NUCC
Data Set

JANUARY 2009

VERSION 2.1
BASED ON ASC X12N 004010X098A1
The NUCC Data Set includes data elements, identifiers, descriptions and codes from the X12 837 Health Care Claim: Professional Implementation Guide, copyright 2008 Data Interchange Standards Association, on behalf of the Accredited Standards Committee X12. Applicable FARS/DFARS restrictions apply.


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<td>Amounts/Pricing</td>
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### Selected Coordination of Benefits Information

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<td>Amounts/Pricing</td>
<td>136</td>
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<td>Services Rendered - COB</td>
<td>141</td>
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</tbody>
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### Appendix B

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Introduction

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

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

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

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

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

The end product of the NUCC efforts is one standard data set, with complete and unambiguous data definitions, for use in an electronic environment, but applicable to and consistent with evolving paper claim form standards. This NUCC-DS serves as a companion document to the American National Standards Institute Accredited Standards Committee Electronic Data Interchange Insurance Subcommittee (ANSI ASC X12N) Health Care Claim 837 Professional Implementation Guide.
The NUCC was created to develop a standardized data set for use by the professional health care community to transmit claim and encounter information to and from all third-party payers. It is chaired by the American Medical Association (AMA), with the Centers for Medicare & Medicaid Services (CMS) as a critical partner. The NUCC is a diverse group of health care industry stakeholders representing providers, payers, designated standards maintenance organizations, public health organizations, and vendors.

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

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

The following organizations serve on the NUCC as voting members:

- American Medical Association - provider
- American Academy of Physician Assistants (Non-Physician Provider) - provider
- American Association of Homecare - provider
- Medical Group Management Association - provider
- State Medical Association - provider
- Veterans Health Administration - provider
Alliance for Managed Care - payer
America's Health Insurance Plans - payer
Blue Cross Blue Shield Association - payer
Centers for Medicare and Medicaid Services - Medicaid - payer
Centers for Medicare and Medicaid Services - Medicare - payer
National Association of State Medicaid Directors - payer
ANSI ASC X12 Insurance Subcommittee - designated standards maintenance organization
Dental Content Committee - designated standards maintenance organization
Health Level Seven - designated standards maintenance organization
National Council for Prescription Drug Programs - designated standards maintenance organization
National Uniform Billing Committee - designated standards maintenance organization
Public Health/Public Health Services Research - state perspective
Public Health/Public Health Services Research - federal perspective
Health Information Management Systems Society Association for Electronic Health Care Transactions - vendor
The NUCC was formally organized in May 1995. It is designed to parallel the NUBC, but for the professional health care community. The NUCC replaces the Uniform Claim Form Task Force, which was co-chaired by the AMA and CMS (formerly HCFA) and resulted in the development of the 1500 claim form, formerly called the CMS or HCFA 1500, a single paper claim form designed for use by all third-party payers. The NUCC continues to be responsible for the maintenance of the 1500 claim form. With the increasingly rapid transition of the health care community to EDI and the proliferation of data element definitions among various payers, it was essential that an organization such as the NUCC be established to maintain uniformity and standardization in these areas.

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

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

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

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

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

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

Example Key 1

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Subscriber Last Name</td>
</tr>
<tr>
<td>2</td>
<td>The surname of the insured individual or subscriber to the coverage.</td>
</tr>
<tr>
<td>3</td>
<td>1500</td>
</tr>
<tr>
<td>4</td>
<td>Usage</td>
</tr>
<tr>
<td>5</td>
<td>Level</td>
</tr>
<tr>
<td>7</td>
<td>Key</td>
</tr>
<tr>
<td>8</td>
<td>Datatype</td>
</tr>
<tr>
<td>9</td>
<td>Min/Max</td>
</tr>
<tr>
<td>11</td>
<td>Pairing</td>
</tr>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
### Example Key 2

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

1. **NAME**  
ASC X12N Data Element Industry Name

2. **Definition**  
ASC X12N Health Care Data Element Dictionary Definition  
Information in the parentheses identifies the Item Number's section.

3. **1500 Form Cross Reference**  
Cross Reference to the professional form block number

4. **Usage**
   - **R Required**  
     Provider must supply data element on every claim, payor must accept data element.
   - **RIA Required if applicable**  
     Conditional on a specific situation such as an accident. For example if an automobile accident situation exists the electronic transaction Related Causes Information data elements are required, including the State or Province Code to identify the state in which the automobile accident occurred.
   - **NRU Not required unless**  
     specified under contract between provider and payor or repricer, or under state or federal legislation or regulation.
5. Level
Level (Claim or Service Line)

6. Notes
ASC X12N Implementation Guide Notes

7. Key
ASC X12N Locator Key Format:
Loop ID | Segment IDReference Designator | Data Element Number

Or the following for composite data elements:

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

Example
2300 | HI02 | C022-01 | 1270

8. Datatype
ASC X12 Datatype
   AN String (Alphanumeric)
   ID Identifier
   N0 Numeric with zero decimal positions
   R Decimal
   DT Date
   TM Time

9. Min/Max
Minimum required length of data to be submitted electronically / Maximum length of data that can be submitted electronically

10. Codes
Valid code values for this data element

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

Information about the individual who is the subscriber or policy holder. In general, information about the insured is supplied by the patient to the provider and is usually on file.
### Insured Identification
Free form text, codes, assigned numbers, and dates that uniquely identify the insured individual.

#### Subscriber Last Name
The surname of the insured individual or subscriber to the coverage.

<table>
<thead>
<tr>
<th>1500</th>
<th>4 - Insured's Name (Last Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usage</td>
<td>R</td>
</tr>
<tr>
<td>Level</td>
<td>Claim</td>
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<tr>
<td>Key</td>
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<tr>
<td>Pairing</td>
<td>2010BA</td>
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<tr>
<td></td>
<td>2010BA</td>
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</tbody>
</table>

#### Subscriber First Name
The first name of the insured individual or subscriber to the coverage.

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<th>4 - Insured's Name (First Name)</th>
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<td>Usage</td>
<td>RIA</td>
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<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Note</td>
<td>Required if NM102=1 (person).</td>
</tr>
<tr>
<td>Key</td>
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</table>

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</thead>
<tbody>
<tr>
<td>Min/Max</td>
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</table>

#### Subscriber Middle Name
The middle name of the subscriber to the indicated coverage or policy.

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<tr>
<td>Level</td>
<td>Claim</td>
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<tr>
<td>Note</td>
<td>Required if NM102=1 and the middle name/initial of the person is known.</td>
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<table>
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<tbody>
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<td>Min/Max</td>
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</tbody>
</table>

#### Subscriber Name Suffix
Suffix of the insured individual or subscriber to the coverage.

<table>
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<th>1500</th>
<th>4 - Insured's Name (Last Name)</th>
</tr>
</thead>
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<td>Usage</td>
<td>RIA</td>
</tr>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Note</td>
<td>Required if known. 2 Examples: I, II, III, IV, Jr, Sr</td>
</tr>
<tr>
<td>Key</td>
<td>2010BA</td>
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</table>

<table>
<thead>
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<th>Datatype</th>
<th>AN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min/Max</td>
<td>1/10</td>
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</table>
Subscriber Address Line
Address line of the current mailing address of the insured individual or subscriber to the coverage.
1500 7 - Insured's Address (No., Street)
Usage RIA
Level Claim
Key 2010BA | N301 | - | 166
Datatype AN
Min/Max 1/55

Subscriber City Name
The city name of the insured individual or subscriber to the coverage.
1500 7 - Insured's Address (City)
Usage RIA
Level Claim
Key 2010BA | N401 | - | 19
Datatype AN
Min/Max 2/30

Subscriber State Code
The State Postal Code of the insured individual or subscriber to the coverage.
1500 7 - Insured's Address (State)
Usage RIA
Level Claim
Key 2010BA | N402 | - | 156
Datatype ID
Min/Max 2/2

Subscriber Postal Zone or ZIP Code
The ZIP Code of the insured individual or subscriber to the coverage.
1500 7 - Insured's Address (Zip Code)
Usage RIA
Level Claim
Key 2010BA | N403 | - | 116
Datatype ID
Min/Max 3/15
Country Code
Code indicating the geographic location.
Usage RIA
Level Claim
Note 1 Required if the address is out of the U.S.
Key 2010BA | N404 | - | 26
Datatype ID
Min/Max 2/3

Subscriber Birth Date
The date of birth of the subscriber to the indicated coverage or policy.
Usage RIA
Level Claim
Key 2010BA | DMG02 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2010BA | DMG01 | - | 1250 | Date Time Period Format Qualifier

Subscriber Gender Code
Code indicating the sex of the subscriber to the indicated coverage or policy.
Usage RIA
Level Claim
Key 2010BA | DMG03 | - | 1068
Datatype ID
Min/Max 1/1
Codes F - Female
M - Male
U - Unknown

Subscriber Primary Identifier
Primary identification number of the subscriber to the coverage.
Usage RIA
Level Claim
Note 1 Required if the Subscriber is the patient. If the subscriber is not the patient, use if known. An identifier must be present in either the subscriber or the patient loop.
Key 2010BA | NM109 | - | 67
Datatype AN
Min/Max 2/80
Pairing 2010BA | NM108 | - | 66 | Identification Code Qualifier
Insured Group or Policy Number

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

1500 11 - Insured Policy Group or FECA Number
Usage RIA
Level Claim
Note 1 Required if the subscriber's payer identification includes Group or Plan Number. This data element is intended to carry the subscriber's Group Number, not the number that uniquely identifies the subscriber (Subscriber ID, Loop 2010BA-NM109).
Key 2000B | SBR03 | - | 127
Datatype AN
Min/Max 1/30

Insured Group Name

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

Usage RIA
Level Claim
Note 1 Required if the subscriber's payer identification includes a Group or Plan Name.
Key 2000B | SBR04 | - | 93
Datatype AN
Min/Max 1/60

Individual Relationship Code

Code indicating the relationship between two individuals or entities.

1500 6 - Patient Relationship to Insured
Usage RIA
Level Claim
Note 1 Required when the subscriber is the same person as the patient. If the subscriber is not the same person as the patient, do not use this element.
Key 2000B | SBR02 | - | 1069
Datatype ID
Min/Max 2/2
Codes 18 - Self
Insurance Type Code

Code identifying the type of insurance.

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

Insured Individual Death Date

Date of death for subscriber or dependent.

Usage  RIA  
Level   Claim  
Note 1 Required if patient is known to be deceased and the date of death is available to the provider billing system.  
Key  2000B | PAT06 | - | 1251  
Datatype AN  
Min/Max  1/35  
Pairing  2000B | PAT05 | - | 1250 | Date Time Period Format Qualifier

Subscriber Supplemental Identifier

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

Usage  RIA  
Level   Claim  
Key  2010BA | REF02 | - | 127  
Datatype AN  
Min/Max  1/30  
Pairing  2010BA | REF01 | - | 128 | Reference Identification Qualifier
Payer Responsibility Sequence Number Code

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

Usage R
Level Claim
Key 2000B | SBR01 | - | 1138
Datatype ID
Min/Max 1/1
Codes P - Primary
S - Secondary
T - Tertiary

Claim Filing Indicator Code

Code identifying type of claim or expected adjudication process.

1500 1 - Type of health insurance coverage applicable to claim

Usage RIA
Level Claim
Note 1 Required prior to mandated use of PlanID. Not used after PlanID is mandated.
Key 2000B | SBR09 | - | 1032
Datatype ID
Min/Max 1/2
Codes 09 - Self-pay
10 - Central Certification
11 - Other Non-Federal Programs
12 - Preferred Provider Organization (PPO)
13 - Point of Service (POS)
14 - Exclusive Provider Organization (EPO)
15 - Indemnity Insurance
16 - Health Maintenance Organization (HMO) Medicare Risk
AM - Automobile Medical
BL - Blue Cross/Blue Shield
CH - Champus
CI - Commercial Insurance Co.
DS - Disability
HM - Health Maintenance Organization
LI - Liability
LM - Liability Medical
MB - Medicare Part B
MC - Medicaid
OF - Other Federal Program
TV - Title V
VA - Veteran Administration Plan
WC - Workers' Compensation Health Claim
ZZ - Mutually Defined
Property Casualty Claim Number

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

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Key</td>
<td>2010BA</td>
</tr>
<tr>
<td>Datatype</td>
<td>AN</td>
</tr>
<tr>
<td>Min/Max</td>
<td>1/30</td>
</tr>
<tr>
<td>Pairing</td>
<td>2010BA</td>
</tr>
</tbody>
</table>
Information about the individual to whom the services were provided. In general, patient information is supplied by the patient to the provider. Information that is not pertinent to the patient's current condition is usually on file.
Patient Identification
Free form text, codes, assigned numbers, and dates that uniquely identify the patient.

Individual Relationship Code
Code indicating the relationship between two individuals or entities.

<table>
<thead>
<tr>
<th>Usage</th>
<th>Level</th>
<th>Key</th>
<th>Datatype</th>
<th>Min/Max</th>
<th>Codes</th>
</tr>
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<tbody>
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<td>RIA</td>
<td>Claim</td>
<td>2000C</td>
<td>PAT01</td>
<td>-</td>
<td>1069</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>Spouse</td>
</tr>
<tr>
<td>04</td>
<td>Grandfather or Grandmother</td>
</tr>
<tr>
<td>05</td>
<td>Grandson or Granddaughter</td>
</tr>
<tr>
<td>07</td>
<td>Nephew or Niece</td>
</tr>
<tr>
<td>09</td>
<td>Adopted Child</td>
</tr>
<tr>
<td>10</td>
<td>Foster Child</td>
</tr>
<tr>
<td>15</td>
<td>Ward</td>
</tr>
<tr>
<td>17</td>
<td>Stepson or Stepdaughter</td>
</tr>
<tr>
<td>19</td>
<td>Child</td>
</tr>
<tr>
<td>20</td>
<td>Employee</td>
</tr>
<tr>
<td>21</td>
<td>Unknown</td>
</tr>
<tr>
<td>22</td>
<td>Handicapped Dependent</td>
</tr>
<tr>
<td>23</td>
<td>Sponsored Dependent</td>
</tr>
<tr>
<td>24</td>
<td>Dependent of a Minor Dependent</td>
</tr>
<tr>
<td>29</td>
<td>Significant Other</td>
</tr>
<tr>
<td>32</td>
<td>Mother</td>
</tr>
<tr>
<td>33</td>
<td>Father</td>
</tr>
<tr>
<td>34</td>
<td>Other Adult</td>
</tr>
<tr>
<td>36</td>
<td>Emancipated Minor</td>
</tr>
<tr>
<td>39</td>
<td>Organ Donor</td>
</tr>
<tr>
<td>40</td>
<td>Cadaver Donor</td>
</tr>
<tr>
<td>41</td>
<td>Injured Plaintiff</td>
</tr>
<tr>
<td>43</td>
<td>Child Where Insured Has No Financial Responsibility</td>
</tr>
<tr>
<td>53</td>
<td>Life Partner</td>
</tr>
<tr>
<td>G8</td>
<td>Other Relationship</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Usage</th>
<th>Level</th>
<th>Key</th>
<th>Datatype</th>
<th>Min/Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIA</td>
<td>Claim</td>
<td>2010CA or 2010BA</td>
<td>NM103</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Datatype</th>
<th>Min/Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>AN</td>
<td>1/35</td>
</tr>
</tbody>
</table>
Patient First Name
The first name of the individual to whom the services were provided.
1500 2 - Patient's Name (First Name)
Usage RIA
Level Claim
Key 2010CA or 2010BA | NM104 | - | 1036
Datatype AN
Min/Max 1/25

Patient Middle Name
The middle name of the individual to whom the services were provided.
1500 2 - Patient's Name (Middle Initial)
Usage RIA
Level Claim
Note 1 Required if NM102=1 and the middle name/initial of the person is known.
Key 2010CA or 2010BA | NM105 | - | 1037
Datatype AN
Min/Max 1/25

Patient Name Suffix
Suffix to the name of the individual to whom the services were provided.
1500 2 - Patient's Name (Last Name)
Usage RIA
Level Claim
Note 1 Required if known.
Key 2010CA or 2010BA | NM107 | - | 1039
Datatype AN
Min/Max 1/10

Patient Address Line
Address line of the street mailing address of the patient.
1500 5 - Patient's Address (No., Street)
Usage RIA
Level Claim
Key 2010CA | N301 | - | 166
Datatype AN
Min/Max 1/55

Patient Address Line
Address line of the street mailing address of the patient.
Usage RIA
Level Claim
Note 1 Required if a second address line exists.
Key 2010CA | N302 | - | 166
Datatype AN
Min/Max 1/55
Patient City Name

The city name of the patient.

1500 5 - Patient's Address (City)
Usage RIA
Level Claim
Key 2010CA | N401 | - | 19
Datatype AN
Min/Max 2/30

Patient State Code

The State Postal Code of the patient.

1500 5 - Patient's Address (State)
Usage RIA
Level Claim
Key 2010CA | N402 | - | 156
Datatype ID
Min/Max 2/2

Patient Postal Zone or ZIP Code

The ZIP Code of the patient.

1500 5 - Patient's Address (Zip Code)
Usage RIA
Level Claim
Key 2010CA | N403 | - | 116
Datatype ID
Min/Max 3/15

Country Code

Code indicating the geographic location.

Usage RIA
Level Claim
Note 1 Required if the address is out of the U.S.
Key 2010CA | N404 | - | 26
Datatype ID
Min/Max 2/3

Patient Birth Date

Date of birth of the patient.

1500 3 - Patient's Birth Date, Sex (Birth Date)
Usage RIA
Level Claim
Key 2010CA or 2010BA | DMG02 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2010CA | DMG01 | - | 1250 | Date Time Period Format Qualifier
### Patient Death Date

Date of the patient's death.

**Usage:** RIA

**Level:** Claim

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

**Key**
2000C | PAT06 | - | 1251

**Datatype:** AN

**Min/Max:** 1/35

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

### Patient Weight

Weight of the patient at time of treatment or transport.

**Usage:** RIA

**Level:** Claim

**Note 1**
Required on:
1) claims/encounters involving EPO (epoetin) for patients on dialysis.
2) Medicare Durable Medical Equipment Regional Carriers certificate of medical necessity (DMERC CMN) 02.03 and 10.02.

**Key**
2000C | PAT08 | - | 81

**Datatype:** R

**Min/Max:** 1/10

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

### Patient Gender Code

A code indicating the sex of the patient.

**Usage:** RIA

**Level:** Claim

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

**Datatype:** ID

**Min/Max:** 1/1

**Codes**
F - Female
M - Male
U - Unknown

### Patient Primary Identifier

Identifier assigned by the payer to identify the patient.

**Usage:** RIA

**Level:** Claim

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

**Key**
2010CA | NM109 | - | 67

**Datatype:** AN

**Min/Max:** 2/80

**Pairing**
2010CA | NM108 | - | 66 | Identification Code Qualifier
## Patient Secondary Identifier

Additional identifier assigned to the patient by the payer.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Key</td>
<td>2010CA</td>
</tr>
<tr>
<td>Datatype</td>
<td>AN</td>
</tr>
<tr>
<td>Min/Max</td>
<td>1/30</td>
</tr>
<tr>
<td>Pairing</td>
<td>2010CA</td>
</tr>
</tbody>
</table>

## Pregnancy Indicator

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

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Note 1</td>
<td>Required when mandated by law. The determination of pregnancy should be completed in compliance with applicable law. The Y code indicates that the patient is pregnant. If PAT09 is not used it means the patient is not pregnant.</td>
</tr>
<tr>
<td>Key</td>
<td>2000C</td>
</tr>
<tr>
<td>Datatype</td>
<td>ID</td>
</tr>
<tr>
<td>Min/Max</td>
<td>1/1</td>
</tr>
<tr>
<td>Codes</td>
<td>Y - Yes</td>
</tr>
</tbody>
</table>

## Patient Weight

Weight of the patient at time of treatment or transport.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Note 1</td>
<td>Required on: 1) claims/encounters involving EPO (epoetin) for patients on dialysis. 2) Medicare Durable Medical Equipment Regional Carriers certificate of medical necessity (DMERC CMN) 02.03 and 10.02.</td>
</tr>
<tr>
<td>Key</td>
<td>2000B</td>
</tr>
<tr>
<td>Datatype</td>
<td>R</td>
</tr>
<tr>
<td>Min/Max</td>
<td>1/10</td>
</tr>
<tr>
<td>Pairing</td>
<td>2000B</td>
</tr>
</tbody>
</table>

## Pregnancy Indicator

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

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Note 1</td>
<td>Required when mandated by law. The determination of pregnancy should be completed in compliance with applicable law. The Y code indicates that the patient is pregnant. If PAT09 is not used it means the patient is not pregnant.</td>
</tr>
<tr>
<td>Key</td>
<td>2000B</td>
</tr>
<tr>
<td>Datatype</td>
<td>ID</td>
</tr>
<tr>
<td>Min/Max</td>
<td>1/1</td>
</tr>
<tr>
<td>Codes</td>
<td>Y - Yes</td>
</tr>
</tbody>
</table>
### Patient Account Number

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

<table>
<thead>
<tr>
<th>1500</th>
<th>26  - Patient's Account No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usage</td>
<td>R</td>
</tr>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
</tbody>
</table>

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

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

### Release of Information Code

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

<table>
<thead>
<tr>
<th>1500</th>
<th>12  - Patient's or Authorized Person's Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usage</td>
<td>R</td>
</tr>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
</tbody>
</table>

**Key**
2300 | CLM09 | - | 1363

**Datatype** AN

**Min/Max** 1/38

**Codes**

- **A** - Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization
- **I** - Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes
- **M** - The Provider has Limited or Restricted Ability to Release Data Related to a Claim
- **N** - No, Provider is Not Allowed to Release Data
- **O** - On file at Payor or at Plan Sponsor
- **Y** - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
Patient Signature Source Code

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

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Note 1</td>
<td></td>
</tr>
</tbody>
</table>
CLM10 is required except in cases where code "N" is used in CLM09. |
| Key | 2300 | CLM10 | - | - | 1351 |
| Datatype | ID |
| Min/Max | 1/1 |
| Codes | B - Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file |
| | C - Signed HCFA-1500 Claim Form on file |
| | M - Signed signature authorization form for HCFA-1500 Claim Form block 13 on file |
| | P - Signature generated by provider because the patient was not physically present for services |
| | S - Signed signature authorization form for HCFA-1500 Claim Form block 12 on file |

Related-Causes Code

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

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Key</td>
<td>2300</td>
</tr>
<tr>
<td>Datatype</td>
<td>ID</td>
</tr>
<tr>
<td>Min/Max</td>
<td>2/3</td>
</tr>
<tr>
<td>Codes</td>
<td>AA - Auto Accident</td>
</tr>
<tr>
<td></td>
<td>AP - Another Party Responsible</td>
</tr>
<tr>
<td></td>
<td>EM - Employment</td>
</tr>
<tr>
<td></td>
<td>OA - Other Accident</td>
</tr>
</tbody>
</table>

State or Province Code

State or Province where auto accident occurred.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Note 1</td>
<td></td>
</tr>
</tbody>
</table>
Required if CLM11-1, -2, or -3 = AA to identify the state in which the automobile accident occurred. Use state postal code (CA = California, UT = Utah, etc). |
| Key | 2300 | CLM11 | C024-4 | 156 |
| Datatype | ID |
| Min/Max | 2/2 |
**Country Code**

- Code indicating the geographic location.
  
  **Usage** RIA
  
  **Level** Claim
  
  **Note 1** Required if the automobile accident occurred out of the United States to identify the country in which the accident occurred.
  
  **Key** 2300 | CLM11 | C024-5 | 26

**Patient Weight**

- Weight of the patient at time of treatment or transport.

  **Usage** RIA
  
  **Level** Claim
  
  **Note 1** Required if needed to justify extra ambulance services.
  
  **Key** 2300 | CR102 | - | 81

**Patient Condition Code**

- Code indicating the condition of the patient.

  **Usage** RIA
  
  **Level** Service Line
  
  **Key** 2400 | CR208 | - | 1342

**Codes**

- A - Acute Condition
- C - Chronic Condition
- D - Non-acute
- E - Non-Life Threatening
- F - Routine
- G - Symptomatic
- M - Acute Manifestation of a Chronic Condition
Patient Condition Description
Free-form description of the patient's condition.

Usage RIA
Level Service Line
Note 1 Used at discretion of submitter.
Key 2400 | CR210 | - | 352
Datatype AN
Min/Max 1/80
Dates Relating to Patient's Current Condition

Dates concerning the patient's current condition.

Initial Treatment Date

Date that the patient initially sought treatment for this condition.

Usage RIA  
Level Claim  
Key 2300 | DTP03 | - | 1251  
Datatype AN  
Min/Max 1/35  
Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier  
2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Last Seen Date

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

Usage RIA  
Level Claim  
Key 2300 | DTP03 | - | 1251  
Datatype AN  
Min/Max 1/35  
Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier  
2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Onset of Current Illness or Injury Date

Date of onset of indicated patient condition.

Usage 1500  
Level RIA  
Key 2300 | DTP03 | - | 1251  
Datatype AN  
Min/Max 1/35  
Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier  
2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Acute Manifestation Date

Date of acute manifestation of patient's condition.

Usage 1500  
Level RIA  
Key 2300 | DTP03 | - | 1251  
Datatype AN  
Min/Max 1/35  
Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier  
2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier
Similar Illness or Symptom Date

Date of onset of a similar illness or symptom.
1500 15 - If Patient Has Had Same or Similar Illness

Usage RIA
Level Claim
Key 2300 | DTP03 | - | 1251

Datatype AN
Min/Max 1/35
Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier
2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Accident Date

Date of the accident related to charges or to the patient's current condition, diagnosis, or treatment referenced in the transaction.
1500 14 - Date of Current Illness, Injury, Pregnancy

Usage RIA
Level Claim
Key 2300 | DTP03 | - | 1251

Datatype AN
Min/Max 1/35
Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier
2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Last Menstrual Period Date

The date of the last menstrual period (LMP).
1500 14 - Date of Current Illness, Injury, Pregnancy

Usage RIA
Level Claim
Key 2300 | DTP03 | - | 1251

Datatype AN
Min/Max 1/35
Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier
2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Last X-Ray Date

Date patient received last X-Ray.

Usage RIA
Level Claim
Key 2300 | DTP03 | - | 1251

Datatype AN
Min/Max 1/35
Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier
2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier
Prescription Date

The date the prescription was issued by the referring physician.

Usage RIA
Level Claim
Key 2300 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier
         2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Disability From Date

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

1500 16 - Dates patient unable to work in current occupation - From
Usage RIA
Level Claim
Key 2300 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier
         2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Disability To Date

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

1500 16 - Dates patient unable to work in current occupation - To
Usage RIA
Level Claim
Key 2300 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier
         2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Last Worked Date

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

Usage RIA
Level Claim
Key 2300 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier
         2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier
Work Return Date
Date patient was or is able to return to the patient's normal occupation or to a similar or substitute occupation.

Usage RIA
Level Claim
Key 2300 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier
2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

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

1500 18 - Hospitalization dates related to current services - To
Usage RIA
Level Claim
Key 2300 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier
2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Related Hospitalization Admission Date
The date the patient was admitted for inpatient care related to current service.

1500 18 - Hospitalization dates related to current services - From
Usage RIA
Level Claim
Key 2300 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier
2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier

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

Usage RIA
Level Claim
Key 2300 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2300 | DTP01 | - | 374 | Date Time Qualifier
2300 | DTP02 | - | 1250 | Date Time Period Format Qualifier
Responsible Party Identification

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

Responsible Party Last or Organization Name

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

Usage  RIA
Level   Claim
Key     2010BC | NM103 | - | 1035
Datatype AN
Min/Max 1/35
Pairing 2010BC | NM101 | - | 98 | Entity Identifier Code
         2010BC | NM102 | - | 1065 | Entity Type Qualifier

Responsible Party First Name

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

Usage  RIA
Level   Claim
Note 1 Required if NM102=1 (person).
Key     2010BC | NM104 | - | 1036
Datatype AN
Min/Max 1/25

Responsible Party Middle Name

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

Usage  RIA
Level   Claim
Note 1 Required if NM102=1 and the middle name/initial of the person is known.
Key     2010BC | NM105 | - | 1037
Datatype AN
Min/Max 1/25

Responsible Party Suffix Name

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

Usage  RIA
Level   Claim
Note 1 Required if known.
Key     2010BC | NM107 | - | 1039
Datatype AN
Min/Max 1/10
Responsible Party Address Line
Address line of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.
Usage RIA
Level Claim
Key 2010BC | N301 | - | 166
Datatype AN
Min/Max 1/55

Responsible Party Address Line
Address line of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.
Usage RIA
Level Claim
Note 1 Required if a second address line exists.
Key 2010BC | N302 | - | 166
Datatype AN
Min/Max 1/55

Responsible Party City Name
City name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.
Usage RIA
Level Claim
Key 2010BC | N401 | - | 19
Datatype AN
Min/Max 2/30

Responsible Party State Code
State or province of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.
Usage RIA
Level Claim
Key 2010BC | N402 | - | 156
Datatype ID
Min/Max 2/2

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

- Code indicating the geographic location.
  - **Usage**: RIA
  - **Level**: Claim
  - **Note 1**: Required if the address is out of the U.S.
  - **Key**: 2010BC | N404 | - | 26
  - **Datatype**: ID
  - **Min/Max**: 2/3

Credit or Debit Card Holder Last or Organizational Name

- Last name or organization name of the person or entity who has a credit card that could be used as payment for the billed charges.
  - **Usage**: RIA
  - **Level**: Claim
  - **Key**: 2010BD | NM103 | - | 1035
  - **Datatype**: AN
  - **Min/Max**: 1/35
  - **Pairing**: 2010BD | NM101 | - | 98 | Entity Identifier Code
  - 2010BD | NM102 | - | 1065 | Entity Type Qualifier

Credit or Debit Card Holder First Name

- First name of the person or entity who has a credit card that could be used as payment for the billed charges.
  - **Usage**: RIA
  - **Level**: Claim
  - **Note 1**: Required if NM102=1 (person).
  - **Key**: 2010BD | NM104 | - | 1036
  - **Datatype**: AN
  - **Min/Max**: 1/25

Credit or Debit Card Holder Middle Name

- Middle name of the person or entity who has a credit card that could be used as payment for the billed charges.
  - **Usage**: RIA
  - **Level**: Claim
  - **Note 1**: Required if NM102=1 and the middle name/initial of the person is known.
  - **Key**: 2010BD | NM105 | - | 1037
  - **Datatype**: AN
  - **Min/Max**: 1/25

Credit or Debit Card Holder Name Suffix

- Name suffix of the person or entity who has a credit card that could be used as payment for the billed charges.
  - **Usage**: RIA
  - **Level**: Claim
  - **Note 1**: Required if known.
  - **Key**: 2010BD | NM107 | - | 1039
  - **Datatype**: AN
  - **Min/Max**: 1/10
Credit or Debit Card Number
Credit/Debit card number that may be used to pay for billed charges.

Usage  RIA
Level  Claim
Key   2010BD | NM109 | - | 67
Datatype  AN
Min/Max  2/80
Pairing  2010BD | NM108 | - | 66 | Identification Code Qualifier

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

Usage  RIA
Level  Claim
Key   2010BD | REF02 | - | 127
Datatype  AN
Min/Max  1/30
Pairing  2010BD | REF01 | - | 128 | Reference Identification Qualifier
Claim Record Information

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

Property Casualty Claim Number
Identification number for property casualty claim associated with the services identified on the bill.
Usage RIA
Level Claim
Key 2010CA | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2010CA | REF01 | - | 128 | Reference Identification Qualifier

Prior Authorization or Referral Number
A number, code or other value that indicates the services provided on this claim have been authorized by the payee or other service organization, or that a referral for services has been approved.
1500 23 - Prior Authorization Number
Usage RIA
Level Claim
Key 2300 | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

Claim Original Reference Number
Number assigned by a processor to identify a claim.
1500 22 - Medicaid Resubmission and/or Original Reference Number (Original Reference Number)
Usage RIA
Level Claim
Key 2300 | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

Clinical Laboratory Improvement Amendment Number
The CLIA Certificate of Waiver or the CLIA Certificate of Registration Identification Number assigned to the laboratory testing site that rendered the services on this claim.
1500 23 - Prior Authorization Number
Usage RIA
Level Claim
Key 2300 | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier
<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Usage</th>
<th>Level</th>
<th>Note 1</th>
<th>Key</th>
<th>Datatype</th>
<th>Min/Max</th>
<th>Pairing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repriced Claim Reference Number</td>
<td>Identification number, assigned by a repricing organization, to identify the claim.</td>
<td>RIA</td>
<td>Claim</td>
<td></td>
<td>2300</td>
<td>REF02</td>
<td>-</td>
<td>127</td>
</tr>
<tr>
<td>Adjusted Repriced Claim Reference Number</td>
<td>Identification number, assigned by a repricing organization, to identify an adjusted claim.</td>
<td>RIA</td>
<td>Claim</td>
<td></td>
<td>2300</td>
<td>REF02</td>
<td>-</td>
<td>127</td>
</tr>
<tr>
<td>Investigational Device Exemption Identifier</td>
<td>Number or reference identifying exemption assigned to an investigational device referenced in the claim.</td>
<td>RIA</td>
<td>Claim</td>
<td></td>
<td>2300</td>
<td>REF02</td>
<td>-</td>
<td>127</td>
</tr>
<tr>
<td>Clearinghouse Trace Number</td>
<td>Unique tracking number for the transaction assigned by a clearinghouse.</td>
<td>RIA</td>
<td>Claim</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transaction Set Creation Date</td>
<td>Identifies the date the submitter created the transaction.</td>
<td>R</td>
<td>Transaction</td>
<td></td>
<td>1500</td>
<td>31</td>
<td>Signature of Physician or Supplier Including Degrees or Credentials (Date)</td>
<td>D</td>
</tr>
</tbody>
</table>
Claim Record Codes

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

Special Program Indicator

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

Usage RIA
Level Claim
Note 1 Required if the services were rendered under one of the following circumstances/programs/projects.
Key 2300 | CLM12 | - | 1366
Datatype ID
Min/Max 2/3
Codes
01 - Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP)
02 - Physically Handicapped Children's Program
03 - Special Federal Funding
05 - Disability
07 - Induced Abortion - Danger to Life
08 - Induced Abortion - Rape or Incest
09 - Second Opinion or Surgery

Participation Agreement

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

Usage RIA
Level Claim
Note 1 Required if a non-participating (non-par) provider is submitting a participating (par) claim/encounter. Sending the P code indicates that a non-par provider is sending a par claim as allowed under certain plans.
Key 2300 | CLM16 | - | 1360
Datatype ID
Min/Max 1/1
Codes P - Participation Agreement
Delay Reason Code

Code indicating the reason why a request was delayed.

Usage  RIA
Level  Claim

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

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

Key  2300 | CLM20 | - | 1514

Datatype  ID
Min/Max  1/2

Codes  
1 - Proof of Eligibility Unknown or Unavailable
2 - Litigation
3 - Authorization Delays
4 - Delay in Certifying Provider
5 - Delay in Supplying Billing Forms
6 - Delay in Delivery of Custom-made Appliances
7 - Third Party Processing Delay
8 - Delay in Eligibility Determination
9 - Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
10 - Administration Delay in the Prior Approval Process
11 - Other
Attachment Report Type Code

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500</td>
<td>Reserved for Local Use</td>
</tr>
</tbody>
</table>

Usage RIA

<table>
<thead>
<tr>
<th>Level</th>
<th>Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key</td>
<td>2300</td>
</tr>
</tbody>
</table>

Datatype ID

Min/Max 2/2

Codes

- 77 - Support Data for Verification
  - AS - Admission Summary
  - B2 - Prescription
  - B3 - Physician Order
  - B4 - Referral Form
  - CT - Certification
  - DA - Dental Models
  - DG - Diagnostic Report
  - DS - Discharge Summary
  - EB - Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)
  - MT - Models
  - NN - Nursing Notes
  - OB - Operative Note
  - OZ - Support Data for Claim
  - PN - Physical Therapy Notes
  - PO - Prosthetics or Orthotic Certification
  - PZ - Physical Therapy Certification
  - RB - Radiology Films
  - RR - Radiology Reports
  - RT - Report of Tests and Analysis Report

Attachment Transmission Code

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500</td>
<td>Reserved for Local Use</td>
</tr>
</tbody>
</table>

Usage RIA

<table>
<thead>
<tr>
<th>Level</th>
<th>Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key</td>
<td>2300</td>
</tr>
</tbody>
</table>

Datatype ID

Min/Max 1/2

Codes

- AA - Available on Request at Provider Site
  - BM - By Mail
  - EL - Electronically Only
  - EM - E-Mail
  - FX - By Fax
Contract Type Code

Code identifying a contract type.

Usage: RIA
Level: Claim
Key: 2300 | CN101 | - | 1166
Datatype: ID
Min/Max: 2/2
Codes:
- 02 - Per Diem
- 03 - Variable Per Diem
- 04 - Flat
- 05 - Capitated
- 06 - Percent
- 09 - Other

Service Authorization Exception Code

Code identifying the service authorization exception.

Usage: RIA
Level: Claim
Note 1: Allowable values for this element are:
- 1 Immediate/Urgent Care
- 2 Services Rendered in a Retroactive Period
- 3 Emergency Care
- 4 Client as Temporary Medicaid
- 5 Request from County for Second Opinion to Recipient can Work
- 6 Request for Override Pending
- 7 Special Handling
Key: 2300 | REF02 | - | 127
Datatype: AN
Min/Max: 1/30
Pairing: 2300 | REF01 | - | 128 | Reference Identification Qualifier

Medicare Section 4081 Indicator

Code indicating Medicare Section 4081 applies.

Usage: RIA
Level: Claim
Note 1: The allowed values for this element are:
- Y 4081 (NSF Value 1)
- N Regular crossover (NSF Value 2)
Key: 2300 | REF02 | - | 127
Datatype: AN
Min/Max: 1/30
Pairing: 2300 | REF01 | - | 128 | Reference Identification Qualifier
Mammography Certification Number
HCFA assigned Certification Number of the certified mammography screening center.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Key</td>
<td>2300</td>
</tr>
</tbody>
</table>

Datatype AN
Min/Max 1/30
Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

Ambulatory Patient Group Number
Identifier for Ambulatory Patient Group assigned to the claim.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Key</td>
<td>2300</td>
</tr>
</tbody>
</table>

Datatype AN
Min/Max 1/30
Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

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

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Key</td>
<td>2300</td>
</tr>
</tbody>
</table>

Datatype AN
Min/Max 1/30
Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

Demonstration Project Identifier
Identification number for a Medicare demonstration project.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Key</td>
<td>2300</td>
</tr>
</tbody>
</table>

Datatype AN
Min/Max 1/30
Pairing 2300 | REF01 | - | 128 | Reference Identification Qualifier

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

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Key</td>
<td>2300</td>
</tr>
</tbody>
</table>

Datatype AN
Min/Max 1/80
Pairing 2300 | NTE01 | - | 363 | Note Reference Code
Number of Visits

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

Usage RIA
Level Claim
Note 1 Required if the order/prescription for the service contains the data.
Key 2305 | HSD02 | - | 380
Datatype R
Min/Max 1/15
Pairing 2305 | HSD01 | - | 673 | Visits

Frequency Count

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

Usage RIA
Level Claim
Note 1 Required if the order/prescription for the service contains the data.
Key 2305 | HSD04 | - | 1167
Datatype R
Min/Max 1/6
Pairing 2305 | HSD03 | - | 355 | Frequency Period

Duration of Visits, Number of Units

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

Usage RIA
Level Claim
Note 1 Required if the order/prescription for the service contains the data.
Key 2305 | HSD06 | - | 616
Datatype N0
Min/Max 1/3
Pairing 2305 | HSD05 | - | 615 | Duration of Visits Units
Ship, Delivery or Calendar Pattern Code

The time delivery pattern for the services.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Note 1</td>
<td>Required if the order/prescription for the service contains the data.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2305</td>
<td>HSD07</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Datatype</th>
<th>ID</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 1st Week of the Month</td>
<td></td>
</tr>
<tr>
<td>2 - 2nd Week of the Month</td>
<td></td>
</tr>
<tr>
<td>3 - 3rd Week of the Month</td>
<td></td>
</tr>
<tr>
<td>4 - 4th Week of the Month</td>
<td></td>
</tr>
<tr>
<td>5 - 5th Week of the Month</td>
<td></td>
</tr>
<tr>
<td>6 - 1st &amp; 3rd Weeks of the Month</td>
<td></td>
</tr>
<tr>
<td>7 - 2nd &amp; 4th Weeks of the Month</td>
<td></td>
</tr>
<tr>
<td>A - Monday through Friday</td>
<td></td>
</tr>
<tr>
<td>B - Monday through Saturday</td>
<td></td>
</tr>
<tr>
<td>C - Monday through Sunday</td>
<td></td>
</tr>
<tr>
<td>D - Monday</td>
<td></td>
</tr>
<tr>
<td>E - Tuesday</td>
<td></td>
</tr>
<tr>
<td>F - Wednesday</td>
<td></td>
</tr>
<tr>
<td>G - Thursday</td>
<td></td>
</tr>
<tr>
<td>H - Friday</td>
<td></td>
</tr>
<tr>
<td>J - Saturday</td>
<td></td>
</tr>
<tr>
<td>K - Sunday</td>
<td></td>
</tr>
<tr>
<td>L - Monday through Thursday</td>
<td></td>
</tr>
<tr>
<td>N - As Directed</td>
<td></td>
</tr>
<tr>
<td>O - Daily Mon. through Fri.</td>
<td></td>
</tr>
<tr>
<td>S - Once Anytime Mon. through Fri.</td>
<td></td>
</tr>
<tr>
<td>SA - Sunday, Monday, Thursday, Friday, Saturday</td>
<td></td>
</tr>
<tr>
<td>SB - Tuesday through Saturday</td>
<td></td>
</tr>
<tr>
<td>SC - Sunday, Wednesday, Thursday, Friday, Saturday</td>
<td></td>
</tr>
<tr>
<td>SD - Monday, Wednesday, Thursday, Friday, Saturday</td>
<td></td>
</tr>
<tr>
<td>SG - Tuesday through Friday</td>
<td></td>
</tr>
<tr>
<td>SL - Monday, Tuesday and Thursday</td>
<td></td>
</tr>
<tr>
<td>SP - Monday, Tuesday and Friday</td>
<td></td>
</tr>
<tr>
<td>SX - Wednesday and Thursday</td>
<td></td>
</tr>
<tr>
<td>SY - Monday, Wednesday and Thursday</td>
<td></td>
</tr>
<tr>
<td>SZ - Tuesday, Thursday and Friday</td>
<td></td>
</tr>
<tr>
<td>W - Whenever Necessary</td>
<td></td>
</tr>
</tbody>
</table>
Delivery Pattern Time Code

Code which specifies the time delivery pattern of the services.

Usage RIA
Level Claim
Note 1 Required if the order/prescription for the service contains the data.
Key 2305 | HSD08 | - | 679
Datatype ID
Min/Max 1/1
Codes D - A.M.
E - P.M.
F - As Directed

Claim Frequency Type Code

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

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

Usage R
Level Claim
Key 2300 | CLM05 | C023-3 | 1325
Datatype ID
Min/Max 1/1
Amounts/Pricing
Amounts concerning the payment of this line item.

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

Usage NRU
Level Claim
Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key 2300 | HCP02 | - | 782
Datatype R
Min/Max 1/18
Pairing 2300 | HCP01 | - | 1473 | Pricing Methodology

Repriced Saving Amount
The amount of savings related to Third Party Organization claims.

Usage NRU
Level Claim
Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key 2300 | HCP03 | - | 782
Datatype R
Min/Max 1/18

Repricing Organization Identifier
Reference or identification number of the repricing organization.

Usage NRU
Level Claim
Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key 2300 | HCP04 | - | 127
Datatype AN
Min/Max 1/30

Repricing Per Diem or Flat Rate Amount
Amount used to determine the flat rate or per diem price by the repricing organization.

Usage NRU
Level Claim
Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key 2300 | HCP05 | - | 118
Datatype R
Min/Max 1/9
Repriced Approved Ambulatory Patient Group Code

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

Usage NRU
Level Claim
Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key 2300 | HCP06 | - | 127
Datatype AN
Min/Max 1/30

Repriced Approved Ambulatory Patient Group Amount

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

Usage NRU
Level Claim
Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key 2300 | HCP07 | - | 782
Datatype R
Min/Max 1/18

Reject Reason Code

Code assigned by issuer to identify reason for rejection.

Usage NRU
Level Claim
Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key 2300 | HCP13 | - | 901
Datatype ID
Min/Max 2/2
Codes
T1 - Cannot Identify Provider as TPO (Third Party Organization) Participant
T2 - Cannot Identify Payer as TPO (Third Party Organization) Participant
T3 - Cannot Identify Insured as TPO (Third Party Organization) Participant
T4 - Payer Name or Identifier Missing
T5 - Certification Information Missing
T6 - Claim does not contain enough information for re-pricing

Policy Compliance Code

The code that specifies policy compliance.

Usage NRU
Level Claim
Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key 2300 | HCP14 | - | 1526
Datatype ID
Min/Max 1/2
Codes
1 - Procedure Followed (Compliance)
2 - Not Followed - Call Not Made (Non-Compliance Call Not Made)
3 - Not Medically Necessary (Non-Compliance Non-Medically Necessary)
4 - Not Followed Other (Non-Compliance Other)
5 - Emergency Admit to Non-Network Hospital
**Exception Code**

Exception code generated by the Third Party Organization.

Usage: NRU
Level: Claim

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

Key: 2300 | HCP15 | - | 1527

Datatype: ID
Min/Max: 1/2

Codes:
1 - Non-Network Professional Provider in Network Hospital
2 - Emergency Care
3 - Services or Specialist not in Network
4 - Out-of-Service Area
5 - State Mandates
6 - Other

---

**Total Claim Charge Amount**

The sum of all charges included within this claim.

Usage: R
Level: Claim

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

Key: 2300 | CLM02 | - | 782

Datatype: R
Min/Max: 1/18

---

**Contract Amount**

Fixed monetary amount pertaining to the contract.

Usage: RIA
Level: Claim

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

Key: 2300 | CN102 | - | 782

Datatype: R
Min/Max: 1/18

---

**Contract Percentage**

Percent of charges payable under the contract.

Usage: RIA
Level: Claim

Note 1: Allowance or charge percent

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

Key: 2300 | CN103 | - | 332

Datatype: R
Min/Max: 1/6
Contract Code
Code identifying the specific contract, established by the payer.

Usage RIA
Level Claim
Note 1 Required if the provider is required by contract to supply this information on the claim.
Key 2300 | CN104 | - | 127
Datatype AN
Min/Max 1/30

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

Usage RIA
Level Claim
Note 1 Required if the provider is required by contract to supply this information on the claim.
Key 2300 | CN105 | - | 338
Datatype R
Min/Max 1/6

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

Usage RIA
Level Claim
Note 1 Required if the provider is required by contract to supply this information on the claim.
Key 2300 | CN106 | - | 799
Datatype AN
Min/Max 1/30

Credit or Debit Card Maximum Amount
Dollar limit for a credit or debit card.

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

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

Usage RIA
Level Claim
Key 2300 | AMT02 | - | 782
Datatype R
Min/Max 1/18
Pairing 2300 | AMT01 | - | 522 | Amount Qualifier Code
Total Purchased Service Amount

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

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

Payer Paid Amount

The amount paid by the payer on this claim.

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

Approved Amount

Amount approved.

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

Allowed Amount

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

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

Currency Code

Code for country in whose currency the charges are specified.

Usage RIA
Level Claim
Key 2000A | CUR02 | - | 100
Datatype ID
Min/Max 3/3
Pairing 2000A | CUR01 | - | 98 | Entity Identifier Code
Service and Condition (Claim Level)
Information about the patient’s current condition that applies to discrete services or line items.

Ambulance Transport Code
Code indicating the type of ambulance transport.

- **Usage:** RIA
- **Level:** Claim
- **Key:** 2300 | CR103 | - | 1316
- **Datatype:** ID
- **Min/Max:** 1/1
- **Codes:**
  - **I - Initial Trip**
  - **R - Return Trip**
  - **T - Transfer Trip**
  - **X - Round Trip**

Ambulance Transport Reason Code
Code indicating the reason for ambulance transport.

- **Usage:** RIA
- **Level:** Claim
- **Key:** 2300 | CR104 | - | 1317
- **Datatype:** ID
- **Min/Max:** 1/1
- **Codes:**
  - **A - Patient was transported to nearest facility for care of symptoms, complaints, or both**
  - **B - Patient was transported for the benefit of a preferred physician**
  - **C - Patient was transported for the nearness of family members**
  - **D - Patient was transported for the care of a specialist or for availability of specialized equipment**
  - **E - Patient Transferred to Rehabilitation Facility**

Transport Distance
Distance traveled during the ambulance transport.

- **Usage:** RIA
- **Note:** NSF crosswalk to FA0-50.0 is used only in Medicare payer-to-payer COB situations.
- **Level:** Claim
- **Key:** 2300 | CR106 | - | 380
- **Datatype:** R
- **Min/Max:** 1/15
- **Pairing:** 2300 | CR105 | - | 355 | Unit or Basis for Measurement Code

Round Trip Purpose Description
Free-form description of the purpose of the ambulance transport round trip.

- **Usage:** RIA
- **Level:** Claim
- **Note:** Required if CR103 (Ambulance Transport Code) = X - Round Trip; otherwise not used.
- **Key:** 2300 | CR109 | - | 352
- **Datatype:** AN
- **Min/Max:** 1/80
Stretcher Purpose Description
Free-form description of the purpose of the use of a stretcher during ambulance service.

Usage RIA
Level Claim
Note 1 Required if needed to justify usage of stretcher.
Key 2300 | CR110 | - | 352
Datatype AN
Min/Max 1/80

Patient Condition Code
Code indicating the condition of the patient.

Usage RIA
Level Claim
Key 2300 | CR208 | - | 1342
Datatype ID
Min/Max 1/1
Codes
A - Acute Condition
C - Chronic Condition
D - Non-acute
E - Non-Life Threatening
F - Routine
G - Symptomatic
M - Acute Manifestation of a Chronic Condition

Patient Condition Description
Free-form description of the patient's condition.

Usage RIA
Level Claim
Note 1 Used at discretion of submitter.
Key 2300 | CR210 | - | 352
Datatype AN
Min/Max 1/80

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

Usage RIA
Level Claim
Note 1 Used at discretion of submitter.
Key 2300 | CR211 | - | 352
Datatype AN
Min/Max 1/80
X-ray Availability Indicator
Indicates if X-Rays are on file for chiropractor spinal manipulation.

Usage: RIA
Level: Claim
Note 1: Required for service dates prior to January 1, 2000.
Key: 2300 | CR212 | - | 1073
Datatype: ID
Min/Max: 1/1
Codes: N - No
Y - Yes

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

Usage: RIA
Level: Claim
Note 1: The codes for CRC03 also can be used for CRC04 through CRC07.
Key: 2300 | CRC03 | - | 1321
Datatype: ID
Min/Max: 2/2
Codes: 01 - Patient was admitted to a hospital
02 - Patient was bed confined before the ambulance service
03 - Patient was bed confined after the ambulance service
04 - Patient was moved by stretcher
05 - Patient was unconscious or in shock
06 - Patient was transported in an emergency situation
07 - Patient had to be physically restrained
08 - Patient had visible hemorrhaging
09 - Ambulance service was medically necessary
60 - Transportation Was To the Nearest Facility

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

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

Usage: RIA
Level: Claim
Key: 2300 | CRC03 | - | 1321
Datatype: ID
Min/Max: 2/2
Codes: L1 - General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
L2 - Replacement Due to Loss or Theft
L3 - Replacement Due to Breakage or Damage
L4 - Replacement Due to Patient Preference
L5 - Replacement Due to Medical Reason

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

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

Usage RIA
Level Claim
Key 2300 | CRC03 | - | 1321
Datatype ID
Min/Max 2/2
Codes IH - Independent at Home
Pairing 2300 | CRC01 | - | 1136 | Code Category
2300 | CRC02 | - | 1073 | Certification Condition Indicator

Condition Code

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

Usage RIA - EPSDT/Family Plan
Level Claim
Note 1 The codes for CRC03 also can be used for CRC04 through CRC07.
Key 2300 | CRC03 | - | 1321
Datatype ID
Min/Max 2/2
Codes AV - Available - Not Used
NU - Not Used
S2 - Under Treatment
ST - New Services Requested
Pairing 2300 | CRC01 | - | 1136 | Code Category
2300 | CRC02 | - | 1073 | Certification Condition Indicator

Diagnosis Code

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

Usage RIA
Level Claim
Key 2300 | HI01 | C022-2 | 1271
Datatype AN
Min/Max 1/30
Pairing 2300 | HI01 | C022-1 | 1270 | Code List Qualifier Code
Diagnosis Code

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

1500 21 - Diagnosis or Nature of Illness or Injury (2)
Usage RIA
Level Claim
Key 2300 | HI02 | C022-2 | 1271
Datatype AN
Min/Max 1/30
Pairing 2300 | HI02 | C022-1 | 1270 | Code List Qualifier Code

Diagnosis Code

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

1500 21 - Diagnosis or Nature of Illness or Injury (3)
Usage RIA
Level Claim
4 530-National Council for Prescription Drug Programs Reject/Payment Codes
Key 2300 | HI03 | C022-2 | 1271
Datatype AN
Min/Max 1/30
Pairing 2300 | HI03 | C022-1 | 1270 | Code List Qualifier Code

Diagnosis Code

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

1500 21 - Diagnosis or Nature of Illness or Injury (4)
Usage RIA
Level Claim
Key 2300 | HI04 | C022-2 | 1271
Datatype AN
Min/Max 1/30
Pairing 2300 | HI04 | C022-1 | 1270 | Code List Qualifier Code

Diagnosis Code

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

Usage RIA
Level Claim
Key 2300 | HI05 | C022-2 | 1271
Datatype AN
Min/Max 1/30
Pairing 2300 | HI05 | C022-1 | 1270 | Code List Qualifier Code

Diagnosis Code

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

Usage RIA
Level Claim
Key 2300 | HI06 | C022-2 | 1271
Datatype AN
Min/Max 1/30
Pairing 2300 | HI06 | C022-1 | 1270 | Code List Qualifier Code
Diagnosis Code
An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition.
Usage RIA
Level Claim
Key 2300 | HI07 | C022-2 | 1271
Datatype AN
Min/Max 1/30
Pairing 2300 | HI07 | C022-1 | 1270 | Code List Qualifier Code

Diagnosis Code
An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition.
Usage RIA
Level Claim
Key 2300 | HI08 | C022-2 | 1271
Datatype AN
Min/Max 1/30
Pairing 2300 | HI08 | C022-1 | 1270 | Code List Qualifier Code

Certification Period Projected Visit Count
Code indicating the type of certification.
Usage RIA
Level Claim
Key 2305 | CR703 | - | 1470
Datatype N0
Min/Max 1/9
Pairing 2305 | CR701 | - | 921 | Discipline Type Code

Total Visits Rendered Count
Total visits on this bill rendered prior to re-certification date.
Usage RIA
Level Claim
Key 2305 | CR702 | - | 1470
Datatype N0
Min/Max 1/9
Pairing 2305 | CR701 | - | 921 | Discipline Type Code
Uncategorized

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

Fixed Format Information

Data in fixed format agreed upon by sender and receiver.

Usage  RIA
Level   Claim
Key     2300 | K301 | - | 449
Datatype AN
Min/Max  1/80
Provider Information

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

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

Billing Provider Last or Organizational Name

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

1500 33 - Billing Provider Info & Ph # (Name)
Usage R
Level Claim
Key 2010AA | NM103 | - | 1035
Datatype AN
Min/Max 1/35
Pairing 2010AA | NM101 | - | 98 | Entity Identifier Code
2010AA | NM102 | - | 1065 | Entity Type Qualifier

Billing Provider First Name

First name of the billing provider or billing entity.

1500 33 - Billing Provider Info & Ph # (Name)
Usage RIA
Level Claim
Note 1 Required if NM102=1 (person).
Key 2010AA | NM104 | - | 1036
Datatype AN
Min/Max 1/25

Billing Provider Middle Name

The middle name of the billing provider or billing entity.

1500 33 - Billing Provider Info & Ph # (Name)
Usage RIA
Level Claim
Note 1 Required if NM102=1 and the middle name/initial of the person is known.
Key 2010AA | NM105 | - | 1037
Datatype AN
Min/Max 1/25

Billing Provider Name Suffix

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

1500 33 - Billing Provider Info & Ph # (Name)
Usage RIA
Level Claim
Note 1 Required if known.
Key 2010AA | NM107 | - | 1039
Datatype AN
Min/Max 1/10
### Billing Provider Address Line
Address line of the billing provider or billing entity address.

<table>
<thead>
<tr>
<th>Usage</th>
<th>R</th>
<th>Level</th>
<th>Claim</th>
<th>Note 1</th>
<th>Key</th>
<th>Datatype</th>
<th>Min/Max</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>2010AA</td>
<td>N301</td>
<td>-</td>
</tr>
</tbody>
</table>

### Billing Provider City Name
City of the billing provider or billing entity.

<table>
<thead>
<tr>
<th>Usage</th>
<th>R</th>
<th>Level</th>
<th>Claim</th>
<th>Note 1</th>
<th>Key</th>
<th>Datatype</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>2010AA</td>
<td>N401</td>
<td>-</td>
</tr>
</tbody>
</table>

### Billing Provider State or Province Code
State or province for provider or billing entity billing for services.

<table>
<thead>
<tr>
<th>Usage</th>
<th>R</th>
<th>Level</th>
<th>Claim</th>
<th>Note 1</th>
<th>Key</th>
<th>Datatype</th>
<th>Min/Max</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2010AA</td>
<td>N402</td>
<td>-</td>
</tr>
</tbody>
</table>

### Billing Provider Postal Zone or ZIP Code
Postal zone code or ZIP Code for the provider or billing entity billing for services.

<table>
<thead>
<tr>
<th>Usage</th>
<th>R</th>
<th>Level</th>
<th>Claim</th>
<th>Note 1</th>
<th>Key</th>
<th>Datatype</th>
<th>Min/Max</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2010AA</td>
<td>N403</td>
<td>-</td>
</tr>
</tbody>
</table>
Country Code

Code indicating the geographic location.

Usage: RIA
Level: Claim
Note: Required if the address is out of the U.S.
Key: 2010AA | N404 | - | 26
Datatype: ID
Min/Max: 2/3

Billing Provider Identifier

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

1500 25 - Federal Tax ID Number (Billing Provider with no NPI)
33a. - NPI #

Usage: R
Level: Claim
Key: 2010AA | NM109 | - | 67
Datatype: AN
Min/Max: 2/80

Billing Provider Additional Identifier

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

1500 25 - Federal Tax ID Number (Billing Provider with NPI)
33b. - Other ID #

Usage: RIA
Level: Claim
Key: 2010AA | REF02 | - | 127
Datatype: AN
Min/Max: 1/30
Pairing: 2010AA | REF01 | - | 128 | Reference Identification Qualifier

Billing Provider Credit Card Identifier

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

Usage: RIA
Level: Claim
Key: 2010AA | REF02 | - | 127
Datatype: AN
Min/Max: 1/30
Pairing: 2010AA | REF01 | - | 128 | Reference Identification Qualifier
Billing Provider Contact Name
Person at billing organization to contact regarding the billing transaction.

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

Key 2010AA | PER02 | - | 93
Datatype AN
Min/Max 1/60
Pairing 2010AA | PER01 | - | 366 | Contact Function Code

Communication Number
Complete communications number including country or area code when applicable.

Usage RIA
Level Claim

Key 2010AA | PER04 | - | 364
Datatype AN
Min/Max 1/80
Pairing 2010AA | PER03 | - | 365 | Communication Number Qualifier
2010AA | PER05 | - | 365 | Communication Number Qualifier
2010AA | PER06 | - | 364 | Communication Number
2010AA | PER07 | - | 365 | Communication Number Qualifier
2010AA | PER08 | - | 364 | Communication Number

Provider Taxonomy Code
Code designating the provider type, classification, and specialization.

Usage RIA
Level Claim

Key 2000A | PRV03 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2000A | PRV01 | - | 1221 | Provider Code
2000A | PRV02 | - | 128 | Reference Identification Qualifier

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

Usage R
Level Claim

Key 2300 | CLM06 | - | 1073
Datatype ID
Min/Max 1/1
Codes N - No
Y - Yes
Medicare Assignment Code

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

1500 27 - Accept Assignment?
Usage R
Level Claim
Note 1 CLM07 indicates whether the provider accepts Medicare assignment.
2 The NSF mapping to FA0-59.0 occurs only in payer-to-payer COB situations.
Key 2300 | CLM07 | - | 1359
Datatype ID
Min/Max 1/1
Codes A - Assigned
B - Assignment Accepted on Clinical Lab Services Only
C - Not Assigned
P - Patient Refuses to Assign Benefits

Benefits Assignment Certification Indicator

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

1500 13 - Insured's or Authorized Person's Signature
Usage R
Level Claim
Key 2300 | CLM08 | - | 1073
Datatype ID
Min/Max 1/1
Codes N - No
Y - Yes
Pay-to-Provider Identification

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

Pay-to-Provider Last or Organizational Name

Last or organizational name of the provider to receive payment.

Usage RIA
Level Claim
Key 2010AB | NM103 | - | 1035
Datatype AN
Min/Max 1/35
Pairing 2010AB | NM101 | - | 98 | Entity Identifier Code
2010AB | NM102 | - | 1065 | Entity Type Qualifier

Pay-to Provider First Name

First name of the provider to receive payment.

Usage RIA
Level Claim
Note 1 Required if NM102=1 (person).
Key 2010AB | NM104 | - | 1036
Datatype AN
Min/Max 1/25

Pay-to Provider Middle Name

The middle name of the pay-to provider.

Usage RIA
Level Claim
Note 1 Required if NM102=1 and the middle name/initial of the person is known.
Key 2010AB | NM105 | - | 1037
Datatype AN
Min/Max 1/25

Pay-to Provider Name Suffix

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

Usage RIA
Level Claim
Note 1 Required if known.
Key 2010AB | NM107 | - | 1039
Datatype AN
Min/Max 1/10

Pay-to Provider Address Line

Address line of the provider to receive payment.

Usage RIA
Level Claim
Key 2010AB | N301 | - | 166
Datatype AN
Min/Max 1/55
Pay-to Provider Address Line
Address line of the provider to receive payment.
Usage RIA
Level Claim
Note 1 Required if a second address line exists.
Key 2010AB | N302 | - | 166
Datatype AN
Min/Max 1/55

Pay-to Provider City Name
City name of the provider to receive payment.
Usage RIA
Level Claim
Key 2010AB | N401 | - | 19
Datatype AN
Min/Max 2/30

Pay-to Provider State Code
State of the provider to receive payment.
Usage RIA
Level Claim
Key 2010AB | N402 | - | 156
Datatype ID
Min/Max 2/2

Pay-to Provider Postal Zone or ZIP Code
Postal ZIP code of the provider to receive payment.
Usage RIA
Level Claim
Key 2010AB | N403 | - | 116
Datatype ID
Min/Max 3/15

Country Code
Code indicating the geographic location.
Usage RIA
Level Claim
Note 1 Required if the address is out of the U.S.
Key 2010AB | N404 | - | 26
Datatype ID
Min/Max 2/3
Pay-to Provider Identifier

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

Usage  RIA
Level  Claim
Key   2010AB | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2010AB | REF01 | - | 128 | Reference Identification Qualifier

Pay-to Provider Identifier

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

Usage  RIA
Level  Claim
Key   2010AB | NM109 | - | 67
Datatype AN
Min/Max 2/80
Pairing 2010AB | NM108 | - | 66 | Identification Code Qualifier
Other Provider Identification

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

Referring Provider Last Name

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

<table>
<thead>
<tr>
<th>1500</th>
<th>17 - Name of Referring Physician or Other Source (Last Name)</th>
</tr>
</thead>
</table>

Usage: RIA  
Level: Claim  
Key: 2310A | NM103 | - | 1035

Datatype: AN  
Min/Max: 1/35

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

Referring Provider First Name

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

<table>
<thead>
<tr>
<th>1500</th>
<th>17 - Name of Referring Physician or Other Source (First Name)</th>
</tr>
</thead>
</table>

Usage: RIA  
Level: Claim  
Note 1: Required if NM102=1 (person).  
Key: 2310A | NM104 | - | 1036

Datatype: AN  
Min/Max: 1/25

Referring Provider Middle Name

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

<table>
<thead>
<tr>
<th>1500</th>
<th>17 - Name of Referring Physician or Other Source (Middle Initial)</th>
</tr>
</thead>
</table>

Usage: RIA  
Level: Claim  
Note 1: Required if NM102=1 and the middle name/initial of the person is known.  
Key: 2310A | NM105 | - | 1037

Datatype: AN  
Min/Max: 1/25

Referring Provider Name Suffix

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

Usage: RIA  
Level: Claim  
Note 1: Required if known.  
Key: 2310A | NM107 | - | 1039

Datatype: AN  
Min/Max: 1/10
Referring Provider Identifier

The identification number for the referring physician.

1500
17b - NPI ID#
Usage RIA
Level Claim
Note 1 Required if Employer's Identification/Social Security number (Tax ID) or National Provider Identifier is known.
Key 2310A | NM109 | - | 67
Datatype AN
Min/Max 2/80
Pairing 2310A | NM108 | - | 66 | Identification Code Qualifier

Provider Taxonomy Code

Code designating the provider type, classification, and specialization.

Usage RIA
Level Claim
Key 2310A | PRV03 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2310A | PRV01 | - | 1221 | Provider Code
2310A | PRV02 | - | 128 | Reference Identification Qualifier

Referring Provider Secondary Identifier

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

1500
17a - Other ID# (Non-NPI)
Usage RIA
Level Claim
Key 2310A | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2310A | REF01 | - | 128 | Reference Identification Qualifier

Rendering Provider Last or Organization Name

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

Usage RIA
Level Claim
Key 2310B | NM103 | - | 1035
Datatype AN
Min/Max 1/35
Pairing 2310B | NM101 | - | 98 | Entity Identifier Code
2310B | NM102 | - | 1065 | Entity Type Qualifier
Rendering Provider First Name
The first name of the provider who performed the service.

Usage RIA
Level Claim
Note 1 Required if NM102=1 (person).
Key 2310B | NM104 | - | 1036
Datatype AN
Min/Max 1/25

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

Usage RIA
Level Claim
Note 1 Required if NM102=1 and the middle name/initial of the person is known.
Key 2310B | NM105 | - | 1037
Datatype AN
Min/Max 1/25

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

Usage RIA
Level Claim
Note 1 Required if known.
Key 2310B | NM107 | - | 1039
Datatype AN
Min/Max 1/10

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

Usage RIA
Level Claim
Note 1 FA0-58.0 crosswalk is only used in Medicare COB payer-to-payer claims.
Key 2310B | NM109 | - | 67
Datatype AN
Min/Max 2/80
Pairing 2310B | NM108 | - | 66 | Identification Code Qualifier

Provider Taxonomy Code
Code designating the provider type, classification, and specialization.

Usage RIA
Level Claim
Key 2310B | PRV03 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2310B | PRV01 | - | 1221 | Provider Code
2310B | PRV02 | - | 128 | Reference Identification Qualifier
Reference Identification Qualifier

Code qualifying the reference identification.

1500 24I - ID Qualifier Shaded Portion

Usage RIA

Level Claim

Key 2310B | REF01 | - | 128

Datatype ID

Min/Max 2/3

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

Rendering Provider Secondary Identifier

Additional identifier for the provider providing care to the patient.

1500 24J - Rendering Provider Non-NPI Shaded Portion

Usage RIA

Level Claim

Key 2310B | REF02 | - | 127

Datatype AN

Min/Max 1/30

Purchased Service Provider Last or Organization Name

The last or organizational name of the purchased service provider.

Usage RIA

Level Claim

Key 2310C | NM103 | - | 1035

Datatype AN

Min/Max 1/35

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

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

Purchased Service Provider First Name

The first name of the purchased service provider.

Usage RIA

Level Claim

Note 1 Required if NM102 = 1.

Key 2310C | NM104 | - | 1036

Datatype AN

Min/Max 1/25
Purchased Service Provider Middle Name
The middle name of the purchased service provider.

Usage RIA
Level Claim
Note 1 Required if NM102=1 and the middle name/initial of the person is known.
Key 2310C | NM105 | - | 1037
Datatype AN
Min/Max 1/25

Purchased Service Provider Identifier
The provider number of the entity from which service was purchased.

Usage RIA
Level Claim
Note 1 Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.
Key 2310C | NM109 | - | 67
Datatype AN
Min/Max 2/80
Pairing 2310C | NM108 | - | 66 | Identification Code Qualifier

Purchased Service Provider Secondary Identifier
Additional identifier for the provider of purchased services.

Usage RIA
Level Claim
Key 2310C | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2310C | REF01 | - | 128 | Reference Identification Qualifier

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

Usage RIA
Level Claim
Key 2310E | NM103 | - | 1035
Datatype AN
Min/Max 1/35
Pairing

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

Usage RIA
Level Claim
Key 2310E | NM104 | - | 1036
Datatype AN
Min/Max 1/25
Supervising Provider Middle Name

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

Usage RIA
Level Claim
Note 1 Required if NM102=1 and the middle name/initial of the person is known.
Key 2310E | NM105 | - | 1037
Datatype AN
Min/Max 1/25

Supervising Provider Name Suffix

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

Usage RIA
Level Claim
Note 1 Required if known.
Key 2310E | NM107 | - | 1039
Datatype AN
Min/Max 1/10

Supervising Provider Identifier

The Identification Number for the Supervising Provider.

Usage RIA
Level Claim
Note 1 Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.
Key 2310E | NM109 | - | 67
Datatype AN
Min/Max 2/80
Pairing 2310E | NM108 | - | 66 | Identification Code Qualifier

Supervising Provider Secondary Identifier

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

Usage RIA
Level Claim
Key 2310E | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2310E | REF01 | - | 128 | Reference Identification Qualifier

Purchased Service Provider Identifier

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

Usage RIA
Level Service Line
Key 2400 | PS101 | - | 127
Datatype AN
Min/Max 1/30
Service Location Identification (Claim Level)

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

Facility Code Value

Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the National Standard Format. (www.cms.gov/MedHCPCSGenInfo/Downloads/Place_of_Service.pdf)

1500 24B - Place of Service
Usage R
Level Claim
Key 2300 | CLM05 | C023-1 | 1331
Datatype AN
Min/Max 1/2

Laboratory or Facility Name

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

1500 32 - Service Facility Location Information (Name)
Usage RIA
Level Claim
Note 1 Required except when service was rendered in the patient's home.
Key 2310D | NM103 | - | 1035
Datatype AN
Min/Max 1/35
Pairing 2310D | NM101 | - | 98 | Entity Identifier Code
2310D | NM102 | - | 1065 | Entity Type Qualifier

Laboratory or Facility Address Line

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

1500 32 - Service Facility Location Information (Address)
Usage RIA
Level Claim
Key 2310D | N301 | - | 166
Datatype AN
Min/Max 1/55

Laboratory or Facility Address Line

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

Usage RIA
Level Claim
Note 1 Required if a second address line exists.
Key 2310D | N302 | - | 166
Datatype AN
Min/Max 1/55
Laboratory or Facility City Name
City of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

1500 32 - Service Facility Location Information (City, State, and Zip Code)
Usage RIA
Level Claim
Key 2310D | N401 | - | 19
Datatype AN
Min/Max 2/30

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

1500 32 - Service Facility Location Information (City, State, and Zip Code)
Usage RIA
Level Claim
Key 2310D | N402 | - | 156
Datatype ID
Min/Max 2/2

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

1500 32 - Service Facility Location Information (City, State, and Zip Code)
Usage RIA
Level Claim
Key 2310D | N403 | - | 116
Datatype ID
Min/Max 3/15

Country Code
Code indicating the geographic location.

Usage RIA
Level Claim
Note 1 Required if the address is out of the U.S.
Key 2310D | N404 | - | 26
Datatype ID
Min/Max 2/3
Laboratory or Facility Primary Identifier

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

1500 32a. - NPI #  or  32b. - Other ID #
Usage RIA
Level Claim
Note 1 Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.
Key 2310D | NM109 | - | 67
Datatype AN
Min/Max 2/80
Pairing 2310D | REF01 | - | 128 | Reference Identification Qualifier
2310D | NM108 | - | 66 | Identification Code Qualifier

Laboratory or Facility Secondary Identifier

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

1500 32b. - Other ID #
Usage RIA
Level Claim
Key 2310D | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2310D | REF01 | - | 128 | Reference Identification Qualifier
2310D | NM108 | - | 66 | Identification Code Qualifier
Payer Information

Information about the organization from which the provider might expect some payment for the claim.
Payer Identification
Free form text and codes to uniquely identify the payer organization.

Payer Name
Name identifying the payer organization.
1500 Carrier Block (Name)
Usage R
Level Claim
Key 2010BB | NM103 | - | 1035
Datatype AN
Min/Max 1/35
Pairing 2010BB | NM101 | - | 98 | Entity Identifier Code
2010BB | NM102 | - | 1065 | Entity Type Qualifier

Payer Identifier
Number identifying the payer organization.
1500 11c - Insurance Plan Name or Program Name
Usage R
Level Claim
Key 2010BB | NM109 | - | 67
Datatype AN
Min/Max 1/8
Pairing 2010BB | NM108 | - | 66 | Identification Code Qualifier
2010BB | REF01 | - | 128 | Reference Identification Qualifier

Payer Address Line
Address line of the Payer's claim mailing address for this particular payer organization identification and claim office.
1500 Carrier Block (First Line of Address)
Usage RIA
Level Claim
Key 2010BB | N301 | - | 166
Datatype AN
Min/Max 1/55

Payer Address Line
Address line of the Payer's claim mailing address for this particular payer organization identification and claim office.
1500 Carrier Block (Second Line of Address)
Usage RIA
Level Claim
Note 1 Required if a second address line exists.
Key 2010BB | N302 | - | 166
Datatype AN
Min/Max 1/55
### Payer City Name

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Usage</th>
<th>Level</th>
<th>Key</th>
<th>Datatype</th>
<th>Min/Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500</td>
<td>Carrier Block (City State and Zip Code)</td>
<td>RIA</td>
<td>Claim</td>
<td>2010BB</td>
<td>N401</td>
<td>19</td>
</tr>
</tbody>
</table>

### Payer State Code

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Usage</th>
<th>Level</th>
<th>Key</th>
<th>Datatype</th>
<th>Min/Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500</td>
<td>Carrier Block (City State and Zip Code)</td>
<td>RIA</td>
<td>Claim</td>
<td>2010BB</td>
<td>N402</td>
<td>156</td>
</tr>
</tbody>
</table>

### Payer Postal Zone or ZIP Code

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Usage</th>
<th>Level</th>
<th>Key</th>
<th>Datatype</th>
<th>Min/Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500</td>
<td>Carrier Block (City State and Zip Code)</td>
<td>RIA</td>
<td>Claim</td>
<td>2010BB</td>
<td>N403</td>
<td>116</td>
</tr>
</tbody>
</table>

### Country Code

Code indicating the geographic location.

<table>
<thead>
<tr>
<th>Usage</th>
<th>Level</th>
<th>Note</th>
<th>Key</th>
<th>Datatype</th>
<th>Min/Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIA</td>
<td>Claim</td>
<td></td>
<td>2010BB</td>
<td>N404</td>
<td>-</td>
</tr>
</tbody>
</table>

### Payer Additional Identifier

Additional identifier for the payer.

<table>
<thead>
<tr>
<th>Usage</th>
<th>Level</th>
<th>Key</th>
<th>Datatype</th>
<th>Min/Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIA</td>
<td>Claim</td>
<td>2010BB</td>
<td>REF02</td>
<td>127</td>
</tr>
</tbody>
</table>

Pairing

<table>
<thead>
<tr>
<th>2010BC</th>
<th>NM101</th>
<th>-</th>
<th>-</th>
<th>98</th>
<th>Entity Identifier Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010BC</td>
<td>NM102</td>
<td>-</td>
<td>-</td>
<td>1065</td>
<td>Entity Type Qualifier</td>
</tr>
<tr>
<td>Service/ Clinical Information (service line)</td>
<td>Information about the patient's current condition that applies to discrete services or line items.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Rendering Provider Identification
Free form text and assigned numbers to uniquely identify the individual that rendered the service.

Rendering Provider Last or Organization Name
The last name or organization of the provider who performed the service.

Usage RIA
Level Service Line
Key 2420A | NM103 | - | 1035
Datatype AN
Min/Max 1/35
Pairing 2420A | NM101 | - | 98 | Entity Identifier Code
2420A | NM102 | - | 1065 | Entity Type Qualifier

Rendering Provider First Name
The first name of the provider who performed the service.

Usage RIA
Level Service Line
Note 1 Required if NM102=1 (person).
Key 2420A | NM104 | - | 1036
Datatype AN
Min/Max 1/25

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

Usage RIA
Level Service Line
Note 1 Required if NM102=1 and the middle name/initial of the person is known.
Key 2420A | NM105 | - | 1037
Datatype AN
Min/Max 1/25

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

Usage RIA
Level Service Line
Note 1 Required if known.
Key 2420A | NM107 | - | 1039
Datatype AN
Min/Max 1/10
### Rendering Provider Identifier

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

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Service Line</td>
</tr>
<tr>
<td>Key</td>
<td>2420A</td>
</tr>
<tr>
<td>Datatype</td>
<td>AN</td>
</tr>
<tr>
<td>Min/Max</td>
<td>2/80</td>
</tr>
<tr>
<td>Pairing</td>
<td>2420A</td>
</tr>
</tbody>
</table>

### Provider Taxonomy Code

Code designating the provider type, classification, and specialization.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Service Line</td>
</tr>
<tr>
<td>Key</td>
<td>2420A</td>
</tr>
<tr>
<td>Datatype</td>
<td>AN</td>
</tr>
<tr>
<td>Min/Max</td>
<td>1/30</td>
</tr>
<tr>
<td>Pairing</td>
<td>2420A</td>
</tr>
<tr>
<td></td>
<td>2420A</td>
</tr>
</tbody>
</table>

### Reference Identification Qualifier

Code qualifying the reference identification.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Service Line</td>
</tr>
<tr>
<td>Key</td>
<td>2420A</td>
</tr>
<tr>
<td>Datatype</td>
<td>ID</td>
</tr>
<tr>
<td>Min/Max</td>
<td>2/3</td>
</tr>
<tr>
<td>Codes</td>
<td>0B - State License Number</td>
</tr>
<tr>
<td></td>
<td>1B - Blue Shield Provider Number</td>
</tr>
<tr>
<td></td>
<td>1C - Medicare Provider Number</td>
</tr>
<tr>
<td></td>
<td>1D - Medicaid Provider Number</td>
</tr>
<tr>
<td></td>
<td>1G - Provider UPIN Number</td>
</tr>
<tr>
<td></td>
<td>1H - CHAMPUS Identification Number</td>
</tr>
<tr>
<td></td>
<td>EI - Employer's Identification Number</td>
</tr>
<tr>
<td></td>
<td>G2 - Provider Commercial Number</td>
</tr>
<tr>
<td></td>
<td>LU - Location Number</td>
</tr>
<tr>
<td></td>
<td>N5 - Provider Plan Network Identification Number</td>
</tr>
<tr>
<td></td>
<td>SY - Social Security Number</td>
</tr>
<tr>
<td></td>
<td>X5 - State Industrial Accident Provider Number</td>
</tr>
</tbody>
</table>

### Rendering Provider Secondary Identifier

Additional identifier for the provider providing care to the patient.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Service Line</td>
</tr>
<tr>
<td>Key</td>
<td>2420A</td>
</tr>
<tr>
<td>Datatype</td>
<td>AN</td>
</tr>
<tr>
<td>Min/Max</td>
<td>1/30</td>
</tr>
</tbody>
</table>
Purchased Service Provider Identifier

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

Usage: RIA
Level: Service Line
Note 1: Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.
Key: 2420B | NM109 | - | 67
Datatype: AN
Min/Max: 2/80
Pairing:
- 2420B | NM101 | - | 98 | Entity Identifier Code
- 2420B | NM102 | - | 1065 | Entity Type Qualifier
- 2420B | NM108 | - | 66 | Identification Code Qualifier

Purchased Service Provider Secondary Identifier

Additional identifier for the provider of purchased services.

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

Laboratory or Facility Name

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

Usage: RIA
Level: Service Line
Note 1: Required except when service was rendered in the patient's home.
Key: 2420C | NM103 | - | 1035
Datatype: AN
Min/Max: 1/35
Pairing:
- 2420C | NM101 | - | 98 | Entity Identifier Code
- 2420C | NM102 | - | 1065 | Entity Type Qualifier

Laboratory or Facility Primary Identifier

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

Usage: RIA
Level: Service Line
Note 1: Required if either Employer's Identification/Social Security Number (tax ID of service location) or National Provider Identifier is known.
Key: 2420C | NM109 | - | 67
Datatype: AN
Min/Max: 2/80
Pairing:
- 2420C | NM108 | - | 66 | Identification Code Qualifier
Laboratory or Facility Address Line

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

Usage RIA
Level Service Line
Key 2420C | N301 | - | 166
Datatype AN
Min/Max 1/55

Laboratory or Facility Address Line

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

Usage RIA
Level Service Line
Note 1 Required if a second address line exists.
Key 2420C | N302 | - | 166
Datatype AN
Min/Max 1/55

Laboratory or Facility City Name

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

Usage RIA
Level Service Line
Key 2420C | N401 | - | 19
Datatype AN
Min/Max 2/30

Laboratory or Facility State or Province Code

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

Usage RIA
Level Service Line
Key 2420C | N402 | - | 156
Datatype ID
Min/Max 2/2

Laboratory or Facility Postal Zone or ZIP Code

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

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

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

Service Facility Location Secondary Identifier

Secondary identifier for service facility location.
Usage RIA
Level Service Line
Key 2420C | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2420C | REF01 | - | 128 | Reference Identification Qualifier

Condition Indicator

Code indicating a condition. (Hospice Employee Indicator segment: The electronic transaction has one required condition code within this segment.)
Usage RIA
Level Service Line
Key 2400 | CRC03 | - | 1321
Datatype ID
Min/Max 2/2
Codes 65 - Open
Pairing 2400 | CRC01 | - | 1136 | Code Category
2400 | CRC02 | - | 1073 | Hospice Employed Provider Indicator
Other Provider Identification
Free form text and assigned numbers to uniquely identify another provider that rendered this service.

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

Usage RIA
Level Service Line
Key 2420D | NM103 | - | 1035
Datatype AN
Min/Max 1/35
Pairing 2420D | NM101 | - | 98 | Entity Identifier Code
2420D | NM102 | - | 1065 | Entity Type Qualifier

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

Usage RIA
Level Service Line
Key 2420D | NM104 | - | 1036
Datatype AN
Min/Max 1/25

Supervising Provider Middle Name
Middle name of the provider supervising care rendered to the patient.

Usage RIA
Level Service Line
Note 1 Required if NM102=1 and the middle name/initial of the person is known.
Key 2420D | NM105 | - | 1037
Datatype AN
Min/Max 1/25

Supervising Provider Name Suffix
Suffix to the name of the provider supervising care rendered to the patient.

Usage RIA
Level Service Line
Note 1 Required if known.
Key 2420D | NM107 | - | 1039
Datatype AN
Min/Max 1/10

Supervising Provider Identifier
The Identification Number for the Supervising Provider.

Usage RIA
Level Service Line
Note 1 Required if either Employer's Identification/Social Security Number (Supervising provider's tax ID) or National Provider Identifier is known.
Key 2420D | NM109 | - | 67
Datatype AN
Min/Max 2/80
Pairing 2420D | NM108 | - | 66 | Identification Code Qualifier
### Supervising Provider Secondary Identifier
Additional identifier for the provider supervising care rendered to the patient.

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

### Ordering Provider Last Name
The last name of the provider who ordered or prescribed this service.

- **Usage**: RIA
- **Level**: Service Line
- **Key**: 2420E | NM103 | - | 1035
- **Datatype**: AN
- **Min/Max**: 1/35
- **Pairing**: 2420E | NM101 | - | 98 | Entity Identifier Code
  - 2420E | NM102 | - | 1065 | Entity Type Qualifier

### Ordering Provider First Name
The first name of the provider who ordered or prescribed this service.

- **Usage**: RIA
- **Level**: Service Line
- **Key**: 2420E | NM104 | - | 1036
- **Datatype**: AN
- **Min/Max**: 1/25

### Ordering Provider Middle Name
Middle name of the provider ordering services for the patient.

- **Usage**: RIA
- **Level**: Service Line
- **Note 1**: Required if NM102=1 and the middle name/initial of the person is known.
- **Key**: 2420E | NM105 | - | 1037
- **Datatype**: AN
- **Min/Max**: 1/25

### Ordering Provider Name Suffix
Suffix to the name of the provider ordering services for the patient.

- **Usage**: RIA
- **Level**: Service Line
- **Note 1**: Required if known.
- **Key**: 2420E | NM107 | - | 1039
- **Datatype**: AN
- **Min/Max**: 1/10
Ordering Provider Identifier

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

Usage RIA
Level Service Line
Note 1 Required if either Employer's Identification/Social Security Number (Ordering provider's tax ID) or National Provider Identifier is known.
Key 2420E | NM109 | - | 67
Datatype AN
Min/Max 2/80
Pairing 2420E | NM108 | - | 66 | Identification Code Qualifier

Ordering Provider Address Line

Address line of the provider ordering services for the patient.

Usage RIA
Level Service Line
Key 2420E | N301 | - | 166
Datatype AN
Min/Max 1/55

Ordering Provider Address Line

Address line of the provider ordering services for the patient.

Usage RIA
Level Service Line
Note 1 Required if a second address line exists.
Key 2420E | N302 | - | 166
Datatype AN
Min/Max 1/55

Ordering Provider City Name

City of provider ordering services for the patient.

Usage RIA
Level Service Line
Key 2420E | N401 | - | 19
Datatype AN
Min/Max 2/30

Ordering Provider State Code

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

Usage RIA
Level Service Line
Key 2420E | N402 | - | 156
Datatype ID
Min/Max 2/2
Ordering Provider Postal Zone or ZIP Code
Postal ZIP Code of the provider ordering services for the patient.

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

Country Code
Code indicating the geographic location.

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

Ordering Provider Secondary Identifier
Additional identifier for the provider ordering services for the patient.

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

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

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

Communication Number
Complete communications number including country or area code when applicable.

Usage: RIA
Level: Service Line
Key: 2420E | PER04 | - | 364
Datatype: AN
Min/Max: 1/80
Pairing: 2420E | PER01 | - | 366 | Contact Function Code
2420E | PER03 | - | 365 | Communication Number Qualifier
Communication Number Qualifier
   Code identifying the type of communication number.
   Usage RIA
   Level Service Line
   Note 1 Used at discretion of submitter.
   Key 2420E | PER05 | - | 365
   Datatype ID
   Min/Max 2/2
   Codes EM - Electronic Mail
           EX - Telephone Extension
           FX - Facsimile
           TE - Telephone

Communication Number
   Complete communications number including country or area code when applicable.
   Usage RIA
   Level Service Line
   Note 1 Used at discretion of submitter.
   Key 2420E | PER06 | - | 364
   Datatype AN
   Min/Max 1/80

Communication Number Qualifier
   Code identifying the type of communication number.
   Usage RIA
   Level Service Line
   Note 1 Used at discretion of submitter.
   Key 2420E | PER07 | - | 365
   Datatype ID
   Min/Max 2/2
   Codes EM - Electronic Mail
           EX - Telephone Extension
           FX - Facsimile
           TE - Telephone

Communication Number
   Complete communications number including country or area code when applicable.
   Usage RIA
   Level Service Line
   Note 1 Used at discretion of submitter.
   Key 2420E | PER08 | - | 364
   Datatype AN
   Min/Max 1/80
Referring Provider Last Name
The Last Name of Provider who referred the patient to the provider of service on this claim.
Usage RIA
Level Service Line
Key 2420F | NM103 | - | 1035
Datatype AN
Min/Max 1/35
Pairing 2420F | NM101 | - | 98 | Entity Identifier Code
2420F | NM102 | - | 1065 | Entity Type Qualifier

Referring Provider First Name
The first name of provider who referred the patient to the provider of service on this claim.
Usage RIA
Level Service Line
Key 2420F | NM104 | - | 1036
Datatype AN
Min/Max 1/25

Referring Provider Middle Name
Middle name of the provider who is referring patient for care.
Usage RIA
Level Service Line
Note 1 Required if NM102=1 and the middle name/initial of the person is known.
Key 2420F | NM105 | - | 1037
Datatype AN
Min/Max 1/25

Referring Provider Name Suffix
Suffix to the name of the provider referring the patient for care.
Usage RIA
Level Service Line
Note 1 Required if known.
Key 2420F | NM107 | - | 1039
Datatype AN
Min/Max 1/10

Referring Provider Identifier
The identification number for the referring physician.
Usage RIA
Level Service Line
Note 1 Required if either Employer's Identification/Social Security Number (Referring Provider tax ID) or National Provider Identifier is known.
Key 2420F | NM109 | - | 67
Datatype AN
Min/Max 2/80
Pairing 2420F | NM108 | - | 66 | Identification Code Qualifier
Provider Taxonomy Code

Code designating the provider type, classification, and specialization.

Usage  RIA
Level   Service Line
Key     2420F | PRV03 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2420F | PRV01 | - | 1221 | Provider Code
         2420F | PRV02 | - | 128 | Reference Identification Qualifier
Services Rendered
Free form text and codes concerning the nature of the illness, the type of service, and the type of facility where this service was performed.

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

<table>
<thead>
<tr>
<th>Usage</th>
<th>Level</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIA</td>
<td>Service Line</td>
<td>2410</td>
</tr>
</tbody>
</table>

Datatype: AN
Min/Max: 1/48
Pairing: 2410 | LIN02 | - | 235 | Product or Service ID Qualifier

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

<table>
<thead>
<tr>
<th>Usage</th>
<th>Level</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIA</td>
<td>Service Line</td>
<td>2410</td>
</tr>
</tbody>
</table>

Datatype: R
Min/Max: 1/17

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

<table>
<thead>
<tr>
<th>Usage</th>
<th>Level</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIA</td>
<td>Service Line</td>
<td>2410</td>
</tr>
</tbody>
</table>

Datatype: R
Min/Max: 1/15

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

<table>
<thead>
<tr>
<th>Usage</th>
<th>Level</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIA</td>
<td>Service Line</td>
<td>2410</td>
</tr>
</tbody>
</table>

Datatype: ID
Min/Max: 2/2
Codes: F2 - International Unit
       GR - Gram
       ML - Milliliter
       UN - Unit
Prescription Number
The unique identification number assigned by the pharmacy or supplier to the prescription.

Usage RIA
Level Service Line
Key 2410 | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2410 | REF01 | - | 128 | Reference Identification Qualifier

Product/Service ID
Code identifying the procedure, product or service.

1500 24D - (CPT/HCPCS) Unshaded Portion
Usage R
Level Service Line
Key 2400 | SV101 | C003-2 | 234
Datatype AN
Min/Max 1/48
Pairing 2400 | SV101 | C003-1 | 235 | Product/Service ID Qualifier

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

1500 24D - Procedures, Services, or Supplies (Procedure Modifier) Unshaded Portion
Usage RIA
Level Service Line
Note 1 Use this modifier for the first procedure code modifier.
2 Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.
Key 2400 | SV101 | C003-3 | 1339
Datatype AN
Min/Max 2/2

Place of Service Code
The code that identifies where the service was performed. (Note: For current code values refer to the CMS website at http://www.cms.hhs.gov/MedHCPCSGenInfo/Downloads/Place_of_Service.pdf)

1500 24B - Place of Service
Usage RIA
Level Service Line
Note 1 Required if value is different than value carried in CLM05-1 in Loop ID-2300.
Key 2400 | SV105 | - | 1331
Datatype AN
Min/Max 1/2
### Diagnosis Code Pointer

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

<table>
<thead>
<tr>
<th>1500</th>
<th>24E - Diagnosis Code Pointer (1) Unshaded Portion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usage</td>
<td>RIA</td>
</tr>
<tr>
<td>Level</td>
<td>Service Line</td>
</tr>
<tr>
<td>Note 1</td>
<td>Use this pointer for the first diagnosis code pointer (primary diagnosis for this service line). Use remaining diagnosis pointers in declining level of importance to service line. Acceptable values are 1 through 8, inclusive.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key</th>
<th>2400</th>
<th>SV107</th>
<th>C004-1</th>
<th>1328</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Datatype</th>
<th>N0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min/Max</td>
<td>1/2</td>
</tr>
</tbody>
</table>

### Diagnosis Code Pointer

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

<table>
<thead>
<tr>
<th>1500</th>
<th>24E - Diagnosis Code Pointer (2) Unshaded Portion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usage</td>
<td>RIA</td>
</tr>
<tr>
<td>Level</td>
<td>Service Line</td>
</tr>
<tr>
<td>Note 1</td>
<td>Use this pointer for the second diagnosis code pointer.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key</th>
<th>2400</th>
<th>SV107</th>
<th>C004-2</th>
<th>1328</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Datatype</th>
<th>N0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min/Max</td>
<td>1/2</td>
</tr>
</tbody>
</table>

### Diagnosis Code Pointer

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

<table>
<thead>
<tr>
<th>1500</th>
<th>24E - Diagnosis Code Pointer (3) Unshaded Portion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usage</td>
<td>RIA</td>
</tr>
<tr>
<td>Level</td>
<td>Service Line</td>
</tr>
<tr>
<td>Note 1</td>
<td>Use this pointer for the third diagnosis code pointer.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key</th>
<th>2400</th>
<th>SV107</th>
<th>C004-3</th>
<th>1328</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Datatype</th>
<th>N0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min/Max</td>
<td>1/2</td>
</tr>
</tbody>
</table>

### Diagnosis Code Pointer

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

<table>
<thead>
<tr>
<th>1500</th>
<th>24E - Diagnosis Code Pointer (4) Unshaded Portion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usage</td>
<td>RIA</td>
</tr>
<tr>
<td>Level</td>
<td>Service Line</td>
</tr>
<tr>
<td>Note 1</td>
<td>Use this pointer for the fourth diagnosis code pointer.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key</th>
<th>2400</th>
<th>SV107</th>
<th>C004-4</th>
<th>1328</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Datatype</th>
<th>N0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min/Max</td>
<td>1/2</td>
</tr>
</tbody>
</table>
Emergency Indicator

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

Usage RIA
Level Service Line
Note 1 Required when the service is known to be an emergency by the provider.
Emergency definition: The patient requires immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions.

Key 2400 | SV109 | - | 1073
Datatype ID
Min/Max 1/1
Codes Y - Yes

EPSDT Indicator

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

Usage RIA
Level Service Line
Note 1 Required if Medicaid services are the result of a screening referral.

Key 2400 | SV111 | - | 1073
Datatype ID
Min/Max 1/1
Codes Y - Yes

Family Planning Indicator

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

Usage RIA
Level Service Line
Note 1 Required if applicable for Medicaid claims.

Key 2400 | SV112 | - | 1073
Datatype ID
Min/Max 1/1
Codes Y - Yes

Co-Pay Status Code

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

Usage RIA
Level Service Line
Note 1 Required if patient was exempt from co-pay.

Key 2400 | SV115 | - | 1327
Datatype ID
Min/Max 1/1
Codes 0 - Copay exempt
Procedure Code

Code identifying the procedure, product or service.

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

Usage RIA

Level Service Line

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

Key 2400 | SV501 | C003-2 | 234

Datatype AN

Min/Max 1/48

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

Attachment Report Type Code

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

1500
19 - Reserved for Local Use

Usage RIA

Level Service Line

Key 2400 | PWK01 | - | 755

Datatype ID

Min/Max 2/2

Codes CT - Certification

Attachment Transmission Code

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

1500
19 - Reserved for Local Use

Usage RIA

Level Service Line

Key 2320 | PWK02 | - | 756

Datatype ID

Min/Max 1/2

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

Ambulance Transport Reason Code

Code indicating the reason for ambulance transport.

Usage RIA

Level Service Line

Key 2400 | CR104 | - | 1317

Datatype ID

Min/Max 1/1

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

Pairing 2400 | CR103 | - | 1316 | Ambulance Transport Code
Transport Distance
    Distance traveled during the ambulance transport.
    **Usage**: RIA
    **Level**: Service Line
    **Note 1**: NSF crosswalk to FA0-50.0 is used only in Medicare payer-to-payer COB situations.
    **Key**: 2400 | CR106 | - | 380
    **Datatype**: R
    **Min/Max**: 1/15
    **Pairing**: 2400 | CR105 | - | 355 | Unit or Basis for Measurement Code

Round Trip Purpose Description
    Free-form description of the purpose of the ambulance transport round trip.
    **Usage**: RIA
    **Level**: Service Line
    **Note 1**: Required if CR103 (Ambulance Transport Code) = X - Round Trip; otherwise not used.
    **Key**: 2400 | CR109 | - | 352
    **Datatype**: AN
    **Min/Max**: 1/80

Stretcher Purpose Description
    Free-form description of the purpose of the use of a stretcher during ambulance service.
    **Usage**: RIA
    **Level**: Service Line
    **Note 1**: Required if needed to justify usage of stretcher.
    **Key**: 2400 | CR110 | - | 352
    **Datatype**: AN
    **Min/Max**: 1/80

X-ray Availability Indicator
    Indicates if X-Rays are on file for chiropractor spinal manipulation.
    **Usage**: RIA
    **Level**: Service Line
    **Note 1**: Required for service dates prior to January 1, 2000.
    **Key**: 2400 | CR212 | - | 1073
    **Datatype**: ID
    **Min/Max**: 1/1
    **Codes**: N - No
    Y - Yes

Certification Type Code
    Code indicating the type of certification.
    **Usage**: RIA
    **Level**: Service Line
    **Key**: 2400 | CR301 | - | 1322
    **Datatype**: ID
    **Min/Max**: 1/1
    **Codes**: I - Initial
    R - Renewal
    S - Revised
Durable Medical Equipment Duration

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

Usage RIA
Level Service Line
Note 1 Length of time DME equipment is needed.
Key 2400 | CR303 | - | 380
Datatype R
Min/Max 1/15
Pairing 2400 | CR302 | - | 355 | Unit or Basis for Measurement Code

Repriced Line Item Reference Number

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

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

Adjusted Repriced Line Item Reference Number

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

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

Prior Authorization or Referral Number

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

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

Line Item Control Number

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

Usage RIA
Level Service Line
Key 2400 | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2400 | REF01 | - | 128 | Reference Identification Qualifier
<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Usage</th>
<th>Level</th>
<th>Key</th>
<th>Datatype</th>
<th>Min/Max</th>
<th>Pairing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammography Certification Number</td>
<td>HCFA assigned Certification Number of the certified mammography screening center.</td>
<td>RIA</td>
<td>Service Line</td>
<td>2400</td>
<td>REF02</td>
<td>-</td>
<td>127</td>
</tr>
<tr>
<td>Clinical Laboratory Improvement Amendment Number</td>
<td>The CLIA Certificate of Waiver or the CLIA Certificate of Registration Identification Number assigned to the laboratory testing site that rendered the services on this claim.</td>
<td>RIA</td>
<td>Service Line</td>
<td>2400</td>
<td>REF02</td>
<td>-</td>
<td>127</td>
</tr>
<tr>
<td>Referring CLIA Number</td>
<td>Referring Clinical Laboratory Improvement Amendment (CLIA) facility identification.</td>
<td>RIA</td>
<td>Service Line</td>
<td>2400</td>
<td>REF02</td>
<td>-</td>
<td>127</td>
</tr>
<tr>
<td>Immunization Batch Number</td>
<td>The manufacturer’s lot number for vaccine used in immunization.</td>
<td>RIA</td>
<td>Service Line</td>
<td>2400</td>
<td>REF02</td>
<td>-</td>
<td>127</td>
</tr>
<tr>
<td>Ambulatory Patient Group Number</td>
<td>Identifier for Ambulatory Patient Group assigned to the claim.</td>
<td>RIA</td>
<td>Service Line</td>
<td>2400</td>
<td>REF02</td>
<td>-</td>
<td>127</td>
</tr>
</tbody>
</table>
Oxygen Flow Rate
The oxygen flow rate in liters per minute.
Usage RIA
Level Service Line
Note 1 Valid values are 1 - 999 liters per minute and X for less than 1 liter per minute.
Key 2400 | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2400 | REF01 | - | 128 | Reference Identification Qualifier

Universal Product Number
Industry standard code identifying supplies and materials.
1500 24 - Shaded line
Usage RIA
Level Service Line
Key 2400 | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2400 | REF01 | - | 128 | Reference Identification Qualifier

Line Note Text
Narrative text providing additional information related to the service line.
1500 19 - Reserved for local use
Usage RIA
Level Service Line
Key 2400 | NTE02 | - | 352
Datatype AN
Min/Max 1/80
Pairing 2400 | NTE01 | - | 363 | Note Reference Code

Number of Visits
The number of home health visits. Example: One visit every three days for 21 days. This element indicates that the data is communicating the number of visits, i.e., one.
Usage RIA
Level Service Line
Note 1 HDS02 qualifies HSD01.
2 Required if information is different than that given at claim level (Loop ID-2300).
Key 2400 | HSD02 | - | 380
Datatype R
Min/Max 1/15
Pairing 2400 | HSD01 | - | 673 | Visits
Frequency Count
The count of the frequency units of home health visits. Example: One visit every three days for 21 days. This element indicates that the data is communicating that the one visit occurs at three day intervals.

Usage RIA
Level Service Line
Note 1 Required if information is different than that given at claim level (Loop ID-2300).
Key 2400 | HSD04 | - | 1167
Datatype R
Min/Max 1/6
Pairing 2400 | HSD03 | - | 355 | Frequency Period

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

Usage RIA
Level Service Line
Note 1 Required if information is different than that given at claim level (Loop ID-2300).
Key 2400 | HSD05 | - | 615
Datatype ID
Min/Max 1/2
Codes 7 - Day
34 - Month
35 - Week

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

Usage RIA
Level Service Line
Note 1 Required if information is different than that given at claim level (Loop ID-2300).
Key 2400 | HSD06 | - | 616
Datatype N0
Min/Max 1/3
Ship, Delivery or Calendar Pattern Code

The time delivery pattern for the services.

Usage RIA
Level Service Line
Note 1 Required if information is different than that given at claim level (Loop ID-2300).
Key 2400 | HSD07 | - | 678
Datatype ID
Min/Max 1/2
Codes
1 - 1st Week of the Month
2 - 2nd Week of the Month
3 - 3rd Week of the Month
4 - 4th Week of the Month
5 - 5th Week of the Month
6 - 1st & 3rd Weeks of the Month
7 - 2nd & 4th Weeks of the Month
A - Monday through Friday
B - Monday through Saturday
C - Monday through Sunday
D - Monday
E - Tuesday
F - Wednesday
G - Thursday
H - Friday
J - Saturday
K - Sunday
L - Monday through Thursday
N - As Directed
O - Daily Mon. through Fri.
SA - Sunday, Monday, Thursday, Friday, Saturday
SB - Tuesday through Saturday
SC - Sunday, Wednesday, Thursday, Friday, Saturday
SD - Monday, Wednesday, Thursday, Friday, Saturday
SG - Tuesday through Friday
SL - Monday, Tuesday and Thursday
SP - Monday, Tuesday and Friday
SX - Wednesday and Thursday
SY - Monday, Wednesday and Thursday
SZ - Tuesday, Thursday and Friday
W - Whenever Necessary

Delivery Pattern Time Code

Code which specifies the time delivery pattern of the services.

Usage RIA
Level Service Line
Note 1 Required if information is different than that given at claim level (Loop ID-2300).
Key 2400 | HSD08 | - | 679
Datatype ID
Min/Max 1/1
Codes
D - A.M.
E - P.M.
F - As Directed
Form Identifier
Letter or number identifying a specific form.
Usage RIA
Level Service Line
Key 2440 | LQ02 | - | 1271
Datatype AN
Min/Max 1/30
Pairing 2440 | LQ01 | - | 1270 | Code List Qualifier Code

Question Response
A yes/no question response.
Usage RIA
Level Service Line
Note 1 FRM02, 03, 04, or 05 is required.
  2 Used to answer question identified in FRM01 which utilizes a Yes/No response format.
Key 2440 | FRM02 | - | 1073
Datatype ID
Min/Max 1/1
Codes N - No
       W - Not Applicable
       Y - Yes
Pairing 2440 | FRM01 | - | 350 | Question Number/Letter
          2440 | FRM03 | - | 127 | Question Response
          2440 | FRM04 | - | 373 | Question Response
          2440 | FRM05 | - | 332 | Question Response
Service and Other Dates
Pertinent dates concerning this service.

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

1500 24A - Date(s) of Service (From, To)
Usage R
Level Service Line
Key 2400 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier
2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Certification Revision Date
Date the certification was revised.

Usage RIA
Level Service Line
Key 2400 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier
2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Begin Therapy Date
Date therapy begins.

Usage RIA
Level Service Line
Key 2400 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier
2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Last Certification Date
The date of the last certification.

Usage RIA
Level Service Line
Key 2400 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier
2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier
**Last Seen Date**

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

- **Usage**: RIA
- **Level**: Service Line
- **Key**: 2400 | DTP03 | - | 1251
- **Datatype**: AN
- **Min/Max**: 1/35
- **Pairing**: 2400 | DTP01 | - | 374 | Date Time Qualifier
  2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

**Shipped Date**

Date product shipped.

- **Usage**: RIA
- **Level**: Service Line
- **Key**: 2400 | DTP03 | - | 1251
- **Datatype**: AN
- **Min/Max**: 1/35
- **Pairing**: 2400 | DTP01 | - | 374 | Date Time Qualifier
  2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

**Onset Date**

Date of onset of indicated patient condition.

- **Usage**: RIA
- **Level**: Service Line
- **Key**: 2400 | DTP03 | - | 1251
- **Datatype**: AN
- **Min/Max**: 1/35
- **Pairing**: 2400 | DTP01 | - | 374 | Date Time Qualifier
  2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

**Last X-Ray Date**

Date patient received last X-Ray.

- **Usage**: RIA
- **Level**: Service Line
- **Key**: 2400 | DTP03 | - | 1251
- **Datatype**: AN
- **Min/Max**: 1/35
- **Pairing**: 2400 | DTP01 | - | 374 | Date Time Qualifier
  2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier
Acute Manifestation Date

Date of acute manifestation of patient's condition.
Usage RIA
Level Service Line
Key 2400 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier
2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Initial Treatment Date

Date that the patient initially sought treatment for this condition.
Usage RIA
Level Service Line
Key 2400 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier
2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Similar Illness or Symptom Date

Date of onset of a similar illness or symptom.
Usage RIA
Level Service Line
Key 2400 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier
2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Test Performed Date

The date the patient was tested for arterial blood gas and/or oxygen saturation on room air.
Usage RIA
Level Service Line
Key 2400 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier
2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier

Oxygen Saturation Test Date

Date patient received oxygen saturation test.
Usage RIA
Level Service Line
Key 2400 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2400 | DTP01 | - | 374 | Date Time Qualifier
2400 | DTP02 | - | 1250 | Date Time Period Format Qualifier
Test Results
The results of tests concerning this line item.

Certification Type Code
Code indicating the type of certification.

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

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

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

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

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

Oxygen Saturation Quantity
The oxygen saturation (oximetry) test results.

Usage  RIA
Level   Service Line
Note 1  Either CR510 or CR511 is required.
        2 Required on claims which report oxygen saturation quantity.
Key     2400 | CR511 | - | 380
Datatype R
Min/Max 1/15
Oxygen Test Condition Code
Code indicating the conditions under which a patient was tested.

Usage: RIA  
Level: Service Line  
Key: 2400 | CR512 | - | 1349  
Datatype: ID  
Min/Max: 1/1  
Codes:  
E - Exercising  
R - At rest on room air  
S - Sleeping

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

Usage: RIA  
Level: Service Line  
Note 1: Required if patient's arterial PO₂ is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.  
Key: 2400 | CR513 | - | 1350  
Datatype: ID  
Min/Max: 1/1  
Codes:  
1 - Dependent edema suggesting congestive heart failure  
2 - P - Pulmonale on Electrocardiogram (EKG)

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

Usage: RIA  
Level: Service Line  
Note 1: Required if patient's arterial PO₂ is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.  
Key: 2400 | CR515 | - | 1350  
Datatype: ID  
Min/Max: 1/1  
Codes:  
3 - Erythrocythemia with a hematocrit greater than 56 percent
Condition Code

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

Usage RIA
Level Service Line
Note 1 The codes for CRC03 also can be used for CRC04 through CRC07.

Key 2400 | CRC03 | - | 1321
Datatype ID
Min/Max 2/2
Codes
01 - Patient was admitted to a hospital
02 - Patient was bed confined before the ambulance service
03 - Patient was bed confined after the ambulance service
04 - Patient was moved by stretcher
05 - Patient was unconscious or in shock
06 - Patient was transported in an emergency situation
07 - Patient had to be physically restrained
08 - Patient had visible hemorrhaging
09 - Ambulance service was medically necessary
60 - Transportation Was To the Nearest Facility

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

Condition Indicator

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

Usage RIA
Level Service Line
Note 1 Use P1 (GX0-20.0) to answer the Medicare Oxygen CMN question: The test was performed either with the patient in a chronic stable state as an outpatient or within two days prior to discharge from an inpatient facility to home.

2 Code ZV was approved by ASC X12 in the version 004011 Data Dictionary but is included in this guide to provide standard way to report DMERC claims within the HIPAA implementation time frame. It is recommended that entities who have a need to submit or receive DMERC claims customize their 004010 translator map to allow this exception code.

Key 2400 | CRC03 | - | 1321
Datatype ID
Min/Max 2/2
Codes
37 - Oxygen delivery equipment is stationary
38 - Certification signed by the physician is on file at the supplier's office
AL - Ambulation Limitations
P1 - Patient was Discharged from the First Facility
ZV - Replacement Item

Pairing 2400 | CRC01 | - | 1136 | Code Category
2400 | CRC02 | - | 1073 | Certification Condition Indicator
Measurement Reference Identification Code
  Code identifying the broad category to which a measurement applies.
  Usage RIA
  Level Service Line
  Key 2400 | MEA01 | - | 737
  Datatype ID
  Min/Max 2/2
  Codes OG - Original
           TR - Test Results
  Pairing 2400 | MEA02 | - | 738 | Measurement Qualifier

Test Results
  If tests are performed under other conditions such as oxygen, give test results and
  information necessary for interpreting the tests and why performed under these conditions.
  Usage RIA
  Level Service Line
  Key 2400 | MEA03 | - | 739
  Datatype R
  Min/Max 1/20
  Pairing 2400 | MEA02 | - | 738 | Measurement Qualifier
## Amounts/Pricing
Amounts concerning the payment of this line item.

### Unit or Basis for Measurement Code
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken.

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

### Length of Medical Necessity
Number of days the durable medical equipment will be required for medical treatment.

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

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

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

### DME Purchase Price
Purchase price of the Durable Medical Equipment.

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

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

Usage RIA
Level Service Line
Note 1 Required if information is different than that given at claim level (Loop ID-2300).
Key 2400 | CN105 | - | 338
Datatype R
Min/Max 1/6

Line Item Charge Amount

Charges related to this service.

Usage R
Level Service Line
Note 1 For encounter transmissions, zero (0) may be a valid amount.
Key 2400 | SV102 | - | 782
Datatype R
Min/Max 1/18

Unit or Basis for Measurement Code

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

Usage R
Level Service Line
Note 1 FA0-50.0 is only used in Medicare COB payer-to-payer situations.
Key 2400 | SV103 | - | 355
Datatype ID
Min/Max 2/2
Codes F2 - International Unit
MJ - Minutes
UN - Unit

Service Unit Count

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

Usage R
Level Service Line
Note 1 Note: If a decimal is needed to report units, include it in this element, e.g., 15.6.
Key 2400 | SV104 | - | 380
Datatype R
Min/Max 1/15
**Contract Type Code**

Code identifying a contract type.

Usage: RIA  
Level: Service Line

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

Key: 2400 | CN101 | - | 1166

Datatype: ID  
Min/Max: 2/2

Codes:
- 01 - Diagnosis Related Group (DRG)
- 02 - Per Diem
- 03 - Variable Per Diem
- 04 - Flat
- 05 - Capitated
- 06 - Percent
- 09 - Other

---

**Contract Amount**

Fixed monetary amount pertaining to the contract.

Usage: RIA  
Level: Service Line

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

Key: 2400 | CN102 | - | 782

Datatype: R  
Min/Max: 1/18

---

**Contract Percentage**

Percent of charges payable under the contract.

Usage: RIA  
Level: Service Line

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

Key: 2400 | CN103 | - | 332

Datatype: R  
Min/Max: 1/6

---

**Contract Code**

Code identifying the specific contract, established by the payer.

Usage: RIA  
Level: Service Line

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

Key: 2400 | CN104 | - | 127

Datatype: AN  
Min/Max: 1/30
Contract Version Identifier
Identification of additional or supplemental contract provisions, or identification of a particular version or modification of contract.

Usage RIA
Level Service Line
Note 1 Required if information is different than that given at claim level (Loop ID-2300).
Key 2400 | CN106 | - | 799
Datatype AN
Min/Max 1/30

Sales Tax Amount
Amount of sales tax attributable to the referenced Service.

Usage RIA
Level Service Line
Key 2400 | AMT02 | - | 782
Datatype R
Min/Max 1/18
Pairing 2400 | AMT01 | - | 522 | Amount Qualifier Code

Approved Amount
Amount approved.

Usage RIA
Level Service Line
Key 2400 | AMT02 | - | 782
Datatype R
Min/Max 1/18
Pairing 2400 | AMT01 | - | 522 | Amount Qualifier Code

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

Usage RIA
Level Service Line
Key 2400 | AMT02 | - | 782
Datatype R
Min/Max 1/18
Pairing 2400 | AMT01 | - | 522 | Amount Qualifier Code

Purchased Service Charge Amount
The charge for the purchased service.

1500 20 - Outside Lab $ Charges ($ Charges)
Usage RIA
Level Service Line
Key 2400 | PS102 | - | 782
Datatype R
Min/Max 1/18
Pricing Methodology

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

Usage NRU
Level Service Line
Note 1 Trading partners need to agree on the codes to use in this element. There do not appear to be standard definitions for the code elements.
2 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key 2400 | HCP01 | - | 1473

Datatype ID
Min/Max 2/2
Codes
00 - Zero Pricing (Not Covered Under Contract)
01 - Priced as Billed at 100%
02 - Priced at the Standard Fee Schedule
03 - Priced at a Contractual Percentage
04 - Bundled Pricing
05 - Peer Review Pricing
06 - Per Diem Pricing
07 - Flat Rate Pricing
08 - Combination Pricing
09 - Maternity Pricing
10 - Other Pricing
11 - Lower of Cost
12 - Ratio of Cost
13 - Cost Reimbursed
14 - Adjustment Pricing

Repriced Allowed Amount

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

Usage NRU
Level Service Line
Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key 2400 | HCP02 | - | 782
Datatype R
Min/Max 1/18

Repriced Saving Amount

The amount of savings related to Third Party Organization claims.

Usage NRU
Level Service Line
Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key 2400 | HCP03 | - | 782
Datatype R
Min/Max 1/18
Repricing Organization Identifier
Reference or identification number of the repricing organization.
Usage NRU
Level Service Line
Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key 2400 | HCP04 | - | 127
Datatype AN
Min/Max 1/30

Repricing Per Diem or Flat Rate Amount
Amount used to determine the flat rate or per diem price by the repricing organization.
Usage NRU
Level Service Line
Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key 2400 | HCP05 | - | 118
Datatype R
Min/Max 1/9

Repriced Approved Ambulatory Patient Group Code
Identifier for Ambulatory Patient Group assigned to the claim by the repricer.
Usage NRU
Level Service Line
Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key 2400 | HCP06 | - | 127
Datatype AN
Min/Max 1/30

Repriced Approved Ambulatory Patient Group Amount
Amount of payment by the repricer for the referenced Ambulatory Patient Group.
Usage NRU
Level Service Line
Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key 2400 | HCP07 | - | 782
Datatype R
Min/Max 1/18

Procedure Code
Code identifying the procedure, product or service.
Usage NRU
Level Service Line
Note 1 Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key 2400 | HCP10 | - | 234
Datatype AN
Min/Max 1/48
Pairing 2400 | HCP09 | - | 235 | Product or Service ID Qualifier
Repriced Approved Service Unit Count

Number of service units approved by pricing or repricing entity.

Usage: NRU
Level: Service Line
Note 1: Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key: 2400 | HCP12 | - | 380
Datatype: R
Min/Max: 1/15
Pairing: 2400 | HCP11 | - | 355 | Unit or Basis for Measurement Code

Reject Reason Code

Code assigned by issuer to identify reason for rejection.

Usage: NRU
Level: Service Line
Note 1: Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key: 2400 | HCP13 | - | 901
Datatype: ID
Min/Max: 2/2
Codes:
T1 - Cannot Identify Provider as TPO (Third Party Organization) Participant
T2 - Cannot Identify Payer as TPO (Third Party Organization) Participant
T3 - Cannot Identify Insured as TPO (Third Party Organization) Participant
T4 - Payer Name or Identifier Missing
T5 - Certification Information Missing
T6 - Claim does not contain enough information for re-pricing

Policy Compliance Code

The code that specifies policy compliance.

Usage: NRU
Level: Service Line
Note 1: Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.
Key: 2400 | HCP14 | - | 1526
Datatype: ID
Min/Max: 1/2
Codes:
1 - Procedure Followed (Compliance)
2 - Not Followed - Call Not Made (Non-Compliance Call Not Made)
3 - Not Medically Necessary (Non-Compliance Non-Medically Necessary)
4 - Not Followed Other (Non-Compliance Other)
5 - Emergency Admit to Non-Network Hospital
Exception Code

Exception code generated by the Third Party Organization.

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

Key 2400 | HCP15 | - | 1527

Datatype ID
Min/Max 1/2

Codes
1 - Non-Network Professional Provider in Network Hospital
2 - Emergency Care
3 - Services or Specialist not in Network
4 - Out-of-Service Area
5 - State Mandates
6 - Other
Uncategorized

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

**Fixed Format Information**

Data in fixed format agreed upon by sender and receiver.

<table>
<thead>
<tr>
<th>Usage</th>
<th>Level</th>
<th>Key</th>
<th>Datatype</th>
<th>Min/Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIA</td>
<td>Service Line</td>
<td>2400</td>
<td>K301</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Information about the claim to assist secondary and tertiary payers in proper adjudication and payment determination. This information, if applicable, would be added to the claim by a payer to assist secondary, tertiary, etc. payers.
Other Insured Identification
Free form text, codes, assigned numbers, and dates that uniquely identify another subscriber or policy holder with insurance coverage for the patient.

Other Insured Last Name
The last name of the additional insured individual.

<table>
<thead>
<tr>
<th>Usage</th>
<th>Level</th>
<th>Key</th>
<th>Datatype</th>
<th>Min/Max</th>
<th>Pairing</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIA</td>
<td>Claim</td>
<td>2330A</td>
<td>NM103</td>
<td>1/35</td>
<td>2330A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2330A</td>
</tr>
</tbody>
</table>

Other Insured First Name
The first name of the additional insured individual.

<table>
<thead>
<tr>
<th>Usage</th>
<th>Level</th>
<th>Note 1</th>
<th>Key</th>
<th>Datatype</th>
<th>Min/Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIA</td>
<td>Claim</td>
<td>Required if NM102=1 (person).</td>
<td>2330A</td>
<td>NM104</td>
<td>1/25</td>
</tr>
</tbody>
</table>

Other Insured Middle Name
The middle name of the additional insured individual.

<table>
<thead>
<tr>
<th>Usage</th>
<th>Level</th>
<th>Note 1</th>
<th>Key</th>
<th>Datatype</th>
<th>Min/Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIA</td>
<td>Claim</td>
<td>Required if NM102=1 and the middle name/initial of the person is known.</td>
<td>2330A</td>
<td>NM105</td>
<td>1/25</td>
</tr>
</tbody>
</table>

Other Insured Name Suffix
The suffix to the name of the additional insured individual.

<table>
<thead>
<tr>
<th>Usage</th>
<th>Level</th>
<th>Note 1</th>
<th>Key</th>
<th>Datatype</th>
<th>Min/Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIA</td>
<td>Claim</td>
<td>Required if known.</td>
<td>2330A</td>
<td>NM107</td>
<td>1/10</td>
</tr>
</tbody>
</table>
Other Insured Address Line
Address line of the additional insured individual's mailing address.

Usage RIA
Level Claim
Key 2330A | N301 | - | 166
Datatype AN
Min/Max 1/55

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

Usage RIA
Level Claim
Note 1 Required if a second address line exists.
Key 2330A | N302 | - | 166
Datatype AN
Min/Max 1/55

Other Insured City Name
The city name of the additional insured individual.

Usage RIA
Level Claim
Note 1 Required when information is available.
Key 2330A | N401 | - | 19
Datatype AN
Min/Max 2/30

Other Insured State Code
The state code of the additional insured individual's mailing address.

Usage RIA
Level Claim
Note 1 Required when information is available.
Key 2330A | N402 | - | 156
Datatype ID
Min/Max 2/2

Other Insured Postal Zone or ZIP Code
The Postal ZIP Code of the additional insured individual's mailing address.

Usage RIA
Level Claim
Note 1 Required when information is available.
Key 2330A | N403 | - | 116
Datatype ID
Min/Max 3/15
Country Code

Code indicating the geographic location.

Usage RIA
Level Claim
Note 1 Required if the address is out of the U.S.
Key 2330A | N404 | - | 26
Datatype ID
Min/Max 2/3

Other Insured Birth Date

The birth date of the additional insured individual.

1500 9b - Other Insured's Date of Birth, Sex (Date of Birth)
Usage RIA
Level Claim
Key 2320 | DMG02 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2320 | DMG01 | - | 1250 | Date Time Period Format Qualifier

Other Insured Gender Code

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

1500 9b - Other Insured's Date of Birth, Sex (Sex)
Usage RIA
Level Claim
Key 2320 | DMG03 | - | 1068
Datatype ID
Min/Max 1/1
Codes F - Female
M - Male
U - Unknown

Other Insured Identifier

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

1500 9a - Other Insured's Policy or Group Number
Usage RIA
Level Claim
Key 2330A | NM109 | - | 67
Datatype AN
Min/Max 2/80
Pairing 2330A | NM108 | - | 66 | Identification Code Qualifier

NUCC DATA SET 127
### Other Insured Additional Identifier

Number providing additional identification of the other insured.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Key</td>
<td>2330A</td>
</tr>
<tr>
<td>Datatype</td>
<td>AN</td>
</tr>
<tr>
<td>Min/Max</td>
<td>1/30</td>
</tr>
<tr>
<td>Pairing</td>
<td>2330A</td>
</tr>
</tbody>
</table>

### Individual Relationship Code

Code indicating the relationship between two individuals or entities.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Key</td>
<td>2320</td>
</tr>
<tr>
<td>Datatype</td>
<td>ID</td>
</tr>
<tr>
<td>Min/Max</td>
<td>2/2</td>
</tr>
<tr>
<td>Codes</td>
<td>01 - Spouse</td>
</tr>
<tr>
<td></td>
<td>04 - Grandfather or Grandmother</td>
</tr>
<tr>
<td></td>
<td>05 - Grandson or Granddaughter</td>
</tr>
<tr>
<td></td>
<td>07 - Nephew or Niece</td>
</tr>
<tr>
<td></td>
<td>10 - Foster Child</td>
</tr>
<tr>
<td></td>
<td>15 - Ward</td>
</tr>
<tr>
<td></td>
<td>17 - Stepson or Stepdaughter</td>
</tr>
<tr>
<td></td>
<td>18 - Self</td>
</tr>
<tr>
<td></td>
<td>19 - Child</td>
</tr>
<tr>
<td></td>
<td>20 - Employee</td>
</tr>
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<td></td>
<td>21 - Unknown</td>
</tr>
<tr>
<td></td>
<td>22 - Handicapped Dependent</td>
</tr>
<tr>
<td></td>
<td>23 - Sponsored Dependent</td>
</tr>
<tr>
<td></td>
<td>24 - Dependent of a Minor Dependent</td>
</tr>
<tr>
<td></td>
<td>29 - Significant Other</td>
</tr>
<tr>
<td></td>
<td>32 - Mother</td>
</tr>
<tr>
<td></td>
<td>33 - Father</td>
</tr>
<tr>
<td></td>
<td>36 - Emancipated Minor</td>
</tr>
<tr>
<td></td>
<td>39 - Organ Donor</td>
</tr>
<tr>
<td></td>
<td>40 - Cadaver Donor</td>
</tr>
<tr>
<td></td>
<td>41 - Injured Plaintiff</td>
</tr>
<tr>
<td></td>
<td>43 - Child Where Insured Has No Financial Responsibility</td>
</tr>
<tr>
<td></td>
<td>53 - Life Partner</td>
</tr>
<tr>
<td></td>
<td>G8 - Other Relationship</td>
</tr>
</tbody>
</table>

| Pairing  | 2320 | SBR01 | - | 1138 | Payer Responsibility Sequence Number Code |
### Insured Group or Policy Number
The identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered.

<table>
<thead>
<tr>
<th>1500</th>
<th>9a - Other Insured’s Policy or Group Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usage</td>
<td>RIA</td>
</tr>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Note 1</td>
<td>Required if the subscriber’s payer identification includes Group or Plan Number. This data element is intended to carry the subscriber’s Group Number, not the number that uniquely identifies the subscriber (Other Subscriber ID, Loop 2330A-NM109).</td>
</tr>
<tr>
<td>Key</td>
<td>2320</td>
</tr>
<tr>
<td>Datatype</td>
<td>AN</td>
</tr>
<tr>
<td>Min/Max</td>
<td>1/30</td>
</tr>
<tr>
<td>Pairing</td>
<td>2320</td>
</tr>
</tbody>
</table>

### Other Insured Group Name
Name of the group or plan through which the insurance is provided to the other insured.

<table>
<thead>
<tr>
<th>1500</th>
<th>9d - Insurance Plan Name or Program Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usage</td>
<td>RIA</td>
</tr>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Note 1</td>
<td>Required if the subscriber’s payer identification includes a Group or Plan Name.</td>
</tr>
<tr>
<td>Key</td>
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</tr>
<tr>
<td>Datatype</td>
<td>AN</td>
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<tr>
<td>Min/Max</td>
<td>1/60</td>
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<tr>
<td>Pairing</td>
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</tr>
</tbody>
</table>

### Insurance Type Code
Code identifying the type of insurance.

| Usage | RIA |
| Level  | Claim |
| Key   | 2320 | SBR05 | - | 1336 |
| Datatype | ID |
| Min/Max | 1/3 |
| Codes  | AP - Auto Insurance Policy            |
|        | C1 - Commercial                      |
|        | CP - Medicare Conditionally Primary   |
|        | GP - Group Policy                     |
|        | HM - Health Maintenance Organization (HMO) |
|        | IP - Individual Policy                |
|        | LD - Long Term Policy                 |
|        | LT - Litigation                       |
|        | MB - Medicare Part B                  |
|        | MC - Medicaid                         |
|        | MI - Medigap Part B                   |
|        | MP - Medicare Primary                 |
|        | OT - Other                            |
|        | PP - Personal Payment (Cash - No Insurance) |
|        | SP - Supplemental Policy              |
Claim Filing Indicator Code

Code identifying type of claim or expected adjudication process.

Usage RIA
Level Claim
Note 1 Required prior to mandated use of PlanID. Not used after PlanID is mandated.

Key 2320 | SBR09 | - | 1032

Datatype ID
Min/Max 1/2

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

Benefits Assignment Certification Indicator

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

Usage RIA
Level Claim
Note 1 This is a crosswalk from CLM08 when doing COB.

Key 2320 | OI03 | - | 1073

Datatype ID
Min/Max 1/1

Codes
N - No
Y - Yes
Patient Signature Source Code

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

**Usage** RIA

**Level** Claim

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

2 This is a crosswalk from CLM10 when doing COB.

**Key** 2320 | OI04 | - | 1351

**Datatype** ID

**Min/Max** 1/1

**Codes**

- B - Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file
- C - Signed HCFA-1500 Claim Form on file
- M - Signed signature authorization form for HCFA-1500 Claim Form block 13 on file
- P - Signature generated by provider because the patient was not physically present for services
- S - Signed signature authorization form for HCFA-1500 Claim Form block 12 on file

Release of Information Code

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

**Usage** RIA

**Level** Claim

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

**Key** 2320 | OI06 | - | 1363

**Datatype** ID

**Min/Max** 1/1

**Codes**

- A - Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization
- I - Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes
- M - The Provider has Limited or Restricted Ability to Release Data Related to a Claim
- N - No, Provider is Not Allowed to Release Data
- O - On file at Payor or at Plan Sponsor
- Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
### Other Payer Identification
Free form text and codes to uniquely identify another payer organization.

### Other Payer Last or Organization Name
The name of the other payer organization.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Key</td>
<td>2330B</td>
</tr>
<tr>
<td>Datatype</td>
<td>AN</td>
</tr>
<tr>
<td>Min/Max</td>
<td>1/35</td>
</tr>
<tr>
<td>Pairing</td>
<td>2330B</td>
</tr>
<tr>
<td></td>
<td>2330B</td>
</tr>
</tbody>
</table>

### Other Payer Primary Identifier
An identification number for the other payer.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Note 1</td>
<td>This number must be identical to SVD01 (Loop ID-2430) for COB.</td>
</tr>
<tr>
<td>Key</td>
<td>2330B</td>
</tr>
<tr>
<td>Datatype</td>
<td>AN</td>
</tr>
<tr>
<td>Min/Max</td>
<td>2/80</td>
</tr>
<tr>
<td>Pairing</td>
<td>2330B</td>
</tr>
</tbody>
</table>

### Other Payer Contact Name
Name of other payer contact.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Key</td>
<td>2330B</td>
</tr>
<tr>
<td>Datatype</td>
<td>AN</td>
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<tr>
<td>Min/Max</td>
<td>1/60</td>
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<td>Pairing</td>
<td>2330B</td>
</tr>
<tr>
<td></td>
<td>2330B</td>
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</tbody>
</table>

### Communication Number
Complete communications number including country or area code when applicable.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
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</tr>
<tr>
<td>Datatype</td>
<td>AN</td>
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<tr>
<td>Min/Max</td>
<td>1/80</td>
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<tr>
<td>Pairing</td>
<td>2330B</td>
</tr>
<tr>
<td></td>
<td>2330B</td>
</tr>
</tbody>
</table>
### Other Payer Secondary Identifier

Additional identifier for the other payer organization.

**Usage**  
RIA

**Level**  
Claim

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

**Key**  
2330B | REF02 | - | 127

<table>
<thead>
<tr>
<th>Datatype</th>
<th>AN</th>
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</thead>
<tbody>
<tr>
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<td>1/30</td>
</tr>
<tr>
<td>Pairing</td>
<td>2330B</td>
</tr>
</tbody>
</table>

---

### Other Payer Patient Primary Identifier

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

**Usage**  
RIA

**Level**  
Claim

**Key**  
2330C | NM109 | - | 67

<table>
<thead>
<tr>
<th>Datatype</th>
<th>AN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min/Max</td>
<td>2/80</td>
</tr>
<tr>
<td>Pairing</td>
<td>2330C</td>
</tr>
</tbody>
</table>

---

### Other Payer Patient Secondary Identifier

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

**Usage**  
RIA

**Level**  
Claim

**Key**  
2330C | REF02 | - | 127

<table>
<thead>
<tr>
<th>Datatype</th>
<th>AN</th>
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</thead>
<tbody>
<tr>
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<td>1/30</td>
</tr>
<tr>
<td>Pairing</td>
<td>2330C</td>
</tr>
</tbody>
</table>

---

### Payer Name

Name identifying the payer organization.

**Usage**  
RIA

**Level**  
Service Line

**Key**  
2420G | NM103 | - | 1035

<table>
<thead>
<tr>
<th>Datatype</th>
<th>AN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min/Max</td>
<td>1/35</td>
</tr>
</tbody>
</table>
| Pairing  | 2420G | NM101 | - | 98 | Entity Identifier Code  
2420G | NM102 | - | 1065 | Entity Type Qualifier |

---

### Other Payer Identification Number

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

**Usage**  
RIA

**Level**  
Service Line

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

**Key**  
2420G | NM109 | - | 67

<table>
<thead>
<tr>
<th>Datatype</th>
<th>AN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min/Max</td>
<td>2/80</td>
</tr>
<tr>
<td>Pairing</td>
<td>2420G</td>
</tr>
</tbody>
</table>
Other Payer Primary Identifier

An identification number for the other payer.

Usage: RIA
Level: Service Line
Note 1: This number should match NM109 in Loop ID-2330B identifying Other Payer.
Key: 2430 | SVD01 | - | 67
Datatype: AN
Min/Max: 2/80
Other Payer Provider Identification
Free form text and codes to further identify the following provider information.

Other Payer Referring Provider Identifier
The non-destination (COB) payer's referring provider identifier.
Usage RIA
Level Claim
Key 2330D | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2330D | REF01 | - | 128 | Reference Identification Qualifier

Other Payer Rendering Provider Secondary Identifier
The non-destination (COB) payer's rendering provider identifier.
Usage RIA
Level Claim
Note 1 Other Payer Rendering Provider Secondary Identification
Key 2330E | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2330E | REF01 | - | 128 | Reference Identification Qualifier

Other Payer Purchased Service Provider Identifier
The non-destination (COB) payer's purchased service provider identifier.
Usage RIA
Level Claim
Note 1 Other Payer Purchased Service Provider Identification
Key 2330F | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2330F | REF01 | - | 128 | Reference Identification Qualifier

Other Payer Service Facility Location Identifier
The non-destination (COB) payer's service facility location identifier.
Usage RIA
Level Claim
Key 2330G | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2330G | REF01 | - | 128 | Reference Identification Qualifier

Other Payer Supervising Provider Identifier
The non-destination (COB) payer's supervising provider identifier.
Usage RIA
Level Claim
Key 2330H | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2330H | REF01 | - | 128 | Reference Identification Qualifier
Amounts/Pricing
Amounts concerning the payment of the claim of particular interest to secondary and tertiary payers.

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

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

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

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

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

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

Other Payer Patient Responsibility Amount
Amount determined by other payer to be the amount owed by the patient.

Usage RIA
Level Claim
Note 1 This is a crosswalk from CLP05 in 835 when doing COB.
Key 2320 | AMT02 | - | 782
Datatype R
Min/Max 1/18
Pairing 2320 | AMT01 | - | 522 | Amount Qualifier Code
**Other Payer Covered Amount**
Amount determined by other payer to be covered for the claim for coordination of benefits.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Note 1</td>
<td>This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = AU.</td>
</tr>
<tr>
<td>Key</td>
<td>2320</td>
</tr>
<tr>
<td>Datatype</td>
<td>R</td>
</tr>
<tr>
<td>Min/Max</td>
<td>1/18</td>
</tr>
<tr>
<td>Pairing</td>
<td>2320</td>
</tr>
</tbody>
</table>

**Other Payer Discount Amount**
Amount determined by other payer to be subject to discount provisions.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Note 1</td>
<td>This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = D8.</td>
</tr>
<tr>
<td>Key</td>
<td>2320</td>
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<tr>
<td>Datatype</td>
<td>R</td>
</tr>
<tr>
<td>Min/Max</td>
<td>1/18</td>
</tr>
<tr>
<td>Pairing</td>
<td>2320</td>
</tr>
</tbody>
</table>

**Other Payer Per Day Limit Amount**
Amount determined by other payer to be the maximum payable per day under the contract.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Note 1</td>
<td>This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = DY.</td>
</tr>
<tr>
<td>Key</td>
<td>2320</td>
</tr>
<tr>
<td>Datatype</td>
<td>R</td>
</tr>
<tr>
<td>Min/Max</td>
<td>1/18</td>
</tr>
<tr>
<td>Pairing</td>
<td>2320</td>
</tr>
</tbody>
</table>

**Other Payer Patient Paid Amount**
Amount reported by other payer as paid by the patient.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Note 1</td>
<td>This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = F5.</td>
</tr>
<tr>
<td>Key</td>
<td>2320</td>
</tr>
<tr>
<td>Datatype</td>
<td>R</td>
</tr>
<tr>
<td>Min/Max</td>
<td>1/18</td>
</tr>
<tr>
<td>Pairing</td>
<td>2320</td>
</tr>
</tbody>
</table>

**Other Payer Tax Amount**
Amount of taxes related to the claim as determined by other payer.

<table>
<thead>
<tr>
<th>Usage</th>
<th>RIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Claim</td>
</tr>
<tr>
<td>Note 1</td>
<td>This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = T.</td>
</tr>
<tr>
<td>Key</td>
<td>2320</td>
</tr>
<tr>
<td>Datatype</td>
<td>R</td>
</tr>
<tr>
<td>Min/Max</td>
<td>1/18</td>
</tr>
<tr>
<td>Pairing</td>
<td>2320</td>
</tr>
</tbody>
</table>
Other Payer Pre-Tax Claim Total Amount
Total claim amount before applying taxes as reported by other payer.

Usage: RIA
Level: Claim
Note 1: This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = T2.
Key 2320 | AMT02 | - | 782

Datatype: R
Min/Max: 1/18
Pairing: 2320 | AMT01 | - | 522 | Amount Qualifier Code

Reimbursement Rate
Rate used when payment is based upon a percentage of applicable charges.

Usage: RIA
Level: Claim
Note 1: Required if returned in the electronic remittance advice (835).
Key 2320 | MOA01 | - | 954

Datatype: R
Min/Max: 1/10

HCPCS Payable Amount
Amount due under Medicare HCPCS system.

Usage: RIA
Level: Claim
Note 1: Required if returned in the electronic remittance advice (835).
Key 2320 | MOA02 | - | 782

Datatype: R
Min/Max: 1/18

Remark Code
Code indicating a code from a specific industry code list, such as the Health Care Claim Status Code list. (Medicare Outpatient Adjudication Information segment: The electronic transaction allows up to 5 remark codes within this segment.)

Usage: RIA
Level: Claim
Note 1: Required if returned in the electronic remittance advice (835).
Key 2320 | MOA03 | - | 127

Datatype: AN
Min/Max: 1/30

End Stage Renal Disease Payment Amount
Amount of payment under End Stage Renal Disease benefit.

Usage: RIA
Level: Claim
Note 1: Required if returned in the electronic remittance advice (835).
Key 2320 | MOA08 | - | 782

Datatype: R
Min/Max: 1/18
**Non-Payable Professional Component Billed Amount**

Amount of non-payable charges included in the bill related to professional services.

- **Usage**: RIA
- **Level**: Claim
- **Note 1**: Required if returned in the electronic remittance advice (835).
- **Key**: 2320 | MOA09 | - | 782
- **Datatype**: R
- **Min/Max**: 1/18

**Service Line Paid Amount**

Amount paid by the indicated payer for a service line.

- **Usage**: RIA
- **Level**: Service Line
- **Note 1**: Zero 0 is an acceptable value for this element.
- **Note 2**: The FA0-52.0 NSF crosswalk is only used in payer-to-payer COB situations.
- **Key**: 2430 | SVD02 | - | 782
- **Datatype**: R
- **Min/Max**: 1/18

**Adjustment Reason Code**

Code that indicates the reason for the adjustment.

- **Usage**: RIA
- **Level**: Service Line
- **Note 1**: Use the Claim Adjustment Reason Code list (See Appendix C).
- **Key**: 2430 | CAS02 | - | 1034
- **Datatype**: ID
- **Min/Max**: 1/5
- **Pairing**: 2430 | CAS01 | - | 1033 | Claim Adjustment Group Code

**Adjustment Amount**

Adjustment amount for the associated reason code.

- **Usage**: RIA
- **Level**: Service Line
- **Note 1**: Use this amount for the adjustment amount.
- **Key**: 2430 | CAS03 | - | 782
- **Datatype**: R
- **Min/Max**: 1/18
- **Pairing**: 2430 | CAS01 | - | 1033 | Claim Adjustment Group Code

**Adjustment Quantity**

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

- **Usage**: RIA
- **Level**: Service Line
- **Note 1**: Use this quantity for the units of service being adjusted.
- **Note 2**: Use as needed to show payer adjustment.
- **Key**: 2430 | CAS04 | - | 380
- **Datatype**: R
- **Min/Max**: 1/15
- **Pairing**: 2430 | CAS01 | - | 1033 | Claim Adjustment Group Code
Service and Other Dates
Free form text and codes to identify services and other dates related to COB.

Adjudication or Payment Date
Date of payment or denial determination by previous payer.

Usage RIA
Level Claim
Key 2330B | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2330B | DTP01 | - | 374 | Date Time Qualifier
2330B | DTP02 | - | 1250 | Date Time Period Format Qualifier

Other Payer Prior Authorization or Referral Number
The non-destination (COB) payer’s prior authorization or referral number.

Usage RIA
Level Claim
Key 2330B | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2330B | REF01 | - | 128 | Reference Identification Qualifier

Other Payer Claim Adjustment Indicator
Indicates the other payer has made a previous claim adjustment to this claim.

Usage RIA
Level Claim
Key 2330B | REF02 | - | 127
Datatype AN
Min/Max 1/30
Pairing 2330B | REF01 | - | 128 | Reference Identification Qualifier

Adjudication or Payment Date
Date of payment or denial determination by previous payer.

Usage RIA
Level Service Line
Key 2430 | DTP03 | - | 1251
Datatype AN
Min/Max 1/35
Pairing 2430 | DTP01 | - | 374 | Date Time Qualifier
2430 | DTP02 | - | 1250 | Date Time Period Format Qualifier
Services Rendered - COB
Free form text and codes to identify services rendered related to COB.

Procedure Code
Code identifying the procedure, product or service.

Usage: RIA
Level: Service Line
Key: 2430 | SVD03 | C003-2 | 234
Datatype: AN
Min/Max: 1/48
Pairing: 2430 | SVD03 | C003-1 | 235 | Product or Service ID Qualifier

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

Usage: RIA
Level: Service Line
Note 1: Use this modifier for the first procedure code modifier.
2: Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.
Key: 2430 | SVD03 | C003-3 | 1339
Datatype: AN
Min/Max: 2/2

Procedure Code Description
Description clarifying the Product/Service Procedure Code and related data elements.

Usage: RIA
Level: Service Line
Note 1: Required if SVC01-7 was returned in the 835 transaction.
Key: 2430 | SVD03 | C003-7 | 352
Datatype: AN
Min/Max: 1/80

Paid Service Unit Count
Units of service paid by the payer for coordination of benefits.

Usage: RIA
Level: Service Line
Note 1: Crosswalk from SVC05 in 835 or, if not present in 835, use original billed units.
Key: 2430 | SVD05 | - | 380
Datatype: R
Min/Max: 1/15
Pairing: 2430 | SVD03 | C003-1 | 235 | Product or Service ID Qualifier
Bundled or Unbundled Line Number

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

**Usage**
RI

**Level**
Service Line

**Note 1**
Use the LX from this transaction which points to the bundled line.

**2**
Required if payer bundled this service line.

**Key**
2430 | SVD06 | - | 554

**Datatype** N0

**Min/Max** 1/6
Appendix A

Complete NUCC Data Set Name Index

**Insured Information**

*Insured Identification*

<table>
<thead>
<tr>
<th>Field</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber Last Name</td>
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<tr>
<td>Subscriber First Name</td>
<td>14</td>
</tr>
<tr>
<td>Subscriber Middle Name</td>
<td>14</td>
</tr>
<tr>
<td>Subscriber Name Suffix</td>
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<td>Subscriber Postal Zone or ZIP Code</td>
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<td>Country Code</td>
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<td>Subscriber Birth Date</td>
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<tr>
<td>Subscriber Gender Code</td>
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<tr>
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<td>Insured Group or Policy Number</td>
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- Prior Authorization or Referral Number
- Claim Original Reference Number
- Clinical Laboratory Improvement Amendment Number
- Repriced Claim Reference Number
- Adjusted Repriced Claim Reference Number
- Investigational Device Exemption Identifier
- Clearinghouse Trace Number
- Transaction Set Creation Date

#### Claim Record Codes
- Special Program Indicator
- Participation Agreement
- Delay Reason Code
- Attachment Report Type Code
- Attachment Transmission Code
- Contract Type Code
- Service Authorization Exception Code
- Medicare Section 4081 Indicator
- Mammography Certification Number
- Ambulatory Patient Group Number
- Medical Record Number
- Demonstration Project Identifier
- Claim Note Text
- Number of Visits
- Frequency Count
- Duration of Visits, Number of Units
- Ship, Delivery or Calendar Pattern Code
- Delivery Pattern Time Code
- Claim Frequency Type Code
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# Provider Information

## Billing Provider Identification
- Billing Provider Last or Organizational Name
- Billing Provider First Name
- Billing Provider Middle Name
- Billing Provider Name Suffix
- Billing Provider Address Line
- Billing Provider Address Line
- Billing Provider City Name
- Billing Provider State or Province Code
- Billing Provider Postal Zone or ZIP Code
- Country Code
- Billing Provider Identifier
- Billing Provider Additional Identifier
- Billing Provider Credit Card Identifier
- Billing Provider Contact Name
- Communication Number
- Provider Taxonomy Code
- Provider or Supplier Signature Indicator
- Medicare Assignment Code
- Benefits Assignment Certification Indicator

## Pay-to-Provider Identification
- Pay-to Provider Last or Organizational Name
- Pay-to Provider First Name
- Pay-to Provider Middle Name
- Pay-to Provider Name Suffix
- Pay-to Provider Address Line
- Pay-to Provider Address Line
- Pay-to Provider City Name
- Pay-to Provider State Code
- Pay-to Provider Postal Zone or ZIP Code
- Country Code
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- Pay-to Provider Identifier
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- Duration of Visits, Number of Units
- Ship, Delivery or Calendar Pattern Code
- Delivery Pattern Time Code
- Form Identifier
- Question Response

### Service and Other Dates
- Service Date
- Certification Revision Date
- Begin Therapy Date
- Last Certification Date
- Last Seen Date
- Shipped Date
- Onset Date
- Last X-Ray Date
- Acute Manifestation Date
- Initial Treatment Date
- Similar Illness or Symptom Date
- Test Performed Date
- Oxygen Saturation Test Date

### Test Results
- Certification Type Code
- Treatment Period Count
- Arterial Blood Gas Quantity
- Oxygen Saturation Quantity
- Oxygen Test Condition Code
- Oxygen Test Findings Code
- Oxygen Test Findings Code
- Oxygen Test Findings Code
- Condition Code
- Condition Indicator
- Measurement Reference Identification Code
- Test Results
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Appendix B

Crosswalk between 1500 Health Insurance Claim Form and ASC X12N 004010X098A1 837 Professional

Data elements on the 1500 Health Insurance Claim Form that are not accommodated in the ASC X12N 004010X098A1 837 Professional are not listed in the crosswalk.

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