

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
Table 1 - Header							
56	5	ST	Transaction Set Header	R	1		
		ST01	TS ID Code	R			
		ST02	TS Control Number	R			
57	10	BHT	Beginning of Hierarchical Transaction	R	1		
		BHT01	Hierarchical Struct Code	R			
		BHT02	TS Purpose Code	R			
		BHT03	Reference Ident	R			
		BHT04	Date	R			
		BHT05	Time	R			
		BHT06	Transaction Type Code	R			
60	15	REF	Transmission Type Identification	R	1		
		REF01	Refernce Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
LOOP ID - 1000A SUBMITTER NAME 1							
61	20	NM1	Submitter Name	R	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103	Name Last/Org Name	R			
		NM104	Name First	S			
		NM105	Name Middle	S			
		NM106-107				not used	
		NM108	ID Code Qualifier	R			
		NM109	ID Code	R			
		NM110-111				not used	
64	45	PER	Submitter EDI Contact Information	R	2		
		PER01	Contact Funct Code	R			
		PER02	Name	R			
		PER03	Comm Number Qual	R			
		PER04	Comm Number	R			
		PER05-08	repeats PER03-04	S		repeats PER03-04	
		PER09				not used	
LOOP ID - 1000B RECEIVER NAME 1							
67	20	NM1	Receiver Name	R	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103	Name Last/Org Name	R			
		NM104-107				not used	
		NM108	ID Code Qualifier	R			
		NM109	ID Code	R			
		NM110-111				not used	
Table 2 - Detail, Billing/Pay-To Provider Hierarchical Level							

837Institutional-UB92.xls				USE	REP	UB-92 Form Position	HIS Systems Field Reference
PAGE #	POS. #	SEG. ID	NAME				
LOOP ID - 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL >1							
69	1	HL	Billing/Pay-To Provider Hierarchical Level	R	1		
		HL01	Hierarchical ID Numner	R			
		HL02				not used	
		HL03	Hierarchical Level Code	R			
		HL04	Hierarchical Child Code	R			
71	3	PRV	Billing/Pay-To Provider Specialty Information	S	1		
		PRV01	Provider Code	R			
		PRV02	Reference Ident Qual	R			
		PRV03	Reference Ident	R			
		PRV04-06					
73	10	CUR	Foreign Currency Information	S	1		
		CUR01	Entity ID Code	R			
		CUR02	Currency Code	R			
		CUR03-21				not used	
LOOP ID - 2010AA BILLING PROVIDER NAME 1							
76	15	NM1	Billing Provider Name	R	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103	Name Last/Org Name	R		FL 1, Line 1	
		NM104-1-7				not used	
		NM108	ID Code Qualifier	R			
		NM109	ID Code	R			
		NM110-111				not used	
79	25	N3	Billing Provider Address	R	1		
		N301	Address Information	R		FL 1, Line 2	
		N302	Address Information	S			
80	30	N4	Billing Provider City/State/ZIP Code	R	1		
		N401	City Name	R		FL 1, Line 3	
		N402	State or Prov Code	R		FL 1, Line 3	
		N403	Postal Code	R		FL 1, Line 3	
		N404	Country Code	S		FL 1, Line 4, Positions 23-25	
		N405-406				not used	
82	35	REF	Billing Provider Secondary Identification	S	8		
		REF01	Reference Ident Qual	R		FL 51 (A-C)	Provider Number
		REF02	Reference Ident	R			
		REF03-04				not used	
85	35	REF	Credit/Debit Card Billing Information	S	8		
		REF01	Reference Ident Qual	R		FL 5	
		REF02	Reference Ident	R			
		REF03-04				not used	
87	40	PER	Billing Provider Contact Information	S	2		
		PER01	Contact Function Code	R			

837Institutional-UB92.xls				USE	REP	UB-92 Form Position	HIS Systems Field Reference
PAGE #	POS. #	SEG. ID	NAME				
		PER02	Name Last/Org Name	R			
		PER03	Comm Number Qual	R		FL 1, Line 4, Positions 1-10 ??	
		PER04	Comm Number	R			
		PER05-08		S		repeats PER03-04	
		PER09				not used	
LOOP ID - 2010AB PAY-TO PROVIDER NAME 1							
91	15	NM1	Pay-To Provider Name	S	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103	Name Last/Org Name	R			
		NM104-107				not used	
		NM108	ID Code Qualifier	R			
		NM109	ID Code	R			
		NM110-111				not used	
94	25	N3	Pay-To Provider Address	R	1		
		N301	Address Information	R			
		N302	Address Information	S			
95	30	N4	Pay-To Provider City/State/ZIP Code	R	1		
		N401	City Name	R			
		N402	State or Prov Code	R			
		N403	Postal Code	R			
		N404	Country Code	S			
		N405-406				not used	
97	35	REF	Pay-To Provider Secondary Identification	S	5		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
Table 2 - Detail, Subscriber Hierarchical Level							
LOOP ID - 2000B SUBSCRIBER HIERARCHICAL LEVEL >1							
99	1	HL	Subscriber Hierarchical Level	R	1		
		HL01	Hierarchical ID Numner	R			
		HL02	Hierarchical Parent ID	R			
		HL03	Hierarchical Level Code	R			
		HL04	Hierarchical Child Code	R			
101	5	SBR	Subscriber Information	R	1		
		SBR01	Payer Resp Seq No. Code	R		FL 50 (A-C)	Payer Identification
						FL 51 (AC)	Provider Number
						FL 52 (AC)	Release of Information Certificat
						FL 53 (AC)	Assignment of Benefits Certificat
						FL 54 (AC)	Prior Payments Payers and Pati
						FL 55 (AC)	Estimated Amount Due
						FL 58 (AC)	Insured's Name
						FL 59 (AC)	Patient's Relationship to Insured

837Institutional-UB92.xls				USE	REP	UB-92 Form Position	HIS Systems Field Reference
PAGE #	POS. #	SEG. ID	NAME				
						FL 60 (AC)	Certificate/Social Security Numb
						FL 61 (AC)	Insured Group Name
						FL 62 (AC)	Insurance Group Number
						FL 63 (AC)	Treatment Authorization Code
						FL 64 (AC)	Employment Status Code of the
						FL 65 (AC)	Employer Name of the Insured
						FL 66 (AC)	Employer Location of the Insured
		SBR02	Individual Relat Code	S		FL 59 (A-C)	Patient's Relationship to Insured
		SBR03	Reference Ident	S		FL 62 (A-C)	Insurance Group Number
		SBR04	Name Last/Org Name	S		FL 61 (A-C)	Insured Group Name
		SBR05-08				not used	
		SBR09	Claim File Ind Code	S			
106	7	PAT	Patient Information	S	1		
		PAT01-06				not used	
		PAT07	Unit/Basis Meas Code	S			
		PAT08	Weight	S			
		PAT09	Yes/No Cond Resp Code	S			
LOOP ID - 2010BA SUBSCRIBER NAME 1							
108	15	NM1	Subscriber Name	R	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103	Name Last/Org Name	R		FL 58 (A-C)	Insured's Name
		NM104	Name First	S		FL 58 (A-C)	Insured's Name
		NM105	Name Middle	S		FL 58 (A-C)	Insured's Name
		NM106				not used	
		NM107	Name Suffix	S			
		NM108	ID Code Qualifier	R			
		NM109	ID Code	R		FL 60 (A-C)	Certificate/Social Security Numb
		NM110-111				not used	
112	25	N3	Subscriber Address	S	1		
		N301	Address Information			FL 84, Line b ??	Remarks
		N302	Address Information				
113	30	N4	Subscriber City/State/ZIP Code	S	1		
		N401	City Name	R		FL 84, Line c	Remarks
		N402	State or Prov Code	R		FL 84, Line c	Remarks
		N403	Postal Code	R		FL 84, Line d	Remarks
		N404	Country Code	S			
		N405-406				not used	
115	32	DMG	Subscriber Demographic Information	S	1		
		DMG01	Date Time Format Qual	R			
		DMG02	Date Time Period	R			
		DMG03	Gender Code	R			
		DMG04-09				not used	

837Institutional-UB92.xls									
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference		
117	35	REF	Subscriber Secondary Identification	S	4				
		REF01	Reference Ident Qual	R					
		REF02	Reference Ident	R					
		REF03-04				not used			
119	35	REF	Property and Casualty Claim Number	S	1				
		REF01	Reference Ident Qual	R					
		REF02	Reference Ident	R					
		REF03-04				not used			
LOOP ID - 2010BB CREDIT/DEBIT CARD ACCOUNT HOLDER NAME 1									
121	15	NM1	Credit/Debit Card Account Holder Name	S	1				
		NM101	Entity ID Code	R					
		NM102	Entity Type Qualifier	R					
		NM103	Name Last/Org Name	S					
		NM104	Name First	S					
		NM105	Name Middle	S					
		NM106				not used			
		NM107	Name Suffix	S					
		NM108	ID Code Qualifier	R					
		NM109	ID Code	R					
		NM110-111				not used			
124	35	REF	Credit/Debit Card Information	S	2				
		REF01	Reference Ident Qual	R					
		REF02	Reference Ident	R					
		REF03-04							
LOOP ID - 2010BC PAYER NAME 1									
126	15	NM1	Payer Name	R	1				
		NM101	Entity ID Code	R		FL 50 (A-C)	Payer Identification		
		NM102	Entity Type Qualifier	R					
		NM103	Name Last/Org Name	R					
		NM104-107				not used			
		NM108	ID Code Qualifier	R					
		NM109	ID Code	R					
		NM110-111				not used			
129	25	N3	Payer Address	S	1				
		N301	Address Information	R					
		N302	Address Information	S					
130	30	N4	Payer City/State/ZIP Code	S	1				
		N401	City Name	R					
		N402	State or Prov Code	R					
		N403	Postal Code	R					
		N404	Country Code	S					
		N405-406				not used			
132	35	REF	Payer Secondary Identification	S	3				

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
LOOP ID - 2010BD RESPONSIBLE PARTY NAME 1							
134	15	NM1	Responsible Party Name	S	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103	Name Last/Org Name	R			
		NM104	Name First	S			
		NM105	Name Middle	S			
		NM106				not used	
		NM107	Name Suffix	S			
		NM108-111	ID Code Qualifier				
136	25	N3	Responsible Party Address	R	1		
		N301	Address Information	R			
		N302	Address Information	S			
137	30	N4	Responsible Party City/State/ZIP Code	R	1		
		N401	City Name	R			
		N402	State or Prov Code	R			
		N403	Postal Code	R			
		N404	Country Code	S			
		N405-406				not used	
Table 2 - Detail, Patient Hierarchical Level							
LOOP ID - 2000C PATIENT HIERARCHICAL LEVEL >1							
139	1	HL	Patient Hierarchical Level	S	1		
		HL01	Hierarchical ID Numner	R			
		HL02	Hierarchical Parent ID	R			
		HL03	Hierarchical Level Code	R			
		HL04	Hierarchical Child Code	R			
141	7	PAT	Patient Information	R	1		
		PAT01	Individual Relat Code	R		FL 59 (A-C)	Patient's Relationship to Insured
		PAT02-06					
		PAT07	Unit/Basis Meas Code	S			
		PAT08	Weight	S			
		PAT09	Yes/No Cond Resp Code	S			
LOOP ID - 2010CA PATIENT NAME 1							
145	15	NM1	Patient Name	R	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103	Name Last/Org Name	R		FL 12	Patient Name
		NM104	Name First	R		FL 12	Patient Name
		NM105	Name Middle	S		FL 12	Patient Name
		NM106				not used	

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
		NM107	Name Suffix	S			
		NM108	ID Code Qualifier	S			
		NM109	ID Code	S		FL 60 (A-C)	Certificate/Social Security Numb
		NM110-111				not used	
148	25	N3	Patient Address	R	1		
		N301	Address Information	R		FL 13	Patient Address
		N302	Address Information	S		FL 13	Patient Address
149	30	N4	Patient City/State/ZIP Code	R	1		
		N401	City Name	R		FL 13	Patient Address
		N402	State or Prov Code	R		FL 13	Patient Address
		N403	Postal Code	R		FL 13	Patient Address
		N404	Country Code	S			
		N405-406				not used	
151	32	DMG	Patient Demographic Information	R	1		
		DMG01	Date Time Format Qual	R			
		DMG02	Date Time Period	R		FL 14	Patient Birthdate
		DMG03	Gender Code	R		FL 15	Patient Sex
		DMG04-09				not used	
153	35	REF	Patient Secondary Identification Number	S	5		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
155	35	REF	Property and Casualty Claim Number	S	1		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
LOOP ID - 2300 CLAIM INFORMATION 100							
157	130	CLM	Claim information	R	1		
		CLM01	Claim Submit Identifier	R		FL 3	Patient Control Number
		CLM02	Monetary Amount	R		FL 47 (Revenue Code 001) This amount is the total of the S	Total Charges (by Revenue Cod
		CLM03-04				not used	
		CLM05	Health Care Serv Locat	R		FL 4, Position 1-2, 3	Type of Bill
		CLM06	Yes/No Cond Respo Code	R			
		CLM07	Provider Accept Code	S			
		CLM08	Yes/No Cond Resp Code	R		FL 53 (A-C)	Assignment of Benefits Certificat
		CLM09	Release of Info Code	R		FL 52 (A-C)	Release of Information Certificat
		CLM10				not used	
		CLM11	Related Causes Info	S			
		CLM12	Special Prog Code	S			
		CLM13-17				not used	
		CLM18	Tyes/No Cond Resp Code	R			
		CLM19				not used	
		CLM20	Delay Reason Code	S			

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
165	135	DTP	Discharge Hour	S	1		
		DTP01	Date/Time Qualifier	R			
		DTP02	Date Time Format Qualifier	R			
		DTP03	Date Time Period	R		FL 21	Discharge Hour
167	135	DTP	Statement Dates	R	1		
		DTP01	Date/Time Qualifier	R			
		DTP02	Date Time Format Qualifier	R			
		DTP03	Date Time Period	R		FL 6 (From) and (Through)	Statement Covers Period
169	135	DTP	Admission Date/Hour	S	1		
		DTP01	Date/Time Qualifier	R			
		DTP02	Date Time Format Qualifier	R			
		DTP03	Date Time Period	R		FL 17, FL 18	Admission/Start of Care Date, A
171	140	CL1	Institutional Claim Code	S	1		
		CL101	Admission Type Code	S		FL 19	Type of Admission
		CL102	Admission Source Code	S		FL 20	Source of Admission
		CL103	Patient Status Code	S		FL 22	Patient Status
		CL104				not used	
173	155	PWK	Claim Supplemental Information	S	10		
		PWK01	Report Code Type	R			
		PWK02	Report Transmission Code	R			
		PWK03-04				not used	
		PWK05	ID Code Qualifier	S			
		PWK06	ID Code	S			
		PWK07	Description	S			
		PWK08-09				not used	
176	160	CN1	Contract Information	S	1		
		CN101	Contract Type Code	R			
		CN102	Monetary AMount	S			
		CN103	Allow/Chrg percent	S			
		CN104	Reference Ident	S			
		CN105	Terms Disc Percent	S			
		CN106	Version ID	S			
178	175	AMT	Payer Estimated Amount Due	S	1		
		AMT01	Amount Qual Code	R			
		AMT02	Monetary Amount	R		FL 55 (A-C)	Estimated Amount Due
		AMT03				not used	
180	175	AMT	Patient Estimated Amount Due	S	1		
		AMT01	Amount Qual Code	R			
		AMT02	Monetary Amount	R		FL 55 (A-C)	Estimated Amount Due
		AMT03				not used	
182	175	AMT	Patient Paid Amount	S	1		
		AMT01	Amount Qual Code	R			
		AMT02	Monetary Amount	R		FL 54, Line P	Prior Payments Payers and Pati

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
		AMT03				not used	
184	175	AMT	Credit/Debit Card Maximum Amount	S	1		
		AMT01	Amount Qual Code	R			
		AMT02	Monetary Amount	R			
		AMT03					
185	180	REF	Adjusted Repriced Claim Number	S	1		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
186	180	REF	Repriced Claim Number	S	1		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
187	180	REF	Claim Identification Number For Clearinghouses a	S	1		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
189	180	REF	Document Identification Code	S	1		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
191	180	REF	Original Reference Number (ICN/DCN)	S	1		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R		FL 37 (AC)	Internal Control Number (ICN)/ E
		REF03-04				not used	
193	180	REF	Investigational Device Exemption Number	S	1		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
195	180	REF	Service Authorization Exception Code	S	1		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
197	180	REF	Peer Review Organization (PRO) Approval Numbe	S	1		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
198	180	REF	Prior Authorization or Referral Number	S	2		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R		FL 63 (A-C)	Treatment Authorization Code
		REF03-04				not used	
200	180	REF	Medical Record Number	S	1		
		REF01	Reference Ident Qual	R			

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
		REF02	Reference Ident	R			
		REF03-04				not used	
202	180	REF	Demonstration Project Identifier	S	1		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
204	185	K3	File Information	S	10		
		K301		R			
		K302-302				not used	
205	190	NTE	Claim Note	S	10		
		NTE01	Note Ref Code	R			
		NTE02	Description	R		FL 84	Remarks
208	190	NTE	Billing Note	S	1		
		NTE01	Note Ref Code	R			
		NTE02	Description	R		FL 84	Remarks
210	216	CR6	Home Health Care Information	S	1		
		CR601	Prognosis Code	R			
		CR602	Date	R			
		CR603	Date Time Format Qualifier	S			
		CR604	Date Time Period	S			
		CR605	Date	R			
		CR606	Yes/No Cond Resp Code	R			
		CR607	Yes/No Cond Resp Code	R			
		CR608	Certification Type Code	R			
		CR609	Date	S			
		CR610	Prod/Serv ID Qual	S			
		CR611	Medical Code Value	S			
		CR612	Date	S			
		CR613	Date	S			
		CR614	Date	S			
		CR615	Date Time Format Qualifier	S			
		CR616	Date Time Period	S			
		CR617	Patient Loc Code	R			
		CR618	Date	S			
		CR619	Date	S			
		CR620	Date	S			
		CR621	Date	S			
218	220	CRC	Home Health Functional Limitations	S	3		
		CRC01	Code Category	R			
		CRC02	Yes/No Cond Resp Code	R			
		CRC03	Certification Cond Code	R			
		CRC04	Certification Cond Code	S			
		CRC05	Certification Cond Code	S			

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
		CRC06	Certification Cond Code	S			
		CRC07	Certification Cond Code	S			
221	220	CRC	Home Health Activities Permitted	S	3		
		CRC01	Code Category	R			
		CRC02	Yes/No Cond Resp Code	R			
		CRC03	Certification Cond Code	R			
		CRC04	Certification Cond Code	S			
		CRC05	Certification Cond Code	S			
		CRC06	Certification Cond Code	S			
		CRC07	Certification Cond Code	S			
224	220	CRC	Home Health Mental Status	S	2		
		CRC01	Code Category	R			
		CRC02	Yes/No Cond Resp Code	R			
		CRC03	Certification Cond Code	R			
		CRC04	Certification Cond Code	S			
		CRC05	Certification Cond Code	S			
		CRC06	Certification Cond Code	S			
		CRC07	Certification Cond Code	S			
227	231	HI	Principal, Admitting, E-Code and Patient Reason for Admission	R	1		
		HI01	Health Care Code Info	R		FL 67	Principal Diagnosis Code
		HI02	Health Care Code Info	S		FL 76	Admitting Diagnosis/Patients Reason for Admission
		HI03	Health Care Code Info	S		FL 77	External Cause of Injury Code (E)
		HI04-12				not used	
230	231	HI	Diagnosis Related Group (DRG) Information	S	1		
		HI01	Health Care Code Info	R			
		HI02-12				not used	
232	231	HI	Other Diagnosis Information	S	2		
		HI01	Health Care Code Info	R		FL 68, 69, 70, 71, 72, 73, 74, 75	Other Diagnoses Codes
		HI02	Health Care Code Info	S		FL 68, 69, 70, 71, 72, 73, 74, 75	Other Diagnoses Codes
		HI03	Health Care Code Info	S		FL 68, 69, 70, 71, 72, 73, 74, 75	Other Diagnoses Codes
		HI04	Health Care Code Info	S		FL 68, 69, 70, 71, 72, 73, 74, 75	Other Diagnoses Codes
		HI05	Health Care Code Info	S		FL 68, 69, 70, 71, 72, 73, 74, 75	Other Diagnoses Codes
		HI06	Health Care Code Info	S		FL 68, 69, 70, 71, 72, 73, 74, 75	Other Diagnoses Codes
		HI07	Health Care Code Info	S		FL 68, 69, 70, 71, 72, 73, 74, 75	Other Diagnoses Codes
		HI08	Health Care Code Info	S		FL 68, 69, 70, 71, 72, 73, 74, 75	Other Diagnoses Codes
		HI09	Health Care Code Info	S		FL 68, 69, 70, 71, 72, 73, 74, 75	Other Diagnoses Codes
		HI10	Health Care Code Info	S		FL 68, 69, 70, 71, 72, 73, 74, 75	Other Diagnoses Codes
		HI11	Health Care Code Info	S		FL 68, 69, 70, 71, 72, 73, 74, 75	Other Diagnoses Codes
		HI12	Health Care Code Info	S		FL 68, 69, 70, 71, 72, 73, 74, 75	Other Diagnoses Codes
242	231	HI	Principal Procedure Information	S	1		
		HI01	Health Care Code Info			FL 80	Principal Procedure Code and Description
		HI02-12				not used	
244	231	HI	Other Procedure Information	S	2		

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
		HI01	Health Care Code Info	R		FL 81 (A-E)	Other Procedure Codes and Dat
		HI02	Health Care Code Info	S		FL 81 (A-E)	Other Procedure Codes and Dat
		HI03	Health Care Code Info	S		FL 81 (A-E)	Other Procedure Codes and Dat
		HI04	Health Care Code Info	S		FL 81 (A-E)	Other Procedure Codes and Dat
		HI05	Health Care Code Info	S		FL 81 (A-E)	Other Procedure Codes and Dat
		HI06	Health Care Code Info	S		FL 81 (A-E)	Other Procedure Codes and Dat
		HI07	Health Care Code Info	S		FL 81 (A-E)	Other Procedure Codes and Dat
		HI08	Health Care Code Info	S		FL 81 (A-E)	Other Procedure Codes and Dat
		HI09	Health Care Code Info	S		FL 81 (A-E)	Other Procedure Codes and Dat
		HI10	Health Care Code Info	S		FL 81 (A-E)	Other Procedure Codes and Dat
		HI11	Health Care Code Info	S		FL 81 (A-E)	Other Procedure Codes and Dat
		HI12	Health Care Code Info	S		FL 81 (A-E)	Other Procedure Codes and Dat
256	231	HI	Occurrence Span Information	S	2		
		HI01	Health Care Code Info	R		FL 32 (a-b); FL 36 (a-b), "FROM" and "THROUGH" fields	Occurrence Codes and Dates
		HI02	Health Care Code Info	S		FL 32 (a-b); FL 36 (a-b), "FROM" and "THROUGH" fields	Occurrence Codes and Dates
		HI03	Health Care Code Info	S		FL 32 (a-b); FL 36 (a-b), "FROM" and "THROUGH" fields	Occurrence Codes and Dates
		HI04	Health Care Code Info	S		FL 32 (a-b); FL 36 (a-b), "FROM" and "THROUGH" fields	Occurrence Codes and Dates
		HI05	Health Care Code Info	S		FL 32 (a-b); FL 36 (a-b), "FROM" and "THROUGH" fields	Occurrence Codes and Dates
		HI06	Health Care Code Info	S		FL 32 (a-b); FL 36 (a-b), "FROM" and "THROUGH" fields	Occurrence Codes and Dates
		HI07	Health Care Code Info	S		FL 32 (a-b); FL 36 (a-b), "FROM" and "THROUGH" fields	Occurrence Codes and Dates
		HI08	Health Care Code Info	S		FL 32 (a-b); FL 36 (a-b), "FROM" and "THROUGH" fields	Occurrence Codes and Dates
		HI09	Health Care Code Info	S		FL 32 (a-b); FL 36 (a-b), "FROM" and "THROUGH" fields	Occurrence Codes and Dates
		HI10	Health Care Code Info	S		FL 32 (a-b); FL 36 (a-b), "FROM" and "THROUGH" fields	Occurrence Codes and Dates
		HI11	Health Care Code Info	S		FL 32 (a-b); FL 36 (a-b), "FROM" and "THROUGH" fields	Occurrence Codes and Dates
		HI12	Health Care Code Info	S		FL 32 (a-b); FL 36 (a-b), "FROM" and "THROUGH" fields	Occurrence Codes and Dates
267	231	HI	Occurrence Information	S	2		
		HI01	Health Care Code Info	R		FL 32-35 (a-b) + FL 32-35 (a-b), "DATE" field	Occurrence Codes and Dates
		HI02	Health Care Code Info	S		FL 32-35 (a-b) + FL 32-35 (a-b), "DATE" field	Occurrence Codes and Dates
		HI03	Health Care Code Info	S		FL 32-35 (a-b) + FL 32-35 (a-b), "DATE" field	Occurrence Codes and Dates
		HI04	Health Care Code Info	S		FL 32-35 (a-b) + FL 32-35 (a-b), "DATE" field	Occurrence Codes and Dates
		HI05	Health Care Code Info	S		FL 32-35 (a-b) + FL 32-35 (a-b), "DATE" field	Occurrence Codes and Dates
		HI06	Health Care Code Info	S		FL 32-35 (a-b) + FL 32-35 (a-b), "DATE" field	Occurrence Codes and Dates
		HI07	Health Care Code Info	S		FL 32-35 (a-b) + FL 32-35 (a-b), "DATE" field	Occurrence Codes and Dates
		HI08	Health Care Code Info	S		FL 32-35 (a-b) + FL 32-35 (a-b), "DATE" field	Occurrence Codes and Dates
		HI09	Health Care Code Info	S		FL 32-35 (a-b) + FL 32-35 (a-b), "DATE" field	Occurrence Codes and Dates
		HI10	Health Care Code Info	S		FL 32-35 (a-b) + FL 32-35 (a-b), "DATE" field	Occurrence Codes and Dates
		HI11	Health Care Code Info	S		FL 32-35 (a-b) + FL 32-35 (a-b), "DATE" field	Occurrence Codes and Dates
		HI12	Health Care Code Info	S		FL 32-35 (a-b) + FL 32-35 (a-b), "DATE" field	Occurrence Codes and Dates
280	231	HI	Value Information	S	2		
		HI01	Health Care Code Info	R		FL 39-41 (a-d)	Value Codes and Amounts
		HI02	Health Care Code Info	S		FL 39-41 (a-d)	Value Codes and Amounts
		HI03	Health Care Code Info	S		FL 39-41 (a-d)	Value Codes and Amounts

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
		HI04	Health Care Code Info	S		FL 39-41 (a-d)	Value Codes and Amounts
		HI05	Health Care Code Info	S		FL 39-41 (a-d)	Value Codes and Amounts
		HI06	Health Care Code Info	S		FL 39-41 (a-d)	Value Codes and Amounts
		HI07	Health Care Code Info	S		FL 39-41 (a-d)	Value Codes and Amounts
		HI08	Health Care Code Info	S		FL 39-41 (a-d)	Value Codes and Amounts
		HI09	Health Care Code Info	S		FL 39-41 (a-d)	Value Codes and Amounts
		HI10	Health Care Code Info	S		FL 39-41 (a-d)	Value Codes and Amounts
		HI11	Health Care Code Info	S		FL 39-41 (a-d)	Value Codes and Amounts
		HI12	Health Care Code Info	S		FL 39-41 (a-d)	Value Codes and Amounts
290	231	HI	Condition Information	S	2		
		HI01	Health Care Code Info	R		FL 24-30	Condition Codes
		HI02	Health Care Code Info	S		FL 24-30	Condition Codes
		HI03	Health Care Code Info	S		FL 24-30	Condition Codes
		HI04	Health Care Code Info	S		FL 24-30	Condition Codes
		HI05	Health Care Code Info	S		FL 24-30	Condition Codes
		HI06	Health Care Code Info	S		FL 24-30	Condition Codes
		HI07	Health Care Code Info	S		FL 24-30	Condition Codes
		HI08	Health Care Code Info	S		FL 24-30	Condition Codes
		HI09	Health Care Code Info	S		FL 24-30	Condition Codes
		HI10	Health Care Code Info	S		FL 24-30	Condition Codes
		HI11	Health Care Code Info	S		FL 24-30	Condition Codes
		HI12	Health Care Code Info	S		FL 24-30	Condition Codes
299	231	HI	Treatment Code Information	S	2		
		HI01	Health Care Code Info	R			
		HI02	Health Care Code Info	S			
		HI03	Health Care Code Info	S			
		HI04	Health Care Code Info	S			
		HI05	Health Care Code Info	S			
		HI06	Health Care Code Info	S			
		HI07	Health Care Code Info	S			
		HI08	Health Care Code Info	S			
		HI09	Health Care Code Info	S			
		HI10	Health Care Code Info	S			
		HI11	Health Care Code Info	S			
		HI12	Health Care Code Info	S			
306	240	QTY	Claim Quantity	S	4		
		QTY01	Quantity Qualifier	R		FL 7 FL 9 FL 10 FL 8	Covered Days Coinsurance Days Lifetime Reserve Days Non-Covered Days
		QTY02	Quantity	R			
		QTY03	Composite Unit of Meas	R			
		QTY04				not used	

837Institutional-UB92.xls				USE	REP	UB-92 Form Position	HIS Systems Field Reference
PAGE #	POS. #	SEG. ID	NAME				
308	241	HCP	Claim Pricing/Repricing Information	S	1		
		HCP01	Pricing Methodology	R			
		HCP02	Monetary Amount	R			
		HCP03	Monetary Amount	S			
		HCP04	Reference Ident	S			
		HCP05	Rate	S			
		HCP06	Reference Ident	S			
		HCP07	Monetary Amount	S			
		HCP08	Product/Service ID	S			
		HCP09	Prod/Serv ID Qual	S			
		HCP10	Product/Service ID	S			
		HCP11	Unit/Basis Meas Code	S			
		HCP12	Quantity	S			
		HCP13	Reject Reason Code	S			
		HCP14	Policy Comp Code	S			
		HCP15	Exception Code	S			
LOOP ID - 2305 HOME HEALTH CARE PLAN INFORMATION 6							
314	242	CR7	Home Health Care Plan Information	S	1		
		CR701	Discipline Type Code	R			
		CR702	Number	R			
		CR703	Number	R			
316	243	HSD	Health Care Services Delivery	S	12		
		HSD01	Quantity Qualifier	S			
		HSD02	Quantity	S			
		HSD03	Unit/Basis Meas Code	S			
		HSD04	sample Sel Modulus	S			
		HSD05	Time Period Qualifier	S			
		HSD06	Number of Periods	S			
		HSD07	Ship/Del or Calend Code	S			
		HSD08	Ship/Del Time Code	S			
LOOP ID - 2310A ATTENDING PHYSICIAN NAME 1							
321	250	NM1	Attending Physician Name	S	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103	Name Last/Org Name	R		FL 82, Line b	Attending Physician ID
		NM104	Name First	S		FL 82, Line b	Attending Physician ID
		NM105	Name Middle	S			
		NM106				not used	
		NM107	Name Suffix	S			
		NM108	ID Code Qualifier	R			
		NM109	ID Code	R		FL 82, Line a	Attending Physician ID
		NM110-111				not used	
324	255	PRV	Attending Physician Specialty Information	R	1		

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
		PRV01	Provider Code	R			
		PRV02	Reference Ident Qual	R			
		PRV03	Reference Ident	R			
		PRV04-06				not used	
326	271	REF	Attending Physician Secondary Identification	S	5		
		REF01	Reference Ident Qual				
		REF02	Reference Ident				
		REF03-04				not used	
LOOP ID - 2310B OPERATING PHYSICIAN NAME 1							
328	250	NM1	Operating Physician Name	S	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103	Name Last/Org Name	R		FL 83A, Line b	Other Physician ID
		NM104	Name First	R		FL 83A, Line b	Other Physician ID
		NM105	Name Middle	S			
		NM106				not used	
		NM107	Name Suffix	S			
		NM108	ID Code Qualifier	R			
		NM109	ID Code	R		FL 83A, Line a	Other Physician ID
		NM110-111				not used	
331	255	PRV	Operating Physician Specialty Information	S	1		
		PRV01	Provider Code	R			
		PRV02	Reference Ident Qual	R			
		PRV03	Reference Ident	R			
		PRV04-06				not used	
333	271	REF	Operating Physician Secondary Identification	S	5		
		REF01	Reference Ident Qual				
		REF02	Reference Ident				
		REF03-04				not used	
LOOP ID - 2310C OTHER PROVIDER NAME 1							
335	250	NM1	Other Provider Name	S	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103	Name Last/Org Name	R		FL 83B, Line b	Other Physician ID
		NM104	Name First	S		FL 83B, Line b	Other Physician ID
		NM105	Name Middle	S			
		NM106				not used	
		NM107	Name Suffix	S			
		NM108	ID Code Qualifier	R			
		NM109	ID Code	R		FL 83B, Line a	Other Physician ID
		NM110-111				not used	
338	255	PRV	Other Provider Specialty Information	R	1		
		PRV01	Provider Code	R			

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
		PRV02	Reference Ident Qual	R			
		PRV03	Reference Ident	R			
		PRV04-06				not used	
340	271	REF	Other Provider Secondary Identification	S	5		
		REF01	Reference Ident Qual				
		REF02	Reference Ident				
		REF03-04				not used	
LOOP ID - 2310D REFERRING PROVIDER NAME 2							
342	250	NM1	Referring Provider Name	S	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103	Name Last/Org Name	R			
		NM104	Name First	S			
		NM105	Name Middle	S			
		NM106				not used	
		NM107	Name Suffix	S			
		NM108	ID Code Qualifier	S			
		NM109	ID Code	S			
		NM110-111				not used	
345	255	PRV	Referring Provider Specialty Information	S	1		
		PRV01	Provider Code	R			
		PRV02	Reference Ident Qual	R			
		PRV03	Reference Ident	R			
		PRV04-06				not used	
347	271	REF	Referring Provider Secondary Identification	S	5		
		REF01	Reference Ident Qual				
		REF02	Reference Ident				
		REF03-04				not used	
LOOP ID - 2310E SERVICE FACILITY NAME 1							
349	250	NM1	Service Facility Name	S	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103	Name Last/Org Name	R			
		NM104-107				not used	
		NM108	ID Code Qualifier	R			
		NM109	ID Code	R			
		NM110-111				not used	
352	255	PRV	Service Facility Specialty Information	S	1		
		PRV01	Provider Code	R			
		PRV02	Reference Ident Qual	R			
		PRV03	Reference Ident	R			
		PRV04-06				not used	
354	265	N3	Service Facility Address	R	1		

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
		N301	Address Information	R			
		N302	Address Information	S			
355	270	N4	Service Facility City/State/Zip Code	R	1		
		N401	City Name	R			
		N402	State or Prov Code	R			
		N403	Postal Code	R			
		N404	Country Code	S			
		N405-406				not used	
357	271	REF	Service Facility Secondary Identification	S	5		
		REF01	Reference Ident Qual				
		REF02	Reference Ident				
		REF03-04				not used	
LOOP ID - 2320 OTHER SUBSCRIBER INFORMATION 10							
359	290	SBR	Other Subscriber Information	S	1		
		SBR01	Payer Resp Seq No. Code	R		FL 50 (AC) FL 51 (AC) FL 52 (AC) FL 53 (AC) FL 54 (AC) FL 55 (AC) FL 58 (AC) FL 59 (AC) FL 60 (AC) FL 61 (AC) FL 62 (AC) FL 63 (AC) FL 64 (AC) FL 65 (AC) FL 66 (AC)	Payer Identification Provider Number Release of Information Certificat Assignment of Benefits Certificat Prior Payments Payers and Pati Estimated Amount Due Insured's Name Patient's Relationship to Insured Certificate/Social Security Numb
		SBR02	Individual Relat Code	S		FL 59 (AC)	Patient's Relationship to Insured
		SBR03	Reference Ident	S		FL 62 (AC)	Insurance Group Number
		SBR04	Name Last/Org Name	S		FL 61 (AC)	Insured Group Name
		SBR05-08				not used	
		SBR09	Claim File Ind Code	S			
365	295	CAS	Claim Level Adjustment	S	5		
		CAS01	Claim Adj Group Code	R			
		CAS02	Claim Adj Reason Code	R			
		CAS03	Monetary Amount	R			
		CAS04	Quantity	S			
		CAS05	Claim Adj Reason Code	S			
		CAS06	Monetary Amount	S			
		CAS07	Quantity	S			
		CAS08	Claim Adj Reason Code	S			

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
		CAS09	Monetary Amount	S			
		CAS10	Quantity	S			
		CAS11	Claim Adj Reason Code	S			
		CAS12	Monetary Amount	S			
		CAS13	Quantity	S			
		CAS14	Claim Adj Reason Code	S			
		CAS15	Monetary Amount	S			
		CAS16	Quantity	S			
		CAS17	Claim Adj Reason Code	S			
		CAS18	Monetary Amount	S			
		CAS19	Quantity	S			
371	300	AMT	Payer Prior Payment	S	1		
		AMT01	Amount Qual Code			FL 54 (AC)	Prior Payments Payers and Pati
		AMT02	Monetary Amount				
		AMT03				not used	
372	300	AMT	Coordination of Benefits (COB) Total Allowed Am	S	1		
		AMT01	Amount Qual Code				
		AMT02	Monetary Amount				
		AMT03				not used	
373	300	AMT	Coordination of Benefits (COB) Total Submitted C	S	1		
		AMT01	Amount Qual Code				
		AMT02	Monetary Amount				
		AMT03				not used	
374	300	AMT	Diagnostic Related Group (DRG) Outlier Amount	S	1		
		AMT01	Amount Qual Code				
		AMT02	Monetary Amount				
		AMT03				not used	
376	300	AMT	Coordination of Benefits (COB) Total Medicare Pa	S	1		
		AMT01	Amount Qual Code				
		AMT02	Monetary Amount				
		AMT03				not used	
378	300	AMT	Medicare Paid Amount - 100%	S	1		
		AMT01	Amount Qual Code				
		AMT02	Monetary Amount				
		AMT03				not used	
380	300	AMT	Medicare Paid Amount - 80%	S	1		
		AMT01	Amount Qual Code				
		AMT02	Monetary Amount				
		AMT03				not used	
382	300	AMT	Coordination of Benefits (COB) Medicare A Trust	S	1		
		AMT01	Amount Qual Code				
		AMT02	Monetary Amount				
		AMT03				not used	

837Institutional-UB92.xls										
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position			HIS Systems Field Reference	
384	300	AMT	Coordination of Benefits (COB) Medicare B Trust	S	1					
		AMT01	Amount Qual Code							
		AMT02	Monetary Amount							
		AMT03				not used				
386	300	AMT	Coordination of Benefits (COB) Total Non-covered	S	1					
		AMT01	Amount Qual Code							
		AMT02	Monetary Amount							
		AMT03				not used				
387	300	AMT	Coordination of Benefits (COB) Total Denied Amo	S	1					
		AMT01	Amount Qual Code							
		AMT02	Monetary Amount							
		AMT03				not used				
388	305	DMG	Other Subscriber Demographic Information	S	1					
		DMG01	Date Time Format Qual	R						
		DMG02	Date Time Period	R						
		DMG03	Gender Code	R						
		DMG04-09				not used				
390	310	OI	Other Insurance Coverage Information	R	1					
		OI01-02				not used				
		OI03	Yes/No Cond Resp Code							
		OI04-05				not used				
		OI06	Release of Info Code							
392	315	MIA	Medicare Inpatient Adjudication Information	S	1					
		MIA01	Quantity	R						
		MIA02	Quantity							
		MIA03	Quantity							
		MIA04	Monetary Amount							
		MIA05	Reference Ident							
		MIA06	Monetary Amount							
		MIA07	Monetary Amount							
		MIA08	Monetary Amount							
		MIA09	Monetary Amount							
		MIA10	Monetary Amount							
		MIA11	Monetary Amount							
		MIA12	Monetary Amount							
		MIA13	Monetary Amount							
		MIA14	Monetary Amount							
		MIA15	Quantity							
		MIA16	Monetary Amount							
		MIA17	Monetary Amount							
		MIA18	Monetary Amount							
		MIA19	Monetary Amount							
		MIA20	Reference Ident							

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
		MIA21	Reference Ident				
		MIA22	Reference Ident				
		MIA23	Reference Ident				
		MIA24	Monetary Amount				
397	320	MOA	Medicare Outpatient Adjudication Information	S	1		
		MOA01	Percent	S			
		MAO02	Monetary Amount	S			
		MAO03	Reference Ident	S			
		MAO04	Reference Ident	S			
		MAO05	Reference Ident	S			
		MAO06	Reference Ident	S			
		MAO07	Reference Ident	S			
		MAO08	Monetary Amount	S			
		MAO09	Monetary Amount	S			
LOOP ID - 2330A OTHER SUBSCRIBER NAME 1							
400	325	NM1	Other Subscriber Name	R	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103	Name Last/Org Name	R		FL 58 (A-C)	Insured's Name
		NM104	Name First	S		FL 58 (A-C)	Insured's Name
		NM105	Name Middle	S		FL 58 (A-C)	Insured's Name
		NM106				not used	
		NM107	Name Suffix	S			
		NM108	ID Code Qualifier	R			
		NM109	ID Code	R		FL 60 (A-C)	Certificate/Social Security Numb
		NM110-111				not used	
404	332	N3	Other Subscriber Address	S	1		
		N301	Address Information	R		FL 84, Line b	Remarks
		N302	Address Information	S			
406	340	N4	Other Subscriber City/State/ZIP Code	S	1		
		N401	City Name	R		FL 84, Line C	Remarks
		N402	State or Prov Code	R		FL 84, Line C	Remarks
		N403	Postal Code	R		FL 84, Line C	Remarks
		N404	Country Code	S			
		N405-406				not used	
408	355	REF	Other Subscriber Secondary Information	S	3		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R		FL 60 (A-C)	Certificate/Social Security Numb
		REF03-04				not used	
LOOP ID - 2330B OTHER PAYER NAME 1							
410	325	NM1	Other Payer Name	R	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
		NM103	Name Last/Org Name	R		FL 50 (AC)	Payer Identification
		NM104-107				not used	
		NM108	ID Code Qualifier	R			
		NM109	ID Code	R			
		NM110-111				not used	
412	332	N3	Other Payer Address	S	1		
		N301	Address Information	R			
		N302	Address Information	S			
413	340	N4	Other Payer City/State/ZIP Code	S	1		
		N401	City Name	R			
		N402	State or Prov Code	R			
		N403	Postal Code	R			
		N404	Country Code	S			
		N405-406				not used	
415	350	DTP	Claim Adjudication Date	S	1		
		DTP01	Date/Time Qualifier	R			
		DTP02	Date Time Format Qualifier	R			
		DTP03	Date Time Period	R			
416	355	REF	Other Payer Secondary Identification and Referen	S	2		
		REF01	Reference Ident Qual	R		FL 37 (A-C)	Internal Control Number (ICN)/D
		REF02	Reference Ident	R			
		REF03-04				not used	
418	355	REF	Other Payer Prior Authorization or Referral Numbe	S	1		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04					
LOOP ID - 2330C OTHER PAYER PATIENT INFORMATION 1							
420	325	NM1	Other Payer Patient Information	S	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103-107				not used	
		NM108	ID Code Qualifier	R			
		NM109	ID Code	R			
422	355	NM110-111			3		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
LOOP ID - 2330D OTHER PAYER ATTENDING PROVIDER 1							
424	325	NM1	Other Payer Attending Provider	S	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103-111				not used	
426	355	REF	Other Payer Attending Provider Identification	R	3		

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
LOOP ID - 2330E OTHER PAYER OPERATING PROVIDER 1							
428	325	NM1	Other Payer Operating Provider	S	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103-111				not used	
430	355	REF	Other Payer Operating Provider Identification	R	3		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
LOOP ID - 2330F OTHER PAYER OTHER PROVIDER 1							
432	325	NM1	Other Payer Other Provider	S	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103-111				not used	
434	355	REF	Other Payer Other Provider Identification	R	3		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
LOOP ID - 2330G OTHER PAYER REFERRING PROVIDER 2							
436	325	NM1	Other Payer Referring Provider	S	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103-111				not used	
438	355	REF	Other Payer Referring Provider Identification	R	3		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
LOOP ID - 2330H OTHER PAYER SERVICE FACILITY PROVIDER 1							
440	325	NM1	Other Payer Service Facility Provider	S	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103-111				not used	
442	355	REF	Other Payer Service Facility Provider Identification	R	3		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
LOOP ID - 2400 SERVICE LINE NUMBER 999							
444	365	LX	Service Line Number	R	1		
		LX01	Assigned Number	R			
445	375	SV2	Institutional Service Line	R	1		

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
		SV201	Product/Service ID	R		FL 42	Revenue Code
		SV202	Comp Med Procd ID	S		FL 44 (HCPCS)	HCPCS/Rates/HIPPS Rate Code
		SV203	Monetary Amount	R		FL 47	Total Charges (by Revenue Cod
		SV204	Unit/Basis Meas Code	R			
		SV205	Quantity	R		FL 46	Units of Service
		SV206	Unit Rate	S		FL 44 ("RATES")	HCPCS/Rates/HIPPS Rate Code
		SV207	Monetary Amount	S		FL 48	Non-Covered Charges
		SV208-10				not used	
450	385	SV4	Prescription Number	S	1		
		SV401	Reference Ident	R			
		SV402-18				not used	
452	420	PWK	Line Supplemental Information	S	5		
		PWK01	Report Type Code	R			
		PWK02	Report Transmission Code	R			
		PWK03-04				not used	
		PWK05	ID Code Qualifier	S			
		PWK06	ID Code	S			
		PWL07-09				not used	
456	455	DTP	Service Line Date	S	1		
		DTP01	Date/Time Qualifier	R			
		DTP02	Date Time Format Qualifier	R			
		DTP03	Date Time Period	R		FL 45	Service Date
458	455	DTP	Assessment Date	S	1		
		DTP01	Date/Time Qualifier	R			
		DTP02	Date Time Format Qualifier	R			
		DTP03	Date Time Period	R		FL 45	Service Date
460	475	AMT	Service Tax Amount	S	1		
		AMT01	Amount Qual Code	R			
		AMT02	Monetary Amount	R			
		AMT03				not used	
461	475	AMT	Facility Tax Amount	S	1		
		AMT01	Amount Qual Code	R			
		AMT02	Monetary Amount	R			
		AMT03				not used	
LOOP ID - 2420A ATTENDING PHYSICIAN NAME 1							
462	500	NM1	Attending Physician Name	S	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103	Name Last/Org Name	R			
		NM104	Name First	S			
		NM105	Name Middle	S			
		NM106				not used	
		NM107	Name Suffix	S			

837Institutional-UB92.xls							
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
		NM108	ID Code Qualifier	R			
		NM109	ID Code	R			
		NM110-111				not used	
465	505	PRV	Attending Physician Specialty Information	R	1		
		PRV01	Provider Code	R			
		PRV02	Reference Ident Qual	R			
		PRV03	Reference Ident	R			
		PRV04-06				not used	
467	525	REF	Attending Physician Secondary Identification	S	1		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
LOOP ID - 2420B OPERATING PHYSICIAN NAME 1							
469	500	NM1	Operating Physician Name	S	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103	Name Last/Org Name	R			
		NM104	Name First	R			
		NM105	Name Middle	S			
		NM106				not used	
		NM107	Name Suffix	S			
		NM108	ID Code Qualifier	R			
		NM109	ID Code	R			
		NM110-111				not used	
472	505	PRV	Operating Physician Specialty Information	S	1		
		PRV01	Provider Code	R			
		PRV02	Reference Ident Qual	R			
		PRV03	Reference Ident	R			
		PRV04-06				not used	
474	525	REF	Operating Physician Secondary Identification	S	1		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
LOOP ID - 2420C OTHER PROVIDER NAME 1							
476	500	NM1	Other Provider Name	S	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103	Name Last/Org Name	R			
		NM104	Name First	S			
		NM105	Name Middle	S			
		NM106				not used	
		NM107	Name Suffix	S			
		NM108	ID Code Qualifier	R			

837Institutional-UB92.xls				USE	REP	UB-92 Form Position	HIS Systems Field Reference
PAGE #	POS. #	SEG. ID	NAME				
		NM109	ID Code	R			
		NM110-111				not used	
479	505	PRV	Other Provider Specialty Information	S	1		
		PRV01	Provider Code	R			
		PRV02	Reference Ident Qual	R			
		PRV03	Reference Ident	R			
		PRV04-06				not used	
481	525	REF	Other Provider Secondary Identification	S	1		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
LOOP ID - 2420D REFERRING PROVIDER NAME 1							
483	500	NM1	Referring Provider Name	S	1		
		NM101	Entity ID Code	R			
		NM102	Entity Type Qualifier	R			
		NM103	Name Last/Org Name	R			
		NM104	Name First	S			
		NM105	Name Middle	S			
		NM106				not used	
		NM107	Name Suffix	S			
		NM108	ID Code Qualifier	R			
		NM109	ID Code	R			
		NM110-111				not used	
486	505	PRV	Referring Provider Specialty Information	S	1		
		PRV01	Provider Code	R			
		PRV02	Reference Ident Qual	R			
		PRV03	Reference Ident	R			
		PRV04-06				not used	
488	525	REF	Referring Provider Secondary Identification	S	1		
		REF01	Reference Ident Qual	R			
		REF02	Reference Ident	R			
		REF03-04				not used	
LOOP ID - 2430 SERVICE LINE ADJUDICATION INFORMATION 25							
490	540	SVD	Service Line Adjudication Information	S	1		
		SVD01	ID Code	R			
		SVD02	Monetary Amount	R			
		SVD03	Comp Med Procd ID	S			
		SVD04	Product/Service ID	R			
		SVD05	Quantity	R			
		SVD06	Assigned Number	S			
494	545	CAS	Service Line Adjustment	S	99		
		CAS01	Claim Adj Group Code	R			
		CAS02	Claim Adj Reason Code	R			

837Institutional-UB92.xls				USE	REP	UB-92 Form Position	HIS Systems Field Reference
PAGE #	POS. #	SEG. ID	NAME	USE	REP	UB-92 Form Position	HIS Systems Field Reference
		CAS03	Monetary Amount	R			
		CAS04	Quantity	S			
		CAS05	Claim Adj Reason Code	S			
		CAS06	Monetary Amount	S			
		CAS07	Quantity	S			
		CAS08	Claim Adj Reason Code	S			
		CAS09	Monetary Amount	S			
		CAS10	Quantity	S			
		CAS11	Claim Adj Reason Code	S			
		CAS12	Monetary Amount	S			
		CAS13	Quantity	S			
		CAS14	Claim Adj Reason Code	S			
		CAS15	Monetary Amount	S			
		CAS16	Quantity	S			
		CAS17	Claim Adj Reason Code	S			
		CAS18	Monetary Amount	S			
		CAS19	Quantity	S			
502	550	DTP	Service Adjudication Date	S	1		
		DTP01	Date/Time Qualifier	R			
		DTP02	Date Time Format Qualifier	R			
		DTP03	Date Time Period	R			
503	555	SE	Transaction Set Trailer	R	1		
		SE01	Number of Inc Segs	R			
		SE02	TS Control Number	R		= ST02	