
NUCC Data Set

JANUARY 2009

VERSION 2.1

BASED ON ASC X12N 004010X098A1

The *NUCC Data Set* includes data elements, identifiers, descriptions and codes from the *X12 837 Health Care Claim: Professional Implementation Guide*, copyright 2008 Data Interchange Standards Association, on behalf of the Accredited Standards Committee X12. Applicable FARS/DFARS restrictions apply.

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Introduction The National Uniform Claim Committee Data Set (NUCC-DS) is intended for use by any entity that submits health care claims or encounters.

The form of the claim or encounter, in either an electronic or paper format, is not addressed by the data set. Certain elements, that on a paper form are usually associated with check boxes, are often handled differently in an electronic format. For example, the data element 'Patient Condition Related to Employment Indicator' will take the form of Yes and No check boxes on a paper form. The element is required, which means the submitter of the claim or encounter must check either the Yes or the No box. In an electronic environment, the presence or absence of data sometimes satisfies this requirement.

Purpose The purpose of this document is to present the NUCC-DS intended for use by the professional health care community to transmit related claim and equivalent encounter information and coordination of benefits transactions to and from all third-party payers. (The term "professional" includes the services as identified in the Health Care Claim 837 Professional Implementation Guide.) The focus of this document is on data content standardization.

Several principles underlie the NUCC's primary goals and implementation approach:

- Standardization requires broad-based consensus among key parties. The NUCC is a broad, public and private-sector partnership governed by a formal protocol.
- Data sets for institutional and professional claims/encounters must be coordinated. To foster that coordination, the NUCC works closely with the National Uniform Billing Committee (NUBC).
- The professional uniform data set and associated attachments requirements should constitute the full extent of the data required by any public or private payer to process a claim or encounter.

The end product of the NUCC efforts is one standard data set, with complete and unambiguous data definitions, for use in an electronic environment, but applicable to and consistent with evolving paper claim form standards. This NUCC-DS serves as a companion document to the American National Standards Institute Accredited Standards Committee Electronic Data Interchange Insurance Subcommittee (ANSI ASC X12N) Health Care Claim 837 Professional Implementation Guide.

Background

The NUCC was created to develop a standardized data set for use by the professional health care community to transmit claim and encounter information to and from all third-party payers. It is chaired by the American Medical Association (AMA), with the Centers for Medicare & Medicaid Services (CMS) as a critical partner. The NUCC is a diverse group of health care industry stakeholders representing providers, payers, designated standards maintenance organizations, public health organizations, and vendors.

The NUCC was formally named in the administrative simplification section of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191 (P.L. 104-191) as one of the organizations to be consulted by the American National Standards Institute's accredited Standards Developing Organizations (SDOs) and the Secretary of Health and Human Services (HHS) as they develop, adopt, or modify national standards for health care transactions. The NUCC was also named as one of the HIPAA Designated Standards Maintenance Organizations (DSMO) to maintain the HIPAA transaction standards. A DSMO Web site has been established to submit requests for changes to the HIPAA implementation guides. For more information regarding the DSMO groups and the process for submitting change requests go to www.hipaa-dsmo.org

Therefore, the NUCC is intended to have an authoritative voice regarding national standard content and data definitions for professional health care claims in the United States. The NUCC's recommendations in this area are explicitly designed to complement and expedite the work of the ASC X12N in complying with the provisions of P.L. 104-191. The NUCC is comprised of the key parties affected by health care electronic data interchange (EDI) - those at either end of a health care transaction, generally payers and providers. Criteria for membership include a national scope and representation of a unique constituency affected by health care EDI, with an emphasis on maintaining or enhancing the provider/payer balance in the original NUCC composition. Each NUCC member is intended to represent the perspective of the sponsoring organization and the applicable constituency. Representatives are responsible for communicating information between the NUCC and the group(s) they represent.

The following organizations serve on the NUCC as voting members:

American Medical Association - provider

American Academy of Physician Assistants (Non-Physician Provider) - provider

American Association of Homecare - provider

Medical Group Management Association - provider

State Medical Association - provider

Veterans Health Administration - provider

Alliance for Managed Care - payer
America's Health Insurance Plans - payer
Blue Cross Blue Shield Association - payer
Centers for Medicare and Medicaid Services - Medicaid - payer
Centers for Medicare and Medicaid Services - Medicare - payer
National Association of State Medicaid Directors - payer
ANSI ASC X12 Insurance Subcommittee - designated standards
maintenance organization
Dental Content Committee - designated standards maintenance
organization
Health Level Seven - designated standards maintenance organization
National Council for Prescription Drug Programs - designated standards
maintenance organization
National Uniform Billing Committee - designated standards maintenance
organization
Public Health/Public Health Services Research - state perspective
Public Health/Public Health Services Research - federal perspective
Health Information Management Systems Society Association for
Electronic Health Care Transactions - vendor

Development History

The NUCC was formally organized in May 1995. It is designed to parallel the NUBC, but for the professional health care community. The NUCC replaces the Uniform Claim Form Task Force, which was co-chaired by the AMA and CMS (formerly HCFA) and resulted in the development of the 1500 claim form, formerly called the CMS or HCFA 1500, a single paper claim form designed for use by all third-party payers. The NUCC continues to be responsible for the maintenance of the 1500 claim form. With the increasingly rapid transition of the health care community to EDI and the proliferation of data element definitions among various payers, it was essential that an organization such as the NUCC be established to maintain uniformity and standardization in these areas.

In developing the first NUCC-DS, several resources were consolidated including: existing paper and electronic standards and implementation guides, data dictionaries, and works from ongoing standardization efforts within the health care industry.

The NUCC completed the development and voted to approve the original version of the standardized data set on July 16, 1997. The data set is designed to be technology and architecturally-independent and is intended to apply to the claims and equivalent encounters and coordination of benefits (COB) transactions transactions specified in HIPAA. The original NUCC-DS was constructed based upon the combined universe of fields included in the 1500 claim form, the Medicare National Standard Format (NSF), the NCVHS core data set and the ASC X12N 837 Professional Implementation Guide.

NUCC Data Set

This is version 2.1 of the NUCC Data Set. It is intended for use by any entity that submits health care claims or encounters. The format of the claim or encounter, in either an electronic or paper form, is not addressed by the data set. Certain elements on a paper form are usually associated with check boxes and are often handled differently in an electronic format. For example, the data element 'Patient Condition Related to Employment Indicator' will take the form of Yes and No check boxes on a paper form. The element is required, which means the submitter of the claim or encounter must check either the Yes or the No box. In an electronic environment, the presence or absence of data sometimes satisfies this requirement.

Each data element in this data set belongs to one of the following categories:

1. Insured Information
2. Patient Information
3. Claim Record Information
4. Provider Information
5. Payer Information
6. Service/Clinical Information (at service line item)
7. Selected Coordination of Benefits Information

Each data element in this data set includes the following information, if applicable. (Note: item titles are omitted from the definition when the item doesn't apply to the data element.)

Example Key 1

1	Subscriber Last Name
2	The surname of the insured individual or subscriber to the coverage.
3	1500 4 - Insured's Name (Last Name)
4	Usage R
5	Level Claim
7	Key 2010BA NM103 - 1035
8	Datatype AN
9	Min/Max 1/35
11	Pairing 2010BA NM101 - 98 Entity Identifier Code 2010BA NM102 - 1065 Entity Type Qualifier

Example Key 2

1	Insurance Type Code
2	Code identifying the type of insurance.
4	Usage RIA
5	Level Claim
6	Note 1 Required when the destination payer (Loop 2010BB) is Medicare and Medicare is not the primary payer (SBR01 equals S or T).
7	Key 2000B SBR05 - 1336
8	Datatype ID
9	Min/Max 1/3
10	Codes 12 - Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan 13 - Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan 14 - Medicare Secondary, No-fault Insurance including Auto is Primary 15 - Medicare Secondary Worker's Compensation 16 - Medicare Secondary Public Health Service (PHS) or Other Federal Agency 41 - Medicare Secondary Black Lung 42 - Medicare Secondary Veteran's Administration 43 - Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) 47 - Medicare Secondary, Other Liability Insurance is Primary

1. NAME

ASC X12N Data Element Industry Name

2. Definition

ASC X12N Health Care Data Element Dictionary Definition

Information in the parentheses identifies the Item Number's section.

3. 1500 Form Cross Reference

Cross Reference to the professional form block number

4. Usage**R Required**

Provider must supply data element on every claim, payor must accept data element.

RIA Required if applicable

Conditional on a specific situation such as an accident. For example if an automobile accident situation exists the electronic transaction Related Causes Information data elements are required, including the State or Province Code to identify the state in which the automobile accident occurred.

NRU Not required unless

specified under contract between provider and payor or reprinter, or under state or federal legislation or regulation.

5. Level

Level (Claim or Service Line)

6. Notes

ASC X12N Implementation Guide Notes

7. Key

ASC X12N Locator Key Format:

Loop ID | Segment IDReference Designator | |
Data Element Number

Or the following for composite data elements:

Loop ID | Segment IDReference Designator | Composite IDComposite
Sequence | Data Element Number

Example

2300 | HI02 | C022-01 | 1270

8. Datatype

ASC X12 Datatype

AN	String (Alphanumeric)
ID	Identifier
N0	Numeric with zero decimal positions
R	Decimal
DT	Date
TM	Time

9. Min/Max

Minimum required length of data to be submitted electronically /

Maximum length of data that can be submitted electronically

10. Codes

Valid code values for this data element

11. Pairings

Identifies other data elements such as qualifiers that are paired with the element being defined. Pairing information is in the form of the ASC X12N Locator Key and data element name.

**Insured
Information**

Information about the individual who is the subscriber or policy holder. In general, information about the insured is supplied by the patient to the provider and is usually on file.

Insured Identification

Free form text, codes, assigned numbers, and dates that uniquely identify the insured individual.

Subscriber Last Name

The surname of the insured individual or subscriber to the coverage.

1500 4 - Insured's Name (Last Name)

Usage R

Level Claim

Key 2010BA | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2010BA | NM101 | - | 98 | Entity Identifier Code
2010BA | NM102 | - | 1065 | Entity Type Qualifier

Subscriber First Name

The first name of the insured individual or subscriber to the coverage.

1500 4 - Insured's Name (First Name)

Usage RIA

Level Claim

Note 1 Required if NM102=1 (person).

Key 2010BA | NM104 | - | 1036

Datatype AN

Min/Max 1/25

Subscriber Middle Name

The middle name of the subscriber to the indicated coverage or policy.

1500 4 - Insured's Name (Middle Initial)

Usage RIA

Level Claim

Note 1 Required if NM102=1 and the middle name/initial of the person is known.

Key 2010BA | NM105 | - | 1037

Datatype AN

Min/Max 1/25

Subscriber Name Suffix

Suffix of the insured individual or subscriber to the coverage.

1500 4 - Insured's Name (Last Name)

Usage RIA

Level Claim

Note 1 Required if known.

2 Examples: I, II, III, IV, Jr, Sr

Key 2010BA | NM107 | - | 1039

Datatype AN

Min/Max 1/10

Subscriber Address Line

Address line of the current mailing address of the insured individual or subscriber to the coverage.

1500 7 - Insured's Address (No., Street)

Usage RIA

Level Claim

Key 2010BA | N301 | - | 166

Datatype AN

Min/Max 1/55

Subscriber Address Line

Address line of the current mailing address of the insured individual or subscriber to the coverage.

Usage RIA

Level Claim

Note 1 Required if a second address line exists.

Key 2010BA | N302 | - | 166

Datatype AN

Min/Max 1/55

Subscriber City Name

The city name of the insured individual or subscriber to the coverage.

1500 7 - Insured's Address (City)

Usage RIA

Level Claim

Key 2010BA | N401 | - | 19

Datatype AN

Min/Max 2/30

Subscriber State Code

The State Postal Code of the insured individual or subscriber to the coverage.

1500 7 - Insured's Address (State)

Usage RIA

Level Claim

Key 2010BA | N402 | - | 156

Datatype ID

Min/Max 2/2

Subscriber Postal Zone or ZIP Code

The ZIP Code of the insured individual or subscriber to the coverage.

1500 7 - Insured's Address (Zip Code)

Usage RIA

Level Claim

Key 2010BA | N403 | - | 116

Datatype ID

Min/Max 3/15

Country Code

Code indicating the geographic location.

Usage RIA

Level Claim

Note 1 Required if the address is out of the U.S.

Key 2010BA | N404 | - | 26

Datatype ID

Min/Max 2/3

Subscriber Birth Date

The date of birth of the subscriber to the indicated coverage or policy.

1500 11a - Insured's Date of Birth, Sex (Date of Birth)

Usage RIA

Level Claim

Key 2010BA | DMG02 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2010BA | DMG01 | - | 1250 | Date Time Period Format Qualifier

Subscriber Gender Code

Code indicating the sex of the subscriber to the indicated coverage or policy.

1500 11a - Insured's Date of Birth, Sex (Sex)

Usage RIA

Level Claim

Key 2010BA | DMG03 | - | 1068

Datatype ID

Min/Max 1/1

Codes F - Female

M - Male

U - Unknown

Subscriber Primary Identifier

Primary identification number of the subscriber to the coverage.

1500 1a - Insured's ID Number

Usage RIA

Level Claim

Note 1 Required if the Subscriber is the patient. If the subscriber is not the patient, use if known. An identifier must be present in either the subscriber or the patient loop.

Key 2010BA | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2010BA | NM108 | - | 66 | Identification Code Qualifier

Insured Group or Policy Number

The identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered.

1500 11 - Insured Policy Group or FECA Number

Usage RIA

Level Claim

Note 1 Required if the subscriber's payer identification includes Group or Plan Number. This data element is intended to carry the subscriber's Group Number, not the number that uniquely identifies the subscriber (Subscriber ID, Loop 2010BA-NM109).

Key 2000B | SBR03 | - | 127

Datatype AN

Min/Max 1/30

Insured Group Name

Name of the group or plan through which the insurance is provided to the insured.

Usage RIA

Level Claim

Note 1 Required if the subscriber's payer identification includes a Group or Plan Name.

Key 2000B | SBR04 | - | 93

Datatype AN

Min/Max 1/60

Individual Relationship Code

Code indicating the relationship between two individuals or entities.

1500 6 - Patient Relationship to Insured

Usage RIA

Level Claim

Note 1 Required when the subscriber is the same person as the patient. If the subscriber is not the same person as the patient, do not use this element.

Key 2000B | SBR02 | - | 1069

Datatype ID

Min/Max 2/2

Codes 18 - Self

Insurance Type Code

Code identifying the type of insurance.

Usage RIA

Level Claim

Note 1 Required when the destination payer (Loop 2010BB) is Medicare and Medicare is not the primary payer (SBR01 equals S or T).

Key 2000B | SBR05 | - | 1336

Datatype ID

Min/Max 1/3

Codes 12 - Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan

13 - Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan

14 - Medicare Secondary, No-fault Insurance including Auto is Primary

15 - Medicare Secondary Worker's Compensation

16 - Medicare Secondary Public Health Service (PHS) or Other Federal Agency

41 - Medicare Secondary Black Lung

42 - Medicare Secondary Veteran's Administration

43 - Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)

47 - Medicare Secondary, Other Liability Insurance is Primary

Insured Individual Death Date

Date of death for subscriber or dependent.

Usage RIA

Level Claim

Note 1 Required if patient is known to be deceased and the date of death is available to the provider billing system.

Key 2000B | PAT06 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2000B | PAT05 | - | 1250 | Date Time Period Format Qualifier

Subscriber Supplemental Identifier

Identifies another or additional distinguishing code number associated with the subscriber.

Usage RIA

Level Claim

Key 2010BA | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2010BA | REF01 | - | 128 | Reference Identification Qualifier

Payer Responsibility Sequence Number Code

Code identifying the insurance carrier's level of responsibility for a payment of a claim.

Usage R

Level Claim

Key 2000B | SBR01 | - | 1138

Datatype ID

Min/Max 1/1

Codes P - Primary

S - Secondary

T - Tertiary

Claim Filing Indicator Code

Code identifying type of claim or expected adjudication process.

1500 1 - Type of health insurance coverage applicable to claim

Usage RIA

Level Claim

Note 1 Required prior to mandated use of PlanID. Not used after PlanID is mandated.

Key 2000B | SBR09 | - | 1032

Datatype ID

Min/Max 1/2

Codes 09 - Self-pay

10 - Central Certification

11 - Other Non-Federal Programs

12 - Preferred Provider Organization (PPO)

13 - Point of Service (POS)

14 - Exclusive Provider Organization (EPO)

15 - Indemnity Insurance

16 - Health Maintenance Organization (HMO) Medicare Risk

AM - Automobile Medical

BL - Blue Cross/Blue Shield

CH - Champus

CI - Commercial Insurance Co.

DS - Disability

HM - Health Maintenance Organization

LI - Liability

LM - Liability Medical

MB - Medicare Part B

MC - Medicaid

OF - Other Federal Program

TV - Title V

VA - Veteran Administration Plan

WC - Workers' Compensation Health Claim

ZZ - Mutually Defined

Property Casualty Claim Number

Identification number for property casualty claim associated with the services identified on the bill.

Usage RIA

Level Claim

Key 2010BA | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2010BA | REF01 | - | 128 | Reference Identification Qualifier

**Patient
Information**

Information about the individual to whom the services were provided. In general, patient information is supplied by the patient to the provider. Information that is not pertinent to the patient's current condition is usually on file.

Patient Identification

Free form text, codes, assigned numbers, and dates that uniquely identify the patient.

Individual Relationship Code

Code indicating the relationship between two individuals or entities.

1500 6 - Patient Relationship to Insured

Usage RIA

Level Claim

Key 2000C | PAT01 | - | 1069

Datatype ID

Min/Max 2/2

Codes 01 - Spouse

04 - Grandfather or Grandmother

05 - Grandson or Granddaughter

07 - Nephew or Niece

09 - Adopted Child

10 - Foster Child

15 - Ward

17 - Stepson or Stepdaughter

19 - Child

20 - Employee

21 - Unknown

22 - Handicapped Dependent

23 - Sponsored Dependent

24 - Dependent of a Minor Dependent

29 - Significant Other

32 - Mother

33 - Father

34 - Other Adult

36 - Emancipated Minor

39 - Organ Donor

40 - Cadaver Donor

41 - Injured Plaintiff

43 - Child Where Insured Has No Financial Responsibility

53 - Life Partner

G8 - Other Relationship

Patient Last Name

The last name of the individual to whom the services were provided.

1500 2 - Patient's Name (Last Name)

Usage RIA

Level Claim

Key 2010CA or 2010BA | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Patient First Name

The first name of the individual to whom the services were provided.

1500 2 - Patient's Name (First Name)

Usage RIA

Level Claim

Key 2010CA or 2010BA | NM104 | - | 1036

Datatype AN

Min/Max 1/25

Patient Middle Name

The middle name of the individual to whom the services were provided.

1500 2 - Patient's Name (Middle Initial)

Usage RIA

Level Claim

Note 1 Required if NM102=1 and the middle name/initial of the person is known.

Key 2010CA or 2010BA | NM105 | - | 1037

Datatype AN

Min/Max 1/25

Patient Name Suffix

Suffix to the name of the individual to whom the services were provided.

1500 2 - Patient's Name (Last Name)

Usage RIA

Level Claim

Note 1 Required if known.

Key 2010CA or 2010BA | NM107 | - | 1039

Datatype AN

Min/Max 1/10

Patient Address Line

Address line of the street mailing address of the patient.

1500 5 - Patient's Address (No., Street)

Usage RIA

Level Claim

Key 2010CA | N301 | - | 166

Datatype AN

Min/Max 1/55

Patient Address Line

Address line of the street mailing address of the patient.

Usage RIA

Level Claim

Note 1 Required if a second address line exists.

Key 2010CA | N302 | - | 166

Datatype AN

Min/Max 1/55

Patient City Name

The city name of the patient.

1500 5 - Patient's Address (City)

Usage RIA

Level Claim

Key 2010CA | N401 | - | 19

Datatype AN

Min/Max 2/30

Patient State Code

The State Postal Code of the patient.

1500 5 - Patient's Address (State)

Usage RIA

Level Claim

Key 2010CA | N402 | - | 156

Datatype ID

Min/Max 2/2

Patient Postal Zone or ZIP Code

The ZIP Code of the patient.

1500 5 - Patient's Address (Zip Code)

Usage RIA

Level Claim

Key 2010CA | N403 | - | 116

Datatype ID

Min/Max 3/15

Country Code

Code indicating the geographic location.

Usage RIA

Level Claim

Note 1 Required if the address is out of the U.S.

Key 2010CA | N404 | - | 26

Datatype ID

Min/Max 2/3

Patient Birth Date

Date of birth of the patient.

1500 3 - Patient's Birth Date, Sex (Birth Date)

Usage RIA

Level Claim

Key 2010CA or 2010BA | DMG02 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2010CA | DMG01 | - | 1250 | Date Time Period Format Qualifier

Patient Death Date

Date of the patient's death.

Usage RIA

Level Claim

Note 1 Required if patient is known to be deceased and the date of death is available to the provider billing system.

Key 2000C | PAT06 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2000C | PAT05 | - | 1250 | Date Time Period Format Qualifier

Patient Weight

Weight of the patient at time of treatment or transport.

Usage RIA

Level Claim

Note 1 Required on:

1) claims/encounters involving EPO (epoetin) for patients on dialysis.

2) Medicare Durable Medical Equipment Regional Carriers certificate of medical necessity (DMERC CMN) 02.03 and 10.02.

Key 2000C | PAT08 | - | 81

Datatype R

Min/Max 1/10

Pairing 2000C | PAT07 | - | 355 | Unit or Basis for Measurement Code

Patient Gender Code

A code indicating the sex of the patient.

1500 3 - Patient's Birth Date, Sex (Sex)

Usage RIA

Level Claim

Key 2010CA or 2010BA | DMG03 | - | 1068

Datatype ID

Min/Max 1/1

Codes F - Female

M - Male

U - Unknown

Patient Primary Identifier

Identifier assigned by the payer to identify the patient.

Usage RIA

Level Claim

Note 1 Required if the patient identifier is different than the subscriber identifier.

Key 2010CA | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2010CA | NM108 | - | 66 | Identification Code Qualifier

Patient Secondary Identifier

Additional identifier assigned to the patient by the payer.

Usage RIA

Level Claim

Key 2010CA | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2010CA | REF01 | - | 128 | Reference Identification Qualifier

Pregnancy Indicator

A yes/no code indicating whether a patient is pregnant.

Usage RIA

Level Claim

Note 1 Required when mandated by law. The determination of pregnancy should be completed in compliance with applicable law. The Y code indicates that the patient is pregnant. If PAT09 is not used it means the patient is not pregnant.

Key 2000C | PAT09 | - | 1073

Datatype ID

Min/Max 1/1

Codes Y - Yes

Patient Weight

Weight of the patient at time of treatment or transport.

Usage RIA

Level Claim

Note 1 Required on:

1) claims/encounters involving EPO (epoetin) for patients on dialysis.

2) Medicare Durable Medical Equipment Regional Carriers certificate of medical necessity (DMERC CMN) 02.03 and 10.02.

Key 2000B | PAT08 | - | 81

Datatype R

Min/Max 1/10

Pairing 2000B | PAT07 | - | 355 | Unit or Basis for Measurement Code

Pregnancy Indicator

A yes/no code indicating whether a patient is pregnant.

Usage RIA

Level Claim

Note 1 Required when mandated by law. The determination of pregnancy should be completed in compliance with applicable law. The Y code indicates that the patient is pregnant. If PAT09 is not used it means the patient is not pregnant.

Key 2000B | PAT09 | - | 1073

Datatype ID

Min/Max 1/1

Codes Y - Yes

Patient Account Number

Unique identification number assigned by the provider to the claim patient to facilitate posting of payment information and identification of the billed claim.

1500 26 - Patient's Account No.

Usage R

Level Claim

Note 1 The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the Patient Account Number or the Claim Number in the billing submitter's patient management system. The developers of this implementation guide strongly recommend that submitters use completely unique numbers for this field for each individual claim.

2 The maximum number of characters to be supported for this field is '20'. A provider may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any responding system is '20'. Characters beyond 20 are not required to be stored nor returned by any 837-receiving system.

Key 2300 | CLM01 | - | 1028

Datatype AN

Min/Max 1/38

Release of Information Code

Code indicating whether the provider has on file a signed statement permitting the release of medical data to other organizations. (Note: For HIPAA 4010A it is recommended that values "I" or "Y" be used)

1500 12 - Patient's or Authorized Person's Signature

Usage R

Level Claim

Key 2300 | CLM09 | - | 1363

Datatype ID

Min/Max 1/1

Codes 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 Payor or at Plan Sponsor

Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

Patient Signature Source Code

Code indication how the patient/subscriber authorization signatures were obtained and how they are being retained by the provider.

Usage RIA

Level Claim

Note 1 CLM10 is required except in cases where code ``N" is used in CLM09.

Key 2300 | CLM10 | - | 1351

Datatype ID

Min/Max 1/1

Codes B - Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file

C - Signed HCFA-1500 Claim Form on file

M - Signed signature authorization form for HCFA-1500 Claim Form block 13 on file

P - Signature generated by provider because the patient was not physically present for services

S - Signed signature authorization form for HCFA-1500 Claim Form block 12 on file

Related-Causes Code

Code identifying an accompanying cause of an illness, injury, or an accident.

1500 10 - Is Patient's Condition Related to: a - Employment? b - Auto Accident? c - Other Accident?

Usage RIA

Level Claim

Key 2300 | CLM11 | C024-1 | 1362

Datatype ID

Min/Max 2/3

Codes AA - Auto Accident

AP - Another Party Responsible

EM - Employment

OA - Other Accident

State or Province Code

State or Province where auto accident occurred.

1500 10b - 10 - Is Patient's Condition Related to: (State)

Usage RIA

Level Claim

Note 1 Required if CLM11-1, -2, or -3 = AA to identify the state in which the automobile accident occurred. Use state postal code (CA = California, UT = Utah, etc).

Key 2300 | CLM11 | C024-4 | 156

Datatype ID

Min/Max 2/2

Country Code

Code indicating the geographic location.

Usage RIA

Level Claim

Note 1 Required if the automobile accident occurred out of the United States to identify the country in which the accident occurred.

Key 2300 | CLM11 | C024-5 | 26

Datatype ID

Min/Max 2/3

Patient Weight

Weight of the patient at time of treatment or transport.

Usage RIA

Level Claim

Note 1 Required if needed to justify extra ambulance services.

Key 2300 | CR102 | - | 81

Datatype R

Min/Max 1/10

Pairing 2300 | CR101 | - | 355 | Unit or Basis for Measurement Code

Patient Weight

Weight of the patient at time of treatment or transport.

Usage RIA

Level Service Line

Note 1 Required if it is necessary to justify the medical necessity of the level of ambulance services.

Key 2400 | CR102 | - | 81

Datatype R

Min/Max 1/10

Pairing 2400 | CR101 | - | 355 | Unit or Basis for Measurement Code

Patient Condition Code

Code indicating the condition of the patient.

Usage RIA

Level Service Line

Key 2400 | CR208 | - | 1342

Datatype ID

Min/Max 1/1

Codes A - Acute Condition

C - Chronic Condition

D - Non-acute

E - Non-Life Threatening

F - Routine

G - Symptomatic

M - Acute Manifestation of a Chronic Condition

Patient Condition Description

Free-form description of the patient's condition.

Usage RIA

Level Service Line

Note 1 Used at discretion of submitter.

Key 2400 | CR210 | - | 352

Datatype AN

Min/Max 1/80

Patient Condition Description

Free-form description of the patient's condition. Additional description text.

Usage RIA

Level Service Line

Note 1 Used at discretion of submitter.

Key 2400 | CR211 | - | 352

Datatype AN

Min/Max 1/80

Dates Relating to Patient's Current Condition

Dates concerning the patient's current condition.

Initial Treatment Date

Date that the patient initially sought treatment for this condition.

Usage RIA

Level Claim

Key 2300 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier

2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Last Seen Date

Date the patient was last seen by the referring or ordering physician for a claim billed by a provider whose services require physician certification.

Usage RIA

Level Claim

Key 2300 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier

2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Onset of Current Illness or Injury Date

Date of onset of indicated patient condition.

1500 14 - Date of Current Illness, Injury, Pregnancy

Usage RIA

Level Claim

Key 2300 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier

2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Acute Manifestation Date

Date of acute manifestation of patient's condition.

1500 14 - Date of Current Illness, Injury, Pregnancy

Usage RIA

Level Claim

Key 2300 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier

2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Similar Illness or Symptom Date

Date of onset of a similar illness or symptom.

1500 15 - If Patient Has Had Same or Similar Illness

Usage RIA

Level Claim

Key 2300 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier

2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Accident Date

Date of the accident related to charges or to the patient's current condition, diagnosis, or treatment referenced in the transaction.

1500 14 - Date of Current Illness, Injury, Pregnancy

Usage RIA

Level Claim

Key 2300 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier

2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Last Menstrual Period Date

The date of the last menstrual period (LMP).

1500 14 - Date of Current Illness, Injury, Pregnancy

Usage RIA

Level Claim

Key 2300 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier

2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Last X-Ray Date

Date patient received last X-Ray.

Usage RIA

Level Claim

Key 2300 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier

2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Prescription Date

The date the prescription was issued by the referring physician.

Usage RIA

Level Claim

Key 2300 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier

2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Disability From Date

The beginning date the patient, in the provider's opinion, was or will be unable to perform the duties normally associated with his/her work.

1500 16 - Dates patient unable to work in current occupation - From

Usage RIA

Level Claim

Key 2300 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier

2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Disability To Date

The ending date the patient, in the provider's opinion, will be able to perform the duties normally associated with his/her work.

1500 16 - Dates patient unable to work in current occupation - To

Usage RIA

Level Claim

Key 2300 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier

2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Last Worked Date

Date patient last worked at the patient's current occupation.

Usage RIA

Level Claim

Key 2300 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier

2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Work Return Date

Date patient was or is able to return to the patient's normal occupation or to a similar or substitute occupation.

Usage RIA

Level Claim

Key 2300 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier
2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Related Hospitalization Discharge Date

The date the patient was discharged from the inpatient care referenced in the applicable hospitalization or hospice date.

1500 18 - Hospitalization dates related to current services - To

Usage RIA

Level Claim

Key 2300 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier
2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Related Hospitalization Admission Date

The date the patient was admitted for inpatient care related to current service.

1500 18 - Hospitalization dates related to current services - From

Usage RIA

Level Claim

Key 2300 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier
2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Assumed or Relinquished Care Date

Date post-operative care was assumed by another provider, or date provider ceased post-operative care.

Usage RIA

Level Claim

Key 2300 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier
2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Responsible Party Identification

Free form text and codes to uniquely identify the person or party that has financial responsibility for the patient if other than the patient or the insured. The responsible party may receive the payment and/or the explanation of benefits (EOB) on behalf of the patient. Refers to a person or entity who is not the insured or the patient.

Responsible Party Last or Organization Name

Last name or organization name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.

Usage RIA

Level Claim

Key 2010BC | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2010BC | NM101 | - | 98 | Entity Identifier Code

2010BC | NM102 | - | 1065 | Entity Type Qualifier

Responsible Party First Name

First name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.

Usage RIA

Level Claim

Note 1 Required if NM102=1 (person).

Key 2010BC | NM104 | - | 1036

Datatype AN

Min/Max 1/25

Responsible Party Middle Name

Middle name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.

Usage RIA

Level Claim

Note 1 Required if NM102=1 and the middle name/initial of the person is known.

Key 2010BC | NM105 | - | 1037

Datatype AN

Min/Max 1/25

Responsible Party Suffix Name

Suffix for name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.

Usage RIA

Level Claim

Note 1 Required if known.

Key 2010BC | NM107 | - | 1039

Datatype AN

Min/Max 1/10

Responsible Party Address Line

Address line of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.

Usage RIA

Level Claim

Key 2010BC | N301 | - | 166

Datatype AN

Min/Max 1/55

Responsible Party Address Line

Address line of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.

Usage RIA

Level Claim

Note 1 Required if a second address line exists.

Key 2010BC | N302 | - | 166

Datatype AN

Min/Max 1/55

Responsible Party City Name

City name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.

Usage RIA

Level Claim

Key 2010BC | N401 | - | 19

Datatype AN

Min/Max 2/30

Responsible Party State Code

State or province of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.

Usage RIA

Level Claim

Key 2010BC | N402 | - | 156

Datatype ID

Min/Max 2/2

Responsible Party Postal Zone or ZIP Code

Postal ZIP code of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.

Usage RIA

Level Claim

Key 2010BC | N403 | - | 116

Datatype ID

Min/Max 3/15

Country Code

Code indicating the geographic location.

Usage RIA

Level Claim

Note 1 Required if the address is out of the U.S.

Key 2010BC | N404 | - | 26

Datatype ID

Min/Max 2/3

Credit or Debit Card Holder Last or Organizational Name

Last name or organization name of the person or entity who has a credit card that could be used as payment for the billed charges.

Usage RIA

Level Claim

Key 2010BD | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2010BD | NM101 | - | 98 | Entity Identifier Code
2010BD | NM102 | - | 1065 | Entity Type Qualifier

Credit or Debit Card Holder First Name

First name of the person or entity who has a credit card that could be used as payment for the billed charges.

Usage RIA

Level Claim

Note 1 Required if NM102=1 (person).

Key 2010BD | NM104 | - | 1036

Datatype AN

Min/Max 1/25

Credit or Debit Card Holder Middle Name

Middle name of the person or entity who has a credit card that could be used as payment for the billed charges.

Usage RIA

Level Claim

Note 1 Required if NM102=1 and the middle name/initial of the person is known.

Key 2010BD | NM105 | - | 1037

Datatype AN

Min/Max 1/25

Credit or Debit Card Holder Name Suffix

Name suffix of the person or entity who has a credit card that could be used as payment for the billed charges.

Usage RIA

Level Claim

Note 1 Required if known.

Key 2010BD | NM107 | - | 1039

Datatype AN

Min/Max 1/10

Credit or Debit Card Number

Credit/Debit card number that may be used to pay for billed charges.

Usage RIA

Level Claim

Key 2010BD | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2010BD | NM108 | - | 66 | Identification Code Qualifier

Credit or Debit Card Authorization Number

Credit/Debit card authorization number used to authorize use of card for payment for billed charges.

Usage RIA

Level Claim

Key 2010BD | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2010BD | REF01 | - | 128 | Reference Identification Qualifier

**Claim Record
Information**

Claim Identification Information about the patient's current condition that applies to the entire claim.

Claim Record Identification

Assigned numbers to identify the claim.

Property Casualty Claim Number

Identification number for property casualty claim associated with the services identified on the bill.

Usage RIA

Level Claim

Key 2010CA | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2010CA | REF01 | - | 128 | Reference Identification Qualifier

Prior Authorization or Referral Number

A number, code or other value that indicates the services provided on this claim have been authorized by the payee or other service organization, or that a referral for services has been approved.

1500 23 - Prior Authorization Number

Usage RIA

Level Claim

Key 2300 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

Claim Original Reference Number

Number assigned by a processor to identify a claim.

1500 22 - Medicaid Resubmission and/or Original Reference Number (Original Reference Number)

Usage RIA

Level Claim

Key 2300 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

Clinical Laboratory Improvement Amendment Number

The CLIA Certificate of Waiver or the CLIA Certificate of Registration Identification Number assigned to the laboratory testing site that rendered the services on this claim.

1500 23 - Prior Authorization Number

Usage RIA

Level Claim

Key 2300 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

Repriced Claim Reference Number

Identification number, assigned by a repricing organization, to identify the claim.

Usage RIA

Level Claim

Key 2300 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

Adjusted Repriced Claim Reference Number

Identification number, assigned by a repricing organization, to identify an adjusted claim.

Usage RIA

Level Claim

Key 2300 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

Investigational Device Exemption Identifier

Number or reference identifying exemption assigned to an investigational device referenced in the claim.

Usage RIA

Level Claim

Key 2300 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

Clearinghouse Trace Number

Unique tracking number for the transaction assigned by a clearinghouse.

Usage RIA

Level Claim

Note 1 The value carried in this element is limited to a maximum of 20 positions.

Key 2300 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

Transaction Set Creation Date

Identifies the date the submitter created the transaction.

1500 31 - Signature of Physician or Supplier Including Degrees or Credentials (Date)

Usage R

Level Transaction

Note 1 Identifies the date that the submitter created the file.

Key BHT04 | BHT04 | - | 373

Datatype DT

Min/Max 8/8

Claim Record Codes

Codes selected from standardized lists concerning the claim. On a paper claim, this additional information is usually conveyed through a question on a form, followed by check boxes. In an electronic claim, this additional information is usually conveyed through the transmission of qualified code values.

Special Program Indicator

A code indicating the Special Program under which the services rendered to the patient were performed.

Usage RIA

Level Claim

Note 1 Required if the services were rendered under one of the following circumstances/programs/projects.

Key 2300 | CLM12 | - | 1366

Datatype ID

Min/Max 2/3

Codes 01 - Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP)

02 - Physically Handicapped Children's Program

03 - Special Federal Funding

05 - Disability

07 - Induced Abortion - Danger to Life

08 - Induced Abortion - Rape or Incest

09 - Second Opinion or Surgery

Participation Agreement

Code indicating a participating claim submitted by a non-participating provider.

Usage RIA

Level Claim

Note 1 Required if a non-participating (non-par) provider is submitting a participating (par) claim/encounter. Sending the P code indicates that a non-par provider is sending a par claim as allowed under certain plans.

Key 2300 | CLM16 | - | 1360

Datatype ID

Min/Max 1/1

Codes P - Participation Agreement

Delay Reason Code

Code indicating the reason why a request was delayed.

Usage RIA

Level Claim

Note 1 This element may be used if a particular claim is being transmitted in response to a request for information (e.g., a 277), and the response has been delayed.

2 Required when claim is submitted late (past contracted date of filing limitations) and any of the codes below apply.

Key 2300 | CLM20 | - | 1514

Datatype ID

Min/Max 1/2

Codes 1 - Proof of Eligibility Unknown or Unavailable

2 - Litigation

3 - Authorization Delays

4 - Delay in Certifying Provider

5 - Delay in Supplying Billing Forms

6 - Delay in Delivery of Custom-made Appliances

7 - Third Party Processing Delay

8 - Delay in Eligibility Determination

9 - Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation

Rules

10 - Administration Delay in the Prior Approval Process

11 - Other

Attachment Report Type Code

Code to specify the type of attachment that is related to the claim.

1500 19 - Reserved for Local Use
Usage RIA
Level Claim
Key 2300 | PWK01 | - | 755
Datatype ID
Min/Max 2/2
Codes 77 - Support Data for Verification
AS - Admission Summary
B2 - Prescription
B3 - Physician Order
B4 - Referral Form
CT - Certification
DA - Dental Models
DG - Diagnostic Report
DS - Discharge Summary
EB - Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)
MT - Models
NN - Nursing Notes
OB - Operative Note
OZ - Support Data for Claim
PN - Physical Therapy Notes
PO - Prosthetics or Orthotic Certification
PZ - Physical Therapy Certification
RB - Radiology Films
RR - Radiology Reports
RT - Report of Tests and Analysis Report

Attachment Transmission Code

Code defining timing, transmission method or format by which an attachment report is to be sent or has been sent.

1500 19 - Reserved for Local Use
Usage RIA
Level Claim
Key 2300 | PWK02 | - | 756
Datatype ID
Min/Max 1/2
Codes AA - Available on Request at Provider Site
BM - By Mail
EL - Electronically Only
EM - E-Mail
FX - By Fax

Contract Type Code

Code identifying a contract type.

Usage RIA

Level Claim

Key 2300 | CN101 | - | 1166

Datatype ID

Min/Max 2/2

Codes 02 - Per Diem

03 - Variable Per Diem

04 - Flat

05 - Capitated

06 - Percent

09 - Other

Service Authorization Exception Code

Code identifying the service authorization exception.

Usage RIA

Level Claim

Note 1 Allowable values for this element are:

- 1 Immediate/Urgent Care
- 2 Services Rendered in a Retroactive Period
- 3 Emergency Care
- 4 Client as Temporary Medicaid
- 5 Request from County for Second Opinion to Recipient
can Work
- 6 Request for Override Pending
- 7 Special Handling

Key 2300 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

Medicare Section 4081 Indicator

Code indicating Medicare Section 4081 applies.

Usage RIA

Level Claim

Note 1 The allowed values for this element are:

- Y 4081 (NSF Value 1)
- N Regular crossover (NSF Value 2)

Key 2300 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

Mammography Certification Number

HCFA assigned Certification Number of the certified mammography screening center.

1500 23 - Prior Authorization Number

Usage RIA

Level Claim

Key 2300 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

Ambulatory Patient Group Number

Identifier for Ambulatory Patient Group assigned to the claim.

Usage RIA

Level Claim

Key 2300 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

Medical Record Number

A unique number assigned to patient by the provider to assist in retrieval of medical records.

Usage RIA

Level Claim

Key 2300 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

Demonstration Project Identifier

Identification number for a Medicare demonstration project.

Usage RIA

Level Claim

Key 2300 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

Claim Note Text

Code specifying the frequency of the claim. This is the third position of the Uniform Billing Claim Form Bill Type.

1500 19 - Reserved for local use

Usage RIA

Level Claim

Key 2300 | NTE02 | - | 352

Datatype AN

Min/Max 1/80

Pairing 2300 | NTE01 | - | 363 | Note Reference Code

Number of Visits

The number of home health visits. Example: One visit every three days for 21 days. This element indicates that the data is communicating the number of visits, i.e., one.

Usage RIA

Level Claim

Note 1 Required if the order/prescription for the service contains the data.

Key 2305 | HSD02 | - | 380

Datatype R

Min/Max 1/15

Pairing 2305 | HSD01 | - | 673 | Visits

Frequency Count

The count of the frequency units of home health visits. Example: One visit every three days for 21 days. This element indicates that the data is communicating that the one visit occurs at three day intervals.

Usage RIA

Level Claim

Note 1 Required if the order/prescription for the service contains the data.

Key 2305 | HSD04 | - | 1167

Datatype R

Min/Max 1/6

Pairing 2305 | HSD03 | - | 355 | Frequency Period

Duration of Visits, Number of Units

The number of units (month, week, etc.) over which home health visits occur. Example: One visit every three days for 21 days. This element indicates that the data is communicating that the one visit every three days occurs over a duration of 21 days.

Usage RIA

Level Claim

Note 1 Required if the order/prescription for the service contains the data.

Key 2305 | HSD06 | - | 616

Datatype NO

Min/Max 1/3

Pairing 2305 | HSD05 | - | 615 | Duration of Visits Units

Ship, Delivery or Calendar Pattern Code

The time delivery pattern for the services.

Usage RIA

Level Claim

Note 1 Required if the order/prescription for the service contains the data.

Key 2305 | HSD07 | - | 678

Datatype ID

Min/Max 1/2

Codes

- 1 - 1st Week of the Month
- 2 - 2nd Week of the Month
- 3 - 3rd Week of the Month
- 4 - 4th Week of the Month
- 5 - 5th Week of the Month
- 6 - 1st & 3rd Weeks of the Month
- 7 - 2nd & 4th Weeks of the Month
- A - Monday through Friday
- B - Monday through Saturday
- C - Monday through Sunday
- D - Monday
- E - Tuesday
- F - Wednesday
- G - Thursday
- H - Friday
- J - Saturday
- K - Sunday
- L - Monday through Thursday
- N - As Directed
- O - Daily Mon. through Fri.
- S - Once Anytime Mon. through Fri.
- SA - Sunday, Monday, Thursday, Friday, Saturday
- SB - Tuesday through Saturday
- SC - Sunday, Wednesday, Thursday, Friday, Saturday
- SD - Monday, Wednesday, Thursday, Friday, Saturday
- SG - Tuesday through Friday
- SL - Monday, Tuesday and Thursday
- SP - Monday, Tuesday and Friday
- SX - Wednesday and Thursday
- SY - Monday, Wednesday and Thursday
- SZ - Tuesday, Thursday and Friday
- W - Whenever Necessary

Delivery Pattern Time Code

Code which specifies the time delivery pattern of the services.

Usage RIA

Level Claim

Note 1 Required if the order/prescription for the service contains the data.

Key 2305 | HSD08 | - | 679

Datatype ID

Min/Max 1/1

Codes D - A.M.

E - P.M.

F - As Directed

Claim Frequency Type Code

Code specifying the frequency of the claim. This is the third position of the Uniform Billing Claim Form Bill Type.

1500 22 - Medicaid Resubmission and/or Original Reference Number (Original Reference Number)

Usage R

Level Claim

Key 2300 | CLM05 | C023-3 | 1325

Datatype ID

Min/Max 1/1

Amounts/Pricing

Amounts concerning the payment of this line item.

Repriced Allowed Amount

The maximum amount determined by the repricer as being allowable under the provisions of the contract prior to the determination of the actual payment.

Usage NRU

Level Claim

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2300 | HCP02 | - | 782

Datatype R

Min/Max 1/18

Pairing 2300 | HCP01 | - | 1473 | Pricing Methodology

Repriced Saving Amount

The amount of savings related to Third Party Organization claims.

Usage NRU

Level Claim

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2300 | HCP03 | - | 782

Datatype R

Min/Max 1/18

Repricing Organization Identifier

Reference or identification number of the repricing organization.

Usage NRU

Level Claim

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2300 | HCP04 | - | 127

Datatype AN

Min/Max 1/30

Repricing Per Diem or Flat Rate Amount

Amount used to determine the flat rate or per diem price by the repricing organization.

Usage NRU

Level Claim

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2300 | HCP05 | - | 118

Datatype R

Min/Max 1/9

Repriced Approved Ambulatory Patient Group Code

Identifier for Ambulatory Patient Group assigned to the claim by the repricer.

Usage NRU

Level Claim

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2300 | HCP06 | - | 127

Datatype AN

Min/Max 1/30

Repriced Approved Ambulatory Patient Group Amount

Amount of payment by the repricer for the referenced Ambulatory Patient Group.

Usage NRU

Level Claim

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2300 | HCP07 | - | 782

Datatype R

Min/Max 1/18

Reject Reason Code

Code assigned by issuer to identify reason for rejection.

Usage NRU

Level Claim

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2300 | HCP13 | - | 901

Datatype ID

Min/Max 2/2

Codes T1 - Cannot Identify Provider as TPO (Third Party Organization) Participant
T2 - Cannot Identify Payer as TPO (Third Party Organization) Participant
T3 - Cannot Identify Insured as TPO (Third Party Organization) Participant
T4 - Payer Name or Identifier Missing
T5 - Certification Information Missing
T6 - Claim does not contain enough information for re-pricing

Policy Compliance Code

The code that specifies policy compliance.

Usage NRU

Level Claim

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2300 | HCP14 | - | 1526

Datatype ID

Min/Max 1/2

Codes 1 - Procedure Followed (Compliance)
2 - Not Followed - Call Not Made (Non-Compliance Call Not Made)
3 - Not Medically Necessary (Non-Compliance Non-Medically Necessary)
4 - Not Followed Other (Non-Compliance Other)
5 - Emergency Admit to Non-Network Hospital

Exception Code

Exception code generated by the Third Party Organization.

Usage NRU

Level Claim

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2300 | HCP15 | - | 1527

Datatype ID

Min/Max 1/2

Codes 1 - Non-Network Professional Provider in Network Hospital

2 - Emergency Care

3 - Services or Specialist not in Network

4 - Out-of-Service Area

5 - State Mandates

6 - Other

Total Claim Charge Amount

The sum of all charges included within this claim.

1500 28 - Total Charge

Usage R

Level Claim

Note 1 For encounter transmissions, zero (0) may be a valid amount.

Key 2300 | CLM02 | - | 782

Datatype R

Min/Max 1/18

Contract Amount

Fixed monetary amount pertaining to the contract.

Usage RIA

Level Claim

Note 1 Required if the provider is required by contract to supply this information on the claim.

Key 2300 | CN102 | - | 782

Datatype R

Min/Max 1/18

Contract Percentage

Percent of charges payable under the contract.

Usage RIA

Level Claim

Note 1 Allowance or charge percent

2 Required if the provider is required by contract to supply this information on the claim.

Key 2300 | CN103 | - | 332

Datatype R

Min/Max 1/6

Contract Code

Code identifying the specific contract, established by the payer.

Usage RIA

Level Claim

Note 1 Required if the provider is required by contract to supply this information on the claim.

Key 2300 | CN104 | - | 127

Datatype AN

Min/Max 1/30

Terms Discount Percentage

Discount percentage available to the payer for payment within a specific time period.

Usage RIA

Level Claim

Note 1 Required if the provider is required by contract to supply this information on the claim.

Key 2300 | CN105 | - | 338

Datatype R

Min/Max 1/6

Contract Version Identifier

Identification of additional or supplemental contract provisions, or identification of a particular version or modification of contract.

Usage RIA

Level Claim

Note 1 Required if the provider is required by contract to supply this information on the claim.

Key 2300 | CN106 | - | 799

Datatype AN

Min/Max 1/30

Credit or Debit Card Maximum Amount

Dollar limit for a credit or debit card.

Usage RIA

Level Claim

Key 2300 | AMT02 | - | 782

Datatype R

Min/Max 1/18

Pairing 2300 | AMT01 | - | 522 | Amount Qualifier Code

Patient Amount Paid

The amount the provider has received from the patient (or insured) toward payment of this claim.

1500 29 - Amount Paid (Sum of Coordination of Benefits (COB) Payer Amount Paid and Patient Amount Paid)

Usage RIA

Level Claim

Key 2300 | AMT02 | - | 782

Datatype R

Min/Max 1/18

Pairing 2300 | AMT01 | - | 522 | Amount Qualifier Code

Total Purchased Service Amount

Amount of charges associated with the claim attributable to purchased services.

1500 20 - \$ Charges
Usage RIA
Level Claim
Key 2300 | AMT02 | - | 782
Datatype R
Min/Max 1/18
Pairing 2300 | AMT01 | - | 522 | Amount Qualifier Code

Payer Paid Amount

The amount paid by the payer on this claim.

1500 29 - Amount Paid (Sum of Coordination of Benefits (COB) Payer Amount Paid and Patient Amount Paid)
Usage RIA
Level Claim
Note 1 This is a crosswalk from CLP04 in 835 when doing COB.
Key 2320 | AMT02 | - | 782
Datatype R
Min/Max 1/18
Pairing 2320 | AMT01 | - | 522 | Amount Qualifier Code

Approved Amount

Amount approved.

Usage RIA
Level Claim
Key 2320 | AMT02 | - | 782
Datatype R
Min/Max 1/18
Pairing 2320 | AMT01 | - | 522 | Amount Qualifier Code

Allowed Amount

The maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.

Usage RIA
Level Claim
Key 2320 | AMT02 | - | 782
Datatype R
Min/Max 1/18
Pairing 2320 | AMT01 | - | 522 | Amount Qualifier Code

Currency Code

Code for country in whose currency the charges are specified.

Usage RIA
Level Claim
Key 2000A | CUR02 | - | 100
Datatype ID
Min/Max 3/3
Pairing 2000A | CUR01 | - | 98 | Entity Identifier Code

Service and Condition (Claim Level)

Information about the patient's current condition that applies to discrete services or line items.

Ambulance Transport Code

Code indicating the type of ambulance transport.

Usage RIA

Level Claim

Key 2300 | CR103 | - | 1316

Datatype ID

Min/Max 1/1

Codes I - Initial Trip

R - Return Trip

T - Transfer Trip

X - Round Trip

Ambulance Transport Reason Code

Code indicating the reason for ambulance transport.

Usage RIA

Level Claim

Key 2300 | CR104 | - | 1317

Datatype ID

Min/Max 1/1

Codes A - Patient was transported to nearest facility for care of symptoms, complaints, or both

B - Patient was transported for the benefit of a preferred physician

C - Patient was transported for the nearness of family members

D - Patient was transported for the care of a specialist or for availability of specialized equipment

E - Patient Transferred to Rehabilitation Facility

Transport Distance

Distance traveled during the ambulance transport.

Usage RIA

Level Claim

Note 1 NSF crosswalk to FA0-50.0 is used only in Medicare payer-to-payer COB situations.

Key 2300 | CR106 | - | 380

Datatype R

Min/Max 1/15

Pairing 2300 | CR105 | - | 355 | Unit or Basis for Measurement Code

Round Trip Purpose Description

Free-form description of the purpose of the ambulance transport round trip.

Usage RIA

Level Claim

Note 1 Required if CR103 (Ambulance Transport Code) = X - Round Trip; otherwise not used.

Key 2300 | CR109 | - | 352

Datatype AN

Min/Max 1/80

Stretcher Purpose Description

Free-form description of the purpose of the use of a stretcher during ambulance service.

Usage RIA

Level Claim

Note 1 Required if needed to justify usage of stretcher.

Key 2300 | CR110 | - | 352

Datatype AN

Min/Max 1/80

Patient Condition Code

Code indicating the condition of the patient.

Usage RIA

Level Claim

Key 2300 | CR208 | - | 1342

Datatype ID

Min/Max 1/1

Codes A - Acute Condition

C - Chronic Condition

D - Non-acute

E - Non-Life Threatening

F - Routine

G - Symptomatic

M - Acute Manifestation of a Chronic Condition

Patient Condition Description

Free-form description of the patient's condition.

Usage RIA

Level Claim

Note 1 Used at discretion of submitter.

Key 2300 | CR210 | - | 352

Datatype AN

Min/Max 1/80

Patient Condition Description

Free-form description of the patient's condition. Additional description text.

Usage RIA

Level Claim

Note 1 Used at discretion of submitter.

Key 2300 | CR211 | - | 352

Datatype AN

Min/Max 1/80

X-ray Availability Indicator

Indicates if X-Rays are on file for chiropractor spinal manipulation.

Usage RIA

Level Claim

Note 1 Required for service dates prior to January 1, 2000.

Key 2300 | CR212 | - | 1073

Datatype ID

Min/Max 1/1

Codes N - No

Y - Yes

Condition Code

Code(s) used to identify condition(s) relating to this bill or relating to the patient. (**Ambulance Certification segment:** The electronic transaction allows up to 5 condition codes within this segment.)

Usage RIA

Level Claim

Note 1 The codes for CRC03 also can be used for CRC04 through CRC07.

Key 2300 | CRC03 | - | 1321

Datatype ID

Min/Max 2/2

- Codes**
- 01 - Patient was admitted to a hospital
 - 02 - Patient was bed confined before the ambulance service
 - 03 - Patient was bed confined after the ambulance service
 - 04 - Patient was moved by stretcher
 - 05 - Patient was unconscious or in shock
 - 06 - Patient was transported in an emergency situation
 - 07 - Patient had to be physically restrained
 - 08 - Patient had visible hemorrhaging
 - 09 - Ambulance service was medically necessary
 - 60 - Transportation Was To the Nearest Facility

Pairing 2300 | CRC01 | - | 1136 | Code Category
 2300 | CRC02 | - | 1073 | Certification Condition Indicator

Condition Code

Code(s) used to identify condition(s) relating to this bill or relating to the patient. (**Patient Condition Information: Vision segment:** The electronic transaction allows up to 5 condition codes within this segment.)

Usage RIA

Level Claim

Key 2300 | CRC03 | - | 1321

Datatype ID

Min/Max 2/2

- Codes**
- L1 - General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
 - L2 - Replacement Due to Loss or Theft
 - L3 - Replacement Due to Breakage or Damage
 - L4 - Replacement Due to Patient Preference
 - L5 - Replacement Due to Medical Reason

Pairing 2300 | CRC01 | - | 1136 | Code Category
 2300 | CRC02 | - | 1073 | Certification Condition Indicator

Homebound Indicator

A code indicating whether a patient is homebound. (Homebound Indicator segment: The electronic transaction has one required condition code within this segment.)

Usage RIA

Level Claim

Key 2300 | CRC03 | - | 1321

Datatype ID

Min/Max 2/2

Codes IH - Independent at Home

Pairing 2300 | CRC01 | - | 1136 | Code Category
2300 | CRC02 | - | 1073 | Certification Condition Indicator

Condition Code

Code(s) used to identify condition(s) relating to this bill or relating to the patient. (**EPSDT Referral segment:** The electronic transaction allows up to 3 condition codes within this segment.)

1500 24H - EPSDT/Family Plan

Usage RIA

Level Claim

Note 1 The codes for CRC03 also can be used for CRC04 through CRC07.

Key 2300 | CRC03 | - | 1321

Datatype ID

Min/Max 2/2

Codes AV - Available - Not Used

NU - Not Used

S2 - Under Treatment

ST - New Services Requested

Pairing 2300 | CRC01 | - | 1136 | Code Category
2300 | CRC02 | - | 1073 | Certification Condition Indicator

Diagnosis Code

An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition. (the principal diagnosis should be the first diagnosis listed)

1500 21 - Diagnosis or Nature of Illness or Injury (1)

Usage RIA

Level Claim

Key 2300 | HI01 | C022-2 | 1271

Datatype AN

Min/Max 1/30

Pairing 2300 | HI01 | C022-1 | 1270 | Code List Qualifier Code

Diagnosis Code

An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition.

1500 21 - Diagnosis or Nature of Illness or Injury (2)

Usage RIA

Level Claim

Key 2300 | HI02 | C022-2 | 1271

Datatype AN

Min/Max 1/30

Pairing 2300 | HI02 | C022-1 | 1270 | Code List Qualifier Code

Diagnosis Code

An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition.

1500 21 - Diagnosis or Nature of Illness or Injury (3)

Usage RIA

Level Claim

4 530-National Council for Prescription Drug Programs Reject/Payment Codes

Key 2300 | HI03 | C022-2 | 1271

Datatype AN

Min/Max 1/30

Pairing 2300 | HI03 | C022-1 | 1270 | Code List Qualifier Code

Diagnosis Code

An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition.

1500 21 - Diagnosis or Nature of Illness or Injury (4)

Usage RIA

Level Claim

Key 2300 | HI04 | C022-2 | 1271

Datatype AN

Min/Max 1/30

Pairing 2300 | HI04 | C022-1 | 1270 | Code List Qualifier Code

Diagnosis Code

An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition.

Usage RIA

Level Claim

Key 2300 | HI05 | C022-2 | 1271

Datatype AN

Min/Max 1/30

Pairing 2300 | HI05 | C022-1 | 1270 | Code List Qualifier Code

Diagnosis Code

An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition.

Usage RIA

Level Claim

Key 2300 | HI06 | C022-2 | 1271

Datatype AN

Min/Max 1/30

Pairing 2300 | HI06 | C022-1 | 1270 | Code List Qualifier Code

Diagnosis Code

An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition.

Usage RIA

Level Claim

Key 2300 | HI07 | C022-2 | 1271

Datatype AN

Min/Max 1/30

Pairing 2300 | HI07 | C022-1 | 1270 | Code List Qualifier Code

Diagnosis Code

An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition.

Usage RIA

Level Claim

Key 2300 | HI08 | C022-2 | 1271

Datatype AN

Min/Max 1/30

Pairing 2300 | HI08 | C022-1 | 1270 | Code List Qualifier Code

Certification Period Projected Visit Count

Code indicating the type of certification.

Usage RIA

Level Claim

Key 2305 | CR703 | - | 1470

Datatype N0

Min/Max 1/9

Pairing 2305 | CR701 | - | 921 | Discipline Type Code

Total Visits Rendered Count

Total visits on this bill rendered prior to re-certification date.

Usage RIA

Level Claim

Key 2305 | CR702 | - | 1470

Datatype N0

Min/Max 1/9

Pairing 2305 | CR701 | - | 921 | Discipline Type Code

Uncategorized

Information not predefined. Reserved for local use and to be defined by mutual agreement between payer and sender.

Fixed Format Information

Data in fixed format agreed upon by sender and receiver.

Usage RIA

Level Claim

Key 2300 | K301 | - | 449

Datatype AN

Min/Max 1/80

**Provider
Information**

At a minimum, the Billing Provider elements are required. It is not necessary to use the other provider elements if they are the same entity as the Billing Provider. For example, if the Billing Provider and the Rendering Provider are the same, then only the Billing Provider elements are used. If the Billing Provider and the Pay-To Provider are the same entity, then it is only necessary to report the Billing Provider Information. Some of the elements for the providers at the claim level are repeated in the Service/Clinical Information category. If the provider information being reported is the same at both the claim and the line levels, then only the claim level information is necessary. If a line level provider is different than the provider reported at the claim level (e.g. Referring Provider) then use the line level provider information to overwrite the information given at the claim level. This allows the submitter to override the provider information on a line-by-line basis.

Billing Provider Identification

Free form text and codes to uniquely identify the individual or the organization that is billing for services reported on this claim. Payment will be sent to this individual or entity if the Billing Provider is also the Pay-to-Provider.

Billing Provider Last or Organizational Name

Last name or organization name of the provider billing or billing entity for services.

1500 33 - Billing Provider Info & Ph # (Name)

Usage R

Level Claim

Key 2010AA | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2010AA | NM101 | - | 98 | Entity Identifier Code

2010AA | NM102 | - | 1065 | Entity Type Qualifier

Billing Provider First Name

First name of the billing provider or billing entity.

1500 33 - Billing Provider Info & Ph # (Name)

Usage RIA

Level Claim

Note 1 Required if NM102=1 (person).

Key 2010AA | NM104 | - | 1036

Datatype AN

Min/Max 1/25

Billing Provider Middle Name

The middle name of the billing provider or billing entity.

1500 33 - Billing Provider Info & Ph # (Name)

Usage RIA

Level Claim

Note 1 Required if NM102=1 and the middle name/initial of the person is known.

Key 2010AA | NM105 | - | 1037

Datatype AN

Min/Max 1/25

Billing Provider Name Suffix

Suffix, including generation, for the name of the provider or billing entity submitting the claim.

1500 33 - Billing Provider Info & Ph # (Name)

Usage RIA

Level Claim

Note 1 Required if known.

Key 2010AA | NM107 | - | 1039

Datatype AN

Min/Max 1/10

Billing Provider Address Line

Address line of the billing provider or billing entity address.

1500 33 - Billing Provider Info & Ph # (Address)

Usage R

Level Claim

Key 2010AA | N301 | - | 166

Datatype AN

Min/Max 1/55

Billing Provider Address Line

Address line of the billing provider or billing entity address.

Usage RIA

Level Claim

Note 1 Required if a second address line exists.

Key 2010AA | N302 | - | 166

Datatype AN

Min/Max 1/55

Billing Provider City Name

City of the billing provider or billing entity.

1500 33 - Billing Provider Info & Ph # (City, State, and Zip Code)

Usage R

Level Claim

Key 2010AA | N401 | - | 19

Datatype AN

Min/Max 2/30

Billing Provider State or Province Code

State or province for provider or billing entity billing for services.

1500 33 - Billing Provider Info & Ph # (City, State, and Zip Code)

Usage R

Level Claim

Key 2010AA | N402 | - | 156

Datatype ID

Min/Max 2/2

Billing Provider Postal Zone or ZIP Code

Postal zone code or ZIP Code for the provider or billing entity billing for services.

1500 33 - Billing Provider Info & Ph # (City, State, and Zip Code)

Usage R

Level Claim

Key 2010AA | N403 | - | 116

Datatype ID

Min/Max 3/15

Country Code

Code indicating the geographic location.

Usage RIA

Level Claim

Note 1 Required if the address is out of the U.S.

Key 2010AA | N404 | - | 26

Datatype ID

Min/Max 2/3

Billing Provider Identifier

Identification number for the provider or organization in whose name the bill is submitted and to whom payment should be made.

1500 25 - Federal Tax ID Number (Billing Provider with no NPI)

33a. - NPI #

Usage R

Level Claim

Key 2010AA | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2010AA | NM108 | - | 66 | Identification Code Qualifier

Billing Provider Additional Identifier

Identifies another or additional distinguishing code number associated with the billing provider.

1500 25 - Federal Tax ID Number (Billing Provider with NPI)

33b. - Other ID #

Usage RIA

Level Claim

Key 2010AA | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2010AA | REF01 | - | 128 | Reference Identification Qualifier

Billing Provider Credit Card Identifier

Identification number for credit card processing for the billing provider or billing entity.

Usage RIA

Level Claim

Key 2010AA | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2010AA | REF01 | - | 128 | Reference Identification Qualifier

Billing Provider Contact Name

Person at billing organization to contact regarding the billing transaction.

Usage RIA

Level Claim

Note 1 Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).

Key 2010AA | PER02 | - | 93

Datatype AN

Min/Max 1/60

Pairing 2010AA | PER01 | - | 366 | Contact Function Code

Communication Number

Complete communications number including country or area code when applicable.

1500 33 - Billing Provider Info & Ph #

Usage RIA

Level Claim

Key 2010AA | PER04 | - | 364

Datatype AN

Min/Max 1/80

Pairing 2010AA | PER03 | - | 365 | Communication Number Qualifier
2010AA | PER05 | - | 365 | Communication Number Qualifier
2010AA | PER06 | - | 364 | Communication Number
2010AA | PER07 | - | 365 | Communication Number Qualifier
2010AA | PER08 | - | 364 | Communication Number

Provider Taxonomy Code

Code designating the provider type, classification, and specialization.

Usage RIA

Level Claim

Key 2000A | PRV03 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2000A | PRV01 | - | 1221 | Provider Code
2000A | PRV02 | - | 128 | Reference Identification Qualifier

Provider or Supplier Signature Indicator

An indicator that the provider of service reported on this claim acknowledges the performance of the service and authorizes payment, and that a signature is on file in the provider's office.

1500 31 - Signature of Physician or Supplier Including Degrees or Credentials (Signed "Signature on File")

Usage R

Level Claim

Key 2300 | CLM06 | - | 1073

Datatype ID

Min/Max 1/1

Codes N - No
Y - Yes

Medicare Assignment Code

An indication, used by Medicare or other government programs, that the provider accepted assignment.

1500 27 - Accept Assignment?

Usage R

Level Claim

Note 1 CLM07 indicates whether the provider accepts Medicare assignment.

2 The NSF mapping to FA0-59.0 occurs only in payer-to-payer COB situations.

Key 2300 | CLM07 | - | 1359

Datatype ID

Min/Max 1/1

Codes A - Assigned

B - Assignment Accepted on Clinical Lab Services Only

C - Not Assigned

P - Patient Refuses to Assign Benefits

Benefits Assignment Certification Indicator

A code showing whether the provider has a signed form authorizing the third party payer to pay the provider.

1500 13 - Insured's or Authorized Person's Signature

Usage R

Level Claim

Key 2300 | CLM08 | - | 1073

Datatype ID

Min/Max 1/1

Codes N - No

Y - Yes

Pay-to-Provider Identification

Free form text and codes to uniquely identify the individual or the organization that is to be paid for services reported on this claim if different from the Billing Provider.

Pay-to Provider Last or Organizational Name

Last or organizational name of the provider to receive payment.

Usage RIA

Level Claim

Key 2010AB | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2010AB | NM101 | - | 98 | Entity Identifier Code
2010AB | NM102 | - | 1065 | Entity Type Qualifier

Pay-to Provider First Name

First name of the provider to receive payment.

Usage RIA

Level Claim

Note 1 Required if NM102=1 (person).

Key 2010AB | NM104 | - | 1036

Datatype AN

Min/Max 1/25

Pay-to Provider Middle Name

The middle name of the pay-to provider.

Usage RIA

Level Claim

Note 1 Required if NM102=1 and the middle name/initial of the person is known.

Key 2010AB | NM105 | - | 1037

Datatype AN

Min/Max 1/25

Pay-to Provider Name Suffix

The suffix, including generation, of the provider that will receive payment.

Usage RIA

Level Claim

Note 1 Required if known.

Key 2010AB | NM107 | - | 1039

Datatype AN

Min/Max 1/10

Pay-to Provider Address Line

Address line of the provider to receive payment.

Usage RIA

Level Claim

Key 2010AB | N301 | - | 166

Datatype AN

Min/Max 1/55

Pay-to Provider Address Line

Address line of the provider to receive payment.

Usage RIA

Level Claim

Note 1 Required if a second address line exists.

Key 2010AB | N302 | - | 166

Datatype AN

Min/Max 1/55

Pay-to Provider City Name

City name of the provider to receive payment.

Usage RIA

Level Claim

Key 2010AB | N401 | - | 19

Datatype AN

Min/Max 2/30

Pay-to Provider State Code

State of the provider to receive payment.

Usage RIA

Level Claim

Key 2010AB | N402 | - | 156

Datatype ID

Min/Max 2/2

Pay-to Provider Postal Zone or ZIP Code

Postal ZIP code of the provider to receive payment.

Usage RIA

Level Claim

Key 2010AB | N403 | - | 116

Datatype ID

Min/Max 3/15

Country Code

Code indicating the geographic location.

Usage RIA

Level Claim

Note 1 Required if the address is out of the U.S.

Key 2010AB | N404 | - | 26

Datatype ID

Min/Max 2/3

Pay-to Provider Identifier

Identification number for the provider or organization that will receive payment.

Usage RIA

Level Claim

Key 2010AB | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2010AB | REF01 | - | 128 | Reference Identification Qualifier

Pay-to Provider Identifier

Identification number for the provider or organization that will receive payment.

Usage RIA

Level Claim

Key 2010AB | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2010AB | NM108 | - | 66 | Identification Code Qualifier

Other Provider Identification

Free form text and codes to uniquely identify the following providers at the claim level: Referring, Ordering, Supervising, and Rendering.

Referring Provider Last Name

The Last Name of Provider who referred the patient to the provider of service on this claim.

1500 17 - Name of Referring Physician or Other Source (Last Name)

Usage RIA

Level Claim

Key 2310A | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2310A | NM101 | - | 98 | Entity Identifier Code

2310A | NM102 | - | 1065 | Entity Type Qualifier

Referring Provider First Name

The first name of provider who referred the patient to the provider of service on this claim.

1500 17 - Name of Referring Physician or Other Source (First Name)

Usage RIA

Level Claim

Note 1 Required if NM102=1 (person).

Key 2310A | NM104 | - | 1036

Datatype AN

Min/Max 1/25

Referring Provider Middle Name

Middle name of the provider who is referring patient for care.

1500 17 - Name of Referring Physician or Other Source (Middle Initial)

Usage RIA

Level Claim

Note 1 Required if NM102=1 and the middle name/initial of the person is known.

Key 2310A | NM105 | - | 1037

Datatype AN

Min/Max 1/25

Referring Provider Name Suffix

Suffix to the name of the provider referring the patient for care.

Usage RIA

Level Claim

Note 1 Required if known.

Key 2310A | NM107 | - | 1039

Datatype AN

Min/Max 1/10

Referring Provider Identifier

The identification number for the referring physician.

1500 17b - NPI ID#

Usage RIA

Level Claim

Note 1 Required if Employer's Identification/Social Security number (Tax ID) or National Provider Identifier is known.

Key 2310A | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2310A | NM108 | - | 66 | Identification Code Qualifier

Provider Taxonomy Code

Code designating the provider type, classification, and specialization.

Usage RIA

Level Claim

Key 2310A | PRV03 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2310A | PRV01 | - | 1221 | Provider Code

2310A | PRV02 | - | 128 | Reference Identification Qualifier

Referring Provider Secondary Identifier

Additional identification number for the provider referring the patient for service.

1500 17a - Other ID# (Non-NPI)

Usage RIA

Level Claim

Key 2310A | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2310A | REF01 | - | 128 | Reference Identification Qualifier

Rendering Provider Last or Organization Name

The last name or organization of the provider who performed the service.

Usage RIA

Level Claim

Key 2310B | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2310B | NM101 | - | 98 | Entity Identifier Code

2310B | NM102 | - | 1065 | Entity Type Qualifier

Rendering Provider First Name

The first name of the provider who performed the service.

Usage RIA

Level Claim

Note 1 Required if NM102=1 (person).

Key 2310B | NM104 | - | 1036

Datatype AN

Min/Max 1/25

Rendering Provider Middle Name

Middle name of the provider who has provided the services to the patient.

Usage RIA

Level Claim

Note 1 Required if NM102=1 and the middle name/initial of the person is known.

Key 2310B | NM105 | - | 1037

Datatype AN

Min/Max 1/25

Rendering Provider Name Suffix

Name suffix of the provider who has provided the services to the patient.

Usage RIA

Level Claim

Note 1 Required if known.

Key 2310B | NM107 | - | 1039

Datatype AN

Min/Max 1/10

Rendering Provider Identifier

The identifier assigned by the Payor to the provider who performed the service.

1500 24J - Rendering Provider NPI Unshaded Portion

Usage RIA

Level Claim

Note 1 FA0-58.0 crosswalk is only used in Medicare COB payer-to-payer claims.

Key 2310B | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2310B | NM108 | - | 66 | Identification Code Qualifier

Provider Taxonomy Code

Code designating the provider type, classification, and specialization.

Usage RIA

Level Claim

Key 2310B | PRV03 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2310B | PRV01 | - | 1221 | Provider Code
2310B | PRV02 | - | 128 | Reference Identification Qualifier

Reference Identification Qualifier

Code qualifying the reference identification.

1500 24I - ID Qualifier Shaded Portion

Usage RIA

Level Claim

Key 2310B | REF01 | - | 128

Datatype ID

Min/Max 2/3

Codes 0B - State License Number
1B - Blue Shield Provider Number
1C - Medicare Provider Number
1D - Medicaid Provider Number
1G - Provider UPIN Number
1H - CHAMPUS Identification Number
EI - Employer's Identification Number
G2 - Provider Commercial Number
LU - Location Number
N5 - Provider Plan Network Identification Number
SY - Social Security Number
X5 - State Industrial Accident Provider Number

Rendering Provider Secondary Identifier

Additional identifier for the provider providing care to the patient.

1500 24J - Rendering Provider Non-NPI Shaded Portion

Usage RIA

Level Claim

Key 2310B | REF02 | - | 127

Datatype AN

Min/Max 1/30

Purchased Service Provider Last or Organization Name

The last or organizational name of the purchased service provider.

Usage RIA

Level Claim

Key 2310C | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2310C | NM101 | - | 98 | Entity Identifier Code
2310C | NM102 | - | 1065 | Entity Type Qualifier

Purchased Service Provider First Name

The first name of the purchased service provider.

Usage RIA

Level Claim

Note 1 Required if NM102 = 1.

Key 2310C | NM104 | - | 1036

Datatype AN

Min/Max 1/25

Purchased Service Provider Middle Name

The middle name of the purchased service provider.

Usage RIA

Level Claim

Note 1 Required if NM102=1 and the middle name/initial of the person is known.

Key 2310C | NM105 | - | 1037

Datatype AN

Min/Max 1/25

Purchased Service Provider Identifier

The provider number of the entity from which service was purchased.

Usage RIA

Level Claim

Note 1 Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.

Key 2310C | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2310C | NM108 | - | 66 | Identification Code Qualifier

Purchased Service Provider Secondary Identifier

Additional identifier for the provider of purchased services.

Usage RIA

Level Claim

Key 2310C | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2310C | REF01 | - | 128 | Reference Identification Qualifier

Supervising Provider Last Name

The Last Name of the Provider who supervised the rendering of a service on this claim.

Usage RIA

Level Claim

Key 2310E | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing

Supervising Provider First Name

The First Name of the Provider who supervised the rendering of a service on this claim.

Usage RIA

Level Claim

Key 2310E | NM104 | - | 1036

Datatype AN

Min/Max 1/25

Supervising Provider Middle Name

Middle name of the provider supervising care rendered to the patient.

Usage RIA

Level Claim

Note 1 Required if NM102=1 and the middle name/initial of the person is known.

Key 2310E | NM105 | - | 1037

Datatype AN

Min/Max 1/25

Supervising Provider Name Suffix

Suffix to the name of the provider supervising care rendered to the patient.

Usage RIA

Level Claim

Note 1 Required if known.

Key 2310E | NM107 | - | 1039

Datatype AN

Min/Max 1/10

Supervising Provider Identifier

The Identification Number for the Supervising Provider.

Usage RIA

Level Claim

Note 1 Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.

Key 2310E | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2310E | NM108 | - | 66 | Identification Code Qualifier

Supervising Provider Secondary Identifier

Additional identifier for the provider supervising care rendered to the patient.

Usage RIA

Level Claim

Key 2310E | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2310E | REF01 | - | 128 | Reference Identification Qualifier

Purchased Service Provider Identifier

The provider number of the entity from which service was purchased.

Usage RIA

Level Service Line

Key 2400 | PS101 | - | 127

Datatype AN

Min/Max 1/30

Service Location Identification (Claim Level)

Free form text and codes to uniquely identify the hospital, nursing facility, laboratory, or other facility, where the services being submitted on this claim were rendered.

Facility Code Value

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 National Standard Format. (www.cms.gov/MedHCPCSGenInfo/Downloads/Place_of_Service.pdf)

1500 24B - Place of Service

Usage R

Level Claim

Key 2300 | CLM05 | C023-1 | 1331

Datatype AN

Min/Max 1/2

Laboratory or Facility Name

Name of laboratory or other facility performing Laboratory testing on the claim where the health care service was performed/rendered.

1500 32 - Service Facility Location Information (Name)

Usage RIA

Level Claim

Note 1 Required except when service was rendered in the patient's home.

Key 2310D | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2310D | NM101 | - | 98 | Entity Identifier Code

2310D | NM102 | - | 1065 | Entity Type Qualifier

Laboratory or Facility Address Line

Address line of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

1500 32 - Service Facility Location Information (Address)

Usage RIA

Level Claim

Key 2310D | N301 | - | 166

Datatype AN

Min/Max 1/55

Laboratory or Facility Address Line

Address line of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

Usage RIA

Level Claim

Note 1 Required if a second address line exists.

Key 2310D | N302 | - | 166

Datatype AN

Min/Max 1/55

Laboratory or Facility City Name

City of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

1500 32 - Service Facility Location Information (City, State, and Zip Code)

Usage RIA

Level Claim

Key 2310D | N401 | - | 19

Datatype AN

Min/Max 2/30

Laboratory or Facility State or Province Code

State or province of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

1500 32 - Service Facility Location Information (City, State, and Zip Code)

Usage RIA

Level Claim

Key 2310D | N402 | - | 156

Datatype ID

Min/Max 2/2

Laboratory or Facility Postal Zone or ZIP Code

Postal ZIP or zonal code of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

1500 32 - Service Facility Location Information (City, State, and Zip Code)

Usage RIA

Level Claim

Key 2310D | N403 | - | 116

Datatype ID

Min/Max 3/15

Country Code

Code indicating the geographic location.

Usage RIA

Level Claim

Note 1 Required if the address is out of the U.S.

Key 2310D | N404 | - | 26

Datatype ID

Min/Max 2/3

Laboratory or Facility Primary Identifier

Identification number of laboratory or other facility performing laboratory testing on the claim where the health care service was performed/rendered.

1500 32a. - NPI # or 32b. - Other ID #

Usage RIA

Level Claim

Note 1 Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.

Key 2310D | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2310D | REF01 | - | 128 | Reference Identification Qualifier
2310D | NM108 | - | 66 | Identification Code Qualifier

Laboratory or Facility Secondary Identifier

Additional identifier for the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

1500 32b. - Other ID #

Usage RIA

Level Claim

Key 2310D | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2310D | REF01 | - | 128 | Reference Identification Qualifier
2310D | NM108 | - | 66 | Identification Code Qualifier

**Payer
Information**

Information about the organization from which the provider might expect some payment for the claim.

Payer Identification

Free form text and codes to uniquely identify the payer organization.

Payer Name

Name identifying the payer organization.

1500 Carrier Block (Name)

Usage R

Level Claim

Key 2010BB | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2010BB | NM101 | - | 98 | Entity Identifier Code
2010BB | NM102 | - | 1065 | Entity Type Qualifier

Payer Identifier

Number identifying the payer organization.

1500 11c - Insurance Plan Name or Program Name

Usage R

Level Claim

Key 2010BB | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2010BB | NM108 | - | 66 | Identification Code Qualifier
2010BB | REF01 | - | 128 | Reference Identification Qualifier

Payer Address Line

Address line of the Payer's claim mailing address for this particular payer organization identification and claim office.

1500 Carrier Block (First Line of Address)

Usage RIA

Level Claim

Key 2010BB | N301 | - | 166

Datatype AN

Min/Max 1/55

Payer Address Line

Address line of the Payer's claim mailing address for this particular payer organization identification and claim office.

1500 Carrier Block (Second Line of Address)

Usage RIA

Level Claim

Note 1 Required if a second address line exists.

Key 2010BB | N302 | - | 166

Datatype AN

Min/Max 1/55

Payer City Name

The city name of the Payer's claim mailing address for this particular payer ID and claim office.

1500 Carrier Block (City State and Zip Code)

Usage RIA

Level Claim

Key 2010BB | N401 | - | 19

Datatype AN

Min/Max 2/30

Payer State Code

State Postal Code of the payer's claim mailing address for this particular payor organization identification and claim office.

1500 Carrier Block (City State and Zip Code)

Usage RIA

Level Claim

Key 2010BB | N402 | - | 156

Datatype ID

Min/Max 2/2

Payer Postal Zone or ZIP Code

The ZIP Code of the payer's claim mailing address for this particular payer organization identification and claim office.

1500 Carrier Block (City State and Zip Code)

Usage RIA

Level Claim

Key 2010BB | N403 | - | 116

Datatype ID

Min/Max 3/15

Country Code

Code indicating the geographic location.

Usage RIA

Level Claim

Note 1 Required if the address is out of the U.S.

Key 2010BB | N404 | - | 26

Datatype ID

Min/Max 2/3

Payer Additional Identifier

Additional identifier for the payer.

Usage RIA

Level Claim

Key 2010BB | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2010BC | NM101 | - | 98 | Entity Identifier Code
2010BC | NM102 | - | 1065 | Entity Type Qualifier

**Service/
Clinical
Information
(service line)**

Information about the patient's current condition that applies to discrete services or line items.

Rendering Provider Identification

Free form text and assigned numbers to uniquely identify the individual that rendered the service.

Rendering Provider Last or Organization Name

The last name or organization of the provider who performed the service.

Usage RIA

Level Service Line

Key 2420A | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2420A | NM101 | - | 98 | Entity Identifier Code

2420A | NM102 | - | 1065 | Entity Type Qualifier

Rendering Provider First Name

The first name of the provider who performed the service.

Usage RIA

Level Service Line

Note 1 Required if NM102=1 (person).

Key 2420A | NM104 | - | 1036

Datatype AN

Min/Max 1/25

Rendering Provider Middle Name

Middle name of the provider who has provided the services to the patient.

Usage RIA

Level Service Line

Note 1 Required if NM102=1 and the middle name/initial of the person is known.

Key 2420A | NM105 | - | 1037

Datatype AN

Min/Max 1/25

Rendering Provider Name Suffix

Name suffix of the provider who has provided the services to the patient.

Usage RIA

Level Service Line

Note 1 Required if known.

Key 2420A | NM107 | - | 1039

Datatype AN

Min/Max 1/10

Rendering Provider Identifier

The identifier assigned by the Payor to the provider who performed the service.

1500 24J - Rendering Provider NPI Unshaded Portion

Usage RIA

Level Service Line

Key 2420A | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2420A | NM108 | - | 66 | Identification Code Qualifier

Provider Taxonomy Code

Code designating the provider type, classification, and specialization.

Usage RIA

Level Service Line

Key 2420A | PRV03 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2420A | PRV01 | - | 1221 | Provider Code

2420A | PRV02 | - | 128 | Reference Identification Qualifier

Reference Identification Qualifier

Code qualifying the reference identification.

1500 24I - ID Qualifier Shaded Portion

Usage RIA

Level Service Line

Key 2420A | REF01 | - | 128

Datatype ID

Min/Max 2/3

Codes 0B - State License Number

1B - Blue Shield Provider Number

1C - Medicare Provider Number

1D - Medicaid Provider Number

1G - Provider UPIN Number

1H - CHAMPUS Identification Number

EI - Employer's Identification Number

G2 - Provider Commercial Number

LU - Location Number

N5 - Provider Plan Network Identification Number

SY - Social Security Number

X5 - State Industrial Accident Provider Number

Rendering Provider Secondary Identifier

Additional identifier for the provider providing care to the patient.

1500 24J - Rendering Provider Non-NPI Shaded Portion

Usage RIA

Level Service Line

Key 2420A | REF02 | - | 127

Datatype AN

Min/Max 1/30

Purchased Service Provider Identifier

The provider number of the entity from which service was purchased.

Usage RIA

Level Service Line

Note 1 Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.

Key 2420B | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2420B | NM101 | - | 98 | Entity Identifier Code
2420B | NM102 | - | 1065 | Entity Type Qualifier
2420B | NM108 | - | 66 | Identification Code Qualifier

Purchased Service Provider Secondary Identifier

Additional identifier for the provider of purchased services.

Usage RIA

Level Service Line

Key 2420B | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2420B | REF01 | - | 128 | Reference Identification Qualifier

Laboratory or Facility Name

Name of laboratory or other facility performing Laboratory testing on the claim where the health care service was performed/rendered.

Usage RIA

Level Service Line

Note 1 Required except when service was rendered in the patient's home.

Key 2420C | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2420C | NM101 | - | 98 | Entity Identifier Code
2420C | NM102 | - | 1065 | Entity Type Qualifier

Laboratory or Facility Primary Identifier

Identification number of laboratory or other facility performing laboratory testing on the claim where the health care service was performed/rendered.

Usage RIA

Level Service Line

Note 1 Required if either Employer's Identification/Social Security Number (tax ID of service location) or National Provider Identifier is known.

Key 2420C | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2420C | NM108 | - | 66 | Identification Code Qualifier

Laboratory or Facility Address Line

Address line of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

Usage RIA

Level Service Line

Key 2420C | N301 | - | 166

Datatype AN

Min/Max 1/55

Laboratory or Facility Address Line

Address line of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

Usage RIA

Level Service Line

Note 1 Required if a second address line exists.

Key 2420C | N302 | - | 166

Datatype AN

Min/Max 1/55

Laboratory or Facility City Name

City of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

Usage RIA

Level Service Line

Key 2420C | N401 | - | 19

Datatype AN

Min/Max 2/30

Laboratory or Facility State or Province Code

State or province of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

Usage RIA

Level Service Line

Key 2420C | N402 | - | 156

Datatype ID

Min/Max 2/2

Laboratory or Facility Postal Zone or ZIP Code

Postal ZIP or zonal code of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

Usage RIA

Level Service Line

Key 2420C | N403 | - | 116

Datatype ID

Min/Max 3/15

Country Code

Code indicating the geographic location.

Usage RIA

Level Service Line

Note 1 Required if the address is out of the U.S.

Key 2420C | N404 | - | 26

Datatype ID

Min/Max 2/3

Service Facility Location Secondary Identifier

Secondary identifier for service facility location.

Usage RIA

Level Service Line

Key 2420C | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2420C | REF01 | - | 128 | Reference Identification Qualifier

Condition Indicator

Code indicating a condition. (Hospice Employee Indicator segment: The electronic transaction has one required condition code within this segment.)

Usage RIA

Level Service Line

Key 2400 | CRC03 | - | 1321

Datatype ID

Min/Max 2/2

Codes 65 - Open

Pairing 2400 | CRC01 | - | 1136 | Code Category

2400 | CRC02 | - | 1073 | Hospice Employed Provider Indicator

Other Provider Identification

Free form text and assigned numbers to uniquely identify another provider that rendered this service.

Supervising Provider Last Name

The Last Name of the Provider who supervised the rendering of a service on this claim.

Usage RIA

Level Service Line

Key 2420D | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2420D | NM101 | - | 98 | Entity Identifier Code

2420D | NM102 | - | 1065 | Entity Type Qualifier

Supervising Provider First Name

The First Name of the Provider who supervised the rendering of a service on this claim.

Usage RIA

Level Service Line

Key 2420D | NM104 | - | 1036

Datatype AN

Min/Max 1/25

Supervising Provider Middle Name

Middle name of the provider supervising care rendered to the patient.

Usage RIA

Level Service Line

Note 1 Required if NM102=1 and the middle name/initial of the person is known.

Key 2420D | NM105 | - | 1037

Datatype AN

Min/Max 1/25

Supervising Provider Name Suffix

Suffix to the name of the provider supervising care rendered to the patient.

Usage RIA

Level Service Line

Note 1 Required if known.

Key 2420D | NM107 | - | 1039

Datatype AN

Min/Max 1/10

Supervising Provider Identifier

The Identification Number for the Supervising Provider.

Usage RIA

Level Service Line

Note 1 Required if either Employer's Identification/Social Security Number (Supervising provider's tax ID) or National Provider Identifier is known.

Key 2420D | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2420D | NM108 | - | 66 | Identification Code Qualifier

Supervising Provider Secondary Identifier

Additional identifier for the provider supervising care rendered to the patient.

Usage RIA

Level Service Line

Key 2420D | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2420D | REF01 | - | 128 | Reference Identification Qualifier

Ordering Provider Last Name

The last name of the provider who ordered or prescribed this service.

Usage RIA

Level Service Line

Key 2420E | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2420E | NM101 | - | 98 | Entity Identifier Code

2420E | NM102 | - | 1065 | Entity Type Qualifier

Ordering Provider First Name

The first name of the provider who ordered or prescribed this service.

Usage RIA

Level Service Line

Key 2420E | NM104 | - | 1036

Datatype AN

Min/Max 1/25

Ordering Provider Middle Name

Middle name of the provider ordering services for the patient.

Usage RIA

Level Service Line

Note 1 Required if NM102=1 and the middle name/initial of the person is known.

Key 2420E | NM105 | - | 1037

Datatype AN

Min/Max 1/25

Ordering Provider Name Suffix

Suffix to the name of the provider ordering services for the patient.

Usage RIA

Level Service Line

Note 1 Required if known.

Key 2420E | NM107 | - | 1039

Datatype AN

Min/Max 1/10

Ordering Provider Identifier

The identifier assigned by the Payer to the provider who ordered or prescribed this service.

Usage RIA

Level Service Line

Note 1 Required if either Employer's Identification/Social Security Number (Ordering provider's tax ID) or National Provider Identifier is known.

Key 2420E | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2420E | NM108 | - | 66 | Identification Code Qualifier

Ordering Provider Address Line

Address line of the provider ordering services for the patient.

Usage RIA

Level Service Line

Key 2420E | N301 | - | 166

Datatype AN

Min/Max 1/55

Ordering Provider Address Line

Address line of the provider ordering services for the patient.

Usage RIA

Level Service Line

Note 1 Required if a second address line exists.

Key 2420E | N302 | - | 166

Datatype AN

Min/Max 1/55

Ordering Provider City Name

City of provider ordering services for the patient.

Usage RIA

Level Service Line

Key 2420E | N401 | - | 19

Datatype AN

Min/Max 2/30

Ordering Provider State Code

The State Postal Code of the provider who ordered / prescribed this service.

Usage RIA

Level Service Line

Key 2420E | N402 | - | 156

Datatype ID

Min/Max 2/2

Ordering Provider Postal Zone or ZIP Code

Postal ZIP Code of the provider ordering services for the patient.

Usage RIA
Level Service Line
Key 2420E | N403 | - | 116
Datatype ID
Min/Max 3/15

Country Code

Code indicating the geographic location.

Usage RIA
Level Service Line
Note 1 Required if the address is out of the U.S.
Key 2420E | N404 | - | 26
Datatype ID
Min/Max 2/3

Ordering Provider Secondary Identifier

Additional identifier for the provider ordering services for the patient.

Usage RIA
Level Service Line
Key 2420E | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2420E | REF01 | - | 128 | Reference Identification Qualifier

Ordering Provider Contact Name

Contact person to whom inquiries should be directed at the provider ordering services for the patient.

Usage RIA
Level Service Line
Key 2420E | PER02 | - | 93
Datatype AN
Min/Max 1/60
Pairing 2420E | PER01 | - | 366 | Contact Function Code
2420E | PER03 | - | 365 | Communication Number Qualifier

Communication Number

Complete communications number including country or area code when applicable.

Usage RIA
Level Service Line
Key 2420E | PER04 | - | 364
Datatype AN
Min/Max 1/80
Pairing 2420E | PER01 | - | 366 | Contact Function Code
2420E | PER03 | - | 365 | Communication Number Qualifier

Communication Number Qualifier

Code identifying the type of communication number.

Usage RIA

Level Service Line

Note 1 Used at discretion of submitter.

Key 2420E | PER05 | - | 365

Datatype ID

Min/Max 2/2

Codes EM - Electronic Mail

EX - Telephone Extension

FX - Facsimile

TE - Telephone

Communication Number

Complete communications number including country or area code when applicable.

Usage RIA

Level Service Line

Note 1 Used at discretion of submitter.

Key 2420E | PER06 | - | 364

Datatype AN

Min/Max 1/80

Communication Number Qualifier

Code identifying the type of communication number.

Usage RIA

Level Service Line

Note 1 Used at discretion of submitter.

Key 2420E | PER07 | - | 365

Datatype ID

Min/Max 2/2

Codes EM - Electronic Mail

EX - Telephone Extension

FX - Facsimile

TE - Telephone

Communication Number

Complete communications number including country or area code when applicable.

Usage RIA

Level Service Line

Note 1 Used at discretion of submitter.

Key 2420E | PER08 | - | 364

Datatype AN

Min/Max 1/80

Referring Provider Last Name

The Last Name of Provider who referred the patient to the provider of service on this claim.

Usage RIA

Level Service Line

Key 2420F | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2420F | NM101 | - | 98 | Entity Identifier Code
2420F | NM102 | - | 1065 | Entity Type Qualifier

Referring Provider First Name

The first name of provider who referred the patient to the provider of service on this claim.

Usage RIA

Level Service Line

Key 2420F | NM104 | - | 1036

Datatype AN

Min/Max 1/25

Referring Provider Middle Name

Middle name of the provider who is referring patient for care.

Usage RIA

Level Service Line

Note 1 Required if NM102=1 and the middle name/initial of the person is known.

Key 2420F | NM105 | - | 1037

Datatype AN

Min/Max 1/25

Referring Provider Name Suffix

Suffix to the name of the provider referring the patient for care.

Usage RIA

Level Service Line

Note 1 Required if known.

Key 2420F | NM107 | - | 1039

Datatype AN

Min/Max 1/10

Referring Provider Identifier

The identification number for the referring physician.

Usage RIA

Level Service Line

Note 1 Required if either Employer's Identification/Social Security Number (Referring Provider tax ID) or National Provider Identifier is known.

Key 2420F | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2420F | NM108 | - | 66 | Identification Code Qualifier

Provider Taxonomy Code

Code designating the provider type, classification, and specialization.

Usage RIA

Level Service Line

Key 2420F | PRV03 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2420F | PRV01 | - | 1221 | Provider Code

2420F | PRV02 | - | 128 | Reference Identification Qualifier

Services Rendered

Free form text and codes concerning the nature of the illness, the type of service, and the type of facility where this service was performed.

National Drug Code

The national drug identification number assigned by the Federal Drug Administration (FDA).

1500 24 - Shaded line
Usage RIA
Level Service Line
Key 2410 | LIN03 | - | 234
Datatype AN
Min/Max 1/48
Pairing 2410 | LIN02 | - | 235 | Product or Service ID Qualifier

Drug Unit Price

The unit price, based upon the unit of measure as defined by the National Drug Code.

1500 24 - Shaded line
Usage RIA
Level Service Line
Key 2410 | CTP03 | - | 212
Datatype R
Min/Max 1/17

National Drug Unit Count

The dispensing quantity, based upon the unit of measure as defined by the National Drug Code.

1500 24 - Shaded line
Usage RIA
Level Service Line
Key 2410 | CTP04 | - | 380
Datatype R
Min/Max 1/15

Unit or Basis for Measurement Code

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken.

1500 24 - Shaded line
Usage RIA
Level Service Line
Key 2410 | CTP05 | C001-1 | 355
Datatype ID
Min/Max 2/2
Codes F2 - International Unit
 GR - Gram
 ML - Milliliter
 UN - Unit

Prescription Number

The unique identification number assigned by the pharmacy or supplier to the prescription.

Usage RIA

Level Service Line

Key 2410 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2410 | REF01 | - | 128 | Reference Identification Qualifier

Product/Service ID

Code identifying the procedure, product or service.

1500 24D - (CPT/HCPCS) Unshaded Portion

Usage R

Level Service Line

Key 2400 | SV101 | C003-2 | 234

Datatype AN

Min/Max 1/48

Pairing 2400 | SV101 | C003-1 | 235 | Product/Service ID Qualifier

Procedure Modifier

This identifies special circumstances related to the performance of the service. (The electronic transaction allows up to four procedure modifier codes per procedure code.)

1500 24D - Procedures, Services, or Supplies (Procedure Modifier) Unshaded Portion

Usage RIA

Level Service Line

Note 1 Use this modifier for the first procedure code modifier.

2 Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

Key 2400 | SV101 | C003-3 | 1339

Datatype AN

Min/Max 2/2

Place of Service Code

The code that identifies where the service was performed. (Note: For current code values refer to the CMS website at

http://www.cms.hhs.gov/MedHCPCSGenInfo/Downloads/Place_of_Service.pdf)

1500 24B - Place of Service

Usage RIA

Level Service Line

Note 1 Required if value is different than value carried in CLM05-1 in Loop ID-2300.

Key 2400 | SV105 | - | 1331

Datatype AN

Min/Max 1/2

Diagnosis Code Pointer

A pointer to the claim diagnosis code in the order of importance to this service.

1500 24E - Diagnosis Code Pointer (1) Unshaded Portion

Usage RIA

Level Service Line

Note 1 Use this pointer for the first diagnosis code pointer (primary diagnosis for this service line).

Use remaining diagnosis pointers in declining level of importance to service line. Acceptable values are 1 through 8, inclusive.

Key 2400 | SV107 | C004-1 | 1328

Datatype N0

Min/Max 1/2

Diagnosis Code Pointer

A pointer to the claim diagnosis code in the order of importance to this service.

1500 24E - Diagnosis Code Pointer (2) Unshaded Portion

Usage RIA

Level Service Line

Note 1 Use this pointer for the second diagnosis code pointer.

2 Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.

Key 2400 | SV107 | C004-2 | 1328

Datatype N0

Min/Max 1/2

Diagnosis Code Pointer

A pointer to the claim diagnosis code in the order of importance to this service.

1500 24E - Diagnosis Code Pointer (3) Unshaded Portion

Usage RIA

Level Service Line

Note 1 Use this pointer for the third diagnosis code pointer.

2 Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.

Key 2400 | SV107 | C004-3 | 1328

Datatype N0

Min/Max 1/2

Diagnosis Code Pointer

A pointer to the claim diagnosis code in the order of importance to this service.

1500 24E - Diagnosis Code Pointer (4) Unshaded Portion

Usage RIA

Level Service Line

Note 1 Use this pointer for the fourth diagnosis code pointer.

2 Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.

Key 2400 | SV107 | C004-4 | 1328

Datatype N0

Min/Max 1/2

Emergency Indicator

An indicator of whether or not emergency care was rendered in response to the sudden and unexpected onset of a medical condition, a severe injury, or an acute exacerbation of a chronic condition which was threatening to life, limb or sight.

1500 24C - EMG

Usage RIA

Level Service Line

Note 1 Required when the service is known to be an emergency by the provider.

Emergency definition: The patient requires immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions.

Key 2400 | SV109 | - | 1073

Datatype ID

Min/Max 1/1

Codes Y - Yes

EPSDT Indicator

An indicator of whether or not Early and Periodic Screening for Diagnosis and Treatment of children services are involved with this detail line.

1500 24H - EPSDT/Family Plan Shaded Portion

Usage RIA

Level Service Line

Note 1 Required if Medicaid services are the result of a screening referral.

Key 2400 | SV111 | - | 1073

Datatype ID

Min/Max 1/1

Codes Y - Yes

Family Planning Indicator

An indicator of whether or not Family Planning Services are involved with this detail line.

1500 24H - EPSDT/Family Plan Unshaded Portion

Usage RIA

Level Service Line

Note 1 Required if applicable for Medicaid claims.

Key 2400 | SV112 | - | 1073

Datatype ID

Min/Max 1/1

Codes Y - Yes

Co-Pay Status Code

A code indicating the status of the co-payment requirements for this service.

Usage RIA

Level Service Line

Note 1 Required if patient was exempt from co-pay.

Key 2400 | SV115 | - | 1327

Datatype ID

Min/Max 1/1

Codes 0 - Copay exempt

Procedure Code

Code identifying the procedure, product or service.

1500 24D - Procedure, services, or supplies (CPT/HCPCS)

Usage RIA

Level Service Line

Note 1 This value must be the same as that reported in SV101-2.

Key 2400 | SV501 | C003-2 | 234

Datatype AN

Min/Max 1/48

Pairing 2400 | SV501 | C003-1 | 235 | Procedure Identifier

Attachment Report Type Code

Code to specify the type of attachment that is related to the claim.

1500 19 - Reserved for Local Use

Usage RIA

Level Service Line

Key 2400 | PWK01 | - | 755

Datatype ID

Min/Max 2/2

Codes CT - Certification

Attachment Transmission Code

Code defining timing, transmission method or format by which an attachment report is to be sent or has been sent.

1500 19 - Reserved for Local Use

Usage RIA

Level Service Line

Key 2320 | PWK02 | - | 756

Datatype ID

Min/Max 1/2

Codes AB - Previously Submitted to Payer
AD - Certification Included in this Claim
AF - Narrative Segment Included in this Claim
AG - No Documentation is Required
NS - Not Specified

Ambulance Transport Reason Code

Code indicating the reason for ambulance transport.

Usage RIA

Level Service Line

Key 2400 | CR104 | - | 1317

Datatype ID

Min/Max 1/1

Codes A - Patient was transported to nearest facility for care of symptoms, complaints, or both
B - Patient was transported for the benefit of a preferred physician
C - Patient was transported for the nearness of family members
D - Patient was transported for the care of a specialist or for availability of specialized equipment
E - Patient Transferred to Rehabilitation Facility

Pairing 2400 | CR103 | - | 1316 | Ambulance Transport Code

Transport Distance

Distance traveled during the ambulance transport.

Usage RIA

Level Service Line

Note 1 NSF crosswalk to FA0-50.0 is used only in Medicare payer-to-payer COB situations.

Key 2400 | CR106 | - | 380

Datatype R

Min/Max 1/15

Pairing 2400 | CR105 | - | 355 | Unit or Basis for Measurement Code

Round Trip Purpose Description

Free-form description of the purpose of the ambulance transport round trip.

Usage RIA

Level Service Line

Note 1 Required if CR103 (Ambulance Transport Code) = X - Round Trip; otherwise not used.

Key 2400 | CR109 | - | 352

Datatype AN

Min/Max 1/80

Stretcher Purpose Description

Free-form description of the purpose of the use of a stretcher during ambulance service.

Usage RIA

Level Service Line

Note 1 Required if needed to justify usage of stretcher.

Key 2400 | CR110 | - | 352

Datatype AN

Min/Max 1/80

X-ray Availability Indicator

Indicates if X-Rays are on file for chiropractor spinal manipulation.

Usage RIA

Level Service Line

Note 1 Required for service dates prior to January 1, 2000.

Key 2400 | CR212 | - | 1073

Datatype ID

Min/Max 1/1

Codes N - No

Y - Yes

Certification Type Code

Code indicating the type of certification.

Usage RIA

Level Service Line

Key 2400 | CR301 | - | 1322

Datatype ID

Min/Max 1/1

Codes I - Initial

R - Renewal

S - Revised

Durable Medical Equipment Duration

Length of time durable medical equipment (DME) is needed.

Usage RIA

Level Service Line

Note 1 Length of time DME equipment is needed.

Key 2400 | CR303 | - | 380

Datatype R

Min/Max 1/15

Pairing 2400 | CR302 | - | 355 | Unit or Basis for Measurement Code

Repriced Line Item Reference Number

Identification number of a line item repriced by a third party or prior payer.

Usage RIA

Level Service Line

Key 2400 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2400 | REF01 | - | 128 | Reference Identification Qualifier

Adjusted Repriced Line Item Reference Number

Identification number of an adjusted repriced line item adjusted from an original amount.

Usage RIA

Level Service Line

Key 2400 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2400 | REF01 | - | 128 | Reference Identification Qualifier

Prior Authorization or Referral Number

A number, code or other value that indicates the services provided on this claim have been authorized by the payee or other service organization, or that a referral for services has been approved.

Usage RIA

Level Service Line

Key 2400 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2400 | REF01 | - | 128 | Reference Identification Qualifier

Line Item Control Number

Identifier assigned by the submitter/provider to this line item.

Usage RIA

Level Service Line

Key 2400 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2400 | REF01 | - | 128 | Reference Identification Qualifier

Mammography Certification Number

HCFA assigned Certification Number of the certified mammography screening center.

Usage RIA
Level Service Line
Key 2400 | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2400 | REF01 | - | 128 | Reference Identification Qualifier

Clinical Laboratory Improvement Amendment Number

The CLIA Certificate of Waiver or the CLIA Certificate of Registration Identification Number assigned to the laboratory testing site that rendered the services on this claim.

Usage RIA
Level Service Line
Key 2400 | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2400 | REF01 | - | 128 | Reference Identification Qualifier

Referring CLIA Number

Referring Clinical Laboratory Improvement Amendment (CLIA) facility identification.

Usage RIA
Level Service Line
Key 2400 | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2400 | REF01 | - | 128 | Reference Identification Qualifier

Immunization Batch Number

The manufacturer's lot number for vaccine used in immunization.

Usage RIA
Level Service Line
Key 2400 | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2400 | REF01 | - | 128 | Reference Identification Qualifier

Ambulatory Patient Group Number

Identifier for Ambulatory Patient Group assigned to the claim.

Usage RIA
Level Service Line
Key 2400 | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2400 | REF01 | - | 128 | Reference Identification Qualifier

Oxygen Flow Rate

The oxygen flow rate in liters per minute.

Usage RIA

Level Service Line

Note 1 Valid values are 1 - 999 liters per minute and X for less than 1 liter per minute.

Key 2400 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2400 | REF01 | - | 128 | Reference Identification Qualifier

Universal Product Number

Industry standard code identifying supplies and materials.

1500 24 - Shaded line

Usage RIA

Level Service Line

Key 2400 | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2400 | REF01 | - | 128 | Reference Identification Qualifier

Line Note Text

Narrative text providing additional information related to the service line.

1500 19 - Reserved for local use

Usage RIA

Level Service Line

Key 2400 | NTE02 | - | 352

Datatype AN

Min/Max 1/80

Pairing 2400 | NTE01 | - | 363 | Note Reference Code

Number of Visits

The number of home health visits. Example: One visit every three days for 21 days. This element indicates that the data is communicating the number of visits, i.e., one.

Usage RIA

Level Service Line

Note 1 HDS02 qualifies HSD01.

2 Required if information is different than that given at claim level (Loop ID-2300).

Key 2400 | HSD02 | - | 380

Datatype R

Min/Max 1/15

Pairing 2400 | HSD01 | - | 673 | Visits

Frequency Count

The count of the frequency units of home health visits. Example: One visit every three days for 21 days. This element indicates that the data is communicating that the one visit occurs at three day intervals.

Usage RIA

Level Service Line

Note 1 Required if information is different than that given at claim level (Loop ID-2300).

Key 2400 | HSD04 | - | 1167

Datatype R

Min/Max 1/6

Pairing 2400 | HSD03 | - | 355 | Frequency Period

Duration of Visits Units

The unit (month, week, etc.) over which home health visits occur. Example: One visit every three days for 21 days. This element qualifies that the data is communicating that the one visit every three days occurs over a duration of days.

Usage RIA

Level Service Line

Note 1 Required if information is different than that given at claim level (Loop ID-2300).

Key 2400 | HSD05 | - | 615

Datatype ID

Min/Max 1/2

Codes 7 - Day

34 - Month

35 - Week

Duration of Visits, Number of Units

The number of units (month, week, etc.) over which home health visits occur. Example: One visit every three days for 21 days. This element indicates that the data is communicating that the one visit every three days occurs over a duration of 21 days.

Usage RIA

Level Service Line

Note 1 Required if information is different than that given at claim level (Loop ID-2300).

Key 2400 | HSD06 | - | 616

Datatype N0

Min/Max 1/3

Ship, Delivery or Calendar Pattern Code

The time delivery pattern for the services.

Usage RIA

Level Service Line

Note 1 Required if information is different than that given at claim level (Loop ID-2300).

Key 2400 | HSD07 | - | 678

Datatype ID

Min/Max 1/2

Codes

- 1 - 1st Week of the Month
- 2 - 2nd Week of the Month
- 3 - 3rd Week of the Month
- 4 - 4th Week of the Month
- 5 - 5th Week of the Month
- 6 - 1st & 3rd Weeks of the Month
- 7 - 2nd & 4th Weeks of the Month
- A - Monday through Friday
- B - Monday through Saturday
- C - Monday through Sunday
- D - Monday
- E - Tuesday
- F - Wednesday
- G - Thursday
- H - Friday
- J - Saturday
- K - Sunday
- L - Monday through Thursday
- N - As Directed
- O - Daily Mon. through Fri.
- SA - Sunday, Monday, Thursday, Friday, Saturday
- SB - Tuesday through Saturday
- SC - Sunday, Wednesday, Thursday, Friday, Saturday
- SD - Monday, Wednesday, Thursday, Friday, Saturday
- SG - Tuesday through Friday
- SL - Monday, Tuesday and Thursday
- SP - Monday, Tuesday and Friday
- SX - Wednesday and Thursday
- SY - Monday, Wednesday and Thursday
- SZ - Tuesday, Thursday and Friday
- W - Whenever Necessary

Delivery Pattern Time Code

Code which specifies the time delivery pattern of the services.

Usage RIA

Level Service Line

Note 1 Required if information is different than that given at claim level (Loop ID-2300).

Key 2400 | HSD08 | - | 679

Datatype ID

Min/Max 1/1

Codes

- D - A.M.
- E - P.M.
- F - As Directed

Form Identifier

Letter or number identifying a specific form.

Usage RIA

Level Service Line

Key 2440 | LQ02 | - | 1271

Datatype AN

Min/Max 1/30

Pairing 2440 | LQ01 | - | 1270 | Code List Qualifier Code

Question Response

A yes/no question response.

Usage RIA

Level Service Line

Note 1 FRM02, 03, 04, or 05 is required.

2 Used to answer question identified in FRM01 which utilizes a Yes/No response format.

Key 2440 | FRM02 | - | 1073

Datatype ID

Min/Max 1/1

Codes N - No

W - Not Applicable

Y - Yes

Pairing 2440 | FRM01 | - | 350 | Question Number/Letter

2440 | FRM03 | - | 127 | Question Response

2440 | FRM04 | - | 373 | Question Response

2440 | FRM05 | - | 332 | Question Response

Service and Other Dates

Pertinent dates concerning this service.

Service Date

Date of service, such as the start date of the service, the end date of the service, or the single day date of the service.

1500 24A - Date(s) of Service (From, To)

Usage R

Level Service Line

Key 2400 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier

2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Certification Revision Date

Date the certification was revised.

Usage RIA

Level Service Line

Key 2400 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier

2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Begin Therapy Date

Date therapy begins.

Usage RIA

Level Service Line

Key 2400 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier

2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Last Certification Date

The date of the last certification.

Usage RIA

Level Service Line

Key 2400 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier

2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Last Seen Date

Date the patient was last seen by the referring or ordering physician for a claim billed by a provider whose services require physician certification.

Usage RIA

Level Service Line

Key 2400 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier
2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Shipped Date

Date product shipped.

Usage RIA

Level Service Line

Key 2400 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier
2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Onset Date

Date of onset of indicated patient condition.

Usage RIA

Level Service Line

Key 2400 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier
2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Last X-Ray Date

Date patient received last X-Ray.

Usage RIA

Level Service Line

Key 2400 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier
2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Acute Manifestation Date

Date of acute manifestation of patient's condition.

Usage RIA

Level Service Line

Key 2400 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier

2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Initial Treatment Date

Date that the patient initially sought treatment for this condition.

Usage RIA

Level Service Line

Key 2400 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier

2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Similar Illness or Symptom Date

Date of onset of a similar illness or symptom.

Usage RIA

Level Service Line

Key 2400 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier

2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Test Performed Date

The date the patient was tested for arterial blood. gas and/or oxygen saturation on room air.

Usage RIA

Level Service Line

Key 2400 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier

2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Oxygen Saturation Test Date

Date patient received oxygen saturation test.

Usage RIA

Level Service Line

Key 2400 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier

2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Test Results

The results of tests concerning this line item.

Certification Type Code

Code indicating the type of certification.

Usage RIA
Level Service Line
Key 2400 | CR501 | - | 1322
Datatype ID
Min/Max 1/1
Codes I - Initial
R - Renewal
S - Revised

Treatment Period Count

The number of time periods during which treatment will be provided to patient.

Usage RIA
Level Service Line
Key 2400 | CR502 | - | 380
Datatype R
Min/Max 1/15

Arterial Blood Gas Quantity

The Arterial Blood Gas test results breathing room air (furnish results of recent hospital tests).

Usage RIA
Level Service Line
Note 1 Either CR510 or CR511 is required.
2 Required on claims which report arterial blood gas.
Key 2400 | CR510 | - | 380
Datatype R
Min/Max 1/15

Oxygen Saturation Quantity

The oxygen saturation (oximetry) test results.

Usage RIA
Level Service Line
Note 1 Either CR510 or CR511 is required.
2 Required on claims which report oxygen saturation quantity.
Key 2400 | CR511 | - | 380
Datatype R
Min/Max 1/15

Oxygen Test Condition Code

Code indicating the conditions under which a patient was tested.

Usage RIA

Level Service Line

Key 2400 | CR512 | - | 1349

Datatype ID

Min/Max 1/1

Codes E - Exercising

R - At rest on room air

S - Sleeping

Oxygen Test Findings Code

Code indicating the findings of oxygen tests performed on a patient.

Usage RIA

Level Service Line

Note 1 Required if patient's arterial PO₂ is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.

Key 2400 | CR513 | - | 1350

Datatype ID

Min/Max 1/1

Codes 1 - Dependent edema suggesting congestive heart failure

Oxygen Test Findings Code

Code indicating the findings of oxygen tests performed on a patient.

Usage RIA

Level Service Line

Note 1 Required if patient's arterial PO₂ is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.

Key 2400 | CR514 | - | 1350

Datatype ID

Min/Max 1/1

Codes 2 - P - Pulmonale on Electrocardiogram (EKG)

Oxygen Test Findings Code

Code indicating the findings of oxygen tests performed on a patient.

Usage RIA

Level Service Line

Note 1 Required if patient's arterial PO₂ is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.

Key 2400 | CR515 | - | 1350

Datatype ID

Min/Max 1/1

Codes 3 - Erythrocythemia with a hematocrit greater than 56 percent

Condition Code

Code(s) used to identify condition(s) relating to this bill or relating to the patient. (Ambulance Certification segment: The electronic transaction allows up to 5 condition codes within this segment.)

Usage RIA

Level Service Line

Note 1 The codes for CRC03 also can be used for CRC04 through CRC07.

Key 2400 | CRC03 | - | 1321

Datatype ID

Min/Max 2/2

Codes 01 - Patient was admitted to a hospital
 02 - Patient was bed confined before the ambulance service
 03 - Patient was bed confined after the ambulance service
 04 - Patient was moved by stretcher
 05 - Patient was unconscious or in shock
 06 - Patient was transported in an emergency situation
 07 - Patient had to be physically restrained
 08 - Patient had visible hemorrhaging
 09 - Ambulance service was medically necessary
 60 - Transportation Was To the Nearest Facility

Pairing 2400 | CRC01 | - | 1136 | Code Category
 2400 | CRC02 | - | 1073 | Certification Condition Indicator

Condition Indicator

Code indicating a condition. (DMERC Condition Indicator segment: The electronic transaction allows up to 5 condition codes within this segment.)

Usage RIA

Level Service Line

Note 1 Use P1 (GX0-20.0) to answer the Medicare Oxygen CMN question: The test was performed either with the patient in a chronic stable state as an outpatient or within two days prior to discharge from an inpatient facility to home.
 2 Code ZV was approved by ASC X12 in the version 004011 Data Dictionary but is included in this guide to provide standard way to report DMERC claims within the HIPAA implementation time frame. It is recommended that entities who have a need to submit or receive DMERC claims customize their 004010 translator map to allow this exception code.

Key 2400 | CRC03 | - | 1321

Datatype ID

Min/Max 2/2

Codes 37 - Oxygen delivery equipment is stationary
 38 - Certification signed by the physician is on file at the supplier's office
 AL - Ambulation Limitations
 P1 - Patient was Discharged from the First Facility
 ZV - Replacement Item

Pairing 2400 | CRC01 | - | 1136 | Code Category
 2400 | CRC02 | - | 1073 | Certification Condition Indicator

Measurement Reference Identification Code

Code identifying the broad category to which a measurement applies.

Usage RIA
Level Service Line
Key 2400 | MEA01 | - | 737
Datatype ID
Min/Max 2/2
Codes OG - Original
TR - Test Results
Pairing 2400 | MEA02 | - | 738 | Measurement Qualifier

Test Results

If tests are performed under other conditions such as oxygen, give test results and information necessary for interpreting the tests and why performed under these conditions.

Usage RIA
Level Service Line
Key 2400 | MEA03 | - | 739
Datatype R
Min/Max 1/20
Pairing 2400 | MEA02 | - | 738 | Measurement Qualifier

Amounts/Pricing

Amounts concerning the payment of this line item.

Unit or Basis for Measurement Code

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken.

Usage RIA
Level Service Line
Key 2400 | SV502 | - | 355
Datatype ID
Min/Max 2/2
Codes DA - Days
Pairing 2400 | SV506 | - | 594 | Rental Unit Price Indicator

Length of Medical Necessity

Number of days the durable medical equipment will be required for medical treatment.

Usage RIA
Level Service Line
Key 2400 | SV503 | - | 380
Datatype R
Min/Max 1/15
Pairing 2400 | SV506 | - | 594 | Rental Unit Price Indicator

DME Rental Price

Rental price of the Durable Medical Equipment. Used in conjunction with the Rental Unit Price Indicator.

Usage RIA
Level Service Line
Key 2400 | SV504 | - | 782
Datatype R
Min/Max 1/18
Pairing 2400 | SV506 | - | 594 | Rental Unit Price Indicator

DME Purchase Price

Purchase price of the Durable Medical Equipment.

Usage RIA
Level Service Line
Key 2400 | SV505 | - | 782
Datatype R
Min/Max 1/18
Pairing 2400 | SV506 | - | 594 | Rental Unit Price Indicator

Terms Discount Percentage

Discount percentage available to the payer for payment within a specific time period.

Usage RIA

Level Service Line

Note 1 Required if information is different than that given at claim level (Loop ID-2300).

Key 2400 | CN105 | - | 338

Datatype R

Min/Max 1/6

Line Item Charge Amount

Charges related to this service.

1500 24F - \$ Charges Unshaded Portion

Usage R

Level Service Line

Note 1 For encounter transmissions, zero (0) may be a valid amount.

Key 2400 | SV102 | - | 782

Datatype R

Min/Max 1/18

Unit or Basis for Measurement Code

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken.

Usage R

Level Service Line

Note 1 FA0-50.0 is only used in Medicare COB payer-to-payer situations.

Key 2400 | SV103 | - | 355

Datatype ID

Min/Max 2/2

Codes F2 - International Unit

MJ - Minutes

UN - Unit

Service Unit Count

The quantity of units, times, days, visits, services, or treatments for the service described by the HCPCS codes, revenue code or procedure code.

1500 24G - Days or Units Unshaded Portion

Usage R

Level Service Line

Note 1 Note: If a decimal is needed to report units, include it in this element, e.g., 15.6.

Key 2400 | SV104 | - | 380

Datatype R

Min/Max 1/15

Contract Type Code

Code identifying a contract type.

Usage RIA

Level Service Line

Note 1 The developers of this implementation guide recommend always providing CN101 for capitated encounters.

Key 2400 | CN101 | - | 1166

Datatype ID

Min/Max 2/2

Codes 01 - Diagnosis Related Group (DRG)

02 - Per Diem

03 - Variable Per Diem

04 - Flat

05 - Capitated

06 - Percent

09 - Other

Contract Amount

Fixed monetary amount pertaining to the contract.

Usage RIA

Level Service Line

Note 1 Required if information is different than that given at claim level (Loop ID-2300).

Key 2400 | CN102 | - | 782

Datatype R

Min/Max 1/18

Contract Percentage

Percent of charges payable under the contract.

Usage RIA

Level Service Line

Note 1 Required if information is different than that given at claim level (Loop ID-2300).

Key 2400 | CN103 | - | 332

Datatype R

Min/Max 1/6

Contract Code

Code identifying the specific contract, established by the payer.

Usage RIA

Level Service Line

Note 1 Required if information is different than that given at claim level (Loop ID-2300).

Key 2400 | CN104 | - | 127

Datatype AN

Min/Max 1/30

Contract Version Identifier

Identification of additional or supplemental contract provisions, or identification of a particular version or modification of contract.

Usage RIA

Level Service Line

Note 1 Required if information is different than that given at claim level (Loop ID-2300).

Key 2400 | CN106 | - | 799

Datatype AN

Min/Max 1/30

Sales Tax Amount

Amount of sales tax attributable to the referenced Service.

Usage RIA

Level Service Line

Key 2400 | AMT02 | - | 782

Datatype R

Min/Max 1/18

Pairing 2400 | AMT01 | - | 522 | Amount Qualifier Code

Approved Amount

Amount approved.

Usage RIA

Level Service Line

Key 2400 | AMT02 | - | 782

Datatype R

Min/Max 1/18

Pairing 2400 | AMT01 | - | 522 | Amount Qualifier Code

Postage Claimed Amount

Cost of postage used to provide service or to process associated paper work.

Usage RIA

Level Service Line

Key 2400 | AMT02 | - | 782

Datatype R

Min/Max 1/18

Pairing 2400 | AMT01 | - | 522 | Amount Qualifier Code

Purchased Service Charge Amount

The charge for the purchased service.

1500 20 - Outside Lab \$ Charges (\$ Charges)

Usage RIA

Level Service Line

Key 2400 | PS102 | - | 782

Datatype R

Min/Max 1/18

Pricing Methodology

Pricing methodology at which the claim or line item has been priced or repriced.

Usage NRU

Level Service Line

Note 1 Trading partners need to agree on the codes to use in this element. There do not appear to be standard definitions for the code elements.

2 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2400 | HCP01 | - | 1473

Datatype ID

Min/Max 2/2

Codes 00 - Zero Pricing (Not Covered Under Contract)

01 - Priced as Billed at 100%

02 - Priced at the Standard Fee Schedule

03 - Priced at a Contractual Percentage

04 - Bundled Pricing

05 - Peer Review Pricing

06 - Per Diem Pricing

07 - Flat Rate Pricing

08 - Combination Pricing

09 - Maternity Pricing

10 - Other Pricing

11 - Lower of Cost

12 - Ratio of Cost

13 - Cost Reimbursed

14 - Adjustment Pricing

Repriced Allowed Amount

The maximum amount determined by the repricer as being allowable under the provisions of the contract prior to the determination of the actual payment.

Usage NRU

Level Service Line

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2400 | HCP02 | - | 782

Datatype R

Min/Max 1/18

Repriced Saving Amount

The amount of savings related to Third Party Organization claims.

Usage NRU

Level Service Line

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2400 | HCP03 | - | 782

Datatype R

Min/Max 1/18

Repricing Organization Identifier

Reference or identification number of the repricing organization.

Usage NRU

Level Service Line

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2400 | HCP04 | - | 127

Datatype AN

Min/Max 1/30

Repricing Per Diem or Flat Rate Amount

Amount used to determine the flat rate or per diem price by the repricing organization.

Usage NRU

Level Service Line

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2400 | HCP05 | - | 118

Datatype R

Min/Max 1/9

Repriced Approved Ambulatory Patient Group Code

Identifier for Ambulatory Patient Group assigned to the claim by the repricer.

Usage NRU

Level Service Line

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2400 | HCP06 | - | 127

Datatype AN

Min/Max 1/30

Repriced Approved Ambulatory Patient Group Amount

Amount of payment by the repricer for the referenced Ambulatory Patient Group.

Usage NRU

Level Service Line

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2400 | HCP07 | - | 782

Datatype R

Min/Max 1/18

Procedure Code

Code identifying the procedure, product or service.

Usage NRU

Level Service Line

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2400 | HCP10 | - | 234

Datatype AN

Min/Max 1/48

Pairing 2400 | HCP09 | - | 235 | Product or Service ID Qualifier

Repriced Approved Service Unit Count

Number of service units approved by pricing or repricing entity.

Usage NRU

Level Service Line

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2400 | HCP12 | - | 380

Datatype R

Min/Max 1/15

Pairing 2400 | HCP11 | - | 355 | Unit or Basis for Measurement Code

Reject Reason Code

Code assigned by issuer to identify reason for rejection.

Usage NRU

Level Service Line

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2400 | HCP13 | - | 901

Datatype ID

Min/Max 2/2

Codes T1 - Cannot Identify Provider as TPO (Third Party Organization) Participant

T2 - Cannot Identify Payer as TPO (Third Party Organization) Participant

T3 - Cannot Identify Insured as TPO (Third Party Organization) Participant

T4 - Payer Name or Identifier Missing

T5 - Certification Information Missing

T6 - Claim does not contain enough information for re-pricing

Policy Compliance Code

The code that specifies policy compliance.

Usage NRU

Level Service Line

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2400 | HCP14 | - | 1526

Datatype ID

Min/Max 1/2

Codes 1 - Procedure Followed (Compliance)

2 - Not Followed - Call Not Made (Non-Compliance Call Not Made)

3 - Not Medically Necessary (Non-Compliance Non-Medically Necessary)

4 - Not Followed Other (Non-Compliance Other)

5 - Emergency Admit to Non-Network Hospital

Exception Code

Exception code generated by the Third Party Organization.

Usage NRU

Level Service Line

Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Key 2400 | HCP15 | - | 1527

Datatype ID

Min/Max 1/2

Codes 1 - Non-Network Professional Provider in Network Hospital

2 - Emergency Care

3 - Services or Specialist not in Network

4 - Out-of-Service Area

5 - State Mandates

6 - Other

Uncategorized

Information not predefined. Reserved for local use and to be defined by mutual agreement between payer and sender.

Fixed Format Information

Data in fixed format agreed upon by sender and receiver.

Usage RIA

Level Service Line

Key 2400 | K301 | - | 449

Datatype AN

Min/Max 1/80

**Selected
Coordination
of Benefits
Information**

Information about the claim to assist secondary and tertiary payers in proper adjudication and payment determination. This information, if applicable, would be added to the claim by a payer to assist secondary, tertiary, etc. payers.

Other Insured Identification

Free form text, codes, assigned numbers, and dates that uniquely identify another subscriber or policy holder with insurance coverage for the patient.

Other Insured Last Name

The last name of the additional insured individual.

1500 9 - Other Insured's Name, (Last Name)

Usage RIA

Level Claim

Key 2330A | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2330A | NM101 | - | 98 | Entity Identifier Code

2330A | NM102 | - | 1065 | Entity Type Qualifier

Other Insured First Name

The first name of the additional insured individual.

1500 9 - Other Insured's Name, (First Name)

Usage RIA

Level Claim

Note 1 Required if NM102=1 (person).

Key 2330A | NM104 | - | 1036

Datatype AN

Min/Max 1/25

Other Insured Middle Name

The middle name of the additional insured individual.

1500 9 - Other Insured's Name, (Middle Initial)

Usage RIA

Level Claim

Note 1 Required if NM102=1 and the middle name/initial of the person is known.

Key 2330A | NM105 | - | 1037

Datatype AN

Min/Max 1/25

Other Insured Name Suffix

The suffix to the name of the additional insured individual.

1500 9 - Other Insured's Name, (Last Name)

Usage RIA

Level Claim

Note 1 Required if known.

2 Examples: I, II, III, IV, Jr, Sr

Key 2330A | NM107 | - | 1039

Datatype AN

Min/Max 1/10

Other Insured Address Line

Address line of the additional insured individual's mailing address.

Usage RIA

Level Claim

Key 2330A | N301 | - | 166

Datatype AN

Min/Max 1/55

Other Insured Address Line

Address line of the additional insured individual's mailing address.

Usage RIA

Level Claim

Note 1 Required if a second address line exists.

Key 2330A | N302 | - | 166

Datatype AN

Min/Max 1/55

Other Insured City Name

The city name of the additional insured individual.

Usage RIA

Level Claim

Note 1 Required when information is available.

Key 2330A | N401 | - | 19

Datatype AN

Min/Max 2/30

Other Insured State Code

The state code of the additional insured individual's mailing address.

Usage RIA

Level Claim

Note 1 Required when information is available.

Key 2330A | N402 | - | 156

Datatype ID

Min/Max 2/2

Other Insured Postal Zone or ZIP Code

The Postal ZIP Code of the additional insured individual's mailing address.

Usage RIA

Level Claim

Note 1 Required when information is available.

Key 2330A | N403 | - | 116

Datatype ID

Min/Max 3/15

Country Code

Code indicating the geographic location.

Usage RIA

Level Claim

Note 1 Required if the address is out of the U.S.

Key 2330A | N404 | - | 26

Datatype ID

Min/Max 2/3

Other Insured Birth Date

The birth date of the additional insured individual.

1500 9b - Other Insured's Date of Birth, Sex (Date of Birth)

Usage RIA

Level Claim

Key 2320 | DMG02 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2320 | DMG01 | - | 1250 | Date Time Period Format Qualifier

Other Insured Gender Code

A code to specify the sex of the additional insured individual.

1500 9b - Other Insured's Date of Birth, Sex (Sex)

Usage RIA

Level Claim

Key 2320 | DMG03 | - | 1068

Datatype ID

Min/Max 1/1

Codes F - Female

M - Male

U - Unknown

Other Insured Identifier

An identification number, assigned by the third party payer, to identify the additional insured individual.

1500 9a - Other Insured's Policy or Group Number

Usage RIA

Level Claim

Key 2330A | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2330A | NM108 | - | 66 | Identification Code Qualifier

Other Insured Additional Identifier

Number providing additional identification of the other insured.

Usage RIA

Level Claim

Key 2330A | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2330A | REF01 | - | 128 | Reference Identification Qualifier

Individual Relationship Code

Code indicating the relationship between two individuals or entities.

Usage RIA

Level Claim

Key 2320 | SBR02 | - | 1069

Datatype ID

Min/Max 2/2

Codes 01 - Spouse

04 - Grandfather or Grandmother

05 - Grandson or Granddaughter

07 - Nephew or Niece

10 - Foster Child

15 - Ward

17 - Stepson or Stepdaughter

18 - Self

19 - Child

20 - Employee

21 - Unknown

22 - Handicapped Dependent

23 - Sponsored Dependent

24 - Dependent of a Minor Dependent

29 - Significant Other

32 - Mother

33 - Father

36 - Emancipated Minor

39 - Organ Donor

40 - Cadaver Donor

41 - Injured Plaintiff

43 - Child Where Insured Has No Financial Responsibility

53 - Life Partner

G8 - Other Relationship

Pairing 2320 | SBR01 | - | 1138 | Payer Responsibility Sequence Number Code

Insured Group or Policy Number

The identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered.

1500 9a - Other Insured's Policy or Group Number

Usage RIA

Level Claim

Note 1 Required if the subscriber's payer identification includes Group or Plan Number. This data element is intended to carry the subscriber's Group Number, not the number that uniquely identifies the subscriber (Other Subscriber ID, Loop 2330A-NM109).

Key 2320 | SBR03 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2320 | SBR01 | - | 1138 | Payer Responsibility Sequence Number Code

Other Insured Group Name

Name of the group or plan through which the insurance is provided to the other insured.

1500 9d - Insurance Plan Name or Program Name

Usage RIA

Level Claim

Note 1 Required if the subscriber's payer identification includes a Group or Plan Name.

Key 2320 | SBR04 | - | 93

Datatype AN

Min/Max 1/60

Pairing 2320 | SBR01 | - | 1138 | Payer Responsibility Sequence Number Code

Insurance Type Code

Code identifying the type of insurance.

Usage RIA

Level Claim

Key 2320 | SBR05 | - | 1336

Datatype ID

Min/Max 1/3

Codes AP - Auto Insurance Policy
 C1 - Commercial
 CP - Medicare Conditionally Primary
 GP - Group Policy
 HM - Health Maintenance Organization (HMO)
 IP - Individual Policy
 LD - Long Term Policy
 LT - Litigation
 MB - Medicare Part B
 MC - Medicaid
 MI - Medigap Part B
 MP - Medicare Primary
 OT - Other
 PP - Personal Payment (Cash - No Insurance)
 SP - Supplemental Policy

Claim Filing Indicator Code

Code identifying type of claim or expected adjudication process.

Usage RIA

Level Claim

Note 1 Required prior to mandated used of PlanID. Not used after PlanID is mandated.

Key 2320 | SBR09 | - | 1032

Datatype ID

Min/Max 1/2

Codes

- 09 - Self-pay
- 10 - Central Certification
- 11 - Other Non-Federal Programs
- 12 - Preferred Provider Organization (PPO)
- 13 - Point of Service (POS)
- 14 - Exclusive Provider Organization (EPO)
- 15 - Indemnity Insurance
- 16 - Health Maintenance Organization (HMO) Medicare Risk
- AM - Automobile Medical
- BL - Blue Cross/Blue Shield
- CH - Champus
- CI - Commercial Insurance Co.
- DS - Disability
- HM - Health Maintenance Organization
- LI - Liability
- LM - Liability Medical
- MB - Medicare Part B
- MC - Medicaid
- OF - Other Federal Program
- TV - Title V
- VA - Veteran Administration Plan
- WC - Workers' Compensation Health Claim
- ZZ - Mutually Defined

Benefits Assignment Certification Indicator

A code showing whether the provider has a signed form authorizing the third party payer to pay the provider.

Usage RIA

Level Claim

Note 1 This is a crosswalk from CLM08 when doing COB.

Key 2320 | OI03 | - | 1073

Datatype ID

Min/Max 1/1

Codes N - No

Y - Yes

Patient Signature Source Code

Code indication how the patient/subscriber authorization signatures were obtained and how they are being retained by the provider.

Usage RIA

Level Claim

Note 1 Required except in cases where ``N" is used in OI06.

2 This is a crosswalk from CLM10 when doing COB.

Key 2320 | OI04 | - | 1351

Datatype ID

Min/Max 1/1

Codes B - Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file

C - Signed HCFA-1500 Claim Form on file

M - Signed signature authorization form for HCFA-1500 Claim Form block 13 on file

P - Signature generated by provider because the patient was not physically present for services

S - Signed signature authorization form for HCFA-1500 Claim Form block 12 on file

Release of Information Code

Code indicating whether the provider has on file a signed statement permitting the release of medical data to other organizations. (Note: For HIPAA 4010A it is recommended that values "I" or "Y" be used)

Usage RIA

Level Claim

Note 1 This is a crosswalk from CLM09 when doing COB.

Key 2320 | OI06 | - | 1363

Datatype ID

Min/Max 1/1

Codes 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 Payor or at Plan Sponsor

Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

Other Payer Identification

Free form text and codes to uniquely identify another payer organization.

Other Payer Last or Organization Name

The name of the other payer organization.

Usage RIA

Level Claim

Key 2330B | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2330B | NM101 | - | 98 | Entity Identifier Code

2330B | NM102 | - | 1065 | Entity Type Qualifier

Other Payer Primary Identifier

An identification number for the other payer.

Usage RIA

Level Claim

Note 1 This number must be identical to SVD01 (Loop ID-2430) for COB.

Key 2330B | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2330B | NM108 | - | 66 | Identification Code Qualifier

Other Payer Contact Name

Name of other payer contact.

Usage RIA

Level Claim

Key 2330B | PER02 | - | 93

Datatype AN

Min/Max 1/60

Pairing 2330B | PER01 | - | 366 | Contact Function Code

2330B | PER03 | - | 365 | Communication Number Qualifier

Communication Number

Complete communications number including country or area code when applicable.

Usage RIA

Level Claim

Key 2330B | PER04 | - | 364

Datatype AN

Min/Max 1/80

Pairing 2330B | PER01 | - | 366 | Contact Function Code

2330B | PER03 | - | 365 | Communication Number Qualifier

Other Payer Secondary Identifier

Additional identifier for the other payer organization.

Usage RIA

Level Claim

Note 1 The DA3-29.0 crosswalk is only used in payer-to-payer COB situations.

Key 2330B | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2330B | REF01 | - | 128 | Reference Identification Qualifier

Other Payer Patient Primary Identifier

The non-destination (COB) payer's patient's primary identification number.

Usage RIA

Level Claim

Key 2330C | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2330C | NM108 | - | 66 | Identification Code Qualifier

Other Payer Patient Secondary Identifier

The non-destination (COB) payer's patient's secondary identification number(s).

Usage RIA

Level Claim

Key 2330C | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2330C | REF01 | - | 128 | Reference Identification Qualifier

Payer Name

Name identifying the payer organization.

Usage RIA

Level Service Line

Key 2420G | NM103 | - | 1035

Datatype AN

Min/Max 1/35

Pairing 2420G | NM101 | - | 98 | Entity Identifier Code
2420G | NM102 | - | 1065 | Entity Type Qualifier

Other Payer Identification Number

The non-destination (COB) payer's identification number.

Usage RIA

Level Service Line

Note 1 Must match corresponding Other Payer Identifier in NM109 in 2330B loop(s).

Key 2420G | NM109 | - | 67

Datatype AN

Min/Max 2/80

Pairing 2420G | NM108 | - | 66 | Identification Code Qualifier

Other Payer Primary Identifier

An identification number for the other payer.

Usage RIA

Level Service Line

Note 1 This number should match NM109 in Loop ID-2330B identifying Other Payer.

Key 2430 | SVD01 | - | 67

Datatype AN

Min/Max 2/80

Other Payer Provider Identification

Free form text and codes to further identify the following provider information.

Other Payer Referring Provider Identifier

The non-destination (COB) payer's referring provider identifier.

Usage RIA

Level Claim

Key 2330D | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2330D | REF01 | - | 128 | Reference Identification Qualifier

Other Payer Rendering Provider Secondary Identifier

The non-destination (COB) payer's rendering provider identifier.

Usage RIA

Level Claim

Note 1 Other Payer Rendering Provider Secondary Identification

Key 2330E | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2330E | REF01 | - | 128 | Reference Identification Qualifier

Other Payer Purchased Service Provider Identifier

The non-destination (COB) payer's purchased service provider identifier.

Usage RIA

Level Claim

Note 1 Other Payer Purchased Service Provider Identification

Key 2330F | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2330F | REF01 | - | 128 | Reference Identification Qualifier

Other Payer Service Facility Location Identifier

The non-destination (COB) payer's service facility location identifier.

Usage RIA

Level Claim

Key 2330G | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2330G | REF01 | - | 128 | Reference Identification Qualifier

Other Payer Supervising Provider Identifier

The non-destination (COB) payer's supervising provider identifier.

Usage RIA

Level Claim

Key 2330H | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2330H | REF01 | - | 128 | Reference Identification Qualifier

Amounts/Pricing

Amounts concerning the payment of the claim of particular interest to secondary and tertiary payers.

Adjustment Reason Code

Code that indicates the reason for the adjustment. (The electronic transaction allows up to 6 reason codes within each Claim Level Adjustments segment)

Usage RIA
Level Claim
Key 2320 | CAS02 | - | 1034
Datatype ID
Min/Max 1/5
Pairing 2320 | CAS01 | - | 1033 | Claim Adjustment Group Code

Adjustment Amount

Adjustment amount for the associated reason code. (The electronic transaction allows up to 6 adjustment amounts within each Claim Level Adjustments segment)

Usage RIA
Level Claim
Key 2320 | CAS03 | - | 782
Datatype R
Min/Max 1/18
Pairing 2320 | CAS01 | - | 1033 | Claim Adjustment Group Code

Adjustment Quantity

Numeric quantity associated with the related reason code for coordination of benefits. (The electronic transaction allows up to 6 adjustment quantities within each Claim Level Adjustments segment)

Usage RIA
Level Claim
Note 1 Use as needed to show payer adjustment.
Key 2320 | CAS04 | - | 380
Datatype R
Min/Max 1/15
Pairing 2320 | CAS01 | - | 1033 | Claim Adjustment Group Code

Other Payer Patient Responsibility Amount

Amount determined by other payer to be the amount owed by the patient.

Usage RIA
Level Claim
Note 1 This is a crosswalk from CLP05 in 835 when doing COB.
Key 2320 | AMT02 | - | 782
Datatype R
Min/Max 1/18
Pairing 2320 | AMT01 | - | 522 | Amount Qualifier Code

Other Payer Covered Amount

Amount determined by other payer to be covered for the claim for coordination of benefits.

Usage RIA

Level Claim

Note 1 This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = AU.

Key 2320 | AMT02 | - | 782

Datatype R

Min/Max 1/18

Pairing 2320 | AMT01 | - | 522 | Amount Qualifier Code

Other Payer Discount Amount

Amount determined by other payer to be subject to discount provisions.

Usage RIA

Level Claim

Note 1 This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = D8.

Key 2320 | AMT02 | - | 782

Datatype R

Min/Max 1/18

Pairing 2320 | AMT01 | - | 522 | Amount Qualifier Code

Other Payer Per Day Limit Amount

Amount determined by other payer to be the maximum payable per day under the contract.

Usage RIA

Level Claim

Note 1 This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = DY.

Key 2320 | AMT02 | - | 782

Datatype R

Min/Max 1/18

Pairing 2320 | AMT01 | - | 522 | Amount Qualifier Code

Other Payer Patient Paid Amount

Amount reported by other payer as paid by the patient.

Usage RIA

Level Claim

Note 1 This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = F5.

Key 2320 | AMT02 | - | 782

Datatype R

Min/Max 1/18

Pairing 2320 | AMT01 | - | 522 | Amount Qualifier Code

Other Payer Tax Amount

Amount of taxes related to the claim as determined By other payer.

Usage RIA

Level Claim

Note 1 This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = T.

Key 2320 | AMT02 | - | 782

Datatype R

Min/Max 1/18

Pairing 2320 | AMT01 | - | 522 | Amount Qualifier Code

Other Payer Pre-Tax Claim Total Amount

Total claim amount before applying taxes as reported by other payer.

Usage RIA

Level Claim

Note 1 This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = T2.

Key 2320 | AMT02 | - | 782

Datatype R

Min/Max 1/18

Pairing 2320 | AMT01 | - | 522 | Amount Qualifier Code

Reimbursement Rate

Rate used when payment is based upon a percentage of applicable charges.

Usage RIA

Level Claim

Note 1 Required if returned in the electronic remittance advice (835).

Key 2320 | MOA01 | - | 954

Datatype R

Min/Max 1/10

HCPCS Payable Amount

Amount due under Medicare HCPCS system.

Usage RIA

Level Claim

Note 1 Required if returned in the electronic remittance advice (835).

Key 2320 | MOA02 | - | 782

Datatype R

Min/Max 1/18

Remark Code

Code indicating a code from a specific industry code list, such as the Health Care Claim Status Code list. (Medicare Outpatient Adjudication Information segment: The electronic transaction allows up to 5 remark codes within this segment.)

Usage RIA

Level Claim

Note 1 Required if returned in the electronic remittance advice (835).

Key 2320 | MOA03 | - | 127

Datatype AN

Min/Max 1/30

End Stage Renal Disease Payment Amount

Amount of payment under End Stage Renal Disease benefit.

Usage RIA

Level Claim

Note 1 Required if returned in the electronic remittance advice (835).

Key 2320 | MOA08 | - | 782

Datatype R

Min/Max 1/18

Non-Payable Professional Component Billed Amount

Amount of non-payable charges included in the bill related to professional services.

Usage RIA

Level Claim

Note 1 Required if returned in the electronic remittance advice (835).

Key 2320 | MOA09 | - | 782

Datatype R

Min/Max 1/18

Service Line Paid Amount

Amount paid by the indicated payer for a service line.

Usage RIA

Level Service Line

Note 1 Zero 0 is an acceptable value for this element.

2 The FA0-52.0 NSF crosswalk is only used in payer-to-payer COB situations.

Key 2430 | SVD02 | - | 782

Datatype R

Min/Max 1/18

Adjustment Reason Code

Code that indicates the reason for the adjustment.

Usage RIA

Level Service Line

Note 1 Use the Claim Adjustment Reason Code list (See Appendix C).

Key 2430 | CAS02 | - | 1034

Datatype ID

Min/Max 1/5

Pairing 2430 | CAS01 | - | 1033 | Claim Adjustment Group Code

Adjustment Amount

Adjustment amount for the associated reason code.

Usage RIA

Level Service Line

Note 1 Use this amount for the adjustment amount.

Key 2430 | CAS03 | - | 782

Datatype R

Min/Max 1/18

Pairing 2430 | CAS01 | - | 1033 | Claim Adjustment Group Code

Adjustment Quantity

Numeric quantity associated with the related reason code for coordination of benefits.

Usage RIA

Level Service Line

Note 1 Use this quantity for the units of service being adjusted.

2 Use as needed to show payer adjustment.

Key 2430 | CAS04 | - | 380

Datatype R

Min/Max 1/15

Pairing 2430 | CAS01 | - | 1033 | Claim Adjustment Group Code

Service and Other Dates

Free form text and codes to identify services and other dates related to COB.

Adjudication or Payment Date

Date of payment or denial determination by previous payer.

Usage RIA

Level Claim

Key 2330B | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2330B | DTP01 | - | 374 | Date Time Qualifier

2330B | DTP02 | - | 1250 | Date Time Period Format Qualifier

Other Payer Prior Authorization or Referral Number

The non-destination (COB) payer's prior authorization or referral number.

Usage RIA

Level Claim

Key 2330B | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2330B | REF01 | - | 128 | Reference Identification Qualifier

Other Payer Claim Adjustment Indicator

Indicates the other payer has made a previous claim adjustment to this claim.

Usage RIA

Level Claim

Note 1 Allowable values are Y indicating that the payer in this loop has previously adjudicated this claim and sent a record of that adjudication to the destination payer identified in the 2010BB loop. The claim being transmitted in this iteration of the 2300 loop is a re-adjudicated version of that claim.

Key 2330B | REF02 | - | 127

Datatype AN

Min/Max 1/30

Pairing 2330B | REF01 | - | 128 | Reference Identification Qualifier

Adjudication or Payment Date

Date of payment or denial determination by previous payer.

Usage RIA

Level Service Line

Key 2430 | DTP03 | - | 1251

Datatype AN

Min/Max 1/35

Pairing 2430 | DTP01 | - | 374 | Date Time Qualifier

2430 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Services Rendered - COB

Free form text and codes to identify services rendered related to COB.

Procedure Code

Code identifying the procedure, product or service.

Usage RIA

Level Service Line

Key 2430 | SVD03 | C003-2 | 234

Datatype AN

Min/Max 1/48

Pairing 2430 | SVD03 | C003-1 | 235 | Product or Service ID Qualifier

Procedure Modifier

This identifies special circumstances related to the performance of the service. (The electronic transaction allows up to four procedure modifier codes per procedure code.)

Usage RIA

Level Service Line

Note 1 Use this modifier for the first procedure code modifier.

2 Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

Key 2430 | SVD03 | C003-3 | 1339

Datatype AN

Min/Max 2/2

Procedure Code Description

Description clarifying the Product/Service Procedure Code and related data elements.

Usage RIA

Level Service Line

Note 1 Required if SVC01-7 was returned in the 835 transaction.

Key 2430 | SVD03 | C003-7 | 352

Datatype AN

Min/Max 1/80

Paid Service Unit Count

Units of service paid by the payer for coordination of benefits.

Usage RIA

Level Service Line

Note 1 Crosswalk from SVC05 in 835 or, if not present in 835, use original billed units.

Key 2430 | SVD05 | - | 380

Datatype R

Min/Max 1/15

Pairing 2430 | SVD03 | C003-1 | 235 | Product or Service ID Qualifier

Bundled or Unbundled Line Number

Identification of line item bundled or unbundled by non-destination (COB) payer in payment of benefits.

Usage RIA

Level Service Line

Note 1 Use the LX from this transaction which points to the bundled line.

2 Required if payer bundled this service line.

Key 2430 | SVD06 | - | 554

Datatype N0

Min/Max 1/6

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Complete NUCC Data Set Name Index

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Billing Provider Address Line	64
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Purchased Service Provider Secondary Identifier	86
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Attachment Transmission Code	100
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Prior Authorization or Referral Number	102
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Clinical Laboratory Improvement Amendment Number	103
Referring CLIA Number	103
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Uncategorized

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Other Insured Address Line	126
Other Insured City Name	126
Other Insured State Code	126
Other Insured Postal Zone or ZIP Code	126
Country Code	127
Other Insured Birth Date	127
Other Insured Gender Code	127
Other Insured Identifier	127
Other Insured Additional Identifier	128
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Insured Group or Policy Number	129
Other Insured Group Name	129
Insurance Type Code	129
Claim Filing Indicator Code	130
Benefits Assignment Certification Indicator	130
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Other Payer Contact Name	132
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Other Payer Tax Amount	137
Other Payer Pre-Tax Claim Total Amount	138
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Appendix B
Crosswalk between 1500 Health Insurance Claim Form and ASC X12N 004010X098A1 837
Professional

Data elements on the 1500 Health Insurance Claim Form that are not accommodated in the ASC X12N 004010X098A1 837 Professional are not listed in the crosswalk.

1500 Claim Form Item Number and Title (Item Subreference)	Loop	Segment	P#
Carrier Block (Name)			
Payer Name	2010BB	NM1	81
Carrier Block (First Line of Address)			
Payer Address Line	2010BB	N3	81
Carrier Block (Second Line of Address)			
Payer Address Line	2010BB	N3	81
Carrier Block (City State and Zip Code)			
Payer City Name	2010BB	N4	82
Carrier Block (City State and Zip Code)			
Payer State Code	2010BB	N4	82
Carrier Block (City State and Zip Code)			
Payer Postal Zone or ZIP Code	2010BB	N4	82
1 - Type of health insurance coverage applicable to claim			
Claim Filing Indicator Code	2000B	SBR	19
1a - Insured's ID Number			
Subscriber Primary Identifier	2010BA	NM1	16
2 - Patient's Name (Last Name)			
Patient Last Name	2010CA or 2010BA	NM1	22
2 - Patient's Name (First Name)			
Patient First Name	2010CA or 2010BA	NM1	23
2 - Patient's Name (Middle Initial)			
Patient Middle Name	2010CA or 2010BA	NM1	23
2 - Patient's Name (Last Name)			
Patient Name Suffix	2010CA or 2010BA	NM1	23
3 - Patient's Birth Date, Sex (Birth Date)			
Patient Birth Date	2010CA or 2010BA	DMG	24
3 - Patient's Birth Date, Sex (Sex)			
Patient Gender Code	2010CA or 2010BA	DMG	25
4 - Insured's Name (Last Name)			
Subscriber Last Name	2010BA	NM1	14
4 - Insured's Name (First Name)			
Subscriber First Name	2010BA	NM1	14
4 - Insured's Name (Middle Initial)			
Subscriber Middle Name	2010BA	NM1	14

1500 Claim Form Item Number or Area Reference	Loop	Segment	P#
4 - Insured's Name (Last Name)			
Subscriber Name Suffix	2010BA	NM1	14
5 - Patient's Address (No., Street)			
Patient Address Line	2010CA	N3	23
5 - Patient's Address (City)			
Patient City Name	2010CA	N4	24
5 - Patient's Address (State)			
Patient State Code	2010CA	N4	24
5 - Patient's Address (Zip Code)			
Patient Postal Zone or ZIP Code	2010CA	N4	24
6 - Patient Relationship to Insured			
Individual Relationship Code	2000B	SBR	17
6 - Patient Relationship to Insured			
Individual Relationship Code	2000C	PAT	22
7 - Insured's Address (No., Street)			
Subscriber Address Line	2010BA	N3	15
7 - Insured's Address (City)			
Subscriber City Name	2010BA	N4	15
7 - Insured's Address (State)			
Subscriber State Code	2010BA	N4	15
7 - Insured's Address (Zip Code)			
Subscriber Postal Zone or ZIP Code	2010BA	N4	15
9 - Other Insured's Name, (Last Name)			
Other Insured Last Name	2330A	NM1	125
9 - Other Insured's Name, (First Name)			
Other Insured First Name	2330A	NM1	125
9 - Other Insured's Name, (Middle Initial)			
Other Insured Middle Name	2330A	NM1	125
9 - Other Insured's Name, (Last Name)			
Other Insured Name Suffix	2330A	NM1	125
9a - Other Insured's Policy or Group Number			
Other Insured Identifier	2330A	NM1	127
9a - Other Insured's Policy or Group Number			
Insured Group or Policy Number	2320	SBR	129
9b - Other Insured's Date of Birth, Sex (Date of Birth)			
Other Insured Birth Date	2320	DMG	127
9b - Other Insured's Date of Birth, Sex (Sex)			
Other Insured Gender Code	2320	DMG	127

1500 Claim Form Item Number or Area Reference	Loop	Segment	P#
9d - Insurance Plan Name or Program Name			
Other Insured Group Name	2320	SBR	129
10 - Is Patient's Condition Related to: a - Employment? b - Auto Accident? c - Other Accident?			
Related-Causes Code	2300	CLM	28
10b - 10 - Is Patient's Condition Related to: (State)			
State or Province Code	2300	CLM	28
11 - Insured Policy Group or FECA Number			
Insured Group or Policy Number	2000B	SBR	17
11a - Insured's Date of Birth, Sex (Date of Birth)			
Subscriber Birth Date	2010BA	DMG	16
11a - Insured's Date of Birth, Sex (Sex)			
Subscriber Gender Code	2010BA	DMG	16
11c - Insurance Plan Name or Program Name			
Payer Identifier	2010BB	NM1	81
12 - Patient's or Authorized Person's Signature			
Release of Information Code	2300	CLM	27
13 - Insured's or Authorized Person's Signature			
Benefits Assignment Certification Indicator	2300	CLM	67
14 - Date of Current Illness, Injury, Pregnancy			
Onset of Current Illness or Injury Date	2300	DTP	31
14 - Date of Current Illness, Injury, Pregnancy			
Acute Manifestation Date	2300	DTP	31
14 - Date of Current Illness, Injury, Pregnancy			
Accident Date	2300	DTP	32
14 - Date of Current Illness, Injury, Pregnancy			
Last Menstrual Period Date	2300	DTP	32
15 - If Patient Has Had Same or Similar Illness			
Similar Illness or Symptom Date	2300	DTP	32
16 - Dates patient unable to work in current occupation - From			
Disability From Date	2300	DTP	33
16 - Dates patient unable to work in current occupation - To			
Disability To Date	2300	DTP	33
17 - Name of Referring Physician or Other Source (First Name)			
Referring Provider First Name	2310A	NM1	71

1500 Claim Form Item Number or Area Reference	Loop	Segment	P#
17 - Name of Referring Physician or Other Source (Middle Initial)			
Referring Provider Middle Name	2310A	NM1	71
17 - Name of Referring Physician or Other Source (Last Name)			
Referring Provider Last Name	2310A	NM1	71
17a - Other ID# (Non-NPI)			
Referring Provider Secondary Identifier	2310A	REF	72
17b - NPI ID#			
Referring Provider Identifier	2310A	NM1	72
18 - Hospitalization dates related to current services - From			
Related Hospitalization Admission Date	2300	DTP	34
18 - Hospitalization dates related to current services - To			
Related Hospitalization Discharge Date	2300	DTP	34
19 - Reserved for local use			
Claim Note Text	2300	NTE	46
20 - Outside Lab \$ Charges (\$ Charges)			
Purchased Service Charge Amount	2400	PS1	118
21 - Diagnosis or Nature of Illness or Injury (1)			
Diagnosis Code	2300	HI	58
21 - Diagnosis or Nature of Illness or Injury (2)			
Diagnosis Code	2300	HI	59
21 - Diagnosis or Nature of Illness or Injury (3)			
Diagnosis Code	2300	HI	59
21 - Diagnosis or Nature of Illness or Injury (4)			
Diagnosis Code	2300	HI	59
22 - Medicaid Resubmission and/or Original Reference Number (Original Reference Number)			
Claim Frequency Type Code	2300	CLM	49
22 - Medicaid Resubmission and/or Original Reference Number (Original Reference Number)			
Claim Original Reference Number	2300	REF	40
23 - Prior Authorization Number			
Clinical Laboratory Improvement Amendment Number	2300	REF	40
23 - Prior Authorization Number			
Prior Authorization or Referral Number	2300	REF	40
23 - Prior Authorization Number			
Mammography Certification Number	2300	REF	46

1500 Claim Form Item Number or Area Reference	Loop	Segment	P#
24A - Date(s) of Service (From, To)			
Service Date	2400	DTP	108
24B - Place of Service			
Facility Code Value	2300	CLM	77
24B - Place of Service			
Place of Service Code	2400	SV1	97
24C - EMG			
Emergency Indicator	2400	SV1	99
24D - (CPT/HCPCS) Unshaded Portion			
Product/Service ID	2400	SV1	97
24D - Procedures, Services, or Supplies (Procedure Modifier) Unshaded Portion			
Procedure Modifier	2400	SV1	97
24E - Diagnosis Code Pointer (1) Unshaded Portion			
Diagnosis Code Pointer	2400	SV1	98
24E - Diagnosis Code Pointer (2) Unshaded Portion			
Diagnosis Code Pointer	2400	SV1	98
24E - Diagnosis Code Pointer (3) Unshaded Portion			
Diagnosis Code Pointer	2400	SV1	98
24E - Diagnosis Code Pointer (4) Unshaded Portion			
Diagnosis Code Pointer	2400	SV1	98
24F - \$ Charges Unshaded Portion			
Line Item Charge Amount	2400	SV1	116
24G - Days or Units Unshaded Portion			
Service Unit Count	2400	SV1	116
24H - EPSDT/Family Plan Unshaded Portion			
Family Planning Indicator	2400	SV1	99
24H - EPSDT/Family Plan Shaded Portion			
EPSDT Indicator	2400	SV1	99
24I - ID Qualifier Shaded Portion			
Reference Identification Qualifier	2310B	REF	74
24I - ID Qualifier Shaded Portion			
Reference Identification Qualifier	2420A	REF	85
24J - Rendering Provider NPI Unshaded Portion			
Rendering Provider Identifier	2310B	NM1	73
24J - Rendering Provider NPI Unshaded Portion			
Rendering Provider Identifier	2420A	NM1	85
24J - Rendering Provider Non-NPI Shaded Portion			
Rendering Provider Secondary Identifier	2310B	REF	74

1500 Claim Form Item Number or Area Reference	Loop	Segment	P#
24J - Rendering Provider Non-NPI Shaded Portion			
Rendering Provider Secondary Identifier	2420A	REF	85
25 - Federal Tax ID Number (Billing Provider with no NPI)			
Billing Provider Identifier	2010AA	NM1	65
25 - Federal Tax ID Number (Billing Provider with NPI)			
Billing Provider Additional Identifier	2010AA	REF	65
26 - Patient's Account No.			
Patient Account Number	2300	CLM	27
27 - Accept Assignment?			
Medicare Assignment Code	2300	CLM	67
28 - Total Charge			
Total Claim Charge Amount	2300	CLM	52
29 - Amount Paid (Sum of Coordination of Benefits (COB) Payer Amount Paid and Patient Amount Paid)			
Patient Amount Paid	2300	AMT	53
29 - Amount Paid (Sum of Coordination of Benefits (COB) Payer Amount Paid and Patient Amount Paid)			
Payer Paid Amount	2320	AMT	54
31 - Signature of Physician or Supplier Including Degrees or Credentials (Signed "Signature on File")			
Provider or Supplier Signature Indicator	2300	CLM	66
31 - Signature of Physician or Supplier Including Degrees or Credentials (Date)			
Transaction Set Creation Date	BHT04	BHT	41
32 - Service Facility Location Information (Name)			
Laboratory or Facility Name	2310D	NM1	77
32 - Service Facility Location Information (Address)			
Laboratory or Facility Address Line	2310D	N3	77
32 - Service Facility Location Information (City, State, and Zip Code)			
Laboratory or Facility City Name	2310D	N4	78
32 - Service Facility Location Information (City, State, and Zip Code)			
Laboratory or Facility State or Province Code	2310D	N4	78
32 - Service Facility Location Information (City, State, and Zip Code)			
Laboratory or Facility Postal Zone or ZIP Code	2310D	N4	78
32a. - NPI # or 32b. - Other ID #			
Laboratory or Facility Primary Identifier	2310D	NM1	79
32b. - Other ID #			
Laboratory or Facility Secondary Identifier	2310D	REF	79

1500 Claim Form Item Number or Area Reference	Loop	Segment	P#
33 - Billing Provider Info & Ph # (Name)			
Billing Provider First Name	2010AA	NM1	63
33 - Billing Provider Info & Ph # (Name)			
Billing Provider Middle Name	2010AA	NM1	63
33 - Billing Provider Info & Ph # (Name)			
Billing Provider Last or Organizational Name	2010AA	NM1	63
33 - Billing Provider Info & Ph # (Name)			
Billing Provider Name Suffix	2010AA	NM1	63
33 - Billing Provider Info & Ph # (Address)			
Billing Provider Address Line	2010AA	N3	64
33 - Billing Provider Info & Ph # (City, State, and Zip Code)			
Billing Provider City Name	2010AA	N4	64
33 - Billing Provider Info & Ph # (City, State, and Zip Code)			
Billing Provider State or Province Code	2010AA	N4	64
33 - Billing Provider Info & Ph # (City, State, and Zip Code)			
Billing Provider Postal Zone or ZIP Code	2010AA	N4	64
33 - Billing Provider Info & Ph #			
Communication Number	2010AA	PER	66
33a. - NPI #			
Billing Provider NPI Number	2010AA	NM1	65
33b. - Other ID #			
Billing Provider Additional Identifier	2010AA	REF	65