

Davis Vision 837 Mapping Table (Outbound)

Note: MAR = Map as Received

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
		ISA		R	Interchange Control Header				
		ISA	ISA01	R	Authorization Information Qualifier	2/2	ID	ID	Default = '00'
					00 - No Authorization Info Present				
					03 - Additional Data ID				
		ISA	ISA02	R	Authorization Information	10/10	AN	AN	Defaults = 10 spaces (###=spaces)
		ISA	ISA03	R	Security Information Qualifier	2/2	ID	ID	
					00 - No Security Info present				
					01 - Password				
		ISA	ISA04	R	Security Information	10/10	AN	AN	Defaults = '10 spaces'
		ISA	ISA05	R	Interchange ID Qualifier	2/2	ID	ID	
					01 - Duns (Dun & Bradstreet)				
					14 - Duns Plus Suffix				
					20 - Health Industry No (HIN)				
					27 - Carrier ID assigned by HCFA				
					28 - Fiscal Intermediary ID assigned by HCFA				
					29 - Medical Provider & Supplier ID assigned by HFCA				
					30 - US Fed Tax ID				
					33 -NAIC Code				
					ZZ - Mutually defined				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
		ISA	ISA06	R	Interchange Sender ID	15/15	AN	AN	
		ISA	ISA07	R	Interchange ID Qualifier	2/2	ID	ID	
					01 - Duns (Dun & Bradstreet)				
					14 - Duns Plus Suffix				
					20 - Health Industry No (HIN)				
					27 - Carrier ID assigned by HCFA				
					28 - Fiscal Intermediary ID assigned by HCFA				
					29 - Medical Provider & Supplier ID assigned by HFCA				
					30 - US Fed Tax ID				
					33 -NAIC Code				
					ZZ - Mutually defined				
		ISA	ISA08	R	Interchange Receiver ID	15/15	AN	AN	
		ISA	ISA09	R	Interchange Date	6/6	DT	DT	
		ISA	ISA10	R	Interchange Time	4/4	TM	TM	
		ISA	ISA11	R	Repetition Separator	1/1			Default = ^
		ISA	ISA12	R	Interchange Control Version Number	5/5	ID	ID	
					00501				
		ISA	ISA13	R	Interchange Control Number	9/9	N0	N0	
		ISA	ISA14	R	Acknowledgement Requested	1/1	ID	ID	
					0 - No Acknowledgment Requested				
					1 - Interchange Acknowledge Requested				
		ISA	ISA15	R	Usage Indicator	1/1	ID	ID	
					P - Production Data				
					T - Test Data				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
		ISA	ISA16	R	Component Element Separator	1/1			
		GS		R	Interchange Control Header				
		GS	GS01	R	Functional Identifier Code	2/2	ID	ID	
					HC - Health Care Claim				
		GS	GS02	R	Application Sender's Code	2/15		AN	
		GS	GS03	R	Application Receiver's Code	2/15	AN	AN	
		GS	GS04	R	Date	8/8	DT	DT	
		GS	GS05	R	Time	4/8	TM	TM	
		GS	GS06	R	Group Control Number	1/9	N0	N0	
		GS	GS07	R	Responsible Agency Code	1/2	ID	ID	
		GS	GS08	R	Version/Release/Industry Identifier Code	1/12	AN	AN	
					005010X222A1				
	005	ST		R	Transaction Set Header		1		
	005	ST	ST01	R	Transaction Set ID Code	3/3		ID	837 - Default
					837 - Health Care Claim				
	005	ST	ST02	R	Transaction Set Control Number	4/9		AN	WTX Generated
	005	ST	ST03	R	Implementation Convention Reference	1/35		AN	005010X222A1 - Default
					005010X222A1				
	010	BHT		R	Beginning of Hierarchical Transaction		1		
	010	BHT	BHT01	R	Hierarchical Structure Code	4/4		ID	0019 - Default
					0019 - Information Source, Subscriber, Dependent				
	010	BHT	BHT02	R	Transaction Set Purpose Code	2/2		ID	00 - Default
					00 - Original				
					18 - Reissue				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
	010	BHT	BHT03	R	Submitter Transaction Identifier	1/50		AN	
	010	BHT	BHT04	R	Transaction Set Creation Date	8/8		DT	
	010	BHT	BHT05	R	Transaction Set Creation Time	4/8		TM	
	010	BHT	BHT06	R	Transaction Type Code	2/2		ID	RP - Default
					CH - Chargeable				
					RP - Reporting				
1000A -Submitter Name				R	Submitter Name		1		
1000A -Submitter Name	020	NM1		R	Entity Identifier Code		1		
1000A -Submitter Name	020	NM1	NM101	R	Entity Identifier Code	2/3		ID	41 - Default
					41 - Submitter				
1000A -Submitter Name	020	NM1	NM102	R	Entity Type Qualifier	1/1		ID	2 - Default
					1 - Person				
					2 - Non-Person Entity				
1000A -Submitter Name	020	NM1	NM103	R	Name Last or Organization Name	1/60		AN	MAR
1000A -Submitter Name	020	NM1	NM104	S	Name First	1/35		AN	
1000A -Submitter Name	020	NM1	NM105	S	Name Middle	1/25		AN	
1000A -Submitter Name	020	NM1	NM106		Name Prefix	1/10		AN	
1000A -Submitter Name	020	NM1	NM107		Name Suffix	1/10		AN	
1000A -Submitter Name	020	NM1	NM108	R	Identification Code Qualifier	1/2		ID	46 - Default

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					46 - Electronic Transmitter Identification Number (ETIN)				
1000A -Submitter Name	020	NM1	NM109	R	Identification Code	2/80		AN	MAR
1000A -Submitter Name	020	NM1	NM110		Entity Relationship Code	2/2		ID	
1000A -Submitter Name	020	NM1	NM111		Entity Identifier Code	2/3		ID	
1000A -Submitter Name	020	NM1	NM112		Name Last or Organization Name	1/60		AN	
1000A -Submitter Name		PER		R	Submitter EDI Contact Information		2		
1000A -Submitter Name	045	PER	PER01	R	Contact Function Code	2/2		ID	IC - Default
					IC - Information Contact				
1000A -Submitter Name	045	PER	PER02	S	Name	1/60		AN	MAR
1000A -Submitter Name	045	PER	PER03	R	Communication Number Qualifier	2/2		ID	TE - Default
					EM - Electronic Mail				
					FX - Facsimile				
					TE - Telephone				
1000A -Submitter Name	045	PER	PER04	R	Communication Number	1/256		AN	MAR
1000A -Submitter Name	045	PER	PER05	S	Communication Number qualifier	2/2		ID	
					EM - Electronic Mail				
					EX - Telephone Extension				
					FX - Facsimile				
					TE - Telephone				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
1000A -Submitter Name	045	PER	PER06	S	Communication Number	1/256		AN	
1000A -Submitter Name	045	PER	PER07	S	Communication Number qualifier	2/2		ID	
					EM - Electronic Mail				
					EX - Telephone Extension				
					FX - Facsimile				
					TE - Telephone				
1000A -Submitter Name	045	PER	PER08	S	Communication Number	1/256		AN	
1000A -Submitter Name	045	PER	PER09		Contact Inquiry Reference	1/20		AN	
1000B -Receiver Name				R	Receiver Name		1		
1000B -Receiver Name		NM1		R	Receiver Name		1		
1000B -Receiver Name	020	NM1	NM101	R	Entity Identifier Code	2/3		ID	40 - Default
					40 - Receiver				
1000B -Receiver Name	020	NM1	NM102	R	Entity Type Qualifier	1/1		ID	2 - Default
					2 - Non-Person Entity				
1000B -Receiver Name	020	NM1	NM103	R	Name Last or Organization Name	1/60		AN	MAR
1000B -Receiver Name	020	NM1	NM104		Name First	1/35		AN	
1000B -Receiver Name	020	NM1	NM105		Name Middle	1/25		AN	
1000B -Receiver Name	020	NM1	NM106		Name Prefix	1/10		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
1000B -Receiver Name	020	NM1	NM107		Name Suffix	1/10		AN	
1000B -Receiver Name	020	NM1	NM108	R	Identification Code Qualifier	1/2		ID	46 - Default
					46 - Electronic Transmitter Identification Number (ETIN)				
1000B - Receiver Name	020	NM1	NM109	R	Identification Code	2/80		AN	MAR
1000B - Receiver Name	020	NM1	NM110		Entity Relationship Code	2/2		ID	
1000B - Receiver Name	020	NM1	NM111		Entity Identifier Code	2/3		ID	
1000B - Receiver Name	020	NM1	NM112		Name Last or Organization Name	1/60		AN	
2000A-Billing Provider Hierarchical Level				R	Billing Provider Hierarchical Level		>1		
2000A-Billing Provider Hierarchical Level	001	HL		R	Hierarchical Level		1		
2000A-Billing Provider Hierarchical Level	001	HL	HL01	R	Hierarchical ID Number	1/12		AN	WTX Generated
2000A-Billing Provider Hierarchical Level	001	HL	HL02		Hierarchical Parent Id Number	1/12		AN	
2000A-Billing Provider Hierarchical Level	001	HL	HL03	R	Hierarchical Level Code	1/2		ID	20 - Default
					20 - Information Source				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2000A-Billing Provider Hierarchical Level	001	HL	HL04	R	Hierarchical Child Code	1/1		ID	1 - Default
					1 - Additional Subordinate HL Data Segment in This Hierarchical Structure				
2000A-Billing Provider Hierarchical Level		PRV		S	Billing Provider Specialty Information				
2000A-Billing Provider Hierarchical Level	003	PRV	PRV01	R	Provider Code	1/3		ID	BI - Default
					BI - Billing				
2000A-Billing Provider Hierarchical Level	003	PRV	PRV02	R	Reference Identification Qualifier	2/3		ID	PXC - Default
					PXC - Health Care Provider Taxonomy Code				
2000A-Billing Provider Hierarchical Level	003	PRV	PRV03	R	Reference Identification	1/50		AN	Map first 50 positions only
2000A-Billing Provider Hierarchical Level	003	PRV	PRV04		State or Province Code	2/2		ID	
2000A-Billing Provider Hierarchical Level	003	PRV	PRV05		Provider Specialty Information			ID	
2000A-Billing Provider Hierarchical Level	003	PRV	PRV06		Provider Organization Code	3/3		ID	
2000A-Billing Provider Hierarchical Level		CUR		S	Foreign Currency Information		1		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2000A-Billing Provider Hierarchical Level	010	CUR	CUR01	R	Foreign Currency Information	2/3		ID	
					85 - Billing Provider				
2000A-Billing Provider Hierarchical Level	010	CUR	CUR02	R	Currency Code	3/3		ID	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR03		Exchange Rate	4/10		R	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR04		Entity Identifier Code	2/3		ID	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR05		Currency Code	3/3		ID	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR06		Currency Market/Exchange Code	3/3		ID	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR07		Date/Time Qualifier	3/3		ID	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR08		Date	8/8		DT	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR09		Time	4/8		TM	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR10		Date/Time Qualifier	3/3		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2000A-Billing Provider Hierarchical Level	010	CUR	CUR11		Date	8/8		DT	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR12		Time	4/8		TM	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR13		Date/Time Qualifier	3/3		ID	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR14		Date	8/8		DT	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR15		Time	4/8		TM	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR16		Date/Time Qualifier	3/3		ID	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR17		Date	8/8		DT	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR18		Time	4/8		TM	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR19		Date/Time Qualifier	3/3		ID	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR20		Date	8/8		DT	
2000A-Billing Provider Hierarchical Level	010	CUR	CUR21		Time	4/8		TM	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2010AA-Billing Provider Name	015			R	Individual or Organization Name		1		
2010AA-Billing Provider Name	015	NM1		R	Individual or Organization Name		1		
2010AA-Billing Provider Name	015	NM1	NM101	R	Entity Identifier Code	2/3		ID	85 - Default
					85 - Billing Provider				
2010AA-Billing Provider Name	015	NM1	NM102	R	Entity Type Qualifier	1/1		ID	If BA018 is present set to a '2', else set to a '1'
					1 - Person				
					2 - Non-Person Entity				
2010AA-Billing Provider Name	015	NM1	NM103	R	Name Last or Organization Name	1/60		AN	If NM102 = '2' map BA018, else map BA019
2010AA-Billing Provider Name	015	NM1	NM104	S	Name First	1/35		AN	If NM102 = '1' map BA0 20.0
2010AA-Billing Provider Name	015	NM1	NM105	S	Name Middle	1/25		AN	
2010AA-Billing Provider Name	015	NM1	NM106		Name Prefix	1/10		AN	
2010AA-Billing Provider Name	015	NM1	NM107	S	Name Suffix	1/10		AN	
2010AA-Billing Provider Name	015	NM1	NM108	S	Identification Code Qualifier	1/2		ID	XX - Default
					XX - Health Care Financing Administration National Provider Identifier				
2010AA-Billing Provider Name	015	NM1	NM109	S	Identification Code	2/80		AN	MAR
2010AA-Billing Provider Name	015	NM1	NM110		Entity Relationship Code	2/2		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2010AA-Billing Provider Name	015	NM1	NM111		Entity Identifier Code	2/3		ID	
2010AA-Billing Provider Name	015	NM1	NM112		Name Last or Organization Name	1/60		AN	
2010AA-Billing Provider Name	025	N3		R	Billing Provider Address		1		
2010AA-Billing Provider Name	025	N3	N301	R	Address Information	1/55		AN	MAR
2010AA-Billing Provider Name	025	N3	N302	S	Address Information	1/55		AN	MAR
2010AA-Billing Provider Name		N4		R	Billing Provider City/State/Zip Code		1		
2010AA-Billing Provider Name	030	N4	N401	R	City Name	2/30		AN	MAR
2010AA-Billing Provider Name	030	N4	N402	S	State or Province Code	2/2		ID	MAR
2010AA-Billing Provider Name	030	N4	N403	S	Postal Code	3/15		ID	MAR
2010AA-Billing Provider Name	030	N4	N404	S	Country Code	2/3		ID	
2010AA-Billing Provider Name	030	N4	N405		Location Qualifier	1/2		ID	
2010AA-Billing Provider Name	030	N4	N406		Location Identifier	1/30		AN	
2010AA-Billing Provider Name	030	N4	N407	S	Country Subdivision Code	1/3		ID	
2010AA-Billing Provider Name		REF		R	Billing Provider Tax Identification		1		
2010AA-Billing Provider Name	035	REF	REF01	R	Reference Identification Qualifier	2/3		ID	EI - Default
					EI - Employer's Identification Number				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					SY - Social Security Number				
2010AA-Billing Provider Name	035	REF	REF02	R	Reference Identification	1/50		AN	MAR
2010AA-Billing Provider Name	035	REF	REF03		Description	1/80		AN	
2010AA-Billing Provider Name	035	REF	REF04		Reference Identifier				
2010AA-Billing Provider Name		REF		S	Billing Provider UPIN/License Information		2		
2010AA-Billing Provider Name	035	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					OB - State License Number				
					1G - Provider UPIN Number				
2010AA-Billing Provider Name	035	REF	REF02	R	Reference Identification	1/50		AN	
2010AA-Billing Provider Name	035	REF	REF03		Description	1/80		AN	
2010AA-Billing Provider Name	035	REF	REF04		Reference Identifier				
2010AA-Billing Provider Name		PER		S	Billing Provider Contact Information		2		
2010AA-Billing Provider Name	040	PER	PER01	R	Contact Function Code	2/2		ID	
					IC - Information Contact				
2010AA-Billing Provider Name	040	PER	PER02	S	Name	1/60		AN	
2010AA-Billing Provider Name	040	PER	PER03	R	Communication Number Qualifier	2/2		ID	
					EM - Electronic Mail				
					FX - Facsimile				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					TE - Telephone				
2010AA-Billing Provider Name	040	PER	PER04	R	Communication Number	1/256		AN	
2010AA-Billing Provider Name	040	PER	PER05	S	Communication Number Qualifier	2/2		ID	
					EM - Electronic Mail				
					EX - Telephone Extension				
					FX - Facsimile				
					TE - Telephone				
2010AA-Billing Provider Name	040	PER	PER06	S	Communication Number	1/256		AN	
2010AA-Billing Provider Name	040	PER	PER07	S	Communication Number Qualifier	2/2		ID	
					EM - Electronic Mail				
					EX - Telephone Extension				
					FX - Facsimile				
					TE - Telephone				
2010AA-Billing Provider Name	040	PER	PER08	S	Communication Number	1/256	1	AN	
2010AA-Billing Provider Name	040	PER	PER09		Contact Inquiry Reference	1/20		AN	
2010AB-Pay-to Address Name				S	Pay-To Address Name		1		
2010AB-Pay-to Address Name		NM1		S	Pay-to Address Name		1		
2010AB-Pay-to Address Name	015	NM1	NM101	R	Entity Identifier Code	2/3		ID	
					87 - Pay-to Provider				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2010AB-Pay-to Address Name	015	NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					1 - Person				
					2 - Non-Person Entity				
2010AB-Pay-to Address Name	015	NM1	NM103		Name Last or Organization Name	1/60		AN	
2010AB-Pay-to Address Name	015	NM1	NM104		Name First	1/35		AN	
2010AB-Pay-to Address Name	015	NM1	NM105		Name Middle	1/25		AN	
2010AB-Pay-to Address Name	015	NM1	NM106		Name Prefix	1/10		AN	
2010AB-Pay-to Address Name	015	NM1	NM107		Name Suffix	1/10		AN	
2010AB-Pay-to Address Name	015	NM1	NM108		Identification Code Qualifier	1/2		ID	
2010AB-Pay-to Address Name	015	NM1	NM109		Identification Code	2/80		AN	
2010AB-Pay-to Address Name	015	NM1	NM110		Entity Relationship Code	2/2		ID	
2010AB-Pay-to Address Name	015	NM1	NM111		Entity Identifier Code	2/3		ID	
2010AB-Pay-to Address Name	015	NM1	NM112		Name Last or Organization Name	1/60		AN	
2010AB-Pay-to Address Name		N3		R	Pay-to Provider Address		1		
2010AB-Pay-to Address Name	025	N3	N301	R	Address Information	1/55		AN	
2010AB-Pay-to Address Name	025	N3	N302	S	Address Information	1/55		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2010AB-Pay-to Address Name		N4		R	Pay-to Provider City/State/Zip Code		1		
2010AB-Pay-to Address Name	030	N4	N401	R	City Name	2/30		AN	
2010AB-Pay-to Address Name	030	N4	N402	S	State or Province Code	2/2		ID	
2010AB-Pay-to Address Name	030	N4	N403	S	Postal Code	3/15		ID	
2010AB-Pay-to Address Name	030	N4	N404	S	Country Code	2/3		ID	
2010AB-Pay-to Address Name	030	N4	N405		Location Qualifier	1/2		ID	
2010AB-Pay-to Address Name	030	N4	N406		Location Identifier	1/30		AN	
2010AB-Pay-to Address Name	030	N4	N407	S	Country Code Subdivision Code	1/3		ID	
2010AC-Pay-to Plan Name				S	Pay-to Plan Name		1		
2010AC-Pay-to Plan Name		NM1		S	Pay-to Plan Name		1		
2010AC-Pay-to Plan Name	98	NM1	NM101	R	Entity Identifier Code	2/3		ID	
					PE - Payee (Subrogated Payee)				
2010AC-Pay-to Plan Name	1065	NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					2 - Non-Person Entity				
2010AC-Pay-to Plan Name	1035	NM1	NM103	R	Pay to Plan Organizational Name	1/60		AN	
2010AC-Pay-to Plan Name	1036	NM1	NMI04		Name First	1/35		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2010AC-Pay-to Plan Name	1037	NM1	NM105		Name Middle	1/25		AN	
2010AC-Pay-to Plan Name	1038	NM1	NM106		Name Prefix	1/10		AN	
2010AC-Pay-to Plan Name	1039	NM1	NM107		Name Suffix	1/10		AN	
2010AC-Pay-to Plan Name	66	NM1	NM108	R	Identification Code Qualifier	1/2		ID	
					PI - Payor Identification				
					XV - Centers for Medicare and Medicaid Services Plan ID				
2010AC-Pay-to Plan Name	67	NM1	NM109	R	Identification Code	2/80		AN	
2010AC-Pay-to Plan Name	706	NM1	NM110		Entity Relationship Code	2/2		ID	
2010AC-Pay-to Plan Name	98	NM1	NM111		Entity Identifier Code	2/3		ID	
2010AC-Pay-to Plan Name	1035	NM1	NM112		Name Last or Organization Name	1/60		AN	
2010AC-Pay-to Plan Name		N3		R	Pay-To Plan Address		1		
2010AC-Pay-to Plan Name	166	N3	N301	R	Pay-To Plan Address Line	1/55		AN	
2010AC-Pay-to Plan Name	166	N3	N302	S	Pay-To Plan Address Line	1/55		AN	
2010AC-Pay-to Plan Name		N4		R	Pay-To Plan City/State/Zip Code		1		
2010AC-Pay-to Plan Name		N4	N401	R	Pay-To Plan City Name	2/30		AN	
2010AC-Pay-to Plan Name		N4	N402	S	Pay-To Plan State Code	2/2		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2010AC-Pay-to Plan Name		N4	N403	S	Pay-To Plan Zip Code	3/15		ID	
2010AC-Pay-to Plan Name		N4	N404	S	Pay-To Plan Country Code	2/3		ID	
2010AC-Pay-to Plan Name		N4	N405		Location Qualifier	1/2		ID	
2010AC-Pay-to Plan Name		N4	N406		Location Identifier	1/30		AN	
2010AC-Pay-to Plan Name		N4	N407	S	Country Subdivision Code	1/3		ID	
2010AC-Pay-to Plan Name		REF		S	Pay-To Plan Secondary Identification		1		
2010AC-Pay-to Plan Name		REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					2U - Payer Identification Number				
					FY - Claim Office Number				
					NF - National Association of Insurance Commissioners				
2010AC-Pay-to Plan Name		REF	REF02	R	Reference Identification	1/50		AN	
2010AC-Pay-to Plan Name		REF	REF03		Description	1/80		AN	
2010AC-Pay-to Plan Name		REF	REF04		Reference Identifier				
2010AC-Pay-to Plan Name		REF		R	Pay-To Plan Tax Identification Number		1		
2010AC-Pay-to Plan Name		REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					EI - Employer's Identification Number				
2010AC-Pay-to Plan Name		REF	REF02	R	Reference Identification	1/50		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2010AC-Pay-to Plan Name		REF	REF03		Description	1/80		AN	
2010AC-Pay-to Plan Name		REF	REF04		Reference Identifier				
2000B-Subscriber Hierarchical Level				R	Subscriber Hierarchical Level		>1		
2000B-Subscriber Hierarchical Level		HL		R	Subscriber Hierarchical Level		1		
2000B-Subscriber Hierarchical Level	001	HL	HL01	R	Hierarchical ID Number	1/12		AN	WTX Generated
2000B-Subscriber Hierarchical Level	001	HL	HL02	R	Hierarchical Parent ID Number	1/12		AN	WTX Generated
2000B-Subscriber Hierarchical Level	001	HL	HL03	R	Hierarchical Level Code	1/2		ID	22 - Default
					22 - Subscriber				
2000B-Subscriber Hierarchical Level	001	HL	HL04	R	Hierarchical Child Code	1/1		ID	If DA017 = '18' set to '0'. Else set to a '1'
					0 - No Subordinate HL Segment in This Hierarchical Structure				
					1 - Additional Subordinate HL Data Segment in this Hierarchical Structure				
2000B-Subscriber Hierarchical Level		SBR		R	Subscriber Information		1		
2000B-Subscriber Hierarchical Level	005	SBR	SBR01	R	Payer Responsibility Sequence Number Code	1/1		ID	
					A - Payer Responsibility Four				
					B - Payer Responsibility Five				
					C - Payer Responsibility Six				
					D - Payer Responsibility Seven				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					E - Payer Responsibility Eight				
					F - Payer Responsibility Nine				
					G - Payer Responsibility Ten				
					H - Payer Responsibility Eleven				
					P - Primary				
					S - Secondary				
					T - Tertiary				
					U - Unknown				
2000B-Subscriber Hierarchical Level	005	SBR	SBR02	S	Individual Relationship Code	2/2		ID	If DA017 = '18' map, else do not use
					18 - Self				
2000B-Subscriber Hierarchical Level	005	SBR	SBR03	S	Reference Identification	1/50		AN	MAR
2000B-Subscriber Hierarchical Level	005	SBR	SBR04	S	Name	1/60		AN	MAR
2000B-Subscriber Hierarchical Level	005	SBR	SBR05	S	Insurance Type Code	1/3		ID	MAR
					12 - Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan				
					13 Medicare Secondary End-Stage Renal Disease				
					14 - Medicare Secondary, No-fault Insurance Including Auto is Primary				
					15 - Medicare Secondary Worker's Compensation				
					16 - Medicare Secondary Public Health Service (PHS) or Other Federal Agency				
					41 - Medicare Secondary Blank Lung				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					42 - Medicare Secondary Veteran's Administration				
					43 - Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)				
					47 - Medicare Secondary, Other Liability Insurance is Primary				
2000B-Subscriber Hierarchical Level	005	SBR	SBR06		Coordination Of Benefits Code	1/1		ID	
2000B-Subscriber Hierarchical Level	005	SBR	SBR07		Yes/No Condition Or Response Code	1/1		ID	
2000B-Subscriber Hierarchical Level	005	SBR	SBR08		Employment Status Code	2/2		ID	
2000B-Subscriber Hierarchical Level	005	SBR	SBR09	S	Claim Filing Indicator Code	1/2		ID	Map first 2 positions only. Map spaces if data not present
					11 - Other Non-Federal Programs				
					12 - Preferred Provider Organization (PPO)				
					13 - Point of Service (POS)				
					14 - Exclusive Provider Organization (EPO)				
					15 - Indemnity Insurance				
					16 - Health Maintenance Organization (HMO) Medicare Risk				
					17 - Dental Maintenance Organization				
					AM - Automobile Medical				
					BL - Blue Cross/Blue Shield				
					CH - Champus				
					CI - Commercial Insurance Co.				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					DS - Disability				
					FI - Federal Employees Program				
					HM - Health Maintenance Organization				
					LM - Liability Medical				
					MA - Medicare Part A				
					MB - Medicare Part B				
					MC - Medicaid				
					OF - Other Federal Program				
					TV - Title V				
					VA - Veteran Administration Plan				
					WC - Workers' Compensation Health Claim				
					ZZ - Mutually Defined				
2000B-Subscriber Hierarchical Level	007	PAT		S	Patient Information		1		
2000B-Subscriber Hierarchical Level	007	PAT	PAT01		Individual Relationship Code	2/2		ID	
2000B-Subscriber Hierarchical Level	007	PAT	PAT02		Patient Location Code	1/1		ID	
2000B-Subscriber Hierarchical Level	007	PAT	PAT03		Employment Status Code	2/2		ID	
2000B-Subscriber Hierarchical Level	007	PAT	PAT04		Student Status Code	1/1		ID	
2000B-Subscriber Hierarchical Level	007	PAT	PAT05	S	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2000B-Subscriber Hierarchical Level	007	PAT	PAT06	S	Date Time Period	1/35		AN	
2000B-Subscriber Hierarchical Level	007	PAT	PAT07	S	Unit or Basis for Measurement Code	2/2		ID	
					01 - Actual Pounds				
2000B-Subscriber Hierarchical Level	007	PAT	PAT08	S	Weight	1/10	1	R	
2000B-Subscriber Hierarchical Level	007	PAT	PAT09	S	Yes/No Condition or Response Code	1/1	1	ID	
					Y - Yes				
2010BA-Subscriber Name				S	Subscriber Name		1		
2010BA-Subscriber Name		NM1		R	Subscriber Name		1		
2010BA-Subscriber Name	015	NM1	NM101	R	Entity Identifier Code	2/3		ID	IL - Default
					IL - Insured or Subscriber				
2010BA-Subscriber Name	015	NM1	NM102	R	Entity Type Qualifier	1/1		ID	1 - Default
					1 - Person				
					2 - Non-Person Entity				
2010BA-Subscriber Name	015	NM1	NM103	R	Name Last or Organization Name	1/60		AN	MAR
2010BA-Subscriber Name	015	NM1	NM104	S	Name First	1/35		AN	MAR
2010BA-Subscriber Name	015	NM1	NM105	S	Name Middle	1/25		AN	MAR
2010BA-Subscriber Name	015	NM1	NM106		Name Prefix	1/10		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2010BA-Subscriber Name	015	NM1	NM107	S	Name Suffix	1/10		AN	MAR
2010BA-Subscriber Name	015	NM1	NM108	S	ID Code Qualifier	1/2		ID	MI - Default
					II - Standard Unique Health Identifier				
					MI - Member Identification Number				
2010BA-Subscriber Name	015	NM1	NM109	S	Identification Code	2/80		AN	MAR
2010BA-Subscriber Name	015	NM1	NM110		Entity Relationship Code	2/2		ID	
2010BA-Subscriber Name	015	NM1	NM111		Entity Identifier Code	2/3		ID	
2010BA-Subscriber Name	015	NM1	NM112		Name Last or Organization Name	1/60		AN	
2010BA-Subscriber Name		N3		S	Subscriber Address		1		
2010BA-Subscriber Name	025	N3	N301	R	Address Information	1/55		AN	MAR
2010BA-Subscriber Name	025	N3	N302	S	Address Information	1/55		AN	MAR
2010BA-Subscriber Name		N4		S	Subscriber City/State/Zip Code		1		
2010BA-Subscriber Name	030	N4	N401	R	City Name	2/30		AN	MAR
2010BA-Subscriber Name	030	N4	N402	S	State or Province Code	2/2		ID	MAR
2010BA-Subscriber Name	030	N4	N403	S	Postal Code	3/15		ID	MAR
2010BA-Subscriber Name	030	N4	N404	S	Country Code	2/3		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2010BA-Subscriber Name	030	N4	N405		Location Qualifier	1/2		ID	
2010BA-Subscriber Name	030	N4	N406		Location Identifier	1/30		AN	
2010BA-Subscriber Name	030	N4	N407	S	Country Code Subdivision Code	1/3		ID	
2010BA-Subscriber Name		DMG		S	Subscriber Demographic Information		1		
2010BA-Subscriber Name	032	DMG	DMG01	R	Date Time Period Format Qualifier	2/3		ID	D8 - Default
					D8 - Date Expressed in Format CCYYMMDD				
2010BA-Subscriber Name	032	DMG	DMG02	R	Date Time Period	1/35		AN	MAR
2010BA-Subscriber Name	032	DMG	DMG03	R	Gender Code	1/1		ID	MAR
					F - Female				
					M - Male				
					U - Unknown				
2010BA-Subscriber Name	032	DMG	DMG04		Marital Status Code	1/1		ID	
2010BA-Subscriber Name	032	DMG	DMG05		Composite Race or Ethnicity Information	x 10			
2010BA-Subscriber Name	032	DMG	DMG06		Citizenship Status Code	1/2		ID	
2010BA-Subscriber Name	032	DMG	DMG07		Country Code	2/3		ID	
2010BA-Subscriber Name	032	DMG	DMG08		Basis of Verification Code	1/2		ID	
2010BA-Subscriber Name	032	DMG	DMG09		Quantity	1/15		R	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2010BA-Subscriber Name	032	DMG	DMG10		Code List Qualifier Code	1/3		ID	
2010BA-Subscriber Name	032	DMG	DMG11		Industry Code	1/30		AN	
2010BA-Subscriber Name		REF		S	Subscriber Secondary Identification		1		
2010BA-Subscriber Name	035	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					SY - Social Security Number				
2010BA-Subscriber Name	035	REF	REF02	R	Reference Identification	1/50		AN	
2010BA-Subscriber Name	035	REF	REF03		Description	1/80		AN	
2010BA-Subscriber Name	035	REF	REF04		Reference Identifier				
2010BA-Subscriber Name	035	REF		S	Property and Casualty Claim Number		1		
2010BA-Subscriber Name	035	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					Y4 - Agency Claim Number				
2010BA-Subscriber Name	035	REF	REF02	R	Reference Identification	1/50		AN	
2010BA-Subscriber Name	035	REF	REF03		Description	1/80		AN	
2010BA-Subscriber Name	035	REF	REF04		Reference Identifier				
2010BA-Subscriber Name		PER		S	Property and Casualty Subscriber Contact Information		1		
2010BA-Subscriber Name		PER	PER01	R	Contact Function Code	2/2		ID	
					IC - Information Contact				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2010BA-Subscriber Name		PER	PER02	S	Billing Provider Contact Name	1/60		AN	
2010BA-Subscriber Name		PER	PER03	R	Communication Number Qualifier	2/2		ID	
					TE - Telephone				
2010BA-Subscriber Name		PER	PER04	R	Communication Number	1/256		AN	
2010BA-Subscriber Name		PER	PER05	S	Communication Number Qualifier	2/2		ID	
					EX - Telephone Extension				
2010BA-Subscriber Name		PER	PER06	S	Communication Number	1/256		AN	
2010BA-Subscriber Name		PER	PER07		Communication Number Qualifier	2/2		ID	
2010BA-Subscriber Name		PER	PER08		Communication Number	1/256		AN	
2010BA-Subscriber Name		PER	PER09		Contact Inquiry Reference	1/20		AN	
2010BB-Payer Name				R	Payer Name		1		
2010BB-Payer Name		NM1		R	Payer Name		1		
2010BB-Payer Name	015	NM1	NM101	R	Entity Identifier Code	2/3		ID	PR - Default
					PR - Payer				
2010BB-Payer Name	015	NM1	NM102	R	Entity Type Qualifier	1/1		ID	2 - Default
					2 - Non-Person Entity				
2010BB-Payer Name	015	NM1	NM103	R	Name Last or Organization Name	1/60		AN	MAR

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2010BB-Payer Name	015	NM1	NM104		Name First	1/35		AN	
2010BB-Payer Name	015	NM1	NM105		Name Middle	1/25		AN	
2010BB-Payer Name	015	NM1	NM106		Name Prefix	1/10		AN	
2010BB-Payer Name	015	NM1	NM107		Name Suffix	1/10		AN	
2010BB-Payer Name	015	NM1	NM108	R	Identification Code Qualifier	1/2		ID	PI - Default
					PI - Payor Identification				
					XV - Health Care Financing Administration National Plan ID				
2010BB-Payer Name	015	NM1	NM109	R	Identification Code	2/80		AN	MAR
2010BB-Payer Name	015	NM1	NM110		Entity Relationship Code	2/2		ID	
2010BB-Payer Name	015	NM1	NM111		Entity Identifier Code	2/3		ID	
2010BB-Payer Name	015	NM1	NM112		Name Last or Organization Name	1/60		AN	
2010BB-Payer Name		N3		S	Payer Address		1		
2010BB-Payer Name	025	N3	N301	R	Address Information	1/55		AN	MAR
2010BB-Payer Name	025	N3	N302	S	Address Information	1/55		AN	MAR
2010BB-Payer Name		N4		S	Payer City/State/Zip Code		1		
2010BB-Payer Name	030	N4	N401	R	City Name	2/30		AN	MAR

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2010BB-Payer Name	030	N4	N402	S	State or Province Code	2/2		ID	MAR
2010BB-Payer Name	030	N4	N403	S	Postal Code	3/15		ID	MAR
2010BB-Payer Name	030	N4	N404	S	Country Code	2/3		ID	
2010BB-Payer Name	030	N4	N405		Location Qualifier	1/2		ID	
2010BB-Payer Name	030	N4	N406		Location Identifier	1/30		AN	
2010BB-Payer Name	030	N4	N407	S	Country Code Subdivision Code	1/3		ID	
2010BB-Payer Name		REF		S	Payer Secondary Identification		3		
2010BB-Payer Name	035	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					2U - Payer Identification Number				
					EI - Employer's Identification Number				
					FY - Claim Office Number				
					NF - National Association of Insurance Commissioners				
2010BB-Payer Name	035	REF	REF02	R	Reference Identification	1/50		AN	
2010BB-Payer Name	035	REF	REF03		Description	1/80		AN	
2010BB-Payer Name	035	REF	REF04		Reference Identifier				
2010BB-Payer Name		REF		S	Billing Provider Secondary Identification		2		
2010BB-Payer Name		REF	REF01	R	Reference Identification Qualifier	2/3		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					G2 - Provider Commercial Number				
					LU - Location Number				
2010BB-Payer Name		REF	REF02	R	Payer Additional Identifier	1/50		AN	
2010BB-Payer Name		REF	REF03		Description	1/80		AN	
2010BB-Payer Name		REF	REF04		Reference Identifier				
2000C-Patient Hierarchical Level				S	Patient Hierarchical Level		>1		
2000C-Patient Hierarchical Level		HL		S	Patient Hierarchical Level		1		
2000C-Patient Hierarchical Level	001	HL	HL01	R	Hierarchical ID Number	1/12		AN	WTX Generated
2000C-Patient Hierarchical Level	001	HL	HL02	R	Hierarchical Parent ID Number	1/12		AN	WTX Generated
2000C-Patient Hierarchical Level	001	HL	HL03	R	Hierarchical Level Code	1/2		ID	23 - Default
					23 - Dependent				
2000C-Patient Hierarchical Level	001	HL	HL04	R	Hierarchical Child Code	1/1		ID	0 - Default
					0 - No Subordinate HL Segment in This Hierarchical Structure				
2000C-Patient Hierarchical Level		PAT		R	Patient Information		1		
2000C-Patient Hierarchical Level	007	PAT	PAT01	R	Individual Relationship Code	2/2		ID	MAR
					01 - Spouse				
					19 - Child				
					20 - Employee				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					21 - Unknown				
					39 - Organ Donor				
					40 - Cadaver Donor				
					53 - Life Partner				
					G8 - Other Relationship				
2000C-Patient Hierarchical Level	007	PAT	PAT02		Patient Location Code	1/1		ID	
2000C-Patient Hierarchical Level	007	PAT	PAT03		Employment Status Code	2/2		ID	
2000C-Patient Hierarchical Level	007	PAT	PAT04		Student Status Code	1/1		ID	
2000C-Patient Hierarchical Level	007	PAT	PAT05	S	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2000C-Patient Hierarchical Level	007	PAT	PAT06	S	Date Time Period	1/35		AN	
2000C-Patient Hierarchical Level	007	PAT	PAT07	S	Unit or Basis for Measurement Code	2/2		ID	
					01 - Actual Pounds				
2000C-Patient Hierarchical Level	007	PAT	PAT08	S	Weight	1/10		R	
2000C-Patient Hierarchical Level	007	PAT	PAT09	S	Yes/No Condition or Response Code	1/1		ID	
					Y - Yes				
2010CA-Patient Hierarchical Level				R	Patient Name		1		
2010CA-Patient Hierarchical Level		NM1		R	Patient Name		1		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2010CA-Patient Hierarchical Level	015	NM1	NM101	R	Entity Identifier Code	2/3		ID	QC - Default
					QC - Patient				
2010CA-Patient Hierarchical Level	015	NM1	NM102	R	Entity Type Qualifier	1/1		ID	1- Default
					1 - Person				
2010CA-Patient Hierarchical Level	015	NM1	NM103	R	Name Last or Organization Name	1/60		AN	MAR
2010CA-Patient Name	015	NM1	NM104	S	Name First	1/35		AN	MAR
2010CA-Patient Name	015	NM1	NM105	S	Name Middle	1/25		AN	
2010CA-Patient Name	015	NM1	NM106		Name Prefix	1/10		AN	
2010CA-Patient Name	015	NM1	NM107	S	Name Suffix	1/10		AN	MAR
2010CA-Patient Name	015	NM1	NM108		ID Code Qualifier	1/2		ID	
2010CA-Patient Name	015	NM1	NM109		Identification Code	2/80		AN	
2010CA-Patient Name	015	NM1	NM110		Entity Relationship Code	2/2		ID	
2010CA-Patient Name	015	NM1	NM111		Entity Identifier Code	2/3		ID	
2010CA-Patient Name	015	NM1	NM112		Name Last or Organization Name	1/60		AN	
2010CA-Patient Name			N3	R	Patient Address		1		
2010CA-Patient Name	025	N3	N301	R	Address Information	1/55		AN	MAR

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2010CA-Patient Name	025	N3	N302	S	Address Information	1/55		AN	MAR
2010CA-Patient Name			N4	R	Patient City/State/Zip Code		1		
2010CA-Patient Name	030	N4	N401	R	City Name	2/30		AN	MAR
2010CA-Patient Name	030	N4	N402	S	State or Province Code	2/2		ID	MAR
2010CA-Patient Name	030	N4	N403	S	Postal Code	3/15		ID	MAR
2010CA-Patient Name	030	N4	N404	S	Country Code	2/3		ID	
2010CA-Patient Name	030	N4	N405		Location Qualifier	1/2		ID	
2010CA-Patient Name	030	N4	N406		Location Identifier	1/30		AN	
2010CA-Patient Name	030	N4	N407	S	Country Code Subdivision Code	1/3		ID	
2010CA-Patient Name		DMG		R	Patient Demographic Information		1		
2010CA-Patient Name	032	DMG	DMG01	R	Date Time period Format Qualifier	2/3		ID	D8 - Default
					D8 - Date Expressed in Format CCYYMMDD				
2010CA-Patient Name	032	DMG	DMG02	R	Date Time Period	1/35		AN	MAR
2010CA-Patient Name	032	DMG	DMG03	R	Gender Code	1/1		ID	MAR
					F - Female				
					M - Male				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					U - Unknown				
2010CA-Patient Name	032	DMG	DMG04		Marital Status Code	1/1		ID	
2010CA-Patient Name	032	DMG	DMG05		Composite Race or Ethnicity Information	x 10			
2010CA-Patient Name	032	DMG	DMG06		Citizenship Status Code	1/2		ID	
2010CA-Patient Name	032	DMG	DMG07		Country Code	2/3		ID	
2010CA-Patient Name	032	DMG	DMG08		Basis of Verification Code	1/2		ID	
2010CA-Patient Name	032	DMG	DMG09		Quantity	1/15		R	
2010CA-Patient Name	032	DMG	DMG10		Code List Qualifier Code	1/3		ID	
2010CA-Patient Name	032	DMG	DMG11		Industry Code	1/30		AN	
2010CA-Patient Name				S	Property & Casualty Claim Number		1		
2010CA-Patient Name	035	REF	REF01		Reference Identification Qualifier	2/3		ID	
	035				Y4 - Agency Claim Number				
2010CA-Patient Name	035	REF	REF02	R	Reference Identification	1/50		AN	
2010CA-Patient Name	035	REF	REF03		Description	1/80		AN	
2010CA-Patient Name	035	REF	REF04		Reference Identifier				
2010CA-Patient Name				S	Property & Casualty Patient Identifier		1		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2010CA-Patient Name	035	REF	REF01		Reference Identification Qualifier	2/3		ID	
	035				1W - Member Identification Number				
					SY - Social Security Number				
2010CA-Patient Name	035	REF	REF02	R	Reference Identification	1/50		AN	
2010CA-Patient Name	035	REF	REF03		Description	1/80		AN	
2010CA-Patient Name	035	REF	REF04		Reference Identifier				
2010CA-Patient Name		PER		S	Property & Casualty Patient Contact Information		1		
2010CA-Patient Name		PER	PER01	R	Contact Function Code	2/2		ID	
					IC - Information Contact				
2010CA-Patient Name		PER	PER02	S	Billing Provider Contact Name	1/60		AN	
2010CA-Patient Name		PER	PER03	R	Communication Number Qualifier	2/2		ID	
					TE - Telephone				
2010CA-Patient Name		PER	PER04	R	Communication Number	1/256		AN	
2010CA-Patient Name		PER	PER05	S	Communication Number Qualifier	2/2		ID	
					EX - Telephone Extension				
2010CA-Patient Name		PER	PER06	S	Communication Number	1/256		AN	
2010CA-Patient Name		PER	PER07		Communication Number Qualifier	2/2		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2010CA-Patient Name		PER	PER08		Communication Number	1/256		AN	
2010CA-Patient Name		PER	PER09		Contact Inquiry Reference	1/20		AN	
2300-Claim Information					Claim Information		100		
2300-Claim Information	1300	CLM		R	Claim Information		1		
2300-Claim Information	1028	CLM	CLM01	R	Claim Submitter's Identifier	1/38		AN	MAR
2300-Claim Information	782	CLM	CLM02	R	Monetary Amount	1/18		R	MAR
2300-Claim Information	1032	CLM	CLM03		Claim Filing Indicator Code	1/2		ID	
2300-Claim Information	1343	CLM	CLM04		Non-Institutional Claim Type Code	1/2		ID	
2300-Claim Information	C023	CLM	CLM05	R	Health Care Service Location Information				
2300-Claim Information	1331	CLM	CLM05-1	R	Facility code Value	1/2		AN	11 - Default
					B - Place of Service Codes for Professional or Dental Services				
2300 - Claim Information	130	CLM	CLM05-3	R	Claim Frequency Type Code	1/1		ID	Map first position only
2300 - Claim Information	130	CLM	CLM06	R	Yes/No Condition or Response Code	1/1		ID	MAR
					N - No				
					Y - Yes				
2300 - Claim Information	130	CLM	CLM07	R	Provider Accept Assignment Code	1/1		ID	If EA0 36.0 = N set 'C', else set 'A'
					A - Assigned				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					B - Assignment Accepted on Clinical Lab Services Only				
					C - Not Assigned				
2300 - Claim Information	130	CLM	CLM08	R	Yes/No Condition or Response code	1/1		ID	MAR
					N - No				
					Y - Yes				
					W - Not Applicable				
2300 - Claim Information	130	CLM	CLM09	R	Release of Information Code	1/1		ID	MAR
					I - Informed Consent to Release Medical Information				
					Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim				
2300 - Claim Information	130	CLM	CLM10	S	Patient Signature Source Code	1/1		ID	MAR
					P - Signature generated by provider because the patient was not physically present for services				
2300 - Claim Information	130	CLM	CLM11	S	Related Causes Information				
2300 - Claim Information	130	CLM	CLM11-1	R	Related Cause Code	2/3		ID	
					AA - Auto Accident				
					EM - Employment				
					OA - Other Accident				
2300 - Claim Information	130	CLM	CLM11-2	S	Related Cause Code	2/3		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					AA - Auto Accident				
					EM - Employment				
					OA - Other Accident				
2300 - Claim Information	130	CLM	CLM11-3		Related Cause Code	2/3		ID	
2300 - Claim Information	130	CLM	CLM11-4	S	State or Province Code	2/2		ID	
2300 - Claim Information	130	CLM	CLM11-5	S	Country	2/3		ID	
2300 - Claim Information	130	CLM	CLM12	S	Special Program Code	2/3		ID	MAR
					02 - Physically Handicapped Children's Program				
					03 - Special Federal Funding				
					05 - Disability				
					09 - Second Opinion or Surgery				
2300 - Claim Information	130	CLM	CLM13		Yes/No Condition or Response Code	1/1		ID	
2300 - Claim Information	130	CLM	CLM14		Level of Service Code	1/3		ID	
2300 - Claim Information	130	CLM	CLM15		Yes/No Condition or Response Code	1/1		ID	
2300 - Claim Information	130	CLM	CLM16		Provider Agreement Code	1/1		ID	
2300 - Claim Information	130	CLM	CLM17		Claim Status Code	1/2		ID	
2300 - Claim Information	130	CLM	CLM18		Yes/No Condition or Response Code	1/1		ID	
2300 - Claim Information	130	CLM	CLM19		Claim Submission Reason Code	2/2		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	130	CLM	CLM20	S	Delay Reason Code	1/2	1	ID	
					1 - Proof of Eligibility Unknown or Unavailable				
					2 - Litigation				
					3 - Authorization Delays				
					4 - Delay in Certifying Provider				
					5 - Delay in Supplying Billing Forms				
					6 - Delay in Delivery of Custom-made Appliances				
					7 - Third Party Processing Delay				
					8 - Delay in Eligibility Determination				
					9 - Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules				
					10 - Administration Delay in the Prior Approval Process				
					11 - Other				
					15 - Natural Disaster				
2300 – Claim Information		DTP		S	Date – Onset of Current Illness or Symptom		1		
2300 - Claim Information	135	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					431 -Onset of Current Symptoms or Illness				
2300 - Claim Information	135	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	135	DTP	DTP03	R	Date Time Period	1/35		AN	
2300 - Claim Information				S	Date – Initial Treatment Date		1		
2300 - Claim Information	135	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					454 - Initial Treatment				
2300 - Claim Information	135	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2300 - Claim Information	135	DTP	DTP03	R	Date Time Period	1/35		AN	
2300 - Claim Information				S	Date – Last Seen Date		1		
2300 - Claim Information	135	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					304 - Latest Visit or Consultation				
2300 - Claim Information	135	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2300 - Claim Information	135	DTP	DTP03	R	Date Time Period	1/35		AN	
2300 - Claim Information				S	Date – Acute Manifestation		1		
2300 - Claim Information	135	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					453 - Acute Manifestation of a Chronic Condition				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	135	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2300 - Claim Information	135	DTP	DTP03	R	Date Time Period	1/35		AN	
2300 - Claim Information				S	Date – Accident		1		
2300 - Claim Information	135	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					439 - Accident				
2300 - Claim Information	135	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2300 - Claim Information	135	DTP	DTP03	R	Date Time Period	1/35		AN	
2300 - Claim Information				S	Date – Last Menstrual Period		1		
2300 - Claim Information	135	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					484 - Last Menstrual Period				
2300 - Claim Information	135	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2300 - Claim Information	135	DTP	DTP03	R	Date Time Period	1/35		AN	
2300 - Claim Information				S	Date – Last X-Ray		1		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	135	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					455 - Last X-Ray				
2300 - Claim Information	135	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2300 - Claim Information	135	DTP	DTP03	R	Date Time Period	1/35		AN	
2300 - Claim Information				S	Date – Hearing and Vision Prescription Date		1		
2300 - Claim Information	135	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					471 - Prescription				
2300 - Claim Information	135	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2300 - Claim Information	135	DTP	DTP03	R	Date Time Period	1/35		AN	
2300 - Claim Information		DTP		S	Date - Disability Dates		1		
2300 - Claim Information		DTP	DTP01	R	Date Time Qualifier	3/3		ID	
					314 - Disability				
					360 - Initial Disability Period Start				
					361 - Initial Disability Period End				
2300 - Claim Information		DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					D8 - Date Expressed in Format CCYYMMDD				
					RD8 - Dates Expressed in Format CCYYMMDDCCYYMMDD				
2300 - Claim Information		DTP	DTP03	R	Date Time Period	1/35		AN	
2300 - Claim Information				S	Date – Last Worked		1		
2300 - Claim Information	135	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					297 - Date Last Worked				
2300 - Claim Information	135	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2300 - Claim Information	135	DTP	DTP03	R	Date Time Period	1/35		AN	
2300 - Claim Information				S	Date – Authorized Return to Work		1		
2300 - Claim Information	135	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					296 - Return to Work				
2300 - Claim Information	135	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2300 - Claim Information	135	DTP	DTP03	R	Date Time Period	1/35		AN	
2300 - Claim Information				S	Date – Admission		1		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	135	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					435 - Admission				
2300 - Claim Information	135	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2300 - Claim Information	135	DTP	DTP03	R	Date Time Period	1/35		AN	
2300 - Claim Information				S	Date – Discharge		1		
2300 - Claim Information	135	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					096 - Discharge				
2300 - Claim Information	135	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2300 - Claim Information	135	DTP	DTP03	R	Date Time Period	1/35		AN	
2300 - Claim Information				S	Date – Assumed and Relinquished Care Dates		2		
2300 - Claim Information	135	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					090 - Report Start				
					091 - Report End				
2300 - Claim Information	135	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	135	DTP	DTP03	R	Date Time Period	1/35		AN	
2300 - Claim Information		DTP		S	Date - Property and Casualty Date of First Contact		1		
2300 - Claim Information		DTP	DTP01	R	Date Time Qualifier	3/3		ID	
					444 - First Visit or Consultation				
2300 - Claim Information		DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2300 - Claim Information		DTP	DTP03	R	Date Time Period	1/35		AN	
2300 - Claim Information		DTP		S	Date - Repricer Received Date		1		
2300 - Claim Information		DTP	DTP01	R	Date Time Qualifier	3/3		ID	050 - Default
					050 - Received				
2300 - Claim Information		DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	D8 - Default
					D8 - Date Expressed in Format CCYYMMDD				
2300 - Claim Information		DTP	DTP03	R	Date Time Period (Repricer Received Date)	1/35		AN	MAR
2300 - Claim Information		PWK		S	Claim Supplemental Information		10		
2300 - Claim Information	155	PWK	PWK01	R	Report Type Code	2/2		AN	MAR
					03 - Report Justifying Treatment Beyond Utilization Guidelines				
					04 - Drugs Administered				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					05 - Treatment Diagnosis				
					06 - Initial Assessment				
					07 - Functional Goals				
					08 - Plan of Treatment				
					09 - Progress Report				
					10 - Continued Treatment				
					11 - Chemical Analysis				
					13 - Certified Test Report				
					15 - Justification for Admission				
					21 - Recovery Plan				
					A3 - Allergies/Sensitivities Document				
					A4 - Autopsy Report				
					AM - Ambulance Certification				
					AS - Admission Summary				
					B2 - Prescription				
					B3 - Physician Order				
					B4 - Referral Form				
					BR - Benchmark Testing Results				
					BS - Baseline				
					BT - Blanket Test Results				
					CB - Chiropractic Justification				
					CK - Consent Form(s)				
					CT - Certification				
					D2 - Drug Profile Document				
					DA - Dental Models				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					DB - Durable Medical Equipment Prescription				
					DG - Diagnostic Report				
					DJ - Discharge Monitoring Report				
					DS - Discharge Summary				
					EB - Explanation of Benefits (Coord. of Benefits or Medicare Secondary Payor)				
					HC - Health Certificate				
					HR - Health Clinic Records				
					I5 - Immunization Record				
					IR - State School Immunization Records				
					LA - Laboratory Results				
					M1 - Medical Record Attachment				
					MT - Models				
					NN - Nursing Notes				
					OB - Operative Note				
					OC - Oxygen Content Averaging Report				
					OD - Orders and Treatments Document				
					OE - Objective Physical Examination (including vital signs) Document				
					OX - Oxygen Therapy Certification				
					OZ - Support Data for Claim				
					P4 - Pathology Report				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					P5 - Patient Medical History Document				
					PE - Parenteral or Enteral Certification				
					PN - Physical Therapy Notes				
					PO - Prosthetics or Orthotic Certification				
					PQ - Paramedical Results				
					PY - Physician's Report				
					PZ - Physical Therapy Certification				
					RB - Radiology Films				
					RR - Radiology Reports				
					RT - Report of Tests and Analysis Report				
					RX - Renewable Oxygen Content Averaging Report				
					SG - Symptoms Document				
					V5 - Death Notification				
					XP - Photographs				
2300 - Claim Information	155	PWK	PWK02	R	Report Transmission Code	1/2		ID	MAR
					AA - Available on Request at Provider Site				
					BM - By Mail				
					EL - Electronically Only				
					EM - E-Mail				
					FT - File Transfer				
					FX - By Fax				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	155	PWK	PWK03		Report Copies Needed	1/2		N0	
2300 - Claim Information	155	PWK	PWK04		Entity Identifier Code	2/3		ID	
2300 - Claim Information	155	PWK	PWK05	S	Identification Code Qualifier	1/2		ID	
					AC - Attachment Control Number				
2300 - Claim Information	155	PWK	PWK06	S	Identification Code	2/80		AN	
2300 - Claim Information	155	PWK	PWK07		Description	1/80		AN	
2300 - Claim Information	155	PWK	PWK08		Actions Indicated				
2300 - Claim Information	155	PWK	PWK09		Request Category Code	1/2		ID	
2300 - Claim Information		CN1		S	Contract Information		1		
2300 - Claim Information		CN1	CN101	R	Contract Type Code	2/2		ID	MAR
					01 - Diagnosis Related Group (DRG)				
					02 - Per Diem				
					03 - Variable Per Diem				
					04 - Flat				
					05 - Capitated				
					06 - Percent				
					09 - Other				
2300 - Claim Information	160	CN1	CN102	S	Monetary Amount	1/18		R	
2300 - Claim Information	160	CN1	CN103	S	Percent, Decimal Format	1/6		R	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	160	CN1	CN104	S	Reference Identification	1/50		AN	MAR
2300 - Claim Information	160	CN1	CN105	S	Terms Discount Percent	1/6		R	
2300 - Claim Information	160	CN1	CN106	S	Version Identifier	1/30		AN	
2300 - Claim Information		AMT		S	Patient Amount Paid		1		
2300 - Claim Information	175	AMT	AMT01	R	Amount Qualifier Code	1/3		ID	F5 - Default
					F5 - Patient Amount Paid				
2300 - Claim Information	175	AMT	AMT02	R	Monetary Amount	1/18	1	R	MAR
2300 - Claim Information	175	AMT	AMT03		Credit/Debit Flag Code	1/1		ID	
2300 - Claim Information		REF		S	Service Authorization Exception Code		1		
2300 - Claim Information	180	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					4N - Special Payment Reference Number				
2300 - Claim Information	180	REF	REF02	R	Reference Identification	1/50		AN	
					1 - Immediate/Urgent Care				
					2 - Services Rendered in a Retroactive Period				
					3 - Emergency Care				
					4 - Client as Temporary Medicaid				
					5 - Request from County for Second Opinion to Recipient can Work				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					6 - Request for Override Pending				
					7 - Special Handling				
2300 - Claim Information	180	REF	REF03		Description	1/80		AN	
2300 - Claim Information	180	REF	REF04		Reference Identifier				
2300 - Claim Information		REF		S	Mandatory Medicare (Section 4081) Crossover Indicator		1		
2300 - Claim Information	180	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					F5 - Medicare Version Code				
2300 - Claim Information	180	REF	REF02	R	Reference Identification	1/50		AN	
					Y - 4081				
					N - Regular crossover				
2300 - Claim Information	180	REF	REF03		Description	1/80		AN	
2300 - Claim Information	180	REF	REF04		Reference Identifier				
2300 - Claim Information		REF		S	Mammography Certification Number		1		
2300 - Claim Information	180	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					EW - Mammography Certification Number				
2300 - Claim Information	180	REF	REF02	R	Reference Identification	1/50		AN	
2300 - Claim Information	180	REF	REF03		Description	1/80		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	180	REF	REF04		Reference Identifier				
2300 - Claim Information		REF		S	Referral Number		1		
2300 - Claim Information		REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					9F - Referral Number				
2300 - Claim Information		REF	REF02	R	Referral Number	1/50		AN	
2300 - Claim Information		REF	REF03		Description	1/80		AN	
2300 - Claim Information		REF	REF04		Reference Identifier				
2300 - Claim Information		REF		S	Prior Authorization Number		1		
2300 - Claim Information		REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					G1 - Prior Authorization Number				
2300 - Claim Information		REF	REF02	R	Referral Number	1/50		AN	
2300 - Claim Information		REF	REF03		Description	1/80		AN	
2300 - Claim Information		REF	REF04		Reference Identifier				
2300 - Claim Information		REF		S	Payer Claim Control Number		1		
2300 - Claim Information		REF	REF01	R	Reference Identification Qualifier	2/3		ID	F8 - Default
					F8 - Original Reference Number				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information		REF	REF02	R	Referral Number	1/50		AN	MAR
2300 - Claim Information		REF	REF03		Description	1/80		AN	
2300 - Claim Information		REF	REF04		Reference Identifier				
2300 - Claim Information		REF		S	Clinical Laboratory Improvement Amendment (CLIA) Number		1		
2300 - Claim Information	180	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					X4 - Clinical Laboratory Improvement Amendment Number				
2300 - Claim Information	180	REF	REF02	R	Reference Identification	1/50		AN	
2300 - Claim Information	180	REF	REF03		Description	1/80		AN	
2300 - Claim Information	180	REF	REF04		Reference Identifier				
2300 - Claim Information		REF		S	Repriced Claim Number		1		
2300 - Claim Information	180	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					9A - Repriced Claim Reference Number				
2300 - Claim Information	180	REF	REF02	R	Reference Identification	1/50		AN	
2300 - Claim Information	180	REF	REF03		Description	1/80		AN	
2300 - Claim Information	180	REF	REF04		Reference Identifier				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information		REF		S	Adjusted Repriced Claim Number		1		
2300 - Claim Information	180	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					9C - Adjusted Repriced Claim Reference Number				
2300 - Claim Information	180	REF	REF02	R	Reference Identification	1/50		AN	
2300 - Claim Information	180	REF	REF03		Description	1/80		AN	
2300 - Claim Information	180	REF	REF04		Reference Identifier				
2300 - Claim Information		REF		S	Investigational Device Exemption Number		1		
2300 - Claim Information	180	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					LX - Qualified Product List				
2300 - Claim Information	180	REF	REF02	R	Reference Identification	1/50		AN	
2300 - Claim Information	180	REF	REF03		Description	1/80		AN	
2300 - Claim Information	180	REF	REF04		Reference Identifier				
2300 - Claim Information		REF		S	Claim Identifier For Transmission Intermediaries		1		
2300 - Claim Information	180	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					D9 - Claim Number				
2300 - Claim Information	180	REF	REF02	R	Reference Identification	1/50		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	180	REF	REF03		Description	1/80		AN	
2300 - Claim Information	180	REF	REF04		Reference Identifier				
2300 - Claim Information		REF		S	Medical Record Number		1		
2300 - Claim Information	180	REF	REF01	R	Reference Identification Qualifier	2/3	1	ID	
					EA - Medical Record Identification Number				
2300 - Claim Information	180	REF	REF02	R	Reference Identification	1/50		AN	
2300 - Claim Information	180	REF	REF03		Description	1/80		AN	
2300 - Claim Information	180	REF	REF04		Reference Identifier				
2300 - Claim Information				S	Demonstration Project Identifier		1		
2300 - Claim Information	180	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					P4 - Project Code				
2300 - Claim Information	180	REF	REF02	R	Reference Identification	1/50		AN	
2300 - Claim Information	180	REF	REF03		Description	1/80		AN	
2300 - Claim Information	180	REF	REF04		Reference Identifier				
2300 - Claim Information		REF		S	Care Plan Oversight		1		
2300 - Claim Information		REF	REF01	R	Reference Identification Qualifier	2/3		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					1J - Facility ID Number				
2300 - Claim Information		REF	REF02	R	Reference Identification (Care Plan Oversight Number)	1/50		AN	
2300 - Claim Information		REF	REF03		Description	1/80		AN	
2300 - Claim Information		REF	REF04		Reference Identifier				
2300 - Claim Information		K3		S	File Information		10		
2300 - Claim Information	185	K3	K301	R	Fixed Format Information	1/80		AN	
2300 - Claim Information	185	K3	K302		Record Format Code	1/2		ID	
2300 - Claim Information	185	K3	K303		Composite Unit of Measure				
2300 - Claim Information		NTE		S	Claim Note		1		
2300 - Claim Information	190	NTE	NTE01	R	Note Reference Code	3/3		ID	Default to 'ADD' if HA0-05 is present
					ADD - Additional Information				
					CER - Certification Narrative				
					DCP - Goals, Rehabilitation Potential, or Discharge Plans				
					DGN - Diagnosis Description				
					TPO - Third Party Organization Notes				
2300 - Claim Information	190	NTE	NTE02	R	Description	1/80		AN	Map first 80 bytes of the HA0-05
2300 - Claim Information		CR1		S	Ambulance Transport Information		1		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	195	CR1	CR101	S	Unit or Basis for Measurement Code	2/2		ID	
2300 - Claim Information	195	CR1	CR102	S	Weight	1/10		R	
2300 - Claim Information	195	CR1	CR103		Ambulance Transport Code	1/1		ID	
2300 - Claim Information	195	CR1	CR104	R	Ambulance Transport Reason Code	1/1		ID	
					A - Patient was transported to nearest facility for care of symptoms, complaints, or both				
					B - Patient was transported for the benefit of a preferred physician				
					C - Patient was transported for the nearness of family members				
					D - Patient was transported for the care of a specialist or for availability of specialized equipment				
					E - Patient Transferred to Rehabilitation Facility				
2300 - Claim Information	195	CR1	CR105	R	Unit or Basis for Measurement Code	2/2		ID	
					DH - Miles				
2300 - Claim Information	195	CR1	CR106	R	Quantity	1/15		R	
2300 - Claim Information	195	CR1	CR107		Address Information	1/55		AN	
2300 - Claim Information	195	CR1	CR108		Address Information	1/55		AN	
2300 - Claim Information	195	CR1	CR109	S	Description	1/80		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	195	CR1	CR110	S	Description	1/80		AN	
2300 - Claim Information		CR2		S	Spinal Manipulation Service Information		1		
2300 - Claim Information	200	CR2	CR201		Count	1/9		NO	
2300 - Claim Information	200	CR2	CR202		Quantity	1/15		R	
2300 - Claim Information	200	CR2	CR203		Subluxation Level Code	2/3		ID	
2300 - Claim Information	200	CR2	CR204		Subluxation Level Code	2/3		DI	
2300 - Claim Information	200	CR2	CR205		Unit or Basis for Measurement Code	2/2		DI	
2300 - Claim Information	200	CR2	CR206		Quantity	1/15		R	
2300 - Claim Information	200	CR2	CR207		Quantity	1/15		R	
2300 - Claim Information	200	CR2	CR208	R	Nature of Condition Code	1/1		ID	
					A - Acute Condition				
					C - Chronic Condition				
					D - Non-acute				
					E - Non-Life Threatening				
					F - Routine				
					G - Symptomatic				
					M - Acute Manifestation of a Chronic Condition				
2300 - Claim Information	200	CR2	CR209		Yes/No Condition or Response Code			ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	200	CR2	CR210	S	Description	1/80		AN	
2300 - Claim Information	200	CR2	CR211	S	Description	1/80		AN	
2300 - Claim Information	200	CR2	CR212		Yes/No Condition or Response Code	1/1		ID	
2300 - Claim Information		CRC		S	Ambulance Certification		3		
2300 - Claim Information	220	CRC	CRC01	R	Code Category	2/2		ID	
					07 - Ambulance Certification				
2300 - Claim Information	220	CRC	CRC02	R	Yes/No Condition or Response Code	1/1		ID	
					N - No				
					Y - Yes				
2300 - Claim Information	220	CRC	CRC03	R	Condition Indicator	2/3		ID	
					01 - Patient was admitted to a hospital				
					04 - Patient was moved by stretcher				
					05 - Patient was unconscious or in shock				
					06 - Patient was transported in an emergency situation				
					07 - Patient had to be physically restrained				
					08 - Patient had visible hemorrhaging				
					09 - Ambulance service was medically necessary				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					12 - Patient is confined to a bed or chair				
2300 - Claim Information	220	CRC	CRC04	S	Condition Indicator	2/3	3	ID	
					01 - Patient was admitted to a hospital				
					04 - Patient was moved by stretcher				
					05 - Patient was unconscious or in shock				
					06 - Patient was transported in an emergency situation				
					07 - Patient had to be physically restrained				
					08 - Patient had visible hemorrhaging				
					09 - Ambulance service was medically necessary				
					12 - Patient is confined to a bed or chair				
2300 - Claim Information	220	CRC	CRC05	S	Condition Indicator	2/3	3	ID	
					01 - Patient was admitted to a hospital				
					04 - Patient was moved by stretcher				
					05 - Patient was unconscious or in shock				
					06 - Patient was transported in an emergency situation				
					07 - Patient had to be physically restrained				
					08 - Patient had visible hemorrhaging				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					09 - Ambulance service was medically necessary				
					12 - Patient is confined to a bed or chair				
2300 - Claim Information	220	CRC	CRC06	S	Condition Indicator	2/3	3	ID	
					01 - Patient was admitted to a hospital				
					04 - Patient was moved by stretcher				
					05 - Patient was unconscious or in shock				
					06 - Patient was transported in an emergency situation				
					07 - Patient had to be physically restrained				
					08 - Patient had visible hemorrhaging				
					09 - Ambulance service was medically necessary				
					12 - Patient is confined to a bed or chair				
2300 - Claim Information	220	CRC	CRC07	S	Condition Indicator	2/3	3	ID	
					01 - Patient was admitted to a hospital				
					04 - Patient was moved by stretcher				
					05 - Patient was unconscious or in shock				
					06 - Patient was transported in an emergency situation				
					07 - Patient had to be physically restrained				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					08 - Patient had visible hemorrhaging				
					09 - Ambulance service was medically necessary				
					12 - Patient is confined to a bed or chair				
2300 - Claim Information		CRC		S	Patient Condition Information: Vision		3		
2300 - Claim Information	220	CRC	CRC01	R	Code Category	2/2		ID	
					E1 - Spectacle Lenses				
					E2 - Contact Lenses				
					E3 - Spectacle Frames				
2300 - Claim Information	220	CRC	CRC02	R	Yes/No Condition or Response Code	1/1		ID	
					N - No				
					Y - Yes				
2300 - Claim Information	220	CRC	CRC03	R	Condition Indicator	2/3		ID	
					L1 - General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met				
					L2 - Replacement Due to Loss or Theft				
					L3 - Replacement Due to Breakage or Damage				
					L4 - Replacement Due to Patient Preference				
					L5 - Replacement Due to Medical Reason				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	220	CRC	CRC04	S	Condition Indicator	2/3		ID	
					L1 - General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met				
					L2 - Replacement Due to Loss or Theft				
					L3 - Replacement Due to Breakage or Damage				
					L4 - Replacement Due to Patient Preference				
					L5 - Replacement Due to Medical Reason				
2300 - Claim Information	220	CRC	CRC05	S	Condition Indicator	2/3		ID	
					L1 - General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met				
					L2 - Replacement Due to Loss or Theft				
					L3 - Replacement Due to Breakage or Damage				
					L4 - Replacement Due to Patient Preference				
					L5 - Replacement Due to Medical Reason				
2300 - Claim Information	220	CRC	CRC06	S	Condition Indicator	2/3		ID	
					L1 - General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					L2 - Replacement Due to Loss or Theft				
					L3 - Replacement Due to Breakage or Damage				
					L4 - Replacement Due to Patient Preference				
					L5 - Replacement Due to Medical Reason				
2300 - Claim Information	220	CRC	CRC07	S	Condition Indicator	2/3		ID	
					L1 - General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met				
					L2 - Replacement Due to Loss or Theft				
					L3 - Replacement Due to Breakage or Damage				
					L4 - Replacement Due to Patient Preference				
					L5 - Replacement Due to Medical Reason				
2300 - Claim Information		CRC		S	Homebound Indicator		1		
2300 - Claim Information	220	CRC	CRC01	R	Code Category	2/2		ID	
					75 - Functional Limitations				
2300 - Claim Information	220	CRC	CRC02	R	Yes/No Condition or Response Code	1/1		ID	
					Y - Yes				
2300 - Claim Information	220	CRC	CRC03	R	Condition Indicator	2/3		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					IH - Independent at Home				
2300 - Claim Information	220	CRC	CRC04		Condition Indicator	2/3		ID	
2300 - Claim Information	220	CRC	CRC05		Condition Indicator	2/3		ID	
2300 - Claim Information	220	CRC	CRC06		Condition Indicator	2/3		ID	
2300 - Claim Information	220	CRC	CRC07		Condition Indicator	2/3		ID	
2300 - Claim Information		CRC		S	EPSDT Referral				
2300 - Claim Information	220	CRC	CRC01	R	Code Category	2/2		ID	MAR
					ZZ - Mutually Defined				
2300 - Claim Information	220	CRC	CRC02	R	Yes/No Condition or Response Code	1/1		ID	MAR
					N - No (If no choose 'NU' in CRC03)				
					Y - Yes				
2300 - Claim Information	220	CRC	CRC03	R	Condition Indicator	2/3		ID	MAR
					AV - Available - Not Used Patient Refused Referral				
					NU - Not Used - This condition indicator must be used when the submitter answers "N" in CRC02.				
					S2 - Under Treatment - Patient is currently under treatment for referred diagnostic or corrective health problem				
					ST - New Services Requested				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	220	CRC	CRC04	S	Condition Indicator	2/3		ID	
					AV - Available - Not Used Patient Refused Referral				
					NU - Not Used - This condition indicator must be used when the submitter answers "N" in CRC02.				
					S2 - Under Treatment - Patient is currently under treatment for referred diagnostic or corrective health problem				
					ST - New Services Requested				
2300 - Claim Information	220	CRC	CRC05	S	Condition Indicator	2/3		ID	
					AV - Available - Not Used Patient Refused Referral				
					NU - Not Used - This condition indicator must be used when the submitter answers "N" in CRC02.				
					S2 - Under Treatment - Patient is currently under treatment for referred diagnostic or corrective health problem				
					ST - New Services Requested				
2300 - Claim Information	220	CRC	CRC06		Condition Indicator	2/3		ID	
2300 - Claim Information	220	CRC	CRC07		Condition Indicator	2/3		ID	
2300 - Claim Information		HI		R	Health Care Diagnosis Code		1		
2300 - Claim Information	c022	HI	HI01	R	Health Care Code Information				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	1270	HI	HI01-1	R	Code List Qualifier Code	1/3		ID	Map first 3 positions only
					ABK - Principal Diagnosis (ICD-10)				
					BK - Principal Diagnosis (ICD-9)				
2300 - Claim Information	231	HI	HI01-2	R	Industry Code	1/30		AN	MAR
2300 - Claim Information		HI	HI01-3		Date Time Period Format Qualifier				
2300 - Claim Information		HI	HI01-4		Date Time Period				
2300 - Claim Information		HI	HI01-5		Monetary Amount				
2300 - Claim Information		HI	HI01-6		Quantity				
2300 - Claim Information		HI	HI01-7		Version Identifier				
2300 - Claim Information		HI	HI01-8		Industry Code				
2300 - Claim Information		HI	HI01-9		Yes/No Condition or Response Code				
2300 - Claim Information	231	HI	HI02	S	Health Care Code Information				
2300 - Claim Information	231	HI	HI02-1	R	Code List Qualifier Code	1/3		ID	Map positions 4 thru 6 only
					ABF - Diagnosis (ICD 10)				
					BF - Diagnosis (ICD-9)				
2300 - Claim Information	231	HI	HI02-2	R	Industry Code	1/30		AN	MAR
2300 - Claim Information		HI	HI02-3		Date Time Period Format Qualifier	2/3		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information		HI	HI02-4		Date Time Period	1/35		AN	
2300 - Claim Information		HI	HI02-5		Monetary Amount	1/18		R	
2300 - Claim Information		HI	HI02-6		Quantity	1/15		R	
2300 - Claim Information		HI	HI02-7		Version Identifier	1/30		AN	
2300 - Claim Information		HI	HI02-8		Industry Code	1/30		AN	
2300 - Claim Information		HI	HI02-9		Yes/No Condition or Response Code	1/1		ID	
2300 - Claim Information	231	HI	HI03	S	Health Care Code Information				
2300 - Claim Information	231	HI	HI03-1	R	Code List Qualifier Code	1/3		ID	Map positions 7 thru 9 only
					ABF - Diagnosis (ICD-10)				
					BF - Diagnosis (ICD-9)				
2300 - Claim Information	231	HI	HI03-2	R	Industry Code (Diagnosis Code)	1/30		AN	MAR
2300 - Claim Information		HI	HI03-3		Date Time Period Format Qualifier	2/3		ID	
2300 - Claim Information		HI	HI03-4		Date Time Period	1/35		AN	
2300 - Claim Information		HI	HI03-5		Monetary Amount	1/18		R	
2300 - Claim Information		HI	HI03-6		Quantity	1/15		R	
2300 - Claim Information		HI	HI03-7		Version Identifier	1/30		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information		HI	HI03-8		Industry Code	1/30		AN	
2300 - Claim Information		HI	HI03-9		Yes/No Condition or Response Code	1/1		ID	
2300 - Claim Information		HI	HI04	S	Health Care Code Information				
2300 - Claim Information	231	HI	HI04-1	R	Code List Qualifier Code	1/3		ID	Map positions 10 thru 12 only
					ABF - Diagnosis (ICD-10)				
					BF - Diagnosis (ICD-9)				
2300 - Claim Information	231	HI	HI04-2	R	Industry Code	1/30		AN	MAR
			HI04-3		Date Time Period format Qualifier	2/3		ID	
			HI04-4		Date Time Period	1/35		AN	
			HI04-5		Monetary Amount	1/18		R	
			HI04-6		Quantity	1/15		R	
			HI04-7		Version Identifier	1/30		AN	
			HI04-8		Industry code	1/30		AN	
			HI04-9		Yes/No Condition or Response Code	1/1		ID	
2300 - Claim Information		HI	HI05	S	Health Care Code Information				
2300 - Claim Information	231	HI	HI05-1	R	Code List Qualifier Code	1/3		ID	
					ABF - Principal Diagnosis (ICD-10)				
					BF - Principal Diagnosis (ICD-9)				
2300 - Claim Information	231	HI	HI05-2	R	Industry Code	1/30		AN	
			HI05-3		Date Time Period format Qualifier	2/3		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
			HI05-4		Date Time Period	1/35		AN	
			HI05-5		Monetary Amount	1/18		R	
			HI05-6		Quantity	1/15		R	
			HI05-7		Version Identifier	1/30		AN	
			HI05-8		Industry code	1/30		AN	
			HI05-9		Yes/No Condition or Response Code	1/1		ID	
2300 - Claim Information		HI	HI06	S	Health Care Code Information				
2300 - Claim Information	231	HI	HI06-1	R	Code List Qualifier Code	1/3		ID	
					ABF - Principal Diagnosis (ICD-10)				
					BF - Principal Diagnosis (ICD-9)				
2300 - Claim Information	231	HI	HI06-2	R	Industry Code	1/30		AN	
			HI06-3		Date Time Period format Qualifier	2/3		ID	
			HI06-4		Date Time Period	1/35		AN	
			HI06-5		Monetary Amount	1/18		R	
			HI06-6		Quantity	1/15		R	
			HI06-7		Version Identifier	1/30		AN	
			HI06-8		Industry code	1/30		AN	
			HI06-9		Yes/No Condition or Response Code	1/1		ID	
2300 - Claim Information		HI	HI07	S	Health Care Code Information				
2300 - Claim Information	231	HI	HI07-1	R	Code List Qualifier Code	1/3		ID	
					ABF - Principal Diagnosis (ICD-10)				
					BF - Principal Diagnosis (ICD-9)				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	231	HI	HI07-2	R	Industry Code	1/30		AN	
			HI07-3		Date Time Period format Qualifier	2/3		ID	
			HI07-4		Date Time Period	1/35		AN	
			HI07-5		Monetary Amount	1/18		R	
			HI07-6		Quantity	1/15		R	
			HI07-7		Version Identifier	1/30		AN	
			HI07-8		Industry code	1/30		AN	
			HI07-9		Yes/No Condition or Response Code	1/1		ID	
2300 - Claim Information		HI	HI08	S	Health Care Code Information				
2300 - Claim Information	231	HI	HI08-1	R	Code List Qualifier Code	1/3		ID	
					ABF - Principal Diagnosis (ICD-10)				
					BF - Principal Diagnosis (ICD-9)				
2300 - Claim Information	231	HI	HI08-2	R	Industry Code	1/30		AN	
			HI08-3		Date Time Period format Qualifier	2/3		ID	
			HI08-4		Date Time Period	1/35		AN	
			HI08-5		Monetary Amount	1/18		R	
			HI08-6		Quantity	1/15		R	
			HI08-7		Version Identifier	1/30		AN	
			HI08-8		Industry code	1/30		AN	
			HI08-9		Yes/No Condition or Response Code	1/1		ID	
2300 - Claim Information		HI	HI09	S	Health Care Code Information				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information	231	HI	HI09-1	R	Code List Qualifier Code	1/3		ID	
					BF - Principal Diagnosis (ICD-9)				
					ABF - Principal Diagnosis (ICD-10)				
2300 - Claim Information	231	HI	HI09-2	R	Industry Code	1/30		AN	
			HI09-3		Date Time Period format Qualifier	2/3		ID	
			HI09-4		Date Time Period	1/35		AN	
			HI09-5		Monetary Amount	1/18		R	
			HI09-6		Quantity	1/15		R	
			HI09-7		Version Identifier	1/30		AN	
			HI09-8		Industry code	1/30		AN	
			HI09-9		Yes/No Condition or Response Code	1/1		ID	
2300 - Claim Information		HI	HI10	S	Health Care Code Information				
2300 - Claim Information	231	HI	HI10-1	R	Code List Qualifier Code	1/3		ID	
					BF - Principal Diagnosis (ICD-9)				
					ABF - Principal Diagnosis (ICD-10)				
2300 - Claim Information	231	HI	HI10-2	R	Industry Code	1/30		AN	
			HI10-3		Date Time Period format Qualifier	2/3		ID	
			HI10-4		Date Time Period	1/35		AN	
			HI10-5		Monetary Amount	1/18		R	
			HI10-6		Quantity	1/15		R	
			HI10-7		Version Identifier	1/30		AN	
			HI10-8		Industry code	1/30		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
			HI10-9		Yes/No Condition or Response Code	1/1		ID	
2300 - Claim Information		HI	HI11	S	Health Care Code Information				
2300 - Claim Information	231	HI	HI11-1	R	Code List Qualifier Code	1/3		ID	
					BF - Principal Diagnosis (ICD-9)				
					ABF - Principal Diagnosis (ICD-10)				
2300 - Claim Information	231	HI	HI11-2	R	Industry Code	1/30		AN	
			HI11-3		Date Time Period format Qualifier	2/3		ID	
			HI11-4		Date Time Period	1/35		AN	
			HI11-5		Monetary Amount	1/18		R	
			HI11-6		Quantity	1/15		R	
			HI11-7		Version Identifier	1/30		AN	
			HI11-8		Industry code	1/30		AN	
			HI11-9		Yes/No Condition or Response Code	1/1		ID	
2300 - Claim Information		HI	HI12	S	Health Care Code Information				
2300 - Claim Information	231	HI	HI12-1	R	Code List Qualifier Code	1/3		ID	
					BF - Principal Diagnosis (ICD-9)				
					ABF - Principal Diagnosis (ICD-10)				
2300 - Claim Information	231	HI	HI12-2	R	Industry Code	1/30		AN	
			HI12-3		Date Time Period format Qualifier	2/3		ID	
			HI12-4		Date Time Period	1/35		AN	
			HI12-5		Monetary Amount	1/18		R	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
			HI12-6		Quantity	1/15		R	
			HI12-7		Version Identifier	1/30		AN	
			HI12-8		Industry code	1/30		AN	
			HI12-9		Yes/No Condition or Response Code	1/1		ID	
2300 - Claim Information		HI		S	Anesthesia Related Procedure		1		
2300 - Claim Information		HI	HI01	R	Health Care Code Information				
2300 - Claim Information		HI	HI01-1	R	Code List Qualifier	1/3		ID	
					BP - Health Care Financing Administration Common Procedural Coding System Principal Procedure				
2300 - Claim Information		HI	HI01-2	R	Anesthesia Related Surgical Procedure	1/30		AN	
2300 - Claim Information		HI	HI02	S	Health Care Code Information				
2300 - Claim Information		HI	HI02-1	R	Code List Qualifier	1/3		ID	
					BO - Health Care Financing Administration Common Procedural Coding System				
2300 - Claim Information		HI	HI02-2	R	Anesthesia Related Surgical Procedure	1/30		AN	
2300 - Claim Information		HI	HI03		Health Care Code Information				
2300 - Claim Information		HI	HI04		Health Care Code Information				
2300 - Claim Information		HI	HI05		Health Care Code Information				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information		HI	HI06		Health Care Code Information				
2300 - Claim Information		HI	HI07		Health Care Code Information				
2300 - Claim Information		HI	HI08		Health Care Code Information				
2300 - Claim Information		HI	HI09		Health Care Code Information				
2300 - Claim Information		HI	HI10		Health Care Code Information				
2300 - Claim Information		HI	HI11		Health Care Code Information				
2300 - Claim Information		HI	HI12		Health Care Code Information				
2300 - Claim Information		HI		S	Condition Information		2		
2300 - Claim Information		HI	HI01	R	Health Care Code Information				
2300 - Claim Information		HI	HI01-1	R	Code List Qualifier	1/3		ID	
					BG - Condition				
2300 - Claim Information		HI	HI01-2	R	Condition Code	1/30		AN	
2300 - Claim Information		HI	HI02	S	Health Care Code Information				
2300 - Claim Information		HI	HI02-1	R	Code List Qualifier	1/3		ID	
					BG - Condition				
2300 - Claim Information		HI	HI02-2	R	Condition Code	1/30		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information		HI	HI03	S	Health Care Code Information				
2300 - Claim Information		HI	HI03-1	R	Code List Qualifier	1/3		ID	
					BG - Condition				
2300 - Claim Information		HI	HI03-2	R	Condition Code	1/30		AN	
2300 - Claim Information		HI	HI04	S	Health Care Code Information				
2300 - Claim Information		HI	HI04-1	R	Code List Qualifier	1/3		ID	
					BG - Condition				
2300 - Claim Information		HI	HI04-2	R	Condition Code	1/30		AN	
2300 - Claim Information		HI	HI05	S	Health Care Code Information				
2300 - Claim Information		HI	HI05-1	R	Code List Qualifier	1/3		ID	
					BG - Condition				
2300 - Claim Information		HI	HI05-2	R	Condition Code	1/30		AN	
2300 - Claim Information		HI	HI06	S	Health Care Code Information				
2300 - Claim Information		HI	HI06-1	R	Code List Qualifier	1/3		ID	
					BG - Condition				
2300 - Claim Information		HI	HI06-2	R	Condition Code	1/30		AN	
2300 - Claim Information		HI	HI07	S	Health Care Code Information				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2300 - Claim Information		HI	HI07-1	R	Code List Qualifier	1/3		ID	
					BG - Condition				
2300 - Claim Information		HI	HI07-2	R	Condition Code	1/30		AN	
2300 - Claim Information		HI	HI08	S	Health Care Code Information				
2300 - Claim Information		HI	HI08-1	R	Code List Qualifier	1/3		ID	
					BG - Condition				
2300 - Claim Information		HI	HI08-2	R	Condition Code	1/30		AN	
2300 - Claim Information		HI	HI09	S	Health Care Code Information				
2300 - Claim Information		HI	HI09-1	R	Code List Qualifier	1/3		ID	
					BG - Condition				
2300 - Claim Information		HI	HI09-2	R	Condition Code	1/30		AN	
2300 - Claim Information		HI	HI10	S	Health Care Code Information				
2300 - Claim Information		HI	HI10-1	R	Code List Qualifier	1/3		ID	
					BG - Condition				
2300 - Claim Information		HI	HI10-2	R	Condition Code	1/30		AN	
2300 - Claim Information		HI	HI11	S	Health Care Code Information				
2300 - Claim Information		HI	HI11-1	R	Code List Qualifier	1/3		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					BG - Condition				
2300 - Claim Information		HI	HI11-2	R	Condition Code	1/30		AN	
2300 - Claim Information		HI	HI12	S	Health Care Code Information				
2300 - Claim Information		HI	HI12-1	R	Code List Qualifier	1/3		ID	
					BG - Condition				
2300 - Claim Information		HI	HI12-2	R	Condition Code	1/30		AN	
2300 - Claim Information		HCP		S	Claim Pricing/Repricing Information		1		If DA1.20.0 is present, build segment
2300 - Claim Information	241	HCP	HCP01	R	Pricing Methodology	2/2		ID	MAR
					00 - Zero Pricing (Not covered under contract)				
					01 - Priced as Billed at 100%				
					02 - Priced at the Standard Fee Schedule				
					03 - Priced at a Contractual Percentage				
					04 - Bundled Pricing				
					05 - Peer Review Pricing				
					07 - Flat Rate Pricing				
					08 - Combination Pricing				
					09 - Maternity Pricing				
					10 - Other Pricing				
					11 - Lower of Cost				
					12 - Ratio of Cost				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					13 - Cost Reimbursed				
					14 - Adjustment Pricing				
2300 - Claim Information	241	HCP	HCP02	R	Monetary Amount	1/18		R	MAR
2300 - Claim Information	241	HCP	HCP03	S	Monetary Amount	1/18		R	
2300 - Claim Information	241	HCP	HCP04	S	Reference Identification	1/50		AN	
2300 - Claim Information	241	HCP	HCP05	S	Rate	1/9		R	
2300 - Claim Information	241	HCP	HCP06	S	Reference Identification	1/50		AN	
2300 - Claim Information	241	HCP	HCP07	S	Monetary Amount	1/18		R	
2300 - Claim Information	241	HCP	HCP08		Product/Service ID	1/48		AN	
2300 - Claim Information	241	HCP	HCP09		Product/Service ID Qualifier	2/2		ID	
2300 - Claim Information	241	HCP	HCP10		Product/Service ID	1/48		AN	
2300 - Claim Information	241	HCP	HCP11		Unit or Basis For Measurement Code	2/2		ID	
2300 - Claim Information	241	HCP	HCP12		Quantity	1/15		R	
2300 - Claim Information	241	HCP	HCP13	S	Reject Reason Code	2/2		ID	
					T1 - Cannot identify Provider as TPO Participant				
					T2 - Cannot Identify Payer as TPO Participant				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					T3 - Cannot identify Insured as TPO Participant				
					T4 - Payer Name or Identifier Missing				
					T5 - Certification Information Missing				
					T6 - Claim does not contain enough information for repricing				
2300 - Claim Information	241	HCP	HCP14	S	Policy Compliance Code	1/2	1	ID	
					1 - Procedure Followed (Compliance)				
					2 - Not Followed - Call Not Made				
					3 - Not Medically Necessary				
					4 - Not Followed Other				
					5 - Emergency Admit to Non-Network Hospital				
2300 - Claim Information	241	HCP	HCP15	S	Exception Code	1/2	1	ID	
					1 - Non-Network Professional Provider in Network Hospital				
					2 - Emergency Care				
					3 - Services or Specialist not in Network				
					4 - Out-of-Service Area				
					5 - State Mandates				
					6 - Other				
2310A – Referring Provider Name				S	Referring Provider Name		2		
2310A – Referring Provider Name	250	NM1		R	Entity Identifier Code		1		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2310A – Referring Provider	250	NM1	NM101	R	Entity Identifier Code	2/3		ID	
					DN - Referring Provider				
					P3 - Primary Care Provider				
2310A – Referring Provider	250	NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					1 - Person				
2310A – Referring Provider	250	NM1	NM103	R	Name Last or Organization Name	1/60		AN	
2310A – Referring Provider	250	NM1	NM104	S	Name First	1/35		AN	
2310A – Referring Provider	250	NM1	NM105	S	Name Middle	1/25		AN	
2310A – Referring Provider	250	NM1	NM106		Name Prefix	1/10		AN	
2310A – Referring Provider	250	NM1	NM107	S	Name Suffix	1/10		AN	
2310A – Referring Provider	250	NM1	NM108	S	Identification Code Qualifier	1/2		ID	
					XX - Health Care Financing Administration National Provider Identifier				
2310A – Referring Provider	250	NM1	NM109	S	Identification Code	2/80		AN	
2310A – Referring Provider	250	NM1	NM110		Entity Relationship Code	2/2		ID	
2310A – Referring Provider	250	NM1	NM111		Entity Identifier Code	2/3		ID	
2310A – Referring Provider	250	NM1	NM112		Name Last or Organization Name	1/60		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2310A – Referring Provider Name		REF		S	Referring Provider Secondary Identification		3		
	271	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					0B - State License Number				
					1G - Provider UPIN Number				
					G2 - Provider Commercial Number				
2310A – Referring Provider	271	REF	REF02	R	Reference Identification	1/50		AN	
2310A – Referring Provider	271	REF	REF03		Description	1/80		AN	
2310A – Referring Provider	271	REF	REF04		Reference Identifier				
2310B – Rendering Provider Name				S	Rendering Provider Name		1		
2310B – Rendering Provider		NM1		S	Rendering Provider Name		1		If FA0 23 matches BA0 9, do not build 2310B loop
2310B – Rendering Provider Name	250	NM1	NM101	R	Entity Identifier Code	2/3		ID	82 - Default
					82 - Rendering Provider				
2310B – Rendering Provider Name	250	NM1	NM102	R	Entity Type Qualifier	1/1		ID	If FB1 15.0 is present map '1', else map '2'
					1 - Person				
					2 - Non-Person Entity				
2310B – Rendering Provider Name	250	NM1	NM103	R	Name Last or Organization Name	1/60		AN	MAR

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2310B – Rendering Provider Name	250	NM1	NM104	S	Name First	1/35		AN	MAR
2310B – Rendering Provider Name	250	NM1	NM105	S	Name Middle	1/25		AN	MAR
2310B – Rendering Provider Name	250	NM1	NM106		Name Prefix	1/10		AN	
2310B – Rendering Provider Name	250	NM1	NM107	S	Name Suffix	1/10		AN	
2310B – Rendering Provider Name	250	NM1	NM108	S	Identification Code Qualifier	1/2		ID	XX - Default
					XX - Health Care Financing Administration National Provider Identifier				
2310B – Rendering Provider Name	250	NM1	NM109	R	Identification Code	2/80		AN	MAR
2310B – Rendering Provider Name	250	NM1	NM110		Entity Relationship Code	2/2		ID	
2310B – Rendering Provider Name	250	NM1	NM111		Entity Identifier Code	2/3		ID	
2310B – Rendering Provider Name	250	NM1	NM112		Name Last or Organization Name	1/60		AN	
2310B – Rendering Provider Name		PRV		S	Rendering Provider Specialty Information		1		If BA1.19.0 PRESENT, build segment

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2310B – Rendering Provider Name	255	PRV	PRV01	R	Provider Code	1/3		ID	PE - Default
					PE - Performing				
2310B – Rendering Provider Name	255	PRV	PRV02	R	Reference Identification Qualifier	2/3		ID	PXC - Default
					PXC - Health Care Provider Taxonomy Code				
2310B – Rendering Provider Name	255	PRV	PRV03	R	Reference Identification	1/50		AN	MAR
2310B – Rendering Provider Name	255	PRV	PRV04		State or Province Code	2/2		ID	
2310B – Rendering Provider Name	255	PRV	PRV05		Provider Specialty Information				
2310B – Rendering Provider Name	255	PRV	PRV06		Provider Organization Code	3/3		ID	
2310B – Rendering Provider Name		REF		S	Rendering Provider Secondary Identification		4		
2310B – Rendering Provider Name	271	REF	REF01	R	Reference Identification Qualifier	2/3		ID	If FA0.57 = A then REF01 = 0B, else if FA0.57 = B then REF01 = 1G, else if FA0.57 = C then REF01 = G2, else if FA0.57 = D then REF01 = LU
					0B - State License Number				
					1G - Provider UPIN Number				
					G2 - Provider Commercial Number				
					LU - Location Number				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2310B – Rendering Provider Name	271	REF	REF02	R	Reference Identification	1/50		AN	
2310B – Rendering Provider Name	271	REF	REF03		Description	1/80		AN	
2310B – Rendering Provider Name	271	REF	REF04		Reference Identifier				
2310C – Service Facility Location				S	Service Facility Location		1		
2310C – Service Facility Location	250	NM1		S	Service Facility Location Name		1		
2310C – Service Facility Location	250	NM1	NM101	R	Entity Identifier Code	2/3		ID	
					77 - Service Location				
2310C – Service Facility Location	250	NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					2 - Non-Person Entity				
2310C – Service Facility Location	250	NM1	NM103	S	Name Last or Organization Name	1/60		AN	
2310C – Service Facility Location	250	NM1	NM104		Name First	1/35		AN	
2310C – Service Facility Location	250	NM1	NM105		Name Middle	1/25		AN	
2310C – Service Facility Location	250	NM1	NM106		Name Prefix	1/10		AN	
2310C – Service Facility Location	250	NM1	NM107		Name Suffix	1/10		AN	
2310C – Service Facility Location	250	NM1	NM108	S	Identification Code Qualifier	1/2		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					XX - Health Care Financing Administration National Provider Identifier				
2310C – Service Facility Location	250	NM1	NM109	S	Identification Code	2/80	1	AN	
2310C – Service Facility Location	250	NM1	NM110		Entity Relationship Code	2/2		ID	
2310C – Service Facility Location	250	NM1	NM111		Entity Identifier Code	2/3		ID	
2310C – Service Facility Location	250	NM1	NM112		Name Last or Organization Name	1/60		AN	
2310C – Service Facility Location		N3		R	Service Facility Location Address		1		
2310C – Service Facility Location	265	N3	N301	R	Address Information	1/55	1	AN	
2310C – Service Facility Location	265	N3	N302	S	Address Information	1/55	1	AN	
2310C – Service Facility Location		N4		R	Service Facility Location City/State/Zip Code		1		
2310C – Service Facility Location	270	N4	N401	R	City Name	2/30	1	AN	
2310C – Service Facility Location	270	N4	N402	S	State or Province	2/2	1	ID	
2310C – Service Facility Location	270	N4	N403	S	Postal Code	3/15	1	ID	
2310C – Service Facility Location	270	N4	N404	S	Country Code	2/3	1	ID	
2310C – Service Facility Location	270	N4	N405		Location Qualifier	1/2		ID	
2310C – Service Facility Location	270	N4	N406		Location Identifier	1/30		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2310C – Service Facility Location	270	N4	N407	S	Country Subdivision Code	1/3		ID	
2310C – Service Facility Location		REF		S	Service Facility Location Secondary Identification		3		
2310C - Service Facility Location	271	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					OB - State License Number				
					G2 - Provider Commercial Number				
					LU - Location Number				
2310C - Service Facility Location	271	REF	REF02	R	Reference Identification	1/50	5	AN	
2310C – Service Facility Location	271	REF	REF03		Description	1/80		AN	
2310C – Service Facility Location	271	REF	REF04		Reference Identifier				
2310C- Service Facility Location		PER		S	Service Facility Contact Information		1		
2310C – Service Facility Location		PER	PER01	R	Contact Function Code	2/2		ID	
					IC - Information Contact				
2310C – Service Facility Location		PER	PER02	S	Submitter Contact Name	1/60		AN	
2310C – Service Facility Location		PER	PER03	R	Communication Number Qualifier	2/2		ID	
					TE - Telephone				
2310C – Service Facility Location		PER	PER04	R	Communication Number	1/256		AN	
2310C – Service Facility Location		PER	PER05	S	Communication Number Qualifier	2/2		ID	
					EX - Telephone Extension				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2310C – Service Facility Location		PER	PER06	S	Communication Number	1/256		AN	
2310C – Service Facility Location		PER	PER07		Communication Number Qualifier	2/2		ID	
2310C – Service Facility Location		PER	PER08		Communication Number	1/256		AN	
2310C – Service Facility Location		PER	PER09		Contact Inquiry Reference	1/20		AN	
2310D – Supervising Provider Name				S	Supervising Provider Name		1		
2310D – Supervising Provider Name		NM1		S	Supervising Provider Name		1		
2310D – Supervising Provider Name	250	NM1	NM101	R	Entity Identifier Code	2/3		ID	
					DQ - Supervising Physician				
2310D – Supervising Provider Name	250	NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					1 - Person				
2310D – Supervising Provider Name	250	NM1	NM103	R	Name Last or Organization Name	1/60		AN	
2310D – Supervising Provider Name	250	NM1	NM104	R	Name First	1/35		AN	
2310D – Supervising Provider Name	250	NM1	NM105	S	Name Middle	1/25		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2310D – Supervising Provider Name	250	NM1	NM106		Name Prefix	1/10		AN	
2310D – Supervising Provider Name	250	NM1	NM107	S	Name Suffix	1/10	1	AN	
2310D – Supervising Provider Name	250	NM1	NM108	S	Identification Code Qualifier	1/2		ID	
					XX - Health Care Financing Administration National Provider Identifier				
2310D – Supervising Provider Name	250	NM1	NM109	S	Identification Code	2/80	1	AN	
2310D – Supervising Provider Name	250	NM1	NM110		Entity Relationship Code	2/2		ID	
2310D – Supervising Provider Name	250	NM1	NM111		Entity Identifier Code	2/3		ID	
2310D – Supervising Provider Name	250	NM1	NM112		Name Last or Organization Name	1/60		AN	
2310D – Supervising Provider Name		REF		S	Supervising Provider Secondary Identification		4		
2310D – Supervising Provider Name	271	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					0B - State License Number				
					1G - Provider UPIN Number				
					G2 - Provider Commercial Number				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					LU - Location Number				
2310E – Supervising Provider Name	271	REF	REF02	R	Reference Identification	1/50	5	AN	
2310D – Supervising Provider Name	271	REF	REF03		Description	1/80		AN	
2310D – Supervising Provider Name	271	REF	REF04		Reference Identifier				
2310E - Ambulance Pick Up Location				S	Ambulance Pick Up Location		1		
2310E - Ambulance Pick Up Location		NM1		S	Ambulance Pick Up Location		1		
2310E - Ambulance Pick Up Location		NM1	NM101	R	Entity Identifier Code	2/3		ID	
					PW - Pickup Address				
2310E - Ambulance Pick Up Location		NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					2 - Non-Person Entity				
2310E - Ambulance Pick Up Location		NM1	NM103		Name Last or Organization Name	1/60		AN	
2310E - Ambulance Pick Up Location		NM1	NM104		Name First	1/35		AN	
2310E - Ambulance Pick Up Location		NM1	NM105		Name Middle	1/25		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2310E - Ambulance Pick Up Location		NM1	NM106		Name Prefix	1/10		AN	
2310E - Ambulance Pick Up Location		NM1	NM107		Name Suffix	1/10		AN	
2310E - Ambulance Pick Up Location		NM1	NM108		Identification Code Qualifier	1/2		ID	
2310E - Ambulance Pick Up Location		NM1	NM109		Identification Code	2/80		AN	
2310E - Ambulance Pick Up Location		NM1	NM110		Entity Relationship Code	2/2		ID	
2310E - Ambulance Pick Up Location		NM1	NM111		Entity Identifier Code	2/3		ID	
2310E - Ambulance Pick Up Location		NM1	NM112		Name Last or Organization Name	1/60		AN	
2310E - Ambulance Pick Up Location		N3		R	Ambulance Pick Up Location Address		1		
2310E - Ambulance Pick Up Location		N3	N301	R	Ambulance Pick Up Address Line	1/55		AN	
2310E - Ambulance Pick Up Location		N3	N302	S	Ambulance Pick Up Address Line	1/55		AN	
2310E - Ambulance Pick Up Location		N4		S	Ambulance Pick UP Location City/State/Zip		1		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2310E - Ambulance Pick Up Location		N4	N401	R	Ambulance Pick Up City Name	2/30		AN	
2310E - Ambulance Pick Up Location		N4	N402	S	Ambulance Pick Up State	2/2		ID	
2310E - Ambulance Pick Up Location		N4	N403	S	Ambulance Pick Up Zip Code	3/15		ID	
2310E - Ambulance Pick Up Location		N4	N404	S	Ambulance Pick Up Country Code	2/3		ID	
2310E - Ambulance Pick Up Location		N4	N405		Location Qualifier	1/2		ID	
2310E - Ambulance Pick Up Location		N4	N406		Location Identifier	1/30		AN	
2310E - Ambulance Pick Up Location		N4	N407	S	Country Subdivision Code	1/3		ID	
2310F - Ambulance Drop Off Location		NM1		S	Ambulance Drop Off Location		1		
2310F - Ambulance Drop Off Location		NM1		S	Ambulance Drop Off Location		1		
2310F - Ambulance Drop Off Location		NM1	NM101	R	Entity Identifier Code	2/3		ID	
					45 - Drop Off Location				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2310F - Ambulance Drop Off Location		NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					2 - Non-Person Entity				
2310F - Ambulance Drop Off Location		NM1	NM103	S	Ambulance Drop Off Location	1/60		AN	
2310F - Ambulance Drop Off Location		NM1	NM104		Name First	1/35		AN	
2310F - Ambulance Drop Off Location		NM1	NM105		Name Middle	1/25		AN	
2310F - Ambulance Drop Off Location		NM1	NM106		Name Prefix	1/10		AN	
2310F - Ambulance Drop Off Location		NM1	NM107		Name Suffix	1/10		AN	
2310F - Ambulance Drop Off Location		NM1	NM108		Identification Code Qualifier	1/2		ID	
2310F - Ambulance Drop Off Location		NM1	NM109		Identification Code	2/80		AN	
2310F - Ambulance Drop Off Location		NM1	NM110		Entity Relationship Code	2/2		ID	
2310F - Ambulance Drop Off Location		NM1	NM111		Entity Identifier Code	2/3		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2310F - Ambulance Drop Off Location		NM1	NM112		Name Last or Organization Name	1/60		AN	
2310F - Ambulance Drop Off Location		N3		R	Ambulance Drop Off Location Address		1		
2310F - Ambulance Drop Off Location		N3	N301	R	Ambulance Drop Off Address Line	1/55		AN	
2310F - Ambulance Drop Off Location		N3	N302	S	Ambulance Drop Off Address Line	1/55		AN	
2310F - Ambulance Drop Off Location		N4		R	Ambulance Drop Off Location City/State/Zip		1		
2310F - Ambulance Drop Off Location		N4	N401	R	Ambulance Drop Off City Name	2/30		AN	
2310F - Ambulance Drop Off Location		N4	N402	S	Ambulance Drop Off State	2/2		ID	
2310F - Ambulance Drop Off Location		N4	N403	S	Ambulance Drop Off Zip Code	3/15		ID	
2310F - Ambulance Drop Off Location		N4	N404	S	Ambulance Drop Off Country Code	2/3		ID	
2310F - Ambulance Drop Off Location		N4	N405		Location Qualifier	1/2		ID	
2310F - Ambulance Drop Off Location		N4	N406		Location Identifier	1/30		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2310F - Ambulance Drop Off Location		N4	N407	S	Country Subdivision Code	1/3		ID	
2320 - Other Subscriber Info				S	Other Subscriber Information		10		
2320 - Other Subscriber Info		SBR		S	Other Subscriber Information		1		
2320 - Other Subscriber Info	290	SBR	SBR01	R	Payer Responsibility Sequence Number Code	1/1		ID	If DA002 is present and contains a value in DA0.32 in position 312, build the first occurrence of the 2320 loop. If DA003 is present and contains a value in DA0.32 in position 312, build the second occurrence of the 2320 loop.
					A - Payer Responsibility Four				
					B - Payer Responsibility Five				
					C - Payer Responsibility Six				
					D - Payer Responsibility Seven				
					E - Payer Responsibility Eight				
					F - Payer Responsibility Nine				
					G - Payer Responsibility Ten				
					H - Payer Responsibility Eleven				
					P - Primary				
					S - Secondary				
					T - Tertiary				
					U - Unknown				
2320 - Other Subscriber Info	290	SBR	SBR02	R	Individual Relationship Code	2/2		ID	If DA017 = '18' map, else do not use

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					01 - Spouse				
					18 - Self				
					19 - Child				
					20 - Employee				
					21 - Unknown				
					39 - Organ				
					40 - Cadaver Donor				
					53 - Life Partner				
					G8- Other Relationship				
2320 - Other Subscriber Info	290	SBR	SBR03	S	Reference Identification	1/50		AN	MAR
2320 - Other Subscriber Info	290	SBR	SBR04	S	Name	1/60		AN	MAR
2320 - Other Subscriber Info	290	SBR	SBR05	R	Insurance Type Code	1/3		ID	MAR
					12 - Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan				
					13 - Medicare Secondary End-Stage Renal Disease Beneficiary in the Mandated Coordination Period with an Employer's Group Health Plan				
					14 - Medicare Secondary, No-fault Insurance including Auto is Primary				
					15 - Medicare Secondary Worker's Compensation				
					16 - Medicare Secondary Public Health Service (PHS) or Other Federal Agency				
					41 - Medicare Secondary Black Lung				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					42 - Medicare Secondary Veteran's Administration				
					43 - Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)				
					47 Medicare Secondary, Other Liability Insurance is Primary				
2320 - Other Subscriber Info	290	SBR	SBR06		Coordination of Benefits Code	1/1		ID	
2320 - Other Subscriber Info	290	SBR	SBR07		Yes/No Condition or Response Code	1/1		ID	
2320 - Other Subscriber Info	290	SBR	SBR08		Employment Status Code	2/2		ID	
2320 - Other Subscriber Info	290	SBR	SBR09	S	Claim Filing Indicator Code	1/2	1	ID	MAR
					11 - Other Non-Federal Programs				
					12 - Preferred Provider Organization (PPO)				
					13 - Point of Service (POS)				
					14 - Exclusive Provider Organization (EPO)				
					15 - Indemnity Insurance				
					16 - Health Maintenance Organization (HMO) Medicare Risk				
					17 - Dental Maintenance Organization				
					AM - Automobile Medical				
					BL - Blue Cross/Blue Shield				
					CH - Champus				
					CI - Commercial Insurance Co.				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					DS - Disability				
					FI - Federal Employees Program				
					HM - Health Maintenance Organization (HMO)				
					LM - Liability Medical				
					MA - Medicare Part A				
					MB - Medicare Part B				
					MC - Medicaid				
					OF - Other Federal Program				
					TV - Title V				
					VA - Veteran Administration Plan				
					WC - Workers' Compensation Health Claim				
					ZZ - Mutually Defined				
2320 - Other Subscriber Info		CAS		S	Claims Level Adjustment		5		
2320 - Other Subscriber Info	295	CAS	CAS01	R	Claim Adjustment Group Code	1/2		ID	MAR - If data is not present, in do not build the 2320 CAS segment.
					CO - Contractual Obligations				
					CR - Correction and Reversals				
					OA - Other Adjustments				
					PI - Payor Initiated Reductions				
					PR - Patient Responsibility				
2320 - Other Subscriber Info	295	CAS	CAS02	R	Claim Adjustment Reason Code	1/5		ID	MAR
2320 - Other Subscriber Info	295	CAS	CAS03	R	Monetary Amount	1/18		R	MAR

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2320 - Other Subscriber Info	295	CAS	CAS04	S	Quantity	1/15		R	
2320 - Other Subscriber Info	295	CAS	CAS05	S	Claim Adjustment Reason Code	1/5		ID	
2320 - Other Subscriber Info	295	CAS	CAS06	S	Monetary Amount	1/18		R	
2320 - Other Subscriber Info	295	CAS	CAS07	S	Quantity	1/15		R	
2320 - Other Subscriber Info	295	CAS	CAS08	S	Claim Adj Reason Code	1/5		ID	
2320 - Other Subscriber Info	295	CAS	CAS09	S	Monetary Amount	1/18		R	
2320 - Other Subscriber Info	295	CAS	CAS10	S	Quantity	1/15		R	
2320 - Other Subscriber Info	295	CAS	CAS11	S	Claim Adj Reason Code	1/5		ID	
2320 - Other Subscriber Info	295	CAS	CAS12	S	Monetary Amount	1/18		R	
2320 - Other Subscriber Info	295	CAS	CAS13	S	Quantity	1/15		R	
2320 - Other Subscriber Info	295	CAS	CAS14	S	Clm Adj Reason Code	1/5		ID	
2320 - Other Subscriber Info	295	CAS	CAS15	S	Monetary Amt	1/18		R	
2320 - Other Subscriber Info	295	CAS	CAS16	S	Quantity	1/15		R	
2320 - Other Subscriber Info	295	CAS	CAS17	S	Clm Adj Reason Code	1/5		ID	
2320 - Other Subscriber Info	295	CAS	CAS18	S	Monetary Amt	1/18		R	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2320 - Other Subscriber Info	295	CAS	CAS19	R	Quantity	1/15		R	
2320 - Other Subscriber Info		AMT		S	Coordination of Benefits (COB) Payer Paid Amt		1		
2320 - Other Subscriber Info	300	AMT	AMT01	R	Amt Qualifier Code	1/3		ID	D - Default
					D - Payor Amount Paid				
2320 - Other Subscriber Info	300	AMT	AMT02	R	Monetary Amt	1/18		R	
2320 - Other Subscriber Info	300	AMT	AMT03		Credit/Debit Flag Code	1/1		ID	
2320 - Other Subscriber Info		AMT		S	COB Total Non-Covered Amount		1		
2320 - Other Subscriber Info		AMT	AMT01	R	Amount Qualifier Code	1/3		ID	
					A8 – Non-covered Charges - Actual				
2320 - Other Subscriber Info		AMT	AMT02	R	Non-Covered Amount	1/18		AN	
2320 - Other Subscriber Info		AMT	AMT03		Credit/Debit Flag Code	1/1		ID	
2320 - Other Subscriber Info		AMT		S	Remaining Patient Liability		1		
2320 - Other Subscriber Info		AMT	AMT01	R	Amount Qualifier Code	1/3		ID	
					EAF - Amount Owed				
2320 - Other Subscriber Info		AMT	AMT02	R	Non-Covered Amount	1/18		AN	
2320 - Other Subscriber Info		AMT	AMT03		Credit/Debit Flag Code	1/1		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2320 - Other Subscriber Info		OI		R	Other Insurance Coverage Information		1		If data present, create this segment
2320 - Other Subscriber Info	310	OI	OI01		Claim Filing Indicator Code	1/2		ID	
2320 - Other Subscriber Info	310	OI	OI02		Claim Submission Reason Code	2/2		ID	
2320 - Other Subscriber Info	310	OI	OI03	R	Yes/No Condition or Response Code	1/1		ID	MAR
					N - No				
					W - Not applicable				
					Y - Yes				
2320 - Other Subscriber Info	310	OI	OI04	S	Patient Signature Source Code	1/1		ID	
					P - Signature generated by provider because the patient was not physically present for services				
2320 - Other Subscriber Info	310	OI	OI05		Provider Agreement Code	1/1		ID	
2320 - Other Subscriber Info	310	OI	OI06	R	Release of Information Code	1/1	1	ID	
					I - Informed Consent to Release Medical Information for Conditions or Diagnosis Regulated by Federal Statutes				
					Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim				
2320 - Other Subscriber Info		MOA		S	Medicare Outpatient Adjudication Information		1		
2320 - Other Subscriber Info	320	MOA	MOA01	S	Percent	1/10		R	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2320 - Other Subscriber Info	320	MOA	MOA02	S	Monetary Amount	1/18		R	
2320 - Other Subscriber Info	320	MOA	MOA03	S	Reference Identification	1/50		AN	
2320 - Other Subscriber Info	320	MOA	MOA04	S	Reference Identification	1/50		AN	
2320 - Other Subscriber Info	320	MOA	MOA05	S	Reference Identification	1/50		AN	
2320 - Other Subscriber Info	320	MOA	MOA06	S	Reference Identification	1/50		AN	
2320 - Other Subscriber Info	320	MOA	MOA07	S	Reference Identification	1/50		AN	
2320 - Other Subscriber Info	320	MOA	MOA08	S	Monetary Amount	1/18		R	
2320 - Other Subscriber Info	320	MOA	MOA09	S	Monetary Amount	1/18		R	
2330A- Other Subscriber Name				R	Other Subscriber Name		1		
2330A- Other Subscriber Name	325	NM1		R	Other Subscriber Name		1		
2330A- Other Subscriber Name	325	NM1	NM101	R	Entity Identifier Code	2/3		ID	IL - Default
					IL - Insured or Subscriber				
2330A- Other Subscriber Name	325	NM1	NM102	R	Entity Type Qualifier	1/1		ID	1 - Default
					1 - Person				
					2 - Non-Person Entity				
2330A- Other Subscriber Name	325	NM1	NM103	R	Name Last or Organization Name	1/60		AN	MAR
2330A- Other Subscriber Name	325	NM1	NM104	S	Name First	1/35		AN	MAR

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2330A- Other Subscriber Name	325	NM1	NM105	S	Name Middle	1/25		AN	
2330A- Other Subscriber Name	325	NM1	NM106		Name Middle	1/10		AN	
2330A- Other Subscriber Name	325	NM1	NM107	S	Name Suffix	1/10		AN	
2330A- Other Subscriber Name	325	NM1	NM108	R	Identification Code Qualifier	1/2		ID	MI - Default
					II - Standard Unique Health Identifier				
					MI - Member Identification Number				
2330A- Other Subscriber Name	325	NM1	NM109	R	Identification Code	2/80		AN	MAR
2330A- Other Subscriber Name	325	NM1	NM110		Entity Relationship Code	2/2		ID	
2330A- Other Subscriber Name	325	NM1	NM111		Entity Identifier Code	2/3		ID	
2330A- Other Subscriber Name	325	NM1	NM112		Name Last or Organization Name	1/60		AN	
2330A- Other Subscriber Name		N3		S	Other Subscriber Address		1		
2330A- Other Subscriber Name	332	N3	N301	R	Address Information	1/55		AN	MAR
2330A- Other Subscriber Name	332	N3	N302	S	Address Information	1/55		AN	MAR
2330A- Other Subscriber Name		N4		S	Other Subscriber City/State/Zip Code		1		
2330A- Other Subscriber Name	340	N4	N401	R	City Name	2/30		AN	MAR
2330A- Other Subscriber Name	340	N4	N402	S	State or Province Code	2/2		ID	MAR

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2330A- Other Subscriber Name	340	N4	N403	S	Postal Code	3/15		ID	MAR
2330A- Other Subscriber Name	340	N4	N404	S	Country Code	2/3		ID	
2330A- Other Subscriber Name	340	N4	N405		Location Qualifier	1/2		ID	
2330A- Other Subscriber Name	340	N4	N406		Location Identifier	1/30		AN	
2330A- Other Subscriber Name	340	N4	N407	S	Country Subdivision Code	1/3		ID	
2330A- Other Subscriber Name		REF		S	Other Subscriber Secondary Identification		1		
2330A- Other Subscriber Name	355	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					SY - Social Security Number				
2330A- Other Subscriber Name	355	REF	REF02	R	Reference Identification	1/50		AN	
2330A- Other Subscriber Name	355	REF	REF03		Description	1/80		AN	
2330A- Other Subscriber Name	355	REF	REF04		Reference Identifier				
2330B- Other Payer Name					Other Payer Name		1		
2330B- Other Payer Name		NM1		R	Other Payer Name		1		
2330B- Other Payer Name	325	NM1	NM101	R	Entity Identifier Code	2/3		ID	PR - Default
					PR - Payer				
2330B- Other Payer Name	325	NM1	NM102	R	Entity Type Qualifier	1/1		ID	2 - Default
					2 - Non-Person Entity				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2330B- Other Payer Name	325	NM1	NM103	R	Name Last or Organization Name	1/60		AN	MAR
2330B- Other Payer Name	325	NM1	NM104		Name First	1/35		AN	
2330B- Other Payer Name	325	NM1	NM105		Name Middle	1/25		AN	
2330B- Other Payer Name	325	NM1	NM106		Name Prefix	1/10		AN	
2330B- Other Payer Name	325	NM1	NM107		Name Suffix	1/10		AN	
2330B- Other Payer Name	325	NM1	NM108	R	Identification Code Qualifier	1/2		ID	PI - Default
					PI - Payor Identification				
					XV - Health Care Financing Administration National Plan ID				
2330B- Other Payer Name	325	NM1	NM109	R	Identification Code	2/80		AN	MAR
2330B- Other Payer Name	325	NM1	NM110		Entity Relationship Code	2/2		ID	
2330B- Other Payer Name	325	NM1	NM111		Entity Identifier Code	2/3		ID	
2330B- Other Payer Name	325	NM1	NM112		Name Last or Organization Name	1/60		AN	
2330B- Other Payer Name		N3		S	Other Payer Address		1		
2330B- Other Payer Name		N3	N301	R	Other Payer Address Line	1/55		AN	
2330B- Other Payer Name		N3	N301	S	Other Payer Address Line	1/55		AN	
2330B- Other Payer Name		N4		S	Other Payer City/State/Zip Code		1		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2330B- Other Payer Name		N4	N401	R	Other Payer City Name	2/30		AN	
2330B- Other Payer Name		N4	N402	S	Other Payer State Code	2/2		ID	
2330B- Other Payer Name		N4	N403	S	Other Payer Zip Code	3/15		ID	
2330B- Other Payer Name		N4	N404	S	Other Payer Country Code	2/3		ID	
2330B- Other Payer Name		N4	N405		Location Qualifier	1/2		ID	
2330B- Other Payer Name		N4	N406		Location Identifier	1/30		AN	
2330B- Other Payer Name		N4	N407	S	Country Subdivision Code	1/3		ID	
2330B- Date-Claim Check or Remittance Date		DTP		S	Claim Check or Remittance Date		1		
2330B- Claim Check or Remittance Date	345	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	573 - Default
					573 - Date Claim Paid				
2330B- Claim Check or Remittance Date	345	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	D8 - Default
					D8 - Date Expressed in Format CCYYMMDD				
2330B- Claim Check or Remittance Date	345	DTP	DTP03	R	Date Time Period	1/35		AN	MAR
2330B- Other Payer Secondary Identifier		REF		S	Other Payer Secondary Identifier		2		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2330B- Other Payer Secondary Identifier	355	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					2U - Payer Identification Number				
					EI - Employers Identification Number				
					FY - Claim Office Number				
					NF - National Association of Insurance Commissioners (NAIC) Code				
2330B- Other Payer Secondary Identifier	355	REF	REF02	R	Reference Identification	1/50		AN	
2330B- Other Payer Secondary Identifier	355	REF	REF03		Description	1/80		AN	
2330B- Other Payer Secondary Identifier	355	REF	REF04		Reference Identifier				
2330B- Other Payer Name		REF		S	Other Payer Prior Auth or Referral Number		1		
2330B- Other Payer Name	355	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					G1 - Prior Authorization Number				
2330B- Other Payer Name	355	REF	REF02	R	Reference Identification	1/50		AN	
2330B- Other Payer Name	355	REF	REF03		Description	1/80		AN	
2330B- Other Payer Name	355	REF	REF04		Reference Identifier				
2330B- Other Payer Name		REF		S	Other Payer Referral Number		1		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2330B- Other Payer Name		REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					9F - Referral Number				
2330B- Other Payer Name		REF	REF02	R	Other Payer Referral Number	1/50		AN	
2330B- Other Payer Name		REF	REF03		Description	1/80		AN	
2330B- Other Payer Name		REF	REF04		Reference Identifier				
2330B- Other Payer Name				S	Other Payer Claim Adjustment Indicator		1		
2330B- Other Payer Name	355	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					T4 - Signal Code				
2330B- Other Payer Name	355	REF	REF02	R	Reference Identification (note per Guide the only valid value = 'Y')	1/50		AN	
2330B- Other Payer Name	355	REF	REF03		Description	1/80		AN	
2330B- Other Payer Name	355	REF	REF04		Reference Identifier				
2330B- Other Payer Name		REF		S	Other Payer Claim Control Number		1		
2330B- Other Payer Name		REF	REF01	R	Reference Identification Qualifier	2/3		ID	F8 - Default only if data present in EA1 11.0 Positions 144-160.
					F8 - Original Reference Number				
2330B- Other Payer Name		REF	REF02	R	Other Payer Claim Control Number	1/50		AN	MAR
2330B- Other Payer Name		REF	REF03		Description	1/80		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2330B- Other Payer Name		REF	REF04		Reference Identifier				
2330C-Other Payer Referring Provider				S	Other Payer Referring Provider		2		
2330C-Other Payer Referring Provider		NM1		S	Other Payer Referring Provider		1		
2330C-Other Payer Referring Provider	325	NM1	NM101	R	Entity Identifier Code	2/3		ID	
					DN - Referring Provider				
					P3 - Primary Care Provider				
2330C-Other Payer Referring Provider	325	NM1	NM102	R	Entity Type Qualifier	1/1		ID	
2330C-Other Payer Referring Provider					1 - Person				
2330C-Other Payer Referring Provider	325	NM1	NM103		Name Last or Organization Name	1/60		AN	
2330C-Other Payer Referring Provider	325	NM1	NM104		Name First	1/35		AN	
2330C-Other Payer Referring Provider	325	NM1	NM105		Name Middle	1/25		AN	
2330C-Other Payer Referring Provider	325	NM1	NM106		Name Prefix	1/10		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2330C-Other Payer Referring Provider	325	NM1	NM107		Name Suffix	1/10		AN	
2330C-Other Payer Referring Provider	325	NM1	NM108		Identification Code Qualifier	1/2		ID	
2330C-Other Payer Referring Provider	325	NM1	NM109		Identification Code	2/80		AN	
2330C-Other Payer Referring Provider	325	NM1	NM110		Entity Relationship Code	2/2		ID	
2330C-Other Payer Referring Provider	325	NM1	NM111		Entity Identifier Code	2/3		ID	
2330C-Other Payer Referring Provider	325	NM1	NM112		Name Last or Organization Name	1/60		AN	
2330C-Other Payer Referring Provider		REF		R	Other Payer Referring Provider Secondary ID		3		
2330C-Other Payer Referring Provider	355	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					0B - State License Number				
					1G - Provider UPIN Number				
					G2 - Provider Commercial Number				
2330C-Other Payer Referring Provider	355	REF	REF02	R	Reference Identification	1/50		AN	
2330C-Other Payer Referring Provider	355	REF	REF03		Description	1/80		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2330C-Other Payer Referring Provider	355	REF	REF04		Reference Identifier				
2330D- Other Payer Rendering Provider				S	Other Payer Rendering Provider		1		
2330D- Other Payer Rendering Provider		NM1		S	Other Payer Rendering Provider		1		
2330D- Other Payer Rendering Provider	325	NM1	NM101	R	Entity Identifier Code	2/3		ID	
					82 - Rendering Provider				
2330D- Other Payer Rendering Provider	325	NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					1 - Person				
					2 - Non-Person Entity				
2330D- Other Payer Rendering Provider	325	NM1	NM103		Name Last or Organization Name	1/60		AN	
2330D- Other Payer Rendering Provider	325	NM1	NM104		Name First	1/35		AN	
2330D- Other Payer Rendering Provider	325	NM1	NM105		Name Middle	1/25		AN	
2330D- Other Payer Rendering Provider	325	NM1	NM106		Name Prefix	1/10		AN	
2330D- Other Payer Rendering Provider	325	NM1	NM107		Name Suffix	1/10		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2330D- Other Payer Rendering Provider	325	NM1	NM108		Identification Code Qualifier	1/2		ID	
2330D- Other Payer Rendering Provider	325	NM1	NM109		Identification Code	2/80		AN	
2330D- Other Payer Rendering Provider	325	NM1	NM110		Entity Relationship Code	2/2		ID	
2330D- Other Payer Rendering Provider	325	NM1	NM111		Entity Identifier Code	2/3		ID	
2330D- Other Payer Rendering Provider	325	NM1	NM112		Name Last or Organization Name	1/60		AN	
2330D- Other Payer Rendering Provider				R	Other Payer Rendering Provider Secondary Identification		3		
2330D- Other Payer Rendering Provider	355	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					0B - State License Number				
					1G - Provider UPIN Number				
					G2 - Provider Commercial Number				
					LU - Location Number				
2330D- Other Payer Rendering Provider	355	REF	REF02	R	Reference Identification	1/50		AN	
2330D- Other Payer Rendering Provider	355	REF	REF03		Description	1/80		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2330D- Other Payer Rendering Provider	355	REF	REF04		Reference Identifier				
2330E - Other Payer Service Facility Location					Other Payer Service Facility Location		1		
2330E - Other Payer Service Facility Location		NM1		S	Other Payer Service Facility Location		1		
2330E - Other Payer Service Facility Location		NM1	NM101	R	Entity Identifier Code	2/3		ID	
					77 - Service Location				
2330E - Other Payer Service Facility Location		NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					2 - Non-Person Entity				
2330E - Other Payer Service Facility Location		NM1	NM103		Name Last or Organization Name	1/60		AN	
2330E - Other Payer Service Facility Location		NM1	NM104		Name First	1/35		AN	
2330E - Other Payer Service Facility Location		NM1	NM105		Name Middle	1/25		AN	
2330E - Other Payer Service Facility Location		NM1	NM106		Name Prefix	1/10		AN	
2330E - Other Payer Service Facility Location		NM1	NM107		Name Suffix	1/10		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2330E - Other Payer Service Facility Location		NM1	NM108		Identification Code Qualifier	1/2		ID	
2330E - Other Payer Service Facility Location		NM1	NM109		Identification Code	2/80		AN	
2330E - Other Payer Service Facility Location		NM1	NM110		Entity Relationship Code	2/2		ID	
2330E - Other Payer Service Facility Location		NM1	NM111		Entity Identifier Code	2/3		ID	
2330E - Other Payer Service Facility Location		NM1	NM112		Name Last or Organization Name	1/60		AN	
2330E - Other Payer Service Facility Location		REF		R	Other Payer Service Facility Location Secondary Identifier		3		
2330E - Other Payer Service Facility Location		REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					0B - State License Number				
					G2 - Provider Commercial Number				
					LU - Location Number				
2330E - Other Payer Service Facility Location		REF	REF02	R	Other Payer Service Facility Location Secondary Identifier	1/50		AN	
2330E - Other Payer Service Facility Location		REF	REF03		Description	1/80		AN	
2330E - Other Payer Service Facility Location		REF	REF04		Reference Identifier				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2330F - Other Payer Supervising Provider					Other Payer Supervising Provider				
2330F - Other Payer Supervising Provider		NM1		S	Other Payer Supervising Provider		1		
2330F - Other Payer Supervising Provider		NM1	NM101	R	Entity Identifier Code	2/3		ID	
					DQ - Supervising Physician				
2330F - Other Payer Supervising Provider		NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					1 - Person				
2330F - Other Payer Supervising Provider		NM1	NM103		Name Last or Organization Name	1/60		AN	
2330F - Other Payer Supervising Provider		NM1	NM104		Name First	1/35		AN	
2330F - Other Payer Supervising Provider		NM1	NM105		Name Middle	1/25		AN	
2330F - Other Payer Supervising Provider		NM1	NM106		Name Prefix	1/10		AN	
2330F - Other Payer Supervising Provider		NM1	NM107		Name Suffix	1/10		AN	
2330F - Other Payer Supervising Provider		NM1	NM108		Identification Code Qualifier	1/2		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2330F - Other Payer Supervising Provider		NM1	NM109		Identification Code	2/80		AN	
2330F - Other Payer Supervising Provider		NM1	NM110		Entity Relationship Code	2/2		ID	
2330F - Other Payer Supervising Provider		NM1	NM111		Entity Identifier Code	2/3		ID	
2330F - Other Payer Supervising Provider		NM1	NM112		Name Last or Organization Name	1/60		AN	
2330F - Other Payer Supervising Provider		REF		R	Other Payer Supervising Provider Secondary Identifier		3		
2330F - Other Payer Supervising Provider		REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					0B - State License Number				
					1G - Provider UPIN Number				
					G2 - Provider Commercial Number				
					LU - Location Number				
2330F - Other Payer Supervising Provider		REF	REF02	R	Other Payer Supervising Provider Secondary Identifier	1/50		AN	
2330F - Other Payer Supervising Provider		REF	REF03		Description	1/80		AN	
2330F - Other Payer Supervising Provider		REF	REF04		Reference Identifier				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2330G - Other Payer Billing Provider					Other Payer Billing Provider				
2330G - Other Payer Billing Provider		NM1		S	Other Payer Billing Provider		1		
2330G - Other Payer Billing Provider		NM1	NM101	R	Entity Identifier Code	2/3		ID	
					85 - Billing Provider				
2330G - Other Payer Billing Provider		NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					1 - Person				
					2 - Non-Person Entity				
2330G - Other Payer Billing Provider		NM1	NM103		Name Last or Organization Name	1/60		AN	
2330G - Other Payer Billing Provider		NM1	NM104		Name First	1/35		AN	
2330G - Other Payer Billing Provider		NM1	NM105		Name Middle	1/25		AN	
2330G - Other Payer Billing Provider		NM1	NM106		Name Prefix	1/10		AN	
2330G - Other Payer Billing Provider		NM1	NM107		Name Suffix	1/10		AN	
2330G - Other Payer Billing Provider		NM1	NM108		Identification Code Qualifier	1/2		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2330G - Other Payer Billing Provider		NM1	NM109		Identification Code	2/80		AN	
2330G - Other Payer Billing Provider		NM1	NM110		Entity Relationship Code	2/2		ID	
2330G - Other Payer Billing Provider		NM1	NM111		Entity Identifier Code	2/3		ID	
2330G - Other Payer Billing Provider		NM1	NM112		Name Last or Organization Name	1/60		AN	
2330G - Other Payer Billing Provider		REF		R	Other Payer Billing Provider Secondary Identifier		2		
2330G - Other Payer Billing Provider		REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					G2 - Provider Commercial Number				
					LU - Location Number				
2330G - Other Payer Billing Provider		REF	REF02	R	Other Payer Billing Provider Secondary Identifier	1/50		AN	
2330G - Other Payer Billing Provider		REF	REF03		Description	1/80		AN	
2330G - Other Payer Billing Provider		REF	REF04		Reference Identifier				
2400 - Service Line				R	Service Line		50		
2400 - Service Line	365	LX		R	Assigned Number		1		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line	365	LX	LX01	R	Assigned Number	1/6		NO	WTX Generated
2400 - Service Line		SV1		R	Professional Service		1		
2400 - Service Line	370	SV1	SV101	R	Composite Medical Procedure Identifier				
2400 - Service Line	370	SV1	SV101-1	R	Product/Service ID Qualifier	2/2		ID	HC - Default
					ER - Jurisdiction Specific Procedure and Supply Codes				
					HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes				
					IV - Home Infusion EDI Coalition (HIEO) Product/Service Code				
					WK - Advanced Billing Concepts (ABC) Codes				
2400 - Service Line	370	SV1	SV101-2	R	Product/Service ID	1/48		AN	MAR
2400 - Service Line	370	SV1	SV101-3	S	Procedure Modifier	2/2		AN	MAR
2400 - Service Line	370	SV1	SV101-4	S	Procedure Modifier	2/2		AN	MAR
2400 - Service Line	370	SV1	SV101-5	S	Procedure Modifier	2/2		AN	MAR
2400 - Service Line	370	SV1	SV101-6	S	Procedure Modifier	2/2		AN	MAR
2400 - Service Line	370	SV1	SV101-7	S	Description (free form text)	1/80		AN	
2400 - Service Line		SV1	SV101-8		Product/Service ID	1/48		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line	370	SV1	SV102	R	Monetary Amount	1/18	1	R	MAR
2400 - Service Line	370	SV1	SV103	R	Unit/Basis for measurement Code	2/2	1	ID	UN - Default
					MJ - Minutes				
					UN - Unit				
2400 - Service Line	370	SV1	SV104	R	Quantity	1/15	1	R	MAR (The maximum length for this field is 8 digits, excluding the decimal. When a decimal is used, the maximum number of digits allowed to the right of the decimal is three.)
2400 - Service Line	370	SV1	SV105	S	Facility code Value	1/2	1	AN	If data is present and matches 2300 CLM05-1, do not map
2400 - Service Line	370	SV1	SV106		Service Type Code	1/2		ID	
2400 - Service Line	370	SV1	SV107	R	Composite Diagnosis Code Pointer				
2400 - Service Line	370	SV1	SV107-1	R	Diagnosis Code Pointer	1/2		NO	MAR
2400 - Service Line	370	SV1	SV107-2	S	Diagnosis Code Pointer	1/2		NO	MAR
2400 - Service Line	370	SV1	SV107-3	S	Diagnosis Code Pointer	1/2		NO	MAR
2400 - Service Line	370	SV1	SV107-4	S	Diagnosis Code Pointer	1/2		NO	MAR
2400 - Service Line	370	SV1	SV108		Monetary Amount	1/18		R	
2400 - Service Line	370	SV1	SV109	S	Yes/No Condition or Response Code	1/1		ID	Default to 'Y'
					Y - Yes				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line	370	SV1	SV110		Multiple Procedure Code	1/2		ID	
2400 - Service Line	370	SV1	SV111	S	Yes/No Condition or Response Code	1/1		ID	MAR
					Y - Yes				
2400 - Service Line	370	SV1	SV112	S	Yes/No Condition or Response Code	1/1		ID	
					Y - Yes				
2400 - Service Line	370	SV1	SV113		Review Code	1/2		ID	
2400 - Service Line	370	SV1	SV114		National or Local Assigned Review Value	1/2		ID	
2400 - Service Line	370	SV1	SV115	S	Copay Status Code	1/1		ID	
					0 - Copay exempt				
2400 - Service Line	370	SV1	SV116		Health Care Professional Shortage Area Code	1/1		ID	
2400 - Service Line	370	SV1	SV117		Reference Identification	1/50		AN	
2400 - Service Line	370	SV1	SV118		Postal Code	3/15		ID	
2400 - Service Line	370	SV1	SV119		Monetary Amount	1/18		R	
2400 - Service Line	370	SV1	SV120		Level of Care Code	1/1		ID	
2400 - Service Line	370	SV1	SV121		Provider Agreement Code	1/1		ID	
2400 - Service Line		SV5		S	Durable Medical Equipment Service		1		
2400 - Service Line	400	SV5	SV501	R	Composite Medical Procedure Identifier				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line	400	SV5	SV501-1	R	Product/Service ID Qualifier	2/2		ID	
					HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes				
2400 - Service Line	400	SV5	SV501-2	R	Product/Service ID	1/48		AN	
2400 - Service Line		SV5	SV501-3		Procedure Modifier	2/2		ID	
2400 - Service Line		SV5	SV501-4		Procedure Modifier	2/2		ID	
2400 - Service Line		SV5	SV501-5		Procedure Modifier	2/2		ID	
2400 - Service Line		SV5	SV501-6		Procedure Modifier	2/2		ID	
2400 - Service Line		SV5	SV501-7		Description	1/80		AN	
2400 - Service Line		SV5	SV501-8		Product/Service ID	1/48		AN	
2400 - Service Line	400	SV5	SV502	R	Unit or Basis for Measurement Code	2/2		ID	
					DA - Days				
2400 - Service Line	400	SV5	SV503	R	Quantity	1/15		R	
2400 - Service Line	400	SV5	SV504	R	Monetary Amount	1/18		R	
2400 - Service Line	400	SV5	SV505	R	Monetary Amount	1/18		R	
2400 - Service Line	400	SV5	SV506	R	Frequency Code	1/1		R	
					1 - Weekly				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					4- Monthly				
					6 - Daily				
2400 - Service Line	400	SV5	SV507		Prognosis Code	1/1		ID	
2400 - Service Line		PWK		S	Line Supplemental Information		10		Currently the PWK segments are not being used by any DV Clients. But at a future date we should address so the PWK segments maps correctly.
2400 - Service Line		PWK	PWK01	R	Report Type Code	2/2		AN	MAR
					03 - Report Justifying Treatment Beyond Utilization Guidelines				
					04 - Drugs Administered				
					05 - Treatment Diagnosis				
					06 - Initial Assessment				
					07 - Functional Goals				
					08 - Plan of Treatment				
					09 - Progress Report				
					10 - Continued Treatment				
					11 - Chemical Analysis				
					13 - Certified Test Report				
					15 - Justification for Admission				
					21 - Recovery Plan				
					A3 - Allergies/Sensitivities Document				
					A4 - Autopsy Report				
					AM - Ambulance Certification				
					AS - Admission Summary				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					B2 - Prescription				
					B3 - Physician Order				
					B4 - Referral Form				
					BR - Benchmark Testing Results				
					BS - Baseline				
					BT - Blanket Test Results				
					CB - Chiropractic Justification				
					CK - Consent Form(s)				
					CT - Certification				
					D2 - Drug Profile Document				
					DA - Dental Models				
					DB - Durable Medical Equipment Prescription				
					DG - Diagnostic Report				
					DJ - Discharge Monitoring Report				
					DS - Discharge Summary				
					EB - Explanation of Benefits				
					HC - Health Certificate				
					HR - Health Clinic Records				
					I5 - Immunization Record				
					IR - State School Immunization Records				
					LA - Laboratory Results				
					M1 - Medical Record Attachment				
					MT - Models				
					NN - Nursing Notes				
					OB - Operative Note				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					OC - Oxygen Content Averaging Report				
					OD - Orders and Treatments Document				
					OE - Objective Physical Examination (including vital signs) Document				
					OX - Oxygen Therapy Certification				
					OZ - Support Data for Claim				
					P4 - Pathology Report				
					P5 - Patient Medical History Document				
					PE - Parenteral or Enteral Certification				
					PN - Physical Therapy Notes				
					PO - Prosthetics or Orthotic Certification				
					PQ - Paramedical Results				
					PY - Physician's Report				
					PZ - Physical Therapy Certification				
					RB - Radiology Films				
					RR - Radiology Reports				
					RT - Report of Tests and Analysis Report				
					RX - Renewable Oxygen Content Averaging Report				
					SG - Symptoms Document				
					V5 - Death Notification				
					XP - Photographs				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line		PWK	PWK02	R	Report Transmission Code	1/2		ID	MAR
					AA - Available on Request at Provider Site				
					BM - By Mail				
					EL - Electronically Only				
					EM - E-Mail				
					FT - File Transfer				
					FX - By Fax				
2400 - Service Line		PWK	PWK03		Report Copies Needed	1/2		NO	
2400 - Service Line		PWK	PWK04		Entity Identifier Code	2/3		ID	
2400 - Service Line		PWK	PWK05	S	Identification Code Qualifier	1/2		ID	AC - Default
					AC - Attachment Control Number				
2400 - Service Line		PWK	PWK06	S	Identification Code	2/80		AN	MAR
2400 - Service Line		PWK	PWK07		Description	1/80		AN	
2400 - Service Line		PWK	PWK08		Actions Indicated				
2400 - Service Line		PWK	PWK09		Request Category Code	1/2		ID	
2400 - Service Line		PWK		S	Durable Medical Equipment Certificate of Medical Necessity Indicator		1		
2400 - Service Line	420	PWK	PWK01	R	Report Type code	2/2		ID	
					CT - Certification				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line	420	PWK	PWK02	R	Report Transmission Code	1/2		ID	
					AB - Previously Submitted to Payer				
					AD - Certification Included in this Claim				
					AF - Narrative Segment Included in this Claim				
					AG - No Documentation is Required				
					NS - Not Specified				
2400 - Service Line	420	PWK	PWK03		Report Copies Needed	1/2		NO	
2400 - Service Line	420	PWK	PWK04		Entity Identifier Code	2/3		ID	
2400 - Service Line	420	PWK	PWK05		Identification Code Qualifier	1/2		ID	
2400 - Service Line	420	PWK	PWK06		Identification Code	2/80		AN	
2400 - Service Line	420	PWK	PWK07		Description	1/80		AN	
2400 - Service Line	420	PWK	PWK08		Actions Indicated				
2400 - Service Line	420	PWK	PWK09		Request Category Code	1/2		ID	
2400 - Service Line		CR1		S	Ambulance Transport Information		1		
2400 - Service Line	425	CR1	CR101	S	Unit or Basis for Measurement Code	2/2		ID	
					LB - Pound				
2400 - Service Line	425	CR1	CR102	S	Weight	1/10		R	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line	425	CR1	CR103		Ambulance Transport Code	1/1		ID	
2400 - Service Line	425	CR1	CR104	R	Ambulance Transport Reason Code	1/1		ID	
					A - Patient was transported to nearest facility for care of symptoms, complaints, or both				
					B - Patient was transported for the benefit of a preferred physician				
					C - Patient was transported for the nearness of family members				
					D - Patient was transported for the care of a specialist or for availability of specialized equipment				
					E - Patient Transferred to Rehabilitation Facility				
2400 - Service Line	425	CR1	CR105	R	Unit or Basis for Measurement Code	2/2		ID	
					DH - Miles				
2400 - Service Line	425	CR1	CR106	R	Quantity	1/15		R	
2400 - Service Line	425	CR1	CR107		Address Information	1/55		AN	
2400 - Service Line	425	CR1	CR108		Address Information	1/55		AN	
2400 - Service Line	425	CR1	CR109	S	Description	1/80		AN	
2400 - Service Line	425	CR1	CR110	S	Description	1/80		AN	
2400 - Service Line		CR3		S	Durable Medical Equipment Certification		1		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line	435	CR3	CR301	R	Certification Type Code	1/1		ID	
					I - Initial				
					R - Renewal				
					S - Revised				
2400 - Service Line	435	CR3	CR302	R	Unit or Basis for Measurement Code	2/2		ID	
					MO - Months				
2400 - Service Line	435	CR3	CR303	R	Quantity	1/15		R	
2400 - Service Line	435	CR3	CR304		Insulin Dependent Code	1/1		ID	
2400 - Service Line	435	CR3	CR305		Description	1/80		AN	
2400 - Service Line		CRC		S	Ambulance Certification		3		
2400 - Service Line	450	CRC	CRC01	R	Code Category	2/2		ID	
					07 - Ambulance Certification				
2400 - Service Line	450	CRC	CRC02	R	Yes/No Condition or Response Code	1/1		ID	
					N - No				
					Y - Yes				
2400 - Service Line	450	CRC	CRC03	R	Condition Indicator	2/3		ID	
					01 - Patient was admitted to a hospital				
					04 - Patient was moved by stretcher				
					05 - Patient was unconscious or in shock				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					06 - Patient was transported in an emergency situation				
					07 - Patient had to be physically restrained				
					08 - Patient had visible hemorrhaging				
					09 - Ambulance service was medically necessary				
					12 - Patient is confined to a bed or chair				
2400 - Service Line	450	CRC	CRC04	S	Condition Indicator (see values in CRC03)	2/3		ID	
2400 - Service Line	450	CRC	CRC05	S	Condition Indicator (see values in CRC03)	2/3		ID	
2400 - Service Line	450	CRC	CRC06	S	Condition Indicator (see values in CRC03)	2/3		ID	
2400 - Service Line	450	CRC	CRC07	S	Condition Indicator (see values in CRC03)	2/3		ID	
2400 - Service Line		CRC		S	Hospice Employee Indicator		1		
2400 - Service Line	450	CRC	CRC01	R	Code Category	2/2		ID	
					70 - Hospice				
2400 - Service Line	450	CRC	CRC02	R	Yes/No Condition Response Code	1/1		ID	
					N - No				
					Y - Yes				
2400 - Service Line	450	CRC	CRC03	R	Condition Indicator	2/3		ID	
					65 - Open				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line	450	CRC	CRC04		Condition Indicator	2/3		ID	
2400 - Service Line	450	CRC	CRC05		Condition Indicator	2/3		ID	
2400 - Service Line	450	CRC	CRC06		Condition Indicator	2/3		ID	
2400 - Service Line	450	CRC	CRC07		Condition Indicator	2/3		ID	
2400 - Service Line		CRC		S	Condition Indicator/DurableMedical Equipment		1		
2400 - Service Line	450	CRC	CRC01	R	Code Category	2/2		ID	
					09 - Durable Medical Equipment Certification				
2400 - Service Line	450	CRC	CRC02	R	Yes/No Condition Response Code	1/1		ID	
					N - No				
					Y - Yes				
2400 - Service Line	450	CRC	CRC03	R	Condition Indicator	2/2		ID	
					38 - Certification signed by the physician is on file at the supplier's office				
					ZV - Replacement Item				
2400 - Service Line	450	CRC	CRC04	S		2/3		ID	
2400 - Service Line	450	CRC	CRC05		Condition Indicator	2/3		ID	
2400 - Service Line	450	CRC	CRC06		Condition Indicator	2/3		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line	450	CRC	CRC07		Condition Indicator	2/3		ID	
2400 - Service Line		DTP		R	Date - Service Date		1		
2400 - Service Line	455	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	472 - Default
					472 - Service				
2400 - Service Line	455	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	D8 - Default
					D8 - Date Expressed in Format CCYYMMDD				
					RD8 - Range of Dates Expressed in Format CCYYMMDD				
2400 - Service Line	455	DTP	DTP03	R	Date Time Period	1/35		AN	MAR
2400 - Service Line		DTP		S	Date - Prescription Date		1		
2400 - Service Line		DTP	DTP01	R	Date Time Qualifier	3/3		ID	
					471 - Prescription				
2400 - Service Line		DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2400 - Service Line		DTP	DTP03	R	Prescription Date	1/35		AN	
2400 - Service Line		DTP		S	Date - Certification Revision Date		1		
2400 - Service Line	455	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					607 - Certification Revision				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line	455	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2400 - Service Line	455	DTP	DTP03	R	Date Time Period	1/35		AN	
2400 - Service Line		DTP		S	Date - Begin Therapy Date		1		
2400 - Service Line	455	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					463 - Begin Therapy				
2400 - Service Line	455	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2400 - Service Line	455	DTP	DTP03	R	Date Time Period	1/35		AN	
2400 - Service Line		DTP		S	Date - Last Certification Date		1		
2400 - Service Line	455	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					461 - Last Certification				
2400 - Service Line	455	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2400 - Service Line	455	DTP	DTP03	R	Date Time Period	1/35		AN	
2400 - Service Line		DTP		S	Date - Date Last Seen		1		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line	455	DTP	DTP01		Date/Time Qualifier	3/3		ID	
				R	304 - Latest Visit or Consultation				
2400 - Service Line	455	DTP	DTP02		Date Time Period Format Qualifier	2/3		ID	
				R	D8 - Date Expressed in Format CCYYMMDD				
2400 - Service Line	455	DTP	DTP03	S	Date Time Period	1/35		AN	
2400 - Service Line		DTP		S	Date - Test Date		2		
2400 - Service Line	455	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					738 - Most Recent Hemoglobin or Hematocrit or Both				
					739 - Most Recent Serum Creatine				
2400 - Service Line	455	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2400 - Service Line	455	DTP	DTP03	R	Date Time Period	1/35		AN	
2400 - Service Line		DTP		S	Date - Shipped Date		1		
2400 - Service Line	455	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					011 - Shipped				
2400 - Service Line	455	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					D8 - Date Expressed in Format CCYYMMDD				
2400 - Service Line	455	DTP	DTP03	R	Date Time Period	1/35		AN	
2400 - Service Line		DTP		S	Date - Last X-ray Date		1		
2400 - Service Line	455	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					455 - Last X-Ray				
2400 - Service Line	455	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2400 - Service Line	455	DTP	DTP03	R	Date Time Period	1/35		AN	
2400 - Service Line		DTP		S	Date - Initial Treatment		1		
2400 - Service Line	455	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					454 - Initial Treatment				
2400 - Service Line	455	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	
					D8 - Date Expressed in Format CCYYMMDD				
2400 - Service Line	455	DTP	DTP03	R	Date Time Period	1/35		AN	
2400 - Service Line		QTY		S	Ambulance Patient Count		1		
2400 - Service Line		QTY	QTY01	R	Quantity Qualifier	2/2		ID	
					PT - Patients				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line		QTY	QTY02	R	Ambulance Patient Count	1/15		R	
2400 - Service Line		QTY	QTY03		Composite Unit of Measure				
2400 - Service Line		QTY	QTY04		Free-Form Information	1/30		AN	
2400 - Service Line		QTY		S	Obstetric Anesthesia Additional Units		1		
2400 - Service Line		QTY	QTY01	R	Quantity Qualifier	2/2		ID	
					FL - Units				
2400 - Service Line		QTY	QTY02	R	Quantity - Obstetric Additional Units	1/15		R	
2400 - Service Line		QTY	QTY03		Composite Unit of Measure				
2400 - Service Line		QTY	QTY04		Free-Form Information	1/30		AN	
2400 - Service Line		MEA		S	Test Result		5		
2400 - Service Line	462	MEA	MEA01	R	Measurement Reference ID Code	2/2		ID	
					OG - Original Starting dosage				
					TR - Test Results				
2400 - Service Line	462	MEA	MEA02	R	Measurement Qualifier	1/3		ID	
					HT - Height				
					R1 - Hemoglobin				
					R2 - Hematocrit				
					R3 - Epoetin Starting Dosage				
					R4 - Creatin				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line	462	MEA	MEA03	R	Measurement Value	1/20		R	
2400 - Service Line	462	MEA	MEA04		Composite Unit of Measure				
2400 - Service Line	462	MEA	MEA05		Range Minimum	1/20		R	
2400 - Service Line	462	MEA	MEA06		Range Maximum	1/20		R	
2400 - Service Line	462	MEA	MEA07		Measurement Significance Code	2/2		ID	
2400 - Service Line	462	MEA	MEA08		Measurement Attribute Code	2/2		ID	
2400 - Service Line	462	MEA	MEA09		Surface/Layer/Position Code	2/2		ID	
2400 - Service Line	462	MEA	MEA10		Measurement Method or Device	2/4		ID	
2400 - Service Line	462	MEA	MEA11		Code List Qualifier Code	1/3		ID	
2400 - Service Line	462	MEA	MEA12		Industry Code	1/30		AN	
2400 - Service Line		CN1		S	Contract Information		1		Originally set as 04 Default, mapping change
2400 - Service Line	465	CN1	CN101	R	Contract Type Code	2/2		ID	MAR
					01 - Diagnosis Related Group (DRG)				
					02 - Per Diem				
					03 - Variable Per Diem				
					04 - Flat				
					05 - Capitated				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					06 - Percent				
					09 - Other				
2400 - Service Line	465	CN1	CN102	S	Monetary Amount	1/18		R	MAR
2400 - Service Line	465	CN1	CN103	S	Percent, Decimal Format	1/6		R	MAR
2400 - Service Line	465	CN1	CN104	S	Reference Identification	1/50		AN	MAR
2400 - Service Line	465	CN1	CN105	S	Terms Discount Percent	1/6		R	
2400 - Service Line	465	CN1	CN106	S	Version Identifier	1/30		AN	
2400 - Service Line		REF		S	Repriced Line Item Reference Number		1		
2400 - Service Line	470	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					9B - Repriced Line Item Reference Number				
2400 - Service Line	470	REF	REF02	R	Reference Identification	1/50		AN	
2400 - Service Line	470	REF	REF03		Description	1/80		AN	
2400 - Service Line	470	REF	REF04		Reference Identifier				
2400 - Service Line		REF		S	Adjusted Repriced Line Item Reference Number		1		
2400 - Service Line	470	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					9D - Adjusted Repriced Line Item Reference Number				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line	470	REF	REF02	R	Reference Identification	1/50		AN	
2400 - Service Line	470	REF	REF03		Description	1/80		AN	
2400 - Service Line	470	REF	REF04		Reference Identifier				
2400 - Service Line		REF		S	Prior Authorization		5		
2400 - Service Line	470	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					G1 - Prior Authorization Number				
2400 - Service Line	470	REF	REF02	R	Reference Identification	1/50		AN	
2400 - Service Line	470	REF	REF03		Description	1/80		AN	
2400 - Service Line	470	REF	REF04	S	Reference Identifier				
2400 - Service Line	470	REF	REF04-1	R	Reference Identification Qualifier	2/3		ID	
					2U - Payer Identification Number				
2400 - Service Line	470	REF	REF04-2	R	Reference Identification	1/50		AN	
2400 - Service Line	470	REF	REF04-3		Reference Identification Qualifier	2/3		ID	
2400 - Service Line	470	REF	REF04-4		Reference Identification	1/50		AN	
2400 - Service Line	470	REF	REF04-5		Reference Identification Qualifier	2/3		ID	
2400 - Service Line	470	REF	REF04-6		Reference Identification	1/50		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line		REF		S	Line Item Control Number		1		If FB3.19.0 is present, build segment
2400 - Service Line	470	REF	REF01	R	Reference Identification Qualifier	2/3		ID	6R - Default
					6R - Provider Control Number				
2400 - Service Line	470	REF	REF02	R	Reference Identification	1/50		AN	MAR
2400 - Service Line	470	REF	REF03		Description	1/80		AN	
2400 - Service Line	470	REF	REF04		Reference Identifier				
2400 - Service Line		REF		S	Mammography Certification Number		1		
2400 - Service Line	470	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					EW - Mammography Certification Number				
2400 - Service Line	470	REF	REF02	R	Reference Identification	1/50		AN	
2400 - Service Line	470	REF	REF03		Description	1/80		AN	
2400 - Service Line	470	REF	REF04		Reference Identifier				
2400 - Service Line		REF		S	Clinical Laboratory Improvement Amendment (CLIA) Identification		1		
2400 - Service Line	470	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					X4 - Clinical Laboratory Improvement Amendment Number				
2400 - Service Line	470	REF	REF02	R	Reference Identification	1/50		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line	470	REF	REF03		Description	1/80		AN	
2400 - Service Line	470	REF	REF04		Reference Identifier				
2400 - Service Line		REF		S	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification		1		
2400 - Service Line	470	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					F4 - Facility Certification Number				
2400 - Service Line	470	REF	REF02	R	Reference Identification	1/50		AN	
2400 - Service Line	470	REF	REF03		Description	1/80		AN	
2400 - Service Line	470	REF	REF04		Reference Identifier				
2400 - Service Line				S	Immunization Batch Number		1		
2400 - Service Line	470	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					BT - Batch Number				
2400 - Service Line	470	REF	REF02	R	Reference Identification	1/50		AN	
2400 - Service Line	470	REF	REF03		Description	1/80		AN	
2400 - Service Line	470	REF	REF04		Reference Identifier				
2400 - Service Line		REF		S	Referral Number		5		
2400 - Service Line		REF	REF01	R	Reference Identification Qualifier	2/3		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					9F - Referral Number				
2400 - Service Line		REF	REF02	R	Referral Number	1/50		AN	
2400 - Service Line		REF	REF03		Description	1/80		AN	
2400 - Service Line		REF	REF04	S	Reference Identifier				
2400 - Service Line		REF	REF04-1	R	Reference Identifier Qualifier	2-3		ID	
					2U - Payer Identification Number				
2400 - Service Line		REF	REF04-2	R	Other Payer Primary Identifier	1/50		AN	
2400 - Service Line	470	REF	REF04-3		Reference Identification Qualifier	2/3		ID	
2400 - Service Line	470	REF	REF04-4		Reference Identification	1/50		AN	
2400 - Service Line	470	REF	REF04-5		Reference Identification Qualifier	2/3		ID	
2400 - Service Line	470	REF	REF04-6		Reference Identification	1/50		AN	
2400 - Service Line		AMT		S	Sales Tax Amount		1		
2400 - Service Line	475	AMT	AMT01	R	Amount Qualifier Code	1/3		ID	
					T - Tax				
2400 - Service Line	475	AMT	AMT02	R	Monetary Amt	1/18		R	
2400 - Service Line	475	AMT	AMT03		Credit/Debit Flag Code	1/1		ID	
2400 - Service Line		AMT		S	Postage Claimed Amount		1		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line	475	AMT	AMT01	R	Amount Qualifier Code	1/3		ID	
					F4 - Postage Claimed				
2400 - Service Line	475	AMT	AMT02	R	Monetary Amount	1/18		R	
2400 - Service Line	475	AMT	AMT03		Credit/Debit Flag Code	1/1		ID	
2400 - Service Line		K3		S	File Information		10		
2400 - Service Line	480	K3	K301	R	Fixed Format Information	1/80		AN	
2400 - Service Line	480	K3	K302		Record Format Code	1/2		ID	
2400 - Service Line	480	K3	K303		Composite Unit of Measure				
2400 - Service Line		NTE		S	Line Note		1		
2400 - Service Line	485	NTE	NTE01	R	Note Reference Code	3/3		ID	Default to 'ADD' if HA0-05 is present
					ADD - Additional Information				
					DCP - Goals, Rehabilitation Potential, or Discharge Plans				
2400 - Service Line	485	NTE	NTE02	R	Description	1/80		AN	MAR
2400 - Service Line		NTE		S	Third Party Organization Notes		1		
2400 - Service Line		NTE	NTE01	R	Third Party Organization Notes	3/3		ID	
					TPO - Third Party Organization Notes				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line		NTE	NTE02	R	Description	1/80		AN	
2400 - Service Line		PS1		S	Purchased Service Information		1		
2400 - Service Line	488	PS1	PS101	R	Reference Identification	1/50		AN	
2400 - Service Line	488	PS1	PS102	R	Monetary Amount	1/18		R	
2400 - Service Line	488	PS1	PS103		State or Province Code	2/2		ID	
2400 - Service Line		HCP		S	Line Pricing/Repricing Information		1		If FA0.43.0 is present, build segment
2400 - Service Line	492	HCP	HCP01	R	Pricing Methodology	2/2		ID	MAR
					00 - Zero Pricing (Not Covered Under Contract)				
					01 - Priced as Billed at 100%				
					02 - Priced at the Standard Fee Schedule				
					03 - Priced at a Contractual Percentage				
					04 - Bundled Pricing				
					05 - Peer Review Pricing				
					06 - Per Diem Pricing				
					07 - Flat Rate Pricing				
					08 - Combination Pricing				
					09 - Maternity Pricing				
					10 - Other Pricing				
					11 - Lower of Cost				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					12 - Ratio of Cost				
					13 - Cost Reimbursed				
					14 - Adjustment Pricing				
2400 - Service Line	492	HCP	HCP02	R	Monetary Amount	1/18		R	MAR
2400 - Service Line	492	HCP	HCP03	S	Monetary Amount	1/18		R	
2400 - Service Line	492	HCP	HCP04	S	Reference Identification	1/50		AN	
2400 - Service Line	492	HCP	HCP05	S	Rate	1/9		R	
2400 - Service Line	492	HCP	HCP06	S	Reference Identification	1/50		AN	
2400 - Service Line	492	HCP	HCP07	S	Monetary Amount	1/18		R	
2400 - Service Line		HCP	HCP08		Product/Service ID	1/48		AN	
2400 - Service Line	492	HCP	HCP09	S	Product/Service ID Qualifier	2/2		ID	
					ER - Jurisdiction Specific Procedure and Supply Codes				
					HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes				
					IV - Home Infusion EDI Coalition (HIEC) Product/Service Code				
					WK - Advanced Billing Concepts (ABC) Codes new code				
2400 - Service Line	492	HCP	HCP10	S	Product/Service ID	1/48		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line	492	HCP	HCP11	S	Unit or Basis for Measurement Code	2/2		ID	
					MJ - Minutes				
					UN - Units				
2400 - Service Line	492	HCP	HCP12	S	Quantity	1/15		R	
2400 - Service Line	492	HCP	HCP13	S	Reject Reason Code	2/2		ID	
					T1 - Cannot Identify Provider as TPO (Third Party Organization) Participant				
					T2 - Cannot Identify Payer as TPO (Third Party Organization) Participant				
					T3 - Cannot Identify Insured as TPO (Third Party Organization) Participant				
					T4 - Payer Name or Identifier Missing				
					T5 - Certification information Missing				
					T6 - Claim does not contain enough information for repricing				
2400 - Service Line	492	HCP	HCP14	S	Policy Compliance Code	1/2		ID	
					1 - Procedure Followed (Compliance)				
					2 - Not Followed - Call Not Made (Non-Compliance Call Not Made)				
					3 - Not Medically Necessary (Non-Compliance Medically Necessary)				
					4 - Not Followed Other (Non-Compliance Other)				
					5 - Emergency Admit to Non-Network Hospital				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2400 - Service Line	492	HCP	HCP15	S	Exception Code	1/2		ID	
					1 - Non-Network Professional Provider in Network				
					2 - Emergency Care				
					3 - Services or Specialist not in Network				
					4 - Out-of Service Area				
					5 - State Mandates				
					6 - Other				
2410 - Drug Identification				S	Drug Identification		1		
2410 - Drug Identification		LIN		S	Drug Identification		1		
2410 - Drug Identification		LIN	LIN01		Assigned Identification	1/20		AN	
2410 - Drug Identification		LIN	LIN02	R	Product/Service Qualifier	2/2		ID	
					EN - EAN/UCC - 13				
					EO - EAN/UCC - 8				
					HI - HIBC (Health Care Industry Bar Code) Supplier Labeling Standard Primary Data Message				
					ON - Customer Order Number				
					N4 - National Drug Code in 5-4-2 Format				
					UK - GTIN 12 - digit Data Structure				
					UP - UCC - 12				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2410 - Drug Identification		LIN	LIN03	R	National Drug Code or Universal Product Number	1/48		AN	
2410 - Drug Identification		LIN	LIN04		Product/Service ID Qualifier	2/2		ID	
2410 - Drug Identification		LIN	LIN05		Product Service ID	1/48		AN	
2410 - Drug Identification		LIN	LIN06		Product/Service ID Qualifier	2/2		ID	
2410 - Drug Identification		LIN	LIN07		Product Service ID	1/48		AN	
2410 - Drug Identification		LIN	LIN08		Product/Service ID Qualifier	2/2		ID	
2410 - Drug Identification		LIN	LIN09		Product Service ID	1/48		AN	
2410 - Drug Identification		LIN	LIN10		Product/Service ID Qualifier	2/2		ID	
2410 - Drug Identification		LIN	LIN11		Product Service ID	1/48		AN	
2410 - Drug Identification		LIN	LIN12		Product/Service ID Qualifier	2/2		ID	
2410 - Drug Identification		LIN	LIN13		Product Service ID	1/48		AN	
2410 - Drug Identification		LIN	LIN14		Product/Service ID Qualifier	2/2		ID	
2410 - Drug Identification		LIN	LIN15		Product Service ID	1/48		AN	
2410 - Drug Identification		LIN	LIN16		Product/Service ID Qualifier	2/2		ID	
2410 - Drug Identification		LIN	LIN17		Product Service ID	1/48		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2410 - Drug Identification		LIN	LIN18		Product/Service ID Qualifier	2/2		ID	
2410 - Drug Identification		LIN	LIN19		Product Service Id	1/48		AN	
2410 - Drug Identification		LIN	LIN20		Product/Service ID Qualifier	2/2		ID	
2410 - Drug Identification		LIN	LIN21		Product Service ID	1/48		AN	
2410 - Drug Identification		LIN	LIN22		Product/Service ID Qualifier	2/2		ID	
2410 - Drug Identification		LIN	LIN23		Product Service ID	1/48		AN	
2410 - Drug Identification		LIN	LIN24		Product/Service ID Qualifier	2/2		ID	
2410 - Drug Identification		LIN	LIN25		Product Service ID	1/48		AN	
2410 - Drug Identification		LIN	LIN26		Product/Service ID Qualifier	2/2		ID	
2410 - Drug Identification		LIN	LIN27		Product Service ID	1/48		AN	
2410 - Drug Identification		LIN	LIN28		Product/Service ID Qualifier	2/2		ID	
2410 - Drug Identification		LIN	LIN29		Product Service ID	1/48		AN	
2410 - Drug Identification		LIN	LIN30		Product/Service ID Qualifier	2/2		ID	
2410 - Drug Identification		LIN	LIN31		Product Service ID	1/48		AN	
2410 - Drug Identification		CTP		R	Drug Quantity		1		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2410 - Drug Identification		CTP	CTP01		Class of Trade Code	2/2		ID	
2410 - Drug Identification		CTP	CTP02		Price Identifier Code	3/3		ID	
2410 - Drug Identification		CTP	CTP03		Unit Price	1/17		R	
2410 - Drug Identification		CTP	CTP04	R	Quantity	1/15		R	
2410 - Drug Identification		CTP	CTP05	R	Composite Unit of Measure				
2410 - Drug Identification		CTP	CTP05-1	R	Unit or Basis for Measurement Code	2/2		ID	
					F2 - International Unit				
					GR - Gram				
					ME - Milligram				
					ML - Milliliter				
					UN - Units				
2410 - Drug Identification		CTP	CTP05-2		Exponent	1/15		R	
2410 - Drug Identification		CTP	CTP05-3		Multiplier	1/10		R	
2410 - Drug Identification		CTP	CTP05-4		Unit or Basis For Measurement Code	2/2		ID	
2410 - Drug Identification		CTP	CTP05-5		Exponent	1/15		R	
2410 - Drug Identification		CTP	CTP05-6		Multiplier	1/10		R	
2410 - Drug Identification		CTP	CTP05-7		Unit or Basis For Measurement Code	2/2		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2410 - Drug Identification		CTP	CTP05-8		Exponent	1/15		R	
2410 - Drug Identification		CTP	CTP05-9		Multiplier	1/10		R	
2410 - Drug Identification		CTP	CTP05-10		Unit or Basis For Measurement Code	2/2		ID	
2410 - Drug Identification		CTP	CTP05-11		Exponent	1/15		R	
2410 - Drug Identification		CTP	CTP05-12		Multiplier	1/10		R	
2410 - Drug Identification		CTP	CTP05-13		Unit or Basis For Measurement Code	2/2		ID	
2410 - Drug Identification		CTP	CTP05-14		Exponent	1/15		R	
2410 - Drug Identification		CTP	CTP05-15		Multiplier	1/10		R	
2410 - Drug Identification		CTP	CTP06		Price Multiplier Qualifier	3/3		ID	
2410 - Drug Identification		CTP	CTP07		Multiplier	1/10		R	
2410 - Drug Identification		CTP	CTP08		Monetary Amount	1/18		R	
2410 - Drug Identification		CTP	CTP09		Basis of Unit Price Code	2/2		ID	
2410 - Drug Identification		CTP	CTP10		Condition Value	1/10		AN	
2410 - Drug Identification		CTP	CTP11		Multiple Price Quantity	1/2		NO	
2410 - Drug Identification		REF		S	Prescription or Compound Drug Association Number		1		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2410 - Drug Identification		REF	REF01	R	Reference Identification	2/3		ID	
					VY - Link Sequence Number				
					XZ - Pharmacy Prescription Number				
2410 - Drug Identification		REF	REF02	R	Prescription Number	1/50		R	
2410 - Drug Identification		REF	REF03		Description	1/80		AN	
2410 - Drug Identification		REF	REF04		Reference Identifier				
2420A Rendering Provider Name				S	Rendering Provider Name		1		
2420A Rendering Provider Name	500	NM1		S	Rendering Provider Name		1		
2420A Rendering Provider Name	500	NM1	NM101	R	Entity Identifier Code	2/3		ID	
					82 - Rendering Provider				
2420A Rendering Provider Name	500	NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					1 - Person				
					2 - Non-Person Entity				
2420A Rendering Provider Name	500	NM1	NM103	R	Name Last or Organization Name	1/60		AN	
2420A Rendering Provider Name	500	NM1	NM104	S	Name First	1/35		AN	
2420A Rendering Provider Name	500	NM1	NM105	S	Name Middle	1/25		AN	
2420A Rendering Provider Name	500	NM1	NM106		Name Prefix	1/10		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420A Rendering Provider Name	500	NM1	NM107	S	Name Suffix	1/10		AN	
2420A Rendering Provider Name	500	NM1	NM108	S	Identification Code Qualifier	1/2		ID	
					XX - Health Care Financing Administration National Provider Identifier				
2420A Rendering Provider Name	500	NM1	NM109	S	Identification Code	2/80		AN	
2420A Rendering Provider Name	500	NM1	NM110		Entity Relationship Code	2/2		ID	
2420A Rendering Provider Name	500	NM1	NM111		Entity Identifier Code	2/3		ID	
2420A Rendering Provider Name	500	NM1	NM112		Name Last or Organization Name	1/60		AN	
2420A Rendering Provider Name		PRV		S	Rendering Provider Specialty Information		1		
2420A Rendering Provider Name	505	PRV	PRV01	R	Provider Code	1/3		ID	
					PE - Performing				
2420A Rendering Provider Name	505	PRV	PRV02	R	Reference Identification Code	2/3		ID	
					PXC - Health Care Provider Taxonomy Code				
2420A Rendering Provider Name	505	PRV	PRV03	R	Reference Identification	1/50		AN	
2420A Rendering Provider Name	505	PRV	PRV04		State or Province Code	2/2		ID	
2420A Rendering Provider Name	505	PRV	PRV05		Provider Specialty Information				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420A Rendering Provider Name	505	PRV	PRV06		Provider Organization Code	3/3		ID	
2420A Rendering Provider Name		REF		S	Rendering Provider Secondary Identification		20		
2420A Rendering Provider Name	525	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					0B - State License Number				
					1G - Provider UPIN Number				
					G2 - Provider Commercial Number				
					LU - Location Number				
2420A Rendering Provider Name	525	REF	REF02	R	Reference Identification	1/50		AN	
2420A Rendering Provider Name		REF	REF03		Description	1/80		AN	
2420A Rendering Provider Name		REF	REF04	S	Reference Identifier				
2420A Rendering Provider Name		REF	REF04-1	R	Reference Identifier Qualifier	2-3		ID	
2420A Rendering Provider Name					2U - Payer Identification Number				
2420A Rendering Provider Name		REF	REF04-2	R	Reference Identification	1/50		AN	
2420A Rendering Provider Name	470	REF	REF04-3		Reference Identification Qualifier	2/3		ID	
2420A Rendering Provider Name	470	REF	REF04-4		Reference Identification	1/50		AN	
2420A Rendering Provider Name	470	REF	REF04-5		Reference Identification Qualifier	2/3		ID	
2420A Rendering Provider Name	470	REF	REF04-6		Reference Identification	1/50		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420B Purchased Serv Provider Name				S	Purchased Service Provider Name		1		
2420B Purchased Serv Provider Name	500	NM1		S	Purchased Service Provider Name		1		
2420B Purchased Serv Provider Name	500	NM1	NM101	R	Entity Identifier Code	2/3		ID	
					QB - Purchase Service Provider				
2420B Purchased Serv Provider Name	500	NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					1 - Person				
					2 - Non-Person Entity				
2420B Purchased Serv Provider Name	500	NM1	NM103		Name Last or Organization Name	1/60		AN	
2420B Purchased Serv Provider Name	500	NM1	NM104		Name First	1/35		AN	
2420B Purchased Serv Provider Name	500	NM1	NM105		Name Middle	1/25		AN	
2420B Purchased Serv Provider Name	500	NM1	NM106		Name Prefix	1/10		AN	
2420B Purchased Serv Provider Name	500	NM1	NM107		Name Suffix	1/10		AN	
2420B Purchased Serv Provider Name	500	NM1	NM108	S	Identification Code Qualifier	1/2		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					XX - Health Care Financing Administration National Provider Identifier				
2420B Purchased Serv Provider Name	500	NM1	NM109	S	Identification Code	2/80	1	AN	
2420B Purchased Serv Provider Name	500	NM1	NM110		Entity Relationship Code	2/2		ID	
2420B Purchased Serv Provider Name	500	NM1	NM111		Entity Identifier Code	2/3		ID	
2420B Purchased Serv Provider Name	500	NM1	NM112		Name Last or Organization Name	1/60		AN	
2420B Purchased Serv Provider Name		REF		S	Purchased Service Provider Secondary Identification		20		
2420B Purchased Serv Provider Name	525	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					0B - State License Number				
					1G - Provider UPIN Number				
					G2 - Provider Commercial Number				
2420B Purchased Serv Provider Name	525	REF	REF02	R	Reference Identification	1/50		AN	
2420B Purchased Serv Provider Name		REF	REF03		Description	1/80		AN	
2420B Purchased Serv Provider Name		REF	REF04	S	Reference Identifier				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420B Purchased Serv Provider Name		REF	REF04-1	R	Reference Identifier Qualifier	2/3		ID	
2420B Purchased Serv Provider Name					2U - Payer Identification Number				
2420B Purchased Serv Provider Name		REF	REF04-2	R	Reference Identification	1/50		AN	
2420B Purchased Serv Provider Name	470	REF	REF04-3		Reference Identification Qualifier	2/3		ID	
2420B Purchased Serv Provider Name	470	REF	REF04-4		Reference Identification	1/50		AN	
2420B Purchased Serv Provider Name	470	REF	REF04-5		Reference Identification Qualifier	2/3		ID	
2420B Purchased Serv Provider Name	470	REF	REF04-6		Reference Identification	1/50		AN	
2420C - Service Facility Location Name				S	Service Facility Location Name		1		
2420C - Service Facility Location	500	NM1		S	Service Facility Location Name		1		
2420C - Service Facility Location Name	500	NM1	NM101	R	Entity Identifier Code	2/3		ID	
2420C - Service Facility Location Name					77 - Service Location				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420C - Service Facility Location Name	500	NM1	NM102	R	Entity Type Qualifier	1/1		ID	
2420C - Service Facility Location Name					2 - Non-Person Entity				
2420C - Service Facility Location Name	500	NM1	NM103	R	Name Last or Organization Name	1/60		AN	
2420C - Service Facility Location Name	500	NM1	NM104		Name First	1/35		AN	
2420C - Service Facility Location Name	500	NM1	NM105		Name Middle	1/25		AN	
2420C - Service Facility Location Name	500	NM1	NM106		Name Prefix	1/10		AN	
2420C - Service Facility Location Name	500	NM1	NM107		Name Suffix	1/10		AN	
2420C - Service Facility Location Name	500	NM1	NM108	S	Identification Code Qualifier	1/2		ID	
					XX - Health Care Financing Administration National Provider Identifier - Not Used				
2420C - Service Facility Location Name	500	NM1	NM109	S	Identification Code	2/80	1	AN	
2420C - Service Facility Location Name	500	NM1	NM110		Entity Relationship Code	2/2		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420C - Service Facility Location Name	500	NM1	NM111		Entity Identifier Code	2/3		ID	
2420C - Service Facility Location Name	500	NM1	NM112		Name Last or Organization Name	1/60		AN	
2420C - Service Facility Location Name		N3		R	Service Facility Location Address		1		
2420C - Service Facility Location Name	514	N3	N301	R	Address Information	1/55	1	AN	
2420C - Service Facility Location Name	514	N3	N302	S	Address Information	1/55	1	AN	
2420C - Service Facility Location Name		N4		R	Service Facility Location City/State/Zip		1		
2420C - Service Facility Location Name	520	N4	N401	R	City Name	2/30	1	AN	
2420C - Service Facility Location Name	520	N4	N402	S	State or Province Code	2/2	1	ID	
2420C - Service Facility Location Name	520	N4	N403	S	Postal Code	3/15	1	ID	
2420C - Service Facility Location Name	520	N4	N404	S	Country Code	2/3	1	ID	
2420C - Service Facility Location Name	520	N4	N405		Location Qualifier	1/2		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420C - Service Facility Location Name	520	N4	N406		Location Identifier	1/30		AN	
2420C - Service Facility Location Name	520	N4	N407	S	Country Subdivision Code	1/3		ID	
2420C - Service Facility Location Name		REF		S	Service Facility Location Secondary Identification		3		
2420C - Service Facility Location Name	525	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					G2 - Provider Commercial Number				
					LU - Location Number				
2420C - Service Facility Location Name	525	REF	REF02	R	Reference Identification	1/50		AN	
2420C - Service Facility Location Name		REF	REF03		Description	1/80		AN	
2420C - Service Facility Location Name		REF	REF04	S	Reference Identifier				
2420C - Service Facility Location Name		REF	REF04-1	R	Reference Identifier Qualifier	2-3		ID	
2420C - Service Facility Location Name					2U - Payer Identification Number				
2420C - Service Facility Location Name		REF	REF04-2	R	Reference Identification	1/50		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420C - Service Facility Location Name	470	REF	REF04-3		Reference Identification Qualifier	2/3		ID	
2420C - Service Facility Location Name	470	REF	REF04-4		Reference Identification	1/50		AN	
2420C - Service Facility Location Name	470	REF	REF04-5		Reference Identification Qualifier	2/3		ID	
2420C - Service Facility Location Name	470	REF	REF04-6		Reference Identification	1/50		AN	
2420D Supervising Provider Name				S	Supervising Provider Name		1		
2420D Supervising Provider Name	500	NM1		S	Supervising Provider Name		1		
2420D Supervising Provider Name	500	NM1	NM101	R	Entity Identifier Code	2/3		ID	
					DQ - Supervising Physician				
2420D Supervising Provider Name	500	NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					1 - Person				
2420D Supervising Provider Name	500	NM1	NM103	R	Name Last or Organization Name	1/60		AN	
2420D Supervising Provider Name	500	NM1	NM104	S	Name First	1/35		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420D Supervising Provider Name	500	NM1	NM105	S	Name Middle	1/25		AN	
2420D Supervising Provider Name	500	NM1	NM106		Name Prefix	1/10		AN	
2420D Supervising Provider Name	500	NM1	NM107	S	Name Suffix	1/10		AN	
2420D Supervising Provider Name	500	NM1	NM108	S	Identification Code Qualifier	1/2		ID	
					XX - Health Care Financing Administration National Provider Identifier				
2420D Supervising Provider Name	500	NM1	NM109	S	Identification code	2/80		AN	
2420D Supervising Provider Name	500	NM1	NM110		Entity Relationship Code	2/2		ID	
2420D Supervising Provider Name	500	NM1	NM111		Entity Identifier Code	2/3		ID	
2420D Supervising Provider Name	500	NM1	NM112		Name Last or Organization Name	1/60		AN	
2420D Supervising Provider Name		REF		S	Supervising Provider Secondary Identification		20		
2420D Supervising Provider Name	525	REF	REF01	R	Reference Identification Qualifier	2/3		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					0B - State License Number				
					1G - Provider UPIN Number				
					G2 - Provider Commercial Number				
					LU - Location Number				
2420D Supervising Provider Name	525	REF	REF02	R	Reference Identification	1/50	5	AN	
2400 - Service Line		REF	REF03		Description	1/80		AN	
2400 - Service Line		REF	REF04	S	Reference Identifier				
2400 - Service Line		REF	REF04-1	R	Reference Identifier Qualifier	2-3		ID	
					2U - Payer Identification Number				
2400 - Service Line		REF	REF04-2	R	Other Payer Primary Identifier	1/50		AN	
2400 - Service Line	470	REF	REF04-3		Reference Identification Qualifier	2/3		ID	
2400 - Service Line	470	REF	REF04-4		Reference Identification	1/50		AN	
2400 - Service Line	470	REF	REF04-5		Reference Identification Qualifier	2/3		ID	
2400 - Service Line	470	REF	REF04-6		Reference Identification	1/50		AN	
2420E Ordering Provider Name				S	Ordering Provider Name		1		
2420E Ordering Provider Name	500	NM1		S	Ordering Provider Name		1		
2420E Ordering Provider Name	500	NM1	NM101	R	Entity Identifier Code	2/3		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					DK - Ordering Physician				
2420E Ordering Provider Name	500	NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					1 - Person				
2420E Ordering Provider Name	500	NM1	NM103	R	Name Last or Organization Name	1/60		AN	
2420E Ordering Provider Name	500	NM1	NM104	S	Name First	1/35		AN	
2420E Ordering Provider Name	500	NM1	NM105	S	Name Middle	1/25		AN	
2420E Ordering Provider Name	500	NM1	NM106		Name Prefix	1/10		AN	
2420E Ordering Provider Name	500	NM1	NM107	S	Name Suffix	1/10		AN	
2420E Ordering Provider Name	500	NM1	NM108	S	Identification Code Qualifier	1/2		ID	
					XX - Health Care Financing Administration National Provider Identifier				
2420E Ordering Provider Name	500	NM1	NM109	S	Identification code	2/80		AN	
2420E Ordering Provider Name	500	NM1	NM110		Entity Relationship Code	2/2		ID	
2420E Ordering Provider Name	500	NM1	NM111		Entity Identifier Code	2/3		ID	
2420E Ordering Provider Name	500	NM1	NM112		Name Last or Organization Name	1/60		AN	
2420E Ordering Provider Name		N3		S	Ordering Provider Address		1		
2420E Ordering Provider Name	514	N3	N301	R	Address Information	1/55		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420E Ordering Provider Name	514	N3	N302	S	Address Information	1/55		AN	
2420E Ordering Provider Name		N4		S	Ordering Provider City/State/Zip Code				
2420E Ordering Provider Name	520	N4	N401	R	City Name	2/30		AN	
2420E Ordering Provider Name	520	N4	N402	S	State or Province Code	2/2		ID	
2420E Ordering Provider Name	520	N4	N403	S	Postal Code	3/15		ID	
2420E Ordering Provider Name	520	N4	N404	S	Country Code	2/3		ID	
2420E Ordering Provider Name	520	N4	N405		Location Qualifier	1/2		ID	
2420E Ordering Provider Name	520	N4	N406		Location Identifier	1/30		AN	
2420E Ordering Provider Name	520	N4	N407	S	Country Subdivision Code	1/3		ID	
2420E Ordering Provider Name		REF		S	Ordering Provider Secondary Identification		20		
2420E Ordering Provider Name	525	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					0B - State License Number				
					1G - Provider UPIN Number				
					G2 - Provider Commercial Number				
2420E Ordering Provider Name	525	REF	REF02	R	Reference Identification	1/50		AN	
2420E Ordering Provider Name		REF	REF03		Description	1/80		AN	
2420E Ordering Provider Name		REF	REF04	S	Reference Identifier				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420E Ordering Provider Name		REF	REF04-1	R	Reference Identifier Qualifier	2-3		ID	
2420E Ordering Provider Name					2U - Payer Identification Number				
2420E Ordering Provider Name		REF	REF04-2	R	Reference Identification	1/50		AN	
2420E Ordering Provider Name	470	REF	REF04-3		Reference Identification Qualifier	2/3		ID	
2420E Ordering Provider Name	470	REF	REF04-4		Reference Identification	1/50		AN	
2420E Ordering Provider Name	470	REF	REF04-5		Reference Identification Qualifier	2/3		ID	
2420E Ordering Provider Name	470	REF	REF04-6		Reference Identification	1/50		AN	
2420E Ordering Provider Name		PER			Ordering Provider Contact Information		1		
2420E Ordering Provider Name	530	PER	PER01	R	Contact Function Code	2/2		ID	
					IC - Information Contact				
2420E Ordering Provider Name	530	PER	PER02	S	Name	1/60		AN	
2420E Ordering Provider Name	530	PER	PER03	R	Communication Number Qualifier	2/2		ID	
					EM - Electronic Mail				
					FX - Facsimile				
					TE - Telephone				
2420E Ordering Provider Name	530	PER	PER04	R	Communication Number	1/256		AN	
2420E Ordering Provider Name	530	PER	PER05	S	Communication Number Qualifier	2/2		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					EM - Electronic Mail				
					EX - Telephone Extension				
					FX - Facsimile				
					TE - Telephone				
2420E Ordering Provider Name	530	PER	PER06	S	Communication Number	1/256		AN	
2420E Ordering Provider Name	530	PER	PER07	S	Communication Number Qualifier	2/2		ID	
					EM - Electronic Mail				
					EX - Telephone Extension				
					FX - Facsimile				
					TE - Telephone				
2420E Ordering Provider Name	530	PER	PER08	S	Communication Number	1/256		AN	
2420E Ordering Provider Name	530	PER	PER09		Contact Inquiry Reference	1/20		AN	
2420F Referring Provider Name				S	Referring Provider Name		2		
2420F Referring Provider Name	500	NM1		S	Referring Provider Name		1		
2420F Referring Provider Name	500	NM1	NM101	R	Entity Identifier Code	2/3		ID	
					DN - Referring Provider				
					P3 - Primary Care Provider				
2420F Referring Provider Name	500	NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					1 - Person				
2420F Referring Provider Name	500	NM1	NM103	R	Name Last or Organization Name	1/60		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420F Referring Provider Name	500	NM1	NM104	S	Name First	1/35		AN	
2420F Referring Provider Name	500	NM1	NM105	S	Name Middle	1/25		AN	
2420F Referring Provider Name	500	NM1	NM106		Name Prefix	1/10		AN	
2420F Referring Provider Name	500	NM1	NM107	S	Name Suffix	1/10		AN	
2420F Referring Provider Name	500	NM1	NM108	S	Identification Code Qualifier	1/2		ID	
					XX - Health Care Financing Administration National Provider Identifier				
2420F Referring Provider Name	500	NM1	NM109	S	Identification code	2/80		AN	
2420F Referring Provider Name	500	NM1	NM110		Entity Relationship Code	2/2		ID	
2420F Referring Provider Name	500	NM1	NM111		Entity Identifier Code	2/3		ID	
2420F Referring Provider Name	500	NM1	NM112		Name Last or Organization Name	1/60		AN	
2420F Referring Provider Name		REF		S	Referring Provider Secondary Identification		20		
2420F Referring Provider Name	525	REF	REF01	R	Reference Identification Qualifier	2/3		ID	
					0B - State License Number				
					1G - Provider UPIN Number				
					G2 - Provider Commercial Number				
2420F Referring Provider Name	525	REF	REF02	R	Reference Identification	1/50		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420F Referring Provider Name		REF	REF03		Description	1/80		AN	
2420F Referring Provider Name		REF	REF04	S	Reference Identifier				
2420F Referring Provider Name		REF	REF04-1	R	Reference Identifier Qualifier	2-3		ID	
2420F Referring Provider Name					2U - Payer Identification Number				
2420F Referring Provider Name		REF	REF04-2	R	Other Payer Primary Identifier	1/50		AN	
2420F Referring Provider Name	470	REF	REF04-3		Reference Identification Qualifier	2/3		ID	
2420F Referring Provider Name	470	REF	REF04-4		Reference Identification	1/50		AN	
2420F Referring Provider Name	470	REF	REF04-5		Reference Identification Qualifier	2/3		ID	
2420F Referring Provider Name	470	REF	REF04-6		Reference Identification	1/50		AN	
2420G - Ambulance Pick Up Location					Ambulance Pick Up Location				
2420G - Ambulance Pick Up Location		NM1		S	Ambulance Pick Up Location		1		
2420G - Ambulance Pick Up Location		NM1	NM101	R	Entity Identifier Code	2/3		ID	
					PW - Pick Up Address				
2420G - Ambulance Pick Up Location		NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					2 - Non Person Entity				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420G - Ambulance Pick Up Location		NM1	NM103		Name Last or Organization Name	1/60		AN	
2420G - Ambulance Pick Up Location		NM1	NM104		Name First	1/35		AN	
2420G - Ambulance Pick Up Location		NM1	NM105		Name Middle	1/25		AN	
2420G - Ambulance Pick Up Location		NM1	NM106		Name Prefix	1/10		AN	
2420G - Ambulance Pick Up Location		NM1	NM107		Name Suffix	1/10		AN	
2420G - Ambulance Pick Up Location		NM1	NM108		Identification Code Qualifier	1/2		ID	
2420G - Ambulance Pick Up Location		NM1	NM109		Identification Code	2/80		AN	
2420G - Ambulance Pick Up Location		NM1	NM110		Entity Relationship Code	2/2		ID	
2420G - Ambulance Pick Up Location		NM1	NM111		Entity Identifier Code	2/3		ID	
2420G - Ambulance Pick Up Location		NM1	NM112		Name Last or Organization Name	1/60		AN	
2420G - Ambulance Pick Up Location		N3		S	Ambulance Pick Up Location Address		1		

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420G - Ambulance Pick Up Location		N3	N301	R	Ambulance Pick Up Address Line	1/55		AN	
2420G - Ambulance Pick Up Location		N3	N302	S	Ambulance Pick Up Address Line	1/55		AN	
2420G - Ambulance Pick Up Location		N4		S	Ambulance Pick Up City/State/Zip		1		
2420G - Ambulance Pick Up Location		N4	N401	R	Ambulance Pick Up City Name	2/30		AN	
2420G - Ambulance Pick Up Location		N4	N402	S	Ambulance Pick Up State	2/2		ID	
2420G - Ambulance Pick Up Location		N4	N403	S	Ambulance Pick Up Zip Code	3/15		ID	
2420G - Ambulance Pick Up Location		N4	N404	S	Ambulance Pick Up Country Code	2/3		ID	
2420G - Ambulance Pick Up Location		N4	N405		Location Qualifier	1/2		ID	
2420G - Ambulance Pick Up Location		N4	N406		Location Identifier	1/30		AN	
2420G - Ambulance Pick Up Location		N4	N407	S	Country Subdivision Code	1/3		ID	
2420H - Ambulance Drop Off Location					Ambulance Drop Off Location				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420H - Ambulance Drop Off Location		NM1		S	Ambulance Drop Off Location		1		
2420H - Ambulance Drop Off Location		NM1	NM101	R	Entity Identifier Code	2/3		ID	
					45 - Drop Off Location				
2420H - Ambulance Drop Off Location		NM1	NM102	R	Entity Type Qualifier	1/1		ID	
					2 - Non Person Entity				
2420H - Ambulance Drop Off Location		NM1	NM103	S	Ambulance Drop Off Location	1/60		AN	
2420H - Ambulance Drop Off Location		NM1	NM103		Name Last or Organization Name	1/60		AN	
2420H - Ambulance Drop Off Location		NM1	NM104		Name First	1/35		AN	
2420H - Ambulance Drop Off Location		NM1	NM105		Name Middle	1/25		AN	
2420H - Ambulance Drop Off Location		NM1	NM106		Name Prefix	1/10		AN	
2420H - Ambulance Drop Off Location		NM1	NM107		Name Suffix	1/10		AN	
2420H - Ambulance Drop Off Location		NM1	NM108		Identification Code Qualifier	1/2		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420H - Ambulance Drop Off Location		NM1	NM109		Identification Code	2/80		AN	
2420H - Ambulance Drop Off Location		NM1	NM110		Entity Relationship Code	2/2		ID	
2420H - Ambulance Drop Off Location		NM1	NM111		Entity Identifier Code	2/3		ID	
2420H - Ambulance Drop Off Location		NM1	NM112		Name Last or Organization Name	1/60		AN	
2420H - Ambulance Drop Off Location		N3		S	Ambulance Drop Off Location Address		1		
2420H - Ambulance Drop Off Location		N3	N301	R	Ambulance Drop Off Address Line	1/55		AN	
2420H - Ambulance Drop Off Location		N3	N302	S	Ambulance Drop Off Address Line	1/55		AN	
2420H - Ambulance Drop Off Location		N4		S	Ambulance Drop Off City/State/Zip		1		
2420H - Ambulance Drop Off Location		N4	N401	R	City Name	2/30		AN	
2420H - Ambulance Drop Off Location		N4	N402	S	State or Province Code	2/2		ID	
2420H - Ambulance Drop Off Location		N4	N403	S	Postal Code	3/15		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2420H - Ambulance Drop Off Location		N4	N404	S	Country Code	2/3		ID	
2420H - Ambulance Drop Off Location		N4	N405		Location Qualifier	1/2		ID	
2420H - Ambulance Drop Off Location		N4	N406		Location Identifier	1/30		AN	
2420H - Ambulance Drop Off Location		N4	N407	S	Country Subdivision Code	1/3		ID	
2430 Line Adjudication Information				S	Line Adjudication Information		15		
2430 Line Adjudication Information	540	SVD		S	Line Adjudication Information		1		IF FB1.23.0 is> greater than spaces create this loop
2430 Line Adjudication Information	540	SVD	SVD01	R	Identification Code	2/80		AN	MAR
2430 Line Adjudication Information	540	SVD	SVD02	R	Monetary Amount	1/18		R	MAR
2430 Line Adjudication Information	540	SVD	SVD03	R	Composite Medical Procedure Identifier				
2430 Line Adjudication Information	540	SVD	SVD03-1	R	Product/Service ID Qualifier	2/2		ID	HC - Default
					ER - Jurisdiction Specific Procedure and Supply Codes				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
					HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes				
					IV - Home Infusion EDI Coalition (HIEC) Product/Service Code				
					WK - Advanced Billing Concepts (ABC) Codes				
2430 Line Adjudication Information	540	SVD	SVD03-2	R	Product/Service ID	1/48		AN	MAR
2430 Line Adjudication Information	540	SVD	SVD03-3	S	Procedure Modifier	2/2		AN	
2430 Line Adjudication Information	540	SVD	SVD03-4	S	Procedure Modifier	2/2		AN	
2430 Line Adjudication Information	540	SVD	SVD03-5	S	Procedure Modifier	2/2		AN	
2430 Line Adjudication Information	540	SVD	SVD03-6	S	Procedure Modifier	2/2		AN	
2430 Line Adjudication Information	540	SVD	SVD03-7	S	Description	1/80		AN	
2430 Line Adjudication Information	234	SVD	SVD03-8		Product/Service ID				
2430 Line Adjudication Information	540	SVD	SVD04		Product/Service ID	1/48		AN	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2430 Line Adjudication Information	540	SVD	SVD05	R	Quantity	1/15	1	R	MAR
2430 Line Adjudication Information	540	SVD	SVD06	S	Assigned Number	1/6	1	NO	
2430 Line Adjudication Information		CAS		S	Line Adjustment		5		
2430 Line Adjudication Information	545	CAS	CAS01	R	Claim Adjustment Group Code	1/2		ID	CO - Default
					CO - Contractual Obligations				
					CR - Correction and Reversals				
					OA - Other Adjustments				
					PI - Payor Initiated Reductions				
					PR - Patient Responsibility				
2430 Line Adjudication Information	545	CAS	CAS02	R	Claim Adjustment Reason Code	1/5		ID	MAR
2430 Line Adjudication Information	545	CAS	CAS03	R	Monetary Amount	1/18		R	MAR
2430 Line Adjudication Information	545	CAS	CAS04	S	Quantity	1/15		R	
2430 Line Adjudication Information	545	CAS	CAS05	S	Claim Adjustment Reason Code	1/5		ID	
2430 Line Adjudication Information	545	CAS	CAS06	S	Monetary Amount	1/18		R	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2430 Line Adjudication Information	545	CAS	CAS07	S	Quantity	1/15		R	
2430 Line Adjudication Information	545	CAS	CAS08	S	Claim Adjustment Reason Code	1/5		ID	
2430 Line Adjudication Information	545	CAS	CAS09	S	Monetary Amount	1/18		R	
2430 Line Adjudication Information	545	CAS	CAS10	S	Quantity	1/15		R	
2430 Line Adjudication Information	545	CAS	CAS11	S	Claim Adjustment Reason Code	1/5		ID	
2430 Line Adjudication Information	545	CAS	CAS12	S	Monetary Amount	1/18		R	
2430 Line Adjudication Information	545	CAS	CAS13	S	Quantity	1/15		R	
2430 Line Adjudication Information	545	CAS	CAS14	S	Claim Adjustment Reason Code	1/5		ID	
2430 Line Adjudication Information	545	CAS	CAS15	S	Monetary Amount	1/18		R	
2430 Line Adjudication Information	545	CAS	CAS16	S	Quantity	1/15		R	
2430 Line Adjudication Information	545	CAS	CAS17	S	Claim Adjustment Reason Code	1/5		ID	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2430 Line Adjudication Information	545	CAS	CAS18	S	Monetary Amount	1/18		R	
2430 Line Adjudication Information	545	CAS	CAS19	S	Quantity	1/15		R	
2430 Line Adjudication Information		DTP		R	Line Check or Remittance Date		1		
2430 Line Adjudication Information	550	DTP	DTP01	R	Date/Time Qualifier	3/3		ID	
					573 - Date Claim Paid				573 - Default
2430 Line Adjudication Information	550	DTP	DTP02	R	Date Time Period Format Qualifier	2/3		ID	D8 - Default
					D8 - Date Expressed in Format CCYYMMDD				
2430 Line Adjudication Information			DTP03	R	Date Time Period	1/35		AN	MAR
2430 Line Adjudication Information		AMT		S	Remaining Patient Liability		1		New in 5010
2430 Line Adjudication Information		AMT	AMT01	R	Amount Qualifier Code	1/3		ID	
					EAF - Amount Owed				
2430 Line Adjudication Information		AMT	AMT02	R	Remaining Patient Liability	1/18		R	

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2430 Line Adjudication Information		AMT	AMT03		Credit/Debit Flag Code	1/1		ID	
2440 Form Identification Code				S	Form Identification Code		>1		
2440 Form Identification Code	551	LQ		S	Form Identification Code		1		
2440 Form Identification Code	551	LQ	LQ01	R	Code List Qualifier Code	1/3		ID	
					AS - Form Type Code				
					UT - Health Care Financing Administration (HCFA) Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN) Forms				
2440 Form Identification Code	551	LQ	LQ02	R	Industry Code	1/30		AN	
2440 Form Identification Code		FRM		R	Supporting Documentation		99		
2440 Form Identification Code	552	FRM	FRM01	R	Assigned Identification	1/20		AN	
2440 Form Identification Code	552	FRM	FRM02	S	Yes/No Condition or Response Code	1/1		ID	
					N - No				
					W - Not Applicable				
					Y - Yes				

X12 Loop ID	X12 Pos. #	X12 Segment ID	X12 Element Name	Usage	X12 Description	X12 (Min/Max)	Occ	X12 Type	BUSINESS RULE
2440 Form Identification Code	552	FRM	FRM03	S	Reference Identification	1/50		AN	
2440 Form Identification Code	552	FRM	FRM04	S	Date	8/8		DT	
2440 Form Identification Code	552	FRM	FRM05	S	Percent, Decimal Format	1/6		R	
Transaction Set Trailer		SE		R	Transaction Set Trailer		1		
Transaction Set Trailer	555	SE	SE01	R	Number of Included Segments	1/10		N0	WTX Generated
Transaction Set Trailer	555	SE	SE02	R	Transaction Set Control Number	4/9		AN	WTX Generated
Functional Group Trailer		GE		R	Functional Group Trailer		1		
	97	GE	GE01	R	Number of Transaction Sets Included	1/6		N0	WTX Generated
	28	GE	GE02	R	Group Control Number	1/9		N0	WTX Generated
Interchange Control Trailer		IEA		R	Interchange Control Trailer		1		
	116	IEA	IEA01		Number of included functional groups	1/5		N0	WTX Generated
	112	IEA	IEA02		Interchange Control Number	1/9		N0	WTX Generated