

**National Electronic Data Interchange  
Transaction Set Implementation Guide**

# **Health Care Data Element Dictionary**

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# Health Care Data Element Dictionary

This document contains an alphabetic listing of health care industry assigned data element names used in the nine HIPAA-related ASC X12N Health Care Implementation Guides. Data element names in normal type are generic ASC X12 names used as industry names in the implementation guides. *Italic type* indicates a health care industry defined name.

Name	<b>Payment Date</b>
Definition	Date of payment.
Transaction Set ID	<b>277</b>
Locator Key	D   2200D   SPA12   C001-2   373 ..... <b>156</b>
H=Header, D=Detail, S=Summary	
Loop ID	
Segment ID/Reference Designator	
Composite ID-Sequence	
Data Element Number	
Page Number	

## ***Accident Date***

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

### **837 - Dental**

D | 2300 | DTP03 | - | 1251 ..... **161**

### **837 - Professional**

D | 2300 | DTP03 | - | 1251 ..... **195**

### **278 - Request**

D | 2000C | DTP03 | - | 1251 ..... **75**

D | 2000D | DTP03 | - | 1251 ..... **98**

### **278 - Response**

D | 2000C | DTP03 | - | 1251 ..... **249**

D | 2000D | DTP03 | - | 1251 ..... **275**

## **Account Number Qualifier**

Code indicating the type of account

### **820**

H | | BPR08 | - | 569 ..... **39**

H | | BPR14 | - | 569 ..... **41**

### **835**

H | | BPR08 | - | 569 ..... **48**

H | | BPR14 | - | 569 ..... **50**

## **Action Code**

Code indicating type of action

### **834**

H | | BGN08 | - | 306 ..... **31**

D | 2300 | IDC04 | - | 306 ..... **138**

D | 2310 | PLA01 | - | 306 ..... **148**

### **278 - Response**

D | 2000F | HCR01 | - | 306 ..... **331**

## ***Activities Permitted Code***

Code describing the activities permitted by the physician or for which physician's orders are present.

### **837 - Institutional**

D | 2300 | CRC03 | - | 1321 ..... **222**

D | 2300 | CRC04 | - | 1321 ..... **223**

D | 2300 | CRC05 | - | 1321 ..... **223**

D | 2300 | CRC06 | - | 1321 ..... **223**

D | 2300 | CRC07 | - | 1321 ..... **223**

## ***Acute Manifestation Date***

Date of acute manifestation of patient's condition.

### **837 - Professional**

D | 2300 | DTP03 | - | 1251 ..... **191**

D | 2400 | DTP03 | - | 1251 ..... **457**

## ***Additional Payee Identifier***

Additional unique identifier designating the payee.

### **835**

H | 1000B | REF02 | - | 127 ..... **78**

## ***Additional Payer Identifier***

Additional unique identifier designating the payer.

### **835**

H | 1000A | REF02 | - | 127 ..... **68**

**Additional Submitter Name**

Additional name information for the receiver or submitter of the transaction.

**837 - Dental**

H | 1000A | N201 | - | 93 ..... 62

**837 - Professional**

H | 1000A | N201 | - | 93 ..... 70

**Adjudication or Payment Date**

Date of payment or denial determination by previous payer.

**837 - Institutional**

D | 2330B | DTP03 | - | 1251 ..... 415

**837 - Dental**

D | 2430 | DTP03 | - | 1251 ..... 312

**837 - Professional**

D | 2330B | DTP03 | - | 1251 ..... 367

D | 2430 | DTP03 | - | 1251 ..... 566

**277**

D | 2200D | STC06 | - | 373 ..... 162

D | 2200E | STC06 | - | 373 ..... 207

**Adjusted Repriced Claim**

**Reference Number**

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

**837 - Institutional**

D | 2300 | REF02 | - | 127 ..... 185

**837 - Professional**

D | 2300 | REF02 | - | 127 ..... 235

**Adjusted Repriced Line Item**

**Reference Number**

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

**837 - Professional**

D | 2400 | REF02 | - | 127 ..... 469

**Adjustment Amount**

Adjustment amount for the associated reason code.

**820**

D | 2320A | ADX01 | - | 782 ..... 85

D | 2320B | ADX01 | - | 782 ..... 96

**835**

D | 2100 | CAS03 | - | 782 ..... 97

D | 2100 | CAS06 | - | 782 ..... 98

D | 2100 | CAS09 | - | 782 ..... 99

D | 2100 | CAS12 | - | 782 ..... 99

D | 2100 | CAS15 | - | 782 ..... 100

D | 2100 | CAS18 | - | 782 ..... 100

D | 2110 | CAS03 | - | 782 ..... 150

D | 2110 | CAS06 | - | 782 ..... 151

D | 2110 | CAS09 | - | 782 ..... 151

D | 2110 | CAS12 | - | 782 ..... 152

D | 2110 | CAS15 | - | 782 ..... 153

D | 2110 | CAS18 | - | 782 ..... 153

**837 - Institutional**

D | 2320 | CAS03 | - | 782 ..... 367

D | 2320 | CAS06 | - | 782 ..... 368

D | 2320 | CAS09 | - | 782 ..... 368

D | 2320 | CAS12 | - | 782 ..... 369

D | 2320 | CAS15 | - | 782 ..... 370

D | 2320 | CAS18 | - | 782 ..... 370

D | 2430 | CAS03 | - | 782 ..... 496

D | 2430 | CAS06 | - | 782 ..... 497

D | 2430 | CAS09 | - | 782 ..... 498

D | 2430 | CAS12 | - | 782 ..... 499

D | 2430 | CAS15 | - | 782 ..... 500

D | 2430 | CAS18 | - | 782 ..... 501

**837 - Dental**

D | 2320 | CAS03 | - | 782 ..... 216

D | 2320 | CAS06 | - | 782 ..... 217

D | 2320 | CAS09 | - | 782 ..... 217

D | 2320 | CAS12 | - | 782 ..... 218

D | 2320 | CAS15 | - | 782 ..... 218

D | 2320 | CAS18 | - | 782 ..... 219

D | 2430 | CAS03 | - | 782 ..... 307

D | 2430 | CAS06 | - | 782 ..... 308

D | 2430 | CAS09 | - | 782 ..... 309

D | 2430 | CAS12 | - | 782 ..... 309

D | 2430 | CAS15 | - | 782 ..... 310

D | 2430 | CAS18 | - | 782 ..... 311

**837 - Professional**

D | 2320 | CAS03 | - | 782 ..... 327

D | 2320 | CAS06 | - | 782 ..... 327

D | 2320 | CAS09 | - | 782 ..... 328

D | 2320 | CAS12 | - | 782 ..... 329

D | 2320 | CAS15 | - | 782 ..... 330

D | 2320 | CAS18 | - | 782 ..... 330

D | 2430 | CAS03 | - | 782 ..... 560

D | 2430 | CAS06 | - | 782 ..... 561

D | 2430 | CAS09 | - | 782 ..... 562

D | 2430 | CAS12 | - | 782 ..... 563

D | 2430 | CAS15 | - | 782 ..... 564

D | 2430 | CAS18 | - | 782 ..... 565

**Adjustment Quantity**

Numeric quantity associated with the related reason code for coordination of benefits.

**835**

D | 2100 | CAS04 | - | 380 ..... 98

D | 2100 | CAS07 | - | 380 ..... 98

D | 2100 | CAS10 | - | 380 ..... 99

D | 2100 | CAS13 | - | 380 ..... 99

D | 2100 | CAS16 | - | 380 ..... 100

D | 2100 | CAS19 | - | 380 ..... 101

D | 2110 | CAS04 | - | 380 ..... 150

D | 2110 | CAS07 | - | 380 ..... 151

D | 2110 | CAS10 | - | 380 ..... 152

D | 2110 | CAS13 | - | 380 ..... 152

D | 2110 | CAS16 | - | 380 ..... 153

D | 2110 | CAS19 | - | 380 ..... 153

**837 - Institutional**

D | 2320 | CAS04 | - | 380 ..... 367

D | 2320 | CAS07 | - | 380 ..... 368

D | 2320 | CAS10 | - | 380 ..... 369

D | 2320 | CAS13 | - | 380 ..... 369

D | 2320 | CAS16 | - | 380 ..... 370

D | 2320 | CAS19 | - | 380 ..... 370

D | 2430 | SVD05 | - | 380 ..... 493

D | 2430 | CAS04 | - | 380 ..... 496

D | 2430 | CAS07 | - | 380 ..... 497

D | 2430 | CAS10 | - | 380 ..... 498

D | 2430 | CAS13 | - | 380 ..... 499

D | 2430 | CAS16 | - | 380 ..... 500

D | 2430 | CAS19 | - | 380 ..... 501

**837 - Dental**

D | 2320 | CAS04 | - | 380 ..... 216

D | 2320 | CAS07 | - | 380 ..... 217

D		2320		CAS10		-		380	.....	217
D		2320		CAS13		-		380	.....	218
D		2320		CAS16		-		380	.....	219
D		2320		CAS19		-		380	.....	219
D		2430		CAS04		-		380	.....	307
D		2430		CAS07		-		380	.....	308
D		2430		CAS10		-		380	.....	309
D		2430		CAS13		-		380	.....	310
D		2430		CAS16		-		380	.....	310
D		2430		CAS19		-		380	.....	311

**837 - Professional**

D		2320		CAS04		-		380	.....	327
D		2320		CAS07		-		380	.....	328
D		2320		CAS10		-		380	.....	328
D		2320		CAS13		-		380	.....	329
D		2320		CAS16		-		380	.....	330
D		2320		CAS19		-		380	.....	331
D		2430		CAS04		-		380	.....	560
D		2430		CAS07		-		380	.....	561
D		2430		CAS10		-		380	.....	562
D		2430		CAS13		-		380	.....	563
D		2430		CAS16		-		380	.....	564
D		2430		CAS19		-		380	.....	565

**Adjustment Reason Code**

Code that indicates the reason for the adjustment.

**820**

D		2320A		ADX02		-		426	.....	85
D		2320B		ADX02		-		426	.....	97

**835**

D		2100		CAS02		-		1034	.....	97
D		2100		CAS05		-		1034	.....	98
D		2100		CAS08		-		1034	.....	98
D		2100		CAS11		-		1034	.....	99
D		2100		CAS14		-		1034	.....	100
D		2100		CAS17		-		1034	.....	100
D		2110		CAS02		-		1034	.....	150
D		2110		CAS05		-		1034	.....	151
D		2110		CAS08		-		1034	.....	151
D		2110		CAS11		-		1034	.....	152
D		2110		CAS14		-		1034	.....	152
D		2110		CAS17		-		1034	.....	153
S				PLB03		C042-1		426	.....	165
S				PLB05		C042-1		426	.....	170
S				PLB07		C042-1		426	.....	171
S				PLB09		C042-1		426	.....	171
S				PLB11		C042-1		426	.....	171
S				PLB13		C042-1		426	.....	172

**837 - Institutional**

D		2320		CAS02		-		1034	.....	367
D		2320		CAS05		-		1034	.....	368
D		2320		CAS08		-		1034	.....	368
D		2320		CAS11		-		1034	.....	369
D		2320		CAS14		-		1034	.....	369
D		2320		CAS17		-		1034	.....	370
D		2430		CAS02		-		1034	.....	496
D		2430		CAS05		-		1034	.....	496
D		2430		CAS08		-		1034	.....	497
D		2430		CAS11		-		1034	.....	498
D		2430		CAS14		-		1034	.....	499
D		2430		CAS17		-		1034	.....	500

**837 - Dental**

D		2320		CAS02		-		1034	.....	216
D		2320		CAS05		-		1034	.....	216
D		2320		CAS08		-		1034	.....	217
D		2320		CAS11		-		1034	.....	218
D		2320		CAS14		-		1034	.....	218
D		2320		CAS17		-		1034	.....	219
D		2430		CAS02		-		1034	.....	307

D		2430		CAS05		-		1034	.....	308
D		2430		CAS08		-		1034	.....	308
D		2430		CAS11		-		1034	.....	309
D		2430		CAS14		-		1034	.....	310
D		2430		CAS17		-		1034	.....	311

**837 - Professional**

D		2320		CAS02		-		1034	.....	326
D		2320		CAS05		-		1034	.....	327
D		2320		CAS08		-		1034	.....	328
D		2320		CAS11		-		1034	.....	329
D		2320		CAS14		-		1034	.....	329
D		2320		CAS17		-		1034	.....	330
D		2430		CAS02		-		1034	.....	560
D		2430		CAS05		-		1034	.....	561
D		2430		CAS08		-		1034	.....	562
D		2430		CAS11		-		1034	.....	563
D		2430		CAS14		-		1034	.....	564
D		2430		CAS17		-		1034	.....	565

**Admission Date and Hour**

The date and time of the admission to the facility.

**837 - Institutional**

D		2300		DTP03		-		1251	.....	170
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**Admission Source Code**

Code indicating the source of this admission.

**837 - Institutional**

D		2300		CL102		-		1314	.....	172
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**278 - Request**

D		2000F		CL102		-		1314	.....	189
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**278 - Response**

D		2000F		CL102		-		1314	.....	367
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**Admission Type Code**

Code indicating the priority of this admission.

**837 - Institutional**

D		2300		CL101		-		1315	.....	171
---	--	------	--	-------	--	---	--	------	-------	-----

**278 - Request**

D		2000F		CL101		-		1315	.....	189
---	--	-------	--	-------	--	---	--	------	-------	-----

**278 - Response**

D		2000F		CL101		-		1315	.....	367
---	--	-------	--	-------	--	---	--	------	-------	-----

**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.

**837 - Institutional**

D		2320		AMT02		-		782	.....	372
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**837 - Dental**

D		2320		AMT02		-		782	.....	222
---	--	------	--	-------	--	---	--	-----	-------	-----

**837 - Professional**

D		2320		AMT02		-		782	.....	334
---	--	------	--	-------	--	---	--	-----	-------	-----

**Ambulance Transport Code**

Code indicating the type of ambulance transport.

**837 - Professional**

D		2300		CR103		-		1316	.....	249
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D   2400   CR103   -   1316 .....	413
<b>278 - Request</b>	
D   2000F   CR103   -   1316 .....	192
<b>278 - Response</b>	
D   2000F   CR103   -   1316 .....	370

**Ambulance Transport Reason Code**

Code indicating the reason for ambulance transport.

<b>837 - Professional</b>	
D   2300   CR104   -   1317 .....	249
D   2400   CR104   -   1317 .....	413
<b>278 - Request</b>	
D   2000F   CR104   -   1317 .....	192

**Ambulance Trip Destination Address**

Address of the place of destination of the ambulance transport.

<b>278 - Request</b>	
D   2000F   CR108   -   166 .....	193
<b>278 - Response</b>	
D   2000F   CR108   -   166 .....	370

**Ambulance Trip Origin Address**

Address of the place of origin of the ambulance transport.

<b>278 - Request</b>	
D   2000F   CR107   -   166 .....	193
<b>278 - Response</b>	
D   2000F   CR107   -   166 .....	370

**Ambulatory Patient Group Number**

Identifier for Ambulatory Patient Group assigned to the claim.

<b>837 - Professional</b>	
D   2300   REF02   -   127 .....	240
D   2400   REF02   -   127 .....	479

**Amount Qualifier Code**

Code to qualify amount.

<b>835</b>	
D   2100   AMT01   -   522 .....	135
D   2110   AMT01   -   522 .....	158
<b>834</b>	
D   2100A   AMT01   -   522 .....	75
D   2300   AMT01   -   522 .....	134
<b>837 - Institutional</b>	
D   2300   AMT01   -   522 .....	178
D   2300   AMT01   -   522 .....	180
D   2300   AMT01   -   522 .....	182
D   2300   AMT01   -   522 .....	184
D   2320   AMT01   -   522 .....	371
D   2320   AMT01   -   522 .....	372
D   2320   AMT01   -   522 .....	373
D   2320   AMT01   -   522 .....	374

D   2320   AMT01   -   522 .....	376
D   2320   AMT01   -   522 .....	378
D   2320   AMT01   -   522 .....	380
D   2320   AMT01   -   522 .....	382
D   2320   AMT01   -   522 .....	384
D   2320   AMT01   -   522 .....	386
D   2320   AMT01   -   522 .....	387
D   2400   AMT01   -   522 .....	460
D   2400   AMT01   -   522 .....	461

**837 - Dental**

D   2300   AMT01   -   522 .....	173
D   2300   AMT01   -   522 .....	174
D   2320   AMT01   -   522 .....	220
D   2320   AMT01   -   522 .....	221
D   2320   AMT01   -   522 .....	222
D   2320   AMT01   -   522 .....	223
D   2320   AMT01   -   522 .....	224
D   2320   AMT01   -   522 .....	225
D   2320   AMT01   -   522 .....	226
D   2400   AMT01   -   522 .....	287

**837 - Professional**

D   2300   AMT01   -   522 .....	219
D   2300   AMT01   -   522 .....	220
D   2300   AMT01   -   522 .....	221
D   2320   AMT01   -   522 .....	332
D   2320   AMT01   -   522 .....	333
D   2320   AMT01   -   522 .....	334
D   2320   AMT01   -   522 .....	335
D   2320   AMT01   -   522 .....	336
D   2320   AMT01   -   522 .....	337
D   2320   AMT01   -   522 .....	338
D   2320   AMT01   -   522 .....	339
D   2320   AMT01   -   522 .....	340
D   2320   AMT01   -   522 .....	341
D   2400   AMT01   -   522 .....	484
D   2400   AMT01   -   522 .....	485
D   2400   AMT01   -   522 .....	486

**270**

D   2110C   AMT01   -   522 .....	99
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**276**

D   2200D   AMT01   -   522 .....	84
D   2200E   AMT01   -   522 .....	109

**Anesthesia Modifying Units**

Unit quantity for qualifying extenuating circumstances at time of service.

<b>837 - Professional</b>	
D   2400   QTY02   -   380 .....	463

**Anesthesia Unit Count**

Number of anesthesia units provided to patient

<b>837 - Dental</b>	
D   2400   QTY02   -   380 .....	282

**Approved Amount**

Amount approved.

<b>837 - Dental</b>	
D   2320   AMT02   -   782 .....	221
D   2400   AMT02   -   782 .....	287
<b>837 - Professional</b>	
D   2320   AMT02   -   782 .....	333
D   2400   AMT02   -   782 .....	485

**Arterial Blood Gas Quantity**

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

<b>837 - Professional</b>				
D		2400		CR510   -   380 ..... 424
<b>278 - Request</b>				
D		2000F		CR510   -   380 ..... 202

**Assessment Date**

Date on which patient assessment or other required assessment was performed.

<b>837 - Institutional</b>				
D		2400		DTP03   -   1251 ..... 459

**Assigned Number**

Number assigned for differentiation within a transaction set.

<b>820</b>				
D		2000A		ENT01   -   554 ..... 73
D		2000B		ENT01   -   554 ..... 87
<b>835</b>				
D		2000		LX01   -   554 ..... 79
<b>834</b>				
D		2310		LX01   -   554 ..... 139
<b>837 - Institutional</b>				
D		2400		LX01   -   554 ..... 444
<b>837 - Dental</b>				
D		2400		LX01   -   554 ..... 265
<b>837 - Professional</b>				
D		2400		LX01   -   554 ..... 399

**Assumed or Relinquished Care Date**

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

<b>837 - Professional</b>				
D		2300		DTP03   -   1251 ..... 213

**Attachment Control Number**

Identification number of attachment related to the claim.

<b>837 - Institutional</b>				
D		2300		PWK06   -   67 ..... 175
D		2400		PWK06   -   67 ..... 454
<b>837 - Dental</b>				
D		2300		PWK06   -   67 ..... 172
<b>837 - Professional</b>				
D		2300		PWK06   -   67 ..... 216

**Attachment Description**

Free-form text describing attachments related to the claim.

<b>837 - Institutional</b>				
D		2300		PWK07   -   352 ..... 175

**Attachment Report Type Code**

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

<b>837 - Institutional</b>				
D		2300		PWK01   -   755 ..... 174
D		2400		PWK01   -   755 ..... 453
<b>837 - Dental</b>				
D		2300		PWK01   -   755 ..... 171
<b>837 - Professional</b>				
D		2300		PWK01   -   755 ..... 215
D		2400		PWK01   -   755 ..... 410

**Attachment Transmission Code**

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

<b>837 - Institutional</b>				
D		2300		PWK02   -   756 ..... 174
D		2400		PWK02   -   756 ..... 454
<b>837 - Dental</b>				
D		2300		PWK02   -   756 ..... 171
<b>837 - Professional</b>				
D		2300		PWK02   -   756 ..... 216
D		2400		PWK02   -   756 ..... 411

**Attending Physician First Name**

First name of the physician responsible for care of the patient.

<b>837 - Institutional</b>				
D		2310A		NM104   -   1036 ..... 322
D		2420A		NM104   -   1036 ..... 463

**Attending Physician Last Name**

Last name of the physician responsible for care of the patient.

<b>837 - Institutional</b>				
D		2310A		NM103   -   1035 ..... 322
D		2420A		NM103   -   1035 ..... 463

**Attending Physician Middle Name**

Middle name of the physician responsible for care of the patient.

<b>837 - Institutional</b>				
D		2310A		NM105   -   1037 ..... 322
D		2420A		NM105   -   1037 ..... 463

**Attending Physician Name Suffix**

Suffix to the name of the physician responsible for the care of the patient.

<b>837 - Institutional</b>				
D		2310A		NM107   -   1039 ..... 323
D		2420A		NM107   -   1039 ..... 463

**Attending Physician Primary Identifier**

Primary identification number of the physician responsible for care of the patient.

<b>837 - Institutional</b>										
D		2310A		NM109		-		67	.....	323
D		2420A		NM109		-		67	.....	464

**Attending Physician Secondary Identifier**

Secondary identification number of the physician responsible for the care of the patient.

<b>837 - Institutional</b>										
D		2310A		REF02		-		127	.....	327
D		2420A		REF02		-		127	.....	468

**Authorization or Certification Indicator**

A yes/no indicator that identifies whether an authorization or certification is required per plan provisions.

<b>271</b>										
D		2110C		EB11		-		1073	.....	230
D		2110D		EB11		-		1073	.....	307

**Auto Accident State or Province Code**

State or Province where auto accident occurred.

<b>837 - Institutional</b>										
D		2300		CLM11		C024-4		156	.....	162
<b>837 - Dental</b>										
D		2300		CLM11		C024-4		156	.....	154
<b>837 - Professional</b>										
D		2300		CLM11		C024-4		156	.....	177

**Average DRG Length of Stay**

Average length of stay for DRGs for this provider for this type of bill summary, for this fiscal period, for this interchange transmission.

<b>835</b>										
D		2000		TS210		-		380	.....	87

**Average DRG weight**

Average DRG weight for DRGs for this provider for this type of bill summary, for this fiscal period, for this interchange transmission.

<b>835</b>										
D		2000		TS216		-		380	.....	88

**Begin Therapy Date**

Date therapy begins.

<b>837 - Professional</b>										
D		2400		DTP03		-		1251	.....	441

**Benefit Amount**

Benefit amount as qualified by the eligibility or benefit information and service type code

<b>271</b>										
D		2110C		EB07		-		782	.....	229
D		2110D		EB07		-		782	.....	305

**Benefit Coverage Level Code**

Code indicating which family members are provided coverage for this insured.

<b>270</b>										
D		2110C		EQ03		-		1207	.....	97
D		2110D		EQ03		-		1207	.....	139
<b>271</b>										
D		2110C		EB02		-		1207	.....	221
D		2110D		EB02		-		1207	.....	298

**Benefit Percent**

Benefit percentage as qualified by the eligibility or benefit information and service type code

<b>271</b>										
D		2110C		EB08		-		954	.....	229
D		2110D		EB08		-		954	.....	306

**Benefit Quantity**

Benefit quantity as qualified by preceding qualifier.

<b>271</b>										
D		2110C		EB10		-		380	.....	230
D		2110C		HSD02		-		380	.....	234
D		2110D		EB10		-		380	.....	306
D		2110D		HSD02		-		380	.....	310

**Benefit Related Entity Address Line**

Street Address of the entity related to benefits described in the transaction.

<b>271</b>										
D		2120C		N301		-		166	.....	254
D		2120C		N302		-		166	.....	254
D		2120D		N301		-		166	.....	330
D		2120D		N302		-		166	.....	330

**Benefit Related Entity City Name**

The city name of the entity related to benefits described in the transaction.

<b>271</b>										
D		2120C		N401		-		19	.....	255
D		2120D		N401		-		19	.....	331

**Benefit Related Entity Communication Number**

Communications number to contact the person, group or organization identified as the associated benefit related entity contact name.

<b>271</b>										
D		2120C		PER04		-		364	.....	259



D		2120C		PER06		-		364	.....	259
D		2120C		PER08		-		364	.....	260
D		2120D		PER04		-		364	.....	335
D		2120D		PER06		-		364	.....	335
D		2120D		PER08		-		364	.....	336

**Benefit Related Entity Contact Name**

The name at the benefit related entity to whom inquiries about the transaction may be directed.

**271**

D		2120C		PER02		-		93	.....	258
D		2120D		PER02		-		93	.....	334

**Benefit Related Entity First Name**

The first name of the person identified as the benefit related entity, ofr an individual subscriber or dependent.

**271**

D		2120C		NM104		-		1036	.....	252
D		2120D		NM104		-		1036	.....	328

**Benefit Related Entity Identifier**

Unique identifier for a benefit related entity or another information source associated with an individual subscriber or dependent.

**271**

D		2120C		NM109		-		67	.....	253
D		2120D		NM109		-		67	.....	329

**Benefit Related Entity Last or Organization Name**

Lat name or organization name of the benefit related entity associated with an individual subscriber or dependent.

**271**

D		2120C		NM103		-		1035	.....	251
D		2120D		NM103		-		1035	.....	327

**Benefit Related Entity Middle Name**

Middle name of the benefit related entity associated with an individual subscriber or dependent.

**271**

D		2120C		NM105		-		1037	.....	252
D		2120D		NM105		-		1037	.....	328

**Benefit Related Entity Name Suffix**

Suffix for the name of the benefit related entity associated with an individual subscriber or dependent.

**271**

D		2120C		NM107		-		1039	.....	252
D		2120D		NM107		-		1039	.....	328

**Benefit Related Entity Postal Zone or ZIP Code**

The postal zone or ZIP Code of the entity associated with benefits described in the transaction.

**271**

D		2120C		N403		-		116	.....	256
D		2120D		N403		-		116	.....	332

**Benefit Related Entity State Code**

The state postal code of the entity related to benefits described in the transaction.

**271**

D		2120C		N402		-		156	.....	256
D		2120D		N402		-		156	.....	332

**Benefit Status Code**

The type of coverage under which benefits are paid.

**834**

D		2000		INS05		-		1216	.....	47
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**Benefits Assignment Certification Indicator**

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

**837 - Institutional**

D		2300		CLM08		-		1073	.....	160
D		2320		OIO3		-		1073	.....	390

**837 - Dental**

D		2300		CLM08		-		1073	.....	153
D		2320		OIO3		-		1073	.....	229

**837 - Professional**

D		2300		CLM08		-		1073	.....	175
D		2320		OIO3		-		1073	.....	345

**Bill Type Identifier**

A code indicating the specific type of bill or claim.

**276**

D		2200D		REF02		-		127	.....	81
D		2200E		REF02		-		127	.....	106

**277**

D		2200D		REF02		-		127	.....	168
D		2200E		REF02		-		127	.....	213

**Billed Premium Amount**

The premium amount due or billed, if different from the paid amount.

**820**

D		2300A		RMR05		-		782	.....	76
D		2300B		RMR05		-		782	.....	93

**Billing Note Text**

Free-form text providing additional information about the bill or claim being submitted.

**837 - Institutional**  
D | 2300 | NTE02 | - | 352 ..... 209

**Billing Provider Additional Identifier**

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

**837 - Institutional**  
D | 2010AA | REF02 | - | 127 ..... 84

**837 - Dental**  
D | 2010AA | REF02 | - | 127 ..... 84

**837 - Professional**  
D | 2010AA | REF02 | - | 127 ..... 92

**Billing Provider Additional Name**

Additional names or characters for the billing provider or billing entity for the transaction.

**837 - Dental**  
D | 2010AA | N201 | - | 93 ..... 79

**837 - Professional**  
D | 2010AA | N201 | - | 93 ..... 87

**Billing Provider Address Line**

Address line of the billing provider or billing entity address.

**837 - Institutional**  
D | 2010AA | N301 | - | 166 ..... 79  
D | 2010AA | N302 | - | 166 ..... 79

**837 - Dental**  
D | 2010AA | N301 | - | 166 ..... 80  
D | 2010AA | N302 | - | 166 ..... 80

**837 - Professional**  
D | 2010AA | N301 | - | 166 ..... 88  
D | 2010AA | N302 | - | 166 ..... 88

**Billing Provider City Name**

City of the billing provider or billing entity

**837 - Institutional**  
D | 2010AA | N401 | - | 19 ..... 80

**837 - Dental**  
D | 2010AA | N401 | - | 19 ..... 81

**837 - Professional**  
D | 2010AA | N401 | - | 19 ..... 89

**Billing Provider Contact Name**

Person at billing organization to contact regarding the billing transaction.

**837 - Institutional**  
D | 2010AA | PER02 | - | 93 ..... 88

**837 - Professional**  
D | 2010AA | PER02 | - | 93 ..... 97

**Billing Provider Credit Card Identifier**

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

**837 - Institutional**  
D | 2010AA | REF02 | - | 127 ..... 86

**837 - Dental**  
D | 2010AA | REF02 | - | 127 ..... 86

**837 - Professional**  
D | 2010AA | REF02 | - | 127 ..... 95

**Billing Provider First Name**

First name of the billing provider or billing entity

**837 - Dental**  
D | 2010AA | NM104 | - | 1036 ..... 77

**837 - Professional**  
D | 2010AA | NM104 | - | 1036 ..... 85

**Billing Provider Identifier**

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

**837 - Institutional**  
D | 2010AA | NM109 | - | 67 ..... 78

**837 - Dental**  
D | 2010AA | NM109 | - | 67 ..... 78

**837 - Professional**  
D | 2010AA | NM109 | - | 67 ..... 86

**Billing Provider Last or Organizational Name**

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

**837 - Institutional**  
D | 2010AA | NM103 | - | 1035 ..... 77

**837 - Dental**  
D | 2010AA | NM103 | - | 1035 ..... 77

**837 - Professional**  
D | 2010AA | NM103 | - | 1035 ..... 85

**Billing Provider Middle Name**

The middle name of the billing provider or billing entity

**837 - Dental**  
D | 2010AA | NM105 | - | 1037 ..... 77

**837 - Professional**  
D | 2010AA | NM105 | - | 1037 ..... 85

**Billing Provider Name Suffix**

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

**837 - Dental**  
D | 2010AA | NM107 | - | 1039 ..... 77

**837 - Professional**  
D | 2010AA | NM107 | - | 1039 ..... 86

**Billing Provider Postal Zone or ZIP Code**

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

**837 - Institutional**  
D | 2010AA | N403 | - | 116..... 81

**837 - Dental**  
D | 2010AA | N403 | - | 116..... 82

**837 - Professional**  
D | 2010AA | N403 | - | 116..... 90

**Billing Provider State or Province Code**

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

**837 - Institutional**  
D | 2010AA | N402 | - | 156..... 81

**837 - Dental**  
D | 2010AA | N402 | - | 156..... 82

**837 - Professional**  
D | 2010AA | N402 | - | 156..... 90

**Birth Sequence Number**

A number indicating the order of birth for the identified person in relationship to family members with the same date of birth.

**834**  
D | 2000 | INS17 | - | 1470..... 50

**270**  
D | 2100C | INS17 | - | 1470..... 86  
D | 2100D | INS17 | - | 1470..... 128

**271**  
D | 2100C | INS17 | - | 1470..... 215  
D | 2100D | INS17 | - | 1470..... 292

**278 - Request**  
D | 2010D | INS17 | - | 1470..... 120

**278 - Response**  
D | 2010D | INS17 | - | 1470..... 299

**Bundled or Unbundled Line Number**

Identification of line item bundled or unbundled by non-destination (COB) payer in payment of benefits.

**837 - Institutional**  
D | 2430 | SVD06 | - | 554..... 493

**837 - Dental**  
D | 2430 | SVD06 | - | 554..... 304

**837 - Professional**  
D | 2430 | SVD06 | - | 554..... 557

**Certification Condition Indicator**

Code indicating whether or not the condition codes apply to the patient or another entity.

**837 - Institutional**  
D | 2300 | CRC02 | - | 1073..... 219  
D | 2300 | CRC01 | - | 1136..... 221

D | 2300 | CRC01 | - | 1136..... 224

**837 - Professional**

D | 2300 | CRC02 | - | 1073..... 258  
D | 2300 | CRC02 | - | 1073..... 261  
D | 2300 | CRC02 | - | 1073..... 264  
D | 2400 | CRC02 | - | 1073..... 428  
D | 2400 | CRC02 | - | 1073..... 433

**278 - Request**

D | 2000F | CRC02 | - | 1073..... 181

**Certification Effective Date**

The date when the certification takes effect or the date range within which the certification is effective.

**278 - Response**

D | 2000F | DTP03 | - | 1251..... 345

**Certification Expiration Date**

Date on which the certification will expire.

**278 - Response**

D | 2000F | DTP03 | - | 1251..... 344

**Certification Issue Date**

The date when the certification was issued.

**278 - Response**

D | 2000F | DTP03 | - | 1251..... 343

**Certification Number**

Number assigned by the information source to this review outcome.

**278 - Response**

D | 2000F | HCR02 | - | 127..... 332

**Certification Period Projected Visit Count**

Total visits projected during this certification period.

**837 - Professional**

D | 2305 | CR703 | - | 1470..... 277

**Certification Revision Date**

Date the certification was revised.

**837 - Professional**

D | 2400 | DTP03 | - | 1251..... 438

**Certification Type Code**

Code indicating the type of certification

**837 - Institutional**

D | 2300 | CR608 | - | 1322..... 213

**837 - Professional**

D | 2400 | CR301 | - | 1322..... 421  
D | 2400 | CR501 | - | 1322..... 424

**278 - Request**

D | 2000F | UM02 | - | 1322..... 142  
D | 2000F | CR608 | - | 1322..... 207

**278 - Response**

D		2000F		UM02		-		1322	.....	326
D		2000F		CR608		-		1322	.....	382

**Check Issue or EFT Effective Date**

Date the check was issued or the electronic funds transfer (EFT) effective date.

<b>820</b>										
H				BPR16		-		373	.....	41
<b>835</b>										
H				BPR16		-		373	.....	50
<b>277</b>										
D		2200D		STC08		-		373	.....	163
D		2200E		STC08		-		373	.....	208

**Check or EFT Trace Number**

Check number or Electronic Funds Transfer (EFT) number that is unique within the sender/receiver relationship.

<b>820</b>										
H				TRN02		-		127	.....	44
<b>835</b>										
H				TRN02		-		127	.....	53
<b>277</b>										
D		2200D		STC09		-		429	.....	163
D		2200E		STC09		-		429	.....	208

**Citizenship Status Code**

Code indicating citizenship status

<b>834</b>										
D		2100A		DMG06		-		1066	.....	72

**Claim Adjustment Group Code**

Code identifying the general category of payment adjustment.

<b>835</b>										
D		2100		CAS01		-		1033	.....	97
D		2110		CAS01		-		1033	.....	150
<b>837 - Institutional</b>										
D		2320		CAS01		-		1033	.....	367
D		2430		CAS01		-		1033	.....	495
<b>837 - Dental</b>										
D		2320		CAS01		-		1033	.....	216
D		2430		CAS01		-		1033	.....	307
<b>837 - Professional</b>										
D		2320		CAS01		-		1033	.....	326
D		2430		CAS01		-		1033	.....	560

**Claim Contact Communications Number**

Complete claim contact communications number, including country or area code when applicable.

<b>835</b>										
D		2100		PER04		-		364	.....	133
D		2100		PER06		-		364	.....	134

**Claim Contact Name**

Name of the payer's contact person associated with the claim.

<b>835</b>										
D		2100		PER02		-		93	.....	133

**Claim DRG Amount**

Total of Prospective Payment System operating and capital amounts for this claim.

<b>835</b>										
D		2100		MIA04		-		782	.....	120
<b>837 - Institutional</b>										
D		2320		MIA04		-		782	.....	393

**Claim DRG Outlier Amount**

Total Prospective Payment System Outlier and Capital Outlier amounts for this claim.

<b>837 - Institutional</b>										
D		2320		AMT02		-		782	.....	375

**Claim Date**

Date associated with the claim.

<b>835</b>										
D		2100		DTM02		-		373	.....	131

**Claim Days Count**

The number of categorized days associated with the claim, such as lifetime reserve days, covered days.

<b>837 - Institutional</b>										
D		2300		QTY02		-		380	.....	307

**Claim Disproportionate Share Amount**

Sum of operating capital disproportionate share amounts for this claim.

<b>835</b>										
D		2100		MIA06		-		782	.....	120
<b>837 - Institutional</b>										
D		2320		MIA06		-		782	.....	393

**Claim ESRD Payment Amount**

End Stage Renal Disease (ESRD) payment amount for the claim.

<b>835</b>										
D		2100		MOA08		-		782	.....	125
<b>837 - Institutional</b>										
D		2320		MOA08		-		782	.....	399

**Claim Filing Indicator Code**

Code identifying type of claim or expected adjudication process.

<b>835</b>										
D		2100		CLP06		-		1032	.....	92

<b>837 - Institutional</b>				
D		2000B		SBR09   -   1032 ..... 104
D		2320		SBR09   -   1032 ..... 363
<b>837 - Dental</b>				
D		2000B		SBR09   -   1032 ..... 101
D		2320		SBR09   -   1032 ..... 211
<b>837 - Professional</b>				
D		2000B		SBR09   -   1032 ..... 112
D		2320		SBR09   -   1032 ..... 321

**Claim Frequency Code**

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

<b>835</b>				
D		2100		CLP09   -   1325 ..... 93
<b>837 - Institutional</b>				
D		2300		CLM05   C023-3   1325 ..... 159
<b>837 - Professional</b>				
D		2300		CLM05   C023-3   1325 ..... 173

**Claim HCPCS Payable Amount**

Sum of payable line item amounts for HCPCS codes billed on this claim.

<b>835</b>				
D		2100		MOA02   -   782 ..... 124
<b>837 - Institutional</b>				
D		2320		MOA02   -   782 ..... 398

**Claim Indirect Teaching Amount**

Total of operating and capital indirect teaching amounts for this claim.

<b>835</b>				
D		2100		MIA18   -   782 ..... 122
<b>837 - Institutional</b>				
D		2320		MIA18   -   782 ..... 395

**Claim MSP Pass-through Amount**

Interim cost pass-through amount used to determine Medicare Secondary Payer liability.

<b>835</b>				
D		2100		MIA07   -   782 ..... 120
<b>837 - Institutional</b>				
D		2320		MIA07   -   782 ..... 394

**Claim Note Text**

Narrative text providing additional information related to the claim.

<b>837 - Institutional</b>				
D		2300		NTE02   -   352 ..... 207
<b>837 - Dental</b>				
D		2300		NTE02   -   352 ..... 186
D		2400		NTE02   -   352 ..... 288
<b>837 - Professional</b>				
D		2300		NTE02   -   352 ..... 247

**Claim Original Reference Number**

Number assigned by a processor to identify a claim.

<b>837 - Institutional</b>				
D		2300		REF02   -   127 ..... 192
<b>837 - Dental</b>				
D		2300		REF02   -   127 ..... 180
<b>837 - Professional</b>				
D		2300		REF02   -   127 ..... 230

**Claim PPS Capital Amount**

Total Prospective Payment System (PPS) capital amount payable for this claim as output by PPS PRICER.

<b>835</b>				
D		2100		MIA08   -   782 ..... 120
<b>837 - Institutional</b>				
D		2320		MIA08   -   782 ..... 394

**Claim PPS Capital Outlier Amount**

Total Prospective Payment System capital day or cost outlier payable for this claim, excluding operating outlier amount.

<b>835</b>				
D		2100		MIA17   -   782 ..... 121
<b>837 - Institutional</b>				
D		2320		MIA17   -   782 ..... 395

**Claim Payment Amount**

Net provider reimbursement amount for this claim (includes all payment to the provider).

<b>835</b>				
D		2100		CLP04   -   782 ..... 91
<b>277</b>				
D		2200D		STC05   -   782 ..... 162
D		2200E		STC05   -   782 ..... 207

**Claim Service Period**

The beginning and end dates for the service period covered by a claim.

<b>276</b>				
D		2200D		DTP03   -   1251 ..... 87
D		2200E		DTP03   -   1251 ..... 112
<b>277</b>				
D		2200D		DTP03   -   1251 ..... 172
D		2200E		DTP03   -   1251 ..... 217

**Claim Status Code**

Code specifying the status of a claim submitted by the provider to the payor for processing.

<b>835</b>				
D		2100		CLP02   -   1029 ..... 90

**Claim Submission Reason Code**

Code identifying reason for claim submission

<b>837 - Dental</b>					
D	2300	CLM05	C023-3	1325 .....	151
D	2300	CLM19	-	1383 .....	155

**Claim Supplemental Information Amount**

Amount of supplemental information values associated with the claim.

<b>835</b>					
D	2100	AMT02	-	782 .....	136

**Claim Supplemental Information Quantity**

Numeric value of the quantity of supplemental information associated with the claim.

<b>835</b>					
D	2100	QTY02	-	380 .....	138

**Claim Total Denied Charge Amount**

Total amount of charges that were denied for this claim.

<b>837 - Institutional</b>					
D	2320	AMT02	-	782 .....	387

**Claim or Encounter Identifier**

Code indicating whether the transaction is a claim or reporting encounter information.

<b>837 - Institutional</b>					
H		BHT06	-	640 .....	59

<b>837 - Dental</b>					
H		BHT06	-	640 .....	56

<b>837 - Professional</b>					
H		BHT06	-	640 .....	65

**Clearinghouse Trace Number**

Unique tracking number for the transaction assigned by a clearinghouse.

<b>837 - Professional</b>					
D	2300	REF02	-	127 .....	239

**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.

<b>837 - Professional</b>					
D	2300	REF02	-	127 .....	232
D	2400	REF02	-	127 .....	476

**Co-Pay Status Code**

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

<b>837 - Professional</b>					
D	2400	SV115	-	1327 .....	407

**Code Category**

Specifies the situation or category to which the code applies.

<b>837 - Institutional</b>					
D	2300	CRC01	-	1136 .....	218

<b>837 - Professional</b>					
D	2300	CRC01	-	1136 .....	257
D	2300	CRC01	-	1136 .....	260
D	2300	CRC01	-	1136 .....	263
D	2400	CRC01	-	1136 .....	427
D	2400	CRC01	-	1136 .....	431
D	2400	CRC01	-	1136 .....	433

<b>278 - Request</b>					
D	2000F	CRC01	-	1136 .....	180

**Code List Qualifier Code**

Code identifying a specific industry code list.

<b>835</b>					
D	2110	LQ01	-	1270 .....	162

<b>837 - Institutional</b>					
D	2300	HI01	C022-1	1270 .....	228
D	2300	HI02	C022-1	1270 .....	228
D	2300	HI03	C022-1	1270 .....	229
D	2300	HI01	C022-1	1270 .....	230
D	2300	HI01	C022-1	1270 .....	232
D	2300	HI02	C022-1	1270 .....	233
D	2300	HI03	C022-1	1270 .....	234
D	2300	HI04	C022-1	1270 .....	235
D	2300	HI05	C022-1	1270 .....	235
D	2300	HI06	C022-1	1270 .....	236
D	2300	HI07	C022-1	1270 .....	237
D	2300	HI08	C022-1	1270 .....	237
D	2300	HI09	C022-1	1270 .....	238
D	2300	HI10	C022-1	1270 .....	239
D	2300	HI11	C022-1	1270 .....	240
D	2300	HI12	C022-1	1270 .....	240
D	2300	HI01	C022-1	1270 .....	242
D	2300	HI01	C022-1	1270 .....	244
D	2300	HI02	C022-1	1270 .....	245
D	2300	HI03	C022-1	1270 .....	246
D	2300	HI04	C022-1	1270 .....	247
D	2300	HI05	C022-1	1270 .....	248
D	2300	HI06	C022-1	1270 .....	249
D	2300	HI07	C022-1	1270 .....	250
D	2300	HI08	C022-1	1270 .....	251
D	2300	HI09	C022-1	1270 .....	252
D	2300	HI10	C022-1	1270 .....	252
D	2300	HI11	C022-1	1270 .....	253
D	2300	HI12	C022-1	1270 .....	254
D	2300	HI01	C022-1	1270 .....	256
D	2300	HI02	C022-1	1270 .....	257
D	2300	HI03	C022-1	1270 .....	258
D	2300	HI04	C022-1	1270 .....	259
D	2300	HI05	C022-1	1270 .....	260
D	2300	HI06	C022-1	1270 .....	261
D	2300	HI07	C022-1	1270 .....	261
D	2300	HI08	C022-1	1270 .....	262
D	2300	HI09	C022-1	1270 .....	263
D	2300	HI10	C022-1	1270 .....	264
D	2300	HI11	C022-1	1270 .....	265
D	2300	HI12	C022-1	1270 .....	265

D	2300	HI01	C022-1	1270	267
D	2300	HI02	C022-1	1270	268
D	2300	HI03	C022-1	1270	269
D	2300	HI04	C022-1	1270	270
D	2300	HI05	C022-1	1270	271
D	2300	HI06	C022-1	1270	272
D	2300	HI07	C022-1	1270	273
D	2300	HI08	C022-1	1270	274
D	2300	HI09	C022-1	1270	275
D	2300	HI10	C022-1	1270	276
D	2300	HI11	C022-1	1270	277
D	2300	HI12	C022-1	1270	278
D	2300	HI01	C022-1	1270	280
D	2300	HI02	C022-1	1270	281
D	2300	HI03	C022-1	1270	282
D	2300	HI04	C022-1	1270	283
D	2300	HI05	C022-1	1270	283
D	2300	HI06	C022-1	1270	284
D	2300	HI07	C022-1	1270	285
D	2300	HI08	C022-1	1270	285
D	2300	HI09	C022-1	1270	286
D	2300	HI10	C022-1	1270	287
D	2300	HI11	C022-1	1270	288
D	2300	HI12	C022-1	1270	288
D	2300	HI01	C022-1	1270	290
D	2300	HI02	C022-1	1270	291
D	2300	HI03	C022-1	1270	292
D	2300	HI04	C022-1	1270	292
D	2300	HI05	C022-1	1270	293
D	2300	HI06	C022-1	1270	294
D	2300	HI07	C022-1	1270	294
D	2300	HI08	C022-1	1270	295
D	2300	HI09	C022-1	1270	296
D	2300	HI10	C022-1	1270	296
D	2300	HI11	C022-1	1270	297
D	2300	HI12	C022-1	1270	298
D	2300	HI01	C022-1	1270	299
D	2300	HI02	C022-1	1270	300
D	2300	HI03	C022-1	1270	300
D	2300	HI04	C022-1	1270	301
D	2300	HI05	C022-1	1270	301
D	2300	HI06	C022-1	1270	302
D	2300	HI07	C022-1	1270	302
D	2300	HI08	C022-1	1270	303
D	2300	HI09	C022-1	1270	303
D	2300	HI10	C022-1	1270	304
D	2300	HI11	C022-1	1270	304
D	2300	HI12	C022-1	1270	305
<b>837 - Dental</b>					
D	2400	TOO01	-	1270	271
<b>837 - Professional</b>					
D	2440	LQ01	-	1270	568
<b>270</b>					
D	2110C	III01	-	1270	102
D	2110D	III01	-	1270	141
<b>271</b>					
D	2115C	III01	-	1270	247
D	2115D	III01	-	1270	323
<b>278 - Request</b>					
D	2000F	HI01	C022-1	1270	159
D	2000F	HI02	C022-1	1270	161
D	2000F	HI03	C022-1	1270	162
D	2000F	HI04	C022-1	1270	163
D	2000F	HI05	C022-1	1270	164
D	2000F	HI06	C022-1	1270	165
D	2000F	HI07	C022-1	1270	167
D	2000F	HI08	C022-1	1270	168
D	2000F	HI09	C022-1	1270	169
D	2000F	HI10	C022-1	1270	170
D	2000F	HI11	C022-1	1270	171
D	2000F	HI12	C022-1	1270	173

**278 - Response**

D	2000F	HI01	C022-1	1270	346
D	2000F	HI02	C022-1	1270	348
D	2000F	HI03	C022-1	1270	349
D	2000F	HI04	C022-1	1270	350
D	2000F	HI05	C022-1	1270	351
D	2000F	HI06	C022-1	1270	352
D	2000F	HI07	C022-1	1270	354
D	2000F	HI08	C022-1	1270	355
D	2000F	HI09	C022-1	1270	356
D	2000F	HI10	C022-1	1270	357
D	2000F	HI11	C022-1	1270	358
D	2000F	HI12	C022-1	1270	360

**Communication Number**

Complete communications number including country or area code when applicable

**820**

H	1000B	PER04	-	364	70
H	1000B	PER06	-	364	71
H	1000B	PER08	-	364	71

**834**

D	2100A	PER04	-	364	65
D	2100A	PER06	-	364	66
D	2100A	PER08	-	364	66
D	2100D	PER04	-	364	93
D	2100D	PER06	-	364	94
D	2100D	PER08	-	364	94
D	2100E	PER04	-	364	101
D	2100E	PER06	-	364	102
D	2100E	PER08	-	364	102
D	2100F	PER04	-	364	110
D	2100F	PER06	-	364	111
D	2100F	PER08	-	364	111
D	2100G	PER04	-	364	119
D	2100G	PER06	-	364	120
D	2100G	PER08	-	364	120
D	2310	PER04	-	364	146
D	2310	PER06	-	364	146
D	2310	PER08	-	364	147

**837 - Institutional**

H	1000A	PER04	-	364	65
H	1000A	PER06	-	364	66
H	1000A	PER08	-	364	66
D	2010AA	PER04	-	364	88
D	2010AA	PER06	-	364	89
D	2010AA	PER08	-	364	89

**837 - Dental**

H	1000A	PER04	-	364	64
H	1000A	PER06	-	364	65
H	1000A	PER08	-	364	65
D	2330B	PER04	-	364	244
D	2330B	PER06	-	364	245
D	2330B	PER08	-	364	245

**837 - Professional**

H	1000A	PER04	-	364	72
H	1000A	PER06	-	364	73
H	1000A	PER08	-	364	73
D	2010AA	PER04	-	364	97
D	2010AA	PER06	-	364	98
D	2010AA	PER08	-	364	98
D	2330B	PER04	-	364	364
D	2330B	PER06	-	364	365
D	2330B	PER08	-	364	365
D	2420E	PER04	-	364	539
D	2420E	PER06	-	364	540
D	2420E	PER08	-	364	540

**276**

D	2100A	PER04	-	364	58
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D		2100A		PER06		-		364	.....	59
D		2100A		PER08		-		364	.....	59
<b>277</b>										
D		2100A		PER04		-		364	.....	134
D		2100A		PER06		-		364	.....	135
D		2100A		PER08		-		364	.....	135

**Communication Number  
Extension**

Extension for the previous communications number.

<b>835</b>										
D		2100		PER08		-		364	.....	134

**Communication Number  
Qualifier**

Code identifying the type of communication number

<b>820</b>										
H		1000B		PER03		-		365	.....	70
H		1000B		PER05		-		365	.....	70
H		1000B		PER07		-		365	.....	71

<b>835</b>										
H		1000A		PER03		-		365	.....	70
H		1000A		PER05		-		365	.....	71
H		1000A		PER07		-		365	.....	71
D		2100		PER03		-		365	.....	133
D		2100		PER05		-		365	.....	134
D		2100		PER07		-		365	.....	134

<b>834</b>										
D		2100A		PER03		-		365	.....	65
D		2100A		PER05		-		365	.....	65
D		2100A		PER07		-		365	.....	66
D		2100D		PER03		-		365	.....	93
D		2100D		PER05		-		365	.....	93
D		2100D		PER07		-		365	.....	94
D		2100E		PER03		-		365	.....	101
D		2100E		PER05		-		365	.....	101
D		2100E		PER07		-		365	.....	102
D		2100F		PER03		-		365	.....	110
D		2100F		PER05		-		365	.....	110
D		2100F		PER07		-		365	.....	111
D		2100G		PER03		-		365	.....	119
D		2100G		PER05		-		365	.....	119
D		2100G		PER07		-		365	.....	120
D		2310		PER03		-		365	.....	146
D		2310		PER05		-		365	.....	146
D		2310		PER07		-		365	.....	147

<b>837 - Institutional</b>										
H		1000A		PER03		-		365	.....	65
H		1000A		PER05		-		365	.....	65
H		1000A		PER07		-		365	.....	66
D		2010AA		PER03		-		365	.....	88
D		2010AA		PER05		-		365	.....	89
D		2010AA		PER07		-		365	.....	89

<b>837 - Dental</b>										
H		1000A		PER03		-		365	.....	64
H		1000A		PER05		-		365	.....	65
H		1000A		PER07		-		365	.....	65
D		2330B		PER03		-		365	.....	244
D		2330B		PER05		-		365	.....	244
D		2330B		PER07		-		365	.....	245

<b>837 - Professional</b>										
H		1000A		PER03		-		365	.....	72
H		1000A		PER05		-		365	.....	73
H		1000A		PER07		-		365	.....	73

D		2010AA		PER03		-		365	.....	97
D		2010AA		PER05		-		365	.....	97
D		2010AA		PER07		-		365	.....	98
D		2330B		PER03		-		365	.....	364
D		2330B		PER05		-		365	.....	364
D		2330B		PER07		-		365	.....	365
D		2420E		PER03		-		365	.....	539
D		2420E		PER05		-		365	.....	539
D		2420E		PER07		-		365	.....	540

<b>270</b>										
D		2100B		PER03		-		365	.....	61
D		2100B		PER05		-		365	.....	62
D		2100B		PER07		-		365	.....	62

<b>271</b>										
D		2100A		PER03		-		365	.....	169
D		2100A		PER05		-		365	.....	170
D		2100A		PER07		-		365	.....	170
D		2100C		PER03		-		365	.....	204
D		2100C		PER05		-		365	.....	205
D		2100C		PER07		-		365	.....	205
D		2120C		PER03		-		365	.....	258
D		2120C		PER05		-		365	.....	259
D		2120C		PER07		-		365	.....	259
D		2100D		PER03		-		365	.....	281
D		2100D		PER05		-		365	.....	282
D		2100D		PER07		-		365	.....	282
D		2120D		PER03		-		365	.....	334
D		2120D		PER05		-		365	.....	335
D		2120D		PER07		-		365	.....	335

<b>276</b>										
D		2100A		PER03		-		365	.....	58
D		2100A		PER05		-		365	.....	59
D		2100A		PER07		-		365	.....	59

<b>277</b>										
D		2100A		PER03		-		365	.....	134
D		2100A		PER05		-		365	.....	135
D		2100A		PER07		-		365	.....	135

<b>278 - Request</b>										
D		2010B		PER03		-		365	.....	69
D		2010B		PER05		-		365	.....	70
D		2010B		PER07		-		365	.....	70
D		2010E		PER03		-		365	.....	133
D		2010E		PER05		-		365	.....	134
D		2010E		PER07		-		365	.....	134

<b>278 - Response</b>										
D		2010A		PER03		-		365	.....	229
D		2010A		PER05		-		365	.....	230
D		2010A		PER07		-		365	.....	230
D		2010E		PER03		-		365	.....	312
D		2010E		PER05		-		365	.....	313
D		2010E		PER07		-		365	.....	313

**Complication Indicator**

A code to indicate whether the Patient's condition is Complicated or Uncomplicated.

<b>837 - Professional</b>										
D		2300		CR209		-		1073	.....	255
D		2400		CR209		-		1073	.....	419

<b>278 - Request</b>										
D		2000F		CR209		-		1073	.....	198

**Condition Code**

Code(s) used to identify condition(s) relating to this bill or relating to the patient.

<b>837 - Institutional</b>										
D		2300		HI01		C022-2		1271	.....	291



D		2300		HI02		C022-2		1271	.....	291
D		2300		HI03		C022-2		1271	.....	292
D		2300		HI04		C022-2		1271	.....	293
D		2300		HI05		C022-2		1271	.....	293
D		2300		HI06		C022-2		1271	.....	294
D		2300		HI07		C022-2		1271	.....	295
D		2300		HI08		C022-2		1271	.....	295
D		2300		HI09		C022-2		1271	.....	296
D		2300		HI10		C022-2		1271	.....	297
D		2300		HI11		C022-2		1271	.....	297
D		2300		HI12		C022-2		1271	.....	298

**837 - Professional**

D		2300		CRC03		-		1321	.....	258
D		2300		CRC04		-		1321	.....	259
D		2300		CRC05		-		1321	.....	259
D		2300		CRC06		-		1321	.....	259
D		2300		CRC07		-		1321	.....	259
D		2300		CRC03		-		1321	.....	261
D		2300		CRC04		-		1321	.....	261
D		2300		CRC05		-		1321	.....	261
D		2300		CRC06		-		1321	.....	261
D		2300		CRC07		-		1321	.....	262
D		2400		CRC03		-		1321	.....	428
D		2400		CRC04		-		1321	.....	429
D		2400		CRC05		-		1321	.....	429
D		2400		CRC06		-		1321	.....	429
D		2400		CRC07		-		1321	.....	429

**278 - Request**

D		2000F		CRC03		-		1321	.....	181
D		2000F		CRC04		-		1321	.....	182
D		2000F		CRC05		-		1321	.....	184
D		2000F		CRC06		-		1321	.....	185
D		2000F		CRC07		-		1321	.....	187

**Condition Indicator**

Code indicating a condition

**837 - Professional**

D		2400		CRC03		-		1321	.....	431
D		2400		CRC03		-		1321	.....	433
D		2400		CRC04		-		1321	.....	434
D		2400		CRC05		-		1321	.....	434
D		2400		CRC06		-		1321	.....	434
D		2400		CRC07		-		1321	.....	434

**Consolidated Omnibus Budget  
Reconciliation Act (COBRA)  
Qualifying Event Code**

A Qualifying Event is an event under the law which results in loss of coverage for a Qualified Beneficiary.

**834**

D		2000		INS07		-		1219	.....	48
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**Contact Function Code**

Code identifying the major duty or responsibility of the person or group named.

**820**

H		1000B		PER01		-		366	.....	70
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**835**

H		1000A		PER01		-		366	.....	70
D		2100		PER01		-		366	.....	133

**834**

D		2100A		PER01		-		366	.....	65
D		2100D		PER01		-		366	.....	93
D		2100E		PER01		-		366	.....	101

D		2100F		PER01		-		366	.....	110
D		2100G		PER01		-		366	.....	119
D		2310		PER01		-		366	.....	146

**837 - Institutional**

H		1000A		PER01		-		366	.....	65
D		2010AA		PER01		-		366	.....	88

**837 - Dental**

H		1000A		PER01		-		366	.....	64
D		2330B		PER01		-		366	.....	244

**837 - Professional**

H		1000A		PER01		-		366	.....	72
D		2010AA		PER01		-		366	.....	97
D		2330B		PER01		-		366	.....	364
D		2420E		PER01		-		366	.....	539

**270**

D		2100B		PER01		-		366	.....	61
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**271**

D		2100A		PER01		-		366	.....	169
D		2100C		PER01		-		366	.....	204
D		2120C		PER01		-		366	.....	258
D		2100D		PER01		-		366	.....	281
D		2120D		PER01		-		366	.....	334

**276**

D		2100A		PER01		-		366	.....	58
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**277**

D		2100A		PER01		-		366	.....	134
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**278 - Request**

D		2010B		PER01		-		366	.....	69
D		2010E		PER01		-		366	.....	133

**278 - Response**

D		2010A		PER01		-		366	.....	229
D		2010E		PER01		-		366	.....	312

**Contract Amount**

Fixed monetary amount pertaining to the contract

**834**

D		2100A		AMT02		-		782	.....	75
D		2300		AMT02		-		782	.....	134

**837 - Institutional**

D		2300		CN102		-		782	.....	177
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**837 - Professional**

D		2300		CN102		-		782	.....	218
D		2400		CN102		-		782	.....	467

**Contract Code**

Code identifying the specific contract, established by the payer.

**837 - Institutional**

D		2300		CN104		-		127	.....	177
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**837 - Professional**

D		2300		CN104		-		127	.....	218
D		2400		CN104		-		127	.....	467

**Contract Percentage**

Percent of charges payable under the contract

**837 - Institutional**

D		2300		CN103		-		332	.....	177
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**837 - Professional**

D		2300		CN103		-		332	.....	218
D		2400		CN103		-		332	.....	467

**Contract Type Code**

Code identifying a contract type

<b>837 - Institutional</b>				
D	2300	CN101	-	1166..... 176
<b>837 - Professional</b>				
D	2300	CN101	-	1166..... 217
D	2400	CN101	-	1166..... 466

**Contract Version Identifier**

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

<b>837 - Institutional</b>				
D	2300	CN106	-	799 ..... 177
<b>837 - Professional</b>				
D	2300	CN106	-	799 ..... 218
D	2400	CN106	-	799 ..... 467

**Contract, Invoice, Account, Group, or Policy Number**

The reference number to which this premium payment is associated, such as an account number, contract number, invoice number, group number, or policy number.

<b>820</b>				
D	2300A	RMR02	-	127 ..... 75

**Coordination of Benefits Carrier Identifier**

Number assigned by the payer to identify the coordination of benefits carrier.

<b>835</b>				
D	2100	NM109	-	67 ..... 115

**Coordination of Benefits Carrier Name**

Name of the crossover carrier associated with the claim.

<b>835</b>				
D	2100	NM103	-	1035 ..... 115

**Coordination of Benefits Code**

Code identifying whether there is a coordination of benefits

<b>834</b>				
D	2320	COB03	-	1143..... 151
<b>837 - Dental</b>				
D	2000B	SBR06	-	1143..... 100

**Coordination of Benefits Date**

The dates of eligibility for coordination of benefits

<b>834</b>				
D	2320	DTP03	-	1251 ..... 157

**Coordination of Benefits Total Submitted Charge Amount**

The total coordination of benefit charges submitted applicable to the claim.

<b>837 - Institutional</b>				
D	2320	AMT02	-	782 ..... 373

**Corrected Insured Identification Indicator**

Indicator used to identify an insured's identification number which was incorrectly submitted and subsequently changed.

<b>835</b>				
D	2100	NM109	-	67 ..... 110

**Corrected Patient or Insured First Name**

Corrected first name of the patient or insured.

<b>835</b>				
D	2100	NM104	-	1036 ..... 109

**Corrected Patient or Insured Last Name**

Corrected last name of the patient or insured.

<b>835</b>				
D	2100	NM103	-	1035 ..... 109

**Corrected Patient or Insured Middle Name**

Corrected middle name of the patient or insured.

<b>835</b>				
D	2100	NM105	-	1037 ..... 109

**Corrected Patient or Insured Name Suffix**

Corrected suffix for the name of the patient or insured.

<b>835</b>				
D	2100	NM107	-	1039 ..... 109

**Corrected Priority Payer Identification Number**

Number assigned by the payer to identify the corrected priority payer name.

<b>835</b>				
D	2100	NM109	-	67 ..... 117

**Corrected Priority Payer Name**

Name of the corrected priority payer.

<b>835</b>				
D	2100	NM103	-	1035 ..... 117

**Cost Report Day Count**

The number of days that may be claimed as Medicare patient days on a cost report.

**835**  
D | 2100 | MIA15 | - | 380 ..... 121

**837 - Institutional**  
D | 2320 | MIA15 | - | 380 ..... 395

**Country Code**

Code indicating the geographic location.

**820**  
H | 1000A | N404 | - | 26 ..... 61  
H | 1000B | N404 | - | 26 ..... 68

**835**  
H | 1000B | N404 | - | 26 ..... 76

**834**  
D | 2100A | N404 | - | 26 ..... 69  
D | 2100C | N404 | - | 26 ..... 89  
D | 2100D | N404 | - | 26 ..... 97  
D | 2100E | N404 | - | 26 ..... 105  
D | 2100F | N404 | - | 26 ..... 114  
D | 2100G | N404 | - | 26 ..... 123  
D | 2310 | N404 | - | 26 ..... 144

**837 - Institutional**  
D | 2010AA | N404 | - | 26 ..... 81  
D | 2010AB | N404 | - | 26 ..... 96  
D | 2010BA | N404 | - | 26 ..... 114  
D | 2010BC | N404 | - | 26 ..... 131  
D | 2010BD | N404 | - | 26 ..... 138  
D | 2010CA | N404 | - | 26 ..... 150  
D | 2300 | CLM11 | C024-5 | 26 ..... 163  
D | 2310E | N404 | - | 26 ..... 356  
D | 2330A | N404 | - | 26 ..... 407  
D | 2330B | N404 | - | 26 ..... 414

**837 - Dental**  
D | 2010AA | N404 | - | 26 ..... 82  
D | 2010AB | N404 | - | 26 ..... 93  
D | 2010BA | N404 | - | 26 ..... 110  
D | 2010CA | N404 | - | 26 ..... 142  
D | 2300 | CLM11 | C024-5 | 26 ..... 154  
D | 2330A | N404 | - | 26 ..... 237

**837 - Professional**  
D | 2010AA | N404 | - | 26 ..... 90  
D | 2010AB | N404 | - | 26 ..... 105  
D | 2010BA | N404 | - | 26 ..... 123  
D | 2010BB | N404 | - | 26 ..... 136  
D | 2010BC | N404 | - | 26 ..... 145  
D | 2010CA | N404 | - | 26 ..... 163  
D | 2300 | CLM11 | C024-5 | 26 ..... 178  
D | 2310D | N404 | - | 26 ..... 309  
D | 2330A | N404 | - | 26 ..... 356  
D | 2420C | N404 | - | 26 ..... 520  
D | 2420E | N404 | - | 26 ..... 535

**270**  
D | 2100B | N404 | - | 26 ..... 59  
D | 2100C | N404 | - | 26 ..... 79  
D | 2100D | N404 | - | 26 ..... 120

**271**  
D | 2100C | N404 | - | 26 ..... 202  
D | 2120C | N404 | - | 26 ..... 256  
D | 2100D | N404 | - | 26 ..... 279  
D | 2120D | N404 | - | 26 ..... 332

**278 - Request**  
D | 2000F | UM05 | C024-5 | 26 ..... 147

**Coverage Level Code**

Code indicating the level of coverage being provided for this insured

**834**  
D | 2300 | HD05 | - | 1207 ..... 130

**Coverage Period**

The coverage period associated with this premium payment.

**820**  
H | | DTM06 | - | 1251 ..... 55  
D | 2300B | DTM06 | - | 1251 ..... 95

**834**  
D | 2300 | DTP03 | - | 1251 ..... 133

**Covered Amount**

Amount determined to be covered by the payer who adjudicated the claim.

**837 - Dental**  
D | 2320 | AMT02 | - | 782 ..... 224

**Covered Days or Visits Count**

Number of days or visits covered by the primary payer or days/visits that would have been covered had Medicare been primary.

**835**  
D | 2100 | MIA01 | - | 380 ..... 119

**837 - Institutional**  
D | 2320 | MIA01 | - | 380 ..... 393

**Credit or Debit Card**

**Authorization Number**

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

**837 - Institutional**  
D | 2010BB | REF02 | - | 127 ..... 125

**837 - Dental**  
D | 2010BC | REF02 | - | 127 ..... 130

**837 - Professional**  
D | 2010BD | REF02 | - | 127 ..... 150

**Credit or Debit Card Holder**

**Additional Name**

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

**837 - Dental**  
D | 2010BC | N201 | - | 93 ..... 129  
D | 2010BC | N202 | - | 93 ..... 129

**837 - Professional**  
D | 2010BD | N201 | - | 93 ..... 149

**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.

<b>837 - Institutional</b>	D   2010BB   NM104   -   1036 .....	122
<b>837 - Professional</b>	D   2010BD   NM104   -   1036 .....	147

**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.

<b>837 - Institutional</b>	D   2010BB   NM103   -   1035 .....	122
<b>837 - Dental</b>	D   2010BC   NM103   -   1035 .....	127
<b>837 - Professional</b>	D   2010BD   NM103   -   1035 .....	147

**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.

<b>837 - Institutional</b>	D   2010BB   NM105   -   1037 .....	122
<b>837 - Dental</b>	D   2010BC   NM105   -   1037 .....	127
<b>837 - Professional</b>	D   2010BD   NM105   -   1037 .....	147

**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.

<b>837 - Institutional</b>	D   2010BB   NM107   -   1039 .....	122
<b>837 - Dental</b>	D   2010BC   NM107   -   1039 .....	127
<b>837 - Professional</b>	D   2010BD   NM107   -   1039 .....	147

**Credit or Debit Card Maximum  
Amount**

Dollar limit for a credit or debit card

<b>837 - Institutional</b>	D   2300   AMT02   -   782 .....	184
<b>837 - Dental</b>	D   2300   AMT02   -   782 .....	174
<b>837 - Professional</b>	D   2300   AMT02   -   782 .....	219

**Credit or Debit Card Number**

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

<b>837 - Institutional</b>	D   2010BB   NM109   -   67 .....	123
<b>837 - Dental</b>	D   2010BC   NM109   -   67 .....	128
<b>837 - Professional</b>	D   2010BD   NM109   -   67 .....	148

**Credit or Debit Flag Code**

Code indicating whether amount is a credit or debit

<b>820</b>	H     BPR03   -   478 .....	37
<b>835</b>	H     BPR03   -   478 .....	46

**Currency Code**

Code for country in whose currency the charges are specified.

<b>820</b>	H     CUR02   -   100 .....	46
<b>835</b>	H     CUR02   -   100 .....	55
<b>837 - Institutional</b>	D   2000A   CUR02   -   100 .....	74
<b>837 - Dental</b>	D   2000A   CUR02   -   100 .....	74
<b>837 - Professional</b>	D   2000A   CUR02   -   100 .....	82

**Current Health Condition Code**

Code indicating current condition of the individual.

<b>278 - Request</b>	D   2000F   UM07   -   1213 .....	147
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**Custodial Parent Address Line**

The first line of the address of the individual's parent who has legal custody of the individual.

<b>834</b>	D   2100F   N301   -   166 .....	112
<b>834</b>	D   2100F   N302   -   166 .....	112

**Custodial Parent City Name**

The city of the individual's parent who has legal custody of the individual.

<b>834</b>	D   2100F   N401   -   19 .....	113
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**Custodial Parent First Name**

The first name of the individual's parent who has legal custody of the individual.

<b>834</b>	D   2100F   NM104   -   1036 .....	107
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**Custodial Parent Identifier**

The identification number of the individual's parent who has legal custody of the individual.

**834**  
D | 2100F | NM109 | - | 67 ..... 108

**Custodial Parent Last Name**

The last name of the individual's parent who has legal custody of the individual.

**834**  
D | 2100F | NM103 | - | 1035 ..... 107

**Custodial Parent Middle Name**

The middle name of the individual's parent who has legal custody of the individual.

**834**  
D | 2100F | NM105 | - | 1037 ..... 107

**Custodial Parent Name Prefix**

The prefix to the name of the individual's parent who has legal custody of the individual.

**834**  
D | 2100F | NM106 | - | 1038 ..... 107

**Custodial Parent Name Suffix**

The suffix to the name of the individual's parent who has legal custody of the individual.

**834**  
D | 2100F | NM107 | - | 1039 ..... 107

**Custodial Parent Postal Zone or ZIP Code**

The postal ZIP code of the individual's parent who has legal custody of the individual.

**834**  
D | 2100F | N403 | - | 116 ..... 114

**Custodial Parent State Code**

The code for the state of the individual's parent who has legal custody of the individual.

**834**  
D | 2100F | N402 | - | 156 ..... 113

**Daily Oxygen Use Count**

Number of times per day that the patient must use oxygen.

**278 - Request**  
D | 2000F | CR507 | - | 380 ..... 201

**278 - Response**  
D | 2000F | CR507 | - | 380 ..... 377

**Date Claim Paid**

Code indicating the date the claim was paid.

**837 - Dental**  
D | 2330B | DTP03 | - | 1251 ..... 246

**Date Time Period**

Expression of a date, a time, or a range of dates, times, or dates and times.

**834**  
H | | DTP03 | - | 1251 ..... 34

**837 - Institutional**  
D | 2300 | HI01 | C022-4 | 1251 ..... 243

**270**  
D | 2100C | DTP03 | - | 1251 ..... 88  
D | 2110C | DTP03 | - | 1251 ..... 107  
D | 2100D | DTP03 | - | 1251 ..... 130  
D | 2110D | DTP03 | - | 1251 ..... 146

**271**  
D | 2100C | DTP03 | - | 1251 ..... 217  
D | 2100D | DTP03 | - | 1251 ..... 294

**Date Time Period Format Qualifier**

Code indicating the date format, time format, or date and time format

**820**  
H | | DTM05 | - | 1250 ..... 55  
D | 2300B | DTM05 | - | 1250 ..... 95

**834**  
H | | DTP02 | - | 1250 ..... 34  
D | 2000 | INS11 | - | 1250 ..... 50  
D | 2000 | DTP02 | - | 1250 ..... 60  
D | 2100A | DMG01 | - | 1250 ..... 70  
D | 2100B | DMG01 | - | 1250 ..... 83  
D | 2200 | DTP02 | - | 1250 ..... 126  
D | 2300 | DTP02 | - | 1250 ..... 133  
D | 2320 | DTP02 | - | 1250 ..... 156

**837 - Institutional**  
D | 2010BA | DMG01 | - | 1250 ..... 115  
D | 2010CA | DMG01 | - | 1250 ..... 151  
D | 2300 | DTP02 | - | 1250 ..... 165  
D | 2300 | DTP02 | - | 1250 ..... 167  
D | 2300 | DTP02 | - | 1250 ..... 169  
D | 2300 | CR603 | - | 1250 ..... 211  
D | 2300 | CR615 | - | 1250 ..... 215  
D | 2300 | HI01 | C022-3 | 1250 ..... 243  
D | 2300 | HI01 | C022-3 | 1250 ..... 245  
D | 2300 | HI02 | C022-3 | 1250 ..... 246  
D | 2300 | HI03 | C022-3 | 1250 ..... 247  
D | 2300 | HI04 | C022-3 | 1250 ..... 248  
D | 2300 | HI05 | C022-3 | 1250 ..... 248  
D | 2300 | HI06 | C022-3 | 1250 ..... 249  
D | 2300 | HI07 | C022-3 | 1250 ..... 250  
D | 2300 | HI08 | C022-3 | 1250 ..... 251  
D | 2300 | HI09 | C022-3 | 1250 ..... 252  
D | 2300 | HI10 | C022-3 | 1250 ..... 253  
D | 2300 | HI11 | C022-3 | 1250 ..... 254  
D | 2300 | HI12 | C022-3 | 1250 ..... 255  
D | 2300 | HI01 | C022-3 | 1250 ..... 257  
D | 2300 | HI02 | C022-3 | 1250 ..... 258  
D | 2300 | HI03 | C022-3 | 1250 ..... 258  
D | 2300 | HI04 | C022-3 | 1250 ..... 259  
D | 2300 | HI05 | C022-3 | 1250 ..... 260  
D | 2300 | HI06 | C022-3 | 1250 ..... 261  
D | 2300 | HI07 | C022-3 | 1250 ..... 262  
D | 2300 | HI08 | C022-3 | 1250 ..... 263

D	2300	HI09	C022-3	1250	263
D	2300	HI10	C022-3	1250	264
D	2300	HI11	C022-3	1250	265
D	2300	HI12	C022-3	1250	266
D	2300	HI01	C022-3	1250	268
D	2300	HI02	C022-3	1250	269
D	2300	HI03	C022-3	1250	270
D	2300	HI04	C022-3	1250	271
D	2300	HI05	C022-3	1250	271
D	2300	HI06	C022-3	1250	272
D	2300	HI07	C022-3	1250	273
D	2300	HI08	C022-3	1250	274
D	2300	HI09	C022-3	1250	275
D	2300	HI10	C022-3	1250	276
D	2300	HI11	C022-3	1250	277
D	2300	HI12	C022-3	1250	278
D	2320	DMG01	-	1250	388
D	2330B	DTP02	-	1250	415
D	2400	DTP02	-	1250	457
D	2400	DTP02	-	1250	458
D	2430	DTP02	-	1250	502

**837 - Dental**

D	2010BA	DMG01	-	1250	111
D	2010CA	DMG01	-	1250	143
D	2300	DTP02	-	1250	157
D	2300	DTP02	-	1250	158
D	2300	DTP02	-	1250	160
D	2300	DTP02	-	1250	161
D	2300	DTP02	-	1250	162
D	2300	DTP02	-	1250	164
D	2320	DMG01	-	1250	227
D	2330B	DTP02	-	1250	246
D	2400	DTP02	-	1250	273
D	2400	DTP02	-	1250	275
D	2400	DTP02	-	1250	277
D	2400	DTP02	-	1250	279
D	2430	DTP02	-	1250	312

**837 - Professional**

D	2000B	PAT05	-	1250	115
D	2010BA	DMG01	-	1250	124
D	2000C	PAT05	-	1250	155
D	2010CA	DMG01	-	1250	164
D	2300	DTP02	-	1250	180
D	2300	DTP02	-	1250	182
D	2300	DTP02	-	1250	184
D	2300	DTP02	-	1250	186
D	2300	DTP02	-	1250	189
D	2300	DTP02	-	1250	190
D	2300	DTP02	-	1250	192
D	2300	DTP02	-	1250	194
D	2300	DTP02	-	1250	196
D	2300	DTP02	-	1250	197
D	2300	DTP02	-	1250	199
D	2300	DTP02	-	1250	200
D	2300	DTP02	-	1250	201
D	2300	DTP02	-	1250	203
D	2300	DTP02	-	1250	205
D	2300	DTP02	-	1250	206
D	2300	DTP02	-	1250	208
D	2300	DTP02	-	1250	210
D	2300	DTP02	-	1250	213
D	2320	DMG01	-	1250	342
D	2330B	DTP02	-	1250	366
D	2400	DTP02	-	1250	436
D	2400	DTP02	-	1250	437
D	2400	DTP02	-	1250	439
D	2400	DTP02	-	1250	440
D	2400	DTP02	-	1250	443
D	2400	DTP02	-	1250	444
D	2400	DTP02	-	1250	445
D	2400	DTP02	-	1250	447
D	2400	DTP02	-	1250	450
D	2400	DTP02	-	1250	451
D	2400	DTP02	-	1250	452

D	2400	DTP02	-	1250	454
D	2400	DTP02	-	1250	456
D	2400	DTP02	-	1250	458
D	2400	DTP02	-	1250	460
D	2430	DTP02	-	1250	566

**270**

D	2100C	DMG01	-	1250	84
D	2100C	DTP02	-	1250	88
D	2110C	DTP02	-	1250	107
D	2100D	DMG01	-	1250	125
D	2100D	DTP02	-	1250	130
D	2110D	DTP02	-	1250	146

**271**

D	2100C	DMG01	-	1250	211
D	2100C	DTP02	-	1250	217
D	2110C	DTP02	-	1250	241
D	2100D	DMG01	-	1250	288
D	2100D	DTP02	-	1250	294
D	2110D	DTP02	-	1250	317

**276**

D	2000D	DMG01	-	1250	72
D	2200D	DTP02	-	1250	87
D	2210D	DTP02	-	1250	93
D	2000E	DMG01	-	1250	96
D	2200E	DTP02	-	1250	112
D	2210E	DTP02	-	1250	118

**277**

D	2000D	DMG01	-	1250	148
D	2200D	DTP02	-	1250	172
D	2220D	DTP02	-	1250	188
D	2000E	DMG01	-	1250	192
D	2200E	DTP02	-	1250	217
D	2220E	DTP02	-	1250	232

**278 - Request**

D	2000C	DTP02	-	1250	75
D	2000C	DTP02	-	1250	76
D	2000C	DTP02	-	1250	77
D	2000C	DTP02	-	1250	78
D	2000C	HI01	C022-3	1250	81
D	2000C	HI02	C022-3	1250	82
D	2000C	HI03	C022-3	1250	82
D	2000C	HI04	C022-3	1250	83
D	2000C	HI05	C022-3	1250	84
D	2000C	HI06	C022-3	1250	84
D	2000C	HI07	C022-3	1250	85
D	2000C	HI08	C022-3	1250	86
D	2000C	HI09	C022-3	1250	86
D	2000C	HI10	C022-3	1250	87
D	2000C	HI11	C022-3	1250	88
D	2000C	HI12	C022-3	1250	88
D	2010C	DMG01	-	1250	94
D	2000D	DTP02	-	1250	98
D	2000D	DTP02	-	1250	99
D	2000D	DTP02	-	1250	100
D	2000D	DTP02	-	1250	101
D	2000D	HI01	C022-3	1250	104
D	2000D	HI02	C022-3	1250	105
D	2000D	HI03	C022-3	1250	105
D	2000D	HI04	C022-3	1250	106
D	2000D	HI05	C022-3	1250	107
D	2000D	HI06	C022-3	1250	107
D	2000D	HI07	C022-3	1250	108
D	2000D	HI08	C022-3	1250	109
D	2000D	HI09	C022-3	1250	109
D	2000D	HI10	C022-3	1250	110
D	2000D	HI11	C022-3	1250	111
D	2000D	HI12	C022-3	1250	111
D	2010D	DMG01	-	1250	116
D	2000F	DTP02	-	1250	152
D	2000F	DTP02	-	1250	154
D	2000F	DTP02	-	1250	156
D	2000F	DTP02	-	1250	157

D	2000F	HI01	C022-3	1250	160
D	2000F	HI02	C022-3	1250	161
D	2000F	HI03	C022-3	1250	162
D	2000F	HI04	C022-3	1250	164
D	2000F	HI05	C022-3	1250	165
D	2000F	HI06	C022-3	1250	166
D	2000F	HI07	C022-3	1250	167
D	2000F	HI08	C022-3	1250	168
D	2000F	HI09	C022-3	1250	170
D	2000F	HI10	C022-3	1250	171
D	2000F	HI11	C022-3	1250	172
D	2000F	HI12	C022-3	1250	173
D	2000F	CR603	-	1250	207
D	2000F	CR615	-	1250	209

**278 - Response**

D	2000C	DTP02	-	1250	249
D	2000C	DTP02	-	1250	250
D	2000C	DTP02	-	1250	251
D	2000C	DTP02	-	1250	252
D	2000C	HI01	C022-3	1250	254
D	2000C	HI02	C022-3	1250	255
D	2000C	HI03	C022-3	1250	255
D	2000C	HI04	C022-3	1250	256
D	2000C	HI05	C022-3	1250	257
D	2000C	HI06	C022-3	1250	257
D	2000C	HI07	C022-3	1250	258
D	2000C	HI08	C022-3	1250	259
D	2000C	HI09	C022-3	1250	259
D	2000C	HI10	C022-3	1250	260
D	2000C	HI11	C022-3	1250	261
D	2000C	HI12	C022-3	1250	261
D	2010C	DMG01	-	1250	269
D	2000D	DTP02	-	1250	275
D	2000D	DTP02	-	1250	276
D	2000D	DTP02	-	1250	277
D	2000D	DTP02	-	1250	278
D	2000D	HI01	C022-3	1250	280
D	2000D	HI02	C022-3	1250	281
D	2000D	HI03	C022-3	1250	281
D	2000D	HI04	C022-3	1250	282
D	2000D	HI05	C022-3	1250	283
D	2000D	HI06	C022-3	1250	283
D	2000D	HI07	C022-3	1250	284
D	2000D	HI08	C022-3	1250	285
D	2000D	HI09	C022-3	1250	285
D	2000D	HI10	C022-3	1250	286
D	2000D	HI11	C022-3	1250	287
D	2000D	HI12	C022-3	1250	287
D	2010D	DMG01	-	1250	295
D	2000F	DTP02	-	1250	336
D	2000F	DTP02	-	1250	337
D	2000F	DTP02	-	1250	339
D	2000F	DTP02	-	1250	342
D	2000F	DTP02	-	1250	343
D	2000F	DTP02	-	1250	344
D	2000F	DTP02	-	1250	345
D	2000F	HI01	C022-3	1250	347
D	2000F	HI02	C022-3	1250	348
D	2000F	HI03	C022-3	1250	349
D	2000F	HI04	C022-3	1250	351
D	2000F	HI05	C022-3	1250	352
D	2000F	HI06	C022-3	1250	353
D	2000F	HI07	C022-3	1250	354
D	2000F	HI08	C022-3	1250	355
D	2000F	HI09	C022-3	1250	357
D	2000F	HI10	C022-3	1250	358
D	2000F	HI11	C022-3	1250	359
D	2000F	HI12	C022-3	1250	360
D	2000F	CR603	-	1250	381

**Date Time Qualifier**

Code specifying the type of date or time or both date and time.

**820**

H		DTM01	-	374	50
H		DTM01	-	374	52
H		DTM01	-	374	54
D	2300B	DTM01	-	374	94

**835**

H		DTM01	-	374	60
D	2100	DTM01	-	374	131
D	2110	DTM01	-	374	147

**834**

H		DTP01	-	374	34
D	2000	DTP01	-	374	59
D	2200	DTP01	-	374	126
D	2300	DTP01	-	374	132
D	2320	DTP01	-	374	156

**837 - Institutional**

D	2300	DTP01	-	374	165
D	2300	DTP01	-	374	167
D	2300	DTP01	-	374	169
D	2330B	DTP01	-	374	415
D	2400	DTP01	-	374	456
D	2400	DTP01	-	374	458
D	2430	DTP01	-	374	502

**837 - Dental**

D	2300	DTP01	-	374	157
D	2300	DTP01	-	374	158
D	2300	DTP01	-	374	160
D	2300	DTP01	-	374	161
D	2300	DTP01	-	374	162
D	2300	DTP01	-	374	164
D	2330B	DTP01	-	374	246
D	2400	DTP01	-	374	273
D	2400	DTP01	-	374	275
D	2400	DTP01	-	374	277
D	2400	DTP01	-	374	279
D	2430	DTP01	-	374	312

**837 - Professional**

D	2300	DTP01	-	374	180
D	2300	DTP01	-	374	182
D	2300	DTP01	-	374	184
D	2300	DTP01	-	374	186
D	2300	DTP01	-	374	188
D	2300	DTP01	-	374	190
D	2300	DTP01	-	374	192
D	2300	DTP01	-	374	194
D	2300	DTP01	-	374	196
D	2300	DTP01	-	374	197
D	2300	DTP01	-	374	199
D	2300	DTP01	-	374	200
D	2300	DTP01	-	374	201
D	2300	DTP01	-	374	203
D	2300	DTP01	-	374	205
D	2300	DTP01	-	374	206
D	2300	DTP01	-	374	208
D	2300	DTP01	-	374	210
D	2300	DTP01	-	374	213
D	2330B	DTP01	-	374	366
D	2400	DTP01	-	374	435
D	2400	DTP01	-	374	437
D	2400	DTP01	-	374	439
D	2400	DTP01	-	374	440
D	2400	DTP01	-	374	442
D	2400	DTP01	-	374	444
D	2400	DTP01	-	374	445
D	2400	DTP01	-	374	447
D	2400	DTP01	-	374	449
D	2400	DTP01	-	374	451
D	2400	DTP01	-	374	452

D		2400		DTP01		-		374	.....	454
D		2400		DTP01		-		374	.....	456
D		2400		DTP01		-		374	.....	458
D		2400		DTP01		-		374	.....	460
D		2430		DTP01		-		374	.....	566
<b>270</b>										
D		2100C		DTP01		-		374	.....	88
D		2110C		DTP01		-		374	.....	106
D		2100D		DTP01		-		374	.....	130
D		2110D		DTP01		-		374	.....	145
<b>271</b>										
D		2100C		DTP01		-		374	.....	216
D		2110C		DTP01		-		374	.....	240
D		2100D		DTP01		-		374	.....	293
D		2110D		DTP01		-		374	.....	316
<b>276</b>										
D		2200D		DTP01		-		374	.....	86
D		2210D		DTP01		-		374	.....	93
D		2200E		DTP01		-		374	.....	111
D		2210E		DTP01		-		374	.....	118
<b>277</b>										
D		2200D		DTP01		-		374	.....	171
D		2220D		DTP01		-		374	.....	188
D		2200E		DTP01		-		374	.....	216
D		2220E		DTP01		-		374	.....	232
<b>278 - Request</b>										
D		2000C		DTP01		-		374	.....	75
D		2000C		DTP01		-		374	.....	76
D		2000C		DTP01		-		374	.....	77
D		2000C		DTP01		-		374	.....	78
D		2000D		DTP01		-		374	.....	98
D		2000D		DTP01		-		374	.....	99
D		2000D		DTP01		-		374	.....	100
D		2000D		DTP01		-		374	.....	101
D		2000F		DTP01		-		374	.....	152
D		2000F		DTP01		-		374	.....	154
D		2000F		DTP01		-		374	.....	156
D		2000F		DTP01		-		374	.....	157
<b>278 - Response</b>										
D		2000C		DTP01		-		374	.....	249
D		2000C		DTP01		-		374	.....	250
D		2000C		DTP01		-		374	.....	251
D		2000C		DTP01		-		374	.....	252
D		2000D		DTP01		-		374	.....	275
D		2000D		DTP01		-		374	.....	276
D		2000D		DTP01		-		374	.....	277
D		2000D		DTP01		-		374	.....	278
D		2000F		DTP01		-		374	.....	335
D		2000F		DTP01		-		374	.....	337
D		2000F		DTP01		-		374	.....	339
D		2000F		DTP01		-		374	.....	341
D		2000F		DTP01		-		374	.....	343
D		2000F		DTP01		-		374	.....	344
D		2000F		DTP01		-		374	.....	345

**Delay Reason Code**

Code indicating the reason why a request was delayed.

<b>837 - Institutional</b>										
D		2300		CLM20		-		1514	.....	164
<b>837 - Dental</b>										
D		2300		CLM20		-		1514	.....	155
<b>837 - Professional</b>										
D		2300		CLM20		-		1514	.....	179
<b>278 - Request</b>										
D		2000F		UM10		-		1514	.....	149

**Delivery Frequency Code**

Code which specifies frequency by which services can be performed.

<b>271</b>										
D		2110C		HSD07		-		678	.....	235
D		2110D		HSD07		-		678	.....	311

**Delivery Pattern Time Code**

Code which specifies the time delivery pattern of the services..

<b>837 - Institutional</b>										
D		2305		HSD08		-		679	.....	320

<b>837 - Professional</b>										
D		2305		HSD08		-		679	.....	281
D		2400		HSD08		-		679	.....	494

<b>271</b>										
D		2110C		HSD08		-		679	.....	237
D		2110D		HSD08		-		679	.....	313

<b>278 - Request</b>										
D		2000F		HSD08		-		679	.....	179

<b>278 - Response</b>										
D		2000F		HSD08		-		679	.....	366

**Demonstration Project Identifier**

Identification number for a Medicare demonstration project.

<b>837 - Institutional</b>										
D		2300		REF02		-		127	.....	202

<b>837 - Professional</b>										
D		2300		REF02		-		127	.....	243

**Department of Defense Health Service Region Code**

Code identifying the health service region established by the department of defense.

<b>271</b>										
D		2120C		N406		-		310	.....	256
D		2120D		N406		-		310	.....	332

**Dependent Address Line**

The street address of the patient.

<b>270</b>										
D		2100D		N301		-		166	.....	118
D		2100D		N302		-		166	.....	118

<b>271</b>										
D		2100D		N301		-		166	.....	277
D		2100D		N302		-		166	.....	277

**Dependent Birth Date**

The date of birth of the dependent.

<b>270</b>										
D		2100D		DMG02		-		1251	.....	125

<b>271</b>										
D		2100D		DMG02		-		1251	.....	288

<b>278 - Request</b>										
D		2010D		DMG02		-		1251	.....	117



**278 - Response**  
D | 2010D | DMG02 | - | 1251 ..... 296

**Dependent City Name**

The city name of the patient.

**270**  
D | 2100D | N401 | - | 19 ..... 119

**271**  
D | 2100D | N401 | - | 19 ..... 278

**Dependent Contact Name**

Name of person to contact for information concerning dependent.

**271**  
D | 2100D | PER02 | - | 93 ..... 281

**Dependent Contact Number**

Contact number for the dependent's contact person or entity.

**271**  
D | 2100D | PER04 | - | 364 ..... 282  
D | 2100D | PER06 | - | 364 ..... 282  
D | 2100D | PER08 | - | 364 ..... 283

**Dependent Eligibility or Benefit Identifier**

Number associated with the dependent for the eligibility or benefit being described.

**271**  
D | 2110D | REF02 | - | 127 ..... 315

**Dependent First Name**

The first name of the dependent.

**270**  
D | 2100D | NM104 | - | 1036 ..... 115

**271**  
D | 2100D | NM104 | - | 1036 ..... 272

**278 - Request**  
D | 2010D | NM104 | - | 1036 ..... 113

**278 - Response**  
D | 2010D | NM104 | - | 1036 ..... 289

**Dependent Gender Code**

A code indicating the gender of the dependent.

**270**  
D | 2100D | DMG03 | - | 1068 ..... 125

**271**  
D | 2100D | DMG03 | - | 1068 ..... 288

**278 - Request**  
D | 2010D | DMG03 | - | 1068 ..... 117

**278 - Response**  
D | 2010D | DMG03 | - | 1068 ..... 296

**Dependent Last Name**

The last name of the dependent.

**270**  
D | 2100D | NM103 | - | 1035 ..... 115

**271**  
D | 2100D | NM103 | - | 1035 ..... 272

**278 - Request**  
D | 2010D | NM103 | - | 1035 ..... 113

**278 - Response**  
D | 2010D | NM103 | - | 1035 ..... 289

**Dependent Middle Name**

The middle name of the dependent.

**270**  
D | 2100D | NM105 | - | 1037 ..... 115

**271**  
D | 2100D | NM105 | - | 1037 ..... 272

**278 - Request**  
D | 2010D | NM105 | - | 1037 ..... 113

**278 - Response**  
D | 2010D | NM105 | - | 1037 ..... 289

**Dependent Name Suffix**

A suffix following the name, including the generation of the patient, such as I, II, III, Jr, Sr.

**270**  
D | 2100D | NM107 | - | 1039 ..... 115

**271**  
D | 2100D | NM107 | - | 1039 ..... 272

**278 - Request**  
D | 2010D | NM107 | - | 1039 ..... 113

**278 - Response**  
D | 2010D | NM107 | - | 1039 ..... 289

**Dependent Postal Zone or ZIP Code**

The zip code of the dependent.

**270**  
D | 2100D | N403 | - | 116 ..... 120

**271**  
D | 2100D | N403 | - | 116 ..... 279

**Dependent Primary Identifier**

Identifies the code number by which the dependent is known.

**271**  
D | 2100D | NM109 | - | 67 ..... 273

**278 - Response**  
D | 2010D | NM109 | - | 67 ..... 290

**Dependent State Code**

The state postal code of the dependent.

**270**  
D | 2100D | N402 | - | 156 ..... 120

**271**  
D | 2100D | N402 | - | 156 ..... 279

**Dependent Supplemental Identifier**

Identifies another or additional distinguishing code number associated with the dependent

**270**  
D | 2100D | REF02 | - | 127 ..... 117

**271**  
D | 2100D | REF02 | - | 127 ..... 276

**278 - Request**  
D | 2010D | REF02 | - | 127 ..... 115

**278 - Response**  
D | 2010D | REF02 | - | 127 ..... 292

**Depository Financial Institution (DFI) Identification Number Qualifier**

Code identifying the type of identification number of Depository Financial Institution (DFI).

**820**  
H | | BPR06 | - | 506 ..... 39  
H | | BPR12 | - | 506 ..... 40

**835**  
H | | BPR06 | - | 506 ..... 48  
H | | BPR12 | - | 506 ..... 49

**Detail Premium Payment Amount**

Detailed remittance amount on the transaction.

**820**  
D | 2300A | RMR04 | - | 782 ..... 76  
D | 2300B | RMR04 | - | 782 ..... 93

**Diagnosis Code**

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

**834**  
D | 2200 | DSB08 | - | 1137 ..... 125

**837 - Professional**  
D | 2300 | HI01 | C022-2 | 1271 ..... 266  
D | 2300 | HI02 | C022-2 | 1271 ..... 266  
D | 2300 | HI03 | C022-2 | 1271 ..... 267  
D | 2300 | HI04 | C022-2 | 1271 ..... 268  
D | 2300 | HI05 | C022-2 | 1271 ..... 268  
D | 2300 | HI06 | C022-2 | 1271 ..... 269  
D | 2300 | HI07 | C022-2 | 1271 ..... 269  
D | 2300 | HI08 | C022-2 | 1271 ..... 270

**278 - Request**  
D | 2000C | HI01 | C022-2 | 1271 ..... 81  
D | 2000C | HI02 | C022-2 | 1271 ..... 82  
D | 2000C | HI03 | C022-2 | 1271 ..... 82  
D | 2000C | HI04 | C022-2 | 1271 ..... 83  
D | 2000C | HI05 | C022-2 | 1271 ..... 83  
D | 2000C | HI06 | C022-2 | 1271 ..... 84  
D | 2000C | HI07 | C022-2 | 1271 ..... 85  
D | 2000C | HI08 | C022-2 | 1271 ..... 85  
D | 2000C | HI09 | C022-2 | 1271 ..... 86  
D | 2000C | HI10 | C022-2 | 1271 ..... 87  
D | 2000C | HI11 | C022-2 | 1271 ..... 87

D | 2000C | HI11 | C022-2 | 1271 ..... 87  
D | 2000C | HI12 | C022-2 | 1271 ..... 88  
D | 2000D | HI01 | C022-2 | 1271 ..... 104  
D | 2000D | HI02 | C022-2 | 1271 ..... 105  
D | 2000D | HI03 | C022-2 | 1271 ..... 105  
D | 2000D | HI04 | C022-2 | 1271 ..... 106  
D | 2000D | HI05 | C022-2 | 1271 ..... 106  
D | 2000D | HI06 | C022-2 | 1271 ..... 107  
D | 2000D | HI07 | C022-2 | 1271 ..... 108  
D | 2000D | HI08 | C022-2 | 1271 ..... 108  
D | 2000D | HI09 | C022-2 | 1271 ..... 109  
D | 2000D | HI10 | C022-2 | 1271 ..... 110  
D | 2000D | HI11 | C022-2 | 1271 ..... 110  
D | 2000D | HI12 | C022-2 | 1271 ..... 111

**278 - Response**  
D | 2000C | HI01 | C022-2 | 1271 ..... 254  
D | 2000C | HI02 | C022-2 | 1271 ..... 254  
D | 2000C | HI03 | C022-2 | 1271 ..... 255  
D | 2000C | HI04 | C022-2 | 1271 ..... 256  
D | 2000C | HI05 | C022-2 | 1271 ..... 256  
D | 2000C | HI06 | C022-2 | 1271 ..... 257  
D | 2000C | HI07 | C022-2 | 1271 ..... 258  
D | 2000C | HI08 | C022-2 | 1271 ..... 258  
D | 2000C | HI09 | C022-2 | 1271 ..... 259  
D | 2000C | HI10 | C022-2 | 1271 ..... 260  
D | 2000C | HI11 | C022-2 | 1271 ..... 260  
D | 2000C | HI12 | C022-2 | 1271 ..... 261  
D | 2000D | HI01 | C022-2 | 1271 ..... 280  
D | 2000D | HI02 | C022-2 | 1271 ..... 280  
D | 2000D | HI03 | C022-2 | 1271 ..... 281  
D | 2000D | HI04 | C022-2 | 1271 ..... 282  
D | 2000D | HI05 | C022-2 | 1271 ..... 282  
D | 2000D | HI06 | C022-2 | 1271 ..... 283  
D | 2000D | HI07 | C022-2 | 1271 ..... 284  
D | 2000D | HI08 | C022-2 | 1271 ..... 284  
D | 2000D | HI09 | C022-2 | 1271 ..... 285  
D | 2000D | HI10 | C022-2 | 1271 ..... 286  
D | 2000D | HI11 | C022-2 | 1271 ..... 286  
D | 2000D | HI12 | C022-2 | 1271 ..... 287

**Diagnosis Code Pointer**

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

**837 - Professional**  
D | 2400 | SV107 | C004-1 | 1328 ..... 405  
D | 2400 | SV107 | C004-2 | 1328 ..... 405  
D | 2400 | SV107 | C004-3 | 1328 ..... 405  
D | 2400 | SV107 | C004-4 | 1328 ..... 405

**Diagnosis Date**

Date the diagnosis was established or recorded.

**837 - Institutional**  
D | 2300 | CR605 | - | 373 ..... 212  
D | 2300 | CR618 | - | 373 ..... 216  
D | 2300 | CR619 | - | 373 ..... 217  
D | 2300 | CR620 | - | 373 ..... 217  
D | 2300 | CR621 | - | 373 ..... 217

**278 - Request**  
D | 2000C | HI01 | C022-4 | 1251 ..... 81  
D | 2000C | HI02 | C022-4 | 1251 ..... 82  
D | 2000C | HI03 | C022-4 | 1251 ..... 82  
D | 2000C | HI04 | C022-4 | 1251 ..... 83  
D | 2000C | HI05 | C022-4 | 1251 ..... 84  
D | 2000C | HI06 | C022-4 | 1251 ..... 84  
D | 2000C | HI07 | C022-4 | 1251 ..... 85  
D | 2000C | HI08 | C022-4 | 1251 ..... 86  
D | 2000C | HI09 | C022-4 | 1251 ..... 86  
D | 2000C | HI10 | C022-4 | 1251 ..... 87  
D | 2000C | HI11 | C022-4 | 1251 ..... 88

D		2000C		HI12		C022-4		1251	.....	88
D		2000D		HI01		C022-4		1251	.....	104
D		2000D		HI02		C022-4		1251	.....	105
D		2000D		HI03		C022-4		1251	.....	105
D		2000D		HI04		C022-4		1251	.....	106
D		2000D		HI05		C022-4		1251	.....	107
D		2000D		HI06		C022-4		1251	.....	107
D		2000D		HI07		C022-4		1251	.....	108
D		2000D		HI08		C022-4		1251	.....	109
D		2000D		HI09		C022-4		1251	.....	109
D		2000D		HI10		C022-4		1251	.....	110
D		2000D		HI11		C022-4		1251	.....	111
D		2000D		HI12		C022-4		1251	.....	111

**278 - Response**

D		2000C		HI01		C022-4		1251	.....	254
D		2000C		HI02		C022-4		1251	.....	255
D		2000C		HI03		C022-4		1251	.....	255
D		2000C		HI04		C022-4		1251	.....	256
D		2000C		HI05		C022-4		1251	.....	257
D		2000C		HI06		C022-4		1251	.....	257
D		2000C		HI07		C022-4		1251	.....	258
D		2000C		HI08		C022-4		1251	.....	259
D		2000C		HI09		C022-4		1251	.....	259
D		2000C		HI10		C022-4		1251	.....	260
D		2000C		HI11		C022-4		1251	.....	261
D		2000C		HI12		C022-4		1251	.....	261
D		2000D		HI01		C022-4		1251	.....	280
D		2000D		HI02		C022-4		1251	.....	281
D		2000D		HI03		C022-4		1251	.....	281
D		2000D		HI04		C022-4		1251	.....	282
D		2000D		HI05		C022-4		1251	.....	283
D		2000D		HI06		C022-4		1251	.....	283
D		2000D		HI07		C022-4		1251	.....	284
D		2000D		HI08		C022-4		1251	.....	285
D		2000D		HI09		C022-4		1251	.....	285
D		2000D		HI10		C022-4		1251	.....	286
D		2000D		HI11		C022-4		1251	.....	287
D		2000D		HI12		C022-4		1251	.....	287

**Diagnosis Related Group  
(DRG) Code**

Diagnosis related group for this claim.

**835**

D		2100		CLP11		-		1354	.....	93
---	--	------	--	-------	--	---	--	------	-------	----

**837 - Institutional**

D		2300		HI01		C022-2		1271	.....	230
---	--	------	--	------	--	--------	--	------	-------	-----

**Diagnosis Related Group  
(DRG) Weight**

Diagnosis related group weight for this claim

**835**

D		2100		CLP12		-		380	.....	93
---	--	------	--	-------	--	---	--	-----	-------	----

**Diagnosis Type Code**

Code identifying the type of diagnosis.

**837 - Professional**

D		2300		HI01		C022-1		1270	.....	266
D		2300		HI02		C022-1		1270	.....	266
D		2300		HI03		C022-1		1270	.....	267
D		2300		HI04		C022-1		1270	.....	268
D		2300		HI05		C022-1		1270	.....	268
D		2300		HI06		C022-1		1270	.....	269
D		2300		HI07		C022-1		1270	.....	269
D		2300		HI08		C022-1		1270	.....	270

**278 - Request**

D		2000C		HI01		C022-1		1270	.....	81
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D		2000C		HI02		C022-1		1270	.....	81
D		2000C		HI03		C022-1		1270	.....	82
D		2000C		HI04		C022-1		1270	.....	83
D		2000C		HI05		C022-1		1270	.....	83
D		2000C		HI06		C022-1		1270	.....	84
D		2000C		HI07		C022-1		1270	.....	85
D		2000C		HI08		C022-1		1270	.....	85
D		2000C		HI09		C022-1		1270	.....	86
D		2000C		HI10		C022-1		1270	.....	87
D		2000C		HI11		C022-1		1270	.....	87
D		2000C		HI12		C022-1		1270	.....	88
D		2000D		HI01		C022-1		1270	.....	104
D		2000D		HI02		C022-1		1270	.....	104
D		2000D		HI03		C022-1		1270	.....	105
D		2000D		HI04		C022-1		1270	.....	106
D		2000D		HI05		C022-1		1270	.....	106
D		2000D		HI06		C022-1		1270	.....	107
D		2000D		HI07		C022-1		1270	.....	108
D		2000D		HI08		C022-1		1270	.....	108
D		2000D		HI09		C022-1		1270	.....	109
D		2000D		HI10		C022-1		1270	.....	110
D		2000D		HI11		C022-1		1270	.....	110
D		2000D		HI12		C022-1		1270	.....	111

**278 - Response**

D		2000C		HI01		C022-1		1270	.....	253
D		2000C		HI02		C022-1		1270	.....	254
D		2000C		HI03		C022-1		1270	.....	255
D		2000C		HI04		C022-1		1270	.....	256
D		2000C		HI05		C022-1		1270	.....	256
D		2000C		HI06		C022-1		1270	.....	257
D		2000C		HI07		C022-1		1270	.....	258
D		2000C		HI08		C022-1		1270	.....	258
D		2000C		HI09		C022-1		1270	.....	259
D		2000C		HI10		C022-1		1270	.....	260
D		2000C		HI11		C022-1		1270	.....	260
D		2000C		HI12		C022-1		1270	.....	261
D		2000D		HI01		C022-1		1270	.....	279
D		2000D		HI02		C022-1		1270	.....	280
D		2000D		HI03		C022-1		1270	.....	281
D		2000D		HI04		C022-1		1270	.....	282
D		2000D		HI05		C022-1		1270	.....	282
D		2000D		HI06		C022-1		1270	.....	283
D		2000D		HI07		C022-1		1270	.....	284
D		2000D		HI08		C022-1		1270	.....	284
D		2000D		HI09		C022-1		1270	.....	285
D		2000D		HI10		C022-1		1270	.....	286
D		2000D		HI11		C022-1		1270	.....	286
D		2000D		HI12		C022-1		1270	.....	287

**Disability Eligibility Date**

Date when individual became eligible for disability benefits.

**834**

D		2200		DTP03		-		1251	.....	127
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**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.

**837 - Professional**

D		2300		DTP03		-		1251	.....	202
---	--	------	--	-------	--	---	--	------	-------	-----

**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.

**837 - Professional**  
D | 2300 | DTP03 | - | 1251 ..... 204

**Disability Type Code**

An indicator to describe type of disability.

**834**  
D | 2200 | DSB01 | - | 1146..... 124

**Discharge Fraction**

The number of days billed are divided by the Average Length of Stay.

**835**  
D | 2100 | CLP13 | - | 954 ..... 94

**Discharge Hour**

Hour that the patient was discharged from inpatient care.

**837 - Institutional**  
D | 2300 | DTP03 | - | 1251 ..... 166

**Discharge or End Of Care Date**

Date that the patient was discharged from inpatient care or care/treatment ended.

**837 - Dental**  
D | 2300 | DTP03 | - | 1251 ..... 159

**Discipline Type Code**

Code indicating discipline(s) ordered by the physician.

**837 - Institutional**  
D | 2305 | CR701 | - | 921 ..... 314

**837 - Professional**  
D | 2305 | CR701 | - | 921 ..... 276

**Document Control Identifier**

Internal control number assigned by a payer to facilitate retrieval or association of a claim.

**837 - Institutional**  
D | 2300 | REF02 | - | 127 ..... 189

**Durable Medical Equipment Duration**

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

**837 - Professional**  
D | 2400 | CR303 | - | 380 ..... 422

**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.

**837 - Institutional**  
D | 2305 | HSD05 | - | 615 ..... 318

**837 - Professional**  
D | 2305 | HSD05 | - | 615 ..... 280  
D | 2400 | HSD05 | - | 615 ..... 493

**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.

**837 - Institutional**  
D | 2305 | HSD06 | - | 616 ..... 318

**837 - Professional**  
D | 2305 | HSD06 | - | 616 ..... 280  
D | 2400 | HSD06 | - | 616 ..... 493

**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.

**837 - Professional**  
D | 2400 | SV111 | - | 1073 ..... 406

**Eligibility or Benefit Date Time Period**

Date or period associated with the eligibility or benefit being described.

**271**  
D | 2110C | DTP03 | - | 1251 ..... 241  
D | 2110D | DTP03 | - | 1251 ..... 317

**Eligibility or Benefit Information**

Benefit status of the individual or benefit related category to be further described in the transaction.

**271**  
D | 2110C | EB01 | - | 1390 ..... 219  
D | 2110D | EB01 | - | 1390 ..... 296

**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, and which req

**837 - Professional**  
D | 2400 | SV109 | - | 1073 ..... 406

**Employment Status Code**

A code used to define the employment status of the individual covered by this insurance payer.

<b>834</b>				
D	2000	INS08	-	584 ..... 49

**End Stage Renal Disease Payment Amount**

Amount of payment under End Stage Renal Disease benefit.

<b>837 - Professional</b>				
D	2320	MOA08	-	782 ..... 349

**Entity Identifier Code**

Code identifying an organizational entity, a physical location, property or an individual

<b>820</b>				
H		CUR01	-	98 ..... 46
H	1000A	N101	-	98 ..... 56
H	1000B	N101	-	98 ..... 62
D	2000A	ENT02	-	98 ..... 73
D	2000B	ENT02	-	98 ..... 87
D	2100B	NM101	-	98 ..... 88

<b>835</b>				
H		CUR01	-	98 ..... 55
H	1000A	N101	-	98 ..... 62
H	1000B	N101	-	98 ..... 72
D	2100	NM101	-	98 ..... 102
D	2100	NM101	-	98 ..... 106
D	2100	NM101	-	98 ..... 108
D	2100	NM101	-	98 ..... 112
D	2100	NM101	-	98 ..... 114
D	2100	NM101	-	98 ..... 116

<b>834</b>				
H	1000A	N101	-	98 ..... 35
H	1000B	N101	-	98 ..... 37
H	1000C	N101	-	98 ..... 39
D	2100A	NM101	-	98 ..... 62
D	2100B	NM101	-	98 ..... 81
D	2100C	NM101	-	98 ..... 86
D	2100D	NM101	-	98 ..... 90
D	2100E	NM101	-	98 ..... 98
D	2100F	NM101	-	98 ..... 107
D	2100G	NM101	-	98 ..... 115
D	2310	NM101	-	98 ..... 141
D	2310	PLA02	-	98 ..... 148
D	2320	N101	-	98 ..... 154

<b>837 - Institutional</b>				
H	1000A	NM101	-	98 ..... 62
H	1000B	NM101	-	98 ..... 68
D	2000A	CUR01	-	98 ..... 74
D	2010AA	NM101	-	98 ..... 77
D	2010AB	NM101	-	98 ..... 92
D	2010BA	NM101	-	98 ..... 109
D	2010BB	NM101	-	98 ..... 122
D	2010BC	NM101	-	98 ..... 127
D	2010BD	NM101	-	98 ..... 135
D	2010CA	NM101	-	98 ..... 145
D	2310A	NM101	-	98 ..... 322
D	2310B	NM101	-	98 ..... 329
D	2310C	NM101	-	98 ..... 336
D	2310D	NM101	-	98 ..... 343
D	2310E	NM101	-	98 ..... 350
D	2330A	NM101	-	98 ..... 401
D	2330B	NM101	-	98 ..... 410
D	2330C	NM101	-	98 ..... 421
D	2330D	NM101	-	98 ..... 425

D	2330D	NM101	-	98 ..... 425
D	2330E	NM101	-	98 ..... 429
D	2330F	NM101	-	98 ..... 433
D	2330G	NM101	-	98 ..... 437
D	2330H	NM101	-	98 ..... 441
D	2420A	NM101	-	98 ..... 463
D	2420B	NM101	-	98 ..... 470
D	2420C	NM101	-	98 ..... 477
D	2420D	NM101	-	98 ..... 484

<b>837 - Dental</b>				
H	1000A	NM101	-	98 ..... 60
H	1000B	NM101	-	98 ..... 67
D	2000A	CUR01	-	98 ..... 74
D	2010AA	NM101	-	98 ..... 77
D	2010AB	NM101	-	98 ..... 88
D	2010BA	NM101	-	98 ..... 104
D	2010BB	NM101	-	98 ..... 118
D	2010CA	NM101	-	98 ..... 136
D	2310A	NM101	-	98 ..... 188
D	2310B	NM101	-	98 ..... 196
D	2310C	NM101	-	98 ..... 204
D	2330A	NM101	-	98 ..... 232
D	2330B	NM101	-	98 ..... 240
D	2330C	NM101	-	98 ..... 254
D	2330D	NM101	-	98 ..... 258
D	2330E	NM101	-	98 ..... 262
D	2420A	NM101	-	98 ..... 290
D	2420B	NM101	-	98 ..... 298

<b>837 - Professional</b>				
H	1000A	NM101	-	98 ..... 68
H	1000B	NM101	-	98 ..... 75
D	2000A	CUR01	-	98 ..... 82
D	2010AA	NM101	-	98 ..... 85
D	2010AB	NM101	-	98 ..... 100
D	2010BA	NM101	-	98 ..... 118
D	2010BB	NM101	-	98 ..... 131
D	2010BC	NM101	-	98 ..... 140
D	2010BD	NM101	-	98 ..... 147
D	2010CA	NM101	-	98 ..... 157
D	2310A	NM101	-	98 ..... 283
D	2310B	NM101	-	98 ..... 291
D	2310C	NM101	-	98 ..... 299
D	2310D	NM101	-	98 ..... 304
D	2310E	NM101	-	98 ..... 313
D	2330A	NM101	-	98 ..... 351
D	2330B	NM101	-	98 ..... 360
D	2330C	NM101	-	98 ..... 375
D	2330D	NM101	-	98 ..... 379
D	2330E	NM101	-	98 ..... 383
D	2330F	NM101	-	98 ..... 387
D	2330G	NM101	-	98 ..... 391
D	2330H	NM101	-	98 ..... 395
D	2420A	NM101	-	98 ..... 502
D	2420B	NM101	-	98 ..... 510
D	2420C	NM101	-	98 ..... 515
D	2420D	NM101	-	98 ..... 524
D	2420E	NM101	-	98 ..... 530
D	2420F	NM101	-	98 ..... 542
D	2420G	NM101	-	98 ..... 550

<b>270</b>				
D	2100A	NM101	-	98 ..... 44
D	2100B	NM101	-	98 ..... 50
D	2100C	NM101	-	98 ..... 71
D	2100D	NM101	-	98 ..... 114

<b>271</b>				
D	2100A	NM101	-	98 ..... 163
D	2100B	NM101	-	98 ..... 178
D	2100C	NM101	-	98 ..... 193
D	2120C	NM101	-	98 ..... 250
D	2100D	NM101	-	98 ..... 271
D	2120D	NM101	-	98 ..... 326

**276**

D	2100A	NM101	-	98	54
D	2100B	NM101	-	98	62
D	2100C	NM101	-	98	67
D	2100D	NM101	-	98	74
D	2100E	NM101	-	98	98

**277**

D	2100A	NM101	-	98	130
D	2100B	NM101	-	98	138
D	2100C	NM101	-	98	143
D	2100D	NM101	-	98	150
D	2200D	STC01	C043-3	98	155
D	2200D	STC10	C043-3	98	164
D	2200D	STC11	C043-3	98	164
D	2220D	STC01	C043-3	98	178
D	2220D	STC10	C043-3	98	186
D	2220D	STC11	C043-3	98	186
D	2100E	NM101	-	98	194
D	2200E	STC01	C043-3	98	200
D	2200E	STC10	C043-3	98	209
D	2200E	STC11	C043-3	98	209
D	2220E	STC01	C043-3	98	222
D	2220E	STC10	C043-3	98	230
D	2220E	STC11	C043-3	98	230

**278 - Request**

D	2010A	NM101	-	98	56
D	2010B	NM101	-	98	60
D	2010C	NM101	-	98	90
D	2010D	NM101	-	98	113
D	2010E	NM101	-	98	125

**278 - Response**

D	2010A	NM101	-	98	226
D	2010B	NM101	-	98	236
D	2010C	NM101	-	98	262
D	2010D	NM101	-	98	289
D	2010E	NM101	-	98	304

**Entity Relationship Code**

Code describing the relationship of one identified person to another.

**834**

D	2310	NM110	-	706	142
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**Entity Type Qualifier**

Code qualifying the type of entity

**820**

D	2100B	NM102	-	1065	89
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**835**

D	2100	NM102	-	1065	103
D	2100	NM102	-	1065	106
D	2100	NM102	-	1065	109
D	2100	NM102	-	1065	112
D	2100	NM102	-	1065	115
D	2100	NM102	-	1065	117

**834**

D	2100A	NM102	-	1065	62
D	2100B	NM102	-	1065	81
D	2100C	NM102	-	1065	86
D	2100D	NM102	-	1065	91
D	2100E	NM102	-	1065	99
D	2100F	NM102	-	1065	107
D	2100G	NM102	-	1065	116
D	2310	NM102	-	1065	141

**837 - Institutional**

H	1000A	NM102	-	1065	62
H	1000B	NM102	-	1065	68

D	2010AA	NM102	-	1065	77
D	2010AB	NM102	-	1065	92
D	2010BA	NM102	-	1065	109
D	2010BB	NM102	-	1065	122
D	2010BC	NM102	-	1065	127
D	2010BD	NM102	-	1065	135
D	2010CA	NM102	-	1065	146
D	2310A	NM102	-	1065	322
D	2310B	NM102	-	1065	329
D	2310C	NM102	-	1065	336
D	2310D	NM102	-	1065	343
D	2310E	NM102	-	1065	350
D	2330A	NM102	-	1065	401
D	2330B	NM102	-	1065	411
D	2330C	NM102	-	1065	421
D	2330D	NM102	-	1065	425
D	2330D	NM102	-	1065	425
D	2330E	NM102	-	1065	429
D	2330F	NM102	-	1065	433
D	2330G	NM102	-	1065	437
D	2330H	NM102	-	1065	441
D	2420A	NM102	-	1065	463
D	2420B	NM102	-	1065	470
D	2420C	NM102	-	1065	477
D	2420D	NM102	-	1065	484

**837 - Dental**

H	1000A	NM102	-	1065	60
H	1000B	NM102	-	1065	67
D	2010AA	NM102	-	1065	77
D	2010AB	NM102	-	1065	88
D	2010BA	NM102	-	1065	104
D	2010BB	NM102	-	1065	118
D	2010BC	NM104	-	1036	127
D	2010CA	NM102	-	1065	137
D	2310A	NM102	-	1065	188
D	2310B	NM102	-	1065	196
D	2310C	NM102	-	1065	204
D	2330A	NM102	-	1065	232
D	2330B	NM102	-	1065	241
D	2330C	NM102	-	1065	254
D	2330D	NM102	-	1065	258
D	2330E	NM102	-	1065	262
D	2420A	NM102	-	1065	290
D	2420B	NM102	-	1065	298

**837 - Professional**

H	1000A	NM102	-	1065	68
H	1000B	NM102	-	1065	75
D	2010AA	NM102	-	1065	85
D	2010AB	NM102	-	1065	100
D	2010BA	NM102	-	1065	118
D	2010BB	NM102	-	1065	131
D	2010BC	NM102	-	1065	140
D	2010BD	NM102	-	1065	147
D	2010CA	NM102	-	1065	158
D	2310A	NM102	-	1065	283
D	2310B	NM102	-	1065	291
D	2310C	NM102	-	1065	299
D	2310D	NM102	-	1065	304
D	2310E	NM102	-	1065	313
D	2330A	NM102	-	1065	351
D	2330B	NM102	-	1065	360
D	2330C	NM102	-	1065	375
D	2330D	NM102	-	1065	379
D	2330E	NM102	-	1065	383
D	2330F	NM102	-	1065	387
D	2330G	NM102	-	1065	391
D	2330H	NM102	-	1065	395
D	2420A	NM102	-	1065	502
D	2420B	NM102	-	1065	510
D	2420C	NM102	-	1065	515
D	2420D	NM102	-	1065	524
D	2420E	NM102	-	1065	530
D	2420F	NM102	-	1065	542
D	2420G	NM102	-	1065	550

<b>270</b>					
D		2100A		NM102	-   1065 ..... 45
D		2100B		NM102	-   1065 ..... 51
D		2100C		NM102	-   1065 ..... 72
D		2100D		NM102	-   1065 ..... 115

<b>271</b>					
D		2100A		NM102	-   1065 ..... 164
D		2100B		NM102	-   1065 ..... 179
D		2100C		NM102	-   1065 ..... 194
D		2120C		NM102	-   1065 ..... 251
D		2100D		NM102	-   1065 ..... 272
D		2120D		NM102	-   1065 ..... 327

<b>276</b>					
D		2100A		NM102	-   1065 ..... 55
D		2100B		NM102	-   1065 ..... 63
D		2100C		NM102	-   1065 ..... 68
D		2100D		NM102	-   1065 ..... 75
D		2100E		NM102	-   1065 ..... 98

<b>277</b>					
D		2100A		NM102	-   1065 ..... 131
D		2100B		NM102	-   1065 ..... 139
D		2100C		NM102	-   1065 ..... 143
D		2100D		NM102	-   1065 ..... 151
D		2100E		NM102	-   1065 ..... 194

<b>278 - Request</b>					
D		2010A		NM102	-   1065 ..... 56
D		2010B		NM102	-   1065 ..... 61
D		2010C		NM102	-   1065 ..... 90
D		2010D		NM102	-   1065 ..... 113
D		2010E		NM102	-   1065 ..... 125

<b>278 - Response</b>					
D		2010A		NM102	-   1065 ..... 226
D		2010B		NM102	-   1065 ..... 237
D		2010C		NM102	-   1065 ..... 262
D		2010D		NM102	-   1065 ..... 289
D		2010E		NM102	-   1065 ..... 304

**Equipment Reason Description**

Free-form description of the reason for the equipment.

<b>278 - Request</b>					
D		2000F		CR505	-   352 ..... 201

<b>278 - Response</b>					
D		2000F		CR505	-   352 ..... 377

**Estimated Birth Date**

Date delivery is expected.

<b>837 - Professional</b>					
D		2300		DTP03	-   1251 ..... 199

<b>278 - Request</b>					
D		2000C		DTP03	-   1251 ..... 77
D		2000D		DTP03	-   1251 ..... 100

<b>278 - Response</b>					
D		2000C		DTP03	-   1251 ..... 251
D		2000D		DTP03	-   1251 ..... 277

**Estimated Claim Due Amount**

The amount estimated by the provider to be due from the payer.

<b>837 - Institutional</b>					
D		2300		AMT02	-   782 ..... 179

**Exception Code**

Exception code generated by the Third Party Organization.

<b>837 - Institutional</b>					
D		2300		HCP15	-   1527 ..... 313

<b>837 - Professional</b>					
D		2300		HCP15	-   1527 ..... 275
D		2400		HCP15	-   1527 ..... 500

**Exchange Rate**

Value to be used as a multiplier conversion factor to convert monetary value from one currency to another.

<b>820</b>					
H				CUR03	-   280 ..... 47

<b>835</b>					
H				CUR03	-   280 ..... 55

**Explanation of Benefits Indicator**

Indicator of whether a paper explanation of benefits (EOB) is requested.

<b>837 - Institutional</b>					
D		2300		CLM18	-   1073 ..... 163

**Facility Code Qualifier**

Code identifying the type of facility referenced.

<b>837 - Institutional</b>					
D		2300		CLM05   C023-2	1332 ..... 159

<b>278 - Request</b>					
D		2000F		UM04   C023-2	1332 ..... 146

<b>278 - Response</b>					
D		2000F		UM04   C023-2	1332 ..... 330

**Facility Tax Amount**

The amount of facility tax or surcharge applicable to the reported service.

<b>837 - Institutional</b>					
D		2400		AMT02	-   782 ..... 461

**Facility Type Code**

Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format.

<b>835</b>					
D		2000		TS302	-   1331 ..... 81
D		2100		CLP08	-   1331 ..... 93

<b>837 - Institutional</b>					
D		2300		CLM05   C023-1	1331 ..... 159

<b>837 - Dental</b>					
D		2300		CLM05   C023-1	1331 ..... 151
D		2400		SV303	-   1331 ..... 268

<b>837 - Professional</b>					
D		2300		CLM05   C023-1	1331 ..... 173

**278 - Request**  
D | 2000F | UM04 | C023-1 | 1331 ..... 146

**278 - Response**  
D | 2000F | UM04 | C023-1 | 1331 ..... 330

**Family Planning Indicator**

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

**837 - Professional**  
D | 2400 | SV112 | - | 1073 ..... 406

**Fiscal Period Date**

Last day of provider's fiscal year through date of the bill.

**835**  
D | 2000 | TS303 | - | 373 ..... 81  
S | | PLB02 | - | 373 ..... 165

**Fixed Format Information**

Data in fixed format agreed upon by sender and receiver

**837 - Institutional**  
D | 2300 | K301 | - | 449 ..... 204

**837 - Professional**  
D | 2300 | K301 | - | 449 ..... 245  
D | 2400 | K301 | - | 449 ..... 487

**Follow-up Action Code**

Code identifying follow-up actions allowed.

**271**  
D | 2000A | AAA04 | - | 889 ..... 161  
D | 2100A | AAA04 | - | 889 ..... 174  
D | 2100B | AAA04 | - | 889 ..... 186  
D | 2100C | AAA04 | - | 889 ..... 209  
D | 2110C | AAA04 | - | 889 ..... 243  
D | 2100D | AAA04 | - | 889 ..... 286  
D | 2110D | AAA04 | - | 889 ..... 319

**278 - Response**  
D | 2000A | AAA04 | - | 889 ..... 224  
D | 2010A | AAA04 | - | 889 ..... 232  
D | 2010B | AAA04 | - | 889 ..... 242  
D | 2000C | AAA04 | - | 889 ..... 248  
D | 2010C | AAA04 | - | 889 ..... 268  
D | 2000D | AAA04 | - | 889 ..... 274  
D | 2010D | AAA04 | - | 889 ..... 294  
D | 2010E | AAA04 | - | 889 ..... 315  
D | 2000F | AAA04 | - | 889 ..... 324

**Form Identifier**

Letter or number identifying a specific form.

**837 - Professional**  
D | 2440 | LQ02 | - | 1271 ..... 568

**Free Form Message Text**

Text used to convey information related to the transaction.

**271**  
D | 2110C | MSG01 | - | 933 ..... 244  
D | 2110D | MSG01 | - | 933 ..... 320

**278 - Request**  
D | 2000E | MSG01 | - | 933 ..... 123  
D | 2000F | MSG01 | - | 933 ..... 211

**278 - Response**  
D | 2000E | MSG01 | - | 933 ..... 302  
D | 2000F | MSG01 | - | 933 ..... 383

**Frequency Code**

Code indicating frequency or type of payment.

**834**  
D | 2100A | ICM01 | - | 594 ..... 73

**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.

**837 - Institutional**  
D | 2305 | HSD04 | - | 1167 ..... 318

**837 - Professional**  
D | 2305 | HSD04 | - | 1167 ..... 280  
D | 2400 | HSD04 | - | 1167 ..... 493

**Frequency Period**

The units specifying the frequency of home health visits (e.g., days, months, etc.) Example: One visit every three days for 21 days. This element qualifies that the data is communicating that the the one visit occurs at a frequency of days.

**837 - Institutional**  
D | 2305 | HSD03 | - | 355 ..... 317

**837 - Professional**  
D | 2305 | HSD03 | - | 355 ..... 279  
D | 2400 | HSD03 | - | 355 ..... 492

**Functional Limitation Code**

Code describing the patient's functional limitations as assessed by the physician.

**837 - Institutional**  
D | 2300 | CRC03 | - | 1321 ..... 219  
D | 2300 | CRC04 | - | 1321 ..... 220  
D | 2300 | CRC05 | - | 1321 ..... 220  
D | 2300 | CRC06 | - | 1321 ..... 220  
D | 2300 | CRC07 | - | 1321 ..... 220  
D | 2300 | CRC02 | - | 1073 ..... 222  
D | 2300 | CRC02 | - | 1073 ..... 225

**Gender Code**

A code indicating the gender of the patient or insured.

**834**  
D | 2100A | DMG03 | - | 1068 ..... 71

**HCPCS Payable Amount**

Amount due under Medicare HCPCS system.

**837 - Professional**  
D | 2320 | MOA02 | - | 782 ..... 348



**Handicap Indicator**

Code indicating if individual is handicapped or not.

<b>834</b>	D	2000	INS10	-	1073	49
<b>271</b>	D	2100C	INS10	-	1073	214
	D	2100D	INS10	-	1073	291

**Head Count**

Number of members/insured under this summary line item remittance.

<b>820</b>	D	2315A	SLN04	-	380	82
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**Health Care Claim Status Category Code**

Code indicating the category of the associated claim status code.

<b>277</b>	D	2200D	STC01	C043-1	1271	154
	D	2200D	STC10	C043-1	1271	164
	D	2200D	STC11	C043-1	1271	164
	D	2220D	STC01	C043-1	1271	177
	D	2220D	STC10	C043-1	1271	185
	D	2220D	STC11	C043-1	1271	186
	D	2200E	STC01	C043-1	1271	199
	D	2200E	STC10	C043-1	1271	208
	D	2200E	STC11	C043-1	1271	209
	D	2220E	STC01	C043-1	1271	221
	D	2220E	STC10	C043-1	1271	230
	D	2220E	STC11	C043-1	1271	230

**Health Care Claim Status Code**

Code conveying the status of a health care claim.

<b>277</b>	D	2200D	STC01	C043-2	1271	154
	D	2200D	STC10	C043-2	1271	164
	D	2200D	STC11	C043-2	1271	164
	D	2220D	STC01	C043-2	1271	178
	D	2220D	STC10	C043-2	1271	186
	D	2220D	STC11	C043-2	1271	186
	D	2200E	STC01	C043-2	1271	200
	D	2200E	STC10	C043-2	1271	209
	D	2200E	STC11	C043-2	1271	209
	D	2220E	STC01	C043-2	1271	222
	D	2220E	STC10	C043-2	1271	230
	D	2220E	STC11	C043-2	1271	230

**Health Related Code**

Code indicating a specific health situation.

<b>834</b>	D	2100A	HLH01	-	1212	76
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**Hierarchical Child Code**

Code indicating if there are hierarchical child data segments subordinate to the level being described.

<b>837 - Institutional</b>	D	2000A	HL04	-	736	70
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D	2000B	HL04	-	736	100
D	2000C	HL04	-	736	140

**837 - Dental**

D	2000A	HL04	-	736	70
D	2000B	HL04	-	736	97
D	2000C	HL04	-	736	133

**837 - Professional**

D	2000A	HL04	-	736	78
D	2000B	HL04	-	736	109
D	2000C	HL04	-	736	153

**270**

D	2000A	HL04	-	736	43
D	2000B	HL04	-	736	49
D	2000C	HL04	-	736	68
D	2000D	HL04	-	736	111

**271**

D	2000A	HL04	-	736	159
D	2000B	HL04	-	736	177
D	2000C	HL04	-	736	189
D	2000D	HL04	-	736	267

**276**

D	2000A	HL04	-	736	53
D	2000B	HL04	-	736	61
D	2000C	HL04	-	736	66
D	2000D	HL04	-	736	71

**277**

D	2000A	HL04	-	736	129
D	2000B	HL04	-	736	137
D	2000C	HL04	-	736	142
D	2000D	HL04	-	736	147

**278 - Request**

D	2000A	HL04	-	736	54
D	2000B	HL04	-	736	59
D	2000C	HL04	-	736	74
D	2000D	HL04	-	736	97
D	2000E	HL04	-	736	122
D	2000F	HL04	-	736	138

**278 - Response**

D	2000A	HL04	-	736	222
D	2000B	HL04	-	736	235
D	2000C	HL04	-	736	246
D	2000D	HL04	-	736	272
D	2000E	HL04	-	736	301
D	2000F	HL04	-	736	319

**Hierarchical ID Number**

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.

**837 - Institutional**

D	2000A	HL01	-	628	70
D	2000B	HL01	-	628	100
D	2000C	HL01	-	628	140

**837 - Dental**

D	2000A	HL01	-	628	70
D	2000B	HL01	-	628	97
D	2000C	HL01	-	628	133

**837 - Professional**

D	2000A	HL01	-	628	78
D	2000B	HL01	-	628	109
D	2000C	HL01	-	628	153

**270**

D	2000A	HL01	-	628	42
D	2000B	HL01	-	628	48
D	2000C	HL01	-	628	67
D	2000D	HL01	-	628	110

<b>271</b>				
D		2000A		HL01   -   628 ..... 159
D		2000B		HL01   -   628 ..... 176
D		2000C		HL01   -   628 ..... 188
D		2000D		HL01   -   628 ..... 266
<b>276</b>				
D		2000A		HL01   -   628 ..... 52
D		2000B		HL01   -   628 ..... 60
D		2000C		HL01   -   628 ..... 65
D		2000D		HL01   -   628 ..... 70
D		2000E		HL01   -   628 ..... 94
<b>277</b>				
D		2000A		HL01   -   628 ..... 128
D		2000B		HL01   -   628 ..... 136
D		2000C		HL01   -   628 ..... 141
D		2000D		HL01   -   628 ..... 146
D		2000E		HL01   -   628 ..... 190
<b>278 - Request</b>				
D		2000A		HL01   -   628 ..... 53
D		2000B		HL01   -   628 ..... 58
D		2000C		HL01   -   628 ..... 73
D		2000D		HL01   -   628 ..... 96
D		2000E		HL01   -   628 ..... 121
D		2000F		HL01   -   628 ..... 137
<b>278 - Response</b>				
D		2000A		HL01   -   628 ..... 221
D		2000B		HL01   -   628 ..... 234
D		2000C		HL01   -   628 ..... 245
D		2000D		HL01   -   628 ..... 271
D		2000E		HL01   -   628 ..... 300
D		2000F		HL01   -   628 ..... 318

**Hierarchical Level Code**

Code defining the characteristic of a level in a hierarchical structure.

<b>837 - Institutional</b>				
D		2000A		HL03   -   735 ..... 70
D		2000B		HL03   -   735 ..... 100
D		2000C		HL03   -   735 ..... 140
<b>837 - Dental</b>				
D		2000A		HL03   -   735 ..... 70
D		2000B		HL03   -   735 ..... 97
D		2000C		HL03   -   735 ..... 133
<b>837 - Professional</b>				
D		2000A		HL03   -   735 ..... 78
D		2000B		HL03   -   735 ..... 109
D		2000C		HL03   -   735 ..... 153
<b>270</b>				
D		2000A		HL03   -   735 ..... 42
D		2000B		HL03   -   735 ..... 48
D		2000C		HL03   -   735 ..... 68
D		2000D		HL03   -   735 ..... 111
<b>271</b>				
D		2000A		HL03   -   735 ..... 159
D		2000B		HL03   -   735 ..... 176
D		2000C		HL03   -   735 ..... 189
D		2000D		HL03   -   735 ..... 266
<b>276</b>				
D		2000A		HL03   -   735 ..... 52
D		2000B		HL03   -   735 ..... 61
D		2000C		HL03   -   735 ..... 66
D		2000D		HL03   -   735 ..... 71
D		2000E		HL03   -   735 ..... 95
<b>277</b>				
D		2000A		HL03   -   735 ..... 128
D		2000B		HL03   -   735 ..... 137

D		2000C		HL03   -   735 ..... 142
D		2000D		HL03   -   735 ..... 147
D		2000E		HL03   -   735 ..... 191
<b>278 - Request</b>				
D		2000A		HL03   -   735 ..... 54
D		2000B		HL03   -   735 ..... 59
D		2000C		HL03   -   735 ..... 74
D		2000D		HL03   -   735 ..... 97
D		2000E		HL03   -   735 ..... 122
D		2000F		HL03   -   735 ..... 138
<b>278 - Response</b>				
D		2000A		HL03   -   735 ..... 222
D		2000B		HL03   -   735 ..... 235
D		2000C		HL03   -   735 ..... 246
D		2000D		HL03   -   735 ..... 272
D		2000E		HL03   -   735 ..... 301
D		2000F		HL03   -   735 ..... 319

**Hierarchical Parent ID Number**

Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to.

<b>837 - Institutional</b>				
D		2000B		HL02   -   734 ..... 100
D		2000C		HL02   -   734 ..... 140
<b>837 - Dental</b>				
D		2000B		HL02   -   734 ..... 97
D		2000C		HL02   -   734 ..... 133
<b>837 - Professional</b>				
D		2000B		HL02   -   734 ..... 109
D		2000C		HL02   -   734 ..... 153
<b>270</b>				
D		2000B		HL02   -   734 ..... 48
D		2000C		HL02   -   734 ..... 68
D		2000D		HL02   -   734 ..... 110
<b>271</b>				
D		2000B		HL02   -   734 ..... 176
D		2000C		HL02   -   734 ..... 188
D		2000D		HL02   -   734 ..... 266
<b>276</b>				
D		2000B		HL02   -   734 ..... 60
D		2000C		HL02   -   734 ..... 65
D		2000D		HL02   -   734 ..... 70
D		2000E		HL02   -   734 ..... 94
<b>277</b>				
D		2000B		HL02   -   734 ..... 136
D		2000C		HL02   -   734 ..... 141
D		2000D		HL02   -   734 ..... 146
D		2000E		HL02   -   734 ..... 190
<b>278 - Request</b>				
D		2000B		HL02   -   734 ..... 58
D		2000C		HL02   -   734 ..... 73
D		2000D		HL02   -   734 ..... 97
D		2000E		HL02   -   734 ..... 121
D		2000F		HL02   -   734 ..... 137
<b>278 - Response</b>				
D		2000B		HL02   -   734 ..... 234
D		2000C		HL02   -   734 ..... 245
D		2000D		HL02   -   734 ..... 271
D		2000E		HL02   -   734 ..... 300
D		2000F		HL02   -   734 ..... 318

**Hierarchical Structure Code**

Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set

<b>837 - Institutional</b>				
H		BHT01	-	1005 ..... 57
<b>837 - Dental</b>				
H		BHT01	-	1005 ..... 54
<b>837 - Professional</b>				
H		BHT01	-	1005 ..... 63
<b>270</b>				
H		BHT01	-	1005 ..... 38
<b>271</b>				
H		BHT01	-	1005 ..... 156
<b>276</b>				
H		BHT01	-	1005 ..... 50
<b>277</b>				
H		BHT01	-	1005 ..... 126
<b>278 - Request</b>				
H		BHT01	-	1005 ..... 51
<b>278 - Response</b>				
H		BHT01	-	1005 ..... 219

**Home Health Certification Period**

Certification period for home health care covered by this plan of treatment.

<b>837 - Institutional</b>				
D	2300	CR604	-	1251 ..... 212
<b>278 - Request</b>				
D	2000F	CR604	-	1251 ..... 207
<b>278 - Response</b>				
D	2000F	CR604	-	1251 ..... 381

**Homebound Indicator**

A code indicating whether a patient is homebound.

<b>837 - Professional</b>				
D	2300	CRC03	-	1321 ..... 264

**Hospice Employed Provider Indicator**

An indicator of whether or not the treatment in the Hospice was rendered by a Hospice employed provider.

<b>837 - Professional</b>				
D	2400	CRC02	-	1073 ..... 431

**Identification Card Count**

The number of cards being requested.

<b>834</b>				
D	2300	IDC03	-	380 ..... 138

**Identification Card Type Code**

Code identifying the type of identification card

<b>834</b>				
D	2300	IDC02	-	1215 ..... 137

**Identification Code Qualifier**

Code designating the system/method of code structure used for Identification Code (67)

<b>820</b>				
H	1000A	N103	-	66 ..... 57
H	1000B	N103	-	66 ..... 63
D	2000A	ENT03	-	66 ..... 73
D	2000B	ENT03	-	66 ..... 87
D	2100B	NM108	-	66 ..... 89

<b>835</b>				
H	1000A	N103	-	66 ..... 63
H	1000B	N103	-	66 ..... 73
D	2100	NM108	-	66 ..... 103
D	2100	NM108	-	66 ..... 107
D	2100	NM108	-	66 ..... 109
D	2100	NM108	-	66 ..... 113
D	2100	NM108	-	66 ..... 115
D	2100	NM108	-	66 ..... 117

<b>834</b>				
H	1000A	N103	-	66 ..... 36
H	1000B	N103	-	66 ..... 38
H	1000C	N103	-	66 ..... 40
D	2100A	NM108	-	66 ..... 63
D	2100A	LU101	-	66 ..... 79
D	2100B	NM108	-	66 ..... 82
D	2100D	NM108	-	66 ..... 91
D	2100F	NM108	-	66 ..... 107
D	2100G	NM108	-	66 ..... 117
D	2310	NM108	-	66 ..... 142
D	2320	N103	-	66 ..... 155

<b>837 - Institutional</b>				
H	1000A	NM108	-	66 ..... 62
D	2010AA	NM108	-	66 ..... 77
D	2010AB	NM108	-	66 ..... 92
D	2010BA	NM108	-	66 ..... 110
D	2010BB	NM108	-	66 ..... 123
D	2010BC	NM108	-	66 ..... 127
D	2010CA	NM108	-	66 ..... 147
D	2300	PWK05	-	66 ..... 175
D	2310A	NM108	-	66 ..... 323
D	2310B	NM108	-	66 ..... 330
D	2310C	NM108	-	66 ..... 337
D	2310D	NM108	-	66 ..... 344
D	2310E	NM108	-	66 ..... 350
D	2330A	NM108	-	66 ..... 402
D	2330B	NM108	-	66 ..... 411
D	2330C	NM108	-	66 ..... 421
D	2400	PWK05	-	66 ..... 454
D	2420A	NM108	-	66 ..... 463
D	2420B	NM108	-	66 ..... 470
D	2420C	NM108	-	66 ..... 478
D	2420D	NM108	-	66 ..... 484

<b>837 - Dental</b>				
H	1000A	NM108	-	66 ..... 60
H	1000B	NM108	-	66 ..... 67
D	2010AA	NM108	-	66 ..... 78
D	2010AB	NM108	-	66 ..... 89
D	2010BA	NM108	-	66 ..... 105
D	2010BB	NM108	-	66 ..... 118
D	2010BC	NM108	-	66 ..... 128
D	2010CA	NM108	-	66 ..... 137
D	2300	PWK05	-	66 ..... 172
D	2310A	NM108	-	66 ..... 189
D	2310B	NM108	-	66 ..... 197

D		2310C		NM108		-		66	.....	204
D		2330A		NM108		-		66	.....	233
D		2330B		NM108		-		66	.....	241
D		2330C		NM108		-		66	.....	254
D		2420A		NM108		-		66	.....	291
D		2420B		NM108		-		66	.....	298

**837 - Professional**

H		1000A		NM108		-		66	.....	68
H		1000B		NM108		-		66	.....	75
D		2010AA		NM108		-		66	.....	86
D		2010AB		NM108		-		66	.....	101
D		2010BA		NM108		-		66	.....	119
D		2010BB		NM108		-		66	.....	131
D		2010BD		NM108		-		66	.....	147
D		2010CA		NM108		-		66	.....	159
D		2300		PWK05		-		66	.....	216
D		2310A		NM108		-		66	.....	284
D		2310B		NM108		-		66	.....	292
D		2310C		NM108		-		66	.....	299
D		2310D		NM108		-		66	.....	305
D		2310E		NM108		-		66	.....	314
D		2330A		NM108		-		66	.....	352
D		2330B		NM108		-		66	.....	360
D		2330C		NM108		-		66	.....	375
D		2420A		NM108		-		66	.....	503
D		2420B		NM108		-		66	.....	510
D		2420C		NM108		-		66	.....	515
D		2420D		NM108		-		66	.....	525
D		2420E		NM108		-		66	.....	531
D		2420F		NM108		-		66	.....	543
D		2420G		NM108		-		66	.....	550

**270**

D		2100A		NM108		-		66	.....	46
D		2100B		NM108		-		66	.....	52
D		2100C		NM108		-		66	.....	73

**271**

D		2100A		NM108		-		66	.....	165
D		2100B		NM108		-		66	.....	180
D		2100C		NM108		-		66	.....	195
D		2120C		NM108		-		66	.....	252
D		2100D		NM108		-		66	.....	273
D		2120D		NM108		-		66	.....	328

**276**

D		2100A		NM108		-		66	.....	55
D		2100B		NM108		-		66	.....	63
D		2100C		NM108		-		66	.....	68
D		2100D		NM108		-		66	.....	75
D		2100E		NM108		-		66	.....	99

**277**

D		2100A		NM108		-		66	.....	131
D		2100B		NM108		-		66	.....	139
D		2100C		NM108		-		66	.....	144
D		2100D		NM108		-		66	.....	151
D		2100E		NM108		-		66	.....	195

**278 - Request**

D		2010A		NM108		-		66	.....	57
D		2010B		NM108		-		66	.....	61
D		2010C		NM108		-		66	.....	90
D		2010E		NM108		-		66	.....	126

**278 - Response**

D		2010A		NM108		-		66	.....	226
D		2010B		NM108		-		66	.....	237
D		2010C		NM108		-		66	.....	263
D		2010D		NM108		-		66	.....	289
D		2010E		NM108		-		66	.....	305

**Immunization Batch Number**

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

**837 - Professional**

D		2400		REF02		-		127	.....	478
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**In Plan Network Indicator**

A yes/no indicator that specifies whether or not services from the requested provider were provided within the health plan network or not.

**271**

D		2110C		EB12		-		1073	.....	230
D		2110D		EB12		-		1073	.....	307

**Individual First Name**

The first name of an individual to whom specific remittance amounts apply.

**820**

D		2100B		NM104		-		1036	.....	89
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**Individual Identifier**

Identification number for an individual to whom specific remittance amounts apply.

**820**

D		2100B		NM109		-		67	.....	90
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**Individual Last Name**

The last name of an individual to which specific remittance amount(s) apply.

**820**

D		2100B		NM103		-		1035	.....	89
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**Individual Middle Name**

Middle name of an individual to whom specific remittance amounts apply.

**820**

D		2100B		NM105		-		1037	.....	89
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**Individual Name Prefix**

Prefix to the name of an individual to whom specific remittance amounts apply.

**820**

D		2100B		NM106		-		1038	.....	89
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**Individual Name Suffix**

Suffix to the name of an individual to whom specific remittance amounts apply.

**820**

D		2100B		NM107		-		1039	.....	89
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**Individual Relationship Code**

Code indicating the relationship between two individuals or entities

**834**

D		2000		INS02		-		1069	.....	44
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**837 - Institutional**  
D | 2000B | SBR02 | - | 1069 ..... 103  
D | 2000C | PAT01 | - | 1069 ..... 142  
D | 2320 | SBR02 | - | 1069 ..... 361

**837 - Dental**  
D | 2000B | SBR02 | - | 1069 ..... 100  
D | 2000C | PAT01 | - | 1069 ..... 134  
D | 2320 | SBR02 | - | 1069 ..... 210

**837 - Professional**  
D | 2000B | SBR02 | - | 1069 ..... 111  
D | 2000C | PAT01 | - | 1069 ..... 154  
D | 2320 | SBR02 | - | 1069 ..... 319

**270**  
D | 2100C | INS02 | - | 1069 ..... 86  
D | 2100D | INS02 | - | 1069 ..... 127

**271**  
D | 2100C | INS02 | - | 1069 ..... 213  
D | 2100D | INS02 | - | 1069 ..... 290

**278 - Request**  
D | 2010D | INS02 | - | 1069 ..... 119

**278 - Response**  
D | 2010D | INS02 | - | 1069 ..... 298

**Industry Code**

Code indicating a code from a specific industry code list.

**837 - Institutional**  
D | 2300 | HI01 | C022-2 | 1271 ..... 228  
D | 2300 | HI02 | C022-2 | 1271 ..... 228  
D | 2300 | HI03 | C022-2 | 1271 ..... 229

**270**  
D | 2110C | III02 | - | 1271 ..... 103  
D | 2110D | III02 | - | 1271 ..... 142

**271**  
D | 2115C | III02 | - | 1271 ..... 248  
D | 2115D | III02 | - | 1271 ..... 324

**Information Only Indicator**

An indicator that this segment is informational only

**820**  
D | 2315A | SLN03 | - | 662 ..... 82

**Information Receiver Additional Address Line**

The Information Receiver's additional address information.

**270**  
D | 2100B | N302 | - | 166 ..... 57

**Information Receiver Additional Identifier**

Identifies another or additional distinguishing code number associated with the receiver of information.

**270**  
D | 2100B | REF02 | - | 127 ..... 56

**271**  
D | 2100B | REF02 | - | 127 ..... 183

**Information Receiver Address Line**

The Information Receiver's address.

**270**  
D | 2100B | N301 | - | 166 ..... 57

**Information Receiver City Name**

The City Name of the Information Receiver's address.

**820**  
H | 1000A | N401 | - | 19 ..... 60

**270**  
D | 2100B | N401 | - | 19 ..... 58

**Information Receiver Communication Number**

Contact number for the designated person or entity for the information receiver.

**270**  
D | 2100B | PER04 | - | 364 ..... 62  
D | 2100B | PER06 | - | 364 ..... 62  
D | 2100B | PER08 | - | 364 ..... 63

**Information Receiver Contact Name**

Individual at information receiver to whom inquiries about this transaction should be directed.

**270**  
D | 2100B | PER02 | - | 93 ..... 61

**Information Receiver First Name**

The first name of the individual or organization who expects to receive information in response to a query.

**270**  
D | 2100B | NM104 | - | 1036 ..... 51

**271**  
D | 2100B | NM104 | - | 1036 ..... 179

**276**  
D | 2100B | NM104 | - | 1036 ..... 63

**277**  
D | 2100B | NM104 | - | 1036 ..... 139

**Information Receiver Identification Number**

The identification number of the individual or organization who expects to receive information in response to a query.

**837 - Institutional**  
H | 1000B | NM108 | - | 66 ..... 68

**270**  
D | 2100B | NM109 | - | 67 ..... 52

**271**  
D | 2100B | NM109 | - | 67 ..... 181

**276**  
D | 2100B | NM109 | - | 67 ..... 63

**277**  
D | 2100B | NM109 | - | 67 ..... 140

**Information Receiver Last or Organization Name**

The name of the organization or last name of the individual that expects to receive information or is receiving information..

**820**  
H | 1000A | N102 | - | 93 ..... 57

**270**  
D | 2100B | NM103 | - | 1035 ..... 51

**271**  
D | 2100B | NM103 | - | 1035 ..... 179

**276**  
D | 2100B | NM103 | - | 1035 ..... 63

**277**  
D | 2100B | NM103 | - | 1035 ..... 139

**Information Receiver Middle Name**

The middle name of the individual or organization who expects to receive information in response to a query.

**270**  
D | 2100B | NM105 | - | 1037 ..... 51

**271**  
D | 2100B | NM105 | - | 1037 ..... 179

**276**  
D | 2100B | NM105 | - | 1037 ..... 63

**277**  
D | 2100B | NM105 | - | 1037 ..... 139

**Information Receiver Name Prefix**

The prefix to the name of the individual or organization who expects to receive information in response to a query.

**277**  
D | 2100B | NM106 | - | 1038 ..... 139

**Information Receiver Name Suffix**

The suffix to the name of the individual or organization who expects to receive information in response to a query.

**270**  
D | 2100B | NM107 | - | 1039 ..... 51

**271**  
D | 2100B | NM107 | - | 1039 ..... 179

**276**  
D | 2100B | NM107 | - | 1039 ..... 63

**277**  
D | 2100B | NM107 | - | 1039 ..... 139

**Information Receiver Postal Zone or ZIP Code**

The Zip Code of the Information Receiver's address.

**820**  
H | 1000A | N403 | - | 116 ..... 61

**270**  
D | 2100B | N403 | - | 116 ..... 59

**Information Receiver State Code**

The State Postal Code of the Information Receiver's address.

**820**  
H | 1000A | N402 | - | 156 ..... 60

**270**  
D | 2100B | N402 | - | 156 ..... 59

**Information Source Additional Plan Identifier**

An additional code number by which the information source is known to the information receiver.

**271**  
D | 2100A | REF02 | - | 127 ..... 167

**Information Source Communication Number**

Contact number for the designated person or entity for the information source.

**271**  
D | 2100A | PER04 | - | 364 ..... 170

D | 2100A | PER06 | - | 364 ..... 170

D | 2100A | PER08 | - | 364 ..... 171

**Information Source Contact Name**

Information source contact name to whom inquiries about this transaction should be directed.

**271**  
D | 2100A | PER02 | - | 93 ..... 169

**Information Source First Name**

First name of an individual who is the source of the information.

**270**  
D | 2100A | NM104 | - | 1036 ..... 45

**271**  
D | 2100A | NM104 | - | 1036 ..... 164

**Information Source Last or Organization Name**

The organization name or the last name of an individual who is the source of the information.

<b>270</b>	D   2100A   NM103   -   1035 .....	<b>45</b>
<b>271</b>	D   2100A   NM103   -   1035 .....	<b>164</b>

**Information Source Middle Name**

Middle name of an individual who is the source of the information.

<b>270</b>	D   2100A   NM105   -   1037 .....	<b>45</b>
<b>271</b>	D   2100A   NM105   -   1037 .....	<b>164</b>

**Information Source Name Suffix**

Suffix to the name of the individual who is the source of the information.

<b>270</b>	D   2100A   NM107   -   1039 .....	<b>45</b>
<b>271</b>	D   2100A   NM107   -   1039 .....	<b>164</b>

**Information Source Primary Identifier**

Identifies the number by which the information source is known to the information receiver.

<b>270</b>	D   2100A   NM109   -   67 .....	<b>46</b>
<b>271</b>	D   2100A   NM109   -   67 .....	<b>165</b>

**Initial Treatment Date**

Date that the patient initially sought treatment for this condition.

<b>837 - Professional</b>	D   2300   DTP03   -   1251 .....	<b>183</b>
	D   2400   DTP03   -   1251 .....	<b>459</b>

**Insurance Line Code**

Code identifying a group of insurance products

<b>834</b>	D   2300   HD03   -   1205 .....	<b>129</b>
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**Insurance Remittance Reference Number**

The reference number for this individual premium remittance, such as a policy number, account number, invoice number.

<b>820</b>	D   2300B   RMR02   -   127 .....	<b>92</b>
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**Insurance Type Code**

Code identifying the type of insurance.

<b>837 - Professional</b>	D   2000B   SBR05   -   1336 .....	<b>111</b>
	D   2320   SBR05   -   1336 .....	<b>321</b>
<b>270</b>	D   2110C   EQ04   -   1336 .....	<b>97</b>
	D   2110D   EQ04   -   1336 .....	<b>139</b>
<b>271</b>	D   2110C   EB04   -   1336 .....	<b>226</b>
	D   2110D   EB04   -   1336 .....	<b>303</b>

**Insured Employer Address Line**

First line of the current mailing address of the insured individual's employer.

<b>834</b>	D   2100D   N301   -   166 .....	<b>95</b>
	D   2100D   N302   -   166 .....	<b>95</b>

**Insured Employer City Name**

The City Name of the insured individual's employer.

<b>834</b>	D   2100D   N401   -   19 .....	<b>96</b>
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**Insured Employer First Name**

First name of the insured's employer

<b>834</b>	D   2100D   NM104   -   1036 .....	<b>91</b>
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**Insured Employer Identifier**

Identification number or reference for the insured's employer

<b>834</b>	D   2100D   NM109   -   67 .....	<b>91</b>
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**Insured Employer Middle Name**

Middle name of the insured's employer

<b>834</b>	D   2100D   NM105   -   1037 .....	<b>91</b>
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**Insured Employer Name**

The name of the insured individual's employer.

<b>834</b>	D   2100D   NM103   -   1035 .....	<b>91</b>
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**Insured Employer Name Suffix**

Name suffix, including generation, of the insured's employer

<b>834</b>	D   2100D   NM107   -   1039 .....	<b>91</b>
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**Insured Employer Postal Zone  
or ZIP Code**

The ZIP Code of the insured individual's employer.

**834**  
D | 2100D | N403 | - | 116..... 97

**Insured Employer State Code**

The State Postal Code of the insured individual's employer.

**834**  
D | 2100D | N402 | - | 156..... 96

**Insured Group Name**

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

**837 - Institutional**  
D | 2000B | SBR04 | - | 93..... 103

**837 - Dental**  
D | 2000B | SBR04 | - | 93..... 100

**837 - Professional**  
D | 2000B | SBR04 | - | 93..... 111

**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.

**834**  
D | 2000 | REF02 | - | 127..... 53  
D | 2300 | REF02 | - | 127..... 136  
D | 2320 | COB02 | - | 127..... 151  
D | 2320 | REF02 | - | 127..... 153  
D | 2320 | N104 | - | 67..... 155

**837 - Institutional**  
D | 2000B | SBR03 | - | 127..... 103  
D | 2320 | SBR03 | - | 127..... 363

**837 - Dental**  
D | 2000B | SBR03 | - | 127..... 100  
D | 2320 | SBR03 | - | 127..... 210

**837 - Professional**  
D | 2000B | SBR03 | - | 127..... 111  
D | 2320 | SBR03 | - | 127..... 320

**Insured Indicator**

Indicates whether the insured is the subscriber or a dependent.

**834**  
D | 2000 | INS01 | - | 1073..... 44

**270**  
D | 2100C | INS01 | - | 1073..... 86  
D | 2100D | INS01 | - | 1073..... 127

**271**  
D | 2100C | INS01 | - | 1073..... 213  
D | 2100D | INS01 | - | 1073..... 290

**278 - Request**  
D | 2010D | INS01 | - | 1073..... 119

**278 - Response**  
D | 2010D | INS01 | - | 1073..... 298

**Insured Individual Death Date**

Date of death for subscriber or dependent.

**834**  
D | 2000 | INS12 | - | 1251..... 50

**837 - Professional**  
D | 2000B | PAT06 | - | 1251..... 115

**Insurer Identification Code**

Code identifying the insurer providing coverage.

**834**  
H | 1000B | N104 | - | 67..... 38

**Insurer Name**

Name of the insurer providing coverage.

**834**  
H | 1000B | N102 | - | 93..... 38  
D | 2320 | N102 | - | 93..... 154

**Investigational Device  
Exemption Identifier**

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

**837 - Institutional**  
D | 2300 | REF02 | - | 127..... 193

**837 - Professional**  
D | 2300 | REF02 | - | 127..... 236

**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.

**837 - Institutional**  
D | 2310E | N301 | - | 166..... 354  
D | 2310E | N302 | - | 166..... 354

**837 - Professional**  
D | 2310D | N301 | - | 166..... 307  
D | 2310D | N302 | - | 166..... 307  
D | 2420C | N301 | - | 166..... 518  
D | 2420C | N302 | - | 166..... 518

**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.

**837 - Institutional**  
D | 2310E | N401 | - | 19..... 355

**837 - Professional**  
D | 2310D | N401 | - | 19..... 308  
D | 2420C | N401 | - | 19..... 519



**Laboratory or Facility Name**

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

<b>837 - Institutional</b>			
D	2310E	NM103	-   1035 ..... 350
<b>837 - Dental</b>			
D	2310C	NM103	-   1035 ..... 204
<b>837 - Professional</b>			
D	2310D	NM103	-   1035 ..... 304
D	2420C	NM103	-   1035 ..... 515

**Laboratory or Facility Name  
Additional Text**

Additional name information identifying the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

<b>837 - Dental</b>			
D	2310C	N201	-   93 ..... 206
<b>837 - Professional</b>			
D	2310D	N201	-   93 ..... 306
D	2420C	N201	-   93 ..... 517

**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.

<b>837 - Institutional</b>			
D	2310E	N403	-   116 ..... 356
<b>837 - Professional</b>			
D	2310D	N403	-   116 ..... 309
D	2420C	N403	-   116 ..... 520

**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.

<b>837 - Institutional</b>			
D	2310E	NM109	-   67 ..... 350
<b>837 - Dental</b>			
D	2310C	NM109	-   67 ..... 204
<b>837 - Professional</b>			
D	2310D	NM109	-   67 ..... 305
D	2420C	NM109	-   67 ..... 516

**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.

<b>837 - Institutional</b>			
D	2310E	REF02	-   127 ..... 358

<b>837 - Dental</b>			
D	2310C	REF02	-   127 ..... 208
<b>837 - Professional</b>			
D	2310D	REF02	-   127 ..... 311

**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.

<b>837 - Institutional</b>			
D	2310E	N402	-   156 ..... 355
<b>837 - Professional</b>			
D	2310D	N402	-   156 ..... 309
D	2420C	N402	-   156 ..... 520

**Language Code**

Code indicating the language spoken by an individual.

<b>834</b>			
D	2100A	LUI02	-   67 ..... 79

**Language Description**

Narrative text indicating the language spoken by an individual.

<b>834</b>			
D	2100A	LUI03	-   352 ..... 79

**Language Use Indicator**

Code indicating the way a language is used by an individual, such as speaking or reading.

<b>834</b>			
D	2100A	LUI04	-   1303 ..... 79

**Last Admission Period**

Admission date of the most recent inpatient stay.

<b>837 - Institutional</b>			
D	2300	CR616	-   1251 ..... 215
<b>278 - Request</b>			
D	2000F	CR616	-   1251 ..... 209

**Last Certification Date**

The date of the last certification.

<b>837 - Professional</b>			
D	2400	DTP03	-   1251 ..... 443

**Last Menstrual Period Date**

The date of the last menstrual period (LMP).

<b>837 - Professional</b>			
D	2300	DTP03	-   1251 ..... 196
<b>278 - Request</b>			
D	2000C	DTP03	-   1251 ..... 76
D	2000D	DTP03	-   1251 ..... 99
<b>278 - Response</b>			
D	2000C	DTP03	-   1251 ..... 250

D | 2000D | DTP03 | - | 1251 ..... 276

**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.

**837 - Professional**

D | 2300 | DTP03 | - | 1251 ..... 187  
D | 2400 | DTP03 | - | 1251 ..... 446

**Last Visit Date**

Date the patient was last seen by the physician.

**837 - Institutional**

D | 2300 | CR613 | - | 373 ..... 215

**278 - Request**

D | 2000F | CR613 | - | 373 ..... 209

**Last Worked Date**

Date patient last worked at the patient's current occupation

**837 - Professional**

D | 2300 | DTP03 | - | 1251 ..... 205

**Last X-Ray Date**

Date patient received last X-Ray.

**837 - Professional**

D | 2300 | DTP03 | - | 1251 ..... 198  
D | 2400 | DTP03 | - | 1251 ..... 455

**Level of Service Code**

Code specifying the level of service rendered.

**278 - Request**

D | 2000F | UM06 | - | 1338 ..... 147

**278 - Response**

D | 2000F | UM06 | - | 1338 ..... 330

**License Number State Code**

The State Postal Code of a jurisdiction-assigned license number.

**270**

D | 2100B | REF03 | - | 352 ..... 56

**271**

D | 2100B | REF03 | - | 352 ..... 183

**Lifetime Psychiatric Days Count**

Number of lifetime psychiatric days used for this claim.

**835**

D | 2100 | MIA03 | - | 380 ..... 119

**837 - Institutional**

D | 2320 | MIA03 | - | 380 ..... 393

**Lifetime Reserve Days Count**

Number of lifetime reserve days used for this claim.

**837 - Institutional**

D | 2320 | MIA02 | - | 380 ..... 393

**Line Item Charge Amount**

Charges related to this service.

**835**

D | 2110 | SVC02 | - | 782 ..... 142

**837 - Institutional**

D | 2400 | SV203 | - | 782 ..... 448

**837 - Dental**

D | 2400 | SV302 | - | 782 ..... 268

**837 - Professional**

D | 2400 | SV102 | - | 782 ..... 402

**276**

D | 2210D | SVC02 | - | 782 ..... 90  
D | 2210E | SVC02 | - | 782 ..... 115

**277**

D | 2220D | SVC02 | - | 782 ..... 175  
D | 2220D | STC04 | - | 782 ..... 185  
D | 2220E | SVC02 | - | 782 ..... 220  
D | 2220E | STC04 | - | 782 ..... 229

**Line Item Control Number**

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

**820**

D | 2310A | IT101 | - | 350 ..... 78  
D | 2315A | SLN01 | - | 350 ..... 81

**837 - Dental**

D | 2400 | REF02 | - | 127 ..... 286

**837 - Professional**

D | 2400 | REF02 | - | 127 ..... 473

**276**

D | 2210D | REF02 | - | 127 ..... 92  
D | 2210E | REF02 | - | 127 ..... 117

**277**

D | 2220D | REF02 | - | 127 ..... 187  
D | 2220E | REF02 | - | 127 ..... 231

**Line Item Denied Charge or Non-Covered Charge Amount**

Line item charges denied or not covered.

**837 - Institutional**

D | 2400 | SV207 | - | 782 ..... 449

**Line Item Provider Payment Amount**

The actual amount paid to the provider for this service line.

**835**

D | 2110 | SVC03 | - | 782 ..... 142

**277**

D | 2220D | SVC03 | - | 782 ..... 176  
D | 2220D | STC05 | - | 782 ..... 185  
D | 2220E | SVC03 | - | 782 ..... 220

D | 2220E | STC05 | - | 782 ..... 229

**Line Note Text**

Narrative text providing additional information related to the service line.

**837 - Professional**

D | 2400 | NTE02 | - | 352 ..... 488

**Location Identification Code**

Code which identifies a specific location.

**834**

D | 2100A | N406 | - | 310 ..... 69  
D | 2100A | ICM04 | - | 310 ..... 74  
D | 2310 | N406 | - | 310 ..... 144

**271**

D | 2100C | N406 | - | 310 ..... 202

**Location Qualifier**

Code identifying type of location.

**834**

D | 2100A | N405 | - | 309 ..... 69  
D | 2310 | N405 | - | 309 ..... 144

**837 - Dental**

D | 2010BC | NM101 | - | 98 ..... 127

**271**

D | 2100C | N405 | - | 309 ..... 202  
D | 2120C | N405 | - | 309 ..... 256  
D | 2120D | N405 | - | 309 ..... 332

**Loop Identifier Code**

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE.

**837 - Dental**

D | 2010BC | NM102 | - | 1065 ..... 127

**271**

D | 2110C | LS01 | - | 447 ..... 249  
D | 2110C | LE01 | - | 447 ..... 264  
D | 2110D | LS01 | - | 447 ..... 325  
D | 2110D | LE01 | - | 447 ..... 340

**Maintenance Reason Code**

Code identifying reason for the maintenance change

**834**

D | 2000 | INS04 | - | 1203 ..... 46  
D | 2310 | PLA05 | - | 1203 ..... 149

**271**

D | 2100C | INS04 | - | 1203 ..... 214  
D | 2100D | INS04 | - | 1203 ..... 291

**Maintenance Type Code**

Code identifying a specific type of item maintenance

**834**

D | 2000 | INS03 | - | 875 ..... 45  
D | 2300 | HD01 | - | 875 ..... 128

**271**

D | 2100C | INS03 | - | 875 ..... 213  
D | 2100D | INS03 | - | 875 ..... 290

**Mammography Certification Number**

HCFA assigned Certification Number of the certified mammography screening center

**837 - Professional**

D | 2300 | REF02 | - | 127 ..... 226  
D | 2400 | REF02 | - | 127 ..... 474

**Marital Status Code**

Code defining the marital status of a person.

**834**

D | 2100A | DMG04 | - | 1067 ..... 71

**Master Policy Number**

The identification of the master policy providing coverage for the entities identified in the transaction.

**834**

H | | REF02 | - | 127 ..... 33

**Measurement Qualifier**

Code identifying a specific product or process characteristic to which a measurement applies

**837 - Professional**

D | 2400 | MEA02 | - | 738 ..... 465

**Measurement Reference Identification Code**

Code identifying the broad category to which a measurement applies

**837 - Professional**

D | 2400 | MEA01 | - | 737 ..... 465

**Medical Record Number**

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

**837 - Institutional**

D | 2300 | REF02 | - | 127 ..... 201

**837 - Professional**

D | 2300 | REF02 | - | 127 ..... 241

**276**

D | 2200D | REF02 | - | 127 ..... 82  
D | 2200E | REF02 | - | 127 ..... 107

**277**

D | 2200D | REF02 | - | 127 ..... 169  
D | 2200E | REF02 | - | 127 ..... 215

**Medicare Assignment Code**

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

<b>837 - Institutional</b>					
D	2300		CLM07		-   1359 ..... 160
<b>837 - Dental</b>					
D	2300		CLM07		-   1359 ..... 152
<b>837 - Professional</b>					
D	2300		CLM07		-   1359 ..... 174

**Medicare Coverage Indicator**

A code indicating the Medicare coverage exists.

<b>837 - Institutional</b>					
D	2300		CR607		-   1073 ..... 213
<b>278 - Request</b>					
D	2000F		CR607		-   1073 ..... 207
<b>278 - Response</b>					
D	2000F		CR607		-   1073 ..... 382

**Medicare Paid at 100% Amount**

Amount of charges reported to be paid by Medicare at 100% of allowed amount.

<b>837 - Institutional</b>					
D	2320		AMT02		-   782 ..... 378

**Medicare Paid at 80% Amount**

Amount of charges reported to be paid by Medicare at 80% of allowed amount.

<b>837 - Institutional</b>					
D	2320		AMT02		-   782 ..... 380

**Medicare Plan Code**

Code identifying the Medicare Plan

<b>834</b>					
D	2000		INS06		-   1218 ..... 48

**Medicare Section 4081 Indicator**

Code indicating Medicare Section 4081 applies.

<b>837 - Professional</b>					
D	2300		REF02		-   127 ..... 225

**Member Birth Date**

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

<b>834</b>					
D	2100A		DMG02		-   1251 ..... 71

**Member City Name**

City name of the member's mailing address.

<b>834</b>					
D	2310		N401		-   19 ..... 143

**Member Height**

Height of member.

<b>834</b>					
D	2100A		HLH02		-   65 ..... 77

**Member Postal Zone or Zip Code**

The postal zip code of the member's mailing address.

<b>834</b>					
D	2310		N403		-   116 ..... 144

**Member State Code**

Member State Code.

<b>834</b>					
D	2310		N402		-   156 ..... 143

**Member Weight**

Weight of member.

<b>834</b>					
D	2100A		HLH03		-   81 ..... 77

**Mental Status Code**

Codes describing the patient's mental condition.

<b>837 - Institutional</b>					
D	2300		CRC03		-   1321 ..... 225
D	2300		CRC04		-   1321 ..... 226
D	2300		CRC05		-   1321 ..... 226
D	2300		CRC06		-   1321 ..... 226
D	2300		CRC07		-   1321 ..... 226

**Monthly Treatment Count**

Number of treatments rendered in the month of service.

<b>837 - Professional</b>					
D	2300		CR207		-   380 ..... 255
D	2400		CR207		-   380 ..... 419
<b>278 - Request</b>					
D	2000F		CR207		-   380 ..... 198
<b>278 - Response</b>					
D	2000F		CR207		-   380 ..... 375

**National Uniform Billing Committee Revenue Code**

Code values from the National Uniform Billing Committee Revenue Codes.

<b>835</b>					
D	2110		SVC04		-   234 ..... 142

**Non-Covered Charge Amount**

Charges pertaining to the related revenue center code that the primary payer will not cover.

<b>837 - Institutional</b>					
D	2320		AMT02		-   782 ..... 386

**Non-Payable Professional  
Component Billed Amount**

Amount of non-payable charges included in the bill related to professional services.

**837 - Professional**

D	2320	MOA09	-	782 .....	349
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**Nonpayable Professional  
Component Amount**

Professional fees billed but not payable by payer.

**835**

D	2100	MIA19	-	782 .....	122
D	2100	MOA09	-	782 .....	125

**837 - Institutional**

D	2320	MIA19	-	782 .....	395
D	2320	MOA09	-	782 .....	399

**Note Reference Code**

Code identifying the functional area or purpose for which the note applies.

**837 - Institutional**

D	2300	NTE01	-	363 .....	206
D	2300	NTE01	-	363 .....	208

**837 - Dental**

D	2300	NTE01	-	363 .....	186
D	2400	NTE01	-	363 .....	288

**837 - Professional**

D	2300	NTE01	-	363 .....	247
D	2400	NTE01	-	363 .....	488

**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.

**837 - Institutional**

D	2305	HSD02	-	380 .....	317
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**837 - Professional**

D	2305	HSD02	-	380 .....	279
D	2400	HSD02	-	380 .....	492

**Nursing Home Residential  
Status Code**

Code specifying the status of a nursing home resident at the time of service.

**278 - Request**

D	2000F	CL104	-	1345 .....	190
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**278 - Response**

D	2000F	CL104	-	1345 .....	368
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**Occurrence Code**

A code defining a significant event relating to this bill that may affect payer processing.

**837 - Institutional**

D	2300	HI01	C022-2	1271 .....	268
D	2300	HI02	C022-2	1271 .....	268
D	2300	HI03	C022-2	1271 .....	269

D	2300	HI04	C022-2	1271 .....	270
D	2300	HI05	C022-2	1271 .....	271
D	2300	HI06	C022-2	1271 .....	272
D	2300	HI07	C022-2	1271 .....	273
D	2300	HI08	C022-2	1271 .....	274
D	2300	HI09	C022-2	1271 .....	275
D	2300	HI10	C022-2	1271 .....	276
D	2300	HI11	C022-2	1271 .....	277
D	2300	HI12	C022-2	1271 .....	278

**Occurrence Span Code**

A code that identifies an event that relates to payment of the claim. This event occurs over a span of days.

**837 - Institutional**

D	2300	HI01	C022-2	1271 .....	257
D	2300	HI02	C022-2	1271 .....	257
D	2300	HI03	C022-2	1271 .....	258
D	2300	HI04	C022-2	1271 .....	259
D	2300	HI05	C022-2	1271 .....	260
D	2300	HI06	C022-2	1271 .....	261
D	2300	HI07	C022-2	1271 .....	262
D	2300	HI08	C022-2	1271 .....	262
D	2300	HI09	C022-2	1271 .....	263
D	2300	HI10	C022-2	1271 .....	264
D	2300	HI11	C022-2	1271 .....	265
D	2300	HI12	C022-2	1271 .....	266

**Occurrence or Occurrence  
Span Code Associated Date**

Date associated with indicated code value.

**837 - Institutional**

D	2300	HI01	C022-4	1251 .....	257
D	2300	HI02	C022-4	1251 .....	258
D	2300	HI03	C022-4	1251 .....	259
D	2300	HI04	C022-4	1251 .....	259
D	2300	HI05	C022-4	1251 .....	260
D	2300	HI06	C022-4	1251 .....	261
D	2300	HI07	C022-4	1251 .....	262
D	2300	HI08	C022-4	1251 .....	263
D	2300	HI09	C022-4	1251 .....	263
D	2300	HI10	C022-4	1251 .....	264
D	2300	HI11	C022-4	1251 .....	265
D	2300	HI12	C022-4	1251 .....	266
D	2300	HI01	C022-4	1251 .....	268
D	2300	HI02	C022-4	1251 .....	269
D	2300	HI03	C022-4	1251 .....	270
D	2300	HI04	C022-4	1251 .....	271
D	2300	HI05	C022-4	1251 .....	272
D	2300	HI06	C022-4	1251 .....	273
D	2300	HI07	C022-4	1251 .....	274
D	2300	HI08	C022-4	1251 .....	275
D	2300	HI09	C022-4	1251 .....	276
D	2300	HI10	C022-4	1251 .....	277
D	2300	HI11	C022-4	1251 .....	278
D	2300	HI12	C022-4	1251 .....	279

**Old Capital Amount**

The amount for old capital for this claim.

**835**

D	2100	MIA12	-	782 .....	121
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**837 - Institutional**

D	2320	MIA12	-	782 .....	394
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**Onset Date**

Date of onset of indicated patient condition.

**837 - Professional**

D | 2400 | DTP03 | - | 1251 ..... 453

**278 - Request**

D | 2000C | DTP03 | - | 1251 ..... 79

D | 2000D | DTP03 | - | 1251 ..... 102

**278 - Response**

D | 2000C | DTP03 | - | 1251 ..... 252

D | 2000D | DTP03 | - | 1251 ..... 278

**Onset of Current Illness or Injury Date**

Date of onset of indicated patient condition.

**837 - Professional**

D | 2300 | DTP03 | - | 1251 ..... 189

**Operating Physician Middle Name**

Middle name of the physician performing the principal procedure.

**837 - Institutional**

D | 2310B | NM105 | - | 1037 ..... 329

D | 2420B | NM105 | - | 1037 ..... 470

**Operating Physician First Name**

First name of the physician performing the principle procedure.

**837 - Institutional**

D | 2310B | NM104 | - | 1036 ..... 329

D | 2420B | NM104 | - | 1036 ..... 470

**Operating Physician Last Name**

Last name of the physician performing the principle procedure.

**837 - Institutional**

D | 2310B | NM103 | - | 1035 ..... 329

D | 2420B | NM103 | - | 1035 ..... 470

**Operating Physician Name Suffix**

Suffix to the name of the physician performing the principal procedure.

**837 - Institutional**

D | 2310B | NM107 | - | 1039 ..... 329

D | 2420B | NM107 | - | 1039 ..... 470

**Operating Physician Primary Identifier**

Primary identifier of the physician performing the principle procedure.

**837 - Institutional**

D | 2310B | NM109 | - | 67 ..... 330

D | 2420B | NM109 | - | 67 ..... 471

**Operating Physician**

**Secondary Identifier**

Additional identifier for the physician performing the principal procedure.

**837 - Institutional**

D | 2310B | REF02 | - | 127 ..... 334

D | 2420B | REF02 | - | 127 ..... 475

**Oral Cavity Designation Code**

Code identifying an oral cavity involved in the service.

**837 - Dental**

D | 2400 | SV304 | C006-1 | 1361 ..... 268

D | 2400 | SV304 | C006-2 | 1361 ..... 269

D | 2400 | SV304 | C006-3 | 1361 ..... 269

D | 2400 | SV304 | C006-4 | 1361 ..... 269

D | 2400 | SV304 | C006-5 | 1361 ..... 269

**Order Date**

Date the service(s) was ordered.

**837 - Professional**

D | 2300 | DTP03 | - | 1251 ..... 181

D | 2400 | DTP03 | - | 1251 ..... 444

**Ordering Provider Address Line**

Address line of the provider ordering services for the patient.

**837 - Professional**

D | 2420E | N301 | - | 166 ..... 533

D | 2420E | N302 | - | 166 ..... 533

**Ordering Provider City Name**

City of provider ordering services for the patient

**837 - Professional**

D | 2420E | N401 | - | 19 ..... 534

**Ordering Provider Contact Name**

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

**837 - Professional**

D | 2420E | PER02 | - | 93 ..... 539

**Ordering Provider First Name**

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

**837 - Professional**

D | 2420E | NM104 | - | 1036 ..... 530

**Ordering Provider Identifier**

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

**837 - Professional**

D | 2420E | NM109 | - | 67 ..... 531

**Ordering Provider Last Name**

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

**837 - Professional**  
D | 2420E | NM103 | - | 1035 ..... 530

**Ordering Provider Middle Name**

Middle name of the provider ordering services for the patient.

**837 - Professional**  
D | 2420E | NM105 | - | 1037 ..... 530

**Ordering Provider Name**

**Additional Text**

Additional name information for the provider ordering services for the patient.

**837 - Professional**  
D | 2420E | N201 | - | 93 ..... 532

**Ordering Provider Name Suffix**

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

**837 - Professional**  
D | 2420E | NM107 | - | 1039 ..... 530

**Ordering Provider Postal Zone or ZIP Code**

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

**837 - Professional**  
D | 2420E | N403 | - | 116 ..... 535

**Ordering Provider Secondary Identifier**

Additional identifier for the provider ordering services for the patient.

**837 - Professional**  
D | 2420E | REF02 | - | 127 ..... 537

**Ordering Provider State Code**

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

**837 - Professional**  
D | 2420E | N402 | - | 156 ..... 535

**Organization Identification Code**

The code identifying the organization providing the summary level premium remittance.

**820**  
D | 2000A | ENT04 | - | 67 ..... 73

**Original Units of Service Count**

Original units of service that were submitted by the provider (in days or units).

**835**  
D | 2110 | SVC07 | - | 380 ..... 145

**276**  
D | 2210D | SVC07 | - | 380 ..... 90  
D | 2210E | SVC07 | - | 380 ..... 116

**277**  
D | 2220D | SVC07 | - | 380 ..... 176  
D | 2220E | SVC07 | - | 380 ..... 220

**Originating Company Identifier**

A unique identifier designating the company originating the transaction.

**820**  
H | | BPR10 | - | 509 ..... 40  
H | | TRN03 | - | 509 ..... 44

**Originating Company Supplemental Code**

Number identifying a further subdivision within the entity originating the transaction.

**820**  
H | | BPR11 | - | 510 ..... 40  
H | | TRN04 | - | 127 ..... 44

**835**  
H | | BPR11 | - | 510 ..... 49  
H | | TRN04 | - | 127 ..... 53

**Originating Depository Financial Institution (DFI) Identifier**

Number identifying the financial institution originating the transaction in an ACH network.

**820**  
H | | BPR07 | - | 507 ..... 39

**Originator Application Transaction Identifier**

An identification number that identifies a transaction within the originator's applications system.

**837 - Institutional**  
H | | BHT03 | - | 127 ..... 58

**837 - Dental**  
H | | BHT03 | - | 127 ..... 55

**837 - Professional**  
H | | BHT03 | - | 127 ..... 64

**277**  
H | | BHT03 | - | 127 ..... 126

**Orthodontic Banding Date**

Date that Orthodontic bands were applied.

**837 - Dental**  
D | 2300 | DTP03 | - | 1251 ..... 163  
D | 2400 | DTP03 | - | 1251 ..... 278

**Orthodontic Treatment Months Count**

Estimated Number of Treatment Months for Orthodontic Treatment

**837 - Dental**  
D | 2300 | DN101 | - | 380 ..... 166

**Orthodontic Treatment Months Remaining Count**

Number of Treatment Months Remaining for Orthodontic Treatment

**837 - Dental**  
D | 2300 | DN102 | - | 380 ..... 167

**Other Claim Related Identifier**

Code identifying other claim related reference numbers.

**835**  
D | 2100 | REF02 | - | 127 ..... 127

**Other Diagnosis**

Other diagnosis for this claim.

**837 - Institutional**  
D | 2300 | HI01 | C022-2 | 1271 ..... 233  
D | 2300 | HI02 | C022-2 | 1271 ..... 233  
D | 2300 | HI03 | C022-2 | 1271 ..... 234  
D | 2300 | HI04 | C022-2 | 1271 ..... 235  
D | 2300 | HI05 | C022-2 | 1271 ..... 235  
D | 2300 | HI06 | C022-2 | 1271 ..... 236  
D | 2300 | HI07 | C022-2 | 1271 ..... 237  
D | 2300 | HI08 | C022-2 | 1271 ..... 238  
D | 2300 | HI09 | C022-2 | 1271 ..... 238  
D | 2300 | HI10 | C022-2 | 1271 ..... 239  
D | 2300 | HI11 | C022-2 | 1271 ..... 240  
D | 2300 | HI12 | C022-2 | 1271 ..... 240

**Other Insured Additional Identifier**

Number providing additional identification of the other insured.

**837 - Institutional**  
D | 2330A | REF02 | - | 127 ..... 409

**837 - Dental**  
D | 2330A | REF02 | - | 127 ..... 239

**837 - Professional**  
D | 2330A | REF02 | - | 127 ..... 358

**Other Insured Additional Name**

Additional name information for the other insured.

**837 - Dental**  
D | 2330A | N201 | - | 93 ..... 234

**837 - Professional**  
D | 2330A | N201 | - | 93 ..... 353

**Other Insured Address Line**

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

**837 - Institutional**  
D | 2330A | N301 | - | 166 ..... 404  
D | 2330A | N302 | - | 166 ..... 405

**837 - Dental**  
D | 2330A | N301 | - | 166 ..... 235  
D | 2330A | N302 | - | 166 ..... 235

**837 - Professional**  
D | 2330A | N301 | - | 166 ..... 354  
D | 2330A | N302 | - | 166 ..... 354

**Other Insured Birth Date**

The birth date of the additional insured individual.

**837 - Institutional**  
D | 2320 | DMG02 | - | 1251 ..... 389

**837 - Dental**  
D | 2320 | DMG02 | - | 1251 ..... 228

**837 - Professional**  
D | 2320 | DMG02 | - | 1251 ..... 343

**Other Insured City Name**

The city name of the additional insured individual.

**837 - Institutional**  
D | 2330A | N401 | - | 19 ..... 406

**837 - Dental**  
D | 2330A | N401 | - | 19 ..... 236

**837 - Professional**  
D | 2330A | N401 | - | 19 ..... 355

**Other Insured First Name**

The first name of the additional insured individual.

**837 - Institutional**  
D | 2330A | NM104 | - | 1036 ..... 401

**837 - Dental**  
D | 2330A | NM104 | - | 1036 ..... 232

**837 - Professional**  
D | 2330A | NM104 | - | 1036 ..... 351

**Other Insured Gender Code**

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

**837 - Institutional**  
D | 2320 | DMG03 | - | 1068 ..... 389

**837 - Dental**  
D | 2320 | DMG03 | - | 1068 ..... 228

**837 - Professional**  
D | 2320 | DMG03 | - | 1068 ..... 343



**Other Insured Group Name**

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

<b>837 - Institutional</b>	
D   2320   SBR04   -   93 .....	363
<b>837 - Professional</b>	
D   2320   SBR04   -   93 .....	320

**Other Insured Identifier**

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

<b>837 - Institutional</b>	
D   2330A   NM109   -   67 .....	403
<b>837 - Dental</b>	
D   2330A   NM109   -   67 .....	233
<b>837 - Professional</b>	
D   2330A   NM109   -   67 .....	352

**Other Insured Last Name**

The last name of the additional insured individual.

<b>837 - Institutional</b>	
D   2330A   NM103   -   1035 .....	401
<b>837 - Dental</b>	
D   2330A   NM103   -   1035 .....	232
<b>837 - Professional</b>	
D   2330A   NM103   -   1035 .....	351

**Other Insured Middle Name**

The middle name of the additional insured individual.

<b>837 - Institutional</b>	
D   2330A   NM105   -   1037 .....	402
<b>837 - Dental</b>	
D   2330A   NM105   -   1037 .....	232
<b>837 - Professional</b>	
D   2330A   NM105   -   1037 .....	351

**Other Insured Name Suffix**

The suffix to the name of the additional insured individual.

<b>837 - Institutional</b>	
D   2330A   NM107   -   1039 .....	402
<b>837 - Dental</b>	
D   2330A   NM107   -   1039 .....	232
<b>837 - Professional</b>	
D   2330A   NM107   -   1039 .....	352

**Other Insured Postal Zone or ZIP Code**

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

<b>837 - Institutional</b>	
D   2330A   N403   -   116.....	407

<b>837 - Dental</b>	
D   2330A   N403   -   116.....	237
<b>837 - Professional</b>	
D   2330A   N403   -   116.....	356

**Other Insured State Code**

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

<b>837 - Institutional</b>	
D   2330A   N402   -   156 .....	407
<b>837 - Dental</b>	
D   2330A   N402   -   156 .....	237
<b>837 - Professional</b>	
D   2330A   N402   -   156 .....	356

**Other Payer Additional Name Text**

Additional name information for the other payer organization.

<b>837 - Dental</b>	
D   2330B   N201   -   93 .....	242
<b>837 - Professional</b>	
D   2330B   N201   -   93 .....	362

**Other Payer Address Line**

Address line of the other payer's mailing address.

<b>837 - Institutional</b>	
D   2330B   N301   -   166 .....	412
D   2330B   N302   -   166 .....	412

**Other Payer Attending Provider Identifier**

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

<b>837 - Institutional</b>	
D   2330D   REF02   -   127 .....	427

**Other Payer City Name**

The city name of the other payer's mailing address.

<b>837 - Institutional</b>	
D   2330B   N401   -   19 .....	413

**Other Payer Claim Adjustment Indicator**

Indicates the other payer has made a previous claim adjustment to this claim.

<b>837 - Dental</b>	
D   2330B   REF02   -   127 .....	252
<b>837 - Professional</b>	
D   2330B   REF02   -   127 .....	373

**Other Payer Contact Name**

Name of other payer contact.

<b>837 - Dental</b>										
D		2330B		PER02		-		93	.....	244
<b>837 - Professional</b>										
D		2330B		PER02		-		93	.....	364

**Other Payer Covered Amount**

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

<b>837 - Professional</b>										
D		2320		AMT02		-		782	.....	336

**Other Payer Discount Amount**

Amount determined by other payer to be subject to discount provisions.

<b>837 - Dental</b>										
D		2320		AMT02		-		782	.....	225
<b>837 - Professional</b>										
D		2320		AMT02		-		782	.....	337

**Other Payer Identification Number**

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

<b>837 - Professional</b>										
D		2420G		NM109		-		67	.....	551

**Other Payer Last or Organization Name**

The name of the other payer organization.

<b>837 - Institutional</b>										
D		2330B		NM103		-		1035	.....	411
<b>837 - Dental</b>										
D		2330B		NM103		-		1035	.....	241
D		2420B		NM103		-		1035	.....	298
<b>837 - Professional</b>										
D		2330B		NM103		-		1035	.....	360

**Other Payer Operating Provider Identifier**

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

<b>837 - Institutional</b>										
D		2330E		REF02		-		127	.....	431

**Other Payer Other Provider Identifier**

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

<b>837 - Institutional</b>										
D		2330F		REF02		-		127	.....	435

**Other Payer Patient Last Name**

The non-destination (COB) payer's patient's last name.

<b>837 - Dental</b>										
D		2330C		NM103		-		1035	.....	254

**Other Payer Patient Paid Amount**

Amount reported by other payer as paid by the patient

<b>837 - Institutional</b>										
D		2320		AMT02		-		782	.....	371
<b>837 - Dental</b>										
D		2320		AMT02		-		782	.....	226
<b>837 - Professional</b>										
D		2320		AMT02		-		782	.....	339

**Other Payer Patient Primary Identifier**

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

<b>837 - Institutional</b>										
D		2330C		NM109		-		67	.....	421
<b>837 - Dental</b>										
D		2330C		NM109		-		67	.....	254
D		2330C		REF02		-		127	.....	256
<b>837 - Professional</b>										
D		2330C		NM109		-		67	.....	375

**Other Payer Patient Responsibility Amount**

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

<b>837 - Professional</b>										
D		2320		AMT02		-		782	.....	335

**Other Payer Patient Secondary Identifier**

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

<b>837 - Institutional</b>										
D		2330C		REF02		-		127	.....	423
<b>837 - Professional</b>										
D		2330C		REF02		-		127	.....	377

**Other Payer Per Day Limit Amount**

Amount determined by other payer to be the maximum payable per day under the contract.

<b>837 - Professional</b>										
D		2320		AMT02		-		782	.....	338

**Other Payer Postal Zone or ZIP Code**

The ZIP code of the other payer's mailing address.

<b>837 - Institutional</b>				
D		2330B		N403   -   116..... 414

**Other Payer Pre-Tax Claim Total Amount**

Total claim amount before applying taxes as reported by other payer.

<b>837 - Professional</b>				
D		2320		AMT02   -   782..... 341

**Other Payer Primary Identifier**

An identification number for the other payer.

<b>837 - Institutional</b>				
D		2330B		NM109   -   67.....411

<b>837 - Dental</b>				
D		2330B		NM109   -   67..... 241
D		2430		SVD01   -   67..... 302

<b>837 - Professional</b>				
D		2330B		NM109   -   67..... 361
D		2430		SVD01   -   67..... 555

**Other Payer Prior Authorization or Referral Number**

The non-destination (COB) payer's prior authorization or referral number.

<b>837 - Institutional</b>				
D		2330B		REF02   -   127..... 419

<b>837 - Dental</b>				
D		2330B		REF02   -   127..... 249
D		2420B		REF02   -   127..... 300

<b>837 - Professional</b>				
D		2330B		REF02   -   127..... 371
D		2420G		REF02   -   127..... 552

**Other Payer Purchased Service Provider Identifier**

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

<b>837 - Professional</b>				
D		2330F		REF02   -   127..... 389

**Other Payer Referral Number**

The non-destination (COB) payer's service line level referral number.

<b>837 - Dental</b>				
D		2420B		NM109   -   67..... 299

**Other Payer Referring Provider Identifier**

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

<b>837 - Institutional</b>				
D		2330G		REF02   -   127..... 439

<b>837 - Dental</b>				
D		2330D		REF02   -   127..... 260

<b>837 - Professional</b>				
D		2330D		REF02   -   127..... 381

**Other Payer Rendering Provider Identifier**

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

<b>837 - Dental</b>				
D		2330E		REF02   -   127..... 264

**Other Payer Rendering Provider Secondary Identifier**

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

<b>837 - Professional</b>				
D		2330E		REF02   -   127..... 385

**Other Payer Secondary Identifier**

Additional identifier for the other payer organization

<b>837 - Institutional</b>				
D		2330B		REF02   -   127..... 417

<b>837 - Dental</b>				
D		2330B		REF02   -   127..... 248

<b>837 - Professional</b>				
D		2330B		REF02   -   127..... 369

**Other Payer Service Facility Location Identifier**

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

<b>837 - Professional</b>				
D		2330G		REF02   -   127..... 393

**Other Payer Service Facility Provider Identifier**

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

<b>837 - Institutional</b>				
D		2330H		REF02   -   127..... 443

**Other Payer State Code**

The state or province code of the other payer's mailing address.

<b>837 - Institutional</b>				
D		2330B		N402   -   156..... 414

**Other Payer Supervising  
Provider Identifier**

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

**837 - Professional**  
D | 2330H | REF02 | - | 127 ..... 397

**Other Payer Tax Amount**

Amount of taxes related to the claim as determined By other payer.

**837 - Professional**  
D | 2320 | AMT02 | - | 782 ..... 340

**Other Physician First Name**

The First Name of the other licensed physician.

**837 - Institutional**  
D | 2310C | NM104 | - | 1036 ..... 336  
D | 2420C | NM104 | - | 1036 ..... 477

**Other Physician Identifier**

The name and/or number of the licensed physician other than the attending physician as defined by the payer organization.

**837 - Institutional**  
D | 2310C | NM109 | - | 67 ..... 337  
D | 2420D | NM109 | - | 67 ..... 485

**Other Physician Last Name**

The Last Name of the other licensed physician.

**837 - Institutional**  
D | 2310C | NM103 | - | 1035 ..... 336  
D | 2420C | NM103 | - | 1035 ..... 477

**Other Provider Identifier**

The number of the other licensed provider.

**837 - Institutional**  
D | 2420C | NM109 | - | 67 ..... 478

**Other Provider Middle Name**

The middle name of the other licensed provider.

**837 - Institutional**  
D | 2310C | NM105 | - | 1037 ..... 337  
D | 2420C | NM105 | - | 1037 ..... 477

**Other Provider Name Suffix**

Suffix to the name of the other licensed provider.

**837 - Institutional**  
D | 2310C | NM107 | - | 1039 ..... 337  
D | 2420C | NM107 | - | 1039 ..... 478

**Other Provider Secondary  
Identifier**

Additional identification number of the other provider as defined by the payer organization.

**837 - Institutional**  
D | 2310C | REF02 | - | 127 ..... 341  
D | 2420C | REF02 | - | 127 ..... 482

**Oxygen Delivery System Code**

Code to indicate if a particular form of delivery was prescribed.

**278 - Request**  
D | 2000F | CR517 | - | 1382 ..... 203

**278 - Response**  
D | 2000F | CR517 | - | 1382 ..... 378

**Oxygen Equipment Type Code**

Code indicating the specific type of equipment prescribed for the delivery of oxygen.

**278 - Request**  
D | 2000F | CR503 | - | 1348 ..... 201  
D | 2000F | CR504 | - | 1348 ..... 201  
D | 2000F | CR518 | - | 1348 ..... 204

**278 - Response**  
D | 2000F | CR503 | - | 1348 ..... 377  
D | 2000F | CR504 | - | 1348 ..... 377  
D | 2000F | CR518 | - | 1348 ..... 378

**Oxygen Flow Rate**

The oxygen flow rate in liters per minute.

**837 - Professional**  
D | 2400 | REF02 | - | 127 ..... 481

**278 - Request**  
D | 2000F | CR506 | - | 380 ..... 201

**278 - Response**  
D | 2000F | CR506 | - | 380 ..... 377

**Oxygen Saturation Quantity**

The oxygen saturation (oximetry) test results.

**837 - Professional**  
D | 2400 | CR511 | - | 380 ..... 425

**278 - Request**  
D | 2000F | CR511 | - | 380 ..... 202

**Oxygen Saturation Test Date**

Date patient received oxygen saturation test.

**837 - Professional**  
D | 2400 | DTP03 | - | 1251 ..... 450

**Oxygen Test Condition Code**

Code indicating the conditions under which a patient was tested.

**837 - Professional**  
D | 2400 | CR512 | - | 1349 ..... 425

**278 - Request**  
D | 2000F | CR512 | - | 1349 ..... 202

**Oxygen Test Findings Code**

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

**837 - Professional**

D   2400   CR513   -   1350 .....	425
D   2400   CR514   -   1350 .....	425
D   2400   CR515   -   1350 .....	426

**278 - Request**

D   2000F   CR513   -   1350 .....	202
D   2000F   CR514   -   1350 .....	203
D   2000F   CR515   -   1350 .....	203

**Oxygen Use Period Hour Count**

Number of hours per period of oxygen use.

**278 - Request**

D   2000F   CR508   -   380 .....	202
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**278 - Response**

D   2000F   CR508   -   380 .....	378
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**PPS Operating Outlier Amount**

Prospective Payment System addition to payment rate as excessive costs incurred.

**835**

D   2100   MIA02   -   380 .....	119
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**PPS-Capital DSH DRG Amount**

PPS-capital disproportionate share amount for this claim as output by PPS-PRICER.

**835**

D   2100   MIA11   -   782 .....	121
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**837 - Institutional**

D   2320   MIA11   -   782 .....	394
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**PPS-Capital Exception Amount**

A per discharge payment exception paid to the hospital. It is a flat-rate add-on to the PPS payment.

**835**

D   2100   MIA24   -   782 .....	122
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**837 - Institutional**

D   2320   MIA24   -   782 .....	396
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**PPS-Capital FSP DRG Amount**

PPS-capital federal portion for this claim as output by PPS-PRICER.

**835**

D   2100   MIA09   -   782 .....	120
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**837 - Institutional**

D   2320   MIA09   -   782 .....	394
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**PPS-Capital HSP DRG Amount**

Hospital-Specific portion for PPS-capital for this claim as output by PPS-PRICER.

**835**

D   2100   MIA10   -   782 .....	120
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**837 - Institutional**

D   2320   MIA10   -   782 .....	394
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**PPS-Capital IME amount**

PPS-capital indirect medical expenses for this claim as output by PPS-PRICER.

**835**

D   2100   MIA13   -   782 .....	121
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**837 - Institutional**

D   2320   MIA13   -   782 .....	395
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**PPS-Operating Federal Specific DRG Amount**

Sum of federal operating portion of the DRG amount this claim as output by PPS-PRICER.

**835**

D   2100   MIA16   -   782 .....	121
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**837 - Institutional**

D   2320   MIA16   -   782 .....	395
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**PPS-Operating Hospital Specific DRG Amount**

Sum of hospital specific operating portion of DRG amount for this claim as output by PPS-PRICER.

**835**

D   2100   MIA14   -   782 .....	121
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**837 - Institutional**

D   2320   MIA14   -   782 .....	395
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**Paid From Part A Medicare Trust Fund Amount**

Dollar amount paid for claim from the Part A Medicare Trust fund.

**837 - Institutional**

D   2320   AMT02   -   782 .....	383
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**Paid From Part B Medicare Trust Fund Amount**

Dollar amount paid for claim from the Part B Medicare Trust fund.

**837 - Institutional**

D   2320   AMT02   -   782 .....	385
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**Paid Service Unit Count**

Units of service paid by the payer for coordination of benefits.

**837 - Dental**

D   2430   SVD05   -   380 .....	303
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**837 - Professional**

D   2430   SVD05   -   380 .....	557
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**Participation Agreement**

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

**837 - Professional**  
D | 2300 | CLM16 | - | 1360 ..... 178

**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.

**837 - Institutional**  
D | 2300 | CLM01 | - | 1028 ..... 158

**837 - Dental**  
D | 2300 | CLM01 | - | 1028 ..... 150

**837 - Professional**  
D | 2300 | CLM01 | - | 1028 ..... 171

**Patient Additional Name**

Additional name information for the patient.

**837 - Dental**  
D | 2010CA | N201 | - | 93 ..... 139

**837 - Professional**  
D | 2010CA | N201 | - | 93 ..... 160

**Patient Address Line**

Address line of the street mailing address of the patient.

**837 - Institutional**  
D | 2010CA | N301 | - | 166 ..... 148  
D | 2010CA | N302 | - | 166 ..... 148

**837 - Dental**  
D | 2010CA | N301 | - | 166 ..... 140  
D | 2010CA | N302 | - | 166 ..... 140

**837 - Professional**  
D | 2010CA | N301 | - | 166 ..... 161  
D | 2010CA | N302 | - | 166 ..... 161

**Patient Amount Paid**

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

**837 - Institutional**  
D | 2300 | AMT02 | - | 782 ..... 183

**837 - Dental**  
D | 2300 | AMT02 | - | 782 ..... 173

**837 - Professional**  
D | 2300 | AMT02 | - | 782 ..... 220

**Patient Birth Date**

Date of birth of the patient.

**837 - Institutional**  
D | 2010CA | DMG02 | - | 1251 ..... 152

**837 - Dental**  
D | 2010CA | DMG02 | - | 1251 ..... 144

**837 - Professional**  
D | 2010CA | DMG02 | - | 1251 ..... 165

**276**

D | 2000E | DMG02 | - | 1251 ..... 97

**277**

D | 2000E | DMG02 | - | 1251 ..... 193

**Patient City Name**

The city name of the patient.

**837 - Institutional**  
D | 2010CA | N401 | - | 19 ..... 149

**837 - Dental**  
D | 2010CA | N401 | - | 19 ..... 141

**837 - Professional**  
D | 2010CA | N401 | - | 19 ..... 162

**Patient Condition Code**

Code indicating the condition of the patient.

**837 - Professional**  
D | 2300 | CR208 | - | 1342 ..... 255  
D | 2400 | CR208 | - | 1342 ..... 419

**278 - Request**  
D | 2000F | CR208 | - | 1342 ..... 198

**Patient Condition Description**

Free-form description of the patient's condition.

**837 - Professional**  
D | 2300 | CR210 | - | 352 ..... 256  
D | 2300 | CR211 | - | 352 ..... 256  
D | 2400 | CR210 | - | 352 ..... 420  
D | 2400 | CR211 | - | 352 ..... 420

**278 - Request**  
D | 2000F | CR210 | - | 352 ..... 198  
D | 2000F | CR211 | - | 352 ..... 198

**Patient Control Number**

Patient's unique alpha-numeric identification number for this claim assigned by the provider to facilitate retrieval of individual case records and posting of payment.

**835**  
D | 2100 | CLP01 | - | 1028 ..... 89

**Patient Death Date**

Date of the patient's death.

**837 - Professional**  
D | 2000C | PAT06 | - | 1251 ..... 156

**Patient Discharge Facility Type Code**

The type of facility from which the patient was most recently discharged.

**837 - Institutional**  
D | 2300 | CR617 | - | 1384 ..... 216

**278 - Request**  
D | 2000F | CR617 | - | 1384 ..... 210

**Patient First Name**

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

<b>835</b>	D   2100   NM104   -   1036 .....	103
<b>837 - Institutional</b>	D   2010CA   NM104   -   1036 .....	146
<b>837 - Dental</b>	D   2010CA   NM104   -   1036 .....	137
<b>837 - Professional</b>	D   2010CA   NM104   -   1036 .....	158
<b>276</b>	D   2100E   NM104   -   1036 .....	99
<b>277</b>	D   2100E   NM104   -   1036 .....	195

**Patient Gender Code**

A code indicating the sex of the patient.

<b>837 - Institutional</b>	D   2010CA   DMG03   -   1068 .....	152
<b>837 - Dental</b>	D   2010CA   DMG03   -   1068 .....	144
<b>837 - Professional</b>	D   2010CA   DMG03   -   1068 .....	165
<b>276</b>	D   2000E   DMG03   -   1068 .....	97
<b>277</b>	D   2000E   DMG03   -   1068 .....	193

**Patient Identifier**

Patient identification code

<b>835</b>	D   2100   NM109   -   67 .....	104
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**Patient Last Name**

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

<b>835</b>	D   2100   NM103   -   1035 .....	103
<b>837 - Institutional</b>	D   2010CA   NM103   -   1035 .....	146
<b>837 - Dental</b>	D   2010CA   NM103   -   1035 .....	137
<b>837 - Professional</b>	D   2010CA   NM103   -   1035 .....	158
	D   2330C   NM103   -   1035 .....	375
<b>276</b>	D   2100E   NM103   -   1035 .....	99
<b>277</b>	D   2100E   NM103   -   1035 .....	195

**Patient Middle Name**

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

<b>835</b>	D   2100   NM105   -   1037 .....	103
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**837 - Institutional**

D   2010CA   NM105   -   1037 .....	146
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**837 - Dental**

D   2010CA   NM105   -   1037 .....	137
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**837 - Professional**

D   2010CA   NM105   -   1037 .....	158
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**276**

D   2100E   NM105   -   1037 .....	99
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**277**

D   2100E   NM105   -   1037 .....	195
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**Patient Name Prefix**

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

**276**

D   2100E   NM106   -   1038 .....	99
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**277**

D   2100E   NM106   -   1038 .....	195
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**Patient Name Suffix**

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

**835**

D   2100   NM107   -   1039 .....	103
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**837 - Institutional**

D   2010CA   NM107   -   1039 .....	146
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**837 - Dental**

D   2010CA   NM107   -   1039 .....	137
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**837 - Professional**

D   2010CA   NM107   -   1039 .....	158
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**276**

D   2100E   NM107   -   1039 .....	99
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**277**

D   2100E   NM107   -   1039 .....	195
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**Patient Postal Zone or ZIP Code**

The ZIP Code of the patient.

**837 - Institutional**

D   2010CA   N403   -   116 .....	150
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**837 - Dental**

D   2010CA   N403   -   116 .....	142
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**837 - Professional**

D   2010CA   N403   -   116 .....	163
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**Patient Primary Identifier**

Identifier assigned by the payer to identify the patient

**837 - Institutional**

D   2010CA   NM109   -   67 .....	147
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**837 - Dental**

D   2010CA   NM109   -   67 .....	138
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**837 - Professional**

D   2010CA   NM109   -   67 .....	159
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**276**

D   2100E   NM109   -   67 .....	100
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**277**  
D | 2100E | NM109 | - | 67 ..... 196

**Patient Responsibility Amount**

The amount determined to be the patient's responsibility for payment..

**835**  
D | 2100 | CLP05 | - | 782 ..... 91

**837 - Institutional**  
D | 2300 | AMT02 | - | 782 ..... 181

**837 - Dental**  
D | 2320 | AMT02 | - | 782 ..... 223

**Patient Secondary Identifier**

Additional identifier assigned to the patient by the payer.

**837 - Institutional**  
D | 2010CA | REF02 | - | 127 ..... 154

**837 - Dental**  
D | 2010CA | REF02 | - | 127 ..... 146

**837 - Professional**  
D | 2010CA | REF02 | - | 127 ..... 167

**Patient Signature Source Code**

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

**837 - Professional**  
D | 2300 | CLM10 | - | 1351 ..... 176  
D | 2320 | OI04 | - | 1351 ..... 345

**Patient State Code**

The State Postal Code of the patient.

**837 - Institutional**  
D | 2010CA | N402 | - | 156 ..... 150

**837 - Dental**  
D | 2010CA | N402 | - | 156 ..... 142

**837 - Professional**  
D | 2010CA | N402 | - | 156 ..... 162

**Patient Status Code**

A code indicating the patient's status at the date of admission, outpatient service, or start of care.

**837 - Institutional**  
D | 2300 | CL103 | - | 1352 ..... 172

**278 - Request**  
D | 2000F | CL103 | - | 1352 ..... 189

**278 - Response**  
D | 2000F | CL103 | - | 1352 ..... 367

**Patient Weight**

Weight of the patient at time of treatment or transport.

**837 - Institutional**  
D | 2000B | PAT08 | - | 81 ..... 107  
D | 2000C | PAT08 | - | 81 ..... 144

**837 - Professional**  
D | 2000B | PAT08 | - | 81 ..... 115  
D | 2000C | PAT08 | - | 81 ..... 156  
D | 2300 | CR102 | - | 81 ..... 249  
D | 2400 | CR102 | - | 81 ..... 413

**278 - Request**  
D | 2000F | CR102 | - | 81 ..... 192

**Pay-to Provider Additional Identifier**

Additional identifier for pay-to provider.

**837 - Institutional**  
D | 2010AB | REF02 | - | 127 ..... 98

**Pay-to Provider Additional Name**

Additional name information for the provider to receive payment.

**837 - Dental**  
D | 2010AB | N201 | - | 93 ..... 90

**837 - Professional**  
D | 2010AB | N201 | - | 93 ..... 102

**Pay-to Provider Address Line**

Address line of the provider to receive payment

**837 - Institutional**  
D | 2010AB | N301 | - | 166 ..... 94  
D | 2010AB | N302 | - | 166 ..... 94

**837 - Dental**  
D | 2010AB | N301 | - | 166 ..... 91  
D | 2010AB | N302 | - | 166 ..... 91

**837 - Professional**  
D | 2010AB | N301 | - | 166 ..... 103  
D | 2010AB | N302 | - | 166 ..... 103

**Pay-to Provider City Name**

City name of the provider to receive payment.

**837 - Institutional**  
D | 2010AB | N401 | - | 19 ..... 95

**837 - Dental**  
D | 2010AB | N401 | - | 19 ..... 92

**837 - Professional**  
D | 2010AB | N401 | - | 19 ..... 104

**Pay-to Provider First Name**

First name of the provider to receive payment.

**837 - Dental**  
D | 2010AB | NM104 | - | 1036 ..... 88

**837 - Professional**  
D | 2010AB | NM104 | - | 1036 ..... 100

**Pay-to Provider Identifier**

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

**837 - Institutional**  
D | 2010AB | NM109 | - | 67 ..... 93



<b>837 - Dental</b>										
D		2010AB		NM109		-		67	.....	89
D		2010AB		REF02		-		127	.....	95
<b>837 - Professional</b>										
D		2010AB		NM109		-		67	.....	101
D		2010AB		REF02		-		127	.....	107

**Pay-to Provider Last or Organizational Name**

Last or organizational name of the provider to receive payment.

<b>837 - Institutional</b>										
D		2010AB		NM103		-		1035	.....	92
<b>837 - Dental</b>										
D		2010AB		NM103		-		1035	.....	88
<b>837 - Professional</b>										
D		2010AB		NM103		-		1035	.....	100

**Pay-to Provider Middle Name**

The middle name of the pay-to provider.

<b>837 - Dental</b>										
D		2010AB		NM105		-		1037	.....	89
<b>837 - Professional</b>										
D		2010AB		NM105		-		1037	.....	100

**Pay-to Provider Name Suffix**

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

<b>837 - Dental</b>										
D		2010AB		NM107		-		1039	.....	89
<b>837 - Professional</b>										
D		2010AB		NM107		-		1039	.....	101

**Pay-to Provider Postal Zone or ZIP Code**

Postal ZIP code of the provider to receive payment

<b>837 - Institutional</b>										
D		2010AB		N403		-		116	.....	95
<b>837 - Dental</b>										
D		2010AB		N403		-		116	.....	93
<b>837 - Professional</b>										
D		2010AB		N403		-		116	.....	105

**Pay-to Provider State Code**

State of the provider to receive payment.

<b>837 - Institutional</b>										
D		2010AB		N402		-		156	.....	95
<b>837 - Dental</b>										
D		2010AB		N402		-		156	.....	93
<b>837 - Professional</b>										
D		2010AB		N402		-		156	.....	104

**Payee Address Line**

Payee's claim mailing address for this particular payee organization identification and claim office.

<b>835</b>										
H		1000B		N301		-		166	.....	74
H		1000B		N302		-		166	.....	74

**Payee City Name**

Name of the city of the payee's claim mailing address for this particular payee ID and claim office.

<b>835</b>										
H		1000B		N401		-		19	.....	75

**Payee Identification Code**

Code identifying the entity to whom payment will be directed.

<b>835</b>										
H		1000B		N104		-		67	.....	73

**Payee Name**

Name identifying the payee organization to whom payment is directed.

<b>835</b>										
H		1000B		N102		-		93	.....	73

**Payee Postal Zone or ZIP Code**

Zip code of the payee's claim mailing address for this particular payee organization identification and claim office.

<b>835</b>										
H		1000B		N403		-		116	.....	76

**Payee State Code**

State postal code of the payee's claim mailing address for this particular payee organization identification and claim office.

<b>835</b>										
H		1000B		N402		-		156	.....	75

**Payer Additional Identifier**

Additional identifier for the payer.

<b>837 - Institutional</b>										
D		2010BC		REF02		-		127	.....	133
<b>837 - Dental</b>										
D		2010BB		REF02		-		127	.....	125
<b>837 - Professional</b>										
D		2010BB		REF02		-		127	.....	138

**Payer Additional Name**

Additional name information for the payer.

<b>837 - Dental</b>										
D		2010BB		N201		-		93	.....	120
<b>837 - Professional</b>										
D		2010BB		N201		-		93	.....	133

**Payer Address Line**

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

<b>835</b>									
H		1000A		N301		-		166	..... 64
H		1000A		N302		-		166	..... 64
<b>837 - Institutional</b>									
D		2010BC		N301		-		166	..... 129
D		2010BC		N302		-		166	..... 129
<b>837 - Dental</b>									
D		2010BB		N301		-		166	..... 121
D		2010BB		N302		-		166	..... 121
<b>837 - Professional</b>									
D		2010BB		N301		-		166	..... 134
D		2010BB		N302		-		166	..... 134

**Payer City Name**

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

<b>835</b>									
H		1000A		N401		-		19	..... 65
<b>837 - Institutional</b>									
D		2010BC		N401		-		19	..... 130
<b>837 - Dental</b>									
D		2010BB		N401		-		19	..... 122
<b>837 - Professional</b>									
D		2010BB		N401		-		19	..... 135

**Payer Claim Control Number**

A number assigned by the payer to identify a claim. The number is usually referred to as an Internal Control Number (ICN), Claim Control Number (CCN) or a Document Control Number (DCN).

<b>835</b>									
D		2100		CLP07		-		127	..... 93
<b>276</b>									
D		2200D		REF02		-		127	..... 79
D		2200E		REF02		-		127	..... 103
<b>277</b>									
D		2200D		REF02		-		127	..... 166
D		2200E		REF02		-		127	..... 210

**Payer Contact Communication Number**

Complete payer contact communications number, including country or area code when applicable.

<b>835</b>									
H		1000A		PER04		-		364	..... 70
H		1000A		PER06		-		364	..... 71
H		1000A		PER08		-		364	..... 71

**Payer Contact Name**

Name identifying the payer organization's contact person.

<b>835</b>									
H		1000A		PER02		-		93	..... 70
<b>276</b>									
D		2100A		PER02		-		93	..... 58
<b>277</b>									
D		2100A		PER02		-		93	..... 134

**Payer Identifier**

Number identifying the payer organization.

<b>835</b>									
H				BPR10		-		509	..... 49
H				TRN03		-		509	..... 53
H		1000A		N104		-		67	..... 63
<b>837 - Institutional</b>									
D		2010BC		NM109		-		67	..... 128
D		2430		SVD01		-		67	..... 491
<b>837 - Dental</b>									
D		2010BB		NM109		-		67	..... 118
<b>837 - Professional</b>									
D		2010BB		NM109		-		67	..... 131
<b>276</b>									
D		2100A		NM109		-		67	..... 56
<b>277</b>									
D		2100A		NM109		-		67	..... 132

**Payer Name**

Name identifying the payer organization.

<b>835</b>									
H		1000A		N102		-		93	..... 63
<b>837 - Institutional</b>									
D		2010BC		NM103		-		1035	..... 127
<b>837 - Dental</b>									
D		2010BB		NM103		-		1035	..... 118
<b>837 - Professional</b>									
D		2010BB		NM103		-		1035	..... 131
D		2420G		NM103		-		1035	..... 550
<b>276</b>									
D		2100A		NM103		-		1035	..... 55
<b>277</b>									
D		2100A		NM103		-		1035	..... 131

**Payer Paid Amount**

The amount paid by the payer on this claim.

<b>837 - Dental</b>									
D		2320		AMT02		-		782	..... 220
<b>837 - Professional</b>									
D		2320		AMT02		-		782	..... 332

**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.

<b>835</b>									
H		1000A		N403		-		116	..... 65

<b>837 - Institutional</b>				
D		2010BC		N403   -   116..... 131
<b>837 - Dental</b>				
D		2010BB		N403   -   116..... 123
D		2010BB		N404   -   26..... 123
<b>837 - Professional</b>				
D		2010BB		N403   -   116..... 136

**Payer Process Date**

The date the payer generated the remittance advice.

<b>820</b>				
H				DTM02   -   373..... 50

**Payer Responsibility Sequence Number Code**

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

<b>834</b>				
D		2320		COB01   -   1138..... 150
<b>837 - Institutional</b>				
D		2000B		SBR01   -   1138..... 102
D		2320		SBR01   -   1138..... 360
<b>837 - Dental</b>				
D		2000B		SBR01   -   1138..... 99
D		2320		SBR01   -   1138..... 210
<b>837 - Professional</b>				
D		2000B		SBR01   -   1138..... 110
D		2320		SBR01   -   1138..... 319

**Payer State Code**

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

<b>835</b>				
H		1000A		N402   -   156..... 65
<b>837 - Institutional</b>				
D		2010BC		N402   -   156..... 131
<b>837 - Dental</b>				
D		2010BB		N402   -   156..... 123
<b>837 - Professional</b>				
D		2010BB		N402   -   156..... 136

**Payment Action Code**

A code that specifies the payer's intent to pay the open amount due, make a partial payment, or pay in advance or on account.

<b>820</b>				
D		2300A		RMR03   -   482..... 75
D		2300B		RMR03   -   482..... 92

**Payment Format Code**

Type of format chosen to send payment

<b>820</b>				
H				BPR05   -   812..... 38
<b>835</b>				
H				BPR05   -   812..... 47

**Payment Method Code**

Code identifying the method for the movement of payment instructions.

<b>820</b>				
H				BPR04   -   591..... 37
<b>835</b>				
H				BPR04   -   591..... 46
<b>277</b>				
D		2200D		STC07   -   591..... 163
D		2200E		STC07   -   591..... 208

**Peer Review Authorization Number**

Authorization number provided by a review organization after review completed.

<b>837 - Institutional</b>				
D		2300		REF02   -   127..... 197

**Period Count**

Total number of periods

<b>271</b>				
D		2110C		HSD06   -   616..... 235
D		2110D		HSD06   -   616..... 311
<b>278 - Request</b>				
D		2000F		HSD06   -   616..... 177
<b>278 - Response</b>				
D		2000F		HSD06   -   616..... 364

**Physician Contact Date**

Date of the home health agency's most recent contact with the physician.

<b>837 - Institutional</b>				
D		2300		CR614   -   373..... 215
<b>278 - Request</b>				
D		2000F		CR614   -   373..... 209

**Physician Order Date**

Date the agency received the verbal orders from the physician for start of care.

<b>837 - Institutional</b>				
D		2300		CR612   -   373..... 214
<b>278 - Request</b>				
D		2000F		CR612   -   373..... 209

**Place of Service Code**

The code that identifies where the service was performed.

<b>837 - Professional</b>				
D		2400		SV105   -   1331..... 404

**Plan Coverage Description**

A description or number that identifies the plan or coverage

<b>834</b>				
D		2300		HD04   -   1204..... 130
D		2300		IDC01   -   1204..... 137

<b>271</b>					
D		2110C		EB05	-   1204 ..... 228
D		2110D		EB05	-   1204 ..... 305

**Plan Name**

A free-form text field to provide the health plan name for the related data elements in the segment.

<b>271</b>					
D		2100A		REF03	-   352 ..... 167

**Plan Sponsor Name**

The name of the entity providing coverage to the subscriber.

<b>834</b>					
H		1000A		N102	-   93 ..... 36

<b>271</b>					
D		2100C		REF03	-   352 ..... 199
D		2110C		REF03	-   352 ..... 239
D		2100D		REF03	-   352 ..... 276
D		2110D		REF03	-   352 ..... 315

**Policy Compliance Code**

The code that specifies policy compliance.

<b>837 - Institutional</b>					
D		2300		HCP14	-   1526 ..... 312

<b>837 - Professional</b>					
D		2300		HCP14	-   1526 ..... 274
D		2400		HCP14	-   1526 ..... 499

**Policy Name**

The name of the policy providing coverage.

<b>837 - Dental</b>					
D		2320		SBR04	-   93 ..... 211

**Portable Oxygen System Flow Rate**

Oxygen flow rate for a portable oxygen system in liters per minute.

<b>278 - Request</b>					
D		2000F		CR516	-   380 ..... 203

<b>278 - Response</b>					
D		2000F		CR516	-   380 ..... 378

**Postage Claimed Amount**

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

<b>837 - Professional</b>					
D		2400		AMT02	-   782 ..... 486

**Predetermination of Benefits Identifier**

Identifier or authorization number assigned to Predetermination of Benefits.

<b>837 - Dental</b>					
D		2300		REF02	-   127 ..... 176

D		2400		REF02	-   127 ..... 283
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**Pregnancy Indicator**

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

**837 - Institutional**

D		2000B		PAT09	-   1073 ..... 107
D		2000C		PAT09	-   1073 ..... 144

**837 - Professional**

D		2000B		PAT09	-   1073 ..... 116
D		2000C		PAT09	-   1073 ..... 156

**Premium Delivery Date**

The date the premium payment was delivered to the originating depository financial institution.

<b>820</b>					
H				DTM02	-   373 ..... 53

**Premium Payer Additional Name**

Additional name for the premium payer.

<b>820</b>					
H		1000B		N201	-   93 ..... 65

**Premium Payer Address Line**

Address line for the premium payer's address.

<b>820</b>					
H		1000B		N301	-   166 ..... 66
H		1000B		N302	-   166 ..... 66

**Premium Payer City Name**

The city name of the premium payer's address.

<b>820</b>					
H		1000B		N401	-   19 ..... 67

**Premium Payer Contact Name**

Name identifying the contact person at the premium payer organization.

<b>820</b>					
H		1000B		PER02	-   93 ..... 70

**Premium Payer Identifier**

Number identifying the organization remitting the payment.

<b>820</b>					
H		1000B		N104	-   67 ..... 63

**Premium Payer Name**

Name identifying the organization remitting the payment.

<b>820</b>					
H		1000B		N102	-   93 ..... 63

**Premium Payer Postal Zone or ZIP Code**

The postal zone code of the premium payer's address.

**820**  
H | 1000B | N403 | - | 116 ..... 68

**Premium Payer State Code**

State postal code of the premium payer's address.

**820**  
H | 1000B | N402 | - | 156 ..... 67

**Premium Receiver Reference Identifier**

The key or reference number used by the premium receiver to designate to which plan, invoice, or account number the premium payment is to be applied.

**820**  
H | | REF02 | - | 127 ..... 49

**Prescription Date**

The date the prescription was issued by the referring physician.

**837 - Professional**  
D | 2300 | DTP03 | - | 1251 ..... 200

**Prescription Number**

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

**837 - Institutional**  
D | 2400 | SV401 | - | 127 ..... 451

**837 - Professional**  
D | 2400 | SV401 | - | 127 ..... 409

**Previous Certification Identifier**

The number previously assigned to a health care services review outcome.

**278 - Request**  
D | 2000F | REF02 | - | 127 ..... 150

**278 - Response**  
D | 2000F | REF02 | - | 127 ..... 334

**Pricing Methodology**

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

**837 - Institutional**  
D | 2300 | HCP01 | - | 1473 ..... 309

**837 - Professional**  
D | 2300 | HCP01 | - | 1473 ..... 272  
D | 2400 | HCP01 | - | 1473 ..... 496

**Principal Procedure Code**

Code identifying the principal procedure, product or service.

**837 - Institutional**  
D | 2300 | HI01 | C022-2 | 1271 ..... 243

**Prior Authorization 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.

**837 - Institutional**  
D | 2300 | REF02 | - | 127 ..... 199

**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.

**837 - Professional**  
D | 2300 | REF02 | - | 127 ..... 228  
D | 2400 | REF02 | - | 127 ..... 470

**270**  
D | 2110C | REF02 | - | 127 ..... 105  
D | 2110D | REF02 | - | 127 ..... 144

**Prior Coverage Month Count**

Number of months of prior health insurance coverage.

**834**  
D | 2000 | REF02 | - | 127 ..... 58

**Prior Incorrect Insured Birth Date**

The birth date previously reported or used for an individual when corrected data is reported.

**834**  
D | 2100B | DMG02 | - | 1251 ..... 84

**Prior Incorrect Insured First Name**

The first name previously reported or used for an individual when a corrected name is reported.

**834**  
D | 2100B | NM104 | - | 1036 ..... 81

**Prior Incorrect Insured Gender Code**

The gender previously reported or used for an individual when corrected data is reported.

**834**  
D | 2100B | DMG03 | - | 1068 ..... 84

**Prior Incorrect Insured Identifier**

The identification number previously reported or used for an individual when a corrected name is reported.

<b>834</b>	D   2100B   NM109   -   67 .....	<b>82</b>
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**Prior Incorrect Insured Last Name**

The last name previously reported or used for an individual when a corrected name is reported.

<b>834</b>	D   2100B   NM103   -   1035 .....	<b>81</b>
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**Prior Incorrect Insured Middle Name**

The middle name previously reported or used for an individual when a corrected name is reported.

<b>834</b>	D   2100B   NM105   -   1037 .....	<b>81</b>
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**Prior Incorrect Insured Name Prefix**

The prefix to the name previously reported or used for an individual when a corrected name is reported.

<b>834</b>	D   2100B   NM106   -   1038 .....	<b>81</b>
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**Prior Incorrect Insured Name Suffix**

The suffix to the name previously reported or used for an individual when a corrected name is reported.

<b>834</b>	D   2100B   NM107   -   1039 .....	<b>81</b>
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**Prior Placement Date**

The date of Prior Placement of the Prosthesis, Crown or Inlay, if any reason for service is replacement.

<b>837 - Dental</b>	D   2400   DTP03   -   1251 .....	<b>276</b>
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**Procedure Code**

Code identifying the procedure, product or service.

<b>835</b>	D   2110   SVC01   C003-2   234 .....	<b>141</b>
	D   2110   SVC06   C003-2   234 .....	<b>144</b>

**837 - Institutional**

D   2300   HI01   C022-2   1271 .....	<b>245</b>
D   2300   HI02   C022-2   1271 .....	<b>246</b>
D   2300   HI03   C022-2   1271 .....	<b>246</b>
D   2300   HI04   C022-2   1271 .....	<b>247</b>
D   2300   HI05   C022-2   1271 .....	<b>248</b>

D   2300   HI06   C022-2   1271 .....	<b>249</b>
D   2300   HI07   C022-2   1271 .....	<b>250</b>
D   2300   HI08   C022-2   1271 .....	<b>251</b>
D   2300   HI09   C022-2   1271 .....	<b>252</b>
D   2300   HI10   C022-2   1271 .....	<b>253</b>
D   2300   HI11   C022-2   1271 .....	<b>254</b>
D   2300   HI12   C022-2   1271 .....	<b>254</b>
D   2400   SV202   C003-2   234 .....	<b>447</b>
D   2430   SVD03   C003-2   234 .....	<b>492</b>

**837 - Dental**

D   2400   SV301   C003-2   234 .....	<b>267</b>
D   2430   SVD03   C003-2   234 .....	<b>302</b>

**837 - Professional**

D   2400   SV101   C003-2   234 .....	<b>401</b>
D   2400   HCP10   -   234 .....	<b>498</b>
D   2430   SVD03   C003-2   234 .....	<b>556</b>

**270**

D   2110C   EQ02   C003-2   234 .....	<b>96</b>
D   2110D   EQ02   C003-2   234 .....	<b>138</b>

**271**

D   2110C   EB13   C003-2   234 .....	<b>231</b>
D   2110D   EB13   C003-2   234 .....	<b>308</b>

**278 - Request**

D   2000F   HI01   C022-2   1271 .....	<b>160</b>
D   2000F   HI02   C022-2   1271 .....	<b>161</b>
D   2000F   HI03   C022-2   1271 .....	<b>162</b>
D   2000F   HI04   C022-2   1271 .....	<b>163</b>
D   2000F   HI05   C022-2   1271 .....	<b>165</b>
D   2000F   HI06   C022-2   1271 .....	<b>166</b>
D   2000F   HI07   C022-2   1271 .....	<b>167</b>
D   2000F   HI08   C022-2   1271 .....	<b>168</b>
D   2000F   HI09   C022-2   1271 .....	<b>169</b>
D   2000F   HI10   C022-2   1271 .....	<b>171</b>
D   2000F   HI11   C022-2   1271 .....	<b>172</b>
D   2000F   HI12   C022-2   1271 .....	<b>173</b>

**278 - Response**

D   2000F   HI01   C022-2   1271 .....	<b>347</b>
D   2000F   HI02   C022-2   1271 .....	<b>348</b>
D   2000F   HI03   C022-2   1271 .....	<b>349</b>
D   2000F   HI04   C022-2   1271 .....	<b>350</b>
D   2000F   HI05   C022-2   1271 .....	<b>352</b>
D   2000F   HI06   C022-2   1271 .....	<b>353</b>
D   2000F   HI07   C022-2   1271 .....	<b>354</b>
D   2000F   HI08   C022-2   1271 .....	<b>355</b>
D   2000F   HI09   C022-2   1271 .....	<b>356</b>
D   2000F   HI10   C022-2   1271 .....	<b>358</b>
D   2000F   HI11   C022-2   1271 .....	<b>359</b>
D   2000F   HI12   C022-2   1271 .....	<b>360</b>

**Procedure Code Description**

Description clarifying the Product/Service Procedure Code and related data elements.

**835**

D   2110   SVC01   C003-7   352 .....	<b>141</b>
D   2110   SVC06   C003-7   352 .....	<b>144</b>

**837 - Institutional**

D   2430   SVD03   C003-7   352 .....	<b>492</b>
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**837 - Dental**

D   2430   SVD03   C003-7   352 .....	<b>303</b>
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**837 - Professional**

D   2430   SVD03   C003-7   352 .....	<b>557</b>
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**Procedure Count**

Number of Procedures

**837 - Dental**

D | 2400 | SV306 | - | 380 ..... 270

**Procedure Date**

Date when the health care procedure was performed.

**837 - Institutional**

D | 2300 | HI01 | C022-4 | 1251 ..... 245  
 D | 2300 | HI02 | C022-4 | 1251 ..... 246  
 D | 2300 | HI03 | C022-4 | 1251 ..... 247  
 D | 2300 | HI04 | C022-4 | 1251 ..... 248  
 D | 2300 | HI05 | C022-4 | 1251 ..... 249  
 D | 2300 | HI06 | C022-4 | 1251 ..... 249  
 D | 2300 | HI07 | C022-4 | 1251 ..... 250  
 D | 2300 | HI08 | C022-4 | 1251 ..... 251  
 D | 2300 | HI09 | C022-4 | 1251 ..... 252  
 D | 2300 | HI10 | C022-4 | 1251 ..... 253  
 D | 2300 | HI11 | C022-4 | 1251 ..... 254  
 D | 2300 | HI12 | C022-4 | 1251 ..... 255

**278 - Request**

D | 2000F | HI01 | C022-4 | 1251 ..... 160  
 D | 2000F | HI02 | C022-4 | 1251 ..... 161  
 D | 2000F | HI03 | C022-4 | 1251 ..... 162  
 D | 2000F | HI04 | C022-4 | 1251 ..... 164  
 D | 2000F | HI05 | C022-4 | 1251 ..... 165  
 D | 2000F | HI06 | C022-4 | 1251 ..... 166  
 D | 2000F | HI07 | C022-4 | 1251 ..... 167  
 D | 2000F | HI08 | C022-4 | 1251 ..... 168  
 D | 2000F | HI09 | C022-4 | 1251 ..... 170  
 D | 2000F | HI10 | C022-4 | 1251 ..... 171  
 D | 2000F | HI11 | C022-4 | 1251 ..... 172  
 D | 2000F | HI12 | C022-4 | 1251 ..... 173

**278 - Response**

D | 2000F | HI01 | C022-4 | 1251 ..... 347  
 D | 2000F | HI02 | C022-4 | 1251 ..... 348  
 D | 2000F | HI03 | C022-4 | 1251 ..... 349  
 D | 2000F | HI04 | C022-4 | 1251 ..... 351  
 D | 2000F | HI05 | C022-4 | 1251 ..... 352  
 D | 2000F | HI06 | C022-4 | 1251 ..... 353  
 D | 2000F | HI07 | C022-4 | 1251 ..... 354  
 D | 2000F | HI08 | C022-4 | 1251 ..... 355  
 D | 2000F | HI09 | C022-4 | 1251 ..... 357  
 D | 2000F | HI10 | C022-4 | 1251 ..... 358  
 D | 2000F | HI11 | C022-4 | 1251 ..... 359  
 D | 2000F | HI12 | C022-4 | 1251 ..... 360

**Procedure Modifier**

This identifies special circumstances related to the performance of the service.

**835**

D | 2110 | SVC01 | C003-3 | 1339 ..... 141  
 D | 2110 | SVC01 | C003-4 | 1339 ..... 141  
 D | 2110 | SVC01 | C003-5 | 1339 ..... 141  
 D | 2110 | SVC01 | C003-6 | 1339 ..... 141  
 D | 2110 | SVC06 | C003-3 | 1339 ..... 144  
 D | 2110 | SVC06 | C003-4 | 1339 ..... 144  
 D | 2110 | SVC06 | C003-5 | 1339 ..... 144  
 D | 2110 | SVC06 | C003-6 | 1339 ..... 144

**837 - Institutional**

D | 2400 | SV202 | C003-3 | 1339 ..... 447  
 D | 2400 | SV202 | C003-4 | 1339 ..... 447  
 D | 2400 | SV202 | C003-5 | 1339 ..... 448  
 D | 2400 | SV202 | C003-6 | 1339 ..... 448  
 D | 2430 | SVD03 | C003-3 | 1339 ..... 492  
 D | 2430 | SVD03 | C003-4 | 1339 ..... 492

D | 2430 | SVD03 | C003-5 | 1339 ..... 492  
 D | 2430 | SVD03 | C003-6 | 1339 ..... 492

**837 - Dental**

D | 2400 | SV301 | C003-3 | 1339 ..... 267  
 D | 2400 | SV301 | C003-4 | 1339 ..... 267  
 D | 2400 | SV301 | C003-5 | 1339 ..... 267  
 D | 2400 | SV301 | C003-6 | 1339 ..... 267  
 D | 2430 | SVD03 | C003-3 | 1339 ..... 303  
 D | 2430 | SVD03 | C003-4 | 1339 ..... 303  
 D | 2430 | SVD03 | C003-5 | 1339 ..... 303  
 D | 2430 | SVD03 | C003-6 | 1339 ..... 303

**837 - Professional**

D | 2400 | SV101 | C003-3 | 1339 ..... 401  
 D | 2400 | SV101 | C003-4 | 1339 ..... 402  
 D | 2400 | SV101 | C003-5 | 1339 ..... 402  
 D | 2400 | SV101 | C003-6 | 1339 ..... 402  
 D | 2430 | SVD03 | C003-3 | 1339 ..... 556  
 D | 2430 | SVD03 | C003-4 | 1339 ..... 556  
 D | 2430 | SVD03 | C003-5 | 1339 ..... 556  
 D | 2430 | SVD03 | C003-6 | 1339 ..... 556

**270**

D | 2110C | EQ02 | C003-3 | 1339 ..... 96  
 D | 2110C | EQ02 | C003-4 | 1339 ..... 96  
 D | 2110C | EQ02 | C003-5 | 1339 ..... 96  
 D | 2110C | EQ02 | C003-6 | 1339 ..... 96  
 D | 2110D | EQ02 | C003-3 | 1339 ..... 138  
 D | 2110D | EQ02 | C003-4 | 1339 ..... 138  
 D | 2110D | EQ02 | C003-5 | 1339 ..... 138  
 D | 2110D | EQ02 | C003-6 | 1339 ..... 138

**271**

D | 2110C | EB13 | C003-3 | 1339 ..... 231  
 D | 2110C | EB13 | C003-4 | 1339 ..... 231  
 D | 2110C | EB13 | C003-5 | 1339 ..... 231  
 D | 2110C | EB13 | C003-6 | 1339 ..... 232  
 D | 2110D | EB13 | C003-3 | 1339 ..... 308  
 D | 2110D | EB13 | C003-4 | 1339 ..... 308  
 D | 2110D | EB13 | C003-5 | 1339 ..... 308  
 D | 2110D | EB13 | C003-6 | 1339 ..... 308

**276**

D | 2210D | SVC01 | C003-3 | 1339 ..... 90  
 D | 2210D | SVC01 | C003-4 | 1339 ..... 90  
 D | 2210D | SVC01 | C003-5 | 1339 ..... 90  
 D | 2210D | SVC01 | C003-6 | 1339 ..... 90  
 D | 2210E | SVC01 | C003-3 | 1339 ..... 115  
 D | 2210E | SVC01 | C003-4 | 1339 ..... 115  
 D | 2210E | SVC01 | C003-5 | 1339 ..... 115  
 D | 2210E | SVC01 | C003-6 | 1339 ..... 115

**277**

D | 2220D | SVC01 | C003-3 | 1339 ..... 175  
 D | 2220D | SVC01 | C003-4 | 1339 ..... 175  
 D | 2220D | SVC01 | C003-5 | 1339 ..... 175  
 D | 2220D | SVC01 | C003-6 | 1339 ..... 175  
 D | 2220E | SVC01 | C003-3 | 1339 ..... 220  
 D | 2220E | SVC01 | C003-4 | 1339 ..... 220  
 D | 2220E | SVC01 | C003-5 | 1339 ..... 220  
 D | 2220E | SVC01 | C003-6 | 1339 ..... 220

**Procedure Quantity**

Number of occurrences of the procedure.

**278 - Request**

D | 2000F | HI01 | C022-6 | 380 ..... 160  
 D | 2000F | HI02 | C022-6 | 380 ..... 161  
 D | 2000F | HI03 | C022-6 | 380 ..... 163  
 D | 2000F | HI04 | C022-6 | 380 ..... 164  
 D | 2000F | HI05 | C022-6 | 380 ..... 165  
 D | 2000F | HI06 | C022-6 | 380 ..... 166  
 D | 2000F | HI07 | C022-6 | 380 ..... 167  
 D | 2000F | HI08 | C022-6 | 380 ..... 169  
 D | 2000F | HI09 | C022-6 | 380 ..... 170

D		2000F		HI10		C022-6		380	.....	171
D		2000F		HI11		C022-6		380	.....	172
D		2000F		HI12		C022-6		380	.....	173
<b>278 - Response</b>										
D		2000F		HI01		C022-6		380	.....	347
D		2000F		HI02		C022-6		380	.....	348
D		2000F		HI03		C022-6		380	.....	350
D		2000F		HI04		C022-6		380	.....	351
D		2000F		HI05		C022-6		380	.....	352
D		2000F		HI06		C022-6		380	.....	353
D		2000F		HI07		C022-6		380	.....	354
D		2000F		HI08		C022-6		380	.....	356
D		2000F		HI09		C022-6		380	.....	357
D		2000F		HI10		C022-6		380	.....	358
D		2000F		HI11		C022-6		380	.....	359
D		2000F		HI12		C022-6		380	.....	360

**Product or Service ID Qualifier**

Code identifying the type/source of the descriptive number used in Product/Service ID (234).

<b>835</b>	D		2110		SVC01		C003-1		235	.....	140
	D		2110		SVC06		C003-1		235	.....	143
<b>834</b>	D		2200		DSB07		-		235	.....	125
<b>837 - Institutional</b>											
	D		2300		CR610		-		235	.....	214
	D		2300		HCP09		-		235	.....	311
	D		2400		SV202		C003-1		235	.....	446
	D		2430		SVD03		C003-1		235	.....	491
<b>837 - Dental</b>											
	D		2400		SV301		C003-1		235	.....	266
	D		2430		SVD03		C003-1		235	.....	302
<b>837 - Professional</b>											
	D		2400		SV101		C003-1		235	.....	401
	D		2400		HCP09		-		235	.....	498
	D		2430		SVD03		C003-1		235	.....	555
<b>270</b>	D		2110C		EQ02		C003-1		235	.....	95
	D		2110D		EQ02		C003-1		235	.....	137
<b>271</b>	D		2110C		EB13		C003-1		235	.....	231
	D		2110D		EB13		C003-1		235	.....	307
<b>276</b>	D		2210D		SVC01		C003-1		235	.....	89
	D		2210E		SVC01		C003-1		235	.....	114
<b>277</b>	D		2220D		SVC01		C003-1		235	.....	174
	D		2220E		SVC01		C003-1		235	.....	219
<b>278 - Request</b>	D		2000F		CR610		-		235	.....	208

**Production Date**

End date for the adjudication production cycle for the claims in the transmission.

<b>835</b>	H				DTM02		-		373	.....	61
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**Prognosis Code**

Code indicating physician's prognosis for the patient.

<b>837 - Institutional</b>	D		2300		CR601		-		923	.....	211
<b>278 - Request</b>											
	D		2000F		UM08		-		923	.....	148
	D		2000F		CR601		-		923	.....	206
<b>278 - Response</b>											
	D		2000F		CR601		-		923	.....	381

**Property Casualty Claim Number**

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

<b>837 - Institutional</b>											
	D		2010BA		REF02		-		127	.....	120
	D		2010CA		REF02		-		127	.....	156
<b>837 - Dental</b>											
	D		2010BA		REF02		-		127	.....	116
	D		2010CA		REF02		-		127	.....	148
<b>837 - Professional</b>											
	D		2010BA		REF02		-		127	.....	129
	D		2010CA		REF02		-		127	.....	169

**Proposed or Actual Admission Date**

Requested or actual date of admission to a healthcare facility.

<b>278 - Request</b>	D		2000F		DTP03		-		1251	.....	155
<b>278 - Response</b>											
	D		2000F		DTP03		-		1251	.....	338

**Proposed or Actual Discharge Date**

Requested or actual date of discharge from a healthcare facility.

<b>278 - Request</b>	D		2000F		DTP03		-		1251	.....	156
<b>278 - Response</b>											
	D		2000F		DTP03		-		1251	.....	340

**Proposed or Actual Service Date**

Requested or actual date of service.

<b>278 - Request</b>	D		2000F		DTP03		-		1251	.....	153
<b>278 - Response</b>											
	D		2000F		DTP03		-		1251	.....	336

**Proposed or Actual Surgery Date**

Requested or actual date of surgery.

<b>278 - Request</b>	D		2000F		DTP03		-		1251	.....	158
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**278 - Response**  
D | 2000F | DTP03 | - | 1251 ..... 342

**Prosthesis, Crown, or Inlay Code**

Code Specifying the Placement Status for the Dental Work

**837 - Dental**  
D | 2400 | SV305 | - | 1358 ..... 270

**Provider Adjustment Amount**

Provider adjustment amount. The adjustment amount is to the total provider payment and is not related to a specific claim or service.

**835**  
S | | PLB04 | - | 782 ..... 170  
S | | PLB06 | - | 782 ..... 170  
S | | PLB08 | - | 782 ..... 171  
S | | PLB10 | - | 782 ..... 171  
S | | PLB12 | - | 782 ..... 172  
S | | PLB14 | - | 782 ..... 172

**Provider Adjustment Identifier**

Unique identifying number for the provider adjustment.

**835**  
S | | PLB03 | C042-2 | 127 ..... 170  
S | | PLB05 | C042-2 | 127 ..... 170  
S | | PLB07 | C042-2 | 127 ..... 171  
S | | PLB09 | C042-2 | 127 ..... 171  
S | | PLB11 | C042-2 | 127 ..... 172  
S | | PLB13 | C042-2 | 127 ..... 172

**Provider Code**

Code identifying the type of provider.

**837 - Institutional**  
D | 2000A | PRV01 | - | 1221 ..... 71  
D | 2310A | PRV01 | - | 1221 ..... 324  
D | 2310B | PRV01 | - | 1221 ..... 331  
D | 2310C | PRV01 | - | 1221 ..... 338  
D | 2310D | PRV01 | - | 1221 ..... 345  
D | 2310E | PRV01 | - | 1221 ..... 352  
D | 2420A | PRV01 | - | 1221 ..... 465  
D | 2420B | PRV01 | - | 1221 ..... 472  
D | 2420C | PRV01 | - | 1221 ..... 479  
D | 2420D | PRV01 | - | 1221 ..... 486

**837 - Dental**  
D | 2000A | PRV01 | - | 1221 ..... 71  
D | 2310A | PRV01 | - | 1221 ..... 190  
D | 2310B | PRV01 | - | 1221 ..... 198  
D | 2420A | PRV01 | - | 1221 ..... 292

**837 - Professional**  
D | 2000A | PRV01 | - | 1221 ..... 79  
D | 2310A | PRV01 | - | 1221 ..... 285  
D | 2310B | PRV01 | - | 1221 ..... 293  
D | 2420A | PRV01 | - | 1221 ..... 504  
D | 2420F | PRV01 | - | 1221 ..... 544

**270**  
D | 2100B | PRV01 | - | 1221 ..... 64  
D | 2100C | PRV01 | - | 1221 ..... 81  
D | 2100D | PRV01 | - | 1221 ..... 122

**271**  
D | 2120C | PRV01 | - | 1221 ..... 262  
D | 2120D | PRV01 | - | 1221 ..... 338

**278 - Request**  
D | 2010B | PRV01 | - | 1221 ..... 71  
D | 2010E | PRV01 | - | 1221 ..... 135

**278 - Response**  
D | 2010B | PRV01 | - | 1221 ..... 243  
D | 2010E | PRV01 | - | 1221 ..... 316

**Provider Effective Date**

The date the change of the primary care provider is effective.

**834**  
D | 2310 | PLA03 | - | 373 ..... 148

**Provider First Name**

The first name of the provider of care submitting a transaction or related to the information provided in or request by the transaction.

**834**  
D | 2310 | NM104 | - | 1036 ..... 141

**276**  
D | 2100C | NM104 | - | 1036 ..... 68

**277**  
D | 2100C | NM104 | - | 1036 ..... 144

**Provider Identifier**

Number assigned by the payer, regulatory authority, or other authorized body or agency to identify the provider.

**835**  
D | 2000 | TS301 | - | 127 ..... 81  
D | 2110 | REF02 | - | 127 ..... 155  
S | | PLB01 | - | 127 ..... 165

**834**  
D | 2310 | NM109 | - | 67 ..... 142

**270**  
D | 2100C | PRV03 | - | 127 ..... 82  
D | 2100D | PRV03 | - | 127 ..... 123

**271**  
D | 2120C | PRV03 | - | 127 ..... 263  
D | 2120D | PRV03 | - | 127 ..... 339

**276**  
D | 2100C | NM109 | - | 67 ..... 69

**277**  
D | 2100C | NM109 | - | 67 ..... 145

**Provider Last or Organization Name**

The last name of the provider of care or name of the provider organization submitting a transaction or related to the information provided in or request by the transaction.

**834**  
D | 2310 | NM103 | - | 1035 ..... 141

**276**  
D | 2100C | NM103 | - | 1035 ..... 68

**277**  
D | 2100C | NM103 | - | 1035 ..... 144

**Provider Middle Name**

The middle name of the provider of care submitting a transaction or related to the information provided in or request by the transaction.

**834**  
D | 2310 | NM105 | - | 1037 ..... 141

**276**  
D | 2100C | NM105 | - | 1037 ..... 68

**277**  
D | 2100C | NM105 | - | 1037 ..... 144

**Provider Name Prefix**

The name prefix of the provider of care submitting a transaction or related to the information provided in or request by the transaction.

**834**  
D | 2310 | NM106 | - | 1038 ..... 141

**276**  
D | 2100C | NM106 | - | 1038 ..... 68

**277**  
D | 2100C | NM106 | - | 1038 ..... 144

**Provider Name Suffix**

The name suffix of the provider of care submitting a transaction or related to the information provided in or request by the transaction.

**834**  
D | 2310 | NM107 | - | 1039 ..... 142

**276**  
D | 2100C | NM107 | - | 1039 ..... 68

**277**  
D | 2100C | NM107 | - | 1039 ..... 144

**Provider Taxonomy Code**

Code designating the provider type, classification, and specialization.

**837 - Institutional**  
D | 2000A | PRV03 | - | 127 ..... 72  
D | 2310A | PRV03 | - | 127 ..... 325  
D | 2310B | PRV03 | - | 127 ..... 332  
D | 2310C | PRV03 | - | 127 ..... 339  
D | 2310D | PRV03 | - | 127 ..... 346  
D | 2310E | PRV03 | - | 127 ..... 353  
D | 2420A | PRV03 | - | 127 ..... 466  
D | 2420B | PRV03 | - | 127 ..... 473  
D | 2420C | PRV03 | - | 127 ..... 480  
D | 2420D | PRV03 | - | 127 ..... 487

**837 - Dental**  
D | 2000A | PRV03 | - | 127 ..... 72  
D | 2310A | PRV03 | - | 127 ..... 191  
D | 2310B | PRV03 | - | 127 ..... 199  
D | 2420A | PRV03 | - | 127 ..... 293

**837 - Professional**  
D | 2000A | PRV03 | - | 127 ..... 80

D | 2310A | PRV03 | - | 127 ..... 286  
D | 2310B | PRV03 | - | 127 ..... 294  
D | 2420A | PRV03 | - | 127 ..... 505  
D | 2420F | PRV03 | - | 127 ..... 545

**278 - Request**

D | 2010B | PRV03 | - | 127 ..... 72  
D | 2010E | PRV03 | - | 127 ..... 136

**278 - Response**

D | 2010B | PRV03 | - | 127 ..... 244  
D | 2010E | PRV03 | - | 127 ..... 317

**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.

**837 - Institutional**

D | 2300 | CLM06 | - | 1073 ..... 160

**837 - Dental**

D | 2300 | CLM06 | - | 1073 ..... 152

**837 - Professional**

D | 2300 | CLM06 | - | 1073 ..... 174

**Purchased Service Charge Amount**

The charge for the purchased service.

**837 - Professional**

D | 2400 | PS102 | - | 782 ..... 490

**Purchased Service Provider Identifier**

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

**837 - Professional**

D | 2310C | NM109 | - | 67 ..... 300  
D | 2400 | PS101 | - | 127 ..... 489  
D | 2420B | NM109 | - | 67 ..... 511

**Purchased Service Provider Name**

The name of the provider of the purchased service.

**837 - Professional**

D | 2330F | NM103 | - | 1035 ..... 387

**Purchased Service Provider Secondary Identifier**

Additional identifier for the provider of purchased services.

**837 - Professional**

D | 2310C | REF02 | - | 127 ..... 302  
D | 2420B | REF02 | - | 127 ..... 513

**Quantity Qualifier**

Code specifying the type of quantity

<b>835</b>				
D	2100	QTY01	-	673 ..... 137
D	2110	QTY01	-	673 ..... 160
<b>837 - Institutional</b>				
D	2300	QTY01	-	673 ..... 306
<b>837 - Dental</b>				
D	2400	QTY01	-	673 ..... 281
<b>837 - Professional</b>				
D	2400	QTY01	-	673 ..... 462
<b>271</b>				
D	2110C	EB09	-	673 ..... 229
D	2110C	HSD01	-	673 ..... 234
D	2110D	EB09	-	673 ..... 306
D	2110D	HSD01	-	673 ..... 310
<b>278 - Request</b>				
D	2000F	HSD01	-	673 ..... 176
<b>278 - Response</b>				
D	2000F	HSD01	-	673 ..... 363

**Question Number/Letter**

Identifies the question or letter number.

<b>837 - Professional</b>				
D	2440	FRM01	-	350 ..... 570

**Question Response**

A yes/no question response.

<b>837 - Dental</b>				
D	2300	DN103	-	1073 ..... 167
<b>837 - Professional</b>				
D	2440	FRM02	-	1073 ..... 570
D	2440	FRM03	-	127 ..... 571
D	2440	FRM04	-	373 ..... 571
D	2440	FRM05	-	332 ..... 571

**Race or Ethnicity Code**

Code indicating the racial or ethnic background of a person.

<b>834</b>				
D	2100A	DMG05	-	1109 ..... 72

**Receiver Additional Name**

Additional name information for the receiver.

<b>820</b>				
H	1000A	N201	-	93 ..... 58
<b>837 - Dental</b>				
H	1000B	N201	-	93 ..... 68
<b>837 - Professional</b>				
H	1000B	N201	-	93 ..... 76

**Receiver Address Line**

The receiver's address line.

<b>820</b>				
H	1000A	N301	-	166 ..... 59
H	1000A	N302	-	166 ..... 59

**Receiver Bank Account Number**

The receiver's bank account number at the Receiving Depository Financial Institution.

<b>820</b>				
H		BPR15	-	508 ..... 41

**Receiver Identifier**

Number identifying the organization receiving the payment.

<b>820</b>				
H	1000A	N104	-	67 ..... 57
<b>835</b>				
H		REF02	-	127 ..... 57

**Receiver Name**

Name of organization receiving the transaction.

<b>837 - Institutional</b>				
H	1000B	NM103	-	1035 ..... 68
<b>837 - Dental</b>				
H	1000B	NM103	-	1035 ..... 67
<b>837 - Professional</b>				
H	1000B	NM103	-	1035 ..... 75

**Receiver Primary Identifier**

Primary identification number for the receiver of the transaction.

<b>837 - Institutional</b>				
H	1000B	NM109	-	67 ..... 68
<b>837 - Dental</b>				
H	1000B	NM109	-	67 ..... 67
<b>837 - Professional</b>				
H	1000B	NM109	-	67 ..... 75

**Receiver Provider Specialty Code**

Identifies another or distinguishing number for a provider.

<b>270</b>				
D	2100B	PRV03	-	127 ..... 65

**Receiver or Provider Account Number**

The receiver's/provider's Bank Account Number into which payment has been or will be deposited according to the previously identified receiving depository financial institution.

<b>835</b>				
H		BPR15	-	508 ..... 50

**Receiver or Provider Bank ID Number**

The American Banking Association Identification Number used to identify the receiving depository financial institution or provider's bank within the Federal Reserve System when an EFT is being sent.

<b>835</b>					
H		BPR13	-	507	50

**Receiver's Individual Identifier**

The identification number of the individual used by the receiver.

<b>820</b>					
D	2000B	ENT04	-	67	87

**Receiving Depository Financial Institution (DFI) Identifier**

Number identifying the financial institution receiving the transaction from an ACH network.

<b>820</b>					
H		BPR13	-	507	41

**Reference Identification Qualifier**

Code qualifying the reference identification

<b>820</b>					
H		REF01	-	128	48
D	2300A	RMR01	-	128	75
D	2300B	RMR01	-	128	92

<b>835</b>					
H		REF01	-	128	57
H		REF01	-	128	58
H	1000A	REF01	-	128	67
H	1000B	REF01	-	128	77
D	2100	REF01	-	128	126
D	2100	REF01	-	128	128
D	2110	REF01	-	128	154
D	2110	REF01	-	128	156

<b>834</b>					
H		REF01	-	128	32
D	2000	REF01	-	128	51
D	2000	REF01	-	128	53
D	2000	REF01	-	128	55
D	2000	REF01	-	128	57
D	2300	REF01	-	128	135
D	2320	REF01	-	128	152

**837 - Institutional**

H		REF01	-	128	60
D	2000A	PRV02	-	128	72
D	2010AA	REF01	-	128	83
D	2010AA	REF01	-	128	85
D	2010AB	REF01	-	128	97
D	2010BA	REF01	-	128	117
D	2010BA	REF01	-	128	120
D	2010BB	REF01	-	128	124
D	2010BC	REF01	-	128	132
D	2010CA	REF01	-	128	153
D	2010CA	REF01	-	128	155
D	2300	REF01	-	128	185
D	2300	REF01	-	128	186
D	2300	REF01	-	128	187
D	2300	REF01	-	128	189
D	2300	REF01	-	128	191

D	2300	REF01	-	128	193
D	2300	REF01	-	128	195
D	2300	REF01	-	128	197
D	2300	REF01	-	128	198
D	2300	REF01	-	128	200
D	2300	REF01	-	128	202
D	2310A	PRV02	-	128	325
D	2310A	REF01	-	128	326
D	2310B	PRV02	-	128	332
D	2310B	REF01	-	128	333
D	2310C	PRV02	-	128	339
D	2310C	REF01	-	128	340
D	2310D	PRV02	-	128	346
D	2310D	REF01	-	128	347
D	2310E	PRV02	-	128	353
D	2310E	REF01	-	128	357
D	2330A	REF01	-	128	408
D	2330B	REF01	-	128	416
D	2330B	REF01	-	128	418
D	2330C	REF01	-	128	422
D	2330D	REF01	-	128	426
D	2330D	REF01	-	128	426
D	2330E	REF01	-	128	430
D	2330F	REF01	-	128	434
D	2330G	REF01	-	128	438
D	2330H	REF01	-	128	442
D	2420A	PRV02	-	128	465
D	2420A	REF01	-	128	467
D	2420B	PRV02	-	128	473
D	2420B	REF01	-	128	474
D	2420C	PRV02	-	128	480
D	2420C	REF01	-	128	481
D	2420D	PRV02	-	128	487
D	2420D	REF01	-	128	488

**837 - Dental**

H		REF01	-	128	57
D	2000A	PRV02	-	128	72
D	2010AA	REF01	-	128	84
D	2010AA	REF01	-	128	85
D	2010AB	REF01	-	128	95
D	2010BA	REF01	-	128	113
D	2010BA	REF01	-	128	115
D	2010BB	REF01	-	128	124
D	2010BC	REF01	-	128	130
D	2010CA	REF01	-	128	145
D	2010CA	REF01	-	128	147
D	2300	REF01	-	128	175
D	2300	REF01	-	128	177
D	2300	REF01	-	128	180
D	2300	REF01	-	128	182
D	2300	REF01	-	128	184
D	2310A	PRV02	-	128	190
D	2310A	REF01	-	128	193
D	2310B	PRV02	-	128	199
D	2310B	REF01	-	128	201
D	2310C	REF01	-	128	207
D	2330A	REF01	-	128	238
D	2330B	REF01	-	128	247
D	2330B	REF01	-	128	249
D	2330B	REF01	-	128	252
D	2330C	REF01	-	128	255
D	2330D	REF01	-	128	259
D	2330E	REF01	-	128	263
D	2400	REF01	-	128	283
D	2400	REF01	-	128	284
D	2400	REF01	-	128	285
D	2420A	PRV02	-	128	292
D	2420A	REF01	-	128	295
D	2420B	REF01	-	128	300

**837 - Professional**

H		REF01	-	128	66
D	2000A	PRV02	-	128	80
D	2010AA	REF01	-	128	92
D	2010AA	REF01	-	128	94

D	2010AB	REF01	-	128	106
D	2010BA	REF01	-	128	126
D	2010BA	REF01	-	128	128
D	2010BB	REF01	-	128	137
D	2010BD	REF01	-	128	150
D	2010CA	REF01	-	128	166
D	2010CA	REF01	-	128	168
D	2300	REF01	-	128	222
D	2300	REF01	-	128	224
D	2300	REF01	-	128	226
D	2300	REF01	-	128	228
D	2300	REF01	-	128	230
D	2300	REF01	-	128	232
D	2300	REF01	-	128	233
D	2300	REF01	-	128	235
D	2300	REF01	-	128	236
D	2300	REF01	-	128	239
D	2300	REF01	-	128	240
D	2300	REF01	-	128	241
D	2300	REF01	-	128	242
D	2310A	PRV02	-	128	286
D	2310A	REF01	-	128	288
D	2310B	PRV02	-	128	294
D	2310B	REF01	-	128	296
D	2310C	REF01	-	128	301
D	2310D	REF01	-	128	310
D	2310E	REF01	-	128	316
D	2330A	REF01	-	128	357
D	2330B	REF01	-	128	368
D	2330B	REF01	-	128	370
D	2330B	REF01	-	128	373
D	2330C	REF01	-	128	376
D	2330D	REF01	-	128	380
D	2330E	REF01	-	128	384
D	2330F	REF01	-	128	388
D	2330G	REF01	-	128	392
D	2330H	REF01	-	128	396
D	2400	REF01	-	128	468
D	2400	REF01	-	128	469
D	2400	REF01	-	128	470
D	2400	REF01	-	128	472
D	2400	REF01	-	128	474
D	2400	REF01	-	128	475
D	2400	REF01	-	128	477
D	2400	REF01	-	128	478
D	2400	REF01	-	128	479
D	2400	REF01	-	128	480
D	2400	REF01	-	128	483
D	2420A	PRV02	-	128	504
D	2420A	REF01	-	128	507
D	2420B	REF01	-	128	512
D	2420C	REF01	-	128	521
D	2420D	REF01	-	128	527
D	2420E	REF01	-	128	536
D	2420F	PRV02	-	128	545
D	2420F	REF01	-	128	547
D	2420G	REF01	-	128	552
<b>270</b>					
D	2100B	REF01	-	128	54
D	2100B	PRV02	-	128	65
D	2100C	REF01	-	128	75
D	2100C	PRV02	-	128	82
D	2110C	REF01	-	128	104
D	2100D	REF01	-	128	116
D	2100D	PRV02	-	128	123
D	2110D	REF01	-	128	143
<b>271</b>					
D	2100A	REF01	-	128	166
D	2100B	REF01	-	128	182
D	2100C	REF01	-	128	197
D	2110C	REF01	-	128	238
D	2120C	PRV02	-	128	262
D	2100D	REF01	-	128	275
D	2110D	REF01	-	128	314

D	2120D	PRV02	-	128	338
<b>276</b>					
D	2200D	REF01	-	128	78
D	2200D	REF01	-	128	80
D	2200D	REF01	-	128	82
D	2210D	REF01	-	128	91
D	2200E	REF01	-	128	103
D	2200E	REF01	-	128	105
D	2200E	REF01	-	128	107
D	2210E	REF01	-	128	117
<b>277</b>					
D	2200D	REF01	-	128	165
D	2200D	REF01	-	128	167
D	2200D	REF01	-	128	169
D	2220D	REF01	-	128	187
D	2200E	REF01	-	128	210
D	2200E	REF01	-	128	212
D	2200E	REF01	-	128	214
D	2220E	REF01	-	128	231
<b>278 - Request</b>					
D	2010B	REF01	-	128	63
D	2010B	PRV02	-	128	72
D	2010C	REF01	-	128	93
D	2010D	REF01	-	128	114
D	2010E	REF01	-	128	127
D	2010E	PRV02	-	128	136
D	2000F	REF01	-	128	150
<b>278 - Response</b>					
D	2010B	REF01	-	128	239
D	2010B	PRV02	-	128	244
D	2010C	REF01	-	128	266
D	2010D	REF01	-	128	291
D	2010E	REF01	-	128	306
D	2010E	PRV02	-	128	317
D	2000F	REF01	-	128	334

**Referral Date**

Date of referral.

**837 - Dental**

D	2300	DTP03	-	1251	160
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**837 - Professional**

D	2300	DTP03	-	1251	185
D	2400	DTP03	-	1251	439

**Referral Number**

Referral authorization number.

**837 - Dental**

D	2300	REF02	-	127	182
D	2400	REF02	-	127	284

**Referring CLIA Number**

Referring Clinical Laboratory Improvement Amendment (CLIA) facility identification.

**837 - Professional**

D	2400	REF02	-	127	477
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**Referring Provider First Name**

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

**837 - Institutional**

D	2310D	NM104	-	1036	343
D	2420D	NM104	-	1036	484

<b>837 - Dental</b>				
D		2310A		NM104   -   1036 ..... 188
<b>837 - Professional</b>				
D		2310A		NM104   -   1036 ..... 283
D		2420F		NM104   -   1036 ..... 542

**Referring Provider Identifier**

The identification number for the referring physician.

<b>837 - Institutional</b>				
D		2310D		NM109   -   67 ..... 344
<b>837 - Dental</b>				
D		2310A		NM109   -   67 ..... 189
<b>837 - Professional</b>				
D		2310A		NM109   -   67 ..... 284
D		2420F		NM109   -   67 ..... 543

**Referring Provider Last Name**

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

<b>837 - Institutional</b>				
D		2310D		NM103   -   1035 ..... 343
D		2420D		NM103   -   1035 ..... 484
<b>837 - Dental</b>				
D		2310A		NM103   -   1035 ..... 188
<b>837 - Professional</b>				
D		2310A		NM103   -   1035 ..... 283
D		2330D		NM103   -   1035 ..... 379
D		2420F		NM103   -   1035 ..... 542

**Referring Provider Middle Name**

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

<b>837 - Institutional</b>				
D		2310D		NM105   -   1037 ..... 344
D		2420D		NM105   -   1037 ..... 484
<b>837 - Dental</b>				
D		2310A		NM105   -   1037 ..... 189
<b>837 - Professional</b>				
D		2310A		NM105   -   1037 ..... 284
D		2420F		NM105   -   1037 ..... 543

**Referring Provider Name**

**Additional Text**

Additional name information identifying the referring provider.

<b>837 - Dental</b>				
D		2310A		N201   -   93 ..... 192
<b>837 - Professional</b>				
D		2310A		N201   -   93 ..... 287
D		2420F		N201   -   93 ..... 546

**Referring Provider Name Suffix**

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

<b>837 - Institutional</b>				
D		2310D		NM107   -   1039 ..... 344
D		2420D		NM107   -   1039 ..... 484

<b>837 - Dental</b>				
D		2310A		NM107   -   1039 ..... 189
<b>837 - Professional</b>				
D		2310A		NM107   -   1039 ..... 284
D		2420F		NM107   -   1039 ..... 543

**Referring Provider Secondary Identifier**

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

<b>837 - Institutional</b>				
D		2310D		REF02   -   127 ..... 348
D		2420D		REF02   -   127 ..... 489
<b>837 - Dental</b>				
D		2310A		REF02   -   127 ..... 194
<b>837 - Professional</b>				
D		2310A		REF02   -   127 ..... 289
D		2420F		REF02   -   127 ..... 548

**Reimbursement Rate**

Rate used when payment is based upon a percentage of applicable charges.

<b>835</b>				
D		2100		MOA01   -   954 ..... 124
<b>837 - Institutional</b>				
D		2320		MOA01   -   954 ..... 397
<b>837 - Professional</b>				
D		2320		MOA01   -   954 ..... 347

**Reject Reason Code**

Code assigned by issuer to identify reason for rejection

<b>837 - Institutional</b>				
D		2300		HCP13   -   901 ..... 312
<b>837 - Professional</b>				
D		2300		HCP13   -   901 ..... 274
D		2400		HCP13   -   901 ..... 499
<b>271</b>				
D		2000A		AAA03   -   901 ..... 161
D		2100A		AAA03   -   901 ..... 173
D		2100B		AAA03   -   901 ..... 185
D		2100C		AAA03   -   901 ..... 208
D		2110C		AAA03   -   901 ..... 243
D		2100D		AAA03   -   901 ..... 285
D		2110D		AAA03   -   901 ..... 319
<b>278 - Response</b>				
D		2000A		AAA03   -   901 ..... 224
D		2010A		AAA03   -   901 ..... 232
D		2010B		AAA03   -   901 ..... 242
D		2000C		AAA03   -   901 ..... 248
D		2010C		AAA03   -   901 ..... 268
D		2000D		AAA03   -   901 ..... 274
D		2010D		AAA03   -   901 ..... 294
D		2010E		AAA03   -   901 ..... 315
D		2000F		AAA03   -   901 ..... 324
D		2000F		HCR03   -   901 ..... 332

**Related Causes Code**

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

**837 - Institutional**

D	2300		CLM11		C024-1		1362	.....	161
D	2300		CLM11		C024-2		1362	.....	162
D	2300		CLM11		C024-3		1362	.....	162

**837 - Dental**

D	2300		CLM11		C024-1		1362	.....	153
D	2300		CLM11		C024-2		1362	.....	154
D	2300		CLM11		C024-3		1362	.....	154

**837 - Professional**

D	2300		CLM11		C024-1		1362	.....	176
D	2300		CLM11		C024-2		1362	.....	177
D	2300		CLM11		C024-3		1362	.....	177

**278 - Request**

D	2000F		UM05		C024-1		1362	.....	146
D	2000F		UM05		C024-2		1362	.....	146
D	2000F		UM05		C024-3		1362	.....	147

**Related Hospitalization Admission Date**

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

**837 - Dental**

D	2300		DTP03		-		1251	.....	157
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**837 - Professional**

D	2300		DTP03		-		1251	.....	209
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**Related Hospitalization Discharge Date**

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

**837 - Professional**

D	2300		DTP03		-		1251	.....	211
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**Release of Information Code**

Code indicating whether the provider has on file a signed statement permitting the release of medical data to other organizations.

**837 - Institutional**

D	2300		CLM09		-		1363	.....	161
D	2320		OI06		-		1363	.....	391

**837 - Dental**

D	2300		CLM09		-		1363	.....	153
D	2320		OI06		-		1363	.....	230

**837 - Professional**

D	2300		CLM09		-		1363	.....	175
D	2320		OI06		-		1363	.....	345

**278 - Request**

D	2000F		UM09		-		1363	.....	148
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**Remark Code**

Code indicating a code from a specific industry code list, such as the Health Care Claim Status Code list.

**835**

D	2100		MIA05		-		127	.....	120
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D	2100		MIA20		-		127	.....	122
D	2100		MIA21		-		127	.....	122
D	2100		MIA22		-		127	.....	122
D	2100		MIA23		-		127	.....	122
D	2100		MOA03		-		127	.....	124
D	2100		MOA04		-		127	.....	124
D	2100		MOA05		-		127	.....	124
D	2100		MOA06		-		127	.....	125
D	2100		MOA07		-		127	.....	125
D	2110		LQ02		-		1271	.....	163

**837 - Institutional**

D	2320		MIA05		-		127	.....	393
D	2320		MIA20		-		127	.....	396
D	2320		MIA21		-		127	.....	396
D	2320		MIA22		-		127	.....	396
D	2320		MIA23		-		127	.....	396
D	2320		MOA03		-		127	.....	398
D	2320		MOA04		-		127	.....	398
D	2320		MOA05		-		127	.....	398
D	2320		MOA06		-		127	.....	399
D	2320		MOA07		-		127	.....	399

**837 - Professional**

D	2320		MOA03		-		127	.....	348
D	2320		MOA04		-		127	.....	348
D	2320		MOA05		-		127	.....	348
D	2320		MOA06		-		127	.....	348
D	2320		MOA07		-		127	.....	349

**Rendering Provider First Name**

The first name of the provider who performed the service.

**835**

D	2100		NM104		-		1036	.....	112
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**837 - Dental**

D	2310B		NM104		-		1036	.....	196
D	2420A		NM104		-		1036	.....	290

**837 - Professional**

D	2310B		NM104		-		1036	.....	291
D	2420A		NM104		-		1036	.....	502

**Rendering Provider Identifier**

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

**835**

D	2100		NM109		-		67	.....	113
D	2110		REF02		-		127	.....	157

**837 - Dental**

D	2310B		NM109		-		67	.....	197
D	2420A		NM109		-		67	.....	291

**837 - Professional**

D	2310B		NM109		-		67	.....	292
D	2420A		NM109		-		67	.....	503

**Rendering Provider Last or Organization Name**

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

**835**

D	2100		NM103		-		1035	.....	112
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**837 - Dental**

D	2310B		NM103		-		1035	.....	196
D	2420A		NM103		-		1035	.....	290

**837 - Professional**

D		2310B		NM103		-		1035	.....	291
D		2330E		NM103		-		1035	.....	383
D		2420A		NM103		-		1035	.....	502

**Rendering Provider Middle Name**

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

**835**

D		2100		NM105		-		1037	.....	112
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**837 - Dental**

D		2310B		NM105		-		1037	.....	196
D		2420A		NM105		-		1037	.....	290

**837 - Professional**

D		2310B		NM105		-		1037	.....	292
D		2420A		NM105		-		1037	.....	503

**Rendering Provider Name Additional Text**

Additional name information identifying the rendering provider.

**837 - Dental**

D		2310B		N201		-		93	.....	200
D		2420A		N201		-		93	.....	294

**837 - Professional**

D		2310B		N201		-		93	.....	295
D		2420A		N201		-		93	.....	506

**Rendering Provider Name Suffix**

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

**835**

D		2100		NM107		-		1039	.....	112
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**837 - Dental**

D		2310B		NM107		-		1039	.....	196
D		2420A		NM107		-		1039	.....	290

**837 - Professional**

D		2310B		NM107		-		1039	.....	292
D		2420A		NM107		-		1039	.....	503

**Rendering Provider Secondary Identifier**

Additional identifier for the provider providing care to the patient.

**835**

D		2100		REF02		-		127	.....	129
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**837 - Dental**

D		2310B		REF02		-		127	.....	202
D		2420A		REF02		-		127	.....	296

**837 - Professional**

D		2310B		REF02		-		127	.....	297
D		2420A		REF02		-		127	.....	508

**Replacement Date**

Replacement Date for appliance or prosthesis

**837 - Dental**

D		2400		DTP03		-		1251	.....	280
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**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.

**837 - Institutional**

D		2300		HCP02		-		782	.....	309
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**837 - Professional**

D		2300		HCP02		-		782	.....	272
D		2400		HCP02		-		782	.....	496

**Repriced Approved Ambulatory Patient Group Amount**

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

**837 - Professional**

D		2300		HCP07		-		782	.....	273
D		2400		HCP07		-		782	.....	497

**Repriced Approved Ambulatory Patient Group Code**

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

**837 - Professional**

D		2300		HCP06		-		127	.....	273
D		2400		HCP06		-		127	.....	497

**Repriced Approved Amount**

The amount allowed by the repricer for the claim or service line net of adjustments.

**837 - Institutional**

D		2300		HCP07		-		782	.....	310
---	--	------	--	-------	--	---	--	-----	-------	-----

**Repriced Approved DRG Code**

The Diagnosis Related Group approved by the repricer for payment for this claim

**837 - Institutional**

D		2300		HCP06		-		127	.....	310
---	--	------	--	-------	--	---	--	-----	-------	-----

**Repriced Approved HCPCS Code**

The HCPCS code that describes the services as approved by the repricer.

**837 - Institutional**

D		2300		HCP10		-		234	.....	311
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**Repriced Approved Revenue Code**

UB92 revenue code approved by the repricer for payment on the claim.

**837 - Institutional**

D		2300		HCP08		-		234	.....	311
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**Repriced Approved Service  
Unit Count**

Number of service units approved by pricing or repricing entity.

<b>837 - Institutional</b>				
D		2300		HCP12   -   380 ..... 312
<b>837 - Professional</b>				
D		2400		HCP12   -   380 ..... 499

**Repriced Claim Reference  
Number**

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

<b>837 - Institutional</b>				
D		2300		REF02   -   127 ..... 186
<b>837 - Professional</b>				
D		2300		REF02   -   127 ..... 233

**Repriced Line Item Reference  
Number**

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

<b>837 - Professional</b>				
D		2400		REF02   -   127 ..... 468

**Repriced Saving Amount**

The amount of savings related to Third Party Organization claims.

<b>837 - Institutional</b>				
D		2300		HCP03   -   782 ..... 310
<b>837 - Professional</b>				
D		2300		HCP03   -   782 ..... 273
D		2400		HCP03   -   782 ..... 497

**Repricing Organization  
Identifier**

Reference or identification number of the repricing organization.

<b>837 - Institutional</b>				
D		2300		HCP04   -   127 ..... 310
<b>837 - Professional</b>				
D		2300		HCP04   -   127 ..... 273
D		2400		HCP04   -   127 ..... 497

**Repricing Per Diem or Flat Rate  
Amount**

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

<b>837 - Institutional</b>				
D		2300		HCP05   -   118 ..... 310
<b>837 - Professional</b>				
D		2300		HCP05   -   118 ..... 273
D		2400		HCP05   -   118 ..... 497

**Request Category Code**

Code indicating a type of request

<b>278 - Request</b>				
D		2000F		UM01   -   1525 ..... 141
<b>278 - Response</b>				
D		2000F		UM01   -   1525 ..... 325

**Requester Address Line**

Address line in the address of the requester.

<b>278 - Request</b>				
D		2010B		N301   -   166 ..... 65
D		2010B		N302   -   166 ..... 65

**Requester City Name**

Name of the city in the address of the requester.

<b>278 - Request</b>				
D		2010B		N401   -   19 ..... 66

**Requester Contact  
Communication Number**

Complete requester contact communications number, including country or area code when applicable.

<b>278 - Request</b>				
D		2010B		PER04   -   364 ..... 69
D		2010B		PER06   -   364 ..... 70
D		2010B		PER08   -   364 ..... 70

**Requester Contact Name**

Name identifying the requester's contact person.

<b>278 - Request</b>				
D		2010B		PER02   -   93 ..... 69

**Requester Country Code**

Code identifying the country in the address of the requester.

<b>278 - Request</b>				
D		2010B		N404   -   26 ..... 67

**Requester First Name**

First name of the requester of a health care services review.

<b>278 - Request</b>				
D		2010B		NM104   -   1036 ..... 61
<b>278 - Response</b>				
D		2010B		NM104   -   1036 ..... 237

**Requester Identifier**

Code uniquely identifying the provider requesting the services review to the payer, regulatory authority, or other authorized body or agency.

<b>278 - Request</b>				
D		2010B		NM109   -   67 ..... 62

**278 - Response**  
D | 2010B | NM109 | - | 67 ..... 238

**Requester Last or Organization Name**

Last name or organization name of the requester of a health care services review.

**278 - Request**  
D | 2010B | NM103 | - | 1035 ..... 61

**278 - Response**  
D | 2010B | NM103 | - | 1035 ..... 237

**Requester Middle Name**

Middle name or middle initial of the requester of a health care services review.

**278 - Request**  
D | 2010B | NM105 | - | 1037 ..... 61

**278 - Response**  
D | 2010B | NM105 | - | 1037 ..... 237

**Requester Name Suffix**

Suffix to the name of the requester of a health care services review.

**278 - Request**  
D | 2010B | NM107 | - | 1039 ..... 61

**278 - Response**  
D | 2010B | NM107 | - | 1039 ..... 237

**Requester Postal Zone or ZIP Code**

Postal code in the address of the requester.

**278 - Request**  
D | 2010B | N403 | - | 116 ..... 67

**Requester State or Province Code**

Code identifying the state or province in the address of the requester.

**278 - Request**  
D | 2010B | N402 | - | 156 ..... 67

**Requester Supplemental Identifier**

Supplemental identification information about the requester.

**278 - Request**  
D | 2010B | REF02 | - | 127 ..... 64

**278 - Response**  
D | 2010B | REF02 | - | 127 ..... 240

**Respiratory Therapist Order Text**

Free-form description of the respiratory therapist's orders.

**278 - Request**  
D | 2000F | CR509 | - | 352 ..... 202

**278 - Response**  
D | 2000F | CR509 | - | 352 ..... 378

**Responsible Party Additional Name**

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

**837 - Professional**  
D | 2010BC | N201 | - | 93 ..... 142

**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..

**834**  
D | 2100G | N301 | - | 166 ..... 121  
D | 2100G | N302 | - | 166 ..... 121

**837 - Institutional**  
D | 2010BD | N301 | - | 166 ..... 136  
D | 2010BD | N302 | - | 166 ..... 136

**837 - Professional**  
D | 2010BC | N301 | - | 166 ..... 143  
D | 2010BC | N302 | - | 166 ..... 143

**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..

**834**  
D | 2100G | N401 | - | 19 ..... 122

**837 - Institutional**  
D | 2010BD | N401 | - | 19 ..... 137

**837 - Professional**  
D | 2010BC | N401 | - | 19 ..... 144

**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..

**834**  
D | 2100G | NM104 | - | 1036 ..... 116

**837 - Institutional**  
D | 2010BD | NM104 | - | 1036 ..... 135

**837 - Professional**  
D | 2010BC | NM104 | - | 1036 ..... 140

**Responsible Party Identifier**

The identification number of the individual responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations..

**834**  
D | 2100G | NM109 | - | 67 .....117

**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..

**834**  
D | 2100G | NM103 | - | 1035 .....116

**837 - Institutional**  
D | 2010BD | NM103 | - | 1035 ..... 135

**837 - Professional**  
D | 2010BC | NM103 | - | 1035 ..... 140

**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..

**834**  
D | 2100G | NM105 | - | 1037 .....116

**837 - Institutional**  
D | 2010BD | NM105 | - | 1037 ..... 135

**837 - Professional**  
D | 2010BC | NM105 | - | 1037 ..... 141

**Responsible Party Name Prefix**

The prefix to the name of the individual responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.

**834**  
D | 2100G | NM106 | - | 1038 .....116

**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..

**834**  
D | 2100G | N403 | - | 116..... 123

**837 - Institutional**  
D | 2010BD | N403 | - | 116..... 137

**837 - Professional**  
D | 2010BC | N403 | - | 116..... 145

**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.

**834**  
D | 2100G | N402 | - | 156 ..... 122

**837 - Institutional**  
D | 2010BD | N402 | - | 156 ..... 137

**837 - Professional**  
D | 2010BC | N402 | - | 156 ..... 144

**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..

**834**  
D | 2100G | NM107 | - | 1039 .....116

**837 - Institutional**  
D | 2010BD | NM107 | - | 1039 ..... 135

**837 - Professional**  
D | 2010BC | NM107 | - | 1039 ..... 141

**Revenue Code**

A code that identifies a specific accommodation, ancillary service or billing calculation.

**276**  
D | 2210D | SVC04 | - | 234 ..... 90  
D | 2210E | SVC04 | - | 234 .....115

**277**  
D | 2220D | SVC04 | - | 234 ..... 176  
D | 2220E | SVC04 | - | 234 ..... 220

**Round Trip Purpose Description**

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

**837 - Professional**  
D | 2300 | CR109 | - | 352 ..... 250  
D | 2400 | CR109 | - | 352 ..... 414

**278 - Request**  
D | 2000F | CR109 | - | 352 ..... 193

**Salary Grade Code**

A code that identifies the salary or wage level of an employee.

**834**  
D | 2100A | ICM05 | - | 1214 ..... 74

**Sales Tax Amount**

Amount of sales tax attributable to the referenced Service.

**837 - Professional**  
D | 2400 | AMT02 | - | 782 ..... 484

**Sample Selection Modulus**

To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes

<b>271</b>	D   2110C   HSD04   -   1167.....	<b>234</b>
	D   2110D   HSD04   -   1167.....	<b>310</b>

**278 - Request**

D   2000F   HSD04   -   1167.....	<b>176</b>
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**278 - Response**

D   2000F   HSD04   -   1167.....	<b>363</b>
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**School Address Line**

Address line of address for school of referenced individual

<b>834</b>	D   2100E   N301   -   166.....	<b>103</b>
	D   2100E   N302   -   166.....	<b>103</b>

**School City Name**

City of address for school of referenced individual

<b>834</b>	D   2100E   N401   -   19.....	<b>104</b>
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**School Name**

Name of school attended by referenced person.

<b>834</b>	D   2100E   NM103   -   1035.....	<b>99</b>
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**School Postal Zone or ZIP Code**

Postal ZIP code of school of referenced individual

<b>834</b>	D   2100E   N403   -   116.....	<b>105</b>
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**School State Code**

State of school of referenced individual

<b>834</b>	D   2100E   N402   -   156.....	<b>104</b>
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**Second Surgical Opinion Indicator**

Code indicating whether or not a second surgical opinion is required for this health care services review request.

<b>278 - Response</b>	D   2000F   HCR04   -   1073.....	<b>333</b>
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**Sender Bank Account Number**

The sender's bank account number at the Originating Depository Financial Institution.

<b>820</b>	H     BPR09   -   508.....	<b>40</b>
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<b>835</b>	H     BPR09   -   508.....	<b>49</b>
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**Sender DFI Identifier**

The Depository Financial Institution (DFI) identification number of the originator of the transaction.

<b>835</b>	H     BPR07   -   507.....	<b>48</b>
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**Service Adjudication or Payment Date**

Date of payment or denial determination by a payer who has adjudicated this service line.

<b>837 - Institutional</b>	D   2430   DTP03   -   1251.....	<b>502</b>
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**Service Authorization Exception Code**

Code identifying the service authorization exception.

<b>837 - Institutional</b>	D   2300   REF02   -   127.....	<b>196</b>
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<b>837 - Dental</b>	D   2300   REF02   -   127.....	<b>178</b>
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<b>837 - Professional</b>	D   2300   REF02   -   127.....	<b>223</b>
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**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.

<b>835</b>	D   2110   DTM02   -   373.....	<b>147</b>
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<b>837 - Institutional</b>	D   2400   DTP03   -   1251.....	<b>457</b>
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<b>837 - Dental</b>	D   2300   DTP03   -   1251.....	<b>165</b>
	D   2400   DTP03   -   1251.....	<b>274</b>

<b>837 - Professional</b>	D   2400   DTP03   -   1251.....	<b>436</b>
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<b>276</b>	D   2210E   DTP03   -   1251.....	<b>119</b>
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<b>277</b>	D   2220E   DTP03   -   1251.....	<b>233</b>
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**Service Facility Location Secondary Identifier**

Secondary identifier for service facility location.

<b>837 - Professional</b>	D   2420C   REF02   -   127.....	<b>522</b>
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**Service Facility Name**

Name of the service facility.

**837 - Professional**

D | 2330G | NM103 | - | 1035 ..... 391

**Service From Date**

The date the service referenced in the claim or service line was initiated.

**837 - Institutional**

D | 2300 | CR602 | - | 373 ..... 211

**278 - Request**

D | 2000F | CR602 | - | 373 ..... 206

**278 - Response**

D | 2000F | CR602 | - | 373 ..... 381

**Service Identification Code**

A code from a recognized coding scheme identified by a qualifier that describes the service rendered.

**276**

D | 2210D | SVC01 | C003-2 | 234 ..... 90

D | 2210E | SVC01 | C003-2 | 234 ..... 115

**277**

D | 2220D | SVC01 | C003-2 | 234 ..... 175

D | 2220E | SVC01 | C003-2 | 234 ..... 219

**Service Line Date**

Date of service of the identified service line on the claim.

**276**

D | 2210D | DTP03 | - | 1251 ..... 93

**277**

D | 2220D | DTP03 | - | 1251 ..... 189

**Service Line Paid Amount**

Amount paid by the indicated payer for a service line

**837 - Institutional**

D | 2430 | SVD02 | - | 782 ..... 491

**837 - Dental**

D | 2430 | SVD02 | - | 782 ..... 302

**837 - Professional**

D | 2430 | SVD02 | - | 782 ..... 555

**Service Line Rate**

Payment rate that applies to the service line.

**837 - Institutional**

D | 2400 | SV206 | - | 1371 ..... 449

**Service Line Revenue Code**

UB92 Revenue Code pertaining to the service line.

**837 - Institutional**

D | 2400 | SV201 | - | 234 ..... 446

D | 2430 | SVD04 | - | 234 ..... 492

**Service Provider Address Line**

Address line in the mailing address of the provider to whom the patient has been or will be referred for service.

**278 - Request**

D | 2010E | N301 | - | 166 ..... 129

D | 2010E | N302 | - | 166 ..... 129

**278 - Response**

D | 2010E | N301 | - | 166 ..... 308

D | 2010E | N302 | - | 166 ..... 308

**Service Provider City Name**

Name of the city in the mailing address of the provider to whom the patient has been or will be referred for service.

**278 - Request**

D | 2010E | N401 | - | 19 ..... 130

**278 - Response**

D | 2010E | N401 | - | 19 ..... 309

**Service Provider Contact**

**Communication Number**

Complete service provider contact communications number, including country or area code when applicable.

**278 - Request**

D | 2010E | PER04 | - | 364 ..... 133

D | 2010E | PER06 | - | 364 ..... 134

D | 2010E | PER08 | - | 364 ..... 134

**278 - Response**

D | 2010E | PER04 | - | 364 ..... 312

D | 2010E | PER06 | - | 364 ..... 313

D | 2010E | PER08 | - | 364 ..... 313

**Service Provider Contact Name**

Name of person, group, or organization to contact at the entity providing service or at the entity that may provide service.

**278 - Request**

D | 2010E | PER02 | - | 93 ..... 133

**278 - Response**

D | 2010E | PER02 | - | 93 ..... 312

**Service Provider Country Code**

Code indicating the country in the mailing address of the provider to whom the patient has been or will be referred for service.

**278 - Request**

D | 2010E | N404 | - | 26 ..... 131

**278 - Response**

D | 2010E | N404 | - | 26 ..... 310

**Service Provider First Name**

First name of the provider to whom the patient has been or will be referred for service.

**278 - Request**

D | 2010E | NM104 | - | 1036 ..... 125

**278 - Response**  
D | 2010E | NM104 | - | 1036 ..... 304

**Service Provider Identifier**

Code uniquely identifying the provider to whom the patient has been or will be referred for service.

**278 - Request**  
D | 2010E | NM109 | - | 67 ..... 126

**278 - Response**  
D | 2010E | NM109 | - | 67 ..... 305

**Service Provider Last or Organization Name**

Last name or organization name of the provider to whom the patient has been or will be referred for service.

**278 - Request**  
D | 2010E | NM103 | - | 1035 ..... 125

**278 - Response**  
D | 2010E | NM103 | - | 1035 ..... 304

**Service Provider Middle Name**

Middle name or middle initial name of the provider to whom the patient has been or will be referred for service.

**278 - Request**  
D | 2010E | NM105 | - | 1037 ..... 125

**278 - Response**  
D | 2010E | NM105 | - | 1037 ..... 304

**Service Provider Name Suffix**

Suffix to the name of the provider to whom the patient has been or will be referred for service.

**278 - Request**  
D | 2010E | NM107 | - | 1039 ..... 126

**278 - Response**  
D | 2010E | NM107 | - | 1039 ..... 305

**Service Provider Postal Zone or ZIP Code**

Code indicating the postal code in the mailing address of the provider to whom the patient has been or will be referred for service.

**278 - Request**  
D | 2010E | N403 | - | 116 ..... 131

**278 - Response**  
D | 2010E | N403 | - | 116 ..... 310

**Service Provider State or Province Code**

Code indicating the state or province in the mailing address of the provider to whom the patient has been or will be referred for service.

**278 - Request**  
D | 2010E | N402 | - | 156 ..... 131

**278 - Response**  
D | 2010E | N402 | - | 156 ..... 310

**Service Provider Supplemental Identifier**

Supplemental identification information about the provider to whom the patient has been or will be referred for service.

**278 - Request**  
D | 2010E | REF02 | - | 127 ..... 128

**278 - Response**  
D | 2010E | REF02 | - | 127 ..... 307

**Service Supplemental Amount**

Additional amount or charge associated with the service.

**835**  
D | 2110 | AMT02 | - | 782 ..... 159

**Service Supplemental Quantity Count**

Quantity of additional items associated with service.

**835**  
D | 2110 | QTY02 | - | 380 ..... 161

**Service Tax Amount**

The amount of service tax or surcharge applicable to the reported service.

**837 - Institutional**  
D | 2400 | AMT02 | - | 782 ..... 460

**Service Trace Number**

Unique number assigned by the provider to identify a request for reconciliation of the response to an internal system.

**278 - Request**  
D | 2000F | TRN02 | - | 127 ..... 140

**278 - Response**  
D | 2000F | TRN02 | - | 127 ..... 321

**Service Type Code**

Code identifying the classification of service

**270**  
D | 2110C | EQ01 | - | 1365 ..... 90  
D | 2110D | EQ01 | - | 1365 ..... 132

**271**  
D | 2110C | EB03 | - | 1365 ..... 221  
D | 2110D | EB03 | - | 1365 ..... 298

**278 - Request**  
D | 2000F | UM03 | - | 1365 ..... 142

**278 - Response**  
D | 2000F | UM03 | - | 1365 ..... 326

**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.

<b>837 - Institutional</b>	D   2400   SV205   -   380 .....	<b>449</b>
<b>837 - Professional</b>	D   2400   SV104   -   380 .....	<b>403</b>
<b>278 - Request</b>	D   2000F   HSD02   -   380 .....	<b>176</b>
<b>278 - Response</b>	D   2000F   HSD02   -   380 .....	<b>363</b>

**Ship, Delivery or Calendar Pattern Code**

The time delivery pattern for the services.

<b>837 - Institutional</b>	D   2305   HSD07   -   678 .....	<b>318</b>
<b>837 - Professional</b>	D   2305   HSD07   -   678 .....	<b>280</b>
	D   2400   HSD07   -   678 .....	<b>493</b>
<b>278 - Request</b>	D   2000F   HSD07   -   678 .....	<b>177</b>
<b>278 - Response</b>	D   2000F   HSD07   -   678 .....	<b>364</b>

**Shipped Date**

Date product shipped.

<b>837 - Professional</b>	D   2400   DTP03   -   1251 .....	<b>451</b>
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**Similar Illness or Symptom Date**

Date of onset of a similar illness or symptom.

<b>837 - Professional</b>	D   2300   DTP03   -   1251 .....	<b>193</b>
	D   2400   DTP03   -   1251 .....	<b>461</b>

**Skilled Nursing Facility Indicator**

Code indicating whether or not a patient is receiving care in a 1861J1 (skilled nursing) facility

<b>837 - Institutional</b>	D   2300   CR606   -   1073 .....	<b>212</b>
<b>278 - Request</b>	D   2000F   CR606   -   1073 .....	<b>207</b>

**Special Program Indicator**

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

<b>837 - Institutional</b>	D   2300   CLM12   -   1366 .....	<b>163</b>
<b>837 - Dental</b>	D   2300   CLM12   -   1366 .....	<b>155</b>

<b>837 - Professional</b>	D   2300   CLM12   -   1366 .....	<b>178</b>
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**Spend Down Amount**

Dollar amount subscriber must pay or has paid toward cost of health care before benefits are effective.

<b>270</b>	D   2110C   AMT02   -   782 .....	<b>100</b>
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**Sponsor Identifier**

Identification of the party paying for the coverage.

<b>834</b>	H   1000A   N104   -   67 .....	<b>36</b>
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**State Code**

Code identifying the state.

<b>278 - Request</b>	D   2000F   UM05   C024-4   156 .....	<b>147</b>
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**Statement From or To Date**

The date of the start or end of the period covered on the claim.

<b>837 - Institutional</b>	D   2300   DTP03   -   1251 .....	<b>168</b>
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**Status Information Effective Date**

The date that the status information provided is effective.

<b>834</b>	D   2000   DTP03   -   1251 .....	<b>60</b>
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<b>277</b>	D   2200D   STC02   -   373 .....	<b>162</b>
	D   2220D   STC02   -   373 .....	<b>185</b>
	D   2200E   STC02   -   373 .....	<b>207</b>
	D   2220E   STC02   -   373 .....	<b>229</b>

**Stretcher Purpose Description**

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

<b>837 - Professional</b>	D   2300   CR110   -   352 .....	<b>250</b>
	D   2400   CR110   -   352 .....	<b>414</b>

<b>278 - Request</b>	D   2000F   CR110   -   352 .....	<b>193</b>
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**Student Status Code**

Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured

<b>834</b>	D   2000   INS09   -   1220 .....	<b>49</b>
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<b>837 - Dental</b>	D   2000C   PAT04   -   1220 .....	<b>135</b>
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<b>271</b>						
D	2100C	INS09	-	1220	.....	214
D	2100D	INS09	-	1220	.....	291

**Subluxation Level Code**

Code identifying the specific level of subluxation.

<b>837 - Professional</b>						
D	2300	CR203	-	1367	.....	252
D	2300	CR204	-	1367	.....	253
D	2400	CR203	-	1367	.....	416
D	2400	CR204	-	1367	.....	417

<b>278 - Request</b>						
D	2000F	CR203	-	1367	.....	195
D	2000F	CR204	-	1367	.....	196

<b>278 - Response</b>						
D	2000F	CR203	-	1367	.....	372
D	2000F	CR204	-	1367	.....	373

**Submitter Contact Name**

Name of the person at the submitter organization to whom inquiries about the transaction should be directed.

<b>837 - Institutional</b>						
H	1000A	PER02	-	93	.....	65
<b>837 - Dental</b>						
H	1000A	PER02	-	93	.....	64
<b>837 - Professional</b>						
H	1000A	PER02	-	93	.....	72

**Submitter First Name**

The first name of the person submitting the transaction or receiving the transaction, as identified by the preceding identification code.

<b>837 - Institutional</b>						
H	1000A	NM104	-	1036	.....	62
<b>837 - Dental</b>						
H	1000A	NM104	-	1036	.....	60
<b>837 - Professional</b>						
H	1000A	NM104	-	1036	.....	68

**Submitter Identifier**

Code or number identifying the entity submitting the claim.

<b>837 - Institutional</b>						
H	1000A	NM109	-	67	.....	63
<b>837 - Dental</b>						
H	1000A	NM109	-	67	.....	61
<b>837 - Professional</b>						
H	1000A	NM109	-	67	.....	69

**Submitter Last or Organization Name**

The last name or the organizational name of the entity submitting the transaction

<b>837 - Institutional</b>						
H	1000A	NM103	-	1035	.....	62

<b>837 - Dental</b>						
H	1000A	NM103	-	1035	.....	60
<b>837 - Professional</b>						
H	1000A	NM103	-	1035	.....	68

**Submitter Middle Name**

The middle name of the person submitting the transaction

<b>837 - Institutional</b>						
H	1000A	NM105	-	1037	.....	62
<b>837 - Dental</b>						
H	1000A	NM105	-	1037	.....	60
<b>837 - Professional</b>						
H	1000A	NM105	-	1037	.....	68

**Submitter Transaction Identifier**

Trace or control number assigned by the originator of the transaction

<b>270</b>						
H		BHT03	-	127	.....	39
<b>271</b>						
H		BHT03	-	127	.....	157
<b>278 - Request</b>						
H		BHT03	-	127	.....	52
<b>278 - Response</b>						
H		BHT03	-	127	.....	220

**Subscriber Address Line**

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

<b>834</b>						
D	2100A	N301	-	166	.....	67
D	2100A	N302	-	166	.....	67
D	2100C	N301	-	166	.....	87
D	2100C	N302	-	166	.....	87
<b>837 - Institutional</b>						
D	2010BA	N301	-	166	.....	112
D	2010BA	N302	-	166	.....	112
<b>837 - Dental</b>						
D	2010BA	N301	-	166	.....	108
D	2010BA	N302	-	166	.....	108
<b>837 - Professional</b>						
D	2010BA	N301	-	166	.....	121
D	2010BA	N302	-	166	.....	121
<b>270</b>						
D	2100C	N301	-	166	.....	77
D	2100C	N302	-	166	.....	77
<b>271</b>						
D	2100C	N301	-	166	.....	200
D	2100C	N302	-	166	.....	200

**Subscriber Birth Date**

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

<b>837 - Institutional</b>						
D	2010BA	DMG02	-	1251	.....	116



<b>837 - Dental</b>	D   2010BA   DMG02   -   1251 .....	112
<b>837 - Professional</b>	D   2010BA   DMG02   -   1251 .....	125
<b>270</b>	D   2100C   DMG02   -   1251 .....	84
<b>271</b>	D   2100C   DMG02   -   1251 .....	211
<b>276</b>	D   2000D   DMG02   -   1251 .....	73
<b>277</b>	D   2000D   DMG02   -   1251 .....	149
<b>278 - Request</b>	D   2010C   DMG02   -   1251 .....	95
<b>278 - Response</b>	D   2010C   DMG02   -   1251 .....	270

**Subscriber City Name**

The City Name of the insured individual or subscriber to the coverage

<b>834</b>	D   2100A   N401   -   19 .....	68
	D   2100C   N401   -   19 .....	88
<b>837 - Institutional</b>	D   2010BA   N401   -   19 .....	113
<b>837 - Dental</b>	D   2010BA   N401   -   19 .....	109
<b>837 - Professional</b>	D   2010BA   N401   -   19 .....	122
<b>270</b>	D   2100C   N401   -   19 .....	78
<b>271</b>	D   2100C   N401   -   19 .....	201

**Subscriber Contact Name**

Name of the individual to contact on the subscriber's behalf concerning the information in the transaction.

<b>271</b>	D   2100C   PER02   -   93 .....	204
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**Subscriber Contact Number**

Telephone number, including area code, at which the subscriber may be contacted.

<b>271</b>	D   2100C   PER04   -   364 .....	205
	D   2100C   PER06   -   364 .....	205
	D   2100C   PER08   -   364 .....	206

**Subscriber Eligibility or Benefit Identifier**

Number associated with the subscriber for the eligibility or benefit being described.

<b>271</b>	D   2110C   REF02   -   127 .....	239
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**Subscriber First Name**

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

<b>835</b>	D   2100   NM104   -   1036 .....	106
<b>834</b>	D   2100A   NM104   -   1036 .....	62
<b>837 - Institutional</b>	D   2010BA   NM104   -   1036 .....	109
<b>837 - Dental</b>	D   2010BA   NM104   -   1036 .....	104
<b>837 - Professional</b>	D   2010BA   NM104   -   1036 .....	118
<b>270</b>	D   2100C   NM104   -   1036 .....	72
<b>271</b>	D   2100C   NM104   -   1036 .....	194
<b>276</b>	D   2100D   NM104   -   1036 .....	75
<b>277</b>	D   2100D   NM104   -   1036 .....	151
<b>278 - Request</b>	D   2010C   NM104   -   1036 .....	90
<b>278 - Response</b>	D   2010C   NM104   -   1036 .....	263

**Subscriber Gender Code**

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

<b>837 - Institutional</b>	D   2010BA   DMG03   -   1068 .....	116
<b>837 - Dental</b>	D   2010BA   DMG03   -   1068 .....	112
<b>837 - Professional</b>	D   2010BA   DMG03   -   1068 .....	125
<b>270</b>	D   2100C   DMG03   -   1068 .....	84
<b>271</b>	D   2100C   DMG03   -   1068 .....	211
<b>276</b>	D   2000D   DMG03   -   1068 .....	73
<b>277</b>	D   2000D   DMG03   -   1068 .....	149
<b>278 - Request</b>	D   2010C   DMG03   -   1068 .....	95
<b>278 - Response</b>	D   2010C   DMG03   -   1068 .....	270

**Subscriber Identifier**

Insured's or subscriber's unique identification number assigned by a payer.

<b>835</b>	D   2100   NM109   -   67 .....	107
<b>834</b>	D   2000   REF02   -   127 .....	52
	D   2100A   NM109   -   67 .....	63

**276**  
D | 2100D | NM109 | - | 67 ..... 76

**277**  
D | 2100D | NM109 | - | 67 ..... 152

**Subscriber Last Name**

The surname of the insured individual or subscriber to the coverage

**835**  
D | 2100 | NM103 | - | 1035 ..... 106

**834**  
D | 2100A | NM103 | - | 1035 ..... 62

**837 - Institutional**  
D | 2010BA | NM103 | - | 1035 ..... 109

**837 - Dental**  
D | 2010BA | NM103 | - | 1035 ..... 104

**837 - Professional**  
D | 2010BA | NM103 | - | 1035 ..... 118

**270**  
D | 2100C | NM103 | - | 1035 ..... 72

**271**  
D | 2100C | NM103 | - | 1035 ..... 194

**276**  
D | 2100D | NM103 | - | 1035 ..... 75

**277**  
D | 2100D | NM103 | - | 1035 ..... 151

**278 - Request**  
D | 2010C | NM103 | - | 1035 ..... 90

**278 - Response**  
D | 2010C | NM103 | - | 1035 ..... 263

**Subscriber Middle Name**

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

**835**  
D | 2100 | NM105 | - | 1037 ..... 106

**834**  
D | 2100A | NM105 | - | 1037 ..... 62

**837 - Institutional**  
D | 2010BA | NM105 | - | 1037 ..... 109

**837 - Dental**  
D | 2010BA | NM105 | - | 1037 ..... 104

**837 - Professional**  
D | 2010BA | NM105 | - | 1037 ..... 118

**270**  
D | 2100C | NM105 | - | 1037 ..... 72

**271**  
D | 2100C | NM105 | - | 1037 ..... 194

**276**  
D | 2100D | NM105 | - | 1037 ..... 75

**277**  
D | 2100D | NM105 | - | 1037 ..... 151

**278 - Request**  
D | 2010C | NM105 | - | 1037 ..... 90

**278 - Response**  
D | 2010C | NM105 | - | 1037 ..... 263

**Subscriber Name Prefix**

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

**834**  
D | 2100A | NM106 | - | 1038 ..... 62

**271**  
D | 2100C | NM106 | - | 1038 ..... 194

**276**  
D | 2100D | NM106 | - | 1038 ..... 75

**277**  
D | 2100D | NM106 | - | 1038 ..... 151

**Subscriber Name Suffix**

Suffix of the insured individual or subscriber to the coverage.

**835**  
D | 2100 | NM107 | - | 1039 ..... 106

**834**  
D | 2100A | NM107 | - | 1039 ..... 62

**837 - Institutional**  
D | 2010BA | NM107 | - | 1039 ..... 110

**837 - Dental**  
D | 2010BA | NM107 | - | 1039 ..... 105

**837 - Professional**  
D | 2010BA | NM107 | - | 1039 ..... 118

**270**  
D | 2100C | NM107 | - | 1039 ..... 72

**271**  
D | 2100C | NM107 | - | 1039 ..... 194

**276**  
D | 2100D | NM107 | - | 1039 ..... 75

**277**  
D | 2100D | NM107 | - | 1039 ..... 151

**278 - Request**  
D | 2010C | NM107 | - | 1039 ..... 90

**278 - Response**  
D | 2010C | NM107 | - | 1039 ..... 263

**Subscriber Postal Zone or ZIP Code**

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

**834**  
D | 2100A | N403 | - | 116 ..... 69  
D | 2100C | N403 | - | 116 ..... 88

**837 - Institutional**  
D | 2010BA | N403 | - | 116 ..... 114

**837 - Dental**  
D | 2010BA | N403 | - | 116 ..... 110

**837 - Professional**  
D | 2010BA | N403 | - | 116 ..... 123

**270**  
D | 2100C | N403 | - | 116 ..... 79

**271**  
D | 2100C | N403 | - | 116 ..... 202

**Subscriber Primary Identifier**

Primary identification number of the subscriber to the coverage.

<b>837 - Institutional</b>	D   2010BA   NM109   -   67 .....	110
<b>837 - Dental</b>	D   2010BA   NM109   -   67 .....	106
<b>837 - Professional</b>	D   2010BA   NM109   -   67 .....	119
<b>270</b>	D   2100C   NM109   -   67 .....	73
<b>271</b>	D   2100C   NM109   -   67 .....	195
<b>278 - Request</b>	D   2010C   NM109   -   67 .....	91
<b>278 - Response</b>	D   2010C   NM109   -   67 .....	263

**Subscriber State Code**

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

<b>834</b>	D   2100A   N402   -   156 .....	68
	D   2100C   N402   -   156 .....	88
<b>837 - Institutional</b>	D   2010BA   N402   -   156 .....	114
<b>837 - Dental</b>	D   2010BA   N402   -   156 .....	110
<b>837 - Professional</b>	D   2010BA   N402   -   156 .....	123
<b>270</b>	D   2100C   N402   -   156 .....	79
<b>271</b>	D   2100C   N402   -   156 .....	202

**Subscriber Supplemental Description**

Text information clarifying subscriber additional information

<b>837 - Dental</b>	D   2010BA   N201   -   93 .....	107
<b>837 - Professional</b>	D   2010BA   N201   -   93 .....	120

**Subscriber Supplemental Identifier**

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

<b>834</b>	D   2000   REF02   -   127 .....	56
<b>837 - Institutional</b>	D   2010BA   REF02   -   127 .....	118
<b>837 - Dental</b>	D   2010BA   REF02   -   127 .....	114
<b>837 - Professional</b>	D   2010BA   REF02   -   127 .....	127

<b>270</b>	D   2100C   REF02   -   127 .....	76
<b>271</b>	D   2100C   REF02   -   127 .....	198
<b>278 - Request</b>	D   2010C   REF02   -   127 .....	93
<b>278 - Response</b>	D   2010C   REF02   -   127 .....	266

**Supervising Provider First Name**

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

<b>837 - Professional</b>	D   2310E   NM104   -   1036 .....	313
	D   2420D   NM104   -   1036 .....	524

**Supervising Provider Identifier**

The Identification Number for the Supervising Provider.

<b>837 - Professional</b>	D   2310E   NM109   -   67 .....	314
	D   2420D   NM109   -   67 .....	525

**Supervising Provider Last Name**

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

<b>837 - Professional</b>	D   2310E   NM103   -   1035 .....	313
	D   2330H   NM103   -   1035 .....	395
	D   2420D   NM103   -   1035 .....	524

**Supervising Provider Middle Name**

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

<b>837 - Professional</b>	D   2310E   NM105   -   1037 .....	313
	D   2420D   NM105   -   1037 .....	524

**Supervising Provider Name Additional Text**

Additional name information of the provider supervising care rendered to the patient.

<b>837 - Professional</b>	D   2310E   N201   -   93 .....	315
	D   2420D   N201   -   93 .....	526

**Supervising Provider Name Suffix**

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

<b>837 - Professional</b>	D   2310E   NM107   -   1039 .....	313
	D   2420D   NM107   -   1039 .....	524

**Supervising Provider**

**Secondary Identifier**

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

**837 - Professional**

D		2310E		REF02		-		127	.....	317
D		2420D		REF02		-		127	.....	528

**Surgery Date**

Requested, anticipated, or actual date of surgery.

**837 - Institutional**

D		2300		CR609		-		373	.....	213
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**278 - Request**

D		2000F		CR609		-		373	.....	208
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**Surgical Procedure Code**

Code describing the surgical procedure most relevant to the care being rendered.

**837 - Institutional**

D		2300		CR611		-		1137	.....	214
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**278 - Request**

D		2000F		CR611		-		1137	.....	209
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**TPA or Broker Account Number**

Account number assigned to the Third Party Administrator or broker

**834**

H		1100C		ACT01		-		508	.....	41
H		1100C		ACT06		-		508	.....	42

**TPA or Broker Identification Code**

Code identifying the Third Party Administrator or broker

**834**

H		1000C		N104		-		67	.....	40
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**TPA or Broker Name**

Name of the Third Party Administrator or Broker.

**834**

H		1000C		N102		-		93	.....	40
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**Terms Discount Percentage**

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

**837 - Institutional**

D		2300		CN105		-		338	.....	177
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**837 - Professional**

D		2300		CN105		-		338	.....	218
D		2400		CN105		-		338	.....	467

**Test Performed Date**

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

**837 - Professional**

D		2400		DTP03		-		1251	.....	448
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**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.

**837 - Professional**

D		2400		MEA03		-		739	.....	465
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**Time Period Qualifier**

Code defining the type of time period.

**271**

D		2110C		EB06		-		615	.....	228
D		2110C		HSD05		-		615	.....	235
D		2110D		EB06		-		615	.....	305
D		2110D		HSD05		-		615	.....	311

**278 - Request**

D		2000F		HSD05		-		615	.....	177
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**278 - Response**

D		2000F		HSD05		-		615	.....	364
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**Time Zone Code**

Code identifying the time zone used in specifying a time.

**834**

H				BGN05		-		623	.....	29
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**Tooth Code**

An indication of the tooth on which services were performed or will be performed.

**837 - Dental**

D		2400		TOO02		-		1271	.....	272
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**Tooth Number**

Standard identification number of a tooth.

**837 - Dental**

D		2300		DN201		-		127	.....	168
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**Tooth Status Code**

Code specifying the status of a tooth

**837 - Dental**

D		2300		DN202		-		1368	.....	168
---	--	------	--	-------	--	---	--	------	-------	-----

**Tooth Surface Code**

The surface(s) of the tooth on which services were performed or will be performed.

**837 - Dental**

D		2400		TOO03		C005-1		1369	.....	272
D		2400		TOO03		C005-2		1369	.....	272
D		2400		TOO03		C005-3		1369	.....	272
D		2400		TOO03		C005-4		1369	.....	272

D | 2400 | TOO03 | C005-5 | 1369 ..... 272

**Total Actual Provider Payment Amount**

The actual payment to the provider for this batch, transaction, or summary.

**835**  
H | | BPR02 | - | 782 ..... 46

**Total Blood Deductible Amount**

Sum of blood deductible fields for this provider for this type of bill summary for this fiscal period.

**835**  
D | 2000 | TS314 | - | 782 ..... 83

**Total Capital Amount**

Sum of claim Prospective Payment System capital amount fields for this provider for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS205 | - | 782 ..... 86

**Total Claim Charge Amount**

The sum of all charges included within this claim.

**835**  
D | 2000 | TS305 | - | 782 ..... 82  
D | 2100 | CLP03 | - | 782 ..... 91

**837 - Institutional**

D | 2300 | CLM02 | - | 782 ..... 159

**837 - Dental**

D | 2300 | CLM02 | - | 782 ..... 151

**837 - Professional**

D | 2300 | CLM02 | - | 782 ..... 172

**276**

D | 2200D | AMT02 | - | 782 ..... 85  
D | 2200E | AMT02 | - | 782 ..... 110

**277**

D | 2200D | STC04 | - | 782 ..... 162  
D | 2200E | STC04 | - | 782 ..... 207

**Total Claim Count**

Total number of claims in this transaction.

**835**  
D | 2000 | TS304 | - | 380 ..... 81

**Total Coinsurance Amount**

Amount deducted from this transaction, by the payers, from the allowed amount to meet the co-insurance provisions.

**835**  
D | 2000 | TS316 | - | 782 ..... 83

**Total Contractual Adjustment Amount**

Total of contractual adjustments for this provider.

**835**  
D | 2000 | TS311 | - | 782 ..... 82

**Total Cost Outlier Amount**

Sum of outlier amount fields from each claim for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS209 | - | 782 ..... 87

**Total Cost Report Day Count**

Sum of cost report days fields for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS212 | - | 380 ..... 87

**Total Covered Charge Amount**

Total covered charges for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS306 | - | 782 ..... 82

**Total Covered Day Count**

Sum of covered days fields for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS213 | - | 380 ..... 88

**Total DRG Amount**

Total of claim level DRG amount fields for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS201 | - | 782 ..... 86

**Total Day Outlier Amount**

Sum of outlier amount and claim Prospective Payment System capital outlier amount for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS208 | - | 782 ..... 87

**Total Deductible Amount**

Sum of cash deductible fields for this provider, for this batch or for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS319 | - | 782 ..... 84

**Total Denied Charge Amount**

Total denied charges for this transaction.

**835**  
D | 2000 | TS308 | - | 782 ..... 82

**Total Discharge Count**

Sum of discharges for this provider for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS211 | - | 380 ..... 87

**Total Disproportionate Share Amount**

Sum of disproportionate share amount fields for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS204 | - | 782 ..... 86

**Total Federal Specific Amount**

Total of federal-specific DRG amount fields for this provider, for this fiscal period.

**835**  
D | 2000 | TS202 | - | 782 ..... 86

**Total Gramm-Rudman Reduction Amount**

Total of Gramm-Rudman reduction fields for this provider, for this type of bill summary, for this fiscal period or for this batch.

**835**  
D | 2000 | TS312 | - | 782 ..... 83

**Total HCPCS Payable Amount**

Sum of claim HCPCS payable amount fields for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS318 | - | 782 ..... 83

**Total HCPCS Reported Charge Amount**

Sum of reported charge fields for the line items billed by this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS317 | - | 782 ..... 83

**Total Hospital Specific Amount**

Total hospital-specific DRG amount fields for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS203 | - | 782 ..... 86

**Total Indirect Medical Education Amount**

Total of indirect teaching amount fields for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS206 | - | 782 ..... 87

**Total Interest Amount**

Total of interest included fields for this provider, for this type of bill summary, for this fiscal period or for this batch.

**835**  
D | 2000 | TS310 | - | 782 ..... 82

**Total MSP Pass-Through Amount**

Sum of claim Medicare Secondary Payer pass-through amount fields for this provider for this type of bill summary for this fiscal period for this transmission.

**835**  
D | 2000 | TS215 | - | 782 ..... 88

**Total MSP Patient Liability Met Amount**

Sum of Medicare secondary payer patient liability met by patients for Medicare secondary payer for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS321 | - | 782 ..... 84

**Total MSP Payer Amount**

Sum of Medicare secondary payer(s) amounts for this provider, for this type of bill summary for this fiscal period.

**835**  
D | 2000 | TS313 | - | 782 ..... 83

**Total Medicare Paid Amount**

Amount reported by the payer as paid by Medicare

**837 - Institutional**  
D | 2320 | AMT02 | - | 782 ..... 377

**Total Non-Lab Charge Amount**

Total covered charges minus sum of amounts for revenue codes 300-319.

**835**  
D | 2000 | TS315 | - | 782 ..... 83

**Total Noncovered Charge Amount**

This is the sum of non-covered charges for this file, transaction, or loop.

**835**  
D | 2000 | TS307 | - | 782 ..... **82**

**Total Noncovered Day Count**

Sum of non-covered days fields for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS214 | - | 380 ..... **88**

**Total Outlier Day Count**

Sum of outlier days for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS207 | - | 380 ..... **87**

**Total PIP Adjustment Amount**

Total value of Period Interim Payment adjustment for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS324 | - | 782 ..... **84**

**Total PIP Claim Count**

Total number of Periodic Interim Payment claims for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS323 | - | 380 ..... **84**

**Total PPS Capital FSP DRG Amount**

Sum of Prospective Payment System-capital federal specific DRG amount fields for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS217 | - | 782 ..... **88**

**Total PPS Capital HSP DRG Amount**

Sum of Prospective Payment System-capital hospital specific DRG amount fields for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS218 | - | 782 ..... **88**

**Total PPS DSH DRG Amount**

Sum of Prospective Payment System disproportionate share of DRG amount fields for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS219 | - | 782 ..... **88**

**Total Patient Reimbursement Amount**

Total of patient refund amount fields for this provider for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS322 | - | 782 ..... **84**

**Total Premium Payment Amount**

The total premium payment for this batch or transaction.

**820**  
H | | BPR02 | - | 782 ..... **37**

**Total Professional Component Amount**

Sum of professional component fields for this provider, for this type of bill summary, for this fiscal period.

**835**  
D | 2000 | TS320 | - | 782 ..... **84**

**Total Provider Payment Amount**

Total payment made to the provider for this transaction.

**835**  
D | 2000 | TS309 | - | 782 ..... **82**

**Total Purchased Service Amount**

Amount of charges associated with the claim attributable to purchased services

**837 - Professional**  
D | 2300 | AMT02 | - | 782 ..... **221**

**Total Visits Projected This Certification Count**

Total covered visits to be rendered by each discipline during the period covered by the plan of treatment, including PRN visits.

**837 - Institutional**  
D | 2305 | CR703 | - | 1470 ..... **315**

**Total Visits Rendered Count**

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

**837 - Professional**  
D | 2305 | CR702 | - | 1470 ..... 277

**Trace Assigning Entity Additional Identifier**

Additional identifier for the entity assigning the trace number.

**270**  
D | 2000C | TRN04 | - | 127 ..... 70  
D | 2000D | TRN04 | - | 127 .....113

**271**  
D | 2000C | TRN04 | - | 127 ..... 192  
D | 2000D | TRN04 | - | 127 ..... 270

**278 - Request**  
D | 2000F | TRN04 | - | 127 ..... 140

**278 - Response**  
D | 2000F | TRN04 | - | 127 ..... 322

**Trace Assigning Entity Identifier**

Identifies the organization assigning the trace number.

**270**  
D | 2000C | TRN03 | - | 509 ..... 70  
D | 2000D | TRN03 | - | 509 .....113

**271**  
D | 2000C | TRN03 | - | 509 ..... 192  
D | 2000D | TRN03 | - | 509 ..... 270

**278 - Request**  
D | 2000F | TRN03 | - | 509 ..... 140

**278 - Response**  
D | 2000F | TRN03 | - | 509 ..... 321

**Trace Number**

Identification number used by originator of the transaction.

**270**  
D | 2000C | TRN02 | - | 127 ..... 70  
D | 2000D | TRN02 | - | 127 .....113

**271**  
D | 2000C | TRN02 | - | 127 ..... 191  
D | 2000D | TRN02 | - | 127 ..... 269

**276**  
D | 2200D | TRN02 | - | 127 ..... 77  
D | 2200E | TRN02 | - | 127 ..... 101

**277**  
D | 2200D | TRN02 | - | 127 ..... 153  
D | 2200E | TRN02 | - | 127 ..... 197

**Trace Type Code**

Code identifying the type of reassociation which needs to be performed.

**820**  
H | | TRN01 | - | 481 ..... 43

**835**  
H | | TRN01 | - | 481 ..... 52

**270**  
D | 2000C | TRN01 | - | 481 ..... 69  
D | 2000D | TRN01 | - | 481 .....112

**271**  
D | 2000C | TRN01 | - | 481 ..... 191  
D | 2000D | TRN01 | - | 481 ..... 269

**276**  
D | 2200D | TRN01 | - | 481 ..... 77  
D | 2200E | TRN01 | - | 481 ..... 101

**277**  
D | 2200D | TRN01 | - | 481 ..... 153  
D | 2200E | TRN01 | - | 481 ..... 197

**278 - Request**  
D | 2000F | TRN01 | - | 481 ..... 140

**278 - Response**  
D | 2000F | TRN01 | - | 481 ..... 321

**Transaction Handling Code**

This code designates whether and how the money and remittance information will be processed.

**820**  
H | | BPR01 | - | 305 ..... 36

**835**  
H | | BPR01 | - | 305 ..... 45

**Transaction Segment Count**

A tally of all segments between the ST and the SE segments including the ST and SE segments.

**820**  
S | | SE01 | - | 96 ..... 98

**835**  
S | | SE01 | - | 96 ..... 173

**834**  
D | | SE01 | - | 96 ..... 158

**837 - Institutional**  
D | | SE01 | - | 96 ..... 503

**837 - Dental**  
D | | SE01 | - | 96 ..... 313

**837 - Professional**  
D | | SE01 | - | 96 ..... 572

**270**  
D | | SE01 | - | 96 ..... 147

**271**  
D | 1 | SE01 | - | 96 ..... 341

**276**  
D | | SE01 | - | 96 ..... 120

**277**  
D | | SE01 | - | 96 ..... 234

**278 - Request**  
D | | SE01 | - | 96 ..... 212

**278 - Response**  
D | | SE01 | - | 96 ..... 384



**Transaction Set Control Number**

The unique identification number within a transaction set.

<b>820</b>					
H		ST02	-	329 .....	34
S		SE02	-	329 .....	98
<b>835</b>					
H		ST02	-	329 .....	43
S		SE02	-	329 .....	173
<b>834</b>					
H		ST02	-	329 .....	27
D		SE02	-	329 .....	158
<b>837 - Institutional</b>					
H		ST02	-	329 .....	56
D		SE02	-	329 .....	503
<b>837 - Dental</b>					
H		ST02	-	329 .....	53
D		SE02	-	329 .....	313
<b>837 - Professional</b>					
H		ST02	-	329 .....	62
D		SE02	-	329 .....	572
<b>270</b>					
H		ST02	-	329 .....	37
D		SE02	-	329 .....	147
<b>271</b>					
H		ST02	-	329 .....	155
D	1	SE02	-	329 .....	341
<b>276</b>					
H		ST02	-	329 .....	49
D		SE02	-	329 .....	120
<b>277</b>					
H		ST02	-	329 .....	125
D		SE02	-	329 .....	234
<b>278 - Request</b>					
H		ST02	-	329 .....	50
D		SE02	-	329 .....	212
<b>278 - Response</b>					
H		ST02	-	329 .....	218
D		SE02	-	329 .....	384

**Transaction Set Creation Date**

Identifies the date the submitter created the transaction

<b>834</b>					
H		BGN03	-	373 .....	29
<b>837 - Institutional</b>					
H		BHT04	-	373 .....	58
<b>837 - Dental</b>					
H		BHT04	-	373 .....	55
<b>837 - Professional</b>					
H		BHT04	-	373 .....	64
<b>270</b>					
H		BHT04	-	373 .....	39
<b>271</b>					
H		BHT04	-	373 .....	157
<b>276</b>					
H		BHT04	-	373 .....	50
<b>277</b>					
H		BHT04	-	373 .....	127

<b>278 - Request</b>					
H		BHT04	-	373 .....	52
<b>278 - Response</b>					
H		BHT04	-	373 .....	220

**Transaction Set Creation Time**

Time file is created for transmission.

<b>834</b>					
H		BGN04	-	337 .....	29
<b>837 - Institutional</b>					
H		BHT05	-	337 .....	58
<b>837 - Dental</b>					
H		BHT05	-	337 .....	56
<b>837 - Professional</b>					
H		BHT05	-	337 .....	65
<b>270</b>					
H		BHT05	-	337 .....	40
<b>271</b>					
H		BHT05	-	337 .....	157
<b>278 - Request</b>					
H		BHT05	-	337 .....	52
<b>278 - Response</b>					
H		BHT05	-	337 .....	220

**Transaction Set Identifier Code**

Code uniquely identifying a Transaction Set.

<b>820</b>					
H		ST01	-	143 .....	34
<b>835</b>					
H		ST01	-	143 .....	43
<b>834</b>					
H		ST01	-	143 .....	27
H		BGN02	-	127 .....	29
H		BGN06	-	127 .....	31
<b>837 - Institutional</b>					
H		ST01	-	143 .....	56
<b>837 - Dental</b>					
H		ST01	-	143 .....	53
<b>837 - Professional</b>					
H		ST01	-	143 .....	62
<b>270</b>					
H		ST01	-	143 .....	36
<b>271</b>					
H		ST01	-	143 .....	154
<b>276</b>					
H		ST01	-	143 .....	49
<b>277</b>					
H		ST01	-	143 .....	125
<b>278 - Request</b>					
H		ST01	-	143 .....	50
<b>278 - Response</b>					
H		ST01	-	143 .....	218

**Transaction Set Purpose Code**

Code identifying purpose of transaction set.

<b>834</b>					
H		BGN01	-	353 .....	28

<b>837 - Institutional</b>				
H		BHT02	-	353 ..... 58
<b>837 - Dental</b>				
H		BHT02	-	353 ..... 55
<b>837 - Professional</b>				
H		BHT02	-	353 ..... 64
<b>270</b>				
H		BHT02	-	353 ..... 39
<b>271</b>				
H		BHT02	-	353 ..... 157
<b>276</b>				
H		BHT02	-	353 ..... 50
<b>277</b>				
H		BHT02	-	353 ..... 126
<b>278 - Request</b>				
H		BHT02	-	353 ..... 51
<b>278 - Response</b>				
H		BHT02	-	353 ..... 219

**Transaction Type Code**

Code specifying the type of transaction.

<b>270</b>				
H		BHT06	-	640 ..... 40
<b>277</b>				
H		BHT06	-	640 ..... 127
<b>278 - Response</b>				
H		BHT06	-	640 ..... 220

**Transmission Type Code**

Code identifying the type of transaction or transmission included in the transaction set.

<b>837 - Institutional</b>				
H		REF02	-	127 ..... 60
<b>837 - Dental</b>				
H		REF02	-	127 ..... 57
<b>837 - Professional</b>				
H		REF02	-	127 ..... 66

**Transport Distance**

Distance traveled during the ambulance transport.

<b>837 - Professional</b>				
D	2300	CR106	-	380 ..... 250
D	2400	CR106	-	380 ..... 414
<b>278 - Request</b>				
D	2000F	CR106	-	380 ..... 193
<b>278 - Response</b>				
D	2000F	CR106	-	380 ..... 370

**Treatment Code**

Codes describing the treatment ordered by the physician.

<b>837 - Institutional</b>				
D	2300	HI01	C022-2	1271 ..... 300
D	2300	HI02	C022-2	1271 ..... 300
D	2300	HI03	C022-2	1271 ..... 300
D	2300	HI04	C022-2	1271 ..... 301

D	2300	HI05	C022-2	1271 ..... 302
D	2300	HI06	C022-2	1271 ..... 302
D	2300	HI07	C022-2	1271 ..... 302
D	2300	HI08	C022-2	1271 ..... 303
D	2300	HI09	C022-2	1271 ..... 304
D	2300	HI10	C022-2	1271 ..... 304
D	2300	HI11	C022-2	1271 ..... 304
D	2300	HI12	C022-2	1271 ..... 305

**Treatment Count**

Total number of treatments in the series.

<b>837 - Professional</b>				
D	2300	CR202	-	380 ..... 252
D	2400	CR202	-	380 ..... 416
<b>278 - Request</b>				
D	2000F	CR202	-	380 ..... 195
<b>278 - Response</b>				
D	2000F	CR202	-	380 ..... 372

**Treatment Period Count**

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

<b>837 - Professional</b>				
D	2300	CR206	-	380 ..... 255
D	2400	CR206	-	380 ..... 419
D	2400	CR502	-	380 ..... 424
<b>278 - Request</b>				
D	2000F	CR206	-	380 ..... 197
<b>278 - Response</b>				
D	2000F	CR206	-	380 ..... 374

**Treatment Series Number**

Number this treatment is in the series of services.

<b>837 - Professional</b>				
D	2300	CR201	-	609 ..... 252
D	2400	CR201	-	609 ..... 416
<b>278 - Request</b>				
D	2000F	CR201	-	609 ..... 195
<b>278 - Response</b>				
D	2000F	CR201	-	609 ..... 372

**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.

<b>820</b>				
D	2315A	SLN05	C001-1	355 ..... 82
<b>837 - Institutional</b>				
D	2000B	PAT07	-	355 ..... 107
D	2000C	PAT07	-	355 ..... 144
D	2300	QTY03	C001-1	355 ..... 307
D	2300	HCP11	-	355 ..... 311
D	2400	SV204	-	355 ..... 448
<b>837 - Professional</b>				
D	2000B	PAT07	-	355 ..... 115
D	2000C	PAT07	-	355 ..... 156
D	2300	CR101	-	355 ..... 249
D	2300	CR105	-	355 ..... 250
D	2300	CR205	-	355 ..... 254

D   2400   SV103   -   355 .....	403
D   2400   CR101   -   355 .....	413
D   2400   CR105   -   355 .....	414
D   2400   CR205   -   355 .....	418
D   2400   CR302   -   355 .....	422
D   2400   HCP11   -   355 .....	498

**271**

D   2110C   HSD03   -   355 .....	234
D   2110D   HSD03   -   355 .....	310

**278 - Request**

D   2000F   HSD03   -   355 .....	176
D   2000F   CR101   -   355 .....	191
D   2000F   CR105   -   355 .....	192
D   2000F   CR205   -   355 .....	197

**278 - Response**

D   2000F   HSD03   -   355 .....	363
D   2000F   CR105   -   355 .....	370
D   2000F   CR205   -   355 .....	374

**Units of Service Paid Count**

Number of the paid units of service.

**835**

D   2110   SVC05   -   380 .....	142
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**Universal Product Number**

Industry standard code identifying supplies and materials.

**837 - Professional**

D   2400   REF02   -   127 .....	483
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**Utilization Management  
Organization (UMO) Contact  
Communication Number**

Complete UMO contact communications number, including country or area code when applicable.

**278 - Response**

D   2010A   PER04   -   364 .....	229
D   2010A   PER06   -   364 .....	230
D   2010A   PER08   -   364 .....	230

**Utilization Management  
Organization (UMO) Contact  
Name**

Name identifying the UMO's contact person.

**278 - Response**

D   2010A   PER02   -   93 .....	229
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**Utilization Management  
Organization (UMO) First Name**

First name of the individual, such as the primary care provider, associated with the request for a health care services review.

**278 - Request**

D   2010A   NM104   -   1036 .....	56
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**278 - Response**

D   2010A   NM104   -   1036 .....	226
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**Utilization Management  
Organization (UMO) Identifier**

Code uniquely identifying the Utilization Management Organization (UMO).

**278 - Request**

D   2010A   NM109   -   67 .....	57
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**278 - Response**

D   2010A   NM109   -   67 .....	227
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**Utilization Management  
Organization (UMO) Last or  
Organization Name**

Name of the Utilization Management Organization (UMO) or last name of the party associated with the request for a health care services review.

**278 - Request**

D   2010A   NM103   -   1035 .....	56
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**278 - Response**

D   2010A   NM103   -   1035 .....	226
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**Utilization Management  
Organization (UMO) Middle  
Name**

Middle name or middle initial of the individual, such as the primary care provider, associated with the request for a health care services review.

**278 - Request**

D   2010A   NM105   -   1037 .....	56
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**278 - Response**

D   2010A   NM105   -   1037 .....	226
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**Utilization Management  
Organization (UMO) Name  
Suffix**

Suffix to the name of the individual, such as the primary care provider, associated with the request for a health care services review.

**278 - Request**

D   2010A   NM107   -   1039 .....	56
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**278 - Response**

D   2010A   NM107   -   1039 .....	226
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**Valid Request Indicator**

Code indicating if the information request or portion of the request is valid or invalid.

**271**

D   2000A   AAA01   -   1073 .....	160
D   2100A   AAA01   -   1073 .....	173
D   2100B   AAA01   -   1073 .....	185
D   2100C   AAA01   -   1073 .....	207
D   2110C   AAA01   -   1073 .....	242
D   2100D   AAA01   -   1073 .....	284
D   2110D   AAA01   -   1073 .....	318

**278 - Response**

D   2000A   AAA01   -   1073 .....	223
D   2010A   AAA01   -   1073 .....	231

D	2010B	AAA01	-	1073	241
D	2000C	AAA01	-	1073	247
D	2010C	AAA01	-	1073	267
D	2000D	AAA01	-	1073	273
D	2010D	AAA01	-	1073	293
D	2010E	AAA01	-	1073	314
D	2000F	AAA01	-	1073	323

**Value Added Network Trace Number**

Unique Identification number for a transaction assigned by a Value Added Network, Clearinghouse, or other transmission entity.

**837 - Institutional**

D	2300	REF02	-	127	188
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**837 - Dental**

D	2300	REF02	-	127	184
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**Value Code**

A code that identifies data of a monetary nature that is necessary for processing this claim as required by the payer organization.

**837 - Institutional**

D	2300	HI01	C022-2	1271	281
D	2300	HI02	C022-2	1271	281
D	2300	HI03	C022-2	1271	282
D	2300	HI04	C022-2	1271	283
D	2300	HI05	C022-2	1271	283
D	2300	HI06	C022-2	1271	284
D	2300	HI07	C022-2	1271	285
D	2300	HI08	C022-2	1271	286
D	2300	HI09	C022-2	1271	286
D	2300	HI10	C022-2	1271	287
D	2300	HI11	C022-2	1271	288
D	2300	HI12	C022-2	1271	288

**Value Code Associated Amount**

Amount associated with indicated code value

**837 - Institutional**

D	2300	HI01	C022-5	782	281
D	2300	HI02	C022-5	782	282
D	2300	HI03	C022-5	782	282
D	2300	HI04	C022-5	782	283
D	2300	HI05	C022-5	782	284
D	2300	HI06	C022-5	782	284
D	2300	HI07	C022-5	782	285
D	2300	HI08	C022-5	782	286
D	2300	HI09	C022-5	782	287
D	2300	HI10	C022-5	782	287
D	2300	HI11	C022-5	782	288
D	2300	HI12	C022-5	782	289

**Version Identification Code**

Revision level of a particular format, program, technique or algorithm

**835**

H		REF02	-	127	58
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**Version, Release, or Industry Identifier**

Code indicating the version, release, sub-release and industry identification of the EDI standard being used.

**278 - Request**

D	2000F	HI01	C022-7	799	160
D	2000F	HI02	C022-7	799	162
D	2000F	HI03	C022-7	799	163
D	2000F	HI04	C022-7	799	164
D	2000F	HI05	C022-7	799	165
D	2000F	HI06	C022-7	799	166
D	2000F	HI07	C022-7	799	168
D	2000F	HI08	C022-7	799	169
D	2000F	HI09	C022-7	799	170
D	2000F	HI10	C022-7	799	171
D	2000F	HI11	C022-7	799	172
D	2000F	HI12	C022-7	799	174

**278 - Response**

D	2000F	HI01	C022-7	799	347
D	2000F	HI02	C022-7	799	349
D	2000F	HI03	C022-7	799	350
D	2000F	HI04	C022-7	799	351
D	2000F	HI05	C022-7	799	352
D	2000F	HI06	C022-7	799	353
D	2000F	HI07	C022-7	799	355
D	2000F	HI08	C022-7	799	356
D	2000F	HI09	C022-7	799	357
D	2000F	HI10	C022-7	799	358
D	2000F	HI11	C022-7	799	359
D	2000F	HI12	C022-7	799	361

**Visits**

The unit for home health visitations. Example: One visit every three days for 21 days. This element qualifies that the data is communicating visits.

**837 - Institutional**

D	2305	HSD01	-	673	317
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**837 - Professional**

D	2305	HSD01	-	673	279
D	2400	HSD01	-	673	492

**Visits Prior to Recertification Date Count**

Number of visits for care prior to the date of the recertification of services.

**837 - Institutional**

D	2305	CR702	-	1470	315
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**Wage Amount**

Amount of wages or income for the specified period.

**834**

D	2100A	ICM02	-	782	74
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**Work Hours Count**

Number of hours of employment for a specified period.

**834**

D	2100A	ICM03	-	380	74
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**Work Return Date**

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

**837 - Professional**

D | 2300 | DTP03 | - | 1251 ..... 207

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**X-ray Availability Indicator**

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

**837 - Professional**

D | 2300 | CR212 | - | 1073 ..... 256

D | 2400 | CR212 | - | 1073 ..... 420

**278 - Request**

D | 2000F | CR212 | - | 1073 ..... 199

