurer Received Bill			20060714
DTP*472*RD8*20050714-20060302							
	DTP01	Date/Time Qualifier					472
	DTP02	Date Time Period Format Qualifier					RD8
	DTP03	Date Time Period	509	Service Bill Date(s) Range			20050714-20060302
DTP*666*D8*20070714							
	DTP01	Date/Time Qualifier					666
	DTP02	Date Time Period Format Qualifier					D8
	DTP03	Date Time Period	512	Date Insurer Paid Bill			20070714
AMT*TP*15000							
	AMT01	Amount Qualifier Code					TP
	AMT02	Monetary Amount	516	Total Amount Paid Per Bill			15000
	AMT03	Debit/Credit Flag					
REF*DD*0123456789							
	REF01	Reference Identification Qualifier					DD
	REF02	Reference Identification	500	Unique Bill ID Number			0123456789
	REF03	Description					
	REF04	Reference Identifier					
REF*2I*004424516							
	REF01	Reference Identification Qualifier					21
	REF02	Reference Identification	266	Transaction Tracking Number			004424516
	REF03	Description					
	REF04	Reference Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
HI*BK:844.2							
	HI01	Health Care Code Information					
	HI01-01	Code List Qualifier					BK
	HI01-02	Industry Code	522	ICD-9 CM Diagnosis Code			844.2
NM1*82*1*One Stop Shop Medical Services, Inc***MD*FI*880586865							
	NM101	Entity Identifier Code					82
	NM102	Entity Type Qualifier					1
	NM103	Name Last or Organization Name	638	Rendering Bill Provider Last/Group Name			One Stop Shop Medical Services, Inc.
	NM104	Name First					
	NM105	Name Middle					
	NM106	Name Prefix					
	NM107	Name Suffix					
	NM108	Identification Code Qualifier					FI
	NM109	Identification Code	642	Rendering Bill Provider FEIN			880586865
	NM110	Entity Relationship Code					
	NM111	Entity Identifier Code					
N4***96723							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	656	Rendering Bill Provider Postal Code			96723
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
LX*1							
	LX01	Assigned Number	547	Line Number			00

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
SVD*XX*15000*ER:MD010							
	SVD01	Identification Code					XX
	SVD02	Monetary Amount	574	Total Amount Paid Per Line			150000
	SVD03	Composite Medical Procedure Identifier					
	SVD03-1	Product Service Identification Qualifier					ER
	SVD03-2	Product Service Identifier	729	Jurisdictional Line Procedure Paid Code			MDO10
SE*45*30001							
	SE01	Number of Included Segments					45
	SE02	Transaction Set Control Number					30001

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SECTION 4

MEDICAL BILL PAYMENT RECORDS
ASC X12 824 APPLICATION ADVICE

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ASC X12 824 Application Advice

Implementation Notes

The 824 transactions are designed to provide the ability to report the result of an application system's data content edits of the 837 transaction set. The results of editing the 837 transaction set can be reported at the functional group and transaction set level, in either coded or free form format. It is designed to accommodate the business need of reporting the acceptance, rejection, or acceptance with error(s).

For each 837 transaction reported, only one 824 transaction should be sent back to the trading partner.

LOOP AND SEGMENT SUMMARY

Transaction Set Header				Page 4-3
Segment	**Description**		**Usage**	**Max Use**
ST	Transaction Set Header	R	1	
BGN	Beginning Segment		R	1

Loop ID: N1 Sender Information (Repeat 1)			Page 4-5
Segment	**Description**	**Usage**	**Max Use**
N1	Sender ID	R	1
N4	Geographic Location	R	1

Loop ID: N1 Receiver Information (Repeat 1)			Page 4-6
Segment	**Description**	**Usage**	**Max Use**
N1	Receiver ID	R	1
N4	Geographic Location	R	1

Loop ID: OTI Original Identification Transaction (Repeat > 1)			Page 4-8
Segment	**Description**	**Usage**	**Max Use**
OTI	Original Transaction Identifier	R	1
DTM	Processing Date	R	1

Loop ID: LM Code Source Information (Repeat > 1)			Page 4-11
Segment	**Description**	**Usage**	**Max Use**
LM	Code Source Information	S	1

Loop ID: LQ Industry Code (Repeat 100)			Page 4-11
Segment	**Description**	**Usage**	**Max Use**
LQ	Industry Code	S	1
RED	Related Data	S	100

Transaction Set Trailer			Page 4-14
Segment	**Description**	**Usage**	**Max Use**
SE	Transaction Set Trailer	R	1

LOOP AND SEGMENT DETAIL

Transaction Set Header

SEGMENT: **ST Transaction Set Header**
WC NAME: TRANSACTION SET CONTROL NUMBER
LEVEL: Header
POSITION: 010
LOOP:
USAGE: Required
MAX USE: 1
PURPOSE: To indicate the start of a transaction set and to assign a control number. The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select appropriate transaction set definition (e.g., 824 selects the Application Advice Transaction Set).
EXAMPLE: ST*824*987654~

DATA ELEMENT SUMMARY

ST01 143 **TRANSACTION SET IDENTIFIER CODE** **M ID 3/3**
Code which uniquely identifies a Transaction Set.
Required **824 = Application Advice (Medical Bill Acknowledgment)**

ST02 329 **TRANSACTION SET CONTROL NUMBER** **M AN 4/9**
Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. This number is for the 824 Medical Bill Acknowledgment.
Required **A number generated by the translator.**

SEGMENT: **BGN Beginning Segment**
WCNAME: BEGINNING SEGMENT
LEVEL: Header
POSITION: 020
LOOP:
USAGE: Required
MAX USE: 1
PURPOSE: To indicate the beginning of a transaction set. If BGN05 is present, then BGN04 is required. BGN06 is the transaction set reference number of a previously sent transaction affected by the current transaction.
EXAMPLE: BGN*11*MED01*19960618*0932*~

DATA ELEMENT SUMMARY

BGN01 353 **TRANSACTION SET PURPOSE CODE** **M ID 2/2**
Code identifies purpose of transaction set.
Required **11 = Response**

BGN02 127 REFERENCE NUMBER M AN 1/30

Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.

Required DN105 Interchange Version ID
MED01 = Medical Version 1

BGN03 373 DATE M DT 8/8

Date the transaction was created within the business application system. CCYYMMDD. This is the date the 824 acknowledgments are sent back to the sender.

Required DN100 Date Transmission Sent

BGN04 337 TIME X TM 4/8

Time expressed in 24-hour clock time as follows: HHMM or HHMMSS or HHMMSSD or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimals seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). This is the time the 824 is sent back to the sender.

Required DN101 Time Transmission Sent

BGN05 623 TIME CODE O ID 2/2

Code identifies the time. In accordance with International Standards Organization standard 8601, time can be specified by a + or - and an indication in hours in relation to Universal Time Coordinate (UTC) time; since + is a restricted character, + and - are substituted by P and M in the codes that follow.

Not Used

BGN06 127 REFERENCE NUMBER O AN 1/30

Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier.

Not Used

BGN07 640 TRANSACTION TYPE CODE O ID 2/2

Code specifies the type of transaction.

Not Used

BGN08 306 ACTION CODE O ID 1/2

Code specifies type of action.

Not Used

BGN09 786 SECURITY LEVEL CODE O ID 2/2

Code indicating the level of confidentiality assigned by the sender to the information following.

Not Used

LOOP ID: N1 Sender Information (Repeat 1)

SEGMENT: N1 Individual or Organizational Name

WCNAME: SENDER ID
LEVEL: Header
POSITION: 030
LOOP: N1A
USAGE: Required
MAX USE: 1
PURPOSE: To supply the identification of an organizational entity. This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency, the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party. At least N102 or N103 is required. If either N103 or N104 is present, the other is required.
EXAMPLE: N1*10**FI*123456789~

DATA ELEMENT SUMMARY

N101 98 **ENTITY IDENTIFIER CODE** **M ID 2/3**
Code identifies an organizational entity, a physical location, property, or an individual. The Entity Identifier in N101 applies to all segments in loop N1A. This is the organization transferring data on behalf of the submitter.
Required **10 = Conduit**

N102 93 **NAME** **X AN 1/60**
Organizational Name.
Not Used

N103 66 **IDENTIFICATION CODE QUALIFIER** **X ID 1/2**
Code designating the system/method of code structure used for Identification Code (67).
Required **FI = Federal Taxpayer's Identification Number**

N104 67 **IDENTIFICATION CODE** **X AN 2/80**
Code identifies a party or other code. This is the FEIN of the Sending Party that is combined with the Sender Postal Code to create the Sender ID DN98.
Required **DN98 Sender ID (Partial - only FEIN)**

N105 706 **ENTITY RELATIONSHIP CODE** **O ID 2/3**
Code describes entity relationship.
Not Used

N106 98 **ENTITY IDENTIFIER CODE** **O ID 2/2**
Code identifies an organizational entity, a physical location.
Not Used

SEGMENT: N4 Geographic Location
WCNAME: SENDER POSTAL CODE
LEVEL: Header
POSITION: 060
LOOP: N1A
USAGE: Required
MAX USE: 1
PURPOSE: To specify the geographic place of the named party.
EXAMPLE: N4***751230064~

DATA ELEMENT SUMMARY

N401 19 **CITY NAME** **O AN 2/30**
Free-form text defines the city name.
Not Used

N402 156 **STATE OR PROVINCE CODE** **O ID 2/2**
Code (Standard State/Province) as defined by appropriate government agency.
Not Used

N403 116 **POSTAL CODE** **O ID 3/15**
Code defines international postal zone code excluding punctuation and blanks (zip code for United States). This is the Sender's Postal Code. It will be combined with Sender's FEIN to create Sender ID DN98.
Required **DN98 Sender ID (Partial - only Postal Code)**

N404 26 **COUNTRY CODE** **O ID 2/3**
Code which identifies the country.
Not Used

N405 309 **LOCATION QUALIFIER** **X ID 1/2**
Code which identifies type of location.
Not Used

N406 310 **LOCATION IDENTIFIER** **O AN 1/30**
Code which identifies a specific location.
Not Used

Loop ID: N1 Receiver Information (Repeat 1)

SEGMENT: N1 Individual or Organizational Name
WCNAME: RECEIVER ID
LEVEL: Header
POSITION: 030
LOOP: N1B Repeat: 1
USAGE: Required
MAX USE: 1
PURPOSE: To supply the identification of an organizational entity. This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency, the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party. At least N102 or N103 is required. If either N103 or N104 is present, the other is required.
EXAMPLE: N1*40**FI*987654321~

DATA ELEMENT SUMMARY

N101 98 **ENTITY IDENTIFIER CODE** **M ID 2/3**
Code identifies an organizational entity, a physical location, property, or an individual. The Entity Identifier in N101 applies to all segments in loop N1B. This is the organization transferring data on behalf of the submitter.
Required **40 = Receiver**

N102 93 **NAME** **X AN 1/60**
Organizational Name.
Not Used

N103 66 **IDENTIFICATION CODE QUALIFIER** **X ID 1/2**
Code designating the system/method of code structure used for Identification Code (67).
Required **FI = Federal Taxpayer's Identification Number**

N104 67 **IDENTIFICATION CODE** **X AN 2/80**
Code identifies a party or other code. This is the FEIN of the Receiving Party, which is combined with the Receiver Postal Code to create the Receiver ID DN99.
Required **DN99 Receiver ID (Partial - only FEIN)**

N105 706 **ENTITY RELATIONSHIP CODE** **O ID 2/2**
Code describes entity relationship.
Not Used

N106 98 **ENTITY IDENTIFIER CODE** **O ID 2/3**
Code identifies an organizational entity, a physical location.
Not Used

SEGMENT: N4 Geographic Location
WCNAME: RECEIVER POSTAL CODE
LEVEL: Header
POSITION: 060
LOOP: N1B
USAGE: Required
MAX USE: 1
PURPOSE: To specify the geographic place of the named party.
EXAMPLE: N4***751230064~

DATA ELEMENT SUMMARY

N401 19 **CITY NAME** **O AN 2/30**
Free-form text defines city.
Not Used

N402 156 **STATE OR PROVINCE CODE** **O ID 2/2**
Code (Standard State/Province) as defined by appropriate government agency.
Not Used

N403 116 **POSTAL CODE** **O ID 3/15**
Code defines international postal zone code excluding punctuation and blanks (zip code for United States). This is the Receiver's Postal Code. It will be combined with Receiver's FEIN to create Receiver ID DN99.
Required **DN99 Receiver ID (Partial - only Postal Code)**

N404 26	**COUNTRY CODE** Code which identifies the country. **Not Used**	**O ID 2/3**
N405 309	**LOCATION QUALIFIER** Code which identifies type of location. **Not Used**	**X ID 1/2**
N406 310	**LOCATION IDENTIFIER** Code which identifies a specific location. **Not Used**	**O AN 1/30**

Loop ID: OTI Original Identification Transaction (Repeat >1)

SEGMENT: **OTI Original Transaction Identification**
WCNAME: ORIGINAL TRANSACTION IDENTIFICATION
LEVEL: Summary
POSITION: 010
LOOP: OTI Repeat: >1
USAGE: Required
MAX USE: 1
PURPOSE: To identify the edited transaction set and the level at which the results of the edit are reported, and to indicate the accepted, rejected, or accepted with change edit result. If OTI09 is present, then OTI08 is required. If OTI11 is present, it will contain the version/release of the original electronic transaction that was translated by the receiver. For response to 837, one OTI loop per rejected bill.

OTI02 contains the qualifier identifying the business transaction from the original business application, and OTI03 will contain the original business application identification.

If used, OTI04 through OTI08 will contain values from the original electronic functional group generated by the sender.

If used, OTI09 through OTI10 will contain values from the original electronic transaction set generated by the sender.

Implementation Note:
A BA/BR must first be reported in the OTI01/OTI03 segments and may be followed by a TA/TR/TE in the OTI01/OTI03 segments. When a Batch and Transaction is Accepted, an RED segment will not be reported. The RED segment is only for reporting errors that occurred in a Batch and/or Transaction.

Example 1: Batch Accepted with a Transaction Rejected
ST*824*0001~
BGN*11*MED01*20061027*133708~
N1*10**FI*746000119~
N4***787441609~
N1*40**FI*756062906~
N4***841208230~
OTI*BA*55*5567***20061027*133708***837~
DTM*009*20061108*160151~
OTI*TR*55*108936***20061027*133708***837~
DTM*009*20061108*160151~

LM*IB~
LQ*FZ*030~
RED*CLAIM#1SG**IB**GJ*15~

Example 2: Batch Accepted with a Transaction Accepted
OTI*BA*55*5568***20061027*133708***837~
DTM*009*20061108*160151~
OTI*TA*55*109641***20061027*133708***837~
DTM*009*20061108*160151~
SE*18*0001~

DATA ELEMENT SUMMARY

OTI01 110 APPLICATION ACKNOWLEDGMENT CODE M ID 1/2
Code indicating the application system edit results of the business data.
Required DN111 Application Acknowledgment Code
BA = Batch Accepted
BR = Batch Rejected
TR = Transaction Rejected
TE = Transaction Accepted with Error(s)
TA = Transaction Accepted

OTI02 128 REFERENCE NUMBER QUALIFIER M ID 2/3
Code qualifies the Reference Number.
Required 55 = Sequence Number

OTI03 127 REFERENCE NUMBER M AN 1/30
Reference number or identification number as defined for a particular Reference Transaction Set, or as specified by the Reference Number Qualifier. This is the response to an inbound 837 and will contain the Unique Bill ID Number from Loop 2300 REF02 or Batch Control Number from BHT03.
Required If transaction level acknowledgment, use DN500 Unique Bill ID Number

If batch level acknowledgment, use DN532 Batch Control Number

OTI04 142 APPLICATION SENDER'S CODE O AN 2/15
Code identifying the party sending transmission; codes agreed to by trading partner.
Not Used

OTI05 124 APPLICATION RECEIVER'S CODE O AN 2/15
Code identifying the party receiving transmission. Codes agreed to by trading partners.
Not Used

OTI06 373 DATE O DT 8/8
Date (CCYYMMDD). OTI06 is the date of the original transmission from the inbound 837.
Situational DN102 Original Transmission Date

OTI07 337 **TIME** **O TM 4/8**
Time expressed in 24 hour clock time as follows: HHMM or HHMMSS, or HHMMSSD or HHMMSSDD. H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). OTI07 is the time of the original transmission from the inbound 837.
Situational **DN103 Original Transmission Time**

OTI08 28 **GROUP CONTROL NUMBER** **X N0 1/9**
Assigned number originated and maintained by the sender.
Not Used

OTI09 329 **TRANSACTION SET CONTROL NUMBER** **O AN 4/9**
Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.
Not Used

OTI10 143 **TRANSACTION SET IDENTIFIER CODE** **O ID 3/3**
Code uniquely identifies a Transaction Set.
Required **DN110 Acknowledgment Transaction Set ID**
837 = Health Care Claim
(Medical Transactions)

OTI11 480 **VERSION/RELEASE/INDUSTRY IDENTIFIER CODE** **O AN 1/2**
Code indicates the version, release, sub-release, and industry identifier of the EDI standard including the GS and GE segments. If code in DE455 in GS segment is “X”, then DE480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GE segment is T, then other formats are allowed.
Not Used

OTI12 353 **TRANSACTION SET PURPOSE CODE** **O ID 2/2**
Code, which identifies purpose of transaction set.
Not Used

OTI13 640 **TRANSACTION TYPE CODE** **O ID 2/2**
Code which specifies transaction type.
Not Used

OTI14 346 **APPLICATION TYPE** **O ID 2/2**
Code which identifies an application.
Not Used

OTI15 306 **ACTION CODE** **O ID 1/2**
Code which indicates type of action.
Not Used

OTI16 305 **TRANSACTION HANDLING CODE** **O ID 1/2**
Code which designates the action to be taken by all parties.
Not Used

OTI17 641 **STATUS REASON CODE** **O ID 3/3**
Code which indicates the status reason.
Not Used

SEGMENT: **DTM Date/Time Reference**
WCNAME: PROCESSED DATE
LEVEL: Summary
POSITION: 030
LOOP: OTI
USAGE: Required
MAX USE: 2
PURPOSE: To supply pertinent dates and times
EXAMPLE: DTM*009*19960718*0932~

DATA ELEMENT SUMMARY

DTM01 374 **DATE/TIME QUALIFIER** **M ID 3/3**
Code which specifies type of date or time, or both date and time.
Required **009 = Processed Date**

DTM02 373 **DATE** **X DT 8/8**
Date (CCYYMMDD).
Required **DN108 Date Processed**

DTM03 337 **TIME** **X TM 4/8**
Time expressed in 24 hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), or S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99).
Required **DN109 Time Processed**

DTM04 623 **TIME CODE** **O ID 2/2**
Code identifies the time. In accordance with International Standards Organization standard 8601, time can be specified by a + or - and an indication in hours in relation to Universal Time Coordinate (UTC) time; since + is a restricted character, + and - are substituted by P and M in the codes that follow.
Not Used

DTM05 1250 **DATE TIME PERIOD FORMAT QUALIFIER** **X ID 2/3**
Code indicating the date format, time format or date and time format.
Not Used

DTM06 1251 **DATE TIME PERIOD** **X AN 1/35**
Expression of a date, a time, or range of dates, times, or dates and times.
Not Used

Loop ID: LM Code Source Information (Repeat >1)

SEGMENT: **LM Code Source Information**
WCNAME: CODE SOURCE INFORMATION
LEVEL: Summary
POSITION: 085
LOOP: LM Repeat: >1
USAGE: Situational
MAX USE: 1
PURPOSE: To transmit standard code list identification. The LM is used to identify application error condition.
EXAMPLE: LM*IB~

DATA ELEMENT SUMMARY

LM01 559 AGENCY QUALIFIER CODE M ID 2/2
Code which identifies the agency assigning the codes values.
Required IB = IAIABC

LM02 822 SOURCE SUBQUALIFIER O AN 1/15
A reference indicating the table or text maintained by the Source Qualifier.
Not Used

Loop ID: LQ Industry Code (Repeat 100)

SEGMENT: LQ Industry Code
WCNAME: INDUSTRY CODE
LEVEL: Detail
POSITION: 086
LOOP: LQ Repeat: 100
USAGE: Situational
MAX USE: 1
PURPOSE: Code to transmit standard industry codes. If LQ01 is present, LQ02 is required.
EXAMPLE: LQ*FZ*058~

DATA ELEMENT SUMMARY

LQ01 1270 CODE LIST QUALIFIER CODE O ID 1/3
Code identifying a specific industry code list.
Required FZ = Edit Error Code

LQ02 1271 INDUSTRY CODE X AN 1/30
Code indicates a code from a specific list. See IAIABC Edit Matrix for code values.
Required DN116 Element Error Number

SEGMENT: RED Related Data
WCNAME: RELATED DATA
LEVEL: Detail
POSITION: 087
LOOP: LQ Repeat: 100
USAGE: Situational
MAX USE: 1
PURPOSE: To provide business data related to an item within a transaction to which a business application editing process has been applied, and an error condition has resulted.

For IAIABC purposes, the RED segment will also be used to transmit the DN of the element in error and a copy of the bad data. For matching purposes, one or more of the following fields may be sent as supplemental data: DN0006 Insurer FEIN, DN0016 Employer FEIN, DN0187 Claim Administrator FEIN, DN0015 Claim Administrator Claim Number, DN0005 Jurisdiction Claim Number, DN0500 Unique Bill ID Number or DN0266 Transaction Tracking Number.
EXAMPLE: RED*112233**IB**A9*0500~
RED*3**IB**A9*547~
RED*XYZ**IB**GJ*0714~

Implementation Note:
This example above indicates which line number on the bill has the error. If the error is at the bill level and there is a not a line-level error, the jurisdiction sends an RED05 with a "0"or “00” (example below). When a trading partner receives an RED with "0" or “00” in RED05, then the trading partner will know that there is no line-level error.

Example of when there is no line-level error:
RED01 without a line level error.
RED*0**IB**A9*547 or RED*00**IB**A9*547

Implementation Note:
To reference an invalid qualifier, the last RED segment (RED05 = “GJ”) will indicate the invalid qualifier value in RED01. The 824 RED example below indicates that “ZZ” is the invalid qualifier value, and the value of “0000” in RED06 is a default value that indicates that the element in error does not have an assigned DN. The 837 example below is based on a Professional Bill (HCFA/CMS) with an invalid Procedure Code Qualifier, Loop 2400, SV101-1.
The qualifier “ZZ” is a valid value for this X12 element (DE 235, Product/Service ID Qualifier), but is not valid for the SV101-1 segment in the IAIABC 837 Medical Bill Implementation Guide.

837 EXAMPLE: (SV1 Segment where SV101-1 = “ZZ”):
CLM*123456*500***11:B:1*Y***Y*******P***00~
[Segments removed]
LX*1~
SV1*ZZ:99213:25*100*UN*1*21**1:2:3~

824 EXAMPLE: (RED05 references element number default value "0000" and invalid qualifier "ZZ"):
LM*1B~
LQ*FZ*999~ [DN116 Element Error Number = “999”]
RED*123456**1B**A9*0500~ [DN500 Unique Bill ID Number = “123456”]
RED*1**1B**A9*0547~ [DN547 Line Number = “1”]
RED*99213**1B**A9*0714~ [DN714 HCPCS Line Procedure Billed Code= “99213”]
RED*ZZ**1B**GJ*0000~ [Associated Qualifier invalid value = “ZZ”, DN115 Element Number = “0000”]

DATA ELEMENT SUMMARY

RED01 352 DESCRIPTION M AN 1/80
A free form description which clarifies the related data elements and their content. This field will contain either the actual supplemental data to further identify the record in error, or it will contain the contents of the bad data element. If this is used for supplemental data, RED05 will have a value of “A9". If this is used for a bad copy of the data element, RED05 will have a value of “GJ”.
Required

RED02 1609 RELATED DATA IDENTIFICATION CODE X AN 2/3
Code which identifies the nature of data related to an application edit error condition.
Not Used

RED03 559 AGENCY QUALIFIER CODE X ID 2/2
Code which identifies the agency assigning the code values.
Required IB = IAIABC Error Code List

RED04 822 SOURCE SUBQUALIFIER **O AN 1/15**
A reference indicates the table or text maintained by the Source Qualifier.
Not Used

RED05 1270 CODE LIST QUALIFIER CODE **X ID 1/3**
Code identifying a specific industry code list.
Required **A9 = Supplemental Data**
GJ = Reject Indicator Code

RED06 1271 INDUSTRY CODE **X AN 1/30**
Code indicating a code from a specific industry code list.
Required **DN115 Element Number**
If RED05 = A9, then use the IAIABC data element number associated with supplemental information in RED01

If RED05 = GJ, then use the IAIABC data element number associated with the invalid data in RED01

Transaction Set Trailer

SEGMENT: **SE Transaction Set Trailer**
WCNAME: TRANSACTION SET TRAILER
LEVEL: Summary Repeat: 1
POSITION: 090
LOOP:
USAGE: Required
MAX USE: 1
PURPOSE: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)
EXAMPLE: SE*432*987654~

DATA ELEMENT SUMMARY

SE01 96 NUMBER OF INCLUDED SEGMENTS **M N0 1/10**
Total number of segments included in a transaction set including the ST and SE segments.
Required

SE02 329 TRANSACTION SET CONTROL NUMBER **M AN 4/9**
Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.
Required

SECTION 5

MEDICAL BILL PAYMENT RECORDS
ASC X12 824 SCENARIOS

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ACKNOWLEDGMENT OVERVIEW

The purpose of the acknowledgment is to let the sender know the status of the MED transactions. Each MED transaction is edited for required data elements and against the Edit Matrix, Transmission Profile, Element Requirement Table, and Event Table. Out of those edit processes, each transaction will be determined to be accepted, accepted with errors, or rejected. A jurisdiction transmission profile determines whether all transactions will be acknowledged or only rejected transactions. The following scenarios will describe the acknowledgment process.

Acknowledgment Scenario #1 - Accepted Transaction Detail Acknowledgment
A bill was submitted from a doctor's office. This corresponds to the 837 Scenario #1. This acknowledgment shows the transaction was accepted without errors.

Acknowledgment Scenario #2 – Accepted with Errors Transaction Detail Acknowledgment
A bill was submitted with invalid Admitting Diagnosis Code. The diagnosis code was sent without any data. The Admitting Diagnosis code is accepted using Data Element Number 0535 and Element Error Number 058 to reflect the missing data. The first RED segment is used to report the insurer's Unique Bill ID Number. The second RED segment is used to identify the Data Element Number 0535.

Acknowledgment Scenario #3 – Rejected Transaction Detail Acknowledgment
A bill was submitted with a line level error. The HCPCS Line Billed Procedure Code is invalid. The Bill Payment record is rejected using Data Element Number 0714 and Element Error Number 058 to reflect the invalid code. The first RED segment is used to report the Insurer's Unique Bill ID number DN500. The second RED segment is used to identify the line number in error. The third RED segment is used to identify the Data Element Number 0714.

Acknowledgment Scenario #4 – Duplicate Transmission Header Acknowledgment
A Medical Bill Payment Transmission is submitted. A transmission is considered to be a duplicate when the combination of sender ID, date transmission sent, time transmission sent, and interchange version ID already exist in the audit file. A BR in the application acknowledgment code and Batch Control Number will indicate a duplicate transmission. These data elements are located in the OTI. The transmission is rejected using Data Element Number DN0532 and Element Error Number 057 reflects that the transmission is rejected due to being a duplicate of the one already received.

Acknowledgment Scenario #5 – Header Record Error Acknowledgment
A Medical Bill Payment Transmission is submitted. The Header Record has an invalid date in the Transmission Date (DN0100). The transmission is rejected due to an error on the Header Record. A BR in the application acknowledgment code and Batch Control Number will indicate the rejected transmission. These fields are located in the OTI. The transmission is rejected using Data Element Number DN0532, and Element Error Number 029 reflects that the transmission is rejected due to an invalid Transmission Date.

Acknowledgment Scenario #6 – Entire Transmission Accepted Acknowledgment
A Medical Bill Payment Transmission is submitted. All bills were accepted. A BA in the application acknowledgment code and Batch Control Number will indicate the accepted transmission. These fields are located in the OTI segment. The transmission is accepted using Data Element number DN0532.

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ANSI Transaction	Segment	Segment Name	DN	Data Element Name	Value
ST*824*987654					
	ST01	Transaction Set Identifier Code			824
	ST02	Transaction Set Control Number			987654
BGN*11*MED01*19980823*2100~					
	BGN01	Transaction Set Purpose Code			11
	BGN02	Reference Number	105	Interchange Version ID	MED01
	BGN03	Date	100	Date Transmission Sent	19980823
	BGN04	Time	101	Time Transmission Sent	2100
	BGN05	Time Code			
	BGN06	Reference Number			
	BGN07	Transaction Type Coe			
	BGN08	Action Code			
	BGN09	Security Level Code			
N1*10**FI*123456789~	N101	Entity Identifier Code			10
	N102	Name			
	N103	Identification Code Qualifier			FI
	N104	Identification Code	98	Sender Id (combined with postal code)	123456789
	N105	Entity Relationship Code			
	N106	Entity Identifier Code			
N4***623014311~					
	N401	City Name			
	N402	State or Province Code			
	N403	Postal Code	98	Sender Id (combined with FEIN)	623014311
	N404	Country Code			
	N405	Location Qualifier			
	N406	Location Identifier			

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	Value
N1*40**FI*987654321~					
	N101	Entity Identifier Code			40
	N102	Name			
	N103	Identification Code Qualifier			FI
	N104	Identification Code	99	Receiver Id (combined with postal code)	987654321
	N105	Entity Relationship Code			
	N106	Entity Identifier Code			
N4***606061234~					
	N401	City Name			
	N402	State or Province Code			
	N403	Postal Code	99	Receiver Id (combined with FEIN)	606061234
	N404	Country Code			
	N405	Location Qualifier			
	N406	Location Identifier			
OTI*TA*55*111123***19980823*1900***MED~					
	OTI01	Application Acknowledgment Code	111	Application Acknowledgment Code	TA
	OTI02	Reference Number Qualifier			55
	OTI03	Reference Number	500	Unique Bill Id Number	111123
	OTI04	Application Sender's Code			
	OTI05	Application Receiver's Code			
	OTI06	Date	102	Original Transmission Date	19980823
	OTI07	Time	103	Original Transmission Time	1900
	OTI08	Group Control Number			
	OTI09	Transaction Set Control Number			
	OTI10	Transaction Set Identifier Code	110	Acknowledgment Transaction Set Id	MED
	OTI11	Version/Release/Industry Id Code			

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	Value
DTM*009*19980823*2100~					
	DTM01	Date/Time Qualifier			009
	DTM02	Date	108	Date Processed	19980823
	DTM03	Time	109	Time Processed	2100
	DTM04	Time Code			
	DTM05	Date Time Period Format Qualifier			
	DTM06	Date Time Period			
SE*9*987654					
	SE01	Number of Included Segments			9
	SE02	Transaction Set Control Number			987654

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ANSI Transaction	Segment	Segment Name	DN	Data Element Name	Value
ST*824*987654					
	ST01	Transaction Set Identifier Code			824
	ST02	Transaction Set Control Number			987654
BGN*11*MED01*19980823*2100~					
	BGN01	Transaction Set Purpose Code			11
	BGN02	Reference Number	105	Interchange Version ID	MED01
	BGN03	Date	100	Date Transmission Sent	19980823
	BGN04	Time	101	Time Transmission Sent	2100
	BGN05	Time Code			
	BGN06	Reference Number			
	BGN07	Transaction Type Coe			
	BGN08	Action Code			
	BGN09	Security Level Code			
N1*10**FI*123456789~	N101	Entity Identifier Code			10
	N102	Name			
	N103	Identification Code Qualifier			FI
	N104	Identification Code	98	Sender Id (combined with postal code)	123456789
	N105	Entity Relationship Code			
	N106	Entity Identifier Code			
N4***623014311~					
	N401	City Name			
	N402	State or Province Code			
	N403	Postal Code	98	Sender Id (combined with FEIN)	623014311
	N404	Country Code			
	N405	Location Qualifier			
	N406	Location Identifier			

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	Value
N1*40**FI*987654321~					
	N101	Entity Identifier Code			40
	N102	Name			
	N103	Identification Code Qualifier			FI
	N104	Identification Code	99	Receiver Id (combined with postal code)	987654321
	N105	Entity Relationship Code			
	N106	Entity Identifier Code			
N4***606061234~					
	N401	City Name			
	N402	State or Province Code			
	N403	Postal Code	99	Receiver Id (combined with FEIN)	606061234
	N404	Country Code			
	N405	Location Qualifier			
	N406	Location Identifier			
OTI*TE*55*11123***19980823*1900***MED~					
	OTI01	Application Acknowledgment Code	111	Application Acknowledgment Code	TE
	OTI02	Reference Number Qualifier			55
	OTI03	Reference Number	500	Unique Bill Id Number	111123
	OTI04	Application Sender's Code			
	OTI05	Application Receiver's Code			
	OTI06	Date	102	Original Transmission Date	19980823
	OTI07	Time	103	Original Transmission Time	1900
	OTI08	Group Control Number			
	OTI09	Transaction Set Control Number			
	OTI10	Transaction Set Identifier Code	110	Acknowledgment Transaction Set Id	MED
	OTI11	Version/Release/Industry Id Code			

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	Value
DTM*009*19980823*2100~					
	DTM01	Date/Time Qualifier			009
	DTM02	Date	108	Date Processed	19980823
	DTM03	Time	109	Time Processed	2100
	DTM04	Time Code			
	DTM05	Date Time Period Format Qualifier			
	DTM06	Date Time Period			
LM*IB~					
	LM01	Agency Qualifier Code			IB
	LM02	Source Subqualifier			
LQ*FZ*058~					
	LQ01	Code List Code Qualifier			FZ
	LQ02	Industry Code	116	Element Error Number	058
RED*111123**IB**A9*0500~					
	RED01	Description			111123
	RED02	Related Data Identification Code			
	RED03	Agency Qualifier Code			IB
	RED04	Source Subqualifier			
	RED05	Code List Code Qualifier			A9
	RED06	Industry Code	115	Element Number	0500
RED*blank data sent**IB**GJ*0523~					
	RED01	Description			blank data sent
	RED02	Related Data Identification Code			
	RED03	Agency Qualifier Code			IB
	RED04	Source Subqualifier			
	RED05	Code List Code Qualifier			GJ
	RED06	Industry Code	115	Element Number	0523
SE*12*987654~					
	SE01	Number of Included Segments			12
	SE02	Transaction Set Control Number			987654

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ANSI Transaction	Segment	Segment Name	DN	Data Element Name	Value
ST*824*987654					
	ST01	Transaction Set Identifier Code			824
	ST02	Transaction Set Control Number			987654
BGN*11*MED01*19980823*2100~					
	BGN01	Transaction Set Purpose Code			11
	BGN02	Reference Number	105	Interchange Version ID	MED01
	BGN03	Date	100	Date Transmission Sent	19980823
	BGN04	Time	101	Time Transmission Sent	2100
	BGN05	Time Code			
	BGN06	Reference Number			
	BGN07	Transaction Type Coe			
	BGN08	Action Code			
	BGN09	Security Level Code			
N1*10**FI*123456789~	N101	Entity Identifier Code			10
	N102	Name			
	N103	Identification Code Qualifier			FI
	N104	Identification Code	98	Sender Id (combined with postal cc	123456789
	N105	Entity Relationship Code			
	N106	Entity Identifier Code			
N4***623014311~					
	N401	City Name			
	N402	State or Province Code			
	N403	Postal Code	98	Sender Id (combined with FEIN)	623014311
	N404	Country Code			
	N405	Location Qualifier			
	N406	Location Identifier			

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	Value
N1*40**FI*987654321~					
	N101	Entity Identifier Code			40
	N102	Name			
	N103	Identification Code Qualifier			FI
	N104	Identification Code	99	Receiver Id (combined with postal	987654321
	N105	Entity Relationship Code			
	N106	Entity Identifier Code			
N4***606061234~					
	N401	City Name			
	N402	State or Province Code			
	N403	Postal Code	99	Receiver Id (combined with FEIN)	606061234
	N404	Country Code			
	N405	Location Qualifier			
	N406	Location Identifier			
OTI*TR*55*11123***19980823*1900***MED~					
	OTI01	Application Acknowledgment Code	111	Application Acknowledgment Cod	TR
	OTI02	Reference Number Qualifier			55
	OTI03	Reference Number	500	Unique Bill Id Number	111123
	OTI04	Application Sender's Code			
	OTI05	Application Receiver's Code			
	OTI06	Date	102	Original Transmission Date	19980823
	OTI07	Time	103	Original Transmission Time	1900
	OTI08	Group Control Number			
	OTI09	Transaction Set Control Number			
	OTI10	Transaction Set Identifier Code	110	Acknowledgment Transaction Set	MED
	OTI11	Version/Release/Industry Id Code			

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	Value
DTM*009*19980823*2100~					
	DTM01	Date/Time Qualifier			009
	DTM02	Date	108	Date Processed	19980823
	DTM03	Time	109	Time Processed	2100
	DTM04	Time Code			
	DTM05	Date Time Period Format Qualifier			
	DTM06	Date Time Period			
LM*IB~					
	LM01	Agency Qualifier Code			IB
	LM02	Source Subqualifier			
LQ*FZ*058~					
	LQ01	Code List Code Qualifier			FZ
	LQ02	Industry Code	116	Element Error Number	058
RED*111123**IB**A9*0500~					
	RED01	Description			111123
	RED02	Related Data Identification Code			
	RED03	Agency Qualifier Code			IB
	RED04	Source Subqualifier			
	RED05	Code List Code Qualifier			A9
	RED06	Industry Code	115	Element Number	0500
RED*3**IB**A9*0547~					
	RED01	Description			3
	RED02	Related Data Identification Code			
	RED03	Agency Qualifier Code			IB
	RED04	Source Subqualifier			
	RED05	Code List Code Qualifier			A9
	RED06	Industry Code	115	Element Number	0547

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	Value
RED*04000**IB**GJ*0714~					
	RED01	Description			04000
	RED02	Related Data Identification Code			
	RED03	Agency Qualifier Code			IB
	RED04	Source Subqualifier			
	RED05	Code List Code Qualifier			GJ
	RED06	Industry Code	115	Element Number	0714
SE*14*987654~					
	SE01	Number of Included Segments			14
	SE02	Transaction Set Control Number			987654

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	Value
ST*824*987654					
	ST01	Transaction Set Identifier Code			824
	ST02	Transaction Set Control Number			987654
BGN*11*MED01*19980823*2100~					
	BGN01	Transaction Set Purpose Code			11
	BGN02	Reference Number	105	Interchange Version ID	MED01
	BGN03	Date	100	Date Transmission Sent	19980823
	BGN04	Time	101	Time Transmission Sent	2100
	BGN05	Time Code			
	BGN06	Reference Number			
	BGN07	Transaction Type Code			
	BGN08	Action Code			
	BGN09	Security Level Code			
N1*10**FI*123456789~	N101	Entity Identifier Code			10
	N102	Name			
	N103	Identification Code Qualifier			FI
	N104	Identification Code	98	Sender Id (combined with postal code)	123456789
	N105	Entity Relationship Code			
	N106	Entity Identifier Code			
N4***623014311~					
	N401	City Name			
	N402	State or Province Code			
	N403	Postal Code	98	Sender Id (combined with FEIN)	623014311
	N404	Country Code			
	N405	Location Qualifier			
	N406	Location Identifier			

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	Value
N1*40**FI*987654321~					
	N101	Entity Identifier Code			40
	N102	Name			
	N103	Identification Code Qualifier			FI
	N104	Identification Code	99	Receiver Id (combined with postal code)	987654321
	N105	Entity Relationship Code			
	N106	Entity Identifier Code			
N4***606061234~					
	N401	City Name			
	N402	State or Province Code			
	N403	Postal Code	99	Receiver Id (combined with FEIN)	606061234
	N404	Country Code			
	N405	Location Qualifier			
	N406	Location Identifier			
OTI*BR*55*11123***19980823*1900***MED~					
	OTI01	Application Acknowledgment Code	111	Application Acknowledgment Code	BR
	OTI02	Reference Number Qualifier			55
	OTI03	Reference Number	532	Batch Control Number	11123
	OTI04	Application Sender's Code			
	OTI05	Application Receiver's Code			
	OTI06	Date	102	Original Transmission Date	19980823
	OTI07	Time	103	Original Transmission Time	1900
	OTI08	Group Control Number			
	OTI09	Transaction Set Control Number			
	OTI10	Transaction Set Identifier Code	110	Acknowledgment Transaction Set Id	MED
	OTI11	Version/Release/Industry Id Code			

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	Value
DTM*009*19980823*2100~					
	DTM01	Date/Time Qualifier			009
	DTM02	Date	108	Date Processed	19980823
	DTM03	Time	109	Time Processed	2100
	DTM04	Time Code			
	DTM05	Date Time Period Format Qualifier			
	DTM06	Date Time Period			
LM*IB~					
	LM01	Agency Qualifier Code			IB
	LM02	Source Subqualifier			
LQ*FZ*057~					
	LQ01	Code List Code Qualifier			FZ
	LQ02	Industry Code	116	Element Error Number	057
RED*111123**IB**GJ*0532~					
	RED01	Description			111123
	RED02	Related Data Identification Code			
	RED03	Agency Qualifier Code			IB
	RED04	Source Subqualifier			
	RED05	Code List Code Qualifier			GJ
	RED06	Industry Code	115	Element Number	0532
SE*12*987654~					
	SE01	Number of Included Segments			12
	SE02	Transaction Set Control Number			987654

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ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
ST*824*987654							
	ST01	Transaction Set Identifier Code					824
	ST02	Transaction Set Control Number					987654
BGN*11*MED01*19980823*2100~							
	BGN01	Transaction Set Purpose Code					11
	BGN02	Reference Number	105	Interchange Version ID			MED01
	BGN03	Date	100	Date Transmission Sent			18880823
	BGN04	Time	101	Time Transmission Sent			2100
	BGN05	Time Code					
	BGN06	Reference Number					
	BGN07	Transaction Type Coe					
	BGN08	Action Code					
	BGN09	Security Level Code					
N1*10**FI*123456789~	N101	Entity Identifier Code					10
	N102	Name					
	N103	Identification Code Qualifier					FI
	N104	Identification Code	98	Sender Id (combined with postal code)			123456789
	N105	Entity Relationship Code					
	N106	Entity Identifier Code					
N4***623014311~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	98	Sender Id (combined with FEIN)			623014311
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
N1*40**FI*987654321~							
	N101	Entity Identifier Code					40
	N102	Name					
	N103	Identification Code Qualifier					FI
	N104	Identification Code	99	Receiver Id (combined with postal code)			987654321
	N105	Entity Relationship Code					
	N106	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	99	Receiver Id (combined with FEIN)			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
OTI*BR*55*1224***19980823*1900***MED~							
	OTI01	Application Acknowledgment Code	111	Application Acknowledgment Code			BR
	OTI02	Reference Number Qualifier					55
	OTI03	Reference Number	532	Batch Control Number			1224
	OTI04	Application Sender's Code					
	OTI05	Application Receiver's Code					
	OTI06	Date	102	Original Transmission Date			19980823
	OTI07	Time	103	Original Transmission Time			1900
	OTI08	Group Control Number					
	OTI09	Transaction Set Control Number					
	OTI10	Transaction Set Identifier Code	110	Acknowledgment Transaction Set Id			MED
	OTI11	Version/Release/Industry Id Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
DTM*009*19980823*2100~							
	DTM01	Date/Time Qualifier					009
	DTM02	Date	108	Date Processed			19980823
	DTM03	Time	109	Time Processed			2100
	DTM04	Time Code					
	DTM05	Date Time Period Format Qualifier					
	DTM06	Date Time Period					
LM*IB~							
	LM01	Agency Qualifier Code					IB
	LM02	Source Subqualifier					
LQ*FZ*058~							
	LQ01	Code List Code Qualifier					FZ
	LQ02	Industry Code	116	Element Error Number			29
RED*111123**IB**A9*0500~							
	RED01	Description					
	RED02	Related Data Identification Code					
	RED03	Agency Qualifier Code					IB
	RED04	Source Subqualifier					
	RED05	Code List Code Qualifier					GJ
	RED06	Industry Code	115	Element Number			0100
SE*12*987654~							
	SE01	Number of Included Segments					12
	SE02	Transaction Set Control Number					987654

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ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
ST*824*987654							
	ST01	Transaction Set Identifier Code					824
	ST02	Transaction Set Control Number					987654
BGN*11*MED01*19980823*2100~							
	BGN01	Transaction Set Purpose Code					11
	BGN02	Reference Number	105	Interchange Version ID			MED01
	BGN03	Date	100	Date Transmission Sent			18880823
	BGN04	Time	101	Time Transmission Sent			2100
	BGN05	Time Code					
	BGN06	Reference Number					
	BGN07	Transaction Type Coe					
	BGN08	Action Code					
	BGN09	Security Level Code					
N1*10**FI*123456789~	N101	Entity Identifier Code					10
	N102	Name					
	N103	Identification Code Qualifier					FI
	N104	Identification Code	98	Sender Id (combined with postal code)			123456789
	N105	Entity Relationship Code					
	N106	Entity Identifier Code					
N4***623014311~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	98	Sender Id (combined with FEIN)			623014311
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
N1*40**FI*987654321~							
	N101	Entity Identifier Code					40
	N102	Name					
	N103	Identification Code Qualifier					FI
	N104	Identification Code	99	Receiver Id (combined with postal code)			987654321
	N105	Entity Relationship Code					
	N106	Entity Identifier Code					
N4***606061234~							
	N401	City Name					
	N402	State or Province Code					
	N403	Postal Code	99	Receiver Id (combined with FEIN)			606061234
	N404	Country Code					
	N405	Location Qualifier					
	N406	Location Identifier					
OTI*BA*55*11123***19980823*1900***MED~							
	OTI01	Application Acknowledgment Code	111	Application Acknowledgment Code			BA
	OTI02	Reference Number Qualifier					55
	OTI03	Reference Number	532	Batch Control Number			11123
	OTI04	Application Sender's Code					
	OTI05	Application Receiver's Code					
	OTI06	Date	102	Original Transmission Date			19980823
	OTI07	Time	103	Original Transmission Time			1900
	OTI08	Group Control Number					
	OTI09	Transaction Set Control Number					
	OTI10	Transaction Set Identifier Code	110	Acknowledgment Transaction Set Id			MED
	OTI11	Version/Release/Industry Id Code					

ANSI Transaction	Segment	Segment Name	DN	Data Element Name	CMS 1500	UB04	Value
DTM*009*19980823*2100~							
	DTM01	Date/Time Qualifier					009
	DTM02	Date	108	Date Processed			19980823
	DTM03	Time	109	Time Processed			2100
	DTM04	Time Code					
	DTM05	Date Time Period Format Qualifier					
	DTM06	Date Time Period					
SE*9*987654~							
	SE01	Number of Included Segments					9
	SE02	Transaction Set Control Number					987654

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SECTION 6

MEDICAL BILL PAYMENT RECORDS DICTIONARIES

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INTRODUCTION

Code Values: Unused data element code values for any IAIABC standards product (Claims, Proof of Coverage, Medical) are reserved for future IAIABC use and may not be assigned and used for any proprietary purpose. Proposals to add new code values should be submitted through the IRR process

This dictionary contains some or all of the following information for every Medical Bill Payment Records business and technical data element:

Definition:	The meaning or purpose of the data element
Revised:	The date that the data element was originally created, followed by any revision dates, if applicable.
Business Need:	Purpose of the data element
Source:	Origination point of the data element
Format:	The field length and type of the data element
Values:	When applicable, a list of valid code values and their meaning. Refer to the Jurisdiction Value Table in the jurisdictional Edit Matrix for the code values that are excluded by each jurisdiction.
Imp Note:	The Implementation Note for the data element. Implementation notes and other process rules for the data element are located in this section as well.

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Data Dictionary

ADA PROCEDURE BILLED CODE – DN719

Definition: ADA (American Dental Association) code identifying dental procedure billed.
Revised: 09/26/98
Business Need: Monitor medical charges, quality of medical care, and utilization.
Source: CMS Field 24D
Format: X12 A/N 1/48 IAIABC ID 5
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

ADA PROCEDURE PAID CODE – DN722

Definition: ADA (American Dental Association) code identifying dental procedure paid.
Revised: 09/26/98
Business Need: Monitor medical charges, quality of medical care, and utilization.
Source: Payer
Format: X12 A/N 1/48 IAIABC ID 5
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

ADMISSION DATE – DN513

Definition: Inpatient/Outpatient hospital admission date.
Revised: 09/26/98
Business Need: Verify date(s) of service and length of stay.
Source: UB04 Field 12
Format: X12 A/N 1/35 IAIABC DATE 8

ADMISSION HOUR – DN622

Definition: The hour the claimant was admitted to hospital.
Revised: 09/26/98
Business Need: Determine length of stay; monitor less than 24-hour admission.
Source: UB04 Field 13
Format: X12 A/N 1/35 IAIABC ID 2
Imp Note: While not required on form UB04 according to federal guidelines, it may be required by jurisdiction.

ADMISSION TYPE CODE – DN577

Definition: Code indicating admission priority.
Revised: 09/26/98
Business Need: Identifies potential reimbursement formulas and pre-authorization of services.
Source: UB04 Field 14 Type of Admission
Format: X12 ID 1/1 IAIABC ID 1
Values: 1 = Emergency
2 = Urgent
3 = Elective
9 = Information not available

ADMITTING DIAGNOSIS CODE – DN535

Definition: Code indicating admitting diagnosis.
Revised: 09/26/98
Business Need: Monitor quality of medical care.
Source: UB04 Field 69
Format: X12 A/N 1/30 IAIABC ID6
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources
Imp Note: Used when Code List Qualifier – X12 DE 1270 = BJ. Decimal point is required.

BASIS OF COST DETERMINATION – DN564

Definition: Method by which drug cost was calculated.
Revised: 09/26/98
Business Need: Statistical analysis and cost comparison.
Source: Payer
Format: X12 ID 1/2 IAIABC ID 2
Values: 0 = Not Specified
1 = Average Wholesale Price (AWP)
2 = Local Wholesaler
3 = Direct
4 = Estimated Acquisition Cost
5 = Acquisition Cost
6 = Maximum Allowable Cost (MAC)
7 = Usual, Customary and Reasonable (UCR)
8 = Unit Dose
9 = Brand Medically Necessary

BILL ADJUSTMENT AMOUNT – DN545

Definition: The amount of the adjustment identified by the Bill Adjustment Reason Code (DN544) at the bill level. The bill adjustment amount is the difference between the total amount charged and total amount paid, if applicable.
Revised: 03/21/99
Business Need: Required in order to access the appropriateness of the adjustment or the basis of the adjustment being made.
Source: Payer
Format: X12 R 1/18 IAIABC $9.2
Max Occur: 3

BILL ADJUSTMENT GROUP CODE – DN543

Definition: Codes indicating general category of payment adjustment at the bill level.
Revised: 09/26/98
Business Need: Identifies potential litigation; tracking medical costs; used for statistical analysis.
Source: Payer
Format: X12 ID 1/2 IAIABC ID 2
Values: CO = Contractual Obligations
MA = Medicare (Jurisdictional Regulatory Requirement)
OA = Other Adjustments
PI = Payer initiated reductions
PR = Patient Responsibility

BILL ADJUSTMENT REASON CODE – DN544

Definition: Codes indicating detailed reason an adjustment was made at the bill level.
Revised: 09/26/98
Business Need: Required in order to access the appropriateness of the adjustment or the basis of the adjustment being made.
Source: Payer
Format: X12 ID 1/5 IAIABC ID 3
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources
Max Occur: 3

BILL ADJUSTMENT UNITS – DN546

Definition: The number of units applicable to the Bill Adjustment Amount (DN545) at the bill level. The amount is the difference between day(s)/unit(s) charged and the day(s)/unit(s) paid, if applicable**.**
Revised: 03/21/99
Business Need: Required in order to access the appropriateness of the adjustment or the basis of the adjustment being made.
Source: Payer
Format: X12 R 1/15 IAIABC N7
Max Occur: 3

BILL FREQUENCY TYPE CODE – DN505

Definition: Code indicating claim billing status.
Revised: 09/26/98
Business Need: Statistical analysis and audit information.
Source: UB04 Field 4 – 3rd digit
Format: X12 ID 1/1 IAIABC ID 1
Values:
0 = Non Payment/Zero Payment
1 = Admit through Discharge Claim
2 = Interim – First Claim
3 = Interim – Continuing Claim
4 = Interim – Last Claim
5 = Late Charge(s) Only Claim
6 = Adjustment of Prior Claim
7 = Replacement of Prior Claim
8 = Void/Cancel of Prior Claim

BILL SUBMISSION REASON CODE – DN508

Definition: Code indicating bill submission/re-submission type.
Revised: 09/26/98
Business Need: Determine status and reason for submission; monitors medical costs.
Source: Payer
Format: X12 ID 2/2 IAIABC ID 2
Values: Claim Submission Reason – X12 DE1383
00 = Original
This is the first time a medical bill is submitted to the jurisdiction, including the re-submission of a medical bill that was rejected due to a critical error.
01 = Cancellation
The original bill was sent in error. This transaction cancels the original (00)
02 = Corrected and verified original claim (bill)
This corrected data element value is transmitted in response to an acknowledgment containing non-critical errors (TE – Transaction accepted with errors)
05 = Replace
This is a complete or partial replacement of a medical bill that was previously sent. MUST have a “00” or “09” on file. A complete or partial replacement will be determined in the trading partner table.
09 = Encounter
This is a submission of data within a pre-paid managed care context.
Imp Note: If value is 09 = Encounter, billing or reimbursement information may not be sent.

BILLING FORMAT CODE – DN503

Definition: Code indicating if data is from a UB04 or CMS 1500.
Revised: 09/26/98
Business Need: Identifies source document billing data.
Source: Payer
Format: X12 ID 1/2 IAIABC ID 2
Values: A = UB04
B = CMS 1500
Imp Note: If the bill is not a UB04 or CMS 1500, use "B" as the default.

BILLING PROVIDER ANESTHESIA LICENSE NUMBER – DN633

Definition: The unique number issued by a jurisdiction to a billing provider who is licensed to administer anesthesia.
Revised: 08/01/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Jurisdictional Licensing Board
Format: X12 A/N 1/30 IAIABC A/N 30

BILLING PROVIDER CITY – DN540

Definition: The name of the city of the billing provider's mailing address.
Revised: 09/26/98
Business Need: Identify provider's location; reimbursement determination.
Source: CMS Field 33 UB04 Field 1
Format: X12 A/N 2/30 IAIABC A/N 30

BILLING PROVIDER COUNTRY CODE – DN569

Definition: Code indicating country of the billing provider's mailing address.
Revised: 09/26/98
Business Need: Identify provider's location; reimbursement determination.
Source: CMS Field 33 UB04 Field 1
Format: X12 ID 2/3 IAIABC ID 3
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

BILLING PROVIDER FEIN – DN629

Definition: Federal Tax ID number of the billing provider.
Revised: 09/26/98
Business Need: Identification of health care provider; monitor provider's compliance with treatment guidelines.
Source: CMS Field 25 UB04 Field 5
Format: X12 A/N 2/80 IAIABC A/N 9
Imp Note: If billing provider does not have an assigned FEIN, submit an assigned Social Security Number.

BILLING PROVIDER FIRST NAME – DN529

Definition: First name of the billing provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with the treatment guidelines.
Source: CMS Field 33 UB04 Field 1
Format: X12 A/N 1/25 IAIABC A/N 15

BILLING PROVIDER LAST/GROUP NAME – DN528

Definition: This is the person or organization receiving payment. It is assumed to be the rendering provider for all services unless a specific rendering provider is identified at the bill or service line levels. If the billing provider is a non-person, a specific individual rendering provider may be required by a jurisdiction.
Revised: 09/26/98
Business Need: Identification of provider; monitor provider's compliance with treatment guidelines.
Source: CMS Field 33 UB04 Field 1
Format: X12 A/N 1/35 IAIABC A/N 40

BILLING PROVIDER LAST NAME SUFFIX – DN531

Definition: The legally recognized last name suffix of the billing provider, which is used on legal documents (Jr, Sr, II, III, etc).
Revised: 09/26/98
Business Need: Identification of provider; monitor provider's compliance with treatment guidelines.
Source: CMS Field 33 UB04 Field 1
Format: X12 A/N 1/10 IAIABC A/N 4
Imp Note: Not used for professional designation.

BILLING PROVIDER MEDICARE NUMBER – DN632

Definition: The specific number issued to the billing provider by the Medicare Program.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: UB04 Field 51
Format: X12 A/N 1/30 IAIABC A/N 30
Imp Note: Jurisdiction specific requirement.

BILLING PROVIDER MIDDLE NAME/INITIAL – DN530

Definition: Middle name or initial of the billing provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor compliance of health care providers for fee and treatment guidelines.
Source: CMS Field 33 UB04 Field 1
Format: X12 A/N 1/25 IAIABC A/N 15

BILLING PROVIDER NATIONAL PROVIDER ID – DN634

Definition: Unique National Provider ID of the billing provider.
Revised: 08/13/96
Business Need: Track provider-billing information.
Source: CMS Field 33a UB04 Field 56
Format: X12 A/N 1/30 IAIABC A/N 30
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

BILLING PROVIDER POSTAL CODE – DN542

Definition: Postal code of provider's mailing address of the billing provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 33 UB04 Field 1
Format: X12 ID 3/15 IAIABC A/N 9
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

BILLING PROVIDER PRIMARY ADDRESS – DN538

Definition: First line of provider's address of the billing provider.
Revised: 09/26/98
Business Need: Identify provider location; reimbursement determination.
Source: CMS Field 33 UB04 Field 1
Format: X12 A/N 1/55 IAIABC A/N 40
Imp Note: Corresponding to additional physical location or mailing address.

BILLING PROVIDER PRIMARY SPECIALTY CODE – DN537

Definition: Code indicating primary medical specialty of billing provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 33b UB04 Field 81 (B3)
Format: X12 A/N 1/30 IAIABC ID 10
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

BILLING PROVIDER SECONDARY ADDRESS – DN539

Definition: Second line of provider's address of the billing provider.
Revised: 09/26/98
Business Need: Identify provider location; reimbursement determination.
Source: CMS Field 33 UB04 Field 1
Format: X12 A/N 1/55 IAIABC A/N 40

BILLING PROVIDER SPECIALTY LICENSE NUMBER – DN636

Definition: The specific license number issued by a jurisdiction to the billing provider that denotes the specialty of the billing provider.
Revised: 08/13/96
Business Need: Identification; reimbursement determination.
Source: CMS Field 33b UB04 Field 57
Format: X12 A/N 1/30 IAIABC A/N 30

BILLING PROVIDER STATE CODE – DN541

Definition: State code of provider's mailing address of the billing provider.
Revised: 09/26/98
Business Need: Identify provider's location; reimbursement determination.
Source: CMS Field 33 UB04 Field 1
Format: X12 ID 2/2 IAIABC ID 2
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

BILLING PROVIDER STATE LICENSE NUMBER – DN630

Definition: The specific license number issued by a jurisdiction to billing provider that licenses the provider to practice in that jurisdiction.
Revised: 09/26/98
Business Need: Identification of provider; monitor compliance of health care providers for compliance with fee and treatment guidelines.
Source: Jurisdictional Licensing Board
Format: X12 A/N 1/30 IAIABC A/N 30

BILLING PROVIDER UNIQUE BILL IDENTIFICATION NUMBER – DN523

Definition: The unique number assigned by the billing provider to a specific bill within a batch of bills that are being sent to the payer.
Revised: 09/25/98
Business Need: Track billing provider information.
Source: Health Care Provider
Format: X12 A/N 1/38 IAIABC A/N 30

BILLING TYPE CODE – DN502

Definition: Code indicating type of bill.
Revised: 09/26/98
Business Need: Statistical analysis and audit information; tracing medical costs.
Source: Health Care Provider and/or Payer
Format: X12 ID 1/2 IAIABC ID 2
Values: Non-Institutional Claim Type Code – X12 DE 1343:
DD = Dental
DM = Durable Medical
MO = Mail Order Drug
RX = Pharmacy or Drug

CLAIM ADMINISTRATOR CLAIM NUMBER – DN15

Definition: An identifier which distinguishes a specific claim within a claim administrator's claims processing system.
Revised: 09/25/98
Business Need: Used to identify a specific claim throughout the life of the claim.
Source: CMS Field 11
Format: X12 A/N 1/30 IAIABC A/N 25

CLAIM ADMINISTRATOR FEIN – DN187

Definition: The FEIN of the entity licensed or allowed by a jurisdiction to adjust a claim.
Revised: 07/01/97
Business Need: Used to identify a specific claim administrator throughout the life of the claim.
Source: Health Care Provider and/or Payer
Format: X12 A/N 2/80 IAIABC A/N 9
Imp Note: As there exists a one-to-one relationship between a Claim Administrator State ID and the Claim Administrator FEIN, this will replace Claim Administrator State ID. If a state utilizes a unique Claim Administrator State ID, they must build a crosswalk table prior to testing/implementation.

CLAIM ADMINISTRATOR MAILING POSTAL CODE – DN14

Definition: The mailing postal code of the claim administrator's processing facility.
Revised: 09/26/98
Business Need: Identifies specific claim administrator office.
Source: Health Care Provider and/or Payer
Format: X12 ID 3/15 IAIABC A/N 9
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

CLAIM ADMINISTRATOR NAME – DN188

Definition: The entity licensed or allowed by a jurisdiction to adjust a claim that is:
- Designated to answer inquiries and resolve issues
- Performing but may have subcontracted portion(s) of the adjusting process
- Submitting or contracting jurisdiction reporting.

Revised: 07/01/97
Business Need: Identifies specific claim administrator.
Source: Health Care Provider and/or Payer
Format: X12 A/N 1/35 & 1/60 IAIABC A/N 40
Imp Note: For X12, a combination of segments NM1 and N2. NM103 contains the first 35 characters and if necessary N2 contains the remaining characters.
Imp Note: Always required. May match Insurer Name. May be determined respectively when Insurer/Claim Administrator is/is not the same.

CONTRACT LINE TYPE CODE – DN741

Definition: Code indicating the line level contractual arrangement for provider reimbursement.
Revised: 09/26/98
Business Need: Statistical analysis for various reimbursement arrangements.
Source: Health Care Provider and/or Payer
Format: X12 ID 2/2 IAIABC ID 2
Values: Contract Type Code – X12 DE 1166
01 = Diagnosis Related Group
02 = Per Diem
03 = Variable per diem
04 = Flat – fee for service
05 = Capitate
06 = Percent
09 = Other

CONTRACT TYPE CODE – DN515

Definition: Code indicating the bill level contractual arrangement for provider reimbursement.
Revised: 09/26/98
Business Need: Statistical analysis for various reimbursement arrangements.
Source: Health Care Provider and/or Payer
Format: X12 ID 2/2 IAIABC ID 2
Values: Contract Type Code – X12 DE 1166
01 = Diagnosis Related Group
02 = Per Diem
03 = Variable per diem
04 = Flat – fee for service
05 = Capitate
06 = Percent
09 = Other

CRNA SUPERVISION INDICATOR – DN568

Definition: Indicator which denotes whether Certified Registered Nurse Anesthetist (CRNA) was supervised.
Revised: 09/26/98
Business Need: For auditing information.
Source: Health Care Provider
Format: X12 ID 1/1 IAIABC ID 1
Values: Y = Yes
N = No

DATE INSURER PAID BILL – DN512

Definition: Date insurer or financially responsible party paid bill or received credit from provider.
Revised: 09/26/98
Business Need: Measure carrier/adjuster performance and determine timeliness of payment.
Source: Payer
Format: X12 A/N 1/35 IAIABC DATE 8

DATE INSURER RECEIVED BILL – DN511

Definition: Date insurer received bill from provider.
Revised: 09/26/98
Business Need: Determine timeliness of payment.
Source: Payer
Format: X12 A/N 1/35 IAIABC DATE 8

DATE OF BILL – DN510

Definition: Provider's bill date.
Revised: 09/26/98
Business Need: External audit information and timeliness of submission.
Source: CMS Field 31 UB04 Field 45 (line 23)
Format: X12 A/N 1/35 IAIABC DATE 8

DATE OF INJURY – DN31

Definition: For traumatic injury, the date on which the accident occurred. For occupational disease or cumulative injury, the date of injury is the date of last injurious exposure to the cause or substance creating the condition, unless otherwise defined by statute.
Revised: 03/11/94; 07/01/97
Business Need: To determine compensability.
Source: CMS Field 14 UB04 Field 31
Format: X12 A/N 1/35 IAIABC DATE 8

DAY(S)/UNIT(S) BILLED – DN554

Definition: Number of services billed per line item in days or units.
Revised: 09/26/98
Business Need: Statistical analysis and measurement of cost/treatment codes.
Source: CMS Field 24G UB04 Field 46
Format: X12 R 1/15 IAIABC N7

DAY(S)/UNIT(S) CODE – DN553

Definition: Code indicating days/units paid or billed.
Revised: 09/26/98
Business Need: Internal/external analysis.
Source: Health Care Provider
Format: X12 ID 2/2 IAIABC ID2
Values: DA = Days
MJ = Minutes
UN = Units

DAY(S)/UNIT(S) PAID – DN580

Definition: Number of services paid per line item in day or units.
Revised: 03/05/96
Business Need: Statistical analysis of payments and charge amounts.
Source: Payer
Format: X12 R 1/15 IAIABC N7
Imp Note: Unit can be minutes, 15 minute segments, 30 minute segments, etc., as specified by jurisdictional requirements.

DIAGNOSIS POINTER – DN557

Definition: Points to all diagnosis code(s) for which the medical services were rendered.
Revised: 09/26/98
Business Need: Measure cost trends; monitor quality of medical care.
Source: CMS Field 24E
Format: X12 N0 1/2 IAIABC A/N 1
Values: 1-4
Max Occur: 4
Imp Note: Applicable only for CMS 1500. The Diagnosis Pointers references the ICD-9 CM Diagnosis Codes that relate to the line item.

DISCHARGE DATE – DN514

Definition: The date the claimant was discharged from the facility.
Revised: 09/26/98
Business Need: Measure medical outcomes; cost trends.
Source: UB04 Field 32-34.
Format: X12 A/N 1/35 IAIABC DATE 8
Imp Note: If the Statement Covers Period Through date in box 6 is not equal to the discharge date, then the occurrence code in field 33, 34, 35, or 36 must equal 42.

DISCHARGE HOUR – DN623

Definition: The time the claimant was discharged from the facility.
Revised: 09/26/98
Business Need: Determine length of stay.
Source: UB04 Field 16
Format: X12 A/N 1/35 IAIABC ID 2
Imp Note: While not required on form UB04 according to federal guidelines, it may be required by jurisdiction.

DISPENSE AS WRITTEN CODE – DN562

Definition: A code denoting the methodology utilized in dispensing medication.
Revised: 09/26/98
Business Need: Measuring medical cost trends; managed care certification, impact of medical treatment guidelines.
Source: Health Care Provider
Format: X12 ID 1/1 IAIABC ID 1
Values: Dispense as Written Code – X12 DE 1329

- 0 = Not dispense as written
- 1 = Physician dispense as written
- 2 = Patient dispense as written
- 3 = Pharmacy dispense as written
- 4 = No generic available
- 5 = Brand dispensed as generic
- 6 = Override
- 7 = Substitution not allowed – brand name drug mandated by law
- 8 = Substitution not allowed – generic not available in marketplace
- 9 = Other

DME BILLING FREQUENCY CODE – DN567

Definition: Code indicating frequency of billing Durable Medical Equipment (DME) that is being rented.
Revised: 09/26/98
Business Need: Measure cost trends and impact of managed care; monitoring compliance with fee schedules.
Source: Health Care Provider
Format: X12 ID 1/1 IAIABC ID 1
Values: Frequency Code – X12 DE 594

- 1 = Weekly
- 4 = Monthly
- 6 = Daily

DRG CODE – DN518

Definition: Code indicating the diagnostic related group.
Revised: 09/26/98
Business Need: Monitor utilization of medical expenses.
Source: Health Care Provider
Format: X12 A/N 1/30 IAIABC ID 5
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

DRUG NAME – DN563

Definition: Name of the dispensed drug.
Revised: 09/26/98
Business Need: Monitor medical cost trends.
Source: Health Care Provider
Format: X12 A/N 1/80 IAIABC A/N 40

DRUGS/SUPPLIES BILLED AMOUNT – DN572

Definition: Amount billed for drugs/supplies.
Revised: 09/26/98
Business Need: Monitor medical cost trends; utilization review.
Source: Health Care Provider
Format: X12 R 1/18 IAIABC $9.2

DRUGS/SUPPLIES DISPENSING FEE – DN579

Definition: Amount billed for dispensing drugs/supplies.
Revised: 09/26/98
Business Need: Monitor medical cost trends; utilization review.
Source: Health Care Provider
Format: X12 R 1/18 IAIABC $9.2

DRUGS/SUPPLIES NUMBER OF DAYS – DN571

Definition: Number of units of drugs/supplies.
Revised: 09/26/98
Business Need: Monitor medical cost trends; utilization review.
Source: Health Care Provider
Format: X12 R 1/15 IAIABC N4

DRUGS/SUPPLIES QUANTITY DISPENSED – DN570

Definition: Number of units of drugs/supplies dispensed.
Revised: 09/26/98
Business Need: Monitor medical cost trends.
Source: Health Care Provider
Format: X12 R 1/15 IAIABC N4

EMPLOYEE DATE OF BIRTH – DN52

Definition: The date the employee was born.
Revised: 06/07/95; 07/01/97
Business Need: Identification of employee in jurisdiction's system.
Source: CMS Field 3 UB04 Field 10
Format: X12 A/N 1/35 IAIABC DATE 8

EMPLOYEE EMPLOYMENT VISA – DN152

Definition: The number assigned to an endorsement to a passport, by the proper authority, to note examination of the passport, and authorization of the bearer to proceed.
Revised: 07/01/97
Business Need: Identification of employee in jurisdiction's system.
Source: CMS Field 1a UB04 Field 60
Format: X12 A/N 2/80 IAIABC A/N 15

EMPLOYEE FIRST NAME – DN44

Definition: The employee's legally recognized first name.
Revised: 06/07/95; 07/01/97
Business Need: Identification of employee in jurisdiction's system.
Source: CMS Field 2 UB04 Field 8
Format: X12 A/N 1/25 IAIABC A/N 15

EMPLOYEE GENDER CODE – DN53

Definition: The code which indicates the sex of the employee.
Revised: 03/11/94; 07/01/97
Business Need: Utilized for statistical analysis.
Source: CMS Field 3 UB04 Field 11
Format: X12 ID 1/1 IAIABC ID 1
Values: Gender Code – X12 DE 1068
M = Male
F = Female
U = Unknown

EMPLOYEE GREEN CARD – DN153

Definition: The number assigned by the United State Government and issued on an Official Document to foreign nationals permitting them to work in the United States. (Alien identification number)
Revised: 07/01/97
Business Need: Identification of employee in jurisdiction's system.
Source: CMS Field 1a UB04 Field 60
Format: X12 A/N 2/80 IAIABC A/N 15

EMPLOYEE ID ASSIGNED BY JURISDICTION – DN154

Definition: A number assigned to the employee by the jurisdiction in the absence of the preferred identifier.
Revised: 07/01/97
Business Need: Identification of employee in jurisdiction's system.
Source: CMS Field 1a UB04 Field 60
Format: X12 A/N 2/80 IAIABC A/N 15
Imp Note: When a specific ID cannot be determined, the jurisdiction will define an appropriate method for creating a temporary ID until such time the specific ID can be determined.

EMPLOYEE LAST NAME – DN43

Definition: The employee's legally recognized last name.
Revised: 06/07/95; 07/01/97
Business Need: Identification of employee in jurisdiction's system.
Source: CMS Field 2 UB04 Field 8
Format: X12 A/N 1/35 IAIABC A/N 40
Imp Note: Last name will not include suffix.

EMPLOYEE LAST NAME SUFFIX – DN255

Definition: The legally recognized last name suffix, which is used on legal documents (Jr, Sr, II, III etc.).
Revised: 09/26/98
Business Need: Further identification of employee in jurisdiction's system.
Source: CMS Field 2 UB04 Field 8
Format: X12 A/N 1/10 IAIABC A/N 4
Imp Note: Not used for professional designation.

EMPLOYEE MAILING CITY – DN48

Definition: The name of the city of the employee's mailing address.
Revised: 06/07/95; 07/01/97
Business Need: To provide employee's mailing address.
Source: CMS Field 5 UB04 Field 9
Format: X12 A/N 2/30 IAIABC A/N 30

EMPLOYEE MAILING COUNTRY CODE – DN155

Definition: Code indicating the country of employee's mailing address.
Revised: 06/07/95; 07/01/97
Business Need: To provide the employee's mailing address.
Source: CMS Field 5 UB04 Field 9
Format: X12 ID 2/3 IAIABC ID 3
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

EMPLOYEE MAILING POSTAL CODE – DN50

Definition: The postal code of the injured worker's mailing address.
Revised: 06/07/95
Business Need: To provide the employee's mailing address.
Source: CMS Field 5 UB04 Field 9
Format: X12 ID 3/15 IAIABC A/N 9
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

EMPLOYEE MAILING PRIMARY ADDRESS – DN46

Definition: The mailing address of the employee.
Revised: 06/07/95; 07/01/97
Business Need: To provide the employee's mailing address.
Source: CMS Field 5 UB04 Field 9
Format: X12 A/N 1/55 IAIABC A/N 40

EMPLOYEE MAILING SECONDARY ADDRESS – DN47

Definition: The secondary mailing address of the employee.
Revised: 06/07/95; 07/01/97
Business Need: To provide the employee's mailing address.
Source: CMS Field 5 UB04 Field 9
Format: X12 A/N 1/55 IAIABC A/N 40

EMPLOYEE MAILING STATE CODE – DN49

Definition: The state code of the employee.
Revised: 06/07/95
Business Need: To provide the employee's mailing address.
Source: CMS Field 5 UB04 Field 9
Format: X12 ID 2/2 IAIABC ID 2
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

EMPLOYEE MARITAL STATUS CODE – DN54

Definition: The code which indicates the marital status of the employee.
Revised: 06/07/95
Business Need: Utilized for statistical analysis.
Source: CMS Field 8 UB04 Field 81 (B2)
Format: X12 ID 1/1 IAIABC ID1
Values: I = Single
K = Unknown
M = Married
S = Separated
U = Widowed

EMPLOYEE MIDDLE NAME/INITIAL – DN45

Definition: The employee's legally recognized middle name or initial.
Revised: 09/26/98
Business Need: Identification of employee in jurisdiction system.
Source: CMS Field 2 UB04 Field 8
Format: X12 A/N 1/25 IAIABC A/N 15

EMPLOYEE PASSPORT NUMBER – DN156

Definition: The number assigned to an officially recognized passport by a country's government, to one of its citizens, that authenticates the bearer's identity citizenship right to protection while abroad, and right to re-enter his or her native country.
Revised: 07/01/97
Business Need: Identification of employee to establish key in jurisdiction's system.
Source: CMS Field 1a UB04 Field 60
Format: X12 A/N 2/80 IAIABC A/N 15

EMPLOYEE PHONE NUMBER – DN51

Definition: The phone number where the employee can be reached.
Revised: 06/07/95; 07/01/97
Business Need: To contact employee when questions arise.
Source: CMS Field 5
Format: X12 A/N 1/80 IAIABC A/N 15

EMPLOYEE SSN – DN42

Definition: An identification number, issued by the Social Security Administration, used to record an individual's reported wages or self-employment income.
Revised: 06/07/95; 07/01/97
Business Need: Identification of employee in jurisdiction's system.
Source: CMS Field 1a UB04 Field 60
Format: X12 A/N 2/80 IAIABC A/N 15

EMPLOYER CONTACT BUSINESS PHONE NUMBER – DN159

Definition: Telephone number where the employer can be reached.
Revised: 08/13/96
Business Need: To contact the employer when questions arise.
Source: CMS Field 7
Format: X12 A/N 1/80 IAIABC A/N 15EMPLOYER FEIN – DN16
Definition: The FEIN of the employer where the employee was employed at the time of the injury.
Revised: 07/01/97; 09/26/98
Business Need: Used to identify a specific employer throughout the life of the claim.
Source: Payer
Format: X12 A/N 2/80 IAIABC A/N 9

EMPLOYER NAME – DN18

Definition: The legal name of the business entity that hired the employee and provided direction and remuneration to the employee at the time of injury; or as jurisdictionally defined for volunteers and other non-paid classes of employees. In leasing situation, this would be the lessor.
Revised: 09/26/98
Business Need: Identification of employer in jurisdiction system.
Source: CMS Field 11B UB04 Field 65
Format: X12 A/N 1/35 & 1/60 IAIABC A/N 40
Imp Note: For X12, a combination of Segment NM1 and N2. NM103 contains the first 35 characters and, if necessary, N201 contains the remaining characters.

EMPLOYER PHYSICAL CITY – DN21

Definition: The city of the employer's facility where the employee was employed at the time of the injury.
Revised: 06/07/95; 07/01/97
Business Need: Identification of employer in jurisdiction system.
Source: CMS Field 7
Format: X12 A/N 2/30 IAIABC A/N 15

EMPLOYER PHYSICAL COUNTRY CODE – DN164

Definition: Code indicating the country of the employer's mailing address.
Revised: 06/07/95; 07/01/97
Business Need: Identification of employer in jurisdiction system.
Source: CMS Field 7
Format: X12 2/3 IAIABC ID 3
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

EMPLOYER PHYSICAL POSTAL CODE – DN23

Definition: The postal code of the employer's facility where the employee was employed at the time of the injury.
Revised: 06/07/95; 07/01/97
Business Need: Identification of employer in jurisdiction system.
Source: CMS Field 7
Format: X12 3/15 IAIABC A/N 9
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

EMPLOYER PHYSICAL PRIMARY ADDRESS – DN19

Definition: The address of the employer's facility where the employee was employed at the time of the injury.
Revised: 06/07/95; 07/01/97
Business Need: Identification of employer in jurisdiction system.
Source: CMS Field 7
Format: X12 A/N 1/55 IAIABC A/N 40

EMPLOYER PHYSICAL SECONDARY ADDRESS – DN20

Definition: The address of the employer's facility where the employee was employed at the time of the injury.
Revised: 06/07/95; 07/01/97
Business Need: Identification of employer in jurisdiction system.
Source: CMS Field 7
Format: X12 A/N 1/55 IAIABC A/N 40

EMPLOYER PHYSICAL STATE CODE – DN22

Definition: The state code of the employer's facility where the employee was employed at the time of the injury.
Revised: 06/07/95; 07/01/97
Business Need: Identification of employer in jurisdiction system.
Source: CMS Field 7
Format: X12 ID 2/2 IAIABC ID 2
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

FACILITY CITY – DN686

Definition: City of the facility's address.
Revised: 09/26/98
Business Need: Identify the provider's location.
Source: CMS Field 32 UB04 Field 1
Format: X12 A/N 2/30 IAIABC A/N 30

FACILITY CODE – DN504

Definition: Code indicating type of facility where treatment was rendered.
Revised: 09/26/98
Business Need: Utilization review, audit, statistical analysis.
Source: UB04 Field 4 – Positions 2 -3
Format: X12 A/N 1/2 IAIABC ID 2
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

FACILITY COUNTRY CODE – DN689

Definition: Code indicating country of facility's mailing address.
Revised: 09/26/98
Business Need: Identify the provider's location.
Source: CMS Field 32 UB04 Field 1
Format: X12 ID 2/3 IAIABC ID 3
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

FACILITY FEIN – DN679

Definition: Federal Tax ID number of facility.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care provider for compliance with fee guidelines.
Source: CMS Field 32b UB04 Field 5
Format: X12 A/N 2/80 IAIABC A/N 9

FACILITY MEDICARE NUMBER – DN681

Definition: The unique number assigned to a facility by the Medicare Program.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care provider for compliance with fee guidelines.
Source: CMS Field 32 UB04 Field 51
Format: X12 A/N 1/30 IAIABC A/N 30

FACILITY NAME – DN678

Definition: Name of the facility where the medical service(s) was rendered.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care provider for compliance with fee guidelines.
Source: CMS Field 32 UB04 Field 1
Format: X12 A/N 1/35 & 1/60 IAIABC A/N 40
Imp Note: For X12, a combination of Segment NM1 and N2. NM103 contains the first 35 characters and, if necessary, N201 contains the remaining characters.

FACILITY NATIONAL PROVIDER ID – DN682

Identification: Unique national provider ID of a facility.
Revised: 09/26/98
Business Need: Track facility provider billing information.
Source: CMS Field 32a UB04 Field 51
Format: X12 A/N 1/30 IAIABC A/N 30
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

FACILITY POSTAL CODE – DN688

Definition: Postal code of facility's mailing address.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care provider for compliance with fee guidelines.
Source: CMS Field 32 UB04 Field 1
Format: X12 ID 3/15 IAIABC A/N 9
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

FACILITY PRIMARY ADDRESS – DN684

Definition: First line for facility's address.
Revised: 09/26/98
Business Need: Identify provider location.
Source: CMS Field 32 UB04 Field 1
Format: X12 A/N 1/55 IAIABC A/N 40
Imp Note: Corresponds to additional facility location mailing address.

FACILITY SECONDARY ADDRESS – DN685

Definition: Second line of facility's address.
Revised: 09/26/98
Business Need: Identify provider location.
Source: CMS Field 32 UB04 Field 1
Format: X12 A/N 1/55 IAIABC A/N 40

FACILITY STATE CODE – DN687

Definition: State code of the facility's address.
Revised: 09/26/98
Business Need: Identify provider location.
Source: CMS Field 32 UB04 Field 1
Format: X12 ID 2/2 IAIABC ID 2
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

FACILITY STATE LICENSE NUMBER – DN680

Definition: The unique number assigned by the jurisdiction to identify the facility.
Revised: 09/26/98
Business Need: Identification of provider, monitor health care provider for compliance with fee guidelines.
Source: CMS Field 32b
Format: X12 A/N 1/30 IAIABC A/N 30

GATEKEEPER INDICATOR – DN534

Definition: Code indicating that the provider is the gatekeeper for the work-related injury of a specific claimant.
Revised: 09/26/98
Business Need: Monitor managed care arrangements.
Source: Health Care Provider and/or Payer
Format: X12 ID 2/3 IAIABC ID 1
Values: X12 = GP IAIABC = Y – Yes; N – No
Imp Note: Only one gatekeeper code is permitted per billing. There may be only one gatekeeper per bill. Gatekeeper can be defined at either the bill level or line level, but not both.

HCPCS BILL PROCEDURE CODE – DN737

Definition: HCPCS (Health Care Financing Administration's Common Procedure Coding System) code billed that identifies treatment rendered.
Revised: 09/26/98
Business Need: Auditing medical charges; determination of reimbursements.
Source: UB04 Fields 74 a-e
Format: X12 A/N 1/30 IAIABC ID 6
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources
Max Occur: 5
Imp Note: HCPCS codes include Level 1 CPT (Physician's Current Procedural Terminology).

HCPCS LINE PROCEDURE BILLED CODE – DN714

Definition: HCPCS (Health Care Financing Administration's Common Procedure Coding System) code billed that identifies treatment rendered.
Revised: 09/26/98
Business Need: Auditing medical charges; determination of reimbursements.
Source: CMS Field 24D UB04 Field 44
Format: X12 A/N 1/30 IAIABC ID 6
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources
Imp Note: HCPCS codes include Level 1 CPT (Physician's Current Procedural Terminology) procedure codes.

HCPCS LINE PROCEDURE PAID CODE – DN726

Definition: HCPCS (Health Care Financing Administration's Common Procedure Coding System) code paid for specific treatment rendered.
Revised: 09/26/98
Business Need: Monitor medical charges, quality of medical care and utilization.
Source: Payer
Format: X12 A/N 1/30 IAIABC ID 6
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

HCPCS MODIFIER BILLED CODE – DN717

Definition: HCPCS (Health Care Financing Administration's Common Procedure Coding System) code identifying special circumstances related to procedure billed.
Revised: 09/26/98
Business Need: Monitor cost trends and adjustment factors.
Source: CMS Field 24D UB04 Field 44
Format: X12 A/N 2/2 IAIABC ID 2
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources
Max Occur: 2

HCPCS MODIFIER PAID CODE – DN727

Definition: HCPCS (Health Care Financing Administration's Common Procedure Coding System) code identifying special circumstances related to procedure paid.
Revised: 09/26/98
Business Need: Monitor cost trends and adjustment factors.
Source:
Format: X12 A/N 2/2 IAIABC ID 2
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources
Max Occur: 2

HCPCS PRINCIPAL PROCEDURE BILLED CODE – DN626

Definition: HCPCS (Health Care Financing Administration's Common Procedure Coding System) code indicating the principal procedure billed.
Revised: 09/26/98
Business Need: Monitor cost trends and compliance with state regulations.
Source: UB04 Field 74
Format: X12 A/N 1/30 IAIABC ID 6
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

ICD-9 CM DIAGNOSIS CODE – DN522

Definition: ICD-9 CM (International Classification Diseases, 9th Edition, Clinical Modification) code denoting the diagnosis of the work related injury or illness.
Revised: 09/26/98
Business Need: To determine reimbursements, measure impact of managed care and measure medical outcomes.
Source: CMS Field 21 1-4 UB04 Field 67A-Q
Format: X12 A/N 1/30 IAIABC ID 6
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources
Max Occur: 4 – CMS
9 – UB04
Imp Note: For UB04 – Used when Code List Qualifier (X12 DE 1270) = BK for first occurrence, BF for occurrences 2-9. Decimal point required.
For CMS Field 21, 1 must be primary diagnosis.

ICD-9 CM PRINCIPAL PROCEDURE CODE – DN525

Definition: ICD-9 CM (International Classification of Diseases, 9th Edition, Clinical Modification) code indicating the principal procedure rendered.
Revised: 09/26/98
Business Need: Monitor cost trends and compliance with state regulations.
Source: UB04 Field 74
Format: X12 A/N 1/30 IAIABC ID 6
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

ICD-9 CM PROCEDURE CODE – DN736

Definition: ICD-9 CM (International Classification of Diseases, 9th Edition, Clinical Modification) code identifying a procedure (other than principal procedure).
Revised: 09/26/98
Business Need: Monitor cost trends and compliance with state regulations.
Source: UB04 Field 74 a-e
Format: X12 A/N 1/30 IAIABC ID 6
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources
Max Occur: 5

INITIAL AMOUNT PAID – DN624

Definition: Portion of charged amount initially paid by insurer/financially responsible party.
Revised: 09/26/98
Business Need: Monitor reimbursement compliance; track medical costs.
Source: Payer
Format: X12 R 1/18 IAIABC $9.2

INSURER FEIN – DN6

Definition: The Federal Employment Identification Number (FEIN) of the carrier or self-insured assuming responsibility for workers' compensation claims.
Revised: 09/26/98
Business Need: To identify the insurer to the jurisdiction system.
Source: Payer
Format: X12 A/N 2/80 IAIABC A/N 9
Imp Note: As there exists a one to one relationship between an Insurer State ID and the Insurer FEIN, this will replace Insurer State ID. If a state utilizes a unique Insurer State ID, it must build a crosswalk table prior to testing/implementation.

INSURER NAME – DN7

Definition: The name of the carrier or self-insured assuming the employer's financial responsibility for workers' compensation claims.
Revised: 06/07/95
Business Need: To identify the insurer to the jurisdiction system.
Source: CMS Field 11c UB04 Field 50
Format: X12 A/N 1/35 & 1/60 IAIABC A/N 40
Imp Note: For X12, a combination of Segment NM1 and N2. NM103 contains the first 35 characters and, if necessary, N201 contains the remaining characters.

INSURER POSTAL CODE – DN616

Definition: Postal code of the insurer.
Revised: 08/14/96
Business Need: The suffix to insurer FEIN or Insurer State ID to identify a carrier or self-insured's specific business site.
Source: Payer
Format: X12 ID 3/15 IAIABC A/N 9
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

JURISDICTION CLAIM NUMBER – DN5

Definition: A number assigned by the jurisdiction to identify a specific claim. It is assigned at time of the first report of injury.
Revised: 03/11/94; 07/01/97
Business Need: To provide tracking mechanism for jurisdiction system.
Source: Payer
Format: X12 A/N 1/30 IAIABC A/N 25
Imp Note: This number may be changed during the life of the claim by the jurisdiction.

JURISDICTION MODIFIER BILLED CODE – DN718

Definition: Jurisdictional code identifying special circumstances related to jurisdiction procedure billed.
Revised: 09/26/98
Business Need: Monitor cost trends and adjustment factors.
Source: CMS Field 24D UB04 Field 44
Format: X12 A/N 2/2 IAIABC ID 2
Values: Jurisdiction Specific Codes as defined in Trading Partner Agreement
Max Occur: 2

JURISDICTION MODIFIER PAID CODE – DN730

Definition: Jurisdictional code identifying special circumstances related to jurisdiction procedure paid.
Revised: 09/26/98
Business Need: Monitor cost trends and adjustment factors.
Source: Payer
Format: X12 A/N 2/2 IAIABC ID 2
Values: Jurisdiction Specific Code as defined in Trading Partner Agreement.
Max Occur: 2

JURISDICTION PROCEDURE BILLED CODE – DN715

Definition: Jurisdictional special code identifying a procedure, service or product billed that is not currently identified by a HCPCS code.
Revised: 09/26/98
Business Need: Monitor medical charges, quality of medical care, and utilization.
Source: CMS Field 24D UB04 Field 44
Format: X12 A/N 1/48 IAIABC ID 6
Values: Jurisdiction Specific Code as defined in Trading Partner Agreement.

JURISDICTION PROCEDURE PAID CODE – DN729

Definition: Jurisdictional special code identifying a procedure, service, or product paid that is not currently identified by HCPCS code.
Revised: 09/26/98
Business Need: Monitor medical charges, quality of medical care, and utilization.
Source: Payer
Format: X12 A/N 1/48 IAIABC ID 6
Values: Jurisdiction Specific Code as defined in Trading Partner Agreement.

LINE NUMBER – DN547

Definition: Bill sequential line item number.
Revised: 09/26/98
Business Need: Linking information for auditing and analysis purposes.
Source: Payer
Format: X12 N0 1/6 IAIABC N 6

MANAGED CARE ORGANIZATION CITY – DN710

Definition: City of managed care organization.
Revised: 09/26/98
Business Need: Identify provider location.
Source: Health Care Provider and/or Payer
Format: X12 A/N 2/30 IAIABC A/N 30

MANAGED CARE ORGANIZATION COUNTRY CODE – DN713

Definition: Code indicating country of managed care provider's mailing address.
Revised: 09/26/98
Business Need: Identify provider location.
Source: Health Care Provider and/or Payer
Format: X12 ID 2/3 IAIABC ID 3
Value: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

MANAGED CARE ORGANIZATION FEIN – DN704

Definition: The Federal Tax Identification Number for the managed care organization.
Revised: 09/26/98
Business Need: Identification of provider, monitor the quality of medical care and monitor costs.
Source: Health Care Provider and/or Payer
Format: X12 A/N 2/80 IAIABC A/N 9

MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER – DN208

Definition: The jurisdiction assigned number that corresponds to and uniquely identifies the managed care organization involved in the claim.
Revised: 09/26/98
Business Need: Identification of provider; monitor the quality of medical care and costs.
Source: Jurisdictional Licensing Board
Format: X12 A/N 1/30 IAIABC A/N 9

MANAGED CARE ORGANIZATION NAME – DN209

Definition: The legal name of the managed care organization involved in the claim.
Revised: 07/01/97
Business Need: Identification of provider; monitor the quality of medical care and costs.
Source: Health Care Provider and/or Payer
Format: X12 A/N 1/35 & 1/60 IAIABC A/N 40
Imp Note: For X12, a combination of Segment NM1 and N2. NM103 contains the first 35 characters and N201 contains the remaining 60 characters.

MANAGED CARE ORGANIZATION POSTAL CODE – DN712

Definition: Postal code of managed care organization's mailing address.
Revised: 09/26/98
Business Need: Identify provider location.
Source: Health Care Provider and/or Payer
Format: X12 ID 3/15 IAIABC A/N 9
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

MANAGED CARE ORGANIZATION PRIMARY ADDRESS – DN708

Definition: First line of managed care organization's address
Revised: 09/26/98
Business Need: Identify provider location.
Source: Health Care Provider and/or Payer
Format: X12 A/N 1/55 IAIABC A/N 40
Imp Note: Corresponds to additional managed care location or mailing address.

MANAGED CARE ORGANIZATION SECONDARY ADDRESS – DN709

Definition: Second line of managed care organization's address.
Revised: 09/26/98
Business Need: Identify provider location.
Source: Health Care Provider and/or Payer
Format: X12 A/N 1/55 IAIABC A/N 40

MANAGED CARE ORGANIZATION STATE CODE – DN711

Definition: State code of the managed care organization's mailing address.
Revised: 09/26/98
Business Need: Determine reimbursement.
Source: Health Care Provider and/or Payer
Format: X12 ID 2/2 IAIABC ID 2
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

NDC BILLED CODE – DN721

Definition: NDC (National Drug Code) identifying drugs or pharmaceuticals billed.
Revised: 09/26/98
Business Need: Monitor medical charges, quality of medical care, and utilization.
Source: CMS Field 24
Format: X12 A/N 1/48 IAIABC ID 11
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

NDC PAID CODE – DN728

Definition: NDC (National Drug Code) identifying drugs and pharmaceuticals paid.
Revised: 09/26/98
Business Need: Monitor medical charges, quality of medical care, and utilization.
Source: Payer
Format: X12 A/N 1/48 IAIABC ID 11
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

PATIENT ACCOUNT NUMBER – DN517

Definition: Unique number assigned by the provider to identify the claimant.
Revised: 09/26/98
Business Need: Link medical information to patient/claimant.
Source: CMS Field 26 UB04 Field 3a
Format: X12 A/N 1/30 IAIABC A/N 30

PLACE OF SERVICE BILL CODE – DN555

Definition: Code indicating the place of service at the bill level.
Revised: 09/26/98
Business Need: Utilization review, monitor cost trends.
Source: Health Care Provider
Format: X12 A/N 1/2 IAIABC ID 2
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

PLACE OF SERVICE LINE CODE – DN600

Definition: Code indicating the place of service at line level.
Revised: 09/26/98
Business Need: Utilization review, monitor cost trends.
Source: CMS Field 24B
Format: X12 A/N 1/2 IAIABC ID 2
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

POLICY NUMBER – DN28

Definition: The number identifying the coverage policy in effect for the claim.
Revised: 03/11/94; 07/01/97
Business Need: Track activity for a specific coverage policy.
Source: CMS Field 11
Format: X12 A/N 1/30 IAIABC A/N 30

PRESCRIPTION BILL DATE – DN527

Description: The date that the prescription was filled by the pharmacist at the bill level.
Revised: 07/16/97
Business Need: Link information to patient/claimant.
Source: Health Care Provider
Format: X12 A/N 1/35 IAIABC DATE 8

PRESCRIPTION LINE DATE – DN604

Description: The date that the prescription was filled by the pharmacist at the line level.
Revised: 07/16//97
Business Need: Link information to patient/claimant.
Source: Health Care Provider
Format: X12 A/N 1/35 IAIABC DATE 8

PRESCRIPTION LINE NUMBER – DN561

Description: Unique number assigned by the dispenser to identify the prescription at the line level.
Revised: 09/26/98
Business Need: Link information to patient/claimant; required by X12 if used.
Source: Health Care Provider
Format: X12 A/N 1/30 IAIABC A/N 30

PRINCIPAL DIAGNOSIS CODE – DN521

Definition: Code indicating principal diagnosis.
Revised: 09/26/98
Business Need: Utilization review; monitor medical outcomes.
Source: UB04 Field 67
Format: X12 A/N 1/30 IAIABC ID 6
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources
Imp Note: Used when Code List Qualifier X12 DE 1270 = BK. Decimal point required.

PRINCIPAL PROCEDURE DATE – DN550

Definition: Date the principal procedure was performed.
Revised: 10/28/96
Business Need: Utilization review; auditing.
Source: UB04 Field 74
Format: X12 A/N 1/35 IAIABC DATE 8

PROCEDURE DATE – DN524

Definition: Date on which procedure was performed.
Revised: 09/26/98
Business Need: Utilization review; auditing.
Source: UB04 Field 74a-e
Format: X12 A/N 1/35 IAIABC DATE 8
Max Occur: X12 = 1 IAIABC = 2

PROCEDURE DESCRIPTION – DN551

Definition: Free-form text description for treatment rendered.
Revised: 09/26/98
Business Need: Utilization review, auditing, measure medical outcomes.
Source: CMS Field 24D UB04 Field 43
Format: X12 A/N 1/80 IAIABC A/N 40
Max Occur: X12 = 1 IAIABC = 2

PROVIDER AGREEMENT CODE – DN507

Definition: Code indicating type of provider agreement applicable to bill.
Revised: 09/26/98
Business Need: Medical billing/payment.
Source: Health Care Provider and/or Payer
Format: X12 ID 1/1 IAIABC ID 1
Values: H = HMO Agreement
N = No Agreement
P = Participation Agreement
Y = PPO Agreement

PROVIDER AGREEMENT LINE CODE – DN742

Definition: Code indicating type of provider agreement applicable to the line item.
Revised: 10/31/00
Business Need: Medical billing/payment.
Source: Health Care Provider and/or Payer
Format: X12 ID1/1 IAIABC ID 1
Values: H = HMO Agreement
N = No Agreement
P = Participation Agreement
Y = PPO Agreement

PROVIDER SIGNATURE ON FILE INDICATOR – DN506

Definition: Indicates whether the signature of the provider is on file.
Revised: 09/26/98
Business Need: Legal standing to meet statutory requirements.
Source: CMS Field 31
Format: X12 ID 1/1 IAIABC ID 1
Values: Y = Yes
N = No

REFERRING PROVIDER ANESTHESIA LICENSE NUMBER – DN698

Definition: The unique number issued by a jurisdiction to a referring provider that is permitted to administer anesthesia.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines
Source: Jurisdictional Licensing Board
Format: X12 A/N 1/30 IAIABC A/N 1/30

REFERRING PROVIDER FEIN – DN694

Definition: Federal Tax ID of the referring provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 17A
Format: X12 A/N 2/80 IAIABC A/N 9
Imp Note: If billing provider does not have an assigned FEIN, submit an assigned Social Security Number

REFERRING PROVIDER FIRST NAME – DN691

Definition: The first name of the referring provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee treatment guidelines.
Source: CMS Field 17
Format: X12 A/N 1/25 IAIABC A/N 15

REFERRING PROVIDER LAST NAME SUFFIX – DN693

Definition: Last name suffix of referring provider (Jr, Sr, II, III).
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee treatment guidelines.
Source: CMS Field 17
Format: X12 A/N 1/10 IAIABC A/N 4

REFERRING PROVIDER LAST/GROUP NAME – DN690

Definition: Provider referring claimant for care. Only used when needed to document that this bill results from care provided based on a referral from another provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee treatment guidelines.
Source: CMS Field 17
Format: X12 A/N 1/35 IAIABC A/N 40

REFERRING PROVIDER MEDICARE NUMBER – DN697

Definition: The specific number issued to the referring provider by the Medicare Program.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 17a
Format: X12 A/N 1/30 IAIABC A/N 30

REFERRING PROVIDER MIDDLE NAME/INITIAL – DN692

Definition: The middle name of the referring provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 17
Format: X12 A/N 1/25 IAIABC A/N 15

REFERRING PROVIDER NATIONAL PROVIDER ID – DN699

Definition: Unique national provider ID of the referring provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 17b
Format: X12 A/N 1/30 IAIABC A/N 30
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

REFERRING PROVIDER PRIMARY SPECIALTY LICENSE NUMBER – DN701

Definition: The specific license number issued by a state to the referring provider that denotes specialty of the referring provider.
Revised: 09/26/98
Business Need: Identification of provider, monitor health care providers for compliance with fee and treatment guidelines.
Source: Jurisdictional Licensing Board
Format: X12 A/N 1/30 IAIABC A/N 30

REFERRING PROVIDER STATE LICENSE NUMBER – DN695

Definition: The specific license number issued by a state to a referring provider that permits the provider to practice in that state.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 17a
Format: X12 A/N 1/30 IAIABC A/N 30

RELEASE OF INFORMATION CODE – DN526

Definition: A code that identifies that there is or is not authorization to release information.
Revised: 07/15/97
Business Need: Enables entities that transmit data and receive data to determine that there is or is not authorization to release information.
Source: Health Care Provider
Format: X12 ID 1/1 IAIABC ID 1
Values: A = Appropriate release of information on file at health care service provider or at a Utilization Review Organization.
I = Informed consent to release medical information for conditions or diagnosis regulated by Federal Statutes
M = The provider has a limited or restricted ability to release data related to a claim
N = No, provider is not allowed to release data
O = On file at payer or at plan sponsor
Y = Yes, provider has a signed statement permitting release of medical billing data related to claim.

RENDERING BILL PROVIDER ANESTHESIA LICENSE NUMBER - DN646

Definition: The unique number issued by a jurisdiction to a rendering bill provider that is licensed to administer anesthesia.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Jurisdictional Licensing Board
Format: X12 A/N 1/30 IAIABC A/N 30

RENDERING BILL PROVIDER CITY – DN654

Definition: City of rendering bill provider's address.
Revised: 09/26/98
Business Need: Identify provider license.
Source: CMS Field 32
Format: X12 A/N 2/30 IAIABC A/N 30

RENDERING BILL PROVIDER COUNTRY CODE – DN657

Definition: Code indicating country of rendering bill provider's mailing address.
Revised: 09/26/98
Business Need: Identification of provider's country; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 32
Format: X12 ID 2/3 IAIABC ID 3
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

RENDERING BILL PROVIDER FEIN – DN642

Definition: The Federal Tax ID number of the rendering bill provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 25
Format: X12 ID 2/80 IAIABC A/N 9
Imp Note: If billing provider does not have an assigned FEIN, submit an assigned Social Security Number.

RENDERING BILL PROVIDER FIRST NAME – DN639

Definition: The first name of the rendering bill provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 32 UB04 Field 76
Format: X12 A/N 1/25 IAIABC A/N 15

RENDERING BILL PROVIDER LAST NAME SUFFIX – DN641

Definition: Name suffix of rendering bill provider (Jr, Sr, II, III).
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 32 UB04 Field 76
Format: X12 A/N 1/10 IAIABC A/N 4

RENDERING BILL PROVIDER LAST/GROUP NAME – DN638

Definition: Individual provider actually rendering care. If not present, the billing provider is assumed to be the rendering provider for all services on this bill. If the billing provider was not an individual, a jurisdiction may require a rendering bill provider to be specified.
Revised: 09/26/98
Business Need: Identification of provider, monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 32 UB04 Field 76
Format: X12 A/N 1/35 IAIABC A/N 40

RENDERING BILL PROVIDER MEDICARE NUMBER – DN645

Definition: The specific number issued to the rendering bill provider by the Medicare Program.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider and/or Payer
Format: X12 A/N 1/30 IAIABC A/N 30

RENDERING BILL PROVIDER MIDDLE NAME/INITIAL - DN640

Definition: The middle name or initial of the rendering bill provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 32 UB04 Field 76
Format: X12 A/N 1/25 IAIABC A/N 15

RENDERING BILL PROVIDER NATIONAL PROVIDER ID – DN647

Definition: Unique national provider ID of the rendering provider at the bill level.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 32a UB04 Field 76a
Health Care Provider and/or Payer
Format: X12 A/N 1/30 IAIABC A/N 30
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

RENDERING BILL PROVIDER POSTAL CODE – DN656

Definition: Postal Code of rendering bill provider's mailing address.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 32
Format: X12 A/N 3/15 IAIABC A/N 9
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

RENDERING BILL PROVIDER PRIMARY ADDRESS – DN652

Definition: First line of rendering bill provider's address.
Revised: 09/26/98
Business Need: Identify provider location.
Source: CMS Field 32
Format: X12 A/N 1/55 IAIABC A/N 40
Imp Note: Corresponds to additional physical location or mailing address

RENDERING BILL PROVIDER PRIMARY SPECIALTY CODE – DN651

Definition: Code indicating medical specialty of the rendering bill provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider and/or Payer
Format: X12 A/N 1/30 IAIABC ID 10
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

RENDERING BILL PROVIDER SECONDARY ADDRESS – DN653

Definition: Second line of rendering bill provider's address.
Revised: 09/26/98
Business Need: Identify provider location.
Source: CMS Field 32
Format: X12 A/N 1/55 IAIABC A/N 40
Imp Note: Corresponds to additional physical location or mailing address.

RENDERING BILL PROVIDER SPECIALTY LICENSE NUMBER – DN649

Definition: The specific license number issued by the jurisdiction to the rendering bill provider that denotes the specialty of the rendering provider.
Revised: 09/26/99
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 32b UB04 Field 76
Format: X12 A/N 1/30 IAIABC A/N 30

RENDERING BILL PROVIDER STATE CODE – DN655

Definition: State code of rendering bill provider's mailing address.
Revised: 09/26/98
Business Need: Identify provider location.
Source: CMS Field 32b
Format: X12 ID 2/2 IAIABC ID 2
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

RENDERING BILL PROVIDER STATE LICENSE NUMBER – DN643

Definition: The specific license number issued by a jurisdiction to a rendering bill provider that permits the provider to practice in that state.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 32b
Format: X12 A/N 1/30 IAIABC A/N 30

RENDERING LINE PROVIDER ANESTHESIA LICENSE NUMBER – DN583

Definition: The unique number issued by a jurisdiction to a rendering line provider that is permitted to administer anesthesia.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Jurisdictional Licensing Board
Format: X12 A/N 1/30 IAIABC A/N 30

RENDERING LINE PROVIDER CITY – DN584

Definition: City of the rendering line provider's address.
Revised: 09/26/98
Business Need: Identify provider location.
Source: Health Care Provider
Format: X12 A/N 2/30 IAIABC A/N 30

RENDERING LINE PROVIDER COUNTRY CODE – DN585

Definition: Code indicating country of rendering line provider's mailing address.
Revised: 09/26/98
Business Need: Identification of provider's country; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 ID 2/3 IAIABC ID 3
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

RENDERING LINE PROVIDER FEIN – DN586

Definition: The Federal Tax ID number of the rendering line provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 A/N 2/80 IAIABC A/N 9
Imp Note: If rendering line provider does not have an assigned FEIN, submit an assigned Social Security Number.

RENDERING LINE PROVIDER FIRST NAME – DN587

Definition: The first name of the rendering line provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 A/N 1/25 IAIABC A/N 15

RENDERING LINE PROVIDER LAST NAME SUFFIX – DN588

Definition: Name suffix of rendering line provider (Jr, Sr, II, III).
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 A/N 1/10 IAIABC A/N 4

RENDERING LINE PROVIDER LAST/GROUP NAME – DN589

Definition: Individual provider actually rendering care. If not present, the billing provider is assumed to be the rendering provider for all services on this bill. If the billing provider was not an individual, a jurisdiction may require a rendering line provider to be specified.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 A/N 1/35 IAIABC A/N 40

RENDERING LINE PROVIDER MEDICARE NUMBER – DN590

Definition: The specific number issued to the rendering line provider by the Medicare Program.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 24J_1
Format: X12 A/N 1/30 IAIABC A/N 30

RENDERING LINE PROVIDER MIDDLE NAME/INITIAL – DN591

Definition: The middle name of the rendering line provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 A/N 1/25 IAIABC A/N 15

RENDERING LINE PROVIDER NATIONAL PROVIDER ID – DN592

Definition: Unique national provider ID of the rendering provider at the line level.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider and/or Payer
Format: X12 A/N 1/30 IAIABC A/N 30
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

RENDERING LINE PROVIDER POSTAL CODE – DN593

Definition: Postal code of rendering line provider's mailing address.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 A/N 3/15 IAIABC A/N 9
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

RENDERING LINE PROVIDER PRIMARY ADDRESS – DN594

Definition: First line of the rendering line provider's address.
Revised: 09/26/98
Business Need: Identify provider location.
Source: Health Care Provider
Format: X12 A/N 1/55 IAIABC A/N 40
Imp Note: Corresponds to additional physical location or mailing address.

RENDERING LINE PROVIDER PRIMARY SPECIALTY CODE – DN595

Definition: Code indicating medical specialty of the rendering line provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 24J_1
Format: X12 A/N 1/30 IAIABC ID 10
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

RENDERING LINE PROVIDER SECONDARY ADDRESS – DN596

Definition: Second line of the rendering line provider's address.
Revised: 09/26/98
Business Need: Identify provider location.
Source: Health Care Provider
Format: X12 A/N 1/55 IAIABC A/N 40
Imp Note: Corresponds to additional physical location or mailing address.

RENDERING LINE PROVIDER SPECIALTY LICENSE NUMBER – DN597

Definition: The specific license number issued by jurisdiction to the rendering line provider that denotes the specialty of the rendering line provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 24J_1
Format: X12 A/N 1/30 IAIABC A/N 30

RENDERING LINE PROVIDER STATE CODE – DN598

Definition: State code of rendering line provider's mailing address.
Revised: 09/26/98
Business Need: Identify provider location.
Source: Health Care Provider
Format: X12 ID 2/2 IAIABC ID 2
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

RENDERING LINE PROVIDER STATE LICENSE NUMBER - DN599

Definition: The specific license number issued by a jurisdiction to a rendering line provider that permits the provider to practice in that state.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: CMS Field 24J_1
Format: X12 A/N 1/30 IAIABC A/N 30

REPORTING PERIOD – DN615

Definition: Date or date range during which the information included in the transaction was processed.
Revised: 08/13/96
Business Need: For periodic reporting to the jurisdiction when required.
Source: Payer
Format: X12 A/N 1/35 IAIABC PERIOD 16

REVENUE BILLED CODE – DN559

Definition: Code indicating specific cost center billed.
Revised: 09/26/98
Business Need: Determines reimbursement and treatment provided.
Source: UB04 Field 42
Format: X12 A/N 1/48 IAIABC ID 4
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

REVENUE PAID CODE – DN576

Definition: Code indicating specific cost center paid.
Revised: 09/26/98
Business Need: Determines reimbursement and treatment provided.
Source: Payer
Format: X12 A/N 1/48 IAIABC ID 4
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

REVENUE UNIT RATE – DN560

Definition: Rate per unit of associated revenue code for hospital service.
Revised: 09/26/98
Business Need: Specifies claim service detail for institutions.
Source: UB04 Field 44
Format: X12 R 1/10 IAIABC $9.2

SERVICE ADJUSTMENT AMOUNT – DN733

Definition: The amount of the adjustment identified by the Service Adjustment Reason Code (DN732) at the line level. The amount is the difference between the total charged per line and the total amount paid per line, if applicable.
Revised: 03/21/99
Business Need: Required in order to access the appropriateness of the adjustment or the basis of the adjustment being made.
Source: Payer
Format: X12 R 1/18 IAIABC $9.2
Max Occur: 5

SERVICE ADJUSTMENT GROUP CODE – DN731

Definition: Code indicating general category of adjustment made per service line.
Revised: 09/26/98
Business Need: Identifies potential litigation.
Source: Payer
Format: X12 ID 1/2 IAIABC ID 2
Values: CO = Contractual Obligations
OA = Other Adjustments
PI = Payer initiated reductions
PR = Patient Responsibility

SERVICE ADJUSTMENT REASON CODE – DN732

Definition: Code indicating detailed reason and adjustment that was made per service line.
Revised: 09/26/98
Business Need: Required by X12. Identifies potential litigation; tracks patterns and practices of adjustments.
Source: Payer
Format: X12 ID 1/5 IAIABC ID 3
Max Occur: 5
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

SERVICE ADJUSTMENT UNITS – DN734

Definition: The number of units applicable to the Service Adjustment Amount (DN733) at the line level. The service adjustment units is the difference between day(s)/unit(s) paid and day(s)/unit(s) billed at line level, if applicable.
Revised: 03/21/99
Business Need: Required in order to access the appropriateness of the adjustment or the basis of the adjustment being made.
Source: Payer
Format: X12 R 1/15 IAIABC N7
Max Occur: 5

SERVICE BILL DATE(S) RANGE – DN509

Definition: Starting date and ending date on which service(s) were performed at the bill level.
Revised: 09/26/98
Business Need: Utilization review and auditing purposes.
Source: UB04 Field 6
Format: X12 A/N 1/35 IAIABC PERIOD 16
Imp Note: If data submitted, both starting date and ending date must be submitted. If starting and ending date are the same, repeat.

SERVICE LINE DATE(S) RANGE – DN605

Definition: Starting date and ending date on which service(s) were performed at the line level.
Revised: 09/26/98
Business Need: Utilization review and auditing purposes.
Source: CMS Field 24A UB04 Field 45
Format: X12 AN 1/35 IAIABC PERIOD 16
Imp Note: If data submitted, both starting date and ending date must be submitted. If starting and ending dates are the same, repeat.

SUPERVISING PROVIDER ANESTHESIA LICENSE NUMBER – DN666

Definition: The unique number issued by a jurisdiction to a supervising provider that is permitted to administer anesthesia.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 A/N 1/30 IAIABC A/N 30

SUPERVISING PROVIDER CITY – DN674

Definition: City of supervising provider's address.
Revised: 09/26/98
Business Need: Identify provider license
Source: Health Care Provider
Format: X12 A/N 2/30 IAIABC A/N 30

SUPERVISING PROVIDER COUNTRY CODE – DN677

Definition: Code indicating country of supervising provider's mailing address.
Revised: 09/26/98
Business Need: Identification of providers; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 ID 2/3 IAIABC ID 3
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

SUPERVISING PROVIDER FEIN – DN662

Definition: Federal Tax ID number of the supervising provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 A/N 2/80 IAIABC A/N 9
Imp Note: If supervising provider does not have an assigned FEIN, submit an assigned Social Security Number.

SUPERVISING PROVIDER FIRST NAME – DN659

Definition: The first name of the supervising provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 A/N 1/25 IAIABC A/N 15

SUPERVISING PROVIDER LAST NAME SUFFIX – DN661

Definition: Name suffix of supervising provider (Sr, Jr, II, III).
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 A/N 1/10 IAIABC A/N 4

SUPERVISING PROVIDER LAST/GROUP NAME – DN658

Definition: Provider directing/supervising the rendering provider. Only needed in situations where it is necessary to indicate that the rendering provider (non-licensed) is being directed/supervised by another (licensed) provider. The supervising provider must be an individual.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 A/N 1/35 IAIABC A/N 40

SUPERVISING PROVIDER MEDICARE NUMBER – DN665

Definition: The specific number issued to the supervising provider by Medicare Program.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 A/N 1/30 IAIABC A/N 30

SUPERVISING PROVIDER MIDDLE NAME/INITIAL – DN660

Definition: The middle name or initial of the supervising provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 A/N 1/25 IAIABC A/N 15

SUPERVISING PROVIDER NATIONAL PROVIDER ID – DN667

Definition: Unique national provider ID of the supervising provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 A/N 1/30 IAIABC A/N 30
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

SUPERVISING PROVIDER POSTAL CODE – DN676

Definition: Postal code of the supervising provider's mailing address.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 A/N 3/15 IAIABC A/N 9
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

SUPERVISING PROVIDER PRIMARY ADDRESS – DN672

Definition: First line of the supervising provider's address.
Revised: 09/26/98
Business Need: Identify provider location.
Source: Health Care Provider
Format: X12 A/N 1/55 IAIABC A/N 40

SUPERVISING PROVIDER PRIMARY SPECIALTY CODE – DN671

Definition: Code indicating medical specialty of the supervising provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 A/N 1/30 IAIABC ID 10
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

SUPERVISING PROVIDER SECONDARY ADDRESS – DN673

Definition: Second line of the supervising provider's address.
Revised: 09/26/98
Business Need: Identify provider's location.
Source: Health Care Provider
Format: X12 A/N 1/55 IAIABC A/N 40

SUPERVISING PROVIDER SPECIALTY LICENSE NUMBER – DN669

Definition: The specific license number issued by a jurisdiction to the supervising provider that denotes the specialty of the supervising provider.
Revised: 09/26/98
Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Jurisdictional Licensing Board
Format: X12 A/N 1/30 IAIABC A/N 30

SUPERVISING PROVIDER STATE CODE – DN675

Definition: State code of supervising provider's mailing address.
Revised: 09/26/98
Business Need: Determine reimbursement.
Source: Health Care Provider
Format: X12 ID 2/2 IAIABC ID 2
Values: See link to code list at IAIABC EDI Standard Forms, Codes, and Resources

SUPERVISING PROVIDER STATE LICENSE NUMBER – DN663

Definition: The specific license number issued by a jurisdiction to a supervising provider that permits the provider to practice in that jurisdiction.
Revised: 09/26/98
Business Need: Identification or provider; monitor health care providers for compliance with fee and treatment guidelines.
Source: Health Care Provider
Format: X12 A/N 1/30 IAIABC A/N 30

TOTAL AMOUNT PAID PER BILL – DN516

Definition: Total amount paid or credited for a submitted bill by payer after adjustments.
Revised: 09/26/98
Business Need: Medical billing and payment.
Source: Payer
Format: X12 R 1/18 IAIABC $9.2

TOTAL AMOUNT PAID PER LINE – DN574

Definition: Total amount paid or credited per line item.
Revised: 09/26/98
Business Need: Medical billing and payment.
Source: Payer
Format: X12 R 1/18 IAIABC $9.2

TOTAL CHARGE PER BILL – DN501

Definition: Cumulative charge amount of all line items per bill.
Revised: 09/26/98
Business Need: Medical billing and payment.
Source: CMS Field 28 UB04 Field 47
Format: X12 R 1/18 IAIABC $9.2

TOTAL CHARGE PER LINE – DN552

Definition: Service charge per line item.
Revised: 09/26/98
Business Need: Medical billing and payment.
Source: CMS Field 24F UB04 Field 47
Format: X12 R 1/18 IAIABC $9.2

TOTAL CHARGE PER LINE – PURCHASE – DN566

Definition: Purchase price of DME (durable medical equipment)
Revised: 09/26/98
Business Need: Medical billing and payment
Source: CMS Field 24F
Format: X12 R 1/18 IAIABC $9.2

TOTAL CHARGE PER LINE – RENTAL – DN565

Definition: Rental price of DME (durable medical equipment).
Revised: 09/26/98
Business Need: Medical billing and payment.
Source: CMS Field 24F
Format: X12 R 1/18 IAIABC $9.2

TREATMENT AUTHORIZATION NUMBER – DN581

Definition: Service authorization reference number at the bill level.
Revised: 09/26/98
Business Need: Number assigned by carrier to identify pre-authorized or pre-certified treatment plans.
Source: CMS Field 23 UB04 Field 63a
Format: X12 A/N 1/30 IAIABC A/N 30

TREATMENT LINE AUTHORIZATION NUMBER – DN738

Definition: Service authorization reference number at the line level.
Revised: 03/05/99
Business Need: Number assigned by carrier to identify pre-authorized or pre-certified treatment plans.
Source: UB04 Field 63a
Format: X12 A/N 1/30 IAIABC A/N 30
Imp Note: Value defaults to Treatment Authorization Number DN581 unless this data element is transmitted. If data is transmitted in this field, it will replace the default value.

UNIQUE BILL ID NUMBER – DN500

Definition: Unique number assigned by the insurer to individual bills/invoices.
Revised: 09/26/98
Business Need: Internal and external control; acknowledgment match up.
Format: X12 A/N 1/30 IAIABC A/N 30

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Systems Dictionary

ACKNOWLEDGMENT TRANSACTION SET ID – DN110

Definition: Identifies the type of transaction being acknowledged.
Revised: 09/26/98
Source: IAIABC
Format: X12 ID 3/3 IAIABC ID 3
Values: 837 = Medical Transactions

APPLICATION ACKNOWLEDGMENT CODE – DN111

Definition: A code used to identify the accepted/rejected status of the transaction being acknowledged.
Revised: 08/09/95, 0701/97
Source: IAIABC
Format: X12 ID2 IAIABC ID 2
Values: BA = Batch Accepted
BR = Batch Rejected
TA = Transaction Accepted
TE = Transaction Accepted with Error
TR = Transaction Rejected

BATCH CONTROL NUMBER – DN532

Definition: The inventory number of the transmission which is assigned by the sender's system.
Revised: 05/15/98
Business Need: Identifies the exact inventory number within the sender's system to aid tracking
Source: Sender
Format: X12 A/N 1/30 IAIABC N/A

DATE PROCESSED – DN108

Definition: The date that the receiver processed the detail transaction. Together with the time processed and a record sequence number, it will uniquely identify a specific acknowledgment detail record.
Revised: 08/09/95
Source: IAIABC
Format: X12 DT 8/8 IAIABC DATE 8

DATE TRANSMISSION SENT – DN100

Definition: Actual date the batch of data was sent.
Revised: 06/07/95, 07/01/97
Source: IAIABC
Format: X12 DT 8/8 IAIABC DATE 8

ELEMENT ERROR NUMBER – DN116

Definition: A number to uniquely identify the edit performed on an element; part of the error code.
Revised: 07/21/93, 07/01/97
Source: IAIABC Edit Matrix
Format: X12 A/N 1/30 IAIABC ID 3

ELEMENT NUMBER – DN115

Definition: A unique number assigned to each data element; part of the error code. Abbreviation used "DN".
Revised: 08/18/94
Source: IAIABC Edit Matrix
Format: X12 N0 1/4 IAIABC ID 4

ORIGINAL TRANSMISSION DATE – DN102

Definition: The value obtained from the Date Transmission Sent of the Header Record of the originating batch.
Revised: 08/19/94, 07/01/97
Business Need: To allow a receiving party the ability to match back to the original batch file for reconciliation purposes. Used in conjunction with the Original Transmission Time field in the acknowledgment process.
Source: IAIABC
Format: X12 DT 8/8 IAIABC DATE 8

ORIGINAL TRANSMISSION TIME – DN103

Definition: The value obtained from the Time Transmission Sent field of the Transmission Header Record of the originating batch.
Revised: 08/19/94, 07/01/97
Business Need: To allow a receiving party the ability to match back to the original batch file for reconciliation purposes. Used in conjunction with the Original Transmission Date field in the acknowledgment process
Source: IAIABC
Format: X12 TM4/8 IAIABC TIME 6

RECEIVER ID – DN99

Definition: A composite or group level made up of Receiver FEIN (Primary FEIN of the receiving party), Filler, and Receiver Postal Code (Primary Postal code of the receiving party).
Revised: 08/18/94, 07/01/97
Source: IAIABC
Format:

Receiver FEIN	X12 A/N 2/80	IAIABC A/N 9
Filler	X12 N/A	IAIABC A/N 7
Receiver Postal Code	X12 ID 3/15	IAIABC A/N 9

Imp Note: X12 does not combine their fields. NM1 carries the FEIN and N4 carries the postal code in the header section.

SENDER ID – DN98

Definition: Composition or group level made up of Sender FEIN (Primary FEIN of the sending party), Filler, and Sender Postal Code (Primary Postal Code of the sending party).
Revised: 08/18/94
Source: IAIABC
Format:

Sender FEIN	X12 A/N 2/80	IAIABC A/N 9
Filler	X12 N/A	IAIABC A/N 7
Sender Postal Code	X12 ID 3/15	IAIABC A/N 9

Imp Note: X12 does not combine their fields. NM1 carries the FEIN and N4 carries the postal code.

TEST/PRODUCTION INDICATOR – DN104

Definition: Reflects an EDI participation status for a specific transaction. It indicates whether the transaction being sent is being targeted to a receiver's "production" or "test" system. Transactions performed while under "parallel" status should have the "test" indicator set.
Revised: 08/18/94, 07/01/97
Source: IAIABC
Format: X12 N/A IAIABC ID 1
Values: P = Production
T = Test (Pilot parallel or Test)
Imp Note: This data element is applicable to the IAIABC Medical Flat File only.
Tech Note: This flag is set at the batch header level in the HD1. Therefore, all transactions within a batch must be at the same test/production level.

TIME PROCESSED – DN109

Definition: The time the receiver processed the detail transaction. Together with date processed and a record sequence number, it will uniquely identify a specific acknowledgment detail record.
Revised: 08/09/95, 07/01/97
Source: IAIABC
Format: X12 TM 4/8 IAIABC TIME 6

TIME TRANSMISSION SENT – DN101

Definition: The time the sender prepared the batch file for transmission. Together with the Date Transmission Sent, will uniquely identify a specific transmission batch.
Revised: 08/09/95, 07/01/97
Source: IAIABC
Format: X12 TM 4/8 IAIABC TIME 6

TRANSACTION TRACKING NUMBER – DN266

Definition: Unique number assigned to the transaction by the sender (organization actually sending data to the jurisdiction).
Revised: 07/01/97
Business Need: To match incoming acknowledgment transaction to the appropriate original transaction.
Source: IAIABC
Format: X12 A/N 1/30 IAIABC A/N 9