

#	Segment	Element	RQD	Page	Comments	Name of Box on HCFA 1500	HIS Systems Field Reference	MAPPING
1	ST - Transaction Set Header		R					
2	TS ID Code	ST01	R	62		Hard Code "837"		Hard Code "837"
3	TS Control Number	ST02	R	62				
4	BHT - Beginning of Hierarchical Transaction		R		>Begin			
5	Hierarchical Structure Code	BHT01	R	63		Hard Code "0019"		Hard Code "0019"
6	TS Purpose Code	BHT02	R	63		Default is "00"		Default is "00"
7	Reference Ident	BHT03	R	63				
8	Date	BHT04	R	63		31 - DATE		
9	Time	BHT05	R	64				
10	Transaction Type Code	BHT06	R	64				There are only two possible values, "CH" for fee-for-service
11	REF - Transmission Type Identification		R		>Trans			
12	Reference Ident Qualifier	REF01	R	66		Hard code to "87"		Hard code to "87"
13	Reference Ident	REF02	R	66		Hard Code to "004010X098"		Hard Code to "004010X098"
14		REF03 thru REF04				not used		
15	LOOP 1000A - Submitter Name							
16	NM1 - Individual or Organizational Name		R		>Subm			
17	Entity ID Code	NM101	R	67		Hard code to "41"		Hard code to "41"
18	Entity Type Qualifier	NM102	R	68				
19	Name Last/Org Name	NM103	R	68	Last name	33 - PHYSICIAN'S SUPPLIER'S BILLING NAME		
20	Name First	NM104	S	68	Required	33 - PHYSICIAN'S SUPPLIER'S BILLING NAME		
21	Name Middle	NM105	S	68	Required	33 - PHYSICIAN'S SUPPLIER'S BILLING NAME		
22		NM106 thru NM107		68		not used		
23	ID Code Qualifier	NM108	R	68		Hard Coded to "46"		Hard Coded to "46"
24	ID Code	NM109	R	68		Cross reference file at the clearinghouse usually stores this information		Cross reference file at the clearinghouse usually stores th
25		NM110 thru NM111				not used		
26	N2 - Additional Submitter Name Information		S					
	Name	N2	S	70				
27	PER - Submitter EDI Contact Information		R		>Subm			
28	Contact Funct Code	PER01	R	72		Hard Coded to "IC"		Hard Coded to "IC"
29	Name	PER02	R	72		If NM103 is the clearinghouse fill in the contact name here. If not a clearinghouse, this information is n		If NM103 is the clearinghouse fill in the contact name here
30	Comm Number Qualifier	PER03	R	72		If clearinghouse fill in the appropriate value of: "ED, EM, FX, or TE" If not a clearinghouse, this informa		If clearinghouse fill in the appropriate value of: "ED, EM, F
31	Comm Number	PER04	R	72		If clearinghouse fill in the appropriate number. If not a clearinghouse, this number may be taken from t		If clearinghouse fill in the appropriate number. If not a clea
32		PER05 thru PER09				(repeats PER03 and PER04)		
33	LOOP 1000B - Receiver Name							
34	NM1 - Individual or Organizational Name		R		>Recei			
35	Entity ID Code	NM101	R	74		Hard Code to "40"		Hard Code to "40"
36	Entity Type Qualifier	NM102	R	75		Hard Code to "2"		Hard Code to "2"
37	Name Last/Org Name	NM103	R	75		Generally the payer name is printed at the top of the HCFA 1500 claim form. For those payers who cu		Generally the payer name is printed at the top of the HCF
38		NM104 thru NM107		75		not used		

39	ID Code Qualifier	NM108	R	75		Hard Code to "46"		Hard Code to "46"
40	ID Code	NM109		75		Not present on the claim form. May be able to obtain this information from the submitter cross reference		Not present on the claim form. May be able to obtain this
41		NM110 thru NM111		75		not used		
42	N2 - Additional Submitter Name Information		S					
	Name	N2	S	76				
43	LOOP 2000A - Billing/Pay-to Provider Hierarchical Level							
44	HL - Hierarchical Level		R		>Billing			
45	Hierarchical ID Number	HL01	R	77		Sequence number incremented for each occurrence of HL.		Sequence number incremented for each occurrence of HL
46		HL02		78		not used		
47	Hierarchical Level Code	HL03	R	78		Hard code "20"		Hard code "20"
48	Hierarchical Child Code	HL04	R	78		Hard code "1"		Hard code "1"
49	PRV - Billing/Pay-to Provider Specialty Information		S		Require			
50	Provider Code	PRV01	R	79				
51	Reference Ident Qualifier	PRV02	R	80		Hard Code "ZZ" Used to indicate the Healthcare Provider Taxonomy Code		Hard Code "ZZ" Used to indicate the Healthcare Provider
52	Reference Ident	PRV03	R	80		Box 31 - Signature of Physician or Supplier Including Degrees or Credentials		
53		PRV04-06		80		not used		
54	CUR - Foreign Currency Information		S					
	Entity ID Code	CUR01	S	82				
	Currency Code	CUR02	S	82				
		COR03-21				not used		
55	LOOP 2010AA - Billing Provider Name							
56	NM1 - Individual or Organizational Name		R		>Billing			
57	Entity ID Code	NM101	R	84				Hard code "85"
58	Entity Type Qualifier	NM102	R	85				There is currently no way to tell if the billing provider name
59	Name Last/Org Name	NM103	R	85	Name F	33 - Physician's Supplier's Billing name, Last		Pull last name from Box 33
60	Name First	NM104	S	85		33 - Physician's Supplier's Billing name, First		If NM102 = "1" pull first name from box 33
61	Name Middle	NM105	S	85		33 - Physician's Supplier's Billing name, MI		If NM102 = "1" pull middle name from box 33
62		NM106		85		not used		
63	Name suffix	NM107	S	85		33 Physician's Supplier's Billing name, Suffix		If included in the physician's name it could be split from th
64	ID Code Qualifier	NM108	R	85				If NM102 = "2" this will be "24", if "1" this will be "34" If XX
65	ID Code	NM109	R	85		25 - Federal Tax ID Number		Pulled from box 25
66		NM110 thru NM111		85		not used		
67	N2 - Additional Submitter Name Information		S					
	Name	N2	S	87				
68	N3 - Address Information		R		>Billing			
69	Address Information	N301	R	88		33 - Physician's, Suppliers Billing Address, Street		Pulled from box 33
70	Address Information	N302	S	88				
71	N4 - Geographic Location		R		>Billing			
72	City Name	N401	R	89		33 - Physician's Supplier's Billing Address, City		Pulled from box 33
73	State or Province Code	N402	R	90		33 - Physician's Supplier's Billing Address, State		Pulled from box 33
74	Postal Code	N403	R	90		33 - Physician's Supplier's Billing Address, ZIP		Pulled from box 33
75	Country Code	N404	S	90				

76		N405 thru N406				not used		
77	REF - Billing Provider Secondary Identification		S			>Billing		This REF segment is Situational and required only wh
78	Reference Ident Qualifier	REF01	R	91				
79	Reference ID	REF02	R	92		33 - Physician's Supplier's PIN # OR 25 - Federal Tax ID Number		Pulled from box 33, PIN # OR pulled from box 25, EIN
80		REF03 - REF04				not used		
81	REF - Credit/Debit Card Billing Information		S					
	Reference Ident Qualifier	REF01	R	94				
	Reference Ident	REF02	R	94				
		REF03-04				not used		
82	PER - Billing Provider Contact Information					>Billing		
83	Contact Funct Code	PER01	R	97				Hard Coded to "IC"
84	Name	PER02	R	97				
85	Comm Number Qual	PER03	R	97				Fill in the appropriate value of: "EM, FX, or TE"
86	Comm Number Qual	PER04	R	97		33 - Physician's Supplier's Phone #		This number may be taken from the cross reference file o
87		PER05 - 09	S	97		repeats		
88	LOOP 2010AB - Pay-to-Provider Name							
89	NM1 - Individual or Organizational Name		S			>Pay to		
90	Entity ID Code	NM101	R	99				Hard code "87"
91	Entity Type Qualifier	NM102	R	100				Enter value "1" or "2"
92	Name Last/Org Name	NM103	R	100				
93	Name First	NM104		100				
94	Name Middle	NM105		100				
95		NM106		100		not used		
	Name Suffix	NM107		100				
96	ID Code Qualifier	NM108	R	100		25 - SSN/EIN checkbox		If NM102 = "2" this will be "24", if "1" this will be "34" If XX
97	ID Code	NM109	R	100	Pay-to	25 - Federal Tax ID Number		Pulled from box 25
98		NM110 thru NM111		100		not used		
99	N2 - Additional Name Information		S					
	Name	N201	R	102				
		N202		102		not used		
100	N3 - Address Information		R			>Pay to		
101	Address Information	N301	R	103		33 - Physician's, Suppliers Billing Address, Street		Pulled from box 33
102	Address Information	N302	S	103				
103	N4 - Geographic Location		R			> Pay t		
104	City Name	N401	R	104		33 - Physician's Supplier's Billing Address, City		Pulled from box 33
105	State or Province Code	N402	R	105		33 - Physician's Supplier's Billing Address, State		Pulled from box 33
106	Postal Code	N403	R	105		33 - Physician's Supplier's Billing Address, ZIP		Pulled from box 33
107	Country Code	N404	S	105				
		N405-06		105		not used		
108	REF - Reference Identification		S					
	Reference Ident Qualifier	REF01	R	106				
	Reference Ident	REF02	R	107				

		REF03-04		107		not used		
109	LOOP 2000B - Subscriber Hierarchical Level							
110	HL - Hierarchical Level		R		>Subsc			
111	Hierarch ID Number	HL01	R	108				a translator can determine the appropriate HL structure w
112	Hierarch Parent ID	HL02	R	109				a translator can determine the appropriate HL structure w
113	Hierarch Level Code	HL03	R	109				a translator can determine the appropriate HL structure w
114	Hierarch Child Code	HL04	R	109				a translator can determine the appropriate HL structure w
115	SBR - Suscriber Information		R		>Subsc			
116	Payer Resp Seq No Code	SBR01	R	110				
117	Individual Relat Code	SBR02	S	111	If SELF	6 - Patient Relationship to Insured		A cross reference table in a translator can be present here
118	Reference Ident	SBR03	S	111	per HC	11 - Insured's Policy Group or FECA Number		If the value "NONE" is present here then a cross referenc
119	Name	SBR04	S	111		11c - Insurance Plan Name or Program Name		If box 11c contains the Group or Plan Name insert that na
120	Insurance Type Code	SBR05	S	111				
121		SBR06 thru SBR08		111		not used		
122	Claim File Ind Code	SBR09	R	111	Check I	1- Type of Health Plan Check boxes		A cross reference table to translate an "x" in the check bo
123	PAT - Patient Information		S					
		PAT01-04		114		not used		
	Date Time format Qual	PAT05	S	115				
	Date Time Period	PAT06	S	115				
	Unit/Basis Meas Code	PAT07	S	115				
	Weight	PAT08	S	115				
	Yes/No Cond Resp Code	PAT09	S	115				
124	LOOP 2010BA - Subscriber Name							
125	NM1 - Individual or Organizational Name		R		>Subsc			
126	Entity ID Code	NM101	R	118				value "IL" would be present here
127	Entity Type Qualifier	NM102	R	118				more than likely the value here will always be "1" to indica
128	Name Last/Org Name	NM103	R	118	Per HC	4 - Insured's Name, Last		If this is a Medicare claim and the word "SAME" is presen
129	Name First	NM104	S	118		4 - Insured's Name, First		delimited data from box 4
130	Name Middle	NM105	S	118		4 - Insured's Name, MI		delimited data from box 4
131		NM106		118		not used		
132	Name Suffix	NM107	S	118				
133	ID Code Qualifier	NM108	S	118				a value is required here if NM102 above = "1". The value
134	ID Code	NM109	S	118		1a - Insured's ID Number		direct mapping of value present in box 1a of the HCFA 15
135		NM110 thru NM111		118		not used		
136	N2 - Additional Name Information		S					
	Name	N201	R	120				
		N202		120		not used		
137	N3 - Subscriber Address		S		>Subsc			
138	Address Information	N301	R	121	Per HC	7 - Insured's Address		If SBR02 is loop 2000B = "18" then complete this element
139	Address Information	N302	S	121				
140	N4 - Geographic Location		S		>Subsc			
141	City Name	N401	R	122		7 - Insured's City		If SBR02 is loop 2000B = "18" then complete this element

142	State or Province Code	N402	R	122		7 - Insured's State		If SBR02 is loop 2000B = "18" then complete this element
143	Postal Code	N403	R	123		7 - Insured's ZIP		If SBR02 is loop 2000B = "18" then complete this element
144	Country Code	N404	S	123				
		N405 thru N406		123		not used		
145	DMG - Demographic Information		S			>Subsc		
146	Date Time format Qual	DMG01	R	124				If a value is present for DMG02 then the translator would
147	Date Time Period	DMG02	R	125	Per HC	11a - Insured's Date of Birth		translator would convert the date expressed in box 11a fr
148	Gender Code	DMG03	R	125		11a - Insured's Sex		cross reference table would exist to translate a value "X" i
149		DMG04 thru DMG09		125		not used		
150	REF - Reference Identification (secondary identification)		S					
	Reference Ident Qualifier	REF01	R	126				
	Reference Ident	REF02	R	127				
151		REF03-04		127		not used		
	REF - Property and Casualty Claim Number		S					
	Reference Ident Qualifier	REF01	R	128				
	Reference Ident	REF02	R	129				
		REF03-04		129		not used		
152	LOOP 2010BB - Payer Name							
153	NM1 - Individual or Organizational Name		R			>Payer		
154	Entity ID Code	NM101	R	130				Hard Code "PR"
155	Entity Type Qualifier	NM102	R	131				Hard Code "2"
156	Name Last/Org Name	NM103	R	131	*Per HC	11c - Insurance Plan Name or Program Name		If the Plan Name that resides in box 11c is the same thing
157		NM104 thru NM107		131		not used		
158	ID Code Qualifier	NM108	R	131				Hard Code "PI" or "XV"
159	ID Code	NM109	R	131	* see ne	11c - Insurance Plan Name or Program Name		
160		NM110 thru NM111		131		not used		
161	N2 - Additional Name Information		S					
	Name	N201	R	133				
		N202		133		not used		
162	N3 - Payer Address		S					
	Address Information	N301	R	134				
	Address Information	N302	S	134				
163	N4		S					
	City Name	N401	R	135				
	State or Province Code	N402	R	136				
	Postal Code	N403	R	136				
	Country Code	N404	S	136				
				136		not used		
164	REF - Payer Secondary Identification		S					
	Reference Ident Qualifier	REF01	R	137				
	Reference Ident	REF02	R	138				
		REF03-04		138		not used		

165	LOOP 2010BC - Responsible Party Name								
166	NM1 - Individual or Organizational Name		S						
	Entity ID Code	NM101	R	140					
	Entity Type Qualifier	NM102	R	140					
	Name Last/Org Name	NM103	R	140					
	Name First	NM104	S	140					
	Name Middle	NM105	S	141					
		NM106		141			not used		
	Name Suffix	NM107	S	141					
		NM108-111		141			not used		
167	N2 - Additional Responsible Party Name Information		S						
	Name	N201	R	142					
		N202		142			not used		
168	N3 - Responsible Party Address		R						
	Address Information	N301	R	143					
	Address Information	N302	S	143					
169	N4 - Responsible Party Geographic Location		R						
	City Name	N401	R	144					
	State or Province Code	N402	R	144					
	Postal Code	N403	R	145					
	Country Code	N404	S	145					
		N405-06		145			not used		
170	LOOP 2010BD - Credit/Debit Card Holder Name								
171	NM1 - Individual or Organizational Name		S						
	Entity ID Code	NM101	R	146					
	Entity Type Qualifier	NM102	R	147					
	Name Last/Org Name	NM103	R	147					
	Name First	NM104	S	147					
	Name Middle	NM105	S	147					
		NM106		147			not used		
	Name Suffix	NM107	S	147					
	ID Code Qualifier	NM108	R	147					
	ID Code	NM109	R	147					
		NM110-111		147			not used		
172	N2 - Additional Credit/Debit Card Holder Name Information		S						
	Name	N201	R	149					
				149			not used		
173	REF - Credit/Debit Card Information		S						
	Reference Ident Qualifier	REF01	R	150					
	Reference Ident	REF02	R	151					
		REF03-04					not used		
174	LOOP 2000C - Patient Hierarchical Level		S					This HL Loop is required when the Patient is a different person than the subscriber.	Box 6 will indicate if this loop should be present. If "

175	HL - Hieracrchical Level		S		>Patier		
176	Hierarch ID Number	HL01	R	152			Translator can determine this value
177	Hierarch Parent ID	HL02	R	153			Translator can determine this value
178	Hierarch Level Code	HL03	R	153			If this HL is present, then Hard Code "23"
179	Hierarch Child Code	HL04	R	153			If this HL is present then Hard Code "0"
180	PAT - Patient Information		R		>Patier		
181	Individual Relat Code	PAT01	R	154	If SPO	6 - Patient Relationship to Insured.	Cross reference table, Spouse = 01, Child = 19, Other = C
182		PAT02 thru PAT04		155		not used	
	Date Time format Qual	PAT05	S	155			
	Date Time Period	PAT06	S	155			
	Unit/Basis Meas Code	PAT07	S	155			
	Weight	PAT08	S	155			
	Yes/No Cond Resp Code	PAT09	S	155			
183	LOOP 2010CA - Patient Name						
184	NM1 - Individual or Organizational Name		R		>Patier		
185	Entity ID Code	NM101	R	157			Hard Code "QC"
186	Entity Type Qualifier	NM102	R	158			Hard Code "1"
187	Name Last/Org Name	NM103	R	158		2 - Patient's Name, Last	Using a delimitated field, patient Last, First and MI can be
188	Name First	NM104	R	158		2 - Patient's Name, First	Using a delimitated field, patient Last, First and MI can be
189	Name Middle	NM105	S	158		2 - Patient's Name, MI	Using a delimitated field, patient Last, First and MI can be
190		NM106				not used	
191	Name Suffix	NM107	S	159			
192	ID Code Qualifier	NM108	S	159			
193	ID Code	NM109	S	159			
194		NM110 thru NM111				not used	
195	N2 - Additional Patient Name Information		S				
	Name	N201	R	160			
		N202		160		not used	
196	N3 - Patient Address		R		>Patier		
197	Address information	N301	R	161		5 - Patient's Address	Patient Address can be pulled directly from box 5
198	Address information	N302	S	161			
199	N4 - Patient City/State/Zip		R		>Patier		
200	City Name	N401	R	162		5 - Patient's City	Box 5 - City
201	State or Prov Code	N402	R	162		5 - Patient's State	Box 5 - State
202	Postal Code	N403	R	163		5 - Patient's ZIP	Box 5 - Zip Code
	Country Code	N404	S	163			
203		N405 thru N406		163		not used	
204	DMG - Patient Demographic Information		R		>Patier		
205	Date Time format Qual	DMG01	R	164			Hard Code "D8"
206	Date Timer Period	DMG02	R	165	Per HC	3 - Patient's Birth Date	need to reformat date in box 3. Date should be written as
207	Gender Code	DMG03	R	165		3 - Patient's Sex	Cross Reference table, if M is checked in box 3 then "M" i
208		DMG04 thru DMG09		165		not used	

209	REF - Patient Secondary Identification		S					
	Reference Ident Qualifier	REF01	R	166				
	Reference Ident	REF02	R	167				
		REF03-04		167		not used		
210	REF - Property and Casualty Claim Number							
	Reference Ident Qualifier	REF01	R	168				
	Reference Ident	REF02	R	169				
		REF03-04		169		not used		
211	LOOP 2300 - Claim Information							
212	CLM - Health Claim		R		>Claim			
213	Claim Submit Identifier	CLM01	R	171		26 - Patient's Account Number		
214	Monetary Amount	CLM02	R	172		28 - Total Charge		A cross calculation should be done to ensure that the Cla
215		CLM03 thru CLM04		172		not used		
216	Health Care Service Location	CLM05	R	172				
217		CLM05-1	R	172		24b – Place of Service		POS Codes present on the HCFA 1500 form should have
218		CLM05-2		172				
219		CLM05-3	R	172				
220	Yes/No Cond Resp Code	CLM06	R	174		31 - Signature of Physician or Supplier Including Degrees or Credentials		If Box 31 contains a signature then the answer here wouk
221	Provider Accept Code	CLM07	R	174		27 - Accept Assignment? YES/NO checkbox		CLM07 contains the MEDICARE Provider Accept Assignr
222	Yes/No Cond Resp Code	CLM08	R	175		13 - Insured's Signature		CLM08 contains the Assignment of Benefits Indicator. A
223	Release of info Code	CLM09	R	175	Per HC	12 - Patient's or Authorized Person's Signature		CLM09 contains the Release of Information Code (A, I, M
224	Patient Sig Source Code	CLM10	S	176		12 - Patient's or Authorized Person's Signature for Release of Medical Information	AND 13	This data element is required EXCEPT when CLM09 = N,
225	Related Causes Infor	CLM11	S	176				
226		CLM11-1	R	176		10a - Is Patient's Condition Related To Employment?		Crosswalk "Y" indications present in box 10 a, b, and c to
227		CLM11-2		176		10b - Is Patient's Condition Related To Auto Accident?		Crosswalk "Y" indications present in box 10 a, b, and c to
228		CLM11-3		176		10c - Is Patient's Condition Related To Other Accident?		Crosswalk "Y" indications present in box 10 a, b, and c to
229		CLM11-4		177		10b - Place (State) of Auto Accident		Insert 2 letter state code present in box 10b only if this co
230		CLM11-5		177				
231	Special Prog Code	CLM12	S	178		24H - EPSDT Family Plan		If EPSDT is checked in box 24H, then code value "01" is
232		CLM13 thru CLM15		178		not used		
	Provider Agree Code	CLM16	S	178				
		CLM17-19		178		not used		
	Delay Reason Code	CLM20	S	179				
233	DTP - Date - Order Date		S					
	Date/Time Qualifier	DTP01	R	180				
	Date Time format Qual	DTP02	R	180				
	Date Time Period	DTP03	R	181				
234	DTP - Initial Treatment		S					
	Date/Time Qualifier	DTP01	R	183				
	Date Time format Qual	DTP02	R	182				
	Date Time Period	DTP03	R	183				
235	DTP - Date- Referral Date		S					

	Date/Time Qualifier	DTP01	R	184				
	Date Time format Qual	DTP02	R	184				
	Date Time Period	DTP03	R	185				
236	DTP - Date - Date Last Seen		S					
	Date/Time Qualifier	DTP01	R	186				
	Date Time format Qual	DTP02	R	186				
	Date Time Period	DTP03	R	187				
237	DTP - Date - Onset of Current Illness/Symptom		S		>Date -	14 - Date of current illness/symptom		The presence of a date in box 14 on the HCFA 1500 in
238	Date/Time Qualifier	DTP01	R	188				Hard code the value "431" when this DTP is present.
239	Date Time format Qual	DTP02	R	188				hard code the value "D8" when this DTP is present
240	Date Time Period	DTP03	R	189	Per HC	14 - Date of current illness/symptom		The date expressed in box 14 is written as MMDDYY or M
241	DTP - Date - Acute Manifestation		S					
	Date/Time Qualifier	DTP01	R	190				
	Date Time format Qual	DTP02	R	191				
	Date Time Period	DTP03	R	191				
242	DTP - Similar Illness/Symptom Onset		S		>Date -	15 - If patient has had same or similar illness. Give first date.		The presence of a date in box 15 on the HCFA 1500 in
243	Date/Time Qualifier	DTP01	R	192				Hard code the value "438" when this DTP is present.
244	Date Time format Qual	DTP02	R	192				hard code the value "D8" when this DTP is present
245	Date Time Period	DTP03	R	193		15 - If patient has had same or similar illness. Give first date.		The date expressed in box 15 is written as MMDDYY or M
246	DTP - Date - Accident		S					
	Date/Time Qualifier	DTP01	R	194				
	Date Time format Qual	DTP02	R	194				
	Date Time Period	DTP03	R	195				
247	DTP - Date - Last Menstrual Period		S					
	Date/Time Qualifier	DTP01	R	196				
	Date Time format Qual	DTP02	R	196				
	Date Time Period	DTP03	R	196				
248	DTP - Date - Last X-Ray		S					
	Date/Time Qualifier	DTP01	R	197				
	Date Time format Qual	DTP02	R	197				
	Date Time Period	DTP03	R	198				
249	DTP - Date - Estimated Date Of Birth		S					
	Date/Time Qualifier	DTP01	R	199				
	Date Time format Qual	DTP02	R	199				
	Date Time Period	DTP03	R	199				
250	DTP - Date - Hearing and Vision Prescription Date		S					
	Date/Time Qualifier	DTP01	R	200				
	Date Time format Qual	DTP02	R	200				
	Date Time Period	DTP03	R	200				
251	DTP - Date - Disability Begin		S					
	Date/Time Qualifier	DTP01	R	201				
	Date Time format Qual	DTP02	R	201				

		AMT03		219		not used		
273	AMT - Patient Amount Paid		S		>Patier	29 - Amount Paid		
274	Amount Qual Code	AMT01	R	220				"F5"
275	Monetary AMount	AMT02	R	220		29 - Amount Paid		If the amount carried in box 29 can be determined to carry
276		AMT03		220		not used		
277	AMT - Total Purchases Service Amount		S		>Total			
278	Amount Qual Code	AMT01	R	221				Hard code with the value "NE"
279	Monetary AMount	AMT02	R	221	When t	20 - \$ Charges		
280		AMT03		221		not used		
281	REF - Service Authorization Exception Code		S					
	Reference Ident Qual	REF01	R	222				
	Reference Ident	REF02	R	223				
		REF03-04		223		not used		
282	REF - Mandatory Medicare (Section 4081) Crossover Indicator		S					
	Reference Ident Qual	REF01	R	224				
	Reference Ident	REF02	R	224				
		REF03-04		225		not used		
283	REF - Mammography Certification Number		S					
	Reference Ident Qual	REF01	R	226				
	Reference Ident	REF02	R	226				
		REF03-04		226		not used		
284	REF - Prior Authorization or Referral Number		S		>Prior	Multiple data types carried in one field		If data is present in box 23 and it is known that this d
285	Reference Ident Qual	REF01	R	227				"G1"
286	Reference Ident	REF02	R	228	Per HC	23 - Prior Authorization Number		
287		REF03 thru REF04		228		not used		
288	REF - Original Reference Number (ICN/DCN)		S		>Origir			If box 22 contains data then this segment should be c
289	Reference Ident Qual	REF01	R	229				hardcode the value "F8"
290	Reference Ident	REF02	R	230		22 - Medicaid Resubmission Code/Original Ref. No.		
291		REF03 thru REF04		230		not used		
292	REF - Clinical Laboratory Improvement Amendment (CLIA) Nu		S		>CLIA	Multiple data types carried in one field		
293	Reference Ident Qual	REF01	R	231				hard code "X4"
294	Reference Ident	REF02	R	232		23 - Prior Authorization Number		pull directly from box 23when the number in this field indic
295		REF03 thru REF04		232		not used		
296	REF - Repriced Claim Number		S					
	Reference Ident Qual	REF01	R	233				
	Reference Ident	REF02	R	233				
		REF03 thru REF04		234		not used		
297	REF - Adjusted Repriced Claim Number		S					
	Reference Ident Qual	REF01	R	235				
	Reference Ident	REF02	R	235				
		REF03 thru REF04		235		not used		
298	REF - Investigational Device Exemption Number		S					

	Reference Ident Qual	REF01	R	236				
	Reference Ident	REF02	R	236				
		REF03 thru REF04		236			not used	
299	REF - Claim ID Number for Clearinghouses & Other Transmiss		S					
	Reference Ident Qual	REF01	R	238				
	Reference Ident	REF02	R	239				
		REF03 thru REF04		239			not used	
300	REF - Ambulatory Patient Group (APG)		S					
	Reference Ident Qual	REF01	R	240				
	Reference Ident	REF02	R	240				
		REF03 thru REF04		240			not used	
301	REF - Medical Record Number		S		>Medic		26 - Patient's Account Number	
	Reference Ident Qual	REF01	R	241				
	Reference Ident	REF02	R	241			26 – Patient's Account No.	
		REF03 thru REF04		241			not used	
302	REF - Demonstration Project Identifier		S		>Medic			If a value is present in box 26 then include this REF S
303	Reference Ident Qual	REF01	R	242				hard code the value "EA"
304	Reference Ident	REF02	R	242				Insert the value found in box 26 here
305		REF03 thru REF04		243			not used	
306	K3 - File Information		S		>File in			
307	Fixed Form Information	K301	R	244	Multiple		19 - Reserved for local use	insert up to 80 characters of data present in box 19
308		K302 thru K303		245			not used	
309	NTE - Claim Note		S					
	Note Ref Code	NTE01	R	246				
	Description	NTE02	R	247				
310	CR1 - Ambulance Transport Information		S					
	Unit/Basis Meas Code	CR101	S	248				
	Weight	CR102	S	249				
	Ambulance Trans Code	CR103	R	249				
	Ambulance Reason Code	CR104	R	249				
	Unit/Basis Meas Code	CR105	R	250				
	Quantity	CR106	R	250				
		CR107-08		250			not used	
	Description	CR109	S	250				
	Description	CR110	S	250				
311	CR2 - Spinal Manipulation Service Information		S					
	Count	CR201	R	251				
	Quantity	CR202	R	252				
	Subluxation Level Code	CR203	S	252				
	Subluxation Level Code	CR204	S	253				
	Unit/Basis Meas Code	CR205	R	254				
	Quantity	CR206	R	255				

	Quantity	CR207	R	255				
	Nature of Cond Code	CR208	R	255				
	Yes/No Cond Resp Code	CR209	R	255				
	Description	CR210	S	256				
	Description	CR211	S	256				
	Yes/No Cond Resp Code	CR212	R	256				
312	CRC - Ambulance Certification		S					
	Code Category	CRC01	R	257				
	Yes/No Cond Resp Code	CRC02	R	258				
	Certificate Cond Code	CRC03	R	258				
	Certificate Cond Code	CRC04	S	259				
	Certificate Cond Code	CRC05	S	259				
	Certificate Cond Code	CRC06	S	259				
	Certificate Cond Code	CRC07	S	259				
313	CRC - Patient Condition Information: Vision		S					
	Code Category	CRC01	R	260				
	Yes/No Cond Resp Code	CRC02	R	261				
	Certificate Cond Code	CRC03	R	261				
	Certificate Cond Code	CRC04	S	261				
	Certificate Cond Code	CRC05	S	261				
	Certificate Cond Code	CRC06	S	261				
	Certificate Cond Code	CRC07	S	262				
314	CRC - Homebound Indicator		S					
	Code Category	CRC01	R	263				
	Yes/No Cond Resp Code	CRC02	R	264				
	Certificate Cond Code	CRC03	R	264				
	Certificate Cond Code	CRC04-07		264		not used		
315	HI - Health Care Diagnosis Code		S		>Health			The presence of a diagnosis code in box 21.1 would i
316	Health Care Code Info	HI01	R	265				
317	Health Care Code Info	HI01-1	R	266				hard code the value "BK" here
318	Health Care Code Info	HI01-2	R	266		21 - Diagnosis, #1		insert the DX code value found in box 21 here
319	Health Care Code Info	HI01-3 thru HI01-7	S	266				
320	Health Care Code Info	HI02-1	S	266				The presence of a diagnosis code in box 21.2 would indic
321	Health Care Code Info	HI02-2	S	266		21 - Diagnosis, #2		insert the DX code value found in box 21 here
322	Health Care Code Info	HI02-3 thru HI02-7	S	267				
323	Health Care Code Info	HI03-1	S	267				The presence of a diagnosis code in box 21.3 would indic
324	Health Care Code Info	HI03-2	S	267		21 - Diagnosis, #3		insert the DX code value found in box 21 here
325	Health Care Code Info	HI03-3 thru HI03-7	S	267				
326	Health Care Code Info	HI04-1	S	267				The presence of a diagnosis code in box 21.4 would indic
327	Health Care Code Info	HI04-2	S	268		21 - Diagnosis, #4		insert the DX code value found in box 21 here
328	Health Care Code Info	HI04-3 thru HI12	S	268				
	Health Care Code Info	HI05	S	268				

	Health Care Code Info	HI06	S	269				
	Health Care Code Info	HI07	S	269				
	Health Care Code Info	HI08	S	270				
	Health Care Code Info	HI09-12	S	270				
329	HCP - Claim Pricing/Repricing Information		S					
	Pricing Methodology	HCP01	R	271				
	Monetary Amount	HCP02	R	272				
	Monetary Amount	HCP03	S	273				
	Reference Ident	HCP04	S	273				
	Rate	HCP05	S	273				
	Reference Ident	HCP06	S	273				
	Monetary Amount	HCP07	S	273				
		HCP08-12		273		not used		
	Reject Reason Code	HCP13	S	274				
	Policy Comp Code	HCP14	S	274				
	Exception Code	HCP15	S	275				
330	LOOP 2305 - Home Health Care Plan Information							
331	CR7 - Home Health Treatment Plan Certification		S					
	Discipline Type Code	CR701	R	276				
	Number	CR702	R	277				
	Number	CR703	R	277				
332	HSD - Health Care Services Delivery		S					
	Quantity Qualifier	HSD01	S	279				
	Quantity	HSD02	S	279				
	Unit/Basis Meas Code	HSD03	S	279				
	Sample Set Modulus	HSD04	S	280				
	Time Period Qualifier	HSD05	S	280				
	Number of Periods	HSD06	S	280				
	Ship/Del or Calendar Code	HSD07	S	280				
	Ship/Del Time Code	HSD08	S	281				
333	LOOP 2310A - Referring Provider Name							
334	NM1 - Individual or Organizational Name		S		>Refer			The presence of data in box 17 indicates the requirement
335	Entity Code	NM101	R	282				hard code the value "DN"
336	Entity Type Qualifier	NM102	R	283				A Referring Provider can be either a "PERSON" or an "Org
337	Name Last/Org Name	NM103	R	283		17 - Name of Referring Physician or Other Source, Last		If the value "1" is used above then this element contains t
338	Name First	NM104	S	283		17 - Name of Referring Physician or Other Source, First		If the value "1" is used above then this element contains t
339	Name Middle	NM105	S	284		17 - Name of Referring Physician or Other Source, MI		If the value "1" is used above then this element contains t
340		NM106	S	284		not used		
	Name Suffix	NM107	S	284				
341	ID Code Qualifier	NM108	S	284				A crosswalk of Referring Providers and their SSN, EIN or
342	ID Code	NM109	S	284				If known, insert the Referring Providers SSN, EIN or NPI I
343		NM110 thru NM111		284		not used		

344	PRV - Referring Provider Specialty Information		S		> Refer		
345	Provider Code	PRV01	R	285			hard code the value "RF" here
346	Reference Ident Qualifier	PRV02	R	286			hard code the value "ZZ" here
347	Reference Ident	PRV03	R	286			Using a crosswalk table, insert the Referring Prov Taxonc
348		PRV04 thru PRV06		286		not used	
349	N2 - Additoinal Referring Provider Name Information		S				
	Name	N201	R	287			
		N202		287		not used	
350	REF - Referring Provider Secondary Identification		S		>Refer		
351	Reference Ident Qualifier	REF01	R	288			If conveying the UPIN number, hard code the value "1G"
352	Reference Ident	REF02	R	289		17a - ID Number of Referring Physician	If box 17a contains the UPIN number for the Referring Ph
353		REF03 thru REF04		289		not used	
354	LOOP 2310B - Rendering Provider Name						
355	NM1 - Individual or Organizational Name		S		>Rende		
356	Entity Code	NM101	R	291			hard code the value "82" here
357	Entity Type Qualifier	NM102	R	291			the value "1" or "2" may be present here
358	Name Last/Org Name	NM103	R	291		31 - Signature of Physician or Supplier, Last	If the value "1" is present then this element would contain
359	Name First	NM104	S	291		31 - Signature of Physician or Supplier, First	If the value "1" is present then this element would contain
360	Name Middle	NM105	S	292		31 - Signature of Physician or Supplier, MI	If the value "1" is present then this element would contain
361		NM106		292		not used	
	Name Suffix	NM107	S	292			
362	ID Code Qualifier	NM108	R	292			Insert the value "24", "34" or "XX" depending upon the typ
363	ID Code	NM109	R	292		25 - Federal Tax ID Number	Insert the value found in box 25 here
364		NM110 thru NM111		292		not used	
365	PRV - Rendering Provider Specialty Information		R		>Rende		
366	Provider Code	PRV01	R	293			hard code the value "PE" here
367	Reference Ident Qualifier	PRV02	R	293			hard code the value "ZZ" here
368	Reference Ident	PRV03	R	294			Using a crosswalk table, insert the Rendering Prov Taxon
369		PRV04 thru PRV06		294		not used	
370	N2 - Additional Rendering Provider Name Information		S				
	Name	N201	R	295			
				295		not used	
371	REF - Rendering Provider Secondary Identification		S		>Rende		The presence of data in box 33, PIN or GRP would ind
372	Reference Ident Qualifier	REF01	R				
373	Reference Ident	REF02	R		This RE	33 - PIN# and GRP#	Insert the value(s) found in box 33 here
374		REF03 thru REF04				not used	
375	LOOP 2310C				Used if	Purchased Services	
376	NM1 - Purchased Service Provider Name		S				
	Entity ID Code	NM101	R	299			
	Entity Type Qualifier	NM102	R	299			
		NM103-07		299		not used	
	ID Code Qualifier	NM108	S	299			

	ID Code	NM109	S	300				
		NM110-111		300			not used	
377	REF - Purchased Service Provider Secondary Identification		S					
	Reference Ident Qualifier	REF01	R	301				
	Reference Ident	REF02	R	302				
		REF03 thru REF04		302				
378	LOOP 2310D - Service Facility Location							
379	NM1 - Individual or Organizational Name		S			>Service		
380	Entity ID Code	NM101	R	304				A crosswalk table of rendering facility locations and identi
381	Entity Type Qualifier	NM102	R	304				hard code the value "2" here
382	Name Last/Org Name	NM103	R	304	Multiple	32 - Name of Facility where services were rendered		Insert Facility Name here present in box 32. Do not inser
384		NM104 thru NM107		304		not used		
	ID Code Qualifier	NM108	S	305				
385	ID Code	NM109	S	305				
386		NM110 thru NM111		305		not used		
387	N2 - Additional Service Facility Location Name Information		S					
	Name	N201	R	306				
		N202		306		not used		
388	N3 - Service Facility Location Address		R			>Service		
389	Address Information	N301	R	307		32 - Address of Facility where services were rendered, Street		
390	Address Information	N302	S	307				
391	N4 - Service Facility Location Sity/State/Zip		R			>Service		
392	City Name	N401	R	308		32 - Address of Facility where services were rendered, City		
393	State or Prov Code	N402	R	308		32 - Address of Facility where services were rendered, State		
394	Postal Code	N403	R	309		32 - Address of Facility where services were rendered, ZIP		
395	Country Code	N404	S	309				
		N405-06		309		not used		
396	REF - Service Facility Location Secondary Identification		S					
	Reference Ident Qualifier	REF01	R	310				
	Reference Ident	REF02	R	311				
		REF03 thru REF04		311		not used		
397	LOOP 2310E - Supervising Provider Name							
398	NM1 - Individual or Organizational Name		S					
	Entity Code	NM101	R	312				
	Entity Type Qualifier	NM102	R	313				
	Name Last/Org Name	NM103	R	313				
	Name First	NM104	R	313				
	Name Middle	NM105	S	313				
		NM106		313		not used		
	Name Suffix	NM107	S	313				
	ID Code Qualifier	NM108	R	314				
	ID Code	NM109	R	314				

		NM110 thru NM111		314		not used		
399	N2 - Additional Supervising Provider Name Information		S					
	Name	N201	R	315				
		N202				not used		
400	REF - Supervising Provider Secondary Identification							
	Reference Ident Qualifier	REF01	R	316				
	Reference Ident	REF02	R	317				
		REF03-04		317		not used		
401	LOOP 2320 - Other Subscriber Information							
402	SBR - Subscriber Information		S		>Other			
403	Payer Resp Seq No Code	SBR01	R	319				Insert code value "P", "S", or "T" to indicate the payers res
404	Individual Relat Code	SBR02	R	319				
405	Reference Ident	SBR03	S	320	Per HC	9a - Other Insured's Policy or Group Number		This element is intended to carry the GROUP number, no
406	Name	SBR04	S	320		9d - (Other) Insurance Plan Name or Program Name		
407	Insurance Type Code	SBR05	R	321				A crosswalk table may be created which links each Policy
408		SBR06 thru SBR08		321		not used		
409	Claim File Ind Code	SBR09	S	321				
410	CAS - Claim Level Adjustments		S					
	Claim Adj Group Code	CAS01	R	326				
	Claim Adj Reason Code	CAS02	R	326				
	Monetary Amount	CAS03	R	327				
	Quantity	CAS04	S	327				
	Claim Adj Reason Code	CAS05	S	327				
	Monetary Amount	CAS06	S	327				
	Quantity	CAS07	S	328				
	Claim Adj Reason Code	CAS08	S	328				
	Monetary Amount	CAS09	S	328				
	Quantity	CAS10	S	328				
	Claim Adj Reason Code	CAS11	S	329				
	Monetary Amount	CAS12	S	329				
	Quantity	CAS13	S	329				
	Claim Adj Reason Code	CAS14	S	329				
	Monetary Amount	CAS15	S	330				
	Quantity	CAS16	S	330				
	Claim Adj Reason Code	CAS17	S	330				
	Monetary Amount	CAS18	S	330				
	Quantity	CAS19	S	331				
411	AMT - Coordination of Benefits (COB) Payer Paid Amount		S		>Cob -			
412	Amount Qual Code	AMT01	R	332				hard code the value "D" here.
413	Monetary Amount	AMT02	R	332	Medica	29 - Amount Paid		If it can be determined that the amount in box 29 pertains
414		AMT03		332		not used		
415	AMT - COB Approved Amount		S					

	Amount Qual Code	AMT01	R	333				
	Monetary Amount	AMT02	R	333				
		AMT03		333		not used		
416	AMT - COB Allowed Amount		S			>Cob -		
417	Amount Qual Code	AMT01	R	334				hard code the value "AAE" here
418	Monetary Amount	AMT02	R	334	The bal	30 - Balance Due		
419		AMT03		334		not used		
420	AMT - COB Patient Responsibility Amount		S					
	Amount Qual Code	AMT01	R	335				
	Monetary Amount	AMT02	R	335				
		AMT03		335		not used		
421	AMT - COB Covered Amount		S					
	Amount Qual Code	AMT01	R	336				
	Monetary Amount	AMT02	R	336				
		AMT03		336		not used		
422	AMT - COB Discount Amount		S					
	Amount Qual Code	AMT01	R	337				
	Monetary Amount	AMT02	R	337				
		AMT03		337		not used		
423	AMT - COB Per Day Limit Amount		S					
	Amount Qual Code	AMT01	R	338				
	Monetary Amount	AMT02	R	338				
		AMT03		338		not used		
424	AMT - COB Patient Paid Amount		S					
	Amount Qual Code	AMT01	R	339				
	Monetary Amount	AMT02	R	339				
		AMT03		339		not used		
425	AMT - COB Tax Amount		S					
	Amount Qual Code	AMT01	R	340				
	Monetary Amount	AMT02	R	340				
		AMT03		340		not used		
426	AMT - COB Total Claim Before Taxes Amount		S					
	Amount Qual Code	AMT01	R	341				
	Monetary Amount	AMT02	R	341				
		AMT03		341		not used		
427	DMG - Subscriber Demographic Information		S			>Subsc		
428	Date Time format Qualifier	DMG01	R	342				hard code the value "D8" here
429	Date Time Period	DMG02	R	342	Per HC	9b - Other Insured's Date of Birth		box 9b contains the date in format MMDDCCYY. Reform
430	Gender Code	DMG03	R	343		9b - Other Insured's Sex		Box 9b contains an indicator for M or F, cross walk to the
431		DMG04 thru DMG09		343		not used		
432	OI - Other Insurance Coverage Information		R			>Other		
433		OI01 thru OI02		344		not used		

434	Yes/No Cond Resp Code	OI03	R	344					Per the IG, this is a crosswalk from CLM08 when doing C
435	Patient Sig Source Code	OI04	S	345					Per the IG, this is a crosswalk from CLM10 when doing C
436		OI05		345			not used		
437	Release of Info Code	OI06	R	345					Per the IG, this is a crosswalk from CLM09 when doing C
438	MOA - Medicare Outpatient Adjudication Information		S						
	Percent	MOA01	S	347					
	Monetary Amount	MOA02	S	348					
	Reference Ident	MOA03	S	348					
	Reference Ident	MOA04	S	348					
	Reference Ident	MOA05	S	348					
	Reference Ident	MOA06	S	348					
	Reference Ident	MOA07	S	349					
	Monetary Amount	MOA08	S	349					
	Monetary Amount	MOA09	S	349					
439	LOOP 2330A - Other Subscriber Name								
440	NM1 - Individual or Organizational Name		R			>Other			
441	Entity Code	NM101	R	350					hardcode the value "IL" here
442	Entity Type Qualifier	NM102	R	351					If the other insured listed in box 9 of the HCFA 1500 is a p
443	Name Last/Org Name	NM103	R	351	Per HC	9 - Other Insured's Name, Last			If the word "SAME" is present here then pick up the Last I
444	Name First	NM104	R	351		9 - Other Insured's Name, First			Other Insured's First Name is Required if the value in eler
445	Name Middle	NM105	S	351		9 - Other Insured's Name, MI			
446		NM106		351		not used			
447	Name Suffix	NM107	S	352					
448	ID Code Qualifier	NM108	R	352					hard code the value "MI" here (when HIPAA indiv id's are
449	ID Code	NM109	R	352		9a - Other Insured's Policy or Group Number			NM109 is intended to carry the Other Insured's POLICY n
450		NM110 thru NM111		352		not used			
451	N2 - Additional Subscriber Name Information		S						
	Name	N201	R	353					
		N202		353		not used			
452	N3 - Other Subscriber Address		S						
	Address Information	N301	R	354					
	Address Information	N302	S	354					
453	N4 - Other Subscriber City/State/Zip		S						
	City Name	N401	R	355					
	State or Prov Code	N402	R	356					
	Postal Code	N403	R	356					
	Country Code	N404	S	356					
		N405-06		356		not used			
454	REF - Other Subscriber Secondary Identification		S						
	Reference Ident Qualifier	REF01	R	357					
	Reference Ident	REF02	R	357					
		REF03-04		358		not used			

455	LOOP 2330B - Other Payer Name							
456	NM1 - Individual or Organizational Name		R			>Other		
457	Entity ID Code	NM101	R	359				hard code with the value "PR"
458	Entity Type Qualifier	NM102	R	360				hard code with the value "2"
459	Name Last/Org Name	NM103	R	360		9d - (Other) Insurance Plan Name or Program Name		Insert the value in box 9d here
460		NM104 thru NM107		360		not used		
461	ID Code Qualifier	NM108	R	360				hard code with the value "PI" (when NPI's are available, h
462	ID Code	NM109	R	361				
463		NM110 thru NM111		361		not used		
464	N2 - Additional Other Payer Name Information		S					
	Name	N201	R	362				
		N202		362		not used		
465	PER - Other Payer Contact Information		S					
	Contact Funct Code	PER01	R	364				
	Name	PER02	R	364				
	Comm Number Qual	PER03	R	364				
	Comm Number	PRE04	R	364				
	Comm Number Qual	PER05	S	365				
	Comm Number	PER06	S	365				
	Comm Number Qual	PER07	S	365				
	Comm Number	PER08	S	365				
		PER09		365		not used		
466	DTP - Claim Adjudication Date		S					
	Date/Time Qualifier	DTP01	R	366				
	Date Time format Qualifier	DTP02	R	366				
	Date Time Period	DTP03	R	366				
467	REF - Other Payer Secondary Identifier		S					
	Reference Ident Qualifier	REF01	R	368				
	Reference Ident	REF02	R	369				
		REF03-04		369		not used		
468	REF - Other Payer Prior Authorization or Referral Number		S					
	Reference Ident Qualifier	REF01	R	370				
	Reference Ident	REF02	R	370				
		REF03-04		371		not used		
469	REF - Other Payer Claim Adjustment Indicator		S					
	Reference Ident Qualifier	REF01	R	372				
	Reference Ident	REF02	R	372				
		REF03-04		373		not used		
470	LOOP 2330C							
	NM1 - Individual or Organizational Name		S					
	Entity ID Code	NM101	R	374				
	Entity Type Qualifier	NM102	R	375				

Name Last/Org Name	NM103	R	375				
	NM104 thru NM107		375			not used	
ID Code Qualifier	NM108	R	375				
ID Code	NM109	R	375				
	NM110 thru NM111		375			not used	
REF - Other Payer Patient Identification		S					
Reference Ident Qualifier	REF01	R	376				
Reference Ident	REF02	R	376				
	REF03-04		377			not used	
LOOP 2330D - Other Payer Referring Provider							
NM1 - Individual or Organizational Name		S					
Entity ID Code	NM101	R	378				
Entity Type Qualifier	NM102	R	379				
Name Last/Org Name	NM103	R	379				
	NM104 thru NM111		379			not used	
REF - Other Payer Referring Provider Identification		R					
Reference Ident Qualifier	REF01	R	380				
Reference Ident	REF02	R	381				
	REF03-04		381			not used	
LOOP 2330E - Other Payer Rendering Provider							
NM1 - Individual or Organizational Name		S					
Entity ID Code	NM101	R	382				
Entity Type Qualifier	NM102	R	383				
Name Last/Org Name	NM103	R	383				
	NM104 thru NM111		383			not used	
REF - Other Payer Rendering Provider Secondary Identificatio		R					
Reference Ident Qualifier	REF01	R	380				
Reference Ident	REF02	R	381				
	REF03-04		381			not used	
LOOP 2330F - Other Payer Purchased Service Provider							
NM1 - Individual or Organizational Name		S					
Entity ID Code	NM101	R	386				
Entity Type Qualifier	NM102	R	387				
Name Last/Org Name	NM103	R	387				
	NM104 thru NM111		387			not used	
REF - Other Payer Purchased Service Provider Identification		R					
Reference Ident Qualifier	REF01	R	388				
Reference Ident	REF02	R	388				
	REF03-04		389			not used	
LOOP 2330G - Other Payer Service Facility Location							
NM1 - Individual or Organizational Name		S					
Entity ID Code	NM101	R	390				

	Entity Type Qualifier	NM102	R	391				
	Name Last/Org Name	NM103	R	391				
		NM104 thru NM111		391			not used	
	REF - Other Payer Purchased Service Facility Locatoin Identifi		R					
	Reference Ident Qualifier	REF01	R	392				
	Reference Ident	REF02	R	392				
		REF03-04		393			not used	
	LOOP 2330H - Other Payer Supervising Provider							
	NM1 - Individual or Organizational Name		S					
	Entity ID Code	NM101	R	394				
	Entity Type Qualifier	NM102	R	395				
	Name Last/Org Name	NM103	R	395				
		NM104 thru NM111		395			not used	
	REF - Other Payer Supervising Provider Identification		R					
	Reference Ident Qualifier	REF01	R	396				
	Reference Ident	REF02	R	397				
		REF03-04		397			not used	
471	LOOP 2400 - Service Line							
472	LX - Assigned number		R		>Service			
473	Assigned Number	LX01	R	398				Translator can plug in sequence number
474	SV1 - Professional Service		R		>Profe			
475	Comp Med Proceed ID	SV101	R	400				
476		SV101-1	R	401				cross reference table for procedure codes to Product/Ser
477		SV101-2	R	401	Proced			24D - Procedures, Services or Supplies (CPT/HCPCS) -or- in some cases box 19 could also contain "NOC" procedure descriptions or a Drug Name and Dosag
478		SV101-3		401				24D - Procedure Modifier
479		SV101-4		401				24D - Procedure Modifier
480		SV101-5		402				24D - Procedure Modifier
481		SV101-6		402				24D - Procedure Modifier
482		SV101-7		402				
483	Monetary Amount	SV102	R	402				24F - \$ Charges
484	Unit/Basis Meas Code	SV103	R	403				Cross reference table of Procedure Codes to Unit Qualifie
485	Quantity	SV104	R	403				24G - Days or Units
486	Facility Code	SV105	S	404				24b - Place of Service
487		SV106		404				not used
488	Comp Diag Code Point	SV107-1	R	405	Per HC			24E - Diagnosis Code Pointer
489		SV107-2		405				24E - Diagnosis Code Pointer
490		SV107-3		405				24E - Diagnosis Code Pointer
491		SV107-4		405				24E - Diagnosis Code Pointer
492		SV108		405				not used
493	Yes/No Cond Resp Code	SV109	R	406	Per HC			24I - EMG
494		SV110		406				not used
495	Yes/No Cond Resp Code	SV111	S	406				24H - EPSDT Family Plan

496	Yes/No Cond Resp Code	SV112	S	406				
497		SV113 thru SV114		406		not used		
498	Copay Status Code	SV115	S	407				
499		SV116 thru SV121		407		not used		
500	SV4 - Prescription Number		S					
	Reference Ident	SV401	R	408				
		SV402-18				not used		
501	PWK - DMERC CMN Indicator		S					
	Report Type Code	PWK01	R	410				
	Report Transm Code	PWK02	R	411				
		PWK03-09		411		not used		
502	CR1 - Ambulance Transport Information		S					
	Unit/Basis Meas Code	CR101	S	412				
	Weight	CR102	S	413				
	Ambulance Trans Code	CR103	R	413				
	Ambulance Reason Code	CR104	R	413				
	Unit/Basis Meas Code	CR105	R	414				
	Quantity	CR106	R	414				
		CR107-08		414		not used		
	Description	CR109	S	414				
	Description	CR110	S	414				
503	CR2 - Spinal Manipulation Service Information (Chiropractic C		S					
	Count	CR201	R	415				
	Quantity	CR202	R	416				
	Subluxatoin Level Code	CR203	S	416				
	Subluxation Level Code	CR204	S	417				
	Unit/Basis Meas Code	CR205	R	418				
	Quantity	CR206	R	419				
	Quantity	CR207	R	419				
	Nature of Cond Code	CR208	R	419				
	Yes/No Cond Resp Code	CR209	R	419				
	Description	CR210	S	420				
	Description	CR211	S	420				
	Yes/No Cond Resp Code	CR212	R	420				
504	CR3 - Durable Medical Equipment Certification		S					
	Certificate Type Code	CR301	R	421				
	Unit/Basis Meas Code	CR302	R	422				
	Quantity	CR303	R	422				
		CR304-05		422		not used		
505	CR5 - Home Oxygen Therapy Information		S					
	Certificate Type Code	CR501	R	423				
	Quantity	CR502	R	424				

		CR502-09		424		not used		
	Quantity	CR510	S	424				
	Quantity	CR511	S	425				
	Oxygen Test Cond Code	CR512	R	425				
	Oxygen Test Find Code	CR513	S	425				
	Oxygen Test Find Code	CR514	S	425				
	Oxygen Test Find Code	CR515	S	426				
		CR516-18		426		not used		
506	CRC - Ambulance Certification		S					
	Code Category	CRC01	R	427				
	Yes/No Cond Resp Code	CRC02	R	428				
	Certificate Cond Code	CRC03	R	428				
	Certificate Cond Code	CRC04	S	429				
	Certificate Cond Code	CRC05	S	429				
	Certificate Cond Code	CRC06	S	429				
	Certificate Cond Code	CRC07	S	429				
507	CRC - Hospice Employee Indicator		S					
	Code Category	CRC01	R	430				
	Yes/No Cond Resp Code	CRC02	R	431				
	Certificate Cond Code	CRC03	R	431				
	Certificate Cond Code	CRC04-07	S	431		not used		
508	CRC - DMERC Condition Indicator		S					
	Code Category	CRC01	R	432				
	Yes/No Cond Resp Code	CRC02	R	433				
	Certificate Cond Code	CRC03	R	433				
	Certificate Cond Code	CRC04	S	434				
	Certificate Cond Code	CRC05	S	434				
	Certificate Cond Code	CRC06	S	434				
	Certificate Cond Code	CRC07	S	434				
509	DTP - Date - Service Date		R		> Servi			
510	Date/Time Qualifier	DTP01	R	435				translator will insert the value "472"
511	Date Time format Qualifier	DTP02	R	435				translator will insert the value RD8 or D8 depending if this
512	Date Time Period	DTP03	R	436	Per HC	24A - Date(s) of Service, From To		Since the date in box 24A could be a 6-digit date, the tran
513	DTP - Date - Certification Revision Date		S					
	Date/Time Qualifier	DTP01	R	437				
	Date Time format Qual	DTP02	R	438				
	Date Time Period	DTP03	R	438				
514	DTP - Date - Referral Date		S					
	Date/Time Qualifier	DTP01	R	439				
	Date Time format Qual	DTP02	R	439				
	Date Time Period	DTP03	R	439				
515	DTP - Date Begin Therapy Date		S					

	Date/Time Qualifier	DTP01	R	440				
	Date Time format Qual	DTP02	R	440				
	Date Time Period	DTP03	R	441				
516	DTP - Date - Last Certification Date		S					
	Date/Time Qualifier	DTP01	R	442				
	Date Time format Qual	DTP02	R	442				
	Date Time Period	DTP03	R	443				
517	DTP - Date - Order Date		S					
	Date/Time Qualifier	DTP01	R	444				
	Date Time format Qual	DTP02	R	444				
	Date Time Period	DTP03	R	444				
518	DTP - Date - Date Last Seen		S					
	Date/Time Qualifier	DTP01	R	445				
	Date Time format Qual	DTP02	R	445				
	Date Time Period	DTP03	R	446				
519	DTP - Date - Test		S					
	Date/Time Qualifier	DTP01	R	447				
	Date Time format Qual	DTP02	R	447				
	Date Time Period	DTP03	R	448				
520	DTP - Date - Oxygen Saturation/Arterial Blood Gas Test		S					
	Date/Time Qualifier	DTP01	R	449				
	Date Time format Qual	DTP02	R	449				
	Date Time Period	DTP03	R	450				
521	DTP - Date - Shipped		S					
	Date/Time Qualifier	DTP01	R	451				
	Date Time format Qual	DTP02	R	451				
	Date Time Period	DTP03	R	451				
522	DTP - Date - Onset of Current Symptom/Illness		S					
	Date/Time Qualifier	DTP01	R	452				
	Date Time format Qual	DTP02	R	452				
	Date Time Period	DTP03	R	453				
523	DTP - Date - Last X-Ray		S					
	Date/Time Qualifier	DTP01	R	454				
	Date Time format Qual	DTP02	R	454				
	Date Time Period	DTP03	R	455				
524	DTP - Date - Acute Manifestation		S					
	Date/Time Qualifier	DTP01	R	456				
	Date Time format Qual	DTP02	R	456				
	Date Time Period	DTP03	R	457				
525	DTP - Date - Initial Treatment		S					
	Date/Time Qualifier	DTP01	R	458				
	Date Time format Qual	DTP02	R	458				

	Date Time Period	DTP03	R	459				
526	DTP - Date - Similar Illness/Symptom Onset		S					
	Date/Time Qualifier	DTP01	R	460				
	Date Time format Qual	DTP02	R	460				
	Date Time Period	DTP03	R	461				
527	QTY - Anesthesia Modifying Units		S					
	Quantity Qualifier	QTY01	R	462				
	Quantity	QTY02	R	463				
		QTY03-04		463		not used		
528	MEA - Test Result		S					
	Measurement Ref ID Code	MEA01	R	464				
	Measurement Qualifier	MEA02	R	465				
	Measurement Value	MEA03	R	465				
		MEA04-10		465		not used		
529	CN1 - Contract Information		S					
	Contract Type Code	CN101	R	466				
	Monetary Amount	CN102	S	467				
	Allow/Chrg Percent	CN103	S	467				
	Reference Ident	CN104	S	467				
	Terms Disc Percent	CN105	S	467				
	Version ID	CN106	S	467				
530	REF - Repriced Line Item Reference Number		S					
	Reference Ident Qualifier	REF01	R	468				
	Reference Ident	REF02	R	468				
		REF03-04		468		not used		
531	REF - Adjusted Repriced Line Item Reference Number		S					
	Reference Ident Qualifier	REF01	R	469				
	Reference Ident	REF02	R	469				
		REF03-04		469		not used		
532	REF - Prior Authorization or Referral Number		S					
	Reference Ident Qualifier	REF01	R	470				
	Reference Ident	REF02	R	470				
		REF03-04		471		not used		
533	REF - Line Item Control Number		S					
	Reference Ident Qualifier	REF01	R	472				
	Reference Ident	REF02	R	472				
		REF03-04		473		not used		
534	REF - Mammography Certification Number		S					
	Reference Ident Qualifier	REF01	R	474				
	Reference Ident	REF02	R	474				
		REF03-04		474		not used		
535	REF - Clinical Laboratory Improvement Amendment (CLIA) Ide		S					

	Reference Ident Qualifier	REF01	R	475			
	Reference Ident	REF02	R	476			
		REF03-04		476		not used	
536	REF - Referring Clinical Laboratory Amendment (CLIA) Facility		S				
	Reference Ident Qualifier	REF01	R	477			
	Reference Ident	REF02	R	477			
		REF03-04		477		not used	
537	REF - Immunization Batch Number		S				
	Reference Ident Qualifier	REF01	R	478			
	Reference Ident	REF02	R	478			
		REF03-04		478		not used	
538	REF - Ambulatory Patient Group (APG)		S				
	Reference Ident Qualifier	REF01	R	479			
	Reference Ident	REF02	R	479			
		REF03-04		479		not used	
539	REF - Oxygen Flow Rate		S				
	Reference Ident Qualifier	REF01	R	480			
	Reference Ident	REF02	R	480			
		REF03-04		481		not used	
540	REF - Universal Product Number (UPN)		S				
	Reference Ident Qualifier	REF01	R	482			
	Reference Ident	REF02	R	482			
		REF03-04		483		not used	
541	AMT - Sales Tax Amount		S				
	Amount Qual Code	AMT01	R	484			
	Monetary Amount	AMT02	R	484			
		AMT03		484		not used	
542	AMT - Approved Amount		S				
	Amount Qual Code	AMT01	R	485			
	Monetary Amount	AMT02	R	485			
		AMT03		485		not used	
543	AMT - Postage Claimed Amount		S				
	Amount Qual Code	AMT01	R	486			
	Monetary Amount	AMT02	R	486			
		AMT03		486		not used	
544	K3 - File Information		S				
	Fixed Form Information	K301	R	487			
		K302-03		487		not used	
545	NTE - Line Note		S		Box 19		
546		NTE01	R	488			insert qualifier "ADD"
547		NTE02	R	488		19 - Reserved for Local Use	
548	PS1 - Purchased Service Information		S		The P		

549		PS101	R	489			
550		PS102	R	490		20 - \$ Charges	
551	HSD - Health Care Services Delivery		S				
	Quantity Qualifier	HSD01	S	492			
	Quantity	HSD02	S	492			
	Unit/Basis Meas Code	HSD03	S	492			
	Sample Set Modulus	HSD04	S	493			
	Time Period Qualifier	HSD05	S	493			
	Number of Periods	HSD06	S	493			
	Ship/Del or Calend Code	HSD07	S	493			
	Ship/Del Time Code	HSD08	S	494			
552	HCP - Line Pricing/Repricing Information		S				
	Pricing Methodology	HCP01	R	495			
	Monetary Amount	HCP02	R	496			
	Monetary Amount	HCP03	S	496			
	Reference Ident	HCP04	S	497			
	Rate	HCP05	S	497			
	Reference Ident	HCP06	S	497			
	Monetary Amount	HCP07	S	497			
		HCP08		497		not used	
	Prod/Serv ID Qual	HCP09	S	498			
	Product/Service ID	HCP10	S	498			
	Unit/Basis Meas Code	HCP11	S	498			
	Quantity	HCP12	S	499			
	Reject Reason Code	HCP13	S	499			
	Policy Comp Code	HCP14	S	499			
	Exception Code	HCP15	S	500			
553	LOOP 2420A - Rendering Provider Name				The 24	Rendering Provider	
554	NM1 - Individual or Organizational Name		S				
	Entity Code	NM101	R	501			
	Entity Type Qualifier	NM102	R	502			
	Name Last/Org Name	NM103	R	502			
	Name First	NM104	R	502			
	Name Middle	NM105	S	502			
		NM106		503		not used	
	Name Suffix	NM107	S	503			
	ID Code Qualifier	NM108	R	503			
	ID Code	NM109	R	503			
		NM110 thru NM111		503		not used	
555	PRV - Rendering Provider Specialty Information		R				
	Provider Code	PRV01	R	504			
	Reference Ident Qualifier	PRV02	R	504			

	Reference Ident	PRV03	R	505				
		PRV04-06		505		not used		
556	N2 - Additional Rendering Provider Name Information		S					
	Name		R	506				
				506		not used		
557	REF							
	Reference Ident Qualifier	REF01	R	507				
	Reference Ident	REF02	R	507				
		REF03-04		508		not used		
558	LOOP 2420B - Purchased Service Provider Name							
559	NM1 - Individual or Organizational Name		S					
	Entity ID Code	NM101	R	509				
	Entity Type Qualifier	NM102	R	510				
		NM103-07		510		not used		
	ID Code Qualifier	NM108	S	511				
	ID Code	NM109	S	511				
		NM110-11		511		not used		
560	REF - Purchased Service Provider Secondary Identification		S					
	Reference Ident Qualifier	REF01	R	512				
	Reference Ident	REF02	R	512				
		REF03-04		513		not used		
561	LOOP 2420C - Service Facility Location							
562	NM1 - Individual or Organizational Name							
	Entity ID Code	NM101	R	514				
	Entity Type Qualifier	NM102	R	514				
	Name Last/Org Name	NM103	S	515				
		NM104-07		515		not used		
	ID Code Qualifier	NM108	S	515				
	ID Code	NM109	S	515				
		NM110-11		515		not used		
563	N2 - Additional Service Facility Location Name Information		S					
	Name	N201	R	517				
		N202		517		not used		
564	N3 - Service Facility Location Address		R					
	Address Information	N301	R	518				
	Address Information	N302	S	518				
565	N4 - Service Facility Location City/State/Zip		R					
	City Name	N401	R	519				
	State or Province Code	N402	R	519				
	Postal Code	N403	R	520				
	Country Code	N404	S	520				
		N405 thru N406		520		not used		

566	REF - Service Facility Location Secondary Identification		S				
	Reference Ident Qualifier	REF01	R	521			
	Reference Ident	REF02	R	522			
		REF03-04		522		not used	
567	LOOP 2420D						
568	NM1		S				
	Entity Code	NM101	R	523			
	Entity Type Qualifier	NM102	R	524			
	Name Last/Org Name	NM103	R	524			
	Name First	NM104	R	524			
	Name Middle	NM105	S	524			
		NM106		524		not used	
	Name Suffix	NM107	S	524			
	ID Code Qualifier	NM108	R	525			
	ID Code	NM109	R	525			
		NM110 thru NM111		525		not used	
569	N2 - Additional Supervising Provider Name Information		S				
	Name	N201	R	526			
		N202		526		not used	
570	REF		S				
	Reference Ident Qualifier	REF01	R	527			
	Reference Ident	REF02	R	528			
		REF03-04		528		not used	
571	LOOP 2420E - Ordering Provider Name						
572	NM1 - Individual or Organizational Name		S				
	Entity Code	NM101	R	529			
	Entity Type Qualifier	NM102	R	530			
	Name Last/Org Name	NM103	R	530			
	Name First	NM104	R	530			
	Name Middle	NM105	S	530			
		NM106		530		not used	
	Name Suffix	NM107	S	530			
	ID Code Qualifier	NM108	R	531			
	ID Code	NM109	R	531			
		NM110 thru NM111		531		not used	
573	N2 - Additional Ordering Provider Name Information		S				
	Name	N201	R	532			
		N202		532		not used	
574	N3 - Ordering Provider Address		S				
	Address Information	N301	R	533			
	Address Information	N302	S	533			
575	N4 - Ordering Provider Ciyt/State/Zip						

	City Name	N401	R	534				
	State or Province Code	N402	R	535				
	Postal Code	N403	R	535				
	Country Code	N404	S	535				
		N405 thru N406		535			not used	
576	REF - Pordering Provider Secondary Identification		S					
	Reference Ident Qualifier	REF01	R	536				
	Reference Ident	REF02	R	537				
		REF03-04		537			not used	
577	PER - Ordering Provider Contact Information		S					
	Contact Funct Code	PER01	R	539				
	Name	PER02	R	539				
	Comm Number Qualifier	PER03	R	539				
	Comm Number	PER04	R	539				
	Comm Number Qualifier	PER05	S	539				
	Comm Number	PER06	S	540				
	Comm Number Qualifier	PER07	S	540				
	Comm Number	PER08	S	540				
		PER09	S	540			not used	
578	LOOP 2420F - Referring Provider Name							
579	NM1 - Individual or Organizational Name		S					
	Entity Code	NM101	R	541				
	Entity Type Qualifier	NM102	R	542				
	Name Last/Org Name	NM103	R	542				
	Name First	NM104	R	542				
	Name Middle	NM105	S	543				
		NM106		543			not used	
	Name Suffix	NM107	S	543				
	ID Code Qualifier	NM108	R	543				
	ID Code	NM109	R	543				
		NM110 thru NM111		543			not used	
580	PRV - Referring Provider Specialty Information		S					
	Provider Code	PRV01	R	544				
	Reference Ident Qualifier	PRV02	R	545				
	Reference Ident	PRV03	R	545				
		PRV04-06		545			not used	
581	N2 - Additional Referring Provider Name Information		S					
	Name	N201	R	546				
		N202	S	546			not used	
582	REF - Referring Provider Secondary Identification		S					
	Reference Ident Qualifier	REF01	R	547				
	Reference Ident	REF02	R	547				

		REF03-04		548		not used		
583	LOOP 2420G - Other Payer Prior Authorization or Referral Number							
	NM1 - Individual or Organizational Name			S				
	Entity Code	NM101	R	549				
	Entity Type Qualifier	NM102	R	550				
	Name Last/Org Name	NM103	R	550				
	Name First	NM104-07		550		not used		
	ID Code Qualifier	NM108	R	550				
	ID Code	NM109	R	551				
		NM110 thru NM111		551		not used		
	REF - Referring Provider Secondary Identification			S				
	Reference Ident Qualifier	REF01	R	552				
	Reference Ident	REF02	R	552				
		REF03-04		553		not used		
584	LOOP 2430 - Line Adjudication Information							
585	SVD - Service Line Adjudication			S				
	ID Code	SVD01	R	554				
	Monetary Amount	SVD02	R	555				
	Comp Med Proceed ID	SVD03	R	555				
		SVD04		555		not used		
	Quantity	SVD05	R	555				
	Assigned Number	SVD06	S	557				
586	CAS - Line Adjustment (Claims Adjustment)			S				
	Claim Adj Group Code	CAS01	R	559				
	Claim Adj Reason Code	CAS02	R	560				
	Monetary Amount	CAS03	R	560				
	Quantity	CAS04	S	560				
	Claim Adj Reason Code	CAS05	S	561				
	Monetary Amount	CAS06	S	561				
	Quantity	CAS07	S	561				
	Claim Adj Reason Code	CAS08	S	562				
	Monetary Amount	CAS09	S	562				
	Quantity	CAS10	S	562				
	Claim Adj Reason Code	CAS11	S	563				
	Monetary Amount	CAS12	S	563				
	Quantity	CAS13	S	563				
	Claim Adj Reason Code	CAS14	S	564				
	Monetary Amount	CAS15	S	564				
	Quantity	CAS16	S	564				
	Claim Adj Reason Code	CAS17	S	565				
	Monetary Amount	CAS18	S	565				
	Quantity	CAS19	S	565				

587	DTP - Line Adjudication date		R					
	Date/Time Qualifier	DTP01	R	566				
	Date Time format Qual	DTP02	R	566				
	Date Time Period	DTP03	R	566				
588	LOOP 2440 - Form Identification Code							
589	LQ - Industry Code		S					
	Code List Qual Code	LQ01	R	568				
	Industry Code	LQ02	R	568				
590	FRM - Supporting Documentation		R					
	Assigned ID	FRM01	R	570				
	Yes/No Cond Resp Code	FRM02	S	571				
	Reference Ident	FRM03	S	571				
	Date	FRM04	S	571				
	Allow/Chrg Percent	FRM05	S	571				
	Transaction Set Trailer							
591	SE - Transaction Set Trailer		R					
592	Number of Inc Segs	SE01	R	572				
593	TS Control Number	SE02	R	572				